



MENTAL HEALTH *Matters*

Canadian Mental Health Association — Kawartha Lakes

Mental Illness Awareness Week, Sept. 30-Oct.6, 2007

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


Kaca Henley, Volunteer Editor

Under Construction

There are days that convince me that serendipity rules. I was all but done with this newsletter but I still couldn't come up with a way to convey the message of this week's theme, "**Building Community, Taking Action**".

Then, two things happened. First my interview with Mayor Ric McGee (see p. 13) about barriers facing people with invisible disabilities like mental illness. I was blown away by his positive energy and forward thinking – essential to building the inclusive community and to taking action toward acceptance and accessibility for all. Then, walking up Kent Street, I met a young man who had been on the editorial board for this newsletter. As candid as ever, he stopped me to say he had seen a slogan I ought to put in the newsletter: "*The road to success is always under construction.*" What a gift he gave me!

It's a huge job, building community. In fact, it reminds me of the exercise in logic that asks, how can you ever get where you are going: theoretically, you get halfway there, and then you cover half of the second half of the way, and then half of the last quarter, and on and on, never succeeding to get there. That's theory. In practice, you *can* get there, anywhere. But if the way is long enough, if the task is big enough, succeeding can seem impossible.

So yes, the road is always *under construction*, always another hurdle to jump, another barrier to conquer. But as we build an accepting, accommodating community, we see progress. Wheelchair ramps, yes, and beeping stoplights and elevators, yes. But even in the area of stigma and attitude: who would have thought we would elect a dynamic mayor like Ric McGee who is legally blind, or appoint a Lieutenant Governor like David Onley who uses a scooter... Under construction, yes, and it's up to all of us to join these two extraordinary public servants picking up the tools to take action toward ultimate success. 

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Melanie Jackson, Public Education Coordinator

A little history

Back in 1918, the Canadian Mental Health Association was born as the Canadian National Committee for Mental Hygiene. Its work was directed towards all aspects of cognitive functioning. Launching a long history of direction by volunteers, founder Dr. Clarence Hincks recruited friends and professionals to join the committee, with an emphasis on those in medicine.

As World War I drew to a close, Hincks and his associate Marjorie Keyes, a graduate nurse pursuing psychiatric studies, were asked to undertake a survey of institutions caring for the 'mentally disordered'. After a prompt response to the revelation of appalling conditions in Manitoba facilities by that province's government, CNCMH began touring facilities across Canada. In 1920, with the war just two years ended, the report generated from the survey was published. One of the highlighted issues was the inadequate treatment provided for otherwise able-bodied soldiers suffering "shell shock" (today known as post traumatic stress disorder).


In the 1950s, after some three decades of promoting the establishment of larger institutions to house those with mental health problems, the CNCMH became the Canadian Mental Health Association (CMHA), its logo a white cross. In the 1970's, the logo became the familiar one we see today.

With increased understanding of the brain and how it operates, the mental health community gradually realized that institutionalizing and medicating patients was not always the kindest or most effective help. Indeed, the very notion of recovery from men-

tal illness is fairly recent. Today, with a broad range of treatment options, we recognize that each person can respond differently and must be treated accordingly.

Our branch of the Canadian Mental Health Association was born as the Victoria County Branch in 1989, after years of work by a steering committee of concerned volunteers. The first program operated by the branch was Harrison House, named in memory of Kay Harrison, who had envisioned a residence for individuals with psychiatric illnesses. It began as a high-support home for eight full-time residents coping with serious mental illness, operating conceptually under the group-home model of service delivery, with staff providing support and assistance to residents 24 hour a day.

As Victoria County grew, the agency reflected on its own mandate, values, and program evaluation, focussing on housing, education and public relations, organizational, fundraising, and advocating. The next, natural step was movement to the model of Community Support Service Delivery; the Victoria County Branch was able to provide supportive services not only to the residents of Harrison House, but also to others coping with psychiatric illnesses in the community.

Recent years have seen phenomenal growth in the number of programs offered by CMHA in City of Kawartha Lakes, many in partnership with other community organizations. Offering the community 17 different programs, we formally became CMHA Kawartha Lakes Branch at the 2007 Annual General Meeting. 

Naresh James, Executive Director, CMHA-KL

Strategic Plan for CMHA-KL

The process of updating the agency's Strategic Plan began with consultations with internal and external stakeholders last October. This was followed by a focus group with consumers and their families / friends last February, a review of current and anticipated changes in health care trends in our region and province, and a review of our demographics. With all this information as background, the Board of Directors have updated the CMHA Kawartha Lakes' Strategic Plan.

In brief, the revised Plan consists of the following:

VISION: *A society which values human dignity and inclusiveness and fosters human dignity.*

MISSION: *To promote mental health recovery and resilience through support services, advocacy, education and promotion of integrated care services in partnership with individuals, families and community partners within the City of Kawartha Lakes, the County of Haliburton and the Township of Brock in the Region of Durham.*

STRATEGIC PRIORITIES:

1. Quality of Services: Continue to strengthen our capacity in serving individuals with mental illness, their families and friends and the community through:

- A. Affordable and supported housing
- B. Community support services
- C. Forensic services
- D. Support to families/friends
- E. Mental health promotion and public education
- F. Staff, volunteer and client safety
- G. Quality assurance

2. Integration of System Through Partnerships: Strengthen our existing relationships and engage in new relationships and models of service delivery system integration to enhance our collaborative capacity for service coordination.

3. Human Resources: Develop a healthy workplace where every employee may excel and experience a high degree of job satisfaction

4. Organizational Effectiveness: Strengthen our organizational and infrastructure capacity to ensure that the Association may capitalize on the opportunities and meet the current or future challenges effectively.



Janice Cooper, Team Leader

Housing Team makeover

CMHA Kawartha Lakes now offers a range of support services for people who are, or are at risk of becoming, homeless. Its team of Housing Community Support Workers works with individuals with mental illness who need various levels of support to gain independent living skills and/or maintain their independent living environment. Support is portable, flexible, and geared to the individual.

Historically, the Program has provided supportive housing in the Harrison House Group Home, Market Square Apartments and HIP Phase II.

This year, it has seen a great deal of growth, evolving to include community-based outreach to more than 50 clients, the hiring of three new full-time staff and two new part-time staff to accommodate increasing needs.

Thanks to funding from the Ministry of Health and Long-term Care, since January, 2007, the program has been able to secure over 50 residential units for individuals living with serious mental illness.

This rapid growth has come with many challenges: serving clients while developing the team, balancing long-term goals with immediate needs, ad-

vocating and administering collateral support systems, all while staff were adapting to their new location, program requirements, and an extraordinary learning curve.

The Housing Team

Janice Cooper, Team Leader of Housing Programs and Support Services, brings extensive knowledge and over 18 years experience to the team, after being with CMHA since 1990, and past work with the Whitby Mental Health Centre.

When asked what kind of supervisor Janice is, her team says, “Janice is easy-going, has a great sense of humor and fairness, she displays her leadership through her ability to take charge, keep things flowing, show empathy and understanding, all while managing the demands of her new position.”

Further, referring to her expertise and knowledge, they jokingly assert, “If we could fit her into our back pockets, we would just pull her out when we need her.”

Sue Edwards is a Housing Community Support Worker and a 14-year veteran staff member with the agency. She brings a wealth of knowledge with her Social Service Worker background and experience.

When asked what she thinks of all the changes to the Housing Program,



Sue replies, “The change has come with its challenges and benefits. Some of the challenges would include the lack of office space and parking. The benefits include how close we have become as a team and that there is always someone to bounce your ideas off of.”

In the last year, three new full-time staff have joined the Housing Team.

Ann-Marie Covert began working for the agency in September, 2006 after completing her BSW at Carleton University. Ann-Marie relates that she was very excited to learn that CMHA was hiring: “I knew exactly where I wanted to work when I graduated.” She adds, “I absolutely love what I do, and I have a great team to work with. ... I love the challenge this position presents, it gives me an opportunity to learn about local agencies and resources and how it all comes together in assisting the clients I work with.”


Wendy Braund, recently graduated from the Social Service Worker Program, successfully completed her practicum with CMHA last fall.

Wendy decided to make a career change from her previous work in a clerical role with a Children’s Aid Society. She has been with the agency full-time since January, 2007.

To the question of what she likes about her work, she replies with a smile,

“Every day is awesome, and I love my job. I love the clients I work with.”

Lisa Watson has an educational background in Addiction Counseling and has her Social Service Worker diploma. She started at CMHA in March, 2007 and currently supports clients at Harrison House.

Lisa brings a wealth of knowledge with her past experience in working with Homeless Clients in the Durham region. When asked what she likes about her work she replied, “I couldn’t ask to work with a better team of people, and I love how every day is an ongoing learning experience.” 

May 4, 2007: Mookie, long time companion to the residents of Harrison House, now resides in the arms of the Creator. The burdens of aging and physical infirmity did not dim this feline’s compassionate, undemanding nature. In memory of the love and support Mookie offered freely to all the residents who have passed through Harrison House, current House residents and CMHA staff are pleased to have been able to offer her a gentle “Bon Voyage”. May the angels welcome her as a companion; Mookie will be missed here on earth. A small, private ceremony of remembrance was held in the Harrison House garden.

Kaca Henley, Volunteer editor

Staff Interviews

Every issue of Mental Health Matters contains interviews with CMHA-KL staff members. This time, the editorial board decided we should turn the spotlight on the newest members of the Housing Team, Jack Veitch and Jamie Brown. Busy people, hard to pin down. Finally Jack and I connected.

Jack Veitch

Jack is at the University of Ontario in Oshawa, in Criminology, Sociology minor. Many courses he has taken, especially in psychology, are proving helpful in his work at Harrison House. His plans? He is considering proceeding into Law.

Tell me about your job at CMHA? I've been here since June; I came on a job placement, and they made me a job offer. I am a part time relief worker at Harrison House a couple of days a week. It's a fine place to work, staff work so well together, that's one of the reasons they are so unbelievably good at what they do. (Jack is clearly impressed). They are all excellent at their job. They deal with people as individuals and not just as cases.

Just what does a member of Harrison House staff do? We prepare residents for independent living in the community, helping them im-

prove their basic life skills, skills needed for the workplace, as well as social skills. Staff organize and participate in a broad range of opportunities for social networking with people outside the residence. All this creates a smoother transition for people moving from Harrison House into the community.

How long does it take for a resident to prepare to move on? It varies of course with the individual. There is a maximum of two years for a person to stay at Harrison House, but no one is ever kicked out.

Is the negative attitude, the stigma that society attaches to mental illness as strong as ever? I think not, at least not here. I see a lot of acceptance; it has to do with public education, the more people know, the more they are willing to accept. It may not be as difficult to go out in the com-



munity. The work of staff here might have something to do with that acceptance as well.

A few days later, I met with Jamie.

Jamie Brown

Jamie is a native of Lindsay. She started out working in day care, which led her directly into the helping field. A hard worker, in addition to three jobs, she makes and sells original jewellery. Jamie hopes to complete her studies in Social Work, her main interest and ambition.

How long have you been at CMHA? I started this past February.

What is your job? At Harrison House, I am an occasional relief worker, but my hours have varied over the months. Because I don't have a lot of hours right now, I have two other jobs, I work at Community Living, helping people become independent and live in the community.

Isn't that the same sort of thing that staff at Harrison House do too? It is, with a different category of people, with rather different challenges. And I also step in as needed as a respite worker with a special needs boy. All this isn't exactly the field I studied




for, but there isn't a whole lot in that field here.

What did you study? I completed the Addictions Counselling program at Sir Sandford Fleming College in Peterborough. I had hoped to study Social Work, but that program is very popular, and there was a waiting list. It was a choice between Addictions, Education Assistant and Early Childhood Education. I picked Addictions. Interesting, I understand that 80% of people in the program have a history of addictions, 10% have someone in their family with an addiction, and only 10% are neither.

Addictions counselling is also in the sphere of mental health, isn't it? Everything you've told me you do is aimed at supporting, helping people. That's true. And being a single mother of an eleven-year-old daughter sort of fits right in.

Sounds like a very busy life! (Jamie gives a broad smile) It sure is!

What do you like best about the jobs you have? What do I like best? The clients, the people I work with. Everyone has a different story, one as interesting as the next. They all face different barriers, but they are all great people. 

Joanne Gilligan, Consumer on the Spot**SURVIVOR CAMP****DAY 1**

We got there around 11:00 a.m. We had 30 people at camp. Our site was the same as last year. We unpacked the bus and found our tent and put the stuff in our tent. We went for a swim first before lunch (deli meats, tossed salad, potato salad, celery and carrot sticks with vegetable dip).

After lunch we got into our survivor groups from the show *Survivor*. There were six people per group including our leader Sue, then we received our bandana. Ours was a multi purple and green colour, the other groups were yellow, blue and orange. The group names were Oh Ah Tickety Bo, Seahawks, Wolfpack, and the Goldengang.

At 5:30 p.m. we had hamburgers and fried potatoes and sausage. And tossed salad and tomatoes, with a giant apple turnover for dessert. It was a great meal. After that we went swimming at the beach. The water was nice, lukewarm, we swam there. After that we went back and lit the tiki torches and the bonfire and roasted marshmallows and made s'mores, which were delicious.

Our group leaders were very good to us, their names were Lisa, Anna Marie, Wendy and Sue and they helped a lot. After I went swimming on the second day I had sun stroke, Wendy helped me a lot with giving me water and an ice-pack and I could not eat dinner that night for I was not feeling very well. They had chicken, I think...

DAY 2

Amanda is going to write about Day 2 because of my sun stroke. I went to bed early about 10:00 p.m. I had to take more medication after my sunburn. But I went swimming on a very hot and humid day. I swam after I got there about 9:45a.m. The water was lukewarm and I was there until lunch looking for shells. I always do that whenever I go into a lake, it's fun. But next time I go to swim, I will wear a t-shirt, for then you will not get sunburned. Went back for lunch but I could not eat anything, my back was red as a beet and I felt ill. So I went to sleep while the contests were on for *Survivor* groups. I could not participate. Wendy and Joy my friend nursed me back to health.... I came out a little later and went for another swim. The water was very nice and soothing on my burn...

I came back and we lit the tiki torches again and made up our song for the Wolfpack group. It was a good jingle. And we sat on our chairs in front of the fire roasting marshmallows and eating snack food. I went to bed after 10:00 p.m.

DAY 3

We always had breakfast from 7:00 a.m until 9:00am for they had 30 people to cook for, and that is not an easy task. Lunch was 12:00 p.m. until 1:30 p.m. and dinner was 5:30 until 6:30p.m. The last day we had breakfast of cereal, eggs with sausage or ba-





Survivors of Survivors Camp

con with toast. It was supposed to be pancakes and sausage but the raccoons on Wednesday night ate our stuff.

After breakfast we went to the beach and had our last swim — the water was a little cool and it was relaxing. I love swimming for that reason, it was refreshing and it made you feel alive. They brought the lunch to the beach. Got out of the water and played Connect Four with my friend Joy. I won 2 games and she won one.

Then we had our final lunch, ham slices on a whole grain bun, it was good and we had goodies for dessert. After that we gathered up our stuff from the beach and took it back to the campsite and tidied up.

Our tents were packed and put onto the bus. But before we left we received some prizes and it was a little blow up toy, an orange floating device. Everyone received a prize, it was a nice time had by all...

And all our workers Lisa, Sue, Anna-Marie and Wendy were very good to us.....Thanks for a great time! THANK YOU VERY MUCH!!!!



Volunteering

My name is Joanne Gilligan and I volunteer at the Ross Memorial Hospital. I volunteer for the Tuck Cart. My job is to meet and greet the patients and sell them the items on the cart.

Janet Iussa is a Volunteer at CMHA, the Humane Society and the Special Olympics for Bowling. She does the Food Bank at CMHA and distributes the food for anyone that comes in. She also works at the Humane Society and cleans out the dogs and cat's cages. And every Friday night she bowls at the bowling alley with the Special Oympians and she enjoys it very much.

Susan Quibell volunteers at the CMHA. She answers the phone for the support workers and helps with the paperwork by photocopying papers for the various programs. It is a very important job and she is good at what she does.

It is a very satisfying day when you volunteer. You get a lot out of it and you make a difference in people's lives that you interact with. ❏

Amanda Grunwell

I HAVE A DREAM

You have a dream. A dream can consist of many things when you're faced with a mental or physical illness. When you find you feel like there is no where to go look at yourself and say "I am worth it." No one in this world can judge a book by its cover. "Dreams." We all have many dreams. Some dreams can be bigger. There might be rocky roads and mountains to climb. If you have a dream, follow your dream and never give up, you're worth it. If you don't care about yourself then no one else can. So if you have a dream, follow your dream. While you're achieving your dream help others to achieve their dream too!

Dreams can come true.



Howard Edward MacDuff

Who Am I

*I've lost my path, I can not see. Confusion, fear now blocks my way.
Darkness now encompasses all. I dare not move, afraid I'll fall.
What once was clear now cloudy is, no room to move, no end of day.*

*And so I speak in a small weak vooice to the endless earth and open sky
The questions I need answered most by mortal man or heavenly host.
Among the creatures of this world what is my place and who am I?*

*An answer comes, not loud at all but whispered as a soft warm breeze
That calms my fearful tortured soul, what once was shattered now made whole.
Simplistic nature yet revered. My path now clear, my soul at ease.*

*In all creation, I am unique. There is no other quite like me.
While some have similar looks or walk, ways of thinking, ways of talk,
No other shares my time or space, my soul is mine, my mind is free.*

*Who I am is mine to choose. This is the gift God granted me.
To help or hinder, love or hate, I alone control my fate.
The decisions that I make today will define the person I will be.*

Kaca Henley, Volunteer Editor

The Man Who Wouldn't Settle

Introducing Kier Barker, Steve Oliver described the man he has known since childhood as one to be admired. One who lives by the words: *"We hurt ourselves not by what we ask for, but by what we settle for."*

When Kier walked up to the podium, he repeated those words, attributing them to Alan Cohen.

It soon became clear that, despite huge obstacles -- or maybe out of sheer determination to overcome them -- Kier Barker hadn't settled for anything less than a full life: generous, productive, light of heart, deep of thought and feeling.

The keynote speaker at CMHA-KL's June annual general meeting, Kier proceeded -- briefly and without a trace of self-pity -- to describe the disabilities he has faced. With spina bifida, he has minimal feeling below the belt. He spent much of his childhood in braces and crutches, followed by many surgeries.

What is more, very early on, he developed a severe stutter, a barrier to communication perhaps even more devastating for a child (and later, an adult) to deal with than the physical handicaps he faced. It made school a challenge, between the hurtful teasing of his schoolmates, and his teachers' painful -- if well-intentioned -- underestimation of his abilities and efforts to "protect him" by excluding him.

In the same vein, a well-meaning guidance counselor convinced him to drop out of school in grade 10 and learn a trade. He complied, and completed a vocational course as a design technician. Still, he found that keeping a job depended as much on speaking well as success in school did, and his stutter once again blocked his way. Moreover, with no income, along with his speech impediment, even a social life was hard to come by.

Finally, to survive, he was obliged to go on Ontario's Disability Support Program. In his talk, however, Kier did not dwell on difficulties. He related that even when he was unable to work, he remained active, for example, sharing in the founding of St John Ambulance in Fenelon Falls, and obtaining a post-secondary diploma in Human Resource Management.

All the while, he was working with a series of speech therapists in vain efforts to improve his speech. So when his sister suggested a speech pathologist and a new device that was supposed to manage stuttering, he says that, since nothing had worked in the past, he wasn't hopeful. Besides, he grins, "After all those speech therapists, talk of a speech pathologist smacked of -- morgues." Nevertheless, he agreed to be tested.

To his astonishment, after 15 minutes with the tiny Speech Easy device in his



ear, his speech was 93% improved. “I knew right then, to the core of my being,” he says, “that if I could get this device, instead of being a hermit, I could have a life.”

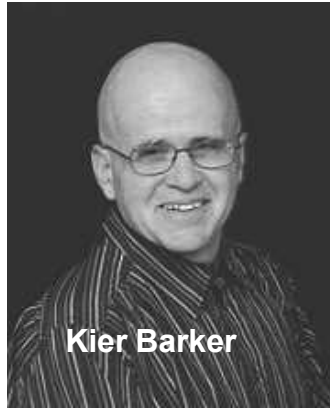
Yes, but it cost \$5,000. \$5,000? On a provincial disability pension?

He wept all the way home from Toronto. The days and weeks that followed were a roller coaster. Family, friends, neighbours and service clubs, and finally to some degree the provincial government after all, came through. Kier got his device, and with it the door opened to his dream. “Who would believe,” he still is incredulous, “that a person who stuttered for 56 years would become a motivational speaker....”

If anyone can motivate, Kier can. Looking his audience square in the eye, “My passion in life is to make a difference for millions of people. Inspiring and challenging them to become the person they were created to be, to meet life with a purpose and a passion!”

Everyone, he explains, has a dream -- perhaps a dream of better work, a better lifestyle, a better relationship, how good life could really be. But often, day-to-day existence gets in the way. Many settle for whatever comes their way instead of pursuing their dream, their passion.

It is easy to be numbed into the role of “victim”. He lists three keys to victimhood:



Kier Barker


1. Blaming: it’s all somebody else’s fault, or the government’s, or the system’s.

2. Justifying: the whole sour grapes notion, or sheer denial.

3. Complaining: focusing on all that is wrong

The third is the worst of the three keys, because “what we focus on tends to grow bigger and bigger, and to prevent us from following our dream.” Kier adds, “Life happens to everyone, differently for different people. But can we learn from it?”

He looks around the room, once again making eye contact with his attentive audience. “Did I tell you that since I have this device, I have a job? What do I do?” A wide smile. “I’m a telemarketer. Imagine -- stuttered for 56 years, couldn’t get a job because I couldn’t speak, now I speak with hundreds of people daily. Who’d have thought? ... If you struggle with rejection, become a telemarketer, it will kill you or cure you....” Another smile, this time an impish one.

“Is it my dream job? Nope. But it’s a job.” What sparks him, he says, is his “passion to make a difference.” A speaker popular with a broad range of groups and schools, Kier can rest assured that, for the CMHA audience, he has also made a difference. 

As a speaker, Kier Barker will bring his message of resilience and affirmation to groups of any size, to audiences of any age, any ability. Contact him at 905-377-0521 or [kreb@nexicom.net](mailto:krb@nexicom.net)

Kaca Henley, Volunteer Editor

A few words with Mayor Ric McGee

I spoke with Mayor Ric McGee shortly after hearing newly installed Lieutenant Governor David Onley quoted as saying, “The biggest barrier that people with disabilities face is often not their own physical or mental limitations, but the attitudes of others - the low expectations, the stereotypes, the active discouragement from pursuing their dreams.” Both of these men ought to know, each with his own disability has had to overcome many challenges.

I asked the Mayor, “What can people with disabilities in positions of power mean for the community?”

“I think that David, for example, being in a position of influence, will be able to highlight the abilities that people do have.”

I asked, “What about people with invisible disabilities like mental illness, developmental challenges or sensory disabilities? They face non-physical obstacles, attitudinal ones, grounded in stigma and ignorance. How can we deal with that kind of barrier?”


“Above all by education and improving awareness. For example, our plans include an accessibility awareness fair for next year, and Council will be approached on several annual awards that will recognize people in our community who are doing good things to eliminate or reduce

barriers in our community. The Advisory Committee is working on criteria right now.”

He urged me to take a look at the Annual Accessibility Plans, and I noted a change in tone and attitude there, more recognition of the breadth of obstacles people with various disabilities face.

“Part of it is understanding.” explained the Mayor. “We know from a 2001 Royal Bank study that \$24 billion dollars are spent nationwide by people with disabilities or persons associated with them. A huge economic impact, and a strong incentive. The more accessible our communities are, the more accommodating we are to all people, the more economic benefit we will realize, for example as a tourism destination.”

The Mayor added, “Quite frankly, the easier it is for people to move within our communities and be accommodated within our communities, the stronger our communities will be. I want to see the true potential realized within every citizen of Kawartha Lakes.”

I hope this is the first of many talks with His Worship – oops, he says, “outside of council chamber, I ask people to call me Ric” – with Ric, then, for the pages of Mental Health Matters. 

Focus on Growth at 2007 AGM

At the June 21 Annual General Meeting, Executive Director Naresh James stressed the growth of CMHA-KL as proof of the community's acceptance of our efforts and its need for them to expand.

Citing figures as evidence of this growth, he listed the various programs and services, noting that despite the agency's recent move, insufficient office and meeting space is already becoming an issue. (See page 3 for his report on the Strategic Plan.)

Partnering with a variety of organizations, the agency served the community during the last fiscal year with programs and services including: Community Support, Family Caregiver Network, Supportive Housing, Financial Planning, Early Psychosis Intervention, Friends in Motion, Public Education, Forensic Programs and Support Group Services.

The AGM elected the new Board of Directors: Jennifer Broderick, Marlene Coté, Patrick Dunn, Judy Dickson, Paul Ferguson, Michael Goode, Jean Jones, Heidi Letham, Larry McClay, and Steve Oliver.


Pat Dunn presented a plaque and a bouquet of red roses to past Board Chair Pat Cawker, who, he said, "has been a part of the Board from just about its inception".


Steve Oliver introduced his friend and the keynote speaker, Kier Barker (see page 11 for details of his talk).

After Kier's inspiring address, members voted to accept changes in the by-laws.

The AGM continued with the presentation of awards, introduced by Melanie Jackson. CMHA Ontario's Workplace Wellness Award of Merit went to Stephanie Ratz of the Health Unit, for her excellent work with Melanie on joint public education programs. Volunteer Newsletter editor Kaca Henley was awarded honourable mention, Outstanding Volunteer Service Award. Singularly qualified to present the 2007 Achievement Through Adversity award, guest speaker Kier Barker presented the plaque to Brian Switzer. This award is created by this branch, and the other nominees for it received framed certificates: Bob Devitt, Trevor Dobbs, and Russell Clarke (see photos opposite).

In conclusion, Pat Dunn presented a visibly surprised Naresh James, Executive Director, with the Outstanding Staff Honorary Mention award, as evidence of the high regard he is held in by Board and staff alike.

In total, some seventy people attended the AGM, which was followed by a reception with refreshments and a social hour. 

Photos: Left to right: 
 Top row: Pat Cawker; Melanie Jackson; Pat Dunn
 Middle row: Bob Devitt, Trevor Dobbs, Kier Barker, Brian Switzer and Russell Clarke; Steve Oliver
 Bottom row: Brian Switzer; Naresh James; Russell Clarke



Ross Memorial Hospital Mental Health Program

The Program consists of:

The Inpatient Unit: an Adult Acute Psychiatry short-term unit. It provides 24-hour/day nursing care and a five-day a week Treatment/Activity Program, staffed by an interdisciplinary team (Social Work, Recreation, Therapy, Nursing, Family Medicine and Psychiatry, and secretarial support). Components of the program include: Individual Assessment and Treatment, Therapeutic groups, Relaxation, Cooking group, Crafts, Exercise, and Community activities as appropriate. CMHA-KL is among other community services that may be called upon by the unit for specific requests. Psychiatric Survivors Advocacy Network (SPAN) provides peer support and Four Counties Crisis Response has assigned a short term case manager to our program. Admission is via the Mental Health Crisis Triage in ER, or direct via our Psychiatrist.

The Day Program: Individuals in the community who are experiencing or have experienced mental health issues can attend a comprehensive eight-week program. It operates on a self-referral or physician referral basis, five days per week, primarily using a group psycho-educational format. The focus is to facilitate skill development in communication, assertiveness train-

ing, anger management, problem solving, stress management, and independent living.

New clients are assigned a prime clinician from the interdisciplinary team (Registered Nurse, Social Worker, Recreational Therapist) who assists them in developing goals for their involvement in the program. The client and prime therapist meet regularly for goal review and re-evaluation. A Medication Clinic provides follow-up monitoring of lab work, depot clinic, education and support to enhance/encourage healthy life style.

Short-term follow-up is provided by the interdisciplinary Day Team after discharge from the program to ensure continuity of care and community referral and re-integration.

The Geriatric Outreach program provides comprehensive psychiatric assessment, treatment, case management, home visits, functional assessments, and access to Specialized Day program groups and Psychogeriatrician Clinic.

Consultative Service is offered by the Department of Psychiatry for individuals over 16 years of age upon referral from a doctor.



Community Counselling Services:

Mental Health Program offers professional counselling to adults (16 years of age and older) who are experiencing serious emotional distress. Individual, marital/family and group counselling is available to support individuals coping with major psychiatric illness.

Psychiatric Crisis Response provides crisis assessment and brief treatment, to assist the client in resolving the crisis, develop action plans, help the client to increase their coping strategies, and make referral to other programs as needed. In addition, the program offers clients open group 5 days per week and a link with our Regional Crisis response.

Mental Triage to Emergency provides assessment, follow-up planning, referral, screens admissions to the Inpatient Unit and provides consults hospital wide (9 am to 7 pm weekdays).

Case Management Program assists clients with long term mental illness to develop the necessary skills required to live, learn, and work in the environment of their choice. Clinical case management services are available to assist the client with: Housing; Work or alternate activity; Education; Formal and informal supports; Socialization; Illness management; Counseling needs; Crisis management; Teaching/enhanc-

ing skills/coping; Building one-to-one relationships

Early Psychosis Intervention Program connects with young people experiencing psychosis, providing comprehensive psychiatric assessments and ongoing treatment for youth with first episode psychosis. Clinical staff provide intensive case management, including detailed monitoring of symptoms and side effects, emotional support, clinical support, assistance with related mental health concerns, and facilitation of linkages to community resources. CMHA partners to provide family psycho-education and support to family members.

**Update from Program Director
Wendy S. Decaire:**


We now have 252 clients registered in our Day program, where we did 636 hours of client programming in August, 139 visits to the Crisis group in 22 operating days, 49 consults to ER, 3 consults to other areas in the hospital, 74 crisis consults direct. In the five months between April and September, we have only had two readmissions between 1 to 31 days after discharge.

Most recently, we have addressed difficult issues such as long wait times, multiple referrals and extended lengths of stay. We have done a clinical case review of all our cli-



(...cont'd)

ents, established benchmarks and best practice guidelines, freed up intake capacity by offering more group work rather than individual, decreased wait time and built in interim care where needed, and piloted a crisis group to assist folks with coping and stabilizing while awaiting admission either into the Day program or Community Counselling.

We have established a Centralized Intake, with all referrals coming through one fax machine and being reviewed daily by the team. The patient is guaranteed contact the same day or, on a long weekend, within 72 hours. We inform the client of intake details, and what we can offer to assist the transition. 


Naresh James, *Executive Director*

Trillium Grant

The Ontario Trillium Foundation has granted a sum of \$69,900 to develop a consumer-initiated Economic Development Program as a community support model aimed at creating sustainable employment for people with mental illness living in the City of Kawartha Lakes


The grant was awarded with an eye to a number of facts:

- For people with mental illness, the rate of unemployment is 75 to 89% higher than for any other disability group. They face more barriers to employment.
- While their potential productive energy is often overlooked, at an enormous cost to them and to society, research evidence suggests that people living with mental illness have the capacity to work and that with the proper supports, they can lead fulfilling and productive lives.
- “Any person without work and sufficient financial resources undergoes greater stress and difficulties maintaining self-esteem and an identity in our culture than people who are gainfully employed”, according to the Canadian Mental Health Association National office.

The Program is a joint venture of the local Canadian Mental Health Association, Ross Memorial Hospital (Mental Health Service) and Job Quest, in partnership with SPAN (Survivors Psychiatric Advocacy Network), Whitby Mental Health Centre and Northern Lights Vocational Services. 

A Great Day for Hoarders

Last May 1, some 80 people enjoyed a lunch and learned about the phenomenon of hoarding, the accumulation of clutter to the point where it is hazardous to health and home. Staff of CMHA and other agencies as well as community members learned that hoarding occurs for complex reasons, and they gained some useful information about helping people in such situations. An overabundance of "stuff" can pose safety challenges to workers entering the homes, let alone for people living with such conditions on a daily basis.

The Workshop led to the formation of an alliance of community agencies that connect with people who live clutter-filled lives. The group has formed a plan for helping clutterers by uniting the resources of all the partnered agencies. Our first Clutter Series begins at the end of September. Anyone interested can call Melanie at 328-2704 ext 232. 

From a family member

Within the Circle of Care

I started attending the Support Group after seeing the notice while at the hospital with my husband. He suffers from depression and has had other health problems followed by a depression, this has been in a period of almost three years. We have always had a large circle of friends and a great deal of social involvement. But I find it very difficult to deal with a spouse who can see no future. At this point he appears to be perfectly healthy and talks and functions as he used to. Except for 2 or 3 friends, nobody knows what life is like. When I went to the Support Group, I really got to hear what problems other partners had, how afraid people are to speak up and say, "My family member has a mental health issue." I really encourage people to come to this Support Group and share your story. I personally have found that if you learn to talk at these support groups and listen and get a lot of questions answered, it is such a help. There are so many people out there who read this, so please come. It is here. It is free.

You Are Invited

Father and Son Speak Out: 7-9 pm, Wed. Oct. 10, 2007 at the Royal Canadian Legion. "My son was thinking about killing himself." A difficult statement for any parent to make openly, but Tom Mackie speaks candidly about teen depression and suicide from a parent's perspective. His son Bryce captured the story of his feelings of depression and desire to end his life on film, winning 24 awards to date. Father and son now share their experience with families, aware that speaking up about depression can halt the slide that can end in suicide. Admission free, but seating reserved (call 705-328-2704 ext. 232).

Wellness Morning: 9am - 1pm, (registration at 8:30), Fri Oct. 26, 2007 at the Lindsay Inn. Hosted in partnership with Haliburton, Kawartha. Pine Ridge Health Unit, this exciting event features Laughter Therapy; Time Management; Yoga / Breathing / Relaxation and Desk Exercises; and Work / Life Balance sessions. Cost of \$15 includes lunch. For details or to register, please contact Debbi Wilson at the Health Unit 705-324-3569 ext. 231 or dwilson@lindsay.hkpr.on.ca

MENTAL HEALTH *Matters*

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