



# MENTAL HEALTH *Matters*

Canadian Mental Health Association  
Victoria County Branch

Volume 5, N° 1

May 2004

*The CMHA envisions a society which values human dignity and enhances mental and emotional well-being for all.*

*Every year, we take a week to celebrate mental health, so important to a fulfilled and fulfilling life. Not that it isn't worth celebrating year around, but the world around us focuses on a multitude of concerns, and CMHA recognizes that mental health must be spotlighted on a regular basis. The attention of media, politicians, decision-makers, educators and citizens needs to be directed toward issues of mental health.*

***Mental Health Week, May 3-10, 2004***

This year, the theme of the week, anchored once again in the recurrent motif of Emerging Into Light, is **Making Connections**. This encompasses a wide range of ways of dealing with mental health problems, both our own and those faced by people near and dear to us. Connecting on the broadest scale can be crucial to encouraging and supporting resilience, recovery, even survival.

There are concentric circles of connections. The closest ones are our families, the people we live with. They affect our everyday lives and can make or break our days. Then there are the circles of our friends, our colleagues, the people and agencies we choose as helping professionals in our lives, all of them are important to one degree or another in sustaining us. Further out are the various circles of our communities, the geographical ones (neighbourhood, municipality, province, nation, world), but also the range of our work- or school- or leisure-related contacts, and today even the community many of us have established on the

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Internet. All of them can influence how we live and grow and learn, if we seek them out and if we choose to hear them

There are a few things we need to bear in mind about our connections. We must be willing to trust before we can get the most from our connections. Of course, not all of them are positive, and we have to be selective in recognizing whether one or another (even among the closest ones) is a healthy one. And then there is the fact that many potentially helpful contacts need to be educated on mental health issues, what mental illness is and what it is not, stigma needs to be debunked.

While growth and strength comes from inside us, it's nourished by the input, care and support of the links we have made. It is worth remembering that CMHA can be one of those connections – no, it can be a whole raft of them, given its services, programs, staff and resources. When we accept those, or any, connections, we open ourselves up to what they have to offer.

One way of opening such a connection is to attend Mental Health Tune-Up Day on May 3. See the back page for details of this free chance to attend interesting and informative presentations, and connect with others interested in individual and community mental health.


*Káča Henley*

## Privacy / Confidentiality

We at the Canadian Mental Health Association, Victoria County Branch are committed to protecting personal/confidential information about staff, consumers, families, volunteers, members and the donors. We collect only information necessary to coordinate our efforts and support the person it applies to.

Such information is seldom used for purposes other than the reasons for which it was collected. Confidential information is not disclosed without consent. An individual has the right to review her or his file and request corrections.

Only designated staff are authorized to access and update information. Automated information is secure and can only be accessed through confidential passwords.

The Executive Director is the designated privacy officer of the Canadian Mental Health Association, Victoria County Branch. For further information, please contact Naresh James at 328-2704 Ext. 27. 

## Meet Todd

His smile is warm, with a tiny twinkle and a shade of shyness. It seems that Todd Meredith is not especially comfortable talking about himself. He would rather talk about the people he works with.

As a Community Support Worker, what is it he does, in a nutshell? “Getting people to accept their own competence. To realize that they are capable, that they can do whatever it is we are working on.”

He has a caseload of 16. “People,” he says, with urgency, with passion, “not cases!” He does it, he explains, within a basic framework of empowerment.

“Everyone is a person first, not their condition. And people need to make their own decisions,” he adds. “I’m there to support them, not judge them. I want them to use me. I don’t tell a person what to do or not do. I give them tools to work with, I might even challenge their thinking. I explain what the consequences of this or that decision might be, constructive or otherwise, and then they can decide for themselves.”



He continues, “People need to do things at their own pace, on their own, even to stumble and fall. And then I’m there to support them too. A lot of the time,” he smiles again, “they may think I’m doing nothing at all, maybe that’s when I’m doing my job the best.”

Before coming to CMHA-Victoria County two years ago, Todd, a graduate of Sir Sandford Fleming College, held a number of jobs in the field. He worked with various types of programs and individuals, for example, homeless people and those dealing with addictions. “The wide range of work I’ve done has given me tools to employ a variety of modes. It has helped me as a person. My

most important learnings are from the people I work with.”

Originally from Toronto, in June it will be two years that Todd has been with CMHA-VCB. Father of two sons, he lives in the area with his family and says that one of his strong points is separating his home life from his work life.

Clearly, the bottom line is that Todd cares. Really cares.



## A few of our brainstormers...



Evelyn Chambers

Wendy  
Decaire

Naresh James



Michael Goode



Mike Perry

## Looking Ahead, Planning a Future

On Monday, March 6<sup>th</sup>, 2004, the Association invited its volunteers, staff, consumers, their families and other partners to a brainstorming session - the first step towards updating its Strategic Plan. Evelyn Chambers, a United Way volunteer, took the lead role in facilitating the session.

More than 40 people came together at this session to consider and make suggestions, both about the operation of the Association and the specific needs of the community, and how best to meld the two. An impressive number of thoughtful ideas have been collated and will serve as one of the resources the Board of Directors will turn to as it formulates a new and timely Strategic Plan.

Executive Director Naresh James recalled, "Prior to developing any plan, in 1995-96, we were able to serve only 18 individuals with mental illness through our group home, Harrison House. Since implementing our initial plan, we were able to expand our services to 54 individuals in 1998, to 83 in 1999, to 146 in 2000 and to 184 in 2001, all with no additional funding. In 2002, we received a small budgetary increase from the Ministry of Health and Long Term Care, which allowed



us to serve 244 individuals and their families.

“Support from the United Way, the Ontario Trillium Foundation and the City of Kawartha Lakes has further enhanced our capacity to serve the residents of this community. This has allowed us to expand the range of our services to:

- √ Independent living arrangements at Market Square Apartments in Bobcaygeon
- √ Rent Supplement/Supported Housing in the community
- √ Mutual support groups
- √ Social Recreation program
- √ Public Education
- √ Mental Health Promotion
- √ Financial Planning and Monitoring Program,
- √ Supplementary Support (Rent and Utilities)
- √ Family Caregiver Network.

Mike Perry, President of the Association, spoke of the planning process. “As we update our plan, we are confronted with challenges like a diminishing budget, increasing demand, changes in the political, economic, social and technological aspects etc. Based on our strengths/weaknesses and our challenges/opportunities, we hope to establish a new, updated direction for the Canadian Mental Health Association, Victoria County Branch.”



## CMHA Input to Provincial Disability Legislation

*In the context of finding ways to improve the Ontarians with Disabilities Act, CMHA Victoria County and CMHA Peterborough responded to a provincial call for submissions regarding barriers encountered by people with disabilities. Executive Directors Naresh James and Mark Graham detailed specific concerns of people dealing with mental illness. A summary of that submission:*

The strength of the *Ontarians with Disabilities Act* is that it covers almost all previously identified barriers. Still, there is no strong well-defined mechanism to alleviate these barriers as experienced by the people with mental illnesses. In hopes of arriving at effective solutions, we want to raise awareness about specific barriers experienced by the seriously mentally ill and their families.

In the spirit of working with the Government of Ontario, we will not only identify barriers, we will also propose some ways to improve the effectiveness of the *Ontarians with Disabilities Act*.

**1. Systemic barriers** limit access to benefits and services and are not user friendly. People with mental illness and



their family members find it difficult to find information about entitlements and to submit applications. Family members seeking benefits for someone too ill to complete the forms often find their only option, traumatic and unnecessarily confrontational, is to have the person legally declared mentally incapable.

**Suggestion:** Application processes should be made more consumer friendly. Ministries should involve consumers and family groups in reviewing and simplifying their operational systems.

**2. Discrimination in Employment:** Meaningful employment is a vital determinant of both mental and physical health for all members of a community. Despite that, access to employment and workplace accommodation for the person with mental illness remains limited. A disgustingly high percentage of people with mental barriers lose employment and remain unemployed for the rest of their lives. Barriers include various myths and prejudices related to mental illness; a cap on maximum earnings for people on social assistance and fear of loss of social assistance; the broadest lack of employment opportunities, even in the field of general labour; lack of empathy, support and accommodation by employers and co-workers; low wages, long hours, and inflexible

work schedules; lack of supplementary medical coverage in many jobs.

**Suggestion:** Promote and financially support community initiatives, consumer/survivor-operated businesses and supported employment opportunities, worksite orientation and training on issues of mental illness, accommodation in the workplace, employment supports for those ready and willing for competitive employment, meaningful day programs for those who may not yet be ready for work.

**3. Myth and Stigma Related to Mental Illness:** Stigma associated with mental illness can appear as discrimination in accessing housing, employment, insurance (e.g. pre-existing illness clause) verbal, emotional or sexual abuse, physical violence, exploitation, harassment, and blocks to obtaining social aid/supports.

Stigma deters people experiencing stress, burnout, depression, or other signs of mental illness from seeking help when they need it, preventing early recognition of problems. Families of people who have a mental illness also feel stigmatized.

**Suggestion:** Funding should be made available to community-based mental health programs so that they may effectively work towards modifying people's misconceptions about mental illness.



**3. Supportive Housing:** A stable home is basic to a healthy life, and while people with mental illnesses need affordable, integrated and safe housing, they also need supports. There is a shortage of safe and affordable housing, and severe gaps in supportive services, e.g. flexible social supports such as case management.


**Suggestion:** Government should deliver on the election platform promise to provide 6600 additional supportive housing units.

**4. Transportation:** Geographically, this is a large, primarily rural area, with few urban centres, a sparsely distributed population, with a significant proportion on fixed incomes and/or over 65 years of age, with a shortage of public transportation and hence problems of isolation. It is hard for many to access necessary health care services because they cannot afford private transportation. Almost all the individuals are not covered for treatments and psychosocial supports if it is not provided by medical personnel. Provincial agencies/services will not subsidize appointments or cost of transportation for “non-medical” appointments.

**Suggestion:** Eligibility criteria for transportation subsidy should be amended to recognize the virtue of non-medical

appointments and cover them.

The existence of an *Ontarians with Disabilities Act* is an encouraging direction, but it lacks specificity, e.g. clear standards for accessibility plans, clear requirements to remove barriers, not just identify them, and timelines for doing so. All barrier removal plans need to work on five-year deadlines.

Our focus is to move away from a complaints model, so we are all the more interested in the enforceability of the *Ontarians with Disabilities Act*. 

## MENTAL HEALTH *Matters*

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### CANADIAN MENTAL HEALTH ASSOCIATION,

VICTORIA COUNTY BRANCH  
64 Lindsay St. So.  
Lindsay, ON. K9V 2M2  
(705) 328 2704

#### Editorial Board:

David Byers  
Naresh James  
Len McDonald  
Todd Meredith

Volunteer Editor: Káča Henley

*My name is Sara, I live in a small town in Nova Scotia, I am in grade 12 and I have recently been diagnosed with bipolar disorder. The following poem is something I wrote about how this diagnosis has made me feel.*



## Petals of a Rose

Torn away from the rose, the petal falls  
Far away it lands  
It lay all alone, encased by walls  
And there are no helping hands

Alone and afraid, but never once missed  
All it ever wanted, was to be noticed  
Maybe a hug, now and then  
But never again

The rose carries on, it doesn't really care  
That once there was a petal, that fell  
from there  
It never really cares, that one is gone  
More petals fall, but always it carries on

Now only a few, petals remain  
But in the springtime, it will bloom again  
Those last few petals, wither away  
But that rose, is here to stay.



David.B.

## Emerging into the Light and Making Connections

My “eyes” were opened in 1986-87 when God finally delivered me from spiritual darkness that consumed my life so that I couldn’t do any thing without having terrible awful thoughts about myself and my future.

Reality revealed to me how sick I really was in the negative past (mainly my illness in 1985) and how I had family, friends and peace of mind and the rebuilding of future on the positive side.

As I got out to activities and social gatherings centered around church and also attempting to go back to school and then work (which was far more profitable) I gained a sense of self worth and accomplishment and realized how much my family and friends really do love me and that I also really do have acceptance and respect from the community.

Common sense is also a “light flash” reminding myself of what to think and what to say and what not to say and definitely what to do and not to do.

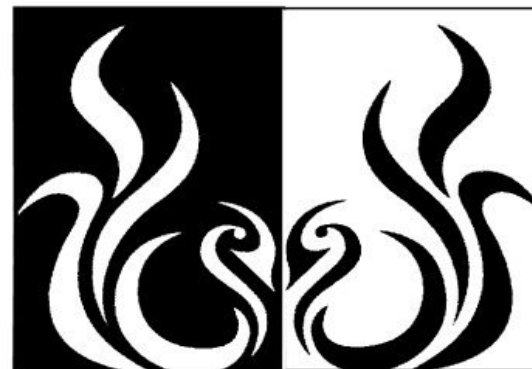
Even though my illness was far worse in 1985 I was hospitalized in the late fall of 1984 and the nurses and student nurses in Royal Victoria Hospital were a tremendous support and help.

God Bless them all Greatly !

When I am emerging into the light I often forget about my time of darkness and what I’m trying to accomplish at the present time to make a future for my life and then I become complacent and lazy and then I love common sense and etc.

What I have to do is take inventory of my life and tell myself ‘No! I am not doing this any more’ and replace bad habits with good habits, and keep trying.

I remain hopeful and pray to God, praising him for all he has done! ✕



## Both Sides of the Fence

Sometimes an individual will say “I know what you mean” or “I know how you feel”. Is this really true? In all probability it’s not. If one has not experienced the wrath of mental illness, he or she is not likely to have much of an idea of the emotional torment involved.

I, personally, have been on both sides of the fence. For the first ten years, beginning at age sixteen, I dealt with symptoms of what I and the treating professionals considered to be recurrent episodes of depression. At the age of eighteen I made a decision to academically pursue a career in the field of social work.

Throughout my education I had two hospitalizations over the course of six years. Eventually I graduated with a Master’s degree in psychiatric social work. I worked in the field for six years during my education. Then I worked for another two years post-grad in hospitals, until suddenly everything came crashing down. I became very ill at the age of twenty six.



Photo by April Kelleff

Along came the hospitalizations, the medications, and a diagnosis of Bipolar Disorder. Even though I knew from my training that I had been previously misdiagnosed, this new diagnosis was still devastating.

The most difficult aspect was that I was used to being on “the other side of the fence”. Thus far, I was used to being the one making diagnoses, having the hospital keys, being part of the treatment team, and the one to educate patients and their families about mental illness.

Until recently, I have had a very difficult time dealing with my illness. It has taken another two years to come to grips with the complexity of “being on the other side of the fence”. Every day presents a new challenge to overcome. I don’t have a choice but to accept the facts and begin to move on with life the best I can.

On a positive note, I can honestly say, with meaning, that I do indeed understand. What I enjoy is being able to help other patients, their families, and society in general, with whatever information and awareness I can.

At first I thought my education and training had gone to waste. However, after countless hospitalizations in the past two years, I can actually say that I do understand. I believe I’ve finally found some satisfaction within the chaos. M.L.

## Family Caregiver Network

“How do I cope?”  
 “What can I do?”  
 “Where do I go?”  
 “It’s all so unfamiliar.”  
 “I’m afraid to admit it.”  
 “I feel so alone.”

Who is experiencing these feelings? Not only those who first recognize they are experiencing mental illness. Similar emotions can overwhelm members of their families, the people who love and care for them.

Help and support are out there, though.

The caregiver can look to the Family Caregiver Network for courage and reassurance, along with information and even possible referrals to professionals and support services. Serving the City of Kawartha Lakes, Haliburton, Northumberland and Peterborough Counties, it is a grass-roots self-help organization, providing support, education and advocacy.

Melanie Jackson, the coordinator, explains that the Network is dedicated to improving the lives of the families and



regivers of people experiencing a mental illness. Its work is rooted in the conviction that the experience of other members of the community who have faced similar challenges can provide valid learning opportunities for those recently diagnosed, and those close to them.


The partnership of professional and community support is most effective in helping individuals become as healthy as possible.

Among the ways the Network can bring strength and light into a family’s life:

- ★ Provide information for a better understanding of the illness, and common treatments, to ease initial feelings of bewilderment, isolation and fear
- ★ Refer individuals and families to mental health service providers during the treatment and recovery period
- ★ Refer individuals and families to their local community-based supports
- ★ Provide access to valuable information through a free 12-week Family to Family Education Program.



- ★ Offer caregivers – who have learned to deal with difficult challenges – the chance to help others overcome such challenges
- ★ Facilitate the formation of local support groups
- ★ Provide opportunities for public education and public awareness.

Funded in part by the Ontario Trillium Foundation, the Family Caregiver Network operates under the aegis of CMHA-VCB, with the support of the Peterborough Chapter of the Schizophrenia Society of Ontario. For more information, email [fcn@nexicom.net](mailto:fcn@nexicom.net) or phone toll free (888) 454 8875. 

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*Sometimes it is a bit of a maze, trying to identify which community service or agency can best fill our needs. Many of them support CMHA staff in serving individuals with mental health needs. The Editorial Board feels that it could be useful to profile one in each issue of this newsletter. This time, we have selected Telecare.*

## Telecare: a Helping Ear

At some point in our lives, who of us hasn't needed a non-judgemental listening ear? When there isn't a close person to fill that need, any individual in our area who is troubled, lonely, facing difficult decisions or on the brink of a crisis can find it in Lifeline Telecare Lindsay.

Bill Huskinson, the agency's Executive Director, has been involved with this service since it was originally conceived 33 years ago in 1971.

Bill recalls that it took some three years before the lines first opened, in March 1973. At that time, the Town of Lindsay had a core population of 10,500, in a toll-free calling area of 13,500 people. It had no crisis counselling services, addiction recovery programs, budget/financial counselling services, etc.

To fill a crucial need, Telecare recruited and trained 24 knowledgeable and sensitive professionals – e.g. physicians, attorneys, clergy – to respond to calls originating from individuals up to 50 miles distant. Then, when Telecare Peterborough came into being in 1977, partnering with them enabled a 24-hour human response.

Over the 29 years of its operation, through its annual training program over 300 workers have been trained and commissioned. Currently, thanks in part to United Way funding, the staff consists of 29 volunteers.

From their meticulous set of statistics, we find that last year, Telecare responded to 1,819 calls, providing reassurance, emotional support, as well as information and referrals. Three quarters of the calls were from people over 45, with some



2% from young people under 24. The subject of almost 30% of the calls involved mental health issues, and 1.5% – 53 in total – concerned suicide.

In addition to answering distress calls, over the years Telecare Lindsay developed a several other community programs, such as Volunteer Drivers and a Reassurance Program. The latter remained with the agency, and has proven invaluable to shut-ins and seniors, with some 6,000 calls made per year, to satisfy the emotional needs, provide security and to be part of social adjustment in a trusting and confidential style. Recently, the Trillium Foundation funded enhanced training for Telecare volunteers, allowing the agency to become a “listening service” for 50 women prisoners at the new Lindsay superjail.

The phone number for that helping ear is 705 878 4411. Note it down, in case you or someone near needs it. ☒



## Legacy Giving

There is a way to support the work of CMHA while benefiting your heirs. It is called a charitable bequest.

Many Canadians support charitable organizations by such future gifts from their estates. In their Wills, they simply instruct their Executor to leave one or more assets to a charitable organization.

Such a gift allows you to make a donation upon your death that you may not have been able to make during your lifetime. It can be cash, securities (stocks or bonds), real estate, or other tangible personal property.

For your bequest, your estate will receive a tax receipt to apply to the final income tax return, which will reduce the estate taxes and increase the amount available to your beneficiaries.

### A Charitable Bequest is:

**Convenient:** A Will bequest can be made no matter how old you are and can be for any amount you want.

**Flexible:** Your bequest can be a specific amount, a percentage of your estate or the residue of your estate – a gift after your debts have been paid and other bequests have been made.

**Simple:** A bequest is easy to arrange. Simply ask your lawyer to include a bequest to CMHA-VCB in your Will. ☞

**Cost-effective:** There are no extra out-of-pocket costs. Your present income will not decrease.

**Tax Relief:** A charitable bequest is the only effective method to reduce estate taxes.

**Tax Planning:** Your estate will receive a tax receipt for the full value of the bequest, to be used to reduce the tax payable on your final tax return. If your bequest exceeds 100% of your net income, the excess may be carried back to the previous tax year.


**Control:** You retain use of the charitable gift for the duration of your lifetime.

**Peace of Mind:** You can make changes in your Will at any time.

**A Memorial:** Your bequest can symbolize a lasting memorial for you, your family or anyone you may wish to honour.

### **Expert Advice**

We strongly recommend seeking professional advice to ensure that your financial goals are considered, your tax situation reviewed and your planned gift tailored to your circumstances. It is also recommended that you consult your lawyer or estate planner regarding the specific wording of any charitable Will bequests.

For information call CMHA -Victoria County at (705) 324 2704, or go to [http://www.cmha.ca/planned\\_giving/](http://www.cmha.ca/planned_giving/) 

### **News Bits:**

#### **Addiction: a treatable brain disorder**

Substance dependence is as much a disorder of the brain as any other neurological or psychiatric illness, according to a report on substance use and dependence released by the World Health Organization.

Advances in research show that substance dependence is a chronic, relapsing disorder with a biological and genetic basis. It is not caused by a person's weak character or lack of desire to quit. The report explains how psychoactive substances such as tobacco, alcohol and illicit drugs adversely affect the brain, and how social, environmental and genetic factors play key roles in substance dependence.

In that context, it addresses the effects of stigma, and calls on governments to regard substance dependence as an illness. It describes current attempts by scientists to explain why mental illness and addiction often occur hand in hand, and urges health professionals to treat the disorders together. Substance dependence can be treated successfully, and treatment should be integrated into health care. The report is called *Neuroscience of Psychoactive Substance Use and Dependence*, March 2004, and can be seen at [www.who.int](http://www.who.int).

#### **Hearing Voices**

Hearing voices is not always the result of a psychiatric disorder, it can be caused by many things, including psychiatric problems, drug side-effects, brain lesions, and culturally sanctioned experiences. According to the authors of an ar-



article in *Psychiatric Rehabilitation Journal*, psychiatric medications remain the first choice of treatment for people who hear distressing voices.

Other strategies that can help people cope with the distress of hearing voices include cognitive behavioural therapy and active coping and self-management techniques, such as repeating short phrases or positive statements, paying close attention to the state of one's mental health, and learning to manage stress. The authors argue that the traditional approach of not discussing the voices should be reconsidered, as a better understanding of people's experiences may lead to helpful treatments. An abstract of the article 'Hearing Voices: Explanations and Implications,' is available at [www.bu.edu/prj](http://www.bu.edu/prj)

### Side-effects


The side-effects of medication for anxiety and depression are sometimes as hard to manage as the illness itself, says a study published in *Family Practice*. Most patients reported that their physicians did not give them enough information about their medication, how it works and potential side-effects. Researchers held focus groups to discuss the effects of anxiety, depres-

sion and medication on work performance, and to examine workplace policy and practice relating to workers with anxiety and depression.

Due to negative side-effects and lack of information, patients who did not understand how a medication works changed their dosage or discontinued medication for fear of dependency, without consulting their physicians. It was agreed that the information leaflets provided with the medication were not very helpful.

The authors conclude that doctors need support to be able to effectively inform their patients about medication, including patient-friendly information leaflets and counselling assistance from nurses or mental health workers. An abstract of the article, 'Patients' Experiences of Medication for Anxiety and Depression' is available at [fampra.oupjournals.org](http://fampra.oupjournals.org).

### Donation Boxes at LCBO

Through the generosity of the LCBO's Charity Donation Program, the message of CMHA, Ontario — *Mental health is precious and definitely worth investing in* — will be carried all April on donation boxes placed at cash registers in 650 LCBO stores across Ontario. A campaign to raise awareness about mental health throughout the province, the funds raised will permit CMHA, Ontario to continue its work of ensuring that this province is a place where people with a mental health concern are not ashamed or afraid to reach out for help when they need it, and that when they do, they will find current, accurate information and effective resources and support networks. 

CMHA-VCB thanks the United Way, the Ontario Trillium Foundation and the Ontario Ministry of Health and Long Term Care for their financial support.



# **Mental Health ‘Tune-up’ Day**

**Monday, May 3, 2004**

Brought to you by the Canadian Mental Health Association for  
**Mental Health Week 2004**

## **9:30-11:45 Film: A Beautiful Mind**

*Award-winning movie portrays the challenges faced by a brilliant mathematician with schizophrenia, followed by an interactive discussion about schizophrenia, based on issues raised in the film*

Discussion Leaders: **Kelly Robinson** of the Schizophrenia Society and **Naresh James** of CMHA

## **12:15-12:45 Lunch**

*The Legion Snack Bar will be available during the lunch hour for sandwiches and beverages or bring your own brown bag lunch.*

**1:00-2:00 Keynote Speaker,**

## **Rona Maynard**

### **“Depression: Breaking the Silence”**

*The Editor of Chatelaine Magazine speaks about her personal experience with depression.*

## **2:00-3:30 Pam Fisher, Psychogeriatric Resource Consultant**

### **PASE (Psychiatric Assessment Service for the Elderly)**

*will speak on the challenges seniors face in maintaining good mental health.*

and

## **Bob Heeney, Adolescent Services Intake Coordinator**

### **Whitby Mental Health Centre,**

*will speak on Adolescent Mental Health Issues*

*After their presentations, both speakers will answer questions.*

All events are **FREE**, and will be held at the

**Royal Canadian Legion**

**12 York St. Lindsay, Ontario**

*Various local mental health service providers will present information displays*

For more information, call CMHA at 705-328-2704 .