



# MENTAL HEALTH *Matters*

Canadian Mental Health Association —Victoria County

Volume 7, No 2

Autumn 2006

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


Mental Illness Awareness Week, Oct. 1-7, 2006

## Look Mental Illness in the Face

In other words, “Face Mental Illness!” Which is the theme of this year’s Mental Illness Awareness Week.

Interesting word, ‘face’. In my dictionary, there is a total of 21 meanings for the word, not to mention a whole raft of idioms, like ‘face to face’, ‘save face’, ‘face up to’, ‘face down’, ‘face the music’ and many more.

Some of the meanings apply directly to our concerns: face as a noun is the front, the surface of anything, but of course, we think of it mainly as a person’s countenance. So we speak of the face of mental illness, and on pages 2 and 8, it’s clear that it can be anyone’s face, yours, mine, a neighbour’s. In the same vein, as a verb, we use ‘face’ to mean standing up to mental illness, looking it in the eye and recognizing its existence and its implications.

“Too few Canadians know about the burden of mental illness in our society, and too few sufferers seek help when they need it,” says Karen McGrath, Chief Executive Officer of the Canadian Mental Health Association. The elements of this year’s campaign are aimed at opening the eyes of Canadians to the reality of mental illness. In particular, she cites a nationally distributed poster and bookmark series (see the website [www.miaw-ssmm.ca/theme2006.php](http://www.miaw-ssmm.ca/theme2006.php)), and a grassroots public education initiative (for our own events, see p. 3). 

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## Meet the faces of Mental Illness Awareness Week, 2006



Dan Carter



Tara Timmins



Michael Paré



Valerie Bilodeau



Jennifer F



Rosemary G



Shira H



Karen L



Alicia S



Cheryl S



David Y



Kathy T

To see one of the faces of mental illness in the City of Kawartha Lakes, take a look on page 8 and read about Russell's journey..

Nearly one in five Canadians is affected by mental illness, yet a persistent stigma prevents millions from getting the help they need. The continuing theme of Mental Illness Awareness Week -- Face Mental Illness -- is designed to change that. ❏

## Events celebrate Mental Illness Awareness Week

For information and reservations for any of the following, contact 705-328-2704, Ext. 32.

### Two Events, each with two distinguished Speakers

**Mon. Oct. 2, 1 pm and 7 pm**, Royal Canadian Legion, 12 York Street North, Lindsay and **Tues. Oct. 3, 1 pm and 7 pm** in the Auditorium at Hyland Crest, 6 McPherson Street, Minden.

**Dan Carter**, producer/anchor for Channel 12 TV in Oshawa, brings *Mental Illness Out of the Shadows*, speaking about his battle with depression and past addictions to drugs and alcohol.

**Dr. A. Khullar**, consulting psychiatrist at Toronto Sleep Institute asks "Are you getting a good night's sleep?" and speaks about the importance of sleep to our overall well-being, common sleep disorders and their connection to mental illness.

Admission is free, but seats must be reserved.

### Landlord Info Evening

Thurs. Oct. 26, 7-9 pm, Upstairs at Loblaws, 400 Kent St. W, Lindsay. An information session for current and prospective landlords. Come learn how partnering

with the CMHA Housing Program can help keep your rental units occupied. Admission is free, confirm attendance at 328-2704.

**Applied Suicide Intervention Skills Training (A.S.I.S.T.)** Oct. 24 & 25, 9-4 pm at Victoria Manor. **A.S.I.S.T.** is a two-day interactive training program regarding suicide intervention (both days must be completed for certification) designed for everyone: community workers, concerned family members, workers in the health field, emergency services workers. Fee: \$60 per person, training is done at cost and includes all materials, manual and A.S.I.S.T. certification.

### Nonviolent Crisis Intervention Training (CPI) (Date, time and cost to be announced.)

Nonviolent Crisis Intervention is a physically intensive two-day training program in behavior management program that will show you how to control of an "out of control" situation. It teaches non-harmful verbal and physical interventions to anyone who might have to deal with agitated, angry or potentially dangerous individuals. Training is done at cost and includes all course materials. A written test is performed at the end of the training; a passing mark must be obtained before receiving certification. ❏

## Achievement Through Adversity Award announced

Beginning in 2007, the CMHA Victoria County Branch will be making the first presentation of the Achievement Through Adversity Award..

This award, to be presented yearly at the Annual General Meeting, will honour a consumer/survivor who has shown continued courage and tenacity in reaching his or her goals in education, employment, volunteering or through the tasks of daily living. This consumer/survivor is a role model for other survivors on the journey to a healthy life.

Criteria: a past or present consumer/survivor with the CMHA Victoria County Branch. Submission forms will be available at 2 Kent St. W. January 1, 2007. Submissions: accepted from January 1 through April 1. ❏

## Call for Art Work

CMHA-VCB would be pleased to showcase artwork by consumers/survivors, family & friends on our office walls. Sketches, watercolour, acrylic or

oil paintings illustrating thoughts and feelings about mental health/illness are welcome and all will be considered for display. ❏

## Interview with the Director

It has taken 6 years to persuade Executive Director Naresh James to agree to a personal interview in the agency newsletter – 6 years, 12 issues of a publication that has followed the growth and development of the Victoria County Branch of CMHA under his leadership.

As part of the editorial committee, for each issue Naresh has always directed attention to someone he felt was more important to mental health in the community, more interesting, more photogenic, or would benefit more from the experience and the visibility that a published interview would bring.

This time we decided to insist, and Naresh has the wisdom to pick his battles, and he apparently didn't see this one as crucial, so he gave in. It was no surprise, however, that much of the interview revolved around the agency and his time here rather than about his person.


When Naresh came to Lindsay in 1995, CMHA-VCB consisted of Harrison House, a residence with support staff, founded in 1989 to accommodate eight individuals learning to deal with the stresses of mental illness. Important as this facility was to the community, Naresh recognized that there was potential for the agency to do far more, that there was a need, and agreed to take on the challenge.

Naresh smiles as he recalls the years between then and now. He speaks with enthusiasm, if not outright pride, of the growth of the



**Naresh James, Executive Director  
CMHA-VCB**

agency, from serving twelve people in the course of a year (at Harrison House, including turnover), to last year serving some 330 individuals, many with multiple & complex needs, with a wide range of supportive programs – including for example a second residence in Bobcaygeon – and fulfilling a strong public education role as well.

How did it happen? Primarily, he says, as a result of networking and collaboration with community partners, and funding augmented by support agencies. But above all by careful attention to what the community is saying it needs. “For me, stakeholder consultation cannot be circumvented, whether you are funded privately or publicly. Even for-profit organizations need the input of their stakeholders. They 

need to know who their customers are, what they're saying, what they want and need.”

Pressed for some personal background, Naresh speaks of his wife and their two children, now adults active in the fields of health and human rights. He mentions a Masters degree in Social work in his native India and, after coming to Canada, an Executive MBA in Health Services at the Canadian School of Management. And then he returns again to his professional world, recalling his position as Director of Program at the Southwest Regional Centre in Chatham, a residential centre for people with developmental disabilities. The mandate to ‘deinstitutionalize’ residents into the community resulted over the years in the successful and supported integration of some half of the 1200 residents outside the walls of the institution.


“The provincial effort to do the same for people with mental illness was less successful,” he muses. “It didn't go well, it was poorly planned, people were discharged from psychiatric facilities without a capacity to accommodate them in the community.” It was in that climate that he took over the reins of the small Victoria County Branch of CMHA. Much of the growth of the agency has been focused on the specific task of improving the support system for people faced with mental illness who are living in the community, as well as establishing residential supports for those who need more intensive help before becoming independent.

**“Respect is  
the underlying  
value...”**

In speaking of that process, Naresh considers his role. “I see myself as a facilitator rather than administrator. A facilitator is a listener, listening to staff, consumers, the community. Listening is vital to everything.” This leads to the question of how the agency has managed to avoid the high level of staff turnover and burn-out that often plagues human service agencies.

“My philosophy is that human resources are the most valuable resources we have, which translates into taking care of what is precious. This means maintaining a continual investment in staff well-being and development, including a conscious awareness of individual stress levels, and ensuring that they feel empowered to do their job within the organization.” Staff, he says, is treated as an important stakeholder, instrumental in deciding the direction the agency takes.

“We are also blessed with an excellent group of Board members, dedicated volunteers, with a low turnover as well. They are twelve skilled, knowledgeable representatives of the community, consumers and family members.”

Conscious of the culture of any organization, Naresh James explains that the underlying value of his agency is respect – for staff, for consumers, for community. “People with any sort of disability,” he reflects, “are generally seen through their deficiencies. I hope we are helping the world at large to outgrow this, to come to believe, as we do, that every individual – with or without a disability – is a perfect creation in the hands of the Creator.” 

Pat Dunn, President



## CMHA-VCB Annual General Meeting, 2006

Board Chair Pat Dunn called the June 21 meeting to order, and spoke about the previous year at CMHA.

Paul Secord, Ministry of Health & Long Term Care



Paul Secord brought greetings from the Ministry of Health and Long Term Care.

Naresh James, Executive Director



Naresh James, Executive Director, reviewed the previous year's accomplishments and gave a glimpse of the year to come.


Peter Shennett, Auditor



Auditor Peter Shennett presented the auditor's report in clear and understandable language.

Melanie Jackson, Public Education Coordinator



Melanie Jackson introduced the guest speakers, the Dream Team. 

### Distinguished Services Award

For extraordinary contributions to the work of CMHA-VCB, the Distinguished Services Award of CMHA Ontario Division was awarded in absentia to exemplary Volunteer and Board Member Tammy Claridge.

### 2006 Board of Directors

After thanks were expressed to the members of the Board for the previous year, and several resignations regretfully accepted, Past Board President Pat Cawker led the election of the new Board of Directors for 2006:

Jennifer Broderick

- |                 |                |
|-----------------|----------------|
| Pat Cawker      | Doug Good      |
| Marlene Coté    | Michael Goode  |
| Patrick Dunn    | Shawn McNamara |
| Judy Dickson    | Steve Oliver   |
| Leslie Fallaise | Don Thomas     |

### The Dream Team



Those present heard the moving stories of Dream Team members Esther Mwangi, Colin Shaw, Philip Dufresne, Peter Lye, and Noel Simpson. They are part of the group of men and women living with mental illness who, with family and community members, advocate for more safe, secure affordable housing in Ontario. To learn more about their efforts and their successes, see their website at [www.thedreamteam.ca](http://www.thedreamteam.ca).



## Stakeholders, agency to confer on strategic plan

In a recent letter, Board President Pat Dunn announced an important Community / Stakeholder session to consider future directions for CMHA-VCB.

Recalling the expansion of CMHA-VCB programs and services to include Supportive Housing, Case Management, Individualized Psycho-Social Supports, Support Groups, Voluntary Trusteeship, Court Diversion and Mental Health Promotion Programs etc., he asserts that none of this could have happened without the valuable supports from organizations and agencies in the community.

He explains, “Recent developments within the branch, ever-increasing demand for services, new investments from the Government and some changes within our environment (such as the introduction of the Local Health Integration Network) inspire us to once again review our current position and plan for the future.”

On behalf of agency, Dunn invites members of the community and stakeholders to share in the process of the Community/Stakeholder Consultation Session on Friday, October 13<sup>th</sup> from 9:00 am to 3:00 pm at Victoria Manor in Lindsay.

Refreshments and lunch will be served. Attendance should be confirmed before September 29, at 705 328 2704 Ext. 61 or by email to [kasmith@nexicom.net](mailto:kasmith@nexicom.net). ❌

Kaca Henley, Volunteer Editor

## One Smiling Face of Mental Health

When most people think about barriers faced by people with disabilities, it is usually the obvious, visible disabilities, the person in the wheelchair unable to enter a building with stairs, the blind person with the white cane unable to cross a busy street unassisted. Those of us who have faced mental illness know that there are other, invisible disabilities, which encounter other barriers, insidious ones, some of them as hard to grasp as stigma, others as treacherous as rejection or total isolation.

Now, picture the situation of the person who has been deaf since childhood who is faced with a mental illness. The cumulative barriers of the double disability might seem insurmountable.

Might, until you get to know a little about the charming Russell Clarke.

I met him at the Olympia Restaurant, where he is a regular – he likes eating there because the waiter knows sign language, a rare situation in Lindsay. Yes, Russell has been deaf since he was two years old.

He came to Canada from his native England as a small child, he attended deaf school in Belleville, fell in love with the girl he would later marry, also deaf, and ultimately went to work at the Post Office.

After years, he was forced to retire prematurely as a result of a disabling depression, exacerbated by stress on the job. ☞

Russell reads lips, so I had no trouble being understood. But when I asked about the tribulations that had accompanied the devastating experience of forced retirement – the assessments and the insurance companies and the letdowns and the frustrations – he waves a hand and instead turns the subject to what he says saved his life. Literally saved his life, he explains. The support he has received from the CMHA in Lindsay was – indeed, is – “the best. If it hadn’t been for them...” and he trails off, leaving the thought meaningfully incomplete.

To help me understand the help he found, first he must describe to me some of the barriers that thwart deaf people in a hearing society, even more so when they need to navigate the various mental health systems, psychiatric, medical, legal, bureaucratic. Directed to the Victoria County Branch of the Canadian Mental Health Association, he gradually found ways around some of those barriers.

At this agency, he found a worker (“a remarkable woman,” he says) who advocated broadly on his behalf and helped him navigate the various systems, for example, insurance companies, CPP, the legal system. Ultimately, her help would open doors for him and allow him to stand on his own two feet again.

Through counselling sessions, through workshops on empowerment and assertiveness, CMHA was there for him as he gained valuable skills. He was prescribed medication for his depression, and soon was well on his way.

Finally, last spring, he graduated from a Personal Support Worker course in Toronto which is geared for the deaf. This qualified him for his current job, part-time at a nursing home in Toronto.

Amazingly, for a man whose deafness makes communicating with the hearing world particularly stressful, a man whose tendency to depression is equally isolating, Russell is



**Russell Clarke**

a people person. It is his worker who tells me that he has become very active with his volunteer work, with CMHA, with the deaf community, with his church. It seems he is a little modest about the contributions he makes.

Russell, who is married, has a son in social work, and grandchildren, all in BC, is just one of the faces of mental health that is smiling these days, grateful for the role CMHA has played in his life. True, he says, he is not always smiling, but then, he asks, is anyone? He is certain that he’s a lot better off than he would be without CMHA-VCB. ❌

## Tale of a Pot — with a message

An elderly Chinese woman had two large pots, each hung on the ends of a pole which she carried across her shoulders. One of the pots had a crack, the other was perfect and delivered a full portion of water. At the end of the long walk from the stream to the house, the cracked pot would arrive only half full.

For a full two years this went on daily, with the woman bringing home only one and a half pots of water. Of course, the perfect pot was proud of its accomplishments. But the poor cracked pot was ashamed of its own imperfection, and miserable that it could only do half of what it had been made to do.

After two years of what it perceived to be bitter failure, it spoke to the woman one day by the stream. "I am ashamed of myself, because this crack in my side causes water to leak out all the way back to your house."

The old woman smiled, "Did you notice that there are flowers on your side of the path, but not on the other pot's side? That's because I have always known about your flaw, so I planted flower seeds on your side of the path, and every day while we walk back, you water them. For two years I have been able to pick these beautiful flowers to decorate the table. Without you being just the way you are, there would not be this beauty to grace the house."

*Borrowed from the Internet*

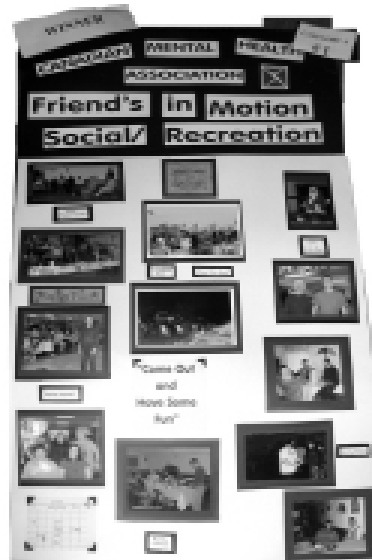
*Or, as Leonard Cohen says in his song/poem Anthem, "...forget your perfect offering. There's a flaw in everything, that's how the light gets in."*

## Winning Poster

Here is a winning poster from the CMHA-VCB poster competition, held last spring in celebration of the open house for the new Kent Street office.

The creators of the winning submission were the Social-Recreation group, one of the programs the agency offers to give individuals facing mental health issues opportunities for socializing and recreation. The poster illustrates the wide variety of events that the group holds, with the central motto, "Happiness is Activity"

This poster placed first in the competition category that was open to clients and volunteers.



## Local Agencies Partner To Help Youth With Psychosis

Psychosis can be frightening for young people and their families. So much is not known, and what is known or believed is often deeply disturbing to them. People with psychosis wonder if they are going to have to live with a debilitating mental illness for the rest of their lives. And one just has to consider the many slang words for psychosis to recognize how terribly stigmatized this illness is.

No wonder that people deny the symptoms or simply wait and hope that they will go away by themselves, often delaying treatment for one to two years after the symptoms begin.

Psychosis occurs equally in men and women and it usually begins in their teens or early adult years. These young people and their families need to know that psychosis is a treatable mental disorder caused by a disruption in brain functioning, often making it difficult for a person to know what is real and what is not.

They may hear things that no one else hears or they may believe things that are clearly untrue to those around them. For example, a person with psychosis may hear voices and think that the government is spying on them. Less obvious symptoms include such changes as social withdrawal, difficulty expressing one's thoughts or a lack of emotional reactions, making it harder for these individuals to cope at work or school.

Research suggests that when people with psychosis are identified and treated early, they recover quicker and more fully. The Ontario Gov-

ernment is funding initiatives across the province that will provide early intervention. The Early Psychosis Intervention program in the Kawartha Haliburton Pineridge region has been called LYNX, and was specifically designed to provide services in rural Ontario.

Partnering agencies are CMHA Victoria and Peterborough, as well as the Ross Memorial Hospital, Peterborough Regional Health Centre, Peterborough Schizophrenia Society, Haliburton Highlands Mental Health Centre, Campbellford Mental Health Services and Lakeridge Counselling Services.

LYNX connects with young people experiencing psychosis and their families and then links them with local resources. These resources include case management, counselling, family education and support, psychiatry and neuropsychological assessments. With early and intensive treatment, individuals with psychosis are often able to live productive and fulfilling lives that include higher education, satisfying work and meaningful relationships.

In the city of Kawartha Lakes, LYNX is being provided through the Canadian Mental Health Association and the Ross Memorial Hospital's Community Counselling Services.


Bruce Petelka provides intensive case management, which includes detailed monitoring of symptoms and side effects, education, emotional support and assistance with related mental health concerns.

**...Help Youth with Psychosis** (contd)

Melanie Jackson provides support and education for family members. Research has shown that a knowledgeable, strong family is an important factor in assisting a youth's recovery.

Dr. A. Waese provides comprehensive psychiatric assessments and treatment.

If you would like any further information about Lynx or psychosis you can call Melanie at 328-2704 or Bruce at 878-8900 ext.8227. You can also find more information at [www.lynxtrack.ca](http://www.lynxtrack.ca).

It is important that we get the message out that psychosis is treatable and that with early, intensive assistance, people can make a better recovery! 

**Community Linkages**

In March, 2005, the 15-bed Mental Health In-patient unit and Day Hospital Program were officially opened at Ross Memorial Hospital. In addition, the hospital continues to offer its Community Counselling Services, including such programs as Crisis Response, Case Management, Adult Counselling, Early Psychosis Intervention, and Child and Youth Sexual Assault Response (see p. 11 of this newsletter).

Significant community mental health programs are also offered through the Canadian Mental Health Association (CMHA) – Victoria County Branch.


By working together with the CMHA, the Hospital has established an effective partner-


ship to provide a seamless continuum of care, while also educating families and care providers. This comprehensive system will help to ensure that services revolve around the client and family members.

Both organizations are working in partnership to ensure consumer choice and access to services. Examples of this enhanced system coordination will include a joint intake process, common service protocols, shared educational resources, well-coordinated programs, and a reduction in the duplication of services.

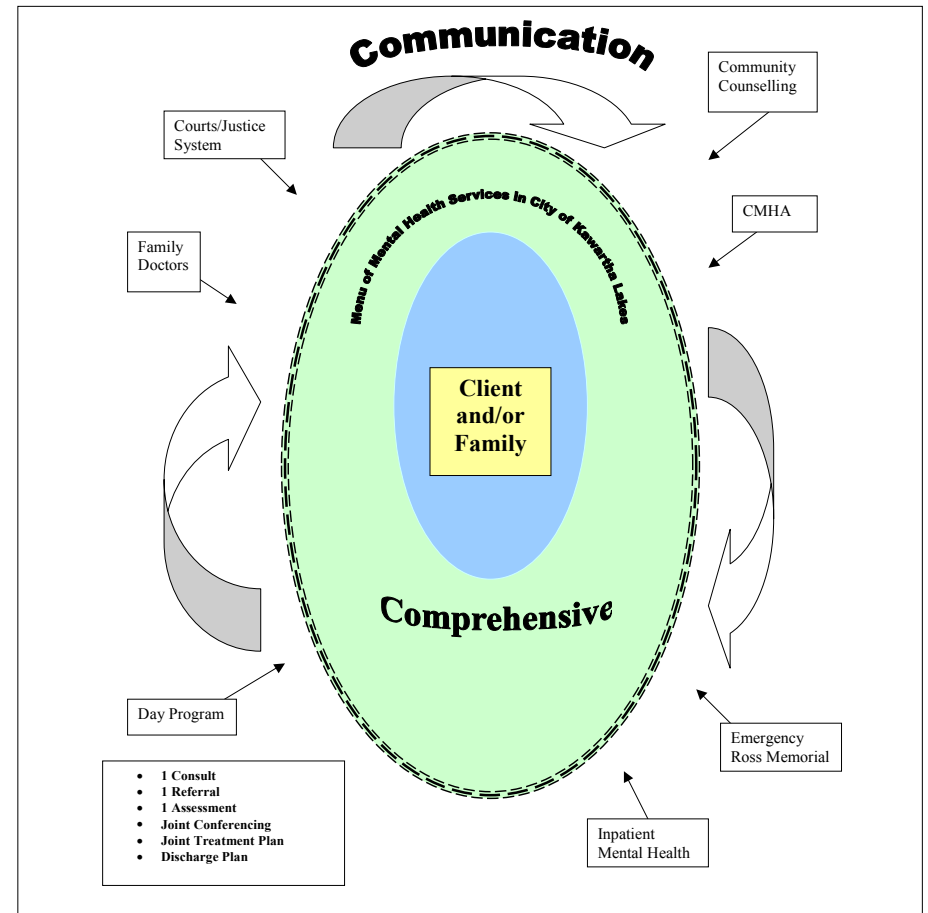
What will this mean for clients? It will mean that clients seeking mental health services will be able to enter the system through either the RMH Mental Health Service, or the CMHA. Clients will only need one physician referral, one initial assessment and will develop a care plan that will access different services from each organization as the need arises.

No longer will clients require multiple physician referrals or visits to the Emergency Department and/or be required to undergo an assessment at each point of access.

This integrated system will provide the opportunity for RMH and CMHA staff to work in partnership, sharing both human and financial resources as well as common standards. This will not only allow for more people to access these services but will also ensure that clients will be directed to the most appropriate provider to meet their needs. 

This integrated service model is the first of its kind in the region, and has been developed through a mutual desire to provide the best possible services to our community. 

*(excerpted from Ross Memorial Hospital's 2006 Annual Report to the Community)*



## Changes to Ontario Disability Support Program

A new flat-rate earning exemption and ongoing health benefits to ODSP recipients who leave the program for employment – these are two of the changes introduced earlier this year by the Ministry of Community and Social Services.

The Government announced that the changes are designed to make it easier for recipients with disabilities and their families to find work, to keep more of what they earn, and for those who are able, to move on toward financial independence and away from government support.

Some of the changes came into effect April 1, while many others will start November 1.


People with disabilities, disability and mental health groups and community legal clinics have been advocating for changes through the ODSP Action Coalition. CMHA Ontario is a member of that coalition, which presented its recommendations to the Ministry of Community and Social Services last December.

At that time, the Coalition's recommendations included changing the earnings exemption by a two-step process, by first al-

lowing a flat exemption of \$440 of net earnings, and then deducting 50% of earnings that exceed the \$440.

Under the changed rules, the actual method that was approved for calculating how much money recipients can earn and still receive benefits is different. Half of any earned income will be deducted from ODSP payments. In addition, working recipients, and each eligible member of their family who is employed, will receive an extra \$100 a month.

The health benefits for ODSP recipients – such as prescription drugs, dental and vision care benefits – will continue for those who leave the program for jobs until employment coverage kicks in. The Ministry press release says that this means that recipients can confidently leave ODSP for employment without having to worry about how they will pay for their health care expenses if their employer doesn't have health coverage.

For more information, see "Better Employment Services and Supports. How they can help you" on the Ministry of Community and Social Services website at [www.cfcs.gov.on.ca](http://www.cfcs.gov.on.ca). 

## Helpful Websites

Here are a few websites recommended with information about grief and resources for those who are grieving.

### [www.bereavedfamilies.net](http://www.bereavedfamilies.net)

Bereaved Families of Ontario – provides helpful information, everything from self-help meetings to other grief resources

### [www.Grieflossrecovery.com](http://www.Grieflossrecovery.com)

Has a great selection of poems, articles and memoirs. Includes reviews of books on grief as well.

### [www.youngwidow.org](http://www.youngwidow.org)

This site is for young widows and widowers and includes a bulletin board where you can exchange information.

### [GriefNet.org](http://GriefNet.org)

Has a wide range of on-line grief support groups. The groups are monitored by trained volunteers to ensure that the information shared is safe.

### [www.widownet.org](http://www.widownet.org)

WidowNet is an information and self-help resource for widows and widowers. Topics include grief, bereavement, recovery and other information helpful to people of all ages.

### [www.genesis-resources.com](http://www.genesis-resources.com)

John Kennedy Saynor provides some wonderful information and booklets on grieving.

### [www.griefjourney.com](http://www.griefjourney.com)

Dr. Bill Webster provides resources and information on grieving. A great website.

### [www.robertspress.ca](http://www.robertspress.ca)


Canada's grief resource centre. This site describes resources available, books, videos, etc.

### [www.carenotes.com](http://www.carenotes.com)

Bereavement brochures

### [Groups.yahoo.com](http://Groups.yahoo.com)

Enter "grief" in the search box and you will have access to many information sites and on-line support groups covering a wide range of grief issues.

*Please be careful when using a site for the first time to ensure that the information is appropriate for your grief.* 

## Dollars & Donations

CMHA-VCB is the local branch of a national organization dedicated to promoting the mental health of all and supporting the resilience and recovery of people experiencing mental illness.

As a local charitable agency, the branch offers services and programs specifically tailored to the stated mental health needs of the community, and partners with other area organizations that deal with mental illness. Programs and events are funded by several public and non-profit sources, and by private donations, and all these funds stay in local communities.

There are many ways to donate to this agency. A cheque directly to the CMHA-VCB supports programs available to you, your family, your neighbour, and entitles you to a charitable receipt for tax purposes. Payroll donations to the United Way can be designated for CMHA-VCB as well.

Another, less familiar way to donate to the agency is called planned

or legacy giving, and involves including the charity in your estate planning, either for a direct donation or through an insurance policy, making a significant difference in your or your estate's tax load. Your banker or a local estate planner can help you decide which is the best method of legacy giving for your personal situation.

Facing mental health locally, and sharing in its funding, is one way of living up to our civic responsibility. ☒

### MENTAL HEALTH *Matters*

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