

BURNOUT, COMPASSION FATIGUE AND DEBUNKING COMMON MYTHS AROUND SUICIDE, MENTAL HEALTH AND SUBSTANCE USE

Burnout

Being a Caregiver

Being a caregiver can be both rewarding and stressful. Stress is a natural part of life, but if not managed well, it can lead to your own health problems. Too many responsibilities and too much stress can lead to burnout

Burnout

Burnout is a state of emotional, physical, spiritual and mental exhaustion caused by either excessive, prolonged, or a certain type of stress. Burnout is more likely when you:

- Expect too much of yourself
- Never feel your efforts are good enough
- Feel inadequate or incompetent
- Feel unappreciated
- Have unreasonable demands either because you take them on or they're placed on you

The Negative Effects - the negative effects of burnout can increase significantly before you recognize the problem. Some signs and symptoms:

- Reduced efficiency & energy
- Lowered levels of motivation
- Increased errors
- Fatigue
- Headaches
- Irritability
- Increased frustration

So, how to build resilience?

- Identifying your strengths
- Thinking of things that you are grateful for
- Being able to find solutions to challenging situations
- Being OK with not doing everything perfectly
- Practicing deep breathing and meditation or mindfulness
- Asking friends, family or a health care professional for help
- Take some time to recognize when you feel stressed and to focus on things you can control. it is never too late to build resilience!

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Compassion Fatigue

Compassion Fatigue - also known as vicarious trauma or secondary traumatic stress. Also referred to as the “cost of caring”

- Occurs when we spend so much of our energy trying to listen, understand and support others that we become exhausted ourselves.
- We can spend so much time thinking about other peoples’ experiences, needs and well-being, that we can forget to think about our own.
- We doubt our own feelings or our own experiences, wants and needs. Or we may struggle to make decisions that suits us best

Signs and symptoms of compassion fatigue

- Feeling overwhelmed, hopeless, helpless or powerless when hearing of others’ suffering
- Feelings of anger, irritability, sadness and anxiety
- Feeling detached from our surroundings or from our physical or emotional experience
- Feeling emotionally, psychologically or physically exhausted, burnt out or numb
- Physical symptoms such as nausea, dizziness, headaches
- Reduced empathy
- Feeling hypersensitive or insensitive to stories we hear

Self-care for You and Others

- Self-Compassion: Be kind to yourself
- Practice stress-reduction, self-care activities
- Asking friends or family or health care professional for help
- Stay connected with loved ones.
- Resilience building practices

Some things you can do to increase your self-care are to:

- **Pause:** make sure to take time for yourself during the day – for some people this might be listening to music, taking deep breaths, meditating- whatever it is, make sure that you're taking time for yourself and prioritizing yourself at some point in the day.
- **Reflect:** think about what is important to you – try not to get caught up in negative messages and look for kindness or positivity. Some people find that gratitude journals are helpful, or even activities like mindfulness can help you slow down and reflect for a moment.
- **Connect:** Connect with others. Strong social connections are one of the most powerful influences on our mood and mental health
- **Recognize:** Be mindful of your thoughts and feelings – both the positive ones and the negative ones. Find a healthy way to process your emotions. Remember to speak kindly to yourself. Everyone has bad days! Recognize that you are a human, that you can make mistakes, and just as easily as a mistake was made, you can move past it.
- **Repeat:** Self-care takes practice. The more you practice the more it will become automatic and easier to do. You need to practice self-care for it to become a habit so fitting some time daily for a little bit of self-care is the best way to make sure it becomes a part of your daily schedule and that it becomes something you're used to doing.

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Debunking Common Myths Around Suicide, Mental Health, and Substance Use By The Distress Centre of Lanark, Leeds and Grenville

Why are the myths around suicide, mental health, and substance use harmful?

The myths around suicide, mental health and substance use only perpetuate the stigmatization, resulting in people feeling guilt and shame, and make it harder for them to seek help, receive proper care, and follow their treatment plan. The lack of education around these topics results in discrimination, alienation, judgment, and stereotypes. In order to help break the stigma, society needs to be respectful, nonjudgmental, compassionate, inclusive and caring to those struggling with suicide ideation, mental health, or substance use disorder. There also needs to be education around these topics so that people better understand the complexities instead of jumping to conclusions, forming uneducated opinions, and putting people in boxes. Lack of education results in people automatically judging others for the things they don't understand.

Myths around suicide:

“Talking about suicide increases the chance a person will act on it.”

Research shows that talking about suicide decreases the chances of death by suicide. Opening the conversation to talk about suicide helps make people feel more comfortable talking about it and find an alternative view of their existing circumstances. There is a lot of shame and guilt around suicide, and by not talking about it we are only reinforcing it.

“People who mention or talk about suicide are just seeking attention.”

It is not uncommon for people to offhandedly mention wanting to die in a dramatic context, but all mentions of suicide should be taken seriously, as it could be their way of testing how people will react. If someone is offering to talk about suicide, they might be experiencing significant pain, and attention is likely exactly what they need. “Seeking attention” is often looked at as a negative thing, but if someone is considering suicide, seeking attention is exactly what they should do, and should be encouraged to do.

“Asking about suicide can plant the idea in someone’s head.”

It would be rather arrogant to believe that we would be able to make that kind of impact on a person’s mind. If a person is at the point where they are considering suicide, asking about it is likely going to make them feel relieved that someone has noticed and give them the opportunity to talk about it. Research shows that asking about suicide decreases the likelihood of the person dying by suicide.

“Suicide often or always occurs without warning.”

There are almost always warning signs before a suicide attempt. It is common when someone dies by suicide for people to say they had no idea, or “you would have never known” that a person was considering suicide. This is mostly due to the lack of education around suicide and its warning signs.

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“Suicide is evil, sinful, and contagious.”

There are many things that can lead to people having fearful thoughts surrounding suicide, such as culture, religion, or lack of exposure. Suicide is not contagious; however, research shows that when someone experiences another person's death by suicide, it can increase their chance of having thoughts of suicide. In remote settings where resources are thin and support is often nonexistent, one suicide can result in further suicide in the community. People who are left behind by suicide require specific after care and support that is often nonexistent.

“Suicide is not preventable.”

Suicide is preventable with education, training and knowledge around it, the signs, and how to help someone who may be considering suicide.

“People who die by suicide are selfish and/or weak.”

People do not die by suicide by choice. When people are at the point of considering and deciding to die by suicide, it is because they see it as their only option. People who die by suicide do so because they want to end their suffering. There are many complex reasons behind suicide, but selfishness or weakness are not one of them.

“Suicide only affects people of certain ages and backgrounds.”

Suicide does not have a type and does not discriminate. While there are some populations that may be more at risk, suicide does affect people of all ages and backgrounds.

Myths around mental health:

“People don't recover from mental illnesses.”

Recovery is possible. There are a wide variety of options for the treatment and management of mental illnesses, and many people affected go on to live happy, successful lives after receiving the proper treatment.

“Mental illnesses are an excuse for bad behaviour or to be lazy.”

People do not choose to experience mental illness. This myth equates mental illness with bad behaviour, which reflects an underlying bias. Everyone behaves badly at times. Mental illnesses can be debilitating and can result in a person dying by suicide. Just because mental illness can result in a person not being able to get out of bed or might interfere with work or school does not mean they are lazy, just that they are really struggling to cope.

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“Mental illnesses are not real illnesses.”

This tends to be one of the most invalidating and ignorant statements around mental health. There is \$51 billion spent annually on mental health care costs in Canada, and 30% of it is disability claims related to mental illness and 35% related to Work Disruptions. The extent of psychological and emotional pain and suffering is devastating and can be paralyzing and debilitating. The fact that mental illness isn't treated the same as physical illness only makes it harder for those affected in general and harder to gain the courage to seek help.

“Kids are not affected by mental illnesses, such as depression.”

For quite some time it was believed that children could not experience depression. Over the past 15 years scientists came to understand that depression has physiological and genetic roots, and is also a response to bullying, family conflict, trauma, and neglect. There are 350 million people living with depression in the world, and for 70%, it started in adolescence. Mental illnesses often look different in children than in adults, but they are a real concern, and can impact the way a child learns and builds skills, which can lead to challenges in the future. Many children don't receive the help they need. While there are some mental disorders that may not be diagnosed until age 18, young children can be affected by personality disorder, mood disorders including bipolar disorder, or other mental disorders such as schizophrenia, anxiety disorders including post-traumatic stress disorder and obsessive-compulsive disorder, eating disorders, attention-deficit/hyperactivity disorder, autism spectrum disorder, and much more.

“People with mental illnesses tend to be violent and dangerous.”

Researchers have found that the public fear around those affected by mental illness greatly exceeds the actual risk of violence they pose. Studies show that only a small proportion of violent crimes are committed by people with a serious mental illness. Those affected by mental illness are more likely to be victims than perpetrators of violence. While people with serious mental illnesses do become entangled in the criminal justice system, it is often because care and supports are inadequate, and should be seen as a major failure of our systems of care.

“Mental illnesses are rare.”

Researchers estimate that as many as 1 in 5 Canadians will experience a mental health problem or illness in any given year. Even if you don't experience a mental illness yourself, it is very likely that a family member, friend, partner, or co-worker will.

“Bad parenting causes mental illness.”

Mental illnesses are complicated and are caused by a variety of factors including genetics, biology, environment, and life experiences.

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“People affected by mental illness are weak and can’t handle stress.”

Stress does impact well-being, but this is true for everyone, not just those affected by mental illness. People who experience mental illness may actually be better at managing stress than those who don't. Many people affected by mental illness learn and develop stress management skills and problem-solving skills so they can take care of their stress before it affects their well-being. Believing that people affected by mental illness are weak is ableist and false.

“You just need to get out more” “You’re choosing to be depressed, snap out of it.”

Many people believe that a person affected by a mental illness are just allowing themselves to be weighed down by the same things that other people fight through. A mental illness is not something someone can “snap out of”, just as diabetes isn't. Mental illnesses and diabetes are both illnesses that require proper treatment and can result in death if not managed properly.

“Mentally ill people can’t work or hold down a job.”

Whether you realize it or not, all workplaces have staff that have experienced mental illnesses or are experiencing mental illnesses. Being mentally ill does not mean someone is not able to work. Some people benefit from accommodations in their workplace, but many people work with few, if any, supports for their mental illness from their employer. Many people who experience serious mental illness want to work but face systemic barriers to finding and keeping meaningful employment.

“Everyone gets depressed as they grow old. It’s a part of the aging process.”

Depression is not an inevitable part of aging. Older adults may have a great risk of depression because they experience many changes in roles and social networks.

Myths around substance use:

“Addiction is a choice.”

While the initial use of a substance generally involves a conscious decision, no one has a glass of wine or takes a prescription pain medication with the intention of becoming addicted. Once a person has become physically and psychologically dependent on a substance, it is no longer a matter of choice or willpower. It is something the person feels is necessary to feel “normal”, to function in work, school, or social situations, to cope with stress, and even to survive. For those with a substance use disorder, even the thought of life without the substance can be terrifying. Stopping the use of a substance is not just a matter of overcoming cravings, withdrawal symptoms can include nausea and vomiting, seizures, cardiovascular irregularities, insomnia, nightmares, depressions, anxiety, suicidal thoughts and actions, and even death.

“If you do a drug once you will be addicted.”

Many people who try a drug once do not become addicted. Some people use drugs recreationally and do not become addicted. It is true that the more often a substance is used the higher the risk of addiction, but even then, it may not result in addiction. People who struggle with addiction use substances to cope with and numb difficult feelings and pain, whether that be physical, emotional, spiritual and/or mental.

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“Addicts have to reach rock bottom before they can be helped.”

Substance use disorders are complicated and are often accompanied by financial troubles, unstable or abusive relationships, attempts to quit, and a reluctance to seek or accept help. Addiction can be a spiral of self-destruction that is downright terrifying to watch. By the time a person with a substance use disorder hits rock bottom, their addiction may have caused permanent physical or mental health problems. Their relationships may have been destroyed, any children in the home may have been removed, and they may be in financial crisis. Hitting rock bottom could mean an addict causing someone else's death or dying themselves. Early intervention has many benefits, and people who are struggling with substance use disorders should seek help as soon as possible.

“You cannot help someone who doesn't want to be helped.”

Substance use disorders are very difficult to treat, as addicts themselves often don't realize or acknowledge that they have a problem. It can be hard for family members or friends to recognize that their loved one has crossed the line from normal use to substance abuse. Even if the addict is faced with deteriorating relationships, financial strain, health concerns and more, they still may insist nothing is wrong. Treatment for addiction is much more successful when the person acknowledges their problem and wants to solve it, but that does not mean that an unwilling person cannot be helped. Interventions can result in an addict consenting to treatment, some addicts may not be in a legal position to refuse treatment, and addicts who have committed a crime may be forced to receive treatment as part of a court order.

“A relapse after rehab means that treatment has failed.”

Addiction is a disease, and substance abuse is a symptom. Most diseases and conditions produce symptoms at various stages of the treatment process. This does not mean it has failed, just that it may need to be adjusted, intensified, or restarted. For many people with a substance use disorder, relapse is a part of the recovery process. As cliché as it sounds, recovery is not linear, and it is important to take it one day at a time. Committing to staying sober forever can make a person more likely to relapse as it can be too unrealistic and unattainable of a goal.

“Legal substances are not dangerous.”

It is common for people to associate addiction with illegal street drugs like heroin, cocaine, and meth, but legal substances can be just as dangerous. Alcohol is the most used substance in Canada, and alcohol can kill as a result of withdrawal or alcohol poisoning. While prescription drugs, particularly opioids, can vastly improve the quality of life of a person who is taking it as prescribed for a specific reason, those same drugs can have devastating effects when used in the wrong quantity, or by a person who was not prescribed them. A psychological and physical dependence on opioids can develop very quickly and is one of the hardest addictions to overcome. We are in the midst of an opioid epidemic that started in the 90's and has resulted in over a million deaths due to overdose.

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“Inpatient rehab is the only effective treatment.”

People who enter inpatient addiction treatment for substance use disorders are statistically less likely to relapse when treatment is over, but it does present some challenges. Many people cannot afford inpatient treatment, and/or can not take off the amount of time inpatient treatment takes. The cost factor as well as length of time inpatient treatment takes, coupled with the mistaken belief that inpatient rehab is the only treatment that works, prevents a lot of people from seeking any help at all. Outpatient addiction treatment services are becoming more and more effective. Outpatient treatment can include individual therapy, group counselling and other group activities, while allowing the patient to still work, attend school, and continue with other daily activities. Outpatient treatment is practical and more financially accessible. No matter what type of treatment a person chooses, any help is better than no help.

“Drug addiction is more prevalent in very poor or very rich communities.”

Substance use disorders affect people from all walks of life. Some people imagine rich people partaking in drugs at elite parties, and others imagine homeless people standing in alleyways looking for drugs in cities. Addiction doesn't have a type and can affect anyone and everyone. There are babies who are born addicted, and senior citizens who are addicted due to not being equipped to effectively manage their chronic pain. Your coworker might be struggling with an opioid addiction, your dentist might be addicted to cocaine, and your neighbour may be a functioning alcoholic. There are many addicts who can keep their addiction hidden and still appear to function normally every day.

“Making drugs illegal stops people from using them.”

Despite trillions of dollars spent on the “War on Drugs”, the illegal drug market continues to grow and is estimated at between \$426 and \$652 billion (US) per year. People will always continue to use drugs whether they are illegal or not, but illegal drugs make drug use more dangerous as drugs are likely cut with fentanyl or carfentanyl increasing the risk of overdose, and results in drug violence as well. Portugal has decriminalized the personal possession of drugs, and the rates of most drug use have not increased, but drug related deaths have dropped.

“To end the drug problem, we need to get all of the drugs and drug dealers out of the community.”

America's “War on Drugs” began in the 1970's and is a well-documented example of how this approach has failed to stop substance abuse. Attempting to get rid of substance use leads to many problems, including:

- Increased use of substances alone and indoors which is riskier, as it greatly increases overdose deaths
- Increased potency of illicit substances
- Decreased opportunity for connection and support for those who use substances
- Ostracizing those who use and sell drugs only pushes substance use underground.

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“Harm reduction enables substance use.”

Harm reduction actually saves lives and provides safe options for those struggling with substance use disorders. Without harm reduction, people will continue to use substances in unsafe and unsupported ways, leading to poorer health outcomes and possibly death from overdose. Harm reduction enables safety, reduces illness and injury, and maintains or improves the health status of people using substances. It also fosters compassion.

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