

## Backgrounder on the “Action Plan” offered by Vancouver Coastal Health in the Marek Kwapiszewski case: analysis of the three items offered.

NSSS August 23, 2010

### Item 1

“VCH, as part of its general ongoing overall effort to improve mental health care, is working with its partner health authorities and the MOHS to facilitate a discussion to consider development of an operational definition of “deterioration” and “in need of protection” as used in s. 22 of the Mental Health Act.”

### Analysis

This doesn't address the major, ingrained problem in mental health services, which is wrongly using dangerousness as a requirement for involuntary admission. This is at the heart of the Kwapiszewski case. The deterioration in the case was clear and substantial; there wasn't any doubt he needed treatment.

The item fails to address as well the reasons behind this disregard of what the Mental Health Act actually says. Too many service providers, for example, see involuntary admission as an extraordinary measure rather than as a normative way of helping acutely ill people who cannot help themselves because of a lack of insight into their own illness. The technical term for this lack of insight is “anosognosia” – caused by a malfunction of the brain itself produced by the illness. A majority of those suffering from schizophrenia do not recognize they are ill. Marek Kwapiszewski was one of them. For a fuller discussion of the clinical rationale for involuntary admission, please see “Uncivil Liberties” on our website at [www.northshoreschizophrenia.org/Uncivil\\_Liberties.htm](http://www.northshoreschizophrenia.org/Uncivil_Liberties.htm). A proper first item of an action plan would be to give priority to instructing all service providers fully on “anosognosia” and what its clinical implications are.

Among the implications are the long-term destructive effects of delaying treatment, over and above increasing the risk of suicide. Delayed treatment results in the illness becoming more severe and entrenched, causing lasting deficits in cognition and functioning. It's the reason why early psychosis intervention and timely treatment are part of best practices. The VCH item doesn't address this, either.

“Working to facilitate a discussion to consider” something, moreover, isn't in itself a commitment to do anything. Whatever might come of it is also quite remote, based on the description offered. There is no indication of a sense of urgency, although people's lives are at stake.

It's worth noting that the current Mental Health Act was proclaimed in 1999. By 2008, when Marek Kwapiszewski committed suicide, psychiatrists and other service providers in B.C. should have been fully familiar with what Section 22 meant and how it should be implemented – how the pro-active character of the section allows them to give people without insight the help they need. Section 22 is expressly worded for that purpose.

There is no grand mystery to schizophrenia, either. Its symptomology and course, and hence need for treatment, are well-known. It stretches credibility to suggest that psychiatrists, with five years medical training and internship, four years psychiatric residency, and an average experience of perhaps 15 or 20 years, don't yet understand what deterioration looks like, how the illness progresses, and what will ensue. The key

problem in VCH mental health services, again, isn't that but a frequent disregard of Section 22, and prior attitudes that lead to inaction and neglect. If someone is deteriorating, he or she is going to get worse. To prevent that, you have to act.

Finally, the process outlined in Item 1 of mental health managers discussing policy amongst themselves is faulty, as more likely than not it will simply reflect their existing attitudes and problematic culture, as has been the case so far. It's fair to say that mental health services are too important to be left to mental health service managers.

## Item 2

"VCH Mental Health and VPD have a close partnership in supporting people in Vancouver, and communication between these agencies is critical. The challenge of locating persons who are unable to be located is an ongoing one, and this case will be reviewed in our regular discussions, with a view to identifying any potential solutions to this challenge."

### Analysis

It was easy enough to locate Marek Kwapiszewski in all the months he was ill, although there was an unfortunate clerical error that caused confusion in his last days. There was a substantial police file on Mr. Kwapiszewski. They had quite a bit of contact with him.

The real problem with Vancouver Coastal's relationship with the police is that Vancouver Coastal's de facto use, all too often, of "dangerousness" as the requirement for involuntary admission has made the police cynical about the system's responsiveness. As a result, they may not bother communicating with mental health services or intervening under Section 28 until circumstances become quite drastic. For more on this, see the VPD's own report on the failure of Vancouver mental health services: "Lost In Transition: How a lack of capacity in the mental health system is failing Vancouver's mentally ill and draining police resources" at [www.vancouver.ca/police/assets/pdf/reports-policies/vpd-lost-in-transition.pdf](http://www.vancouver.ca/police/assets/pdf/reports-policies/vpd-lost-in-transition.pdf).

## Item 3

"The VCH ReAct Abuse and Neglect response resource and designated responder network are engaged in ongoing education for care providers concerning the Adult Guardianship Act, and whether and how its provisions may be used to assist self-neglecting individuals who do not meet the criteria for committal under the Mental Health Act."

### Analysis

This item is irrelevant, since the question isn't about providing home care or other management help but about providing treatment for an illness. If, moreover, someone suffering from schizophrenia is so ill they qualify for guardianship, then their illness will be well past the point where treatment should have been provided.