



think again

Canadian Mental Health Association Kawartha Lakes

Volume 11, #2, October, 2010

Mental Illness Awareness Week, October 4-10, 2010

The CMHA envisions a society which values human dignity, inclusiveness, and fosters human rights.

Kaca Henley, Volunteer Editor

Twisted Thinking

Our theme for this issue is the stigma attached to mental illness, in other words, how some people see a person who has been labelled mentally ill. The stigma means that

they get pigeonholed with stereotypes, prejudices, and generalizations, from harmless to downright offensive.

Not just mental illness, either. These notions can apply to other things too, to one's ethnicity, race, one's disability or illness, or even one's age or 'different' physical features. A stigmatized person is seen by many as scary, unworthy, inferior, useless, and as such is ignored, or shunned, or maligned.

I can speak of stigma from experience, I belong to a number of stigmatized groups – I am what they used to call *lame* (I walk funny, I use a cane – today, the word is *disabled*), and I am also an *old* woman who has been dealing with depression for much of her life, that is a *mental illness*, and besides that, I am *fat*, and *Jewish*. There are negative stereotypes, and stigma, attached to each of those qualities: disability, age, gender, mental illness, size and ethnicity.

What is worse, once in a while, the very prejudice and stereotype that others put me down with can carry

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over to my own opinions and ideas. The stigma can make the stigmatized person view others like herself/himself as unworthy, useless. Yes, I sometimes find myself inadvertently putting down others like me with nasty stereotypes like “fat and ugly”, “old and useless”, “disabled and incompetent”, “mentally ill and dangerous”. Even, now and then, that kind of dirt settles on me, myself, in a wave of self-loathing. How scary is that?

Proof Positive: Dreams DO Come True

For years, it was a silent dream in a lot of minds – our clients can’t afford what the community has by way of adequate housing, we need more.

In 2006, Steve Oliver and a few more vocal CMHA-KL board members put it into words, the notion of another apartment building similar to the one the agency had opened at Market Square in Bobcaygeon. Buy one? No, build one! Now, that was a dream!

It wasn’t easy. It meant finding federal, provincial and municipal support for a 2.8 million dollar project. When you say that real fast, it doesn’t sound like a miracle, but to those who made it happen, it isn’t far from that. With the unequivocal support of the Kawartha Lakes Branch of the Canadian Mental Health Association, they incorporated an organization named (yes, it’s a mouthful) Kawartha Lakes and Haliburton Mental Health Services Inc.

It’s a good lesson to learn, though. When I hear/feel myself making such a judgment, I go back inside my head and think it through, think of others in the same category who do not fit the stereotype, think of my own attributes, and realize how unfounded, how unfair, how unfeeling such thoughts are. And as a result, with the same logic, sometimes I am even able to confront others with the unfairness of *their* twisted thinking, and get them to... “Think Again”. ☒

The Board of Directors (Steve Oliver, President; Pat Dunn, Vice President; Donna Speer, Secretary/Treasurer; Naresh James, Executive Director; Carolyn Jones, Finance Manager) set out on a rocky path.

The ups and downs were legion. The dream kept them going, as did the occasional boost from fellow dreamers, fellow enthusiasts in every connected sector, from banking to construction, from commercial to non-profit, from disability to service, from volunteer to neighbourhood, from planning to maintenance.

Construction began July 1, 2009. And the ribbon was cut at the completed project September 8, 2010.

Vice Chair Pat Dunn led the official opening of the project, held on a breezy day in a tent in the parking area of the project. President Steve Oliver told, in all brevity, the whole story, and earnestly thanked dozens



Pat Dunn, Vice Chair,
KLHMHS



The Community gathers to celebrate the fulfilment of a dream



Steve Oliver, President,
KLHMHS



This is the moment: Donna Speer, Steve Oliver, Molly McCrea, Naresh James, Barry Devolin, Rick Johnson, Ric McGee, Carolyn Jones and Pat Dunn show their joy as they cut the ribbon.



Molly McCrea, Board Chair
CMHA-KL



Ward 12 Councillor Gord James and Executive Director Naresh James share their delight on the occasion.



Provincewide, some 50 volunteers from Men's Division International came over a four-week period to lend a hand -- building fence and laying sod.


and dozens of individuals, firms, agencies, governments. Those who spoke enthusiastically about the project, its meaning to the community, and their role in its realization included Board Chair Molly McCrea, CKL Mayor Ric McGee, MPP Barry Devolin, MP Rick Johnson. The audience consisted of many who had been involved in the creation and realization of the project, but also many neighbours and local citizens who came to applaud the construction of much-needed affordable housing.

The ribbon cutting that followed took place in front of what is certainly more than just an ordinary apartment house. The 18-apartment structure embraces a pleasant courtyard, where a tent was erected for the

ceremonies. The complex was built to be environmentally friendly and highly energy efficient. All 18 units are wheelchair accessible, and two of them are completely barrier free, for people with high accessibility needs. There is a common room for the use of tenants, and a meeting room for rent to community groups.

Rents for the one-bedroom apartments are geared to income, and the municipality subsidizes up to \$195 of a tenant's rent.

First call on the apartments (the complex is fully occupied at present) goes to clients of the CMHA-KL Branch.

Application forms for the City of Kawartha Lakes Social Housing may be submitted at the CMHA KL Branch. 

Naresh James, Executive Director

What's New in our Value Statement?

It seems that the only thing constant within the CMHA KL Branch is *change*.

Not long ago, we began drafting an Ethics Framework for ourselves. The goal was to find a way to resolve ethical dilemmas and issues that arise in the course of delivering our services. The Framework was intended to guide us in our day-to-day conduct, in making difficult decisions amidst objectionable choices and in linking our Mission, Vision and Values with our day-to-day practices. From day one, we have deliberately been creating a value-based organization. During the 1990s we made a genuine change within our corporate culture by defining our values and by investing considerable effort and expense in making those values permeate all aspects of our work. We found it productive in making decisions consistent with those values even when short-term payoffs were not apparent.

As we began work on our Ethics Framework, we realized that we could go no further until we had reviewed and updated our existing value statement. We paused and reflected on ourselves. We agreed and disagreed, discussed and argued. Finally after much deliberation we were in a position to restate our existing value statement. The end result includes 6 new value statements:


1) **Safety:** Every individual has the right to give and receive services in an emotionally and physically safe environment and we must ensure that the safety of clients, staff and volunteers be an essential factor in our service delivery and operations.

2) **Fiscal Responsibility:** Financial accountability is an essential component of our corporate duty to consumers, funding bodies, and the community as a whole and we must undertake all appropriate measures to ensure that the agency is operated in a fiscally responsible manner.

3) **Evidence-Informed Decision Making:** Ensuring that we learn from our actions is critical to the improvement of the quality of our services and operations and we must make sure decisions are based on regularly reviewed appropriate outcome measurements.

4) **Quality:** We recognize the importance of continuous quality improvement and we must utilize all available tools to ensure continuing improvement.

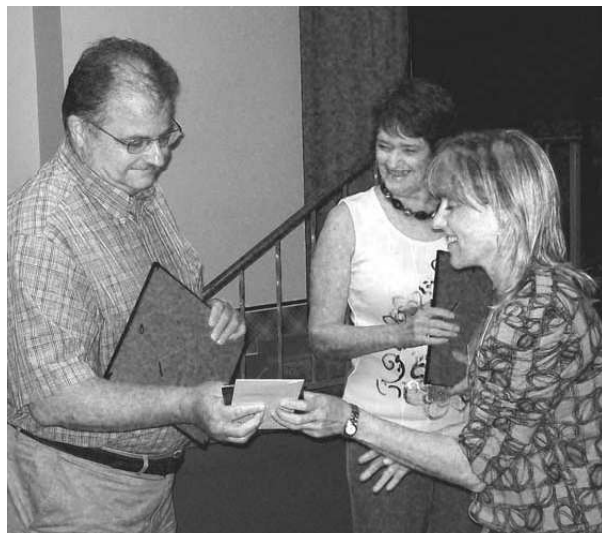
5) **Work/life Balance:** A healthy work/life balance is a necessary component of a successful lifestyle for clients, staff, and volunteers and we will encourage them to adopt such a lifestyle, and

6) **Environmental Responsibility:** We recognize that protection of the earth's environment is critical to all and we fulfill our mandate in an environmentally responsible manner. 

CMHA-KL Branch, Annual General Meeting, 2010



Graham Hart, award-winning journalist and broadcaster, anchor/producer, CHEX-TV, was Guest presenter at the CMHA-KL Annual General Meeting last June.



Phil Daley receiving the agency's the *Achievement Through Adversity Award*, which is presented at the AGM to a consumer/survivor who has shown continued courage and tenacity in reaching his or her goals, and is a role model for other survivors on the journey to a healthy life.

Star columnist keynotes on Mental Illness Awareness

A bit of the Big City came to Lindsay last May for Mental Health Week. But *The Toronto Star's* Joe Fiorito made it clear that when it comes to the plight of those suffering with mental illness, it's hardly a dilemma exclusive to major urban centres.

Fiorito, award-winning columnist and author, was CMHA-KL's keynote speaker to mark the annual mental health week. Denis Grignon, former public education coordina-

tor for the local branch, introduced Fiorito as a voice for those who too often aren't heard -- those who are elderly, homeless, mentally ill.

Fiorito's talk was consistent with the tone of his writing style – one that conveys frustration, sometimes outright anger.

"The lowest rung of hell," Fiorito said, speaking of lackadaisical government and social agencies purported to aid the disen-

franchised, "is reserved for those who are asked for help, and do nothing." And he cited several personal anecdotes to illustrate that point, where MPs, MPPs and civic politicians were lobbied to help individuals and did nothing – until his column made those incidents public.

He stirred many in the crowd of about 100 with tales of people – usually suffering from some form of mental illness – who were left to die unattended and alone. Indeed, regular Fiorito readers are familiar with his series on Al Gosling – an 82-year-old pensioner who was evicted from Toronto Community Housing and, ultimately, died after living in stairwell. In recounting his relationship with Gosling, the usually gruff Fiorito, got visibly choked up. His column series on Gosling generated much mail and support and led to a public inquiry into the death.

But despite that achievement, Fiorito was also loath to give the media too much credit. "Don't depend on journalists to use their power," he warned. Instead, he suggested, that people should "use (their) collect power" to ensure health care agencies are more accessible to the people who truly need it.

Neither did Fiorito try to shirk the media's responsibility in how it reports on people who are mentally ill. Fiorito, for example, stressed that it was irresponsible for journalists to indicate that an alleged criminal had

a mental illness – even though he acknowledged his own paper's reporters do so – since it paints an ill stereotype of all mental illness sufferers.

In the Question and Answer period that followed, Patricia Teskey, a board director with the local branch, voiced her frustration with the media that "too often identifies someone as 'a schizophrenic' instead of 'someone living with schizophrenia.' There's a difference. The former suggests that that's all the person is when, in fact, they're so much more than just their illness."

Fiorito agreed wholeheartedly and personally championed her cause.

"If you ever read something like that in my paper," he told her, leaving his podium to hand her his business card, "call me. And I'll deal with it. Because that is not right." ✕



Columnist and author Joe Fiorito

Photo by Susan Mahoney

Janice Waters, Manager, Community Mental Health Programs

Where Thoughts Lead

“Think Again” is a powerful title for this newsletter. An important lesson. Our thoughts are amazingly powerful. Indeed, they colour the fabric of our lives. They influence everything: how we act, how we interact with others, how we interpret the world.

Negative thoughts can paint us into a bleak, hopeless, hapless world where we are buffeted by the angry tides of negative emotions; fear, worry, anxiety, jealousy, anger, shame, embarrassment, the list goes on.

Positive thoughts can take the same world and paint a startlingly different picture, one with kindness, generosity, patience, aspiration, loyalty, courage, contentment, and delight.

In his book “Flow: The Psychology of Optimal Experience”, noted psychologist Mihaly Csikszentmihalyi describes decades of research seeking to understand what creates happiness in people.

He asserts that there are two pathways to happiness. The first involves changing the world around you to match your desires. The second entails changing your internal world, creating a positive internal experience.

The author suggests that both paths must be employed to achieve true happiness. We are all very familiar and experienced with the first pathway. If we don’t like what we

are watching on TV, we change the channel, if we don’t like the book we purchased, we put it down and pick up another one, if we are unhappy in a relationship, we seek a new one. We are adept at changing our external world.

Where we could use more practice is, ironically, where we actually have more direct control: our internal world. Many of us labour, drowning in misery and negativity, due to our own thoughts. They hold up a gray lens which colours our whole view of the world and guides our interactions in it. The good news is we have control over our thoughts. It’s all up to us!

Dr. Csikszentmihalyi states, “People who learn to control inner experience will be able to determine the quality of their lives, which is as close as any of us can come to being happy.”

This change is possible, it really is! We will look at tips and ideas of just how to go about it in upcoming articles.

I’d like to close with a quote from Johann Wolfgang Goethe: “Watch your thoughts, for they become words. Watch your words, for they become actions. Watch your actions, for they become habits. Watch your habits, for they become character. Watch your character, for it becomes your destiny.”



Genevieve Duperron

Just Silent Maybes...

I felt you touch my soul,
an instant that tortured,
yielded time ...

I fought the sensation,
the electric magnetism,
as did you...

Hushed breaths in colliding eyes
hurtling ecstasy to extremes,
trance like rapture...

That place between survival and euphoria
tenderness and raw passion,
where orgasmic tears exist...

The harvesting of thought
catapulted beyond imagination’s reap,
in a field of sighs...

For a cosmic moment
we surpassed Einstein’s theory,
x equaled y and multiplied eternity...

An equation of paradise
caught, captured in a glance,
marooned, in the isolation of a smile...

You were mine,
I was yours,
Forever -- seemed more than a dream...

But the storm passed in weathered shyness
and wanting didn’t lend its voice
to hello...

Wariness made us
just silent maybes,
exhaling fragile possibilities...

Terry Bateman:

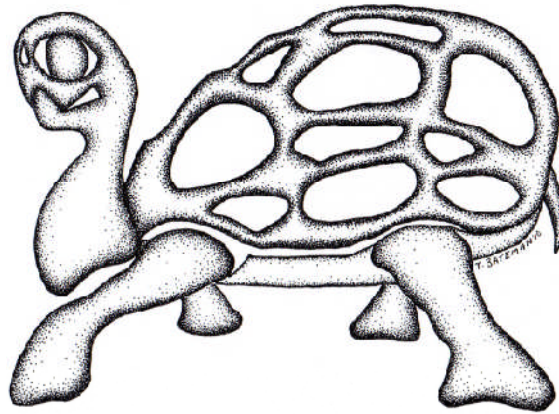
Art, Art Therapy & Mental Illness

Hello, my name is Terry Bateman & I draw dots. I also have mental health problems (predominantly Bi Polar Disorder), serious medical health problems & a long battle with drug addiction (prescription pain killers). I feel that art & art therapy have helped me greatly in living & dealing with my problems. Maybe it can help you too.

Art really started for me when I was looking for something to help me battle a prescription pain killer addiction. I was self medicating, a common practice among the mentally ill. The drugs made me feel better, made me feel right, connected to my emotions. Those feelings didn't last, and the drugs took their toll.

When I decided to get clean I needed something to take up time & keep me, my hands & mind busy. Drawing was something I always had an interest in. It felt good to be creative and to be doing something positive, to have something to do when my thoughts and impulses would take me somewhere negative. Time is your worst enemy when it comes to battling an addiction. If you keep yourself occupied it's easier not to think about drugs, with time on your hands you think of the constant monotony and cravings.

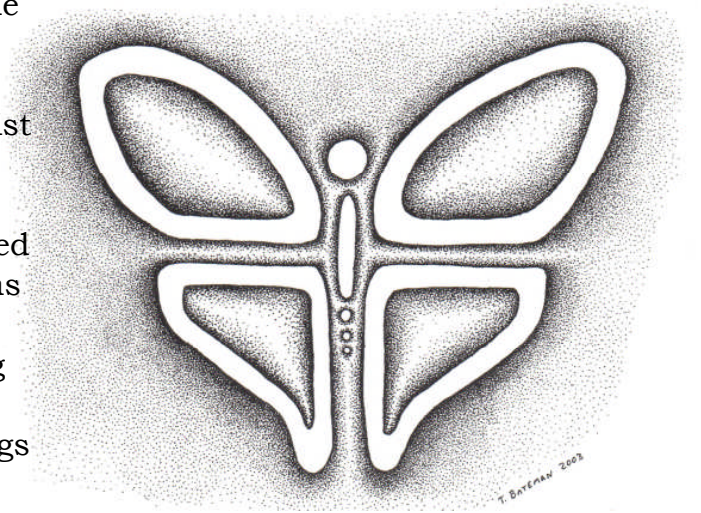
Having both mental and physical illnesses means I'm sick a lot of the time. That means there is very little I can do & what I am capable of has a lot of constraints. My days seem to be composed of moments, such as I'm feeling good at the moment & can maybe achieve something or I'm having a bad moment & I'm incapable of doing anything. I try to live life in small achievements or goals, which I can hopefully string together to have a good day.



Art is physically easy to do, especially drawing, it's mentally enjoyable and stimulating, and there is a result at the end, which is hopefully positive. If I'm having a good moment it's easy to pick up a pen and do a little dotting & over time I'm able to achieve quite a large goal, something that makes me proud. I once read a saying by a Buddhist Monk, who said, "the journey of a thousand miles begins with one step & ends with one step". Whenever I start dotting a new picture, I say it to myself, then I like to add, "so start stepping".

Drawing, doing art, and the creative process helps provide insight for me mentally. It's almost like talking to a therapist or a counsellor. I think & day dream & work out problems when I draw. I'm always focused within, sometimes my problems are worked out through my pen & sometimes it's the doing something with my hand that lets my mind free to work things out for itself. Art is almost always about emotion & feelings & thoughts. If I'm feeling dark, I draw something that reflects my feelings, which makes me feel better because I've captured a piece of myself & accomplished something, brought something hopefully with meaning into existence.

My art pad also doubles as my journal for my thoughts, almost my diary. I carry it everywhere. Besides drawing & doodling, I write thoughts, draw inventions, songs, poetry, to-do lists, appointments. It is interesting to read at a later date & really serves as a snapshot of part of my life. I've always felt it helped me to work things out, to journal my thoughts and problems, to physically write them down. It also gives a feeling or sense of accomplishment when I have to get a new one, knowing that I filled the old one up.



Shame on You!

I am going to borrow an appropriate and astute term from my good friend Kaca Henley (our newsletter editor) in an effort to convey the stigma of Mental Illness, society's dirty little secrets.

PEERCEPTION:
PEER: to look very carefully or hard upon our equals, especially at somebody or something that is difficult to see, often with narrowed eyes,
CEPTION: a certain way of understanding or thinking about something.

It is obviously a made up word, however insightful. When preparing the draft for my last column, I asked for input from several of my peers or so I believed them to be. The question most asked was, "Why would you label yourself? Are you proud of your condition?" This question was in reference to my association at the end of my article, P.T.S.D (post traumatic stress disorder) and Bi-polar Disorder.

My immediate response was, "No, I'm not proud of it, however, I'm not ashamed of it either."

No more ashamed than if I had had Chronic Obstructive Lung Disease or Hypertension or Arthritis, all diseases which

cannot be **cured** but rather *managed* with a combination of health professionals and prescribed medications.

I wasn't always unashamed, no, quite to the contrary. I, like many others who suffer from mental illness and haven't come to terms with their disability, I was one of many who hid and continue to hide society's unacceptable dirty little secret.

It is a long road

to acceptance, to face stigma head-on while family members, friends, spouses, boyfriend and girlfriends, either ignore the illness for fear of facing their own shame in ignorance or face the fact that their genetic pool could harbour such a *faux pas* of weakness in their lineage. Often I would feel (if, when I told someone, they treated me as if I had the plague) suddenly an idiot in the face of my illness. So I told no one. I plodded along self medicating with street drugs and alcohol both because it would numb my emotions and also superficially make me socially acceptable because even addicts had a reason to be.

I'm not suggesting people with mental health issues find a podium and shout to the

"If we think we are fragile and broken, we will live a fragile, broken life. If we believe we are strong and wise, we will live with enthusiasm and courage. The way we name ourselves colours the way we live. Who we are is in our own eyes. We must be careful how we name ourselves."

-- Wayne Muller

world "Hey! Everyone I'm a mental case and I don't care!" Even I would call you psycho! But a little part of me would be cheering you on, it may not be my way but if it works for you? Right on!

Just as society dictates normalcy, we as a people dictate society. The stigma of Mental Illness begins with us, the members of society who are experiencing Mental Illness. It is a disease, I accept it as such and now I am on the journey back to managing me, unashamed.

GENEVIEVE DUPERRON

P.T.S.D.

BI-POLAR DISORDER

Below are some facts and some links that perhaps you, your family or friends may find informative and or helpful:

- One in five people in Ontario will experience a mental illness at some point in his or her life me.
- Mental illness affects people of all ages, in all kinds of jobs and at all educational levels. It is not prejudiced nor selective!
- Upwards of 56 million people in Canada and the U.S. — and six million in Canada specifically — suffer mental health problems at any hour on any clock in any time zone.

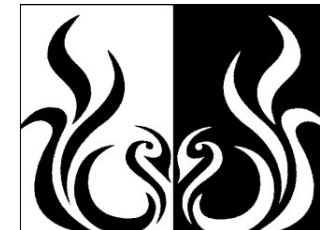
National Alliance on Mental Illness or NAMI Ontario: <http://www.namiontario.ca/>

CAMH Centre for Addiction and Mental Health: <http://www.camh.net/>

Canadian Mental Health Association – Kawartha Lakes Branch:

<http://www.cmhakawarthalakes.ca/>

Emerging into Light: <http://www.emergingintolight.ca/>



This poem came to us from the Seniors Support Network.

Bev Dury (SSN Client)

To a Great Guy –

You left us so suddenly;
We could not say Good-bye,
Not even a flower could I buy;
But left me to question why.

Somehow not even a tear can I cry;
As I recall many times you said good-bye
No longer at our homes – get together
No matter what the weather.

As I remember your jokes and smiles
That glowed over a mile
I got your picture today
I thought as I prayed

Your family loved you so dear
And how they must have shedded tears
I guess this is our final good bye
As our eyes moisten with tears

And we look to the sky
And see gods birds flying by
With a deep sigh
Knowing we'll meet bye and bye

Jackie Blue

My son was about 9 years old and in grade 4 when it seemed to begin. Until that time he had been an average fun-loving adventurous little boy with a learning disability. He had a lot of success that was not academic. He came in first at the school track and field meet for Victoria County and he sold the most chocolate bars for fundraising at his school. At Sunday school he won the competition for best built and fastest car. He was proud of himself and we were proud of him. He participated in swimming, soccer, karate and hockey. He was liked and had friends. He also had a smile that would light up the world.


But as days went by we did not see that light very much any more. He seemed moody, edgy and very anxious. Our pediatrician said our son suffered from anxiety. There were days that he would not go to school for the simplest reasons like lint on his socks and dirt on his shoes. It was very difficult to live with him. Everyone was affected -- his brother, sister, Dad and I. We wondered if he had obsessive compulsive disorder; we knew there was something more than what the doctors could see. I took him everywhere for help; doctors, hospitals and every agency you can think of. He had test after test after test, but they still could not find an answer.

As he became a teenager it got worse. He was smoking marijuana, getting angry, threatening and bullying everyone in the

family. After one instance in which we called the police in an attempt to get help for his rages, he stayed two nights at the OPP jail, then was sent home. The police said he was a good kid and this was not the place for him. Though he was sincere in promising not to let his anger get out of control again, we were sure that the mental illness would have greater control.

The other children missed out on a lot of our attention over the years. My husband felt hopeless and I felt helpless. The world we had lovingly tried to build for our family was crumbling. We felt like failures even though we knew it was out of our control. Knowing that schizophrenia runs in the family did not make it any easier to live with, especially when treatment was so hard to find.

Our son, now 23, is working at the moment, but lives from day to day in a delusional and paranoid state. I can only imagine how that feels for him, but can't lose sight of the fact that he has to take responsibility for himself. My son has to realize that he has "brain trouble" and it should be seen in the same way as heart trouble or arthritis trouble etc. I am sure that the stigma those with mental illness face has played a part in making it difficult for our son to accept help. We know our Jackie Blue is a good boy, with many many wonderful traits; it is the illness that has caused the devastation in the life of our family. We continue to hope that he will realize that he has an illness and accept the help he needs in order to learn to live in the


world that was given to him. We want people to know the goodness in him the way we do, not just the face the illness shows. 

FROM: MELANIE JACKSON, LYNX FAMILY SUPPORT:

The LYNX Early Psychosis Intervention Program is one of the few programs that includes supports for families. This mother's story clearly captures the struggle families can face in seeking help for their members and the frustration experienced when difficulties persist.

Unfortunately, it also brings to light the reality that people don't always make the choices that are the best for them. Although a choice to refuse treatment may have significant consequences, a person has a right to make what many may consider a "poor" choice. The down side of this is that one person's choices can affect every member of the family.

The LYNX family support staff assist families by providing information, referral and connections to other families that would understand. Sometimes all we can do is help the family to stay strong in spite of ongoing issues.

In the case of Jackie Blue, this family deserves huge recognition for soldiering on, in the face of the illness of one of their members. Dad maintains full time employment to support everyone. Mom volunteers and works part time. Little sister is focusing on her education while big brother holds down a steady job. Life continues for the rest of the family... it has to. 

Emily Quackenbush, Teen Correspondent


Teen Corner

“Stigma - a mark of disgrace or infamy; a stain or reproach, as on one’s reputation.”

Throughout our lifetimes, everyone will have an experience or two with stigma. Perhaps it’s something as playful as a police officer coping with a wise crack about doughnuts, or something as serious as a distasteful joke about mental illness.

There is no place, or particular time in one’s life when stigma is easy to deal with, but high school, and adolescence is a period when it can be unbelievably difficult. The adage, “kids can be cruel” is painfully true in high school, no matter who you are, but is compounded for a teenager with a mental illness. The worst part, for those few who see how others are being hurt, is the utter feeling of helplessness. How are we supposed to help? What can we do to stop the teasing and bullying that happens to mentally ill teens? How

to help them cope? With the lack of knowledge on how to help, many teens may find it difficult to understand what their mentally-ill peers are trying to cope with. They might even feel that they should do nothing at all. Or, in the worst case, they may find that they have the same feelings of disdain that some of their mal-informed peers hold for those suffering from mental illness.

Like humanity at large, many teenagers fear what we don’t understand. Maybe one hates math, because they can’t quite wrap their mind around the idea of quadratic equations, while another sneers at the idea of English class, because they find iambic pentameter mentally taxing. Some may find that they dislike the idea of having mental illness in their social sphere. The only way to deal with the stigma of mental illness is to better educate teens, and even younger children, so that they can better understand – and help – their mentally ill peers. 

Jennifer Heideman, Case Manager, Senior Support Network


Seniors Corner

Preventing Abuse and Neglect of Seniors is Everyone’s Duty

Types of abuse:

- **Physical:** any act of violence or rough treatment that causes injury or discomfort.
- **Psychological/Emotional:** any act which lowers a person’s dignity and self-worth.
- **Sexual:** Any unwanted sexual act.
- **Financial:** any act involving the misuse of the person’s money or property without their full knowledge and consent.
- **Neglect:** any time a caregiver does not properly care for or attend to a senior who cannot fully look after him or herself. This also includes self-neglect: any time a person is not providing the basic care for his or her own survival.

Report any suspicions, even anonymously, to

- 911 or non-emergency #: 324-5252
 - Elder Abuse Network: 324-7323 or 1-800-461-0327
 - Canadian Mental Health: 328-2704 or 1-888-454-8875
- 

Melanie Jackson, LYNX Public Education and Family Support

Redefining Our Selves

Life is constantly in motion, ever evolving and changing. Much of the way in which we experience living is based upon what we have experienced in the past and how we were taught to think. Experiences cannot be changed, they are fact, but we can change the way we think.

Cognitive Behavioral Therapy is one tool commonly used to help people examine how their thought processes affect the way they feel. Thoughts trigger emotions that can be comfortable or not. If we can change our thoughts to those that generate different emotions, we should be able to think our way into feeling better by creating emotional states that are comfortable to be in.


Part of this process involves redefining set ideas of how things are or should be. One of the words taught to most of us early in life is “selfish”. We are taught that it is bad to be “selfish”; that others’ needs should come before ours. We are led to believe that we will be more popular, better people if we put others before ourselves.

The dictionary in my office defines **self** as *the essential person distinct from all other persons in identity: a particular side of a person’s character: personal interest.* **Selfish** is *taking care of one’s own comfort, pleasure, or interest excessively or without regard for others.* The latter part of the definition seems to have been lost from common

use. The negative connotation suggested by “excessively or without regard for others” seems to have swallowed the “taking care of one’s own comfort” part.

Learning self care is a big part of recovery from an illness and maintenance of lifelong wellness, for the individual with the illness and those who love and care for them. The development of self awareness includes respecting that self and considering the needs of the self when making decisions. Balancing meeting the needs of self with the needs of others becomes a critical life skill; sadly it is one that some people have not learned even late in life. Martyrdom and self sacrifice are just not conducive to a healthy life.

LYNX Early Psychosis Intervention Program works with individuals 14 to 35 who are experiencing psychotic symptoms for the first time. The development of self awareness and personal insight are skills that are encouraged early in treatment process, as they are cornerstones that provide a sound base from which to grow further. Changing the definition of “selfish” is key, as individuals need to become aware of their own needs and focus on meeting those needs to become well and to stay well long term.

From our perspective, selfish is a good thing; ignoring ones’ own needs to the point one is rendered ill and thus of little help to anyone else is the true crime -- everyone loses. Be selfish and everyone wins! 

Friends in Motion

Hard to believe the summer is almost over, but the past six months have been very active for the agency's Social Recreational Program (Friends in Motion, FIM). There was the annual trip to the CNE, and this year for the first time, a trip to Canada's Wonderland. Safe to say that everyone had a fantastic time and made new friends and social connections.

We held our first Lindsay Olympics in June at Memorial Park, in partnership with the

Association for Community Living, Community Options Program and Adult Protective Services. With an attendance of 150, it was a fun-filled day of games and a great BBQ thanks to M&M Meat Shop and Valu Mart. Plans are to make it an annual event.

Up and coming events for FIM include the Lindsay Ex, the annual Halloween Dance, Thanksgiving and our Holiday luncheons. Also in December, our first ever Winter BBQ at Memorial Park. There's nothing like the smell of a BBQ in the winter!



CMHA-KL Red Rocket Riders on the Big Bike

For the first time this year, the agency entered a team to pedal in the Heart & Stroke Foundation's Big Bike ride in Lindsay last June. Proudly, they named themselves the Red Rocket Riders, for the bystanders to see CMHA-KL's commitment to community. They shared the bike this time, but hope to have a whole bike all to themselves next year. For more, click on www.bigbike.ca, and consider joining them next year, or pledging to support them.



Celebrations

A warm CMHA welcome to Colleen MacLean's baby Charlie, who arrived July 13th. Is the new Mum getting a good night's sleep?



She laughs. "Nope. This is the toughest job I have ever had." Colleen plans to return to her job at the end of January.

...

A sad CMHA farewell to Cinnamon Tousignant, who is moving on to Trent University, in Anthropology and Linguistics, fields that have always fascinated her. A timely decision, as her son will be starting college as well. The big house in Lindsay has been sold, and one purchased in Omemee, halfway between the university in Peterborough and college in Lindsay. She'll be missed, but we celebrate her decision.

...

And last but certainly not least, an enthusiastic (if perhaps even envious) CMHA cheer for Jen Heideman, who has proven her physical fitness for all to see, and has been justly rewarded. Having lost 130 pounds and been recognized in a body-building contest by the Ontario Physique Association, she was nominated by her gym in Peterborough to the Gold's Gym International competition for the most Inspirational Member. Competing against all other Canadian finalists, she was chosen as the only Canadian finalist to be flown to Las Vegas to attend the 3-day celebration of the organization's 20th anniversary. Ultimately, one of four finalists, Jen was the first Canadian ever to be voted the most inspirational gym member for the entire organization. She says it was fun, she met a lot of good people, and learned a lot that she can apply to her work with seniors for CMHA-KL.



Notice

"Dear reader, kindly take note of the 11th Annual Silent Auction for the Kawartha Lakes Dream Centre."

"Oh? What is that?"

"The Dream Centre is lots of things

for lots of people, for example, for CMHA-KL clients and staff. Check it out, it's a thrift shop, a food bank, a volunteer opportunity, a friendly place to re-cycle your goodies, re-gift

your gifts, replenish your wardrobe... And with this Auction, a place to bid on things to put on shelves you emptied...."

"That sounds like fun."



"It is. The Silent Auction is from Oct. 19 - Nov. 19, open Tuesday to Friday, 9:30 am to 4 pm; light refreshments served daily, drop by for a chat, coffee and to make your bids!"

Who is She?

She has been your volunteer editor here for eleven years.

She is famous for the eclectic, global table she sets.

She is an internationally known artist, exhibiting her work both locally and nationally.

She has been translating for more than 45 years, and the books bearing her name fill an entire bookshelf!

Above all these, however, she is an activist and an advocate. She has spoken up for immigrant mothers, institutionalized children, folks with mental health issues, those with body-image concerns, children's rights, handicapped people's access to the "normal" things in life, and always, always, she has fought against stigma and injustice.

So who is she? Where did she come from? Where has she been?

Born 75 years ago in Prague, Czechoslovakia, she spent her very early years traveling pre-World War II Europe as her parents, writers both, worked to finance the family's immigration to the United States. She started school in the US, eventually finding herself back in Europe. She winks as she speaks of her time in Switzerland: "The cows there had two legs shorter; it's from standing on those steep hillsides." Her father died when she was fifteen.

Her adult years would fill several volumes, this space only allows the bare high-

lights. She married a soldier at 18, but by the time she was 22 she was alone and raising two children.

Three years later, she returned to Czechoslovakia, where she worked as an editor, translated books and poetry and films in her spare time, married and gave birth to her third child.

After the Soviet military occupation in 1968, she returned to the western world, a single mom of three.

She worked at the United Nations in New York with The Law of the Sea, until in 1975, she relocated to northern Ontario. Here she began a new career as a social worker, also joining forces with a handful of folks to bring theatre and the arts to an out-of-the-way mining town.

She also taught writing, and English as a Second Language, worked for the local radio station, wrote a weekly newspaper column where she frequently pointed out the injustices inherent in our society.

Twelve years later we find her in Toronto, as a provincial Child Advocate, and on the board of directors of the Canadian section of Defense for Children International, an organization devoted to promoting and supporting the UN Convention on the Rights of the Child.

It was then that she conceived the idea for YOU*NIQUE, her own company for producing seminars and workshops and

customized audio tapes for healing the injury and stigma of poor body image. In 1994 she was named Woman on the Move by the Toronto Sun.

The story continues. Fourteen years ago, in the middle of a profound depression, she moved to Lindsay. As she healed, she became active on the editorial advisory committee of The Post, got involved with CMHA-KL, the Women's Resource Centre, the Kawartha Lakes Accessibility Awareness Committee, the Lindsay Gallery, and probably several others that I have left out.


"Stigma," she says. "It's what damages us the most. It's what we have to keep fighting against." In her one-woman war against the unfair hurts of insensitive judgements, she is tireless.

She is compassionate, she is brilliant, she is unwavering.

She is fierce in her love of her three children and six grandchildren.

She appreciates a broad and eclectic mix of music.

She makes me laugh and she makes me grow.

Her name is Kaca Polackova-Henley and she is my mother. 

*Lauren E Delp is a writer, editor and entrepreneur. Taking a few months from her life and business in California to spend some time with her mother in Lindsay, she was recruited by the editorial board of **Think Again** as the person best qualified to profile your volunteer editor.*


Kimberlee Smith, Office Administrator

Health & "Safety Net"

This year, the Joint Health and Safety Committee and Crisis Management Team updated the Emergency Preparedness Plan, developed a Business Continuity Plan, established H1N1/Pandemic Guidelines, conducted regular workplace inspections and performed emergency preparedness drills. Incident Reporting and the Incident Report Form were updated. The new reporting procedure allows for more accurate data collection and year-over-year comparison.

As well, with the passing of Bill 168 (amending the Occupational Health and Safety Act), the committee developed a Workplace Violence Prevention Program.

The Infection Prevention and Control Committee spent most of the year writing an Infection Prevention and Control Policy Manual, covering topics like Cough, Cold & Flu, Hand washing, Personal Protective Equipment, Infestations, etc. Written to comply with Accreditation Canada Standards, it fits in with the agency's Health and Safety Policies and Procedures. The Committee also ensured that staff complete the "Just Clean Your Hands" module, and delivered in-service presentations to both staff and clients on relevant topics.

Some of the agency's other recent health and safety achievements include the development of a Client Safety Committee, a Client Safety Policy, and the implementation of an annual Client Safety Plan. 

Sherry Henderson, Accreditation Consultant

Home stretch for CMHA-KL accreditation

After two years of hard work on the part of the staff and board members of CMHA Kawartha Lakes Branch, the Association's journey towards Accreditation has entered the home stretch. In just a few weeks, the surveyors from Accreditation Canada will arrive to assess the organization and determine whether or not the agency will be accredited.


Two surveyors are scheduled to arrive on Sunday, November 14, 2010. They will spend the next two and a half days reviewing documents, observing, and interviewing staff members, board members, clients, families and community partners.

On Wednesday, November 17, they will prepare their final report and send it to Accreditation Canada. In the afternoon, they will review their findings with invited staff, board members, clients and community partners. This afternoon debriefing will focus on both the Association's strengths and areas for improvement.

Accreditation Canada will use the surveyors' report to determine our final status and we will be notified of the decision within ten days of end of the survey visit.

There are three options: accredited, accredited with condition, and not accredited. According to Accreditation Canada, 80% of all the organizations surveyed are accredited with condition. This means that the organization has a set period of time (usually a few months) to make whatever improvements the surveyors deem necessary. Once this is accomplished, the condition is removed and the organization is fully accredited.

The list of initiatives and improvements that CMHA-KL has undertaken over the last two years is impressive, stretching to 12 pages long. Over the next few weeks, the written documentation of the work we have completed will be assembled and reviewed. Staff and board members will practice answering questions the surveyors are likely to ask. The logistics of the visit will be worked out.

With all the work behind them and all the work ahead, every staff and board member of the Association will certainly be glad when they have crossed the finish line. 

THINK AGAIN

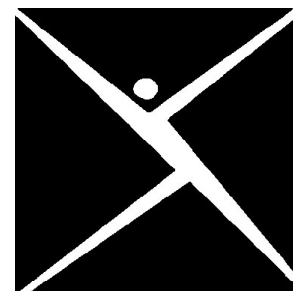
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Note: The views expressed in our publication are the views of the CMHA Kawartha Lakes Branch and/or the author, and do not necessarily reflect those of the Government of Ontario or any of our partner agencies.

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Ministry of Health
& Long Term Care

THE ONTARIO
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Central East Local Health
Integration Network

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KAWARTHA LAKES
Catch the Kawartha spirit

We also extend thanks to the staff for their dedication, caring attitude and professionalism and to our partners (the local health, education, justice, law enforcement, and spiritual communities) in the City of Kawartha Lakes, without whom our work would remain incomplete.