

think again

Canadian Mental Health Association Kawartha Lakes

Volume 10, N° 2, October 2009

Mental Illness Awareness Week

New name, new design, same vision

We had an epiphany of sorts at our July editorial board meeting. (Truthfully, it's not as posh as it sounds. We're actually a small, informal group of volunteers, mental health consumers, and CMHA staffers who get together twice a year to brainstorm ideas for this newsletter). Oh, right. The epiphany: well, somebody remarked that this issue would mark our tenth anniversary of publishing. And then someone else suggested, "How about making some changes, then? Adding new life to the newsletter and bringing it up to date?" There were nods of agreement all around...

Changes. Yes.

Up to date. Right.

But which direction should we take? What serious aspect of mental health/mental illness demands our attention? What should we pinpoint, what affects everyone who faces mental health issues and lives in this world of ours?

???!!!???

Of course! **STIGMA!** Attitude!

And that was the lightbulb that flashed over our heads. Rethink attitude. Let's change the name of the newsletter to think again, challenging readers to rethink the stereotypes around the word "mental", whether it be used

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in the phrase “mental health” or “mental illness”. True, the stigma isn’t quite as bad as it used to be, but it’s still around, and it certainly affects everyone, including friends and family: the prejudgments, the intolerance, the discrimination. That’s what needs changing, and that change alone would make our lives so much easier.

In that vein, several pieces in this issue are indicative of those changes, including, for example, the introduction of the new Program Manager, Janice Waters, and articles by our brand new volunteer writer Brent Wilcox and the public education coordinator Denis Grignon.

This newsletter has been my baby for 10 years. As founding editor, I must say that **MENTAL HEALTH Matters** was a perfectly fine title for all those years, and nobody is even remotely trying to imply that mental health no longer matters. It matters, of course it does. We are simply refocusing our attention, brightening up our image, with a new front page, the title designed by Kevin Frank, the addition of enthusiastic young writers, fresh ideas, restored vitality, and, we hope, an expanded readership.

If any reader has any comments, ideas, objections or -- maybe even praise, let us know. E-mail your input to editorial board member and Public Information Coordinator Denis Grignon, dgrignon@cmhakawarthalakes.ca or phone 328 2704.



Káča Henley, Volunteer Editor

Denis Grignon, Public Information Coordinator

Welcome to Jan Waters

If history repeats itself – again – the new program manager with the local branch of the Canadian Mental Health Association will be here for about another six and half years.

“Yeah, it seems like I stick around most places for about seven years,” says Jan Waters, who replaced outgoing program manager Jennifer Cox last May.

But here’s hoping that the previous pattern will be broken and Waters will stay well beyond her usual tenure. The local branch – and the City of Kawartha Lakes – will be the better for it.

Waters, soft-spoken but confident, hails from the small town of Rockford, Illinois (“The hometown of Cheap Trick,” she says proudly. “The original band even practised across the street from my house.”). And she brings a wealth of work and life experience that belie her age (the sunnier side of 40, for the record).

That this experience can be broken down into several seven-year periods points to this fact. And some of them are as far removed from the field of mental health and social work as one could imagine.

Indeed, it could be difficult to trace a straight line from her present career, involving improving the mental health of a community, to her former one: crunching numbers as an accountant. Even Waters laughs when



she thinks of that evolution. But when she graduated from high school in 1981, the reality of one of the century's worst economic downturns since of the Great Depression had much to do with her career choice.

"At the time," remembers Waters, a middle child and the only girl in her family, "Rockford was struggling with 25 per cent unemployment. Job prospects weren't great. I didn't know what I wanted to do for a living. But I was really good at math. And I was told that it would ultimately land me a job." It did.

After graduating from Drake University with a degree in Business Administration and a double major in Accounting and Corporate Finance, she eventually landed a position with Allied Van Lines – where she stayed for, yes, seven years – and received a number of promotions within the finance department, ending up as a Financial Analyst.

It wasn't long before her employers were rewarding her with more responsibility, bigger salaries and more flexibility. One of those employers even offered to double her wages and allow her to work from home. Flourishing in that career only delayed her ultimate career path; it didn't halt it.

Says Waters, "Even as I was becoming an accountant, I knew I didn't want to become an accountant. I was searching for the other thing that I really wanted to do."

That search meant pursuing other degrees – usually at night, after a full day at her regular job – far removed from spreadsheets and calculators.

In the early stages of that quest, Waters says she was guided as much by spirituality as by careering. "I'd had strong ties to my youth group in church," she says, adding that she once considered a Masters in Divinity and becoming a minister with the United Methodist Church.

To be sure, that brought her closer to finding her true calling – but not yet. Then, a good friend enlightened her to her real passion. "She pointed out that I was actually more interested in pastoral counseling than ministering."

That proved prophetic. Waters enrolled at Benedictine University, earning a Masters of Science in Counselling Psychology. Eventually, she was able to file away her accounting career. Forever.

There was a period as a rape crisis counsellor at a YWCA near Chicago. Then another stint at Little City, a non-profit that



Jan Waters

helps intellectually and developmentally delayed people in Chicago. “That was for NINE years,” she points out, adding with a laugh, “and the only time, so far, that’s ever happened.”

If anyone – or, rather, anything – can be credited with convincing Waters to take her training and wisdom and experience north of the border, it’s our trees. “I wanted to be in a place where nature is important,” she says, explaining that Canada ultimately beat out Alaska and Colorado as her career landing pad.

It doesn’t take long to recognize that appreciation for the natural environment has

found its way into her personal philosophy about mental health, too – one she’s hoping to share with her new community.

“In the U.S.,” she offers, “they’re a little more open to being more experiential. They believe mental illness and mental health should be treated holistically and every aspect of a person’s experience should be considered, from emotional and social development, to biological make-up. And it should include the quality of relationships and experience that the individual enjoys.”

Here’s hoping her relationship with the local branch of the CMHA is a long one, too.



CMHA-KL past and present: AGM 2009

Sixty-eight people attended the Annual General Meeting of the Kawartha Lakes Branch of the Canadian Mental Health Association, to hear about the past year at the agency, and the coming one.

The keynote speaker was the agency’s new Public Education Coordinator, Denis Grignon. Known



Canada-wide as a radio writer and comedian, he performed a dual task, entertaining and educating the audience as well. He touched on many aspects of everyday life including, politics, marriage, family, sports, small town life and mental health. (See page 20 for a small taste of his humour.)

A featured speaker was Lorne Zon, CEO of the Ontario office of CMHA. He discussed regionalization, and what the various provinces can learn from one another. He noted what we have learned: that there is a reduced capacity for mental health planning provincially, and that there is a movement from strategic planning to operational planning. He also pointed out



a certain lack of clarity between provincial and regional areas.



Board Chair Pat Dunn presents a gift to speaker Lorne Zon, CEO, CMHA Ontario

Outgoing Chair Pat Dunn led the meeting. Five new directors were nominated to the Board (see sidebar below for the elected new board) and some small changes in the agency's by-laws were approved. Dunn voiced the agency's appreciation for the devoted efforts of its volunteers, noting their work on the Board of Directors, in social recreation, office support, newsletter creation, food bank, bingo, fundraising, furniture bank and special projects. Volunteers were presented with a small gift of appreciation.

Ann-Marie Covert defined the Achievement Through Adversity Award, introducing the seven nominees (see page 6 to read about all the nominees and why they were nominated). She explained that each of them is deserving, and all are to be congratulated on their successes.

But the difficult choice for the one person who would receive the 2009 Award


had been made, and that person was Janet Iussa.

Those present heard the report of Auditor Peter Shennett and voted



Janet Iussa accepting the Achievement in Adversity Award from Anne-Marie Covert

to accept the audited financial statement.

Special thanks were voiced by Accreditation Committee Chair Judy Dickson to Kim Smith and Sherry Henderson for their tireless efforts toward the agency's official accreditation. 

2009 Board of Directors

Kimberley Bates
Dave Birmingham
Doug Bothwell
Justin Connolly
Judy Dickson
Pat Dunn
Eleanor Hardaker-Dickson
Sue Grant
Catherine Hennings
Ed MacDuff
Larry McClay
Molly McCrea
Marlene Simpson
Patricia Teskey

Achievement in Adversity Award

This award honours a consumer/survivor who has shown continued courage and tenacity in reaching his or her goals, and who is a role model on the journey to a healthy life, in education, employment, volunteering or through the tasks of daily living. "While only one individual can receive the award, all seven of the nominees are truly winners," said presenter Ann-Marie Covert. They are:

Brenda Armstrong: Brenda is a confident role model for family members and caregivers. She connected with CMHA after the loss of her husband, at a time when another family member was experiencing significant health issues. She was under a great deal of stress, but she worked through her grief and put her energy into caring for herself as well as others, beginning a consistent exercise program, eating healthier, and volunteering regularly at two local agencies. Brenda has learned the ability to extend the care she has for others to herself as well.

Laurie Brooks: Laurie sets timely and realistic goals for herself, reaching and surpassing them. She has motivated herself to emerge from a history of low self-esteem to daily exercise and a balanced diet. This has paid off. She is improving her literacy skills at the John Howard Society. She challenges herself daily, with community volunteer positions (Dream Center, Early Years Centre, Frost Manor). In managing anxiety and depression, Laurie attributes her wellness to her constant battle to practice positive/realistic thinking, relaxation, and remaining social. Laurie attends nearly all Social Recreational Events.

Heather Dahmer: Heather has been able to manage her depression with a "down to earth" common sense attitude and humor. She understands the importance of self-care, and continually looks for new ways to inspire her journal entries. Heather inspires and educates others through her volunteering and public speaking. Heather also volunteers at summer camps, with her church, and with other local committees. She has been an incredible support for her husband and has an amazing ability to come through struggles looking at the bright side of life.

Harold Hanna: On his journey to recovery, Harold has made a life-changing difference, overcoming many difficulties and challenges, but never giving up. For the past three years, he continues to give back to the community, leading AA meetings and doing special speaking engagements. Harold plays hockey on a mens' team every winter Sunday, and summers he umpires for baseball at two community centers. He is a mentor for youth in their sports endeavours and a volunteer driver for his friends to activities and community outings. He has come full-circle to become a role model for others.

Janet Iussa: It was some three years ago that Janet was depressed and isolated. Today she is a role model, having reclaimed her life, grown mentally stronger and personally empowered. In Harrison House, she began to develop the confidence and skills needed to move forward in her life and live independently in the community. She began working for CMHA, cleaning two offices. In addition, she is an avid volunteer with CMHA in the food bank and with the Lindsay Humane Society. She leads a very active social life, and has developed a network of friends. Since moving into the community, Janet remains a regular at the Soc Rec program and in weekly educational groups, and continues to improve her skills. *(Janet was awarded the Achievement in Adversity Award.)*

Susan Quibell: You might recognize Susan from seeing her volunteering at the reception desk at the main office for over 2 ½ years. She has shown a keen interest in learning new things and has become very conscientious, having overcome much of her fear and anxiety when trying new things. She has the confidence to adhere to the boundaries she has set for herself. She is very flexible whenever her hours get switched, and she is always on time and never misses a scheduled day. Extremely committed, she is a role model to others looking to challenge themselves to participate in dedicated volunteer work.

Keith Worman: Keith displays his current successes in areas such as employment, volunteering, and living independently in the community. Living in Harrison House, he learned skills necessary to live independently, which he now does. He volunteers on a full-time basis at the Dream Center. When he owned a large van, he would offer it to help individuals move in the area, often at no cost. After buying a new vehicle, Keith continues to assist others in the community by driving them. He is always willing to provide a helping hand



Presented at the AGM by Ann-Marie Covert, Case Manager, Intake/Brief Services



Ann-Marie Covert, Jennifer Coulson, Susan Quibell



Four of the seven nominees for the Achievement through Adversity Award: Janet Iussa, Susan Quibell, Harold Hanna, Keith Worman

Brent Wilcox, Volunteer

Blueprint for Recovery

She calls out to the man on the street

“Sir, can you help me?”

It’s cold and I’ve nowhere to sleep

Is there somewhere you can tell me?”

These lyrics in singer Phil Collins’ hit “Another Day in Paradise” show how easy it is to forget those who lack one of life’s basic necessities, affordable shelter.

The current recession has put many at risk of homelessness and caused particular hardship to those already without a home. And while affordable housing is important to many, perhaps none are more affected by a lack of affordable housing than those facing serious mental health issues, who often encounter additional hurdles in obtaining and maintaining safe and affordable housing.

Dr. Helen Kirkpatrick, Assistant Clinical Professor with the School of Nursing at McMaster University, has conducted extensive research on integrating those with severe mental illness into society. She explains, “In 2000, we began a rehabilitation program for psychiatric survivors in Hamilton, to understand how to help survivors live successfully.”

Dr. Kirkpatrick explains that the Annex program included eight participants diagnosed with serious forms of mental illness. Each study participant was provided with a subsidized individual apartment, along with social supports to help maintain indepen-

dence in daily living. She says the results emphasized how important affordable and supported housing is as a foundation to recovery.

“It was pretty successful. When people are homeless, everything is about the moment. ‘Where am I going to stay tonight?’ ‘What am I going to eat for dinner tonight?’ Stable housing gives them the ability to move on with the rest of their lives.”

She points out major differences between regular affordable housing and the concept of supportive housing for those recovering from mental illness. She says it is important for the general public to realize that supportive housing does not necessarily mean publicly subsidized housing, just as there is affordable housing that does not necessarily support the needs of people with mental illness.

Dr. Kirkpatrick says the best forms of supportive housing are tailored to the needs of the individual. She explains that many people with mild forms of mental illness are quite capable of looking after numerous aspects of their own lives and simply might need to learn how to cook for themselves or require someone assist them in managing their budget. “There needs to be housing at different levels, a range of supports.”

She adds that by involving actual consumer tenants in the operation of such housing can help speed recovery. “We do know that consumers helping consumers can be a positive thing. It creates jobs and is helpful



to that person's sense of independence. It is very inspiring to see how some people have done so well through this model."

Dr. Kirkpatrick says that while recently, attitudes have become more accepting of those living with mental illness, there is still often a stigma attached to psychiatric survivors living independently in a community. To counter that stigma, she argues that with the proper supports in place, such survivors can and do recover. "We wouldn't think twice about helping people in wheelchairs. There are all kinds of supports in place for people with disabilities compared to earlier times. However, people have an idea that people with mental illnesses can't go through recovery."

The Kawartha Lakes Branch of the CMHA currently operates two such supportive housing complexes, Harrison House and Market Square. According to Janice Cooper, Team Leader for Housing Programs and Services, the objectives of each complex are to assist those with mental health issues to integrate into the local community.

"Harrison House in Lindsay is a transitional, 8-bed, co-ed psychosocial rehabilitative housing program for individuals with serious mental illness. Individuals residing there are supported through CMHA-KL's Community Support Program. Supports are flexible and depend on the need of the individual and the severity of the illness. Residents may participate in the Social

Recreation Program as well; they share collaboratively in activities of daily living and household duties. As a group, residents are responsible, under staff supervision, for the financial matters of the house. Rental agreements are time limited and geared toward the goal of returning to independent living. Once individuals move into the community, they continue to receive support from the Community Support Team," explains Cooper.

In contrast, the purpose of Market Square Apartments in Bobcaygeon is to provide safe, decent, permanent and affordable housing to people who have suffered with a mental illness, but who are capable of living independently in the community, explains Cooper. "It includes four 1-bedroom and two 2-bedroom apartments and a community room, which provides a centre for Public Education and Social Recreation."

She notes that the need for safe and affordable supportive housing for those living with mental health issues has never been greater. "We are seeing increasing numbers of clients with a diversity of mental health issues coming through our door. It is not simply about housing people, but about providing adequate supports when people need them," says Cooper, in keeping with Dr. Kirkpatrick's observations.

It should be noted that, in view of those needs, CMHA-KL has developed another affordable housing project in Lindsay, which is now in the works.



Melanie Jackson, LYNX

Adrian: From Dark to Light

The piece accompanying this article was penned when the poet was 17, attending high school. He speaks openly today about beginning to use alcohol and later drugs to ease his suffering. Three years later, his brother was killed in a car accident and the entire family was steeped in grief. As time passed, Adrian's grief did not subside and he began having symptoms of something other than the sadness that is expected when someone we love dies. While other family members had been consumed by their own pain, no one realized what was happening for Adrian.


The poem captures not only the feeling of deep hopelessness and isolation, but the sense that something much more significant is wrong. Thoughts and physical sensations that don't make sense, a mind that commands behaviours the writer did not wish to engage in and a separation from the reality of everyone around him disturb readers of this piece as intensely as they affected the writer.

After two suicide attempts and two 3-month stays with the Schizophrenia Treatment and Education Program at Lakeshore Health (formerly Whitby Mental Health Centre) Adrian got connected to the LYNX Early Psychosis Education Program for ongoing support. An initial diagnosis of depression eventually clarified as Schizo-affective disorder, concurrent with substance use.


The journey from dark to light has not been quick or easy. Suicide attempts were

devastating for his family, as were months when he was unable to express himself through speech. His mother's loving patience enabled her to figure out that he could understand what was being said, but couldn't respond verbally. She learned to ask him what he wanted and he could nod yes or no.

After a few experiences of taking prescribed medication to control his condition, then breaking his medication routines because he felt better, Adrian realized that for life-long wellness, he would have to adhere to his treatment plan for the rest of his life. For Adrian, as for many others with psychosis, this breakthrough in understanding is what solidifies the stability and consistency of recovery. Armed with the knowledge that he could impact his illness and move himself to wellness, Adrian committed himself to his recovery. Today Adrian is free of the psychotic symptoms that plagued him for so long and abstains from alcohol and drugs. The voices he hears are those of his friends and family and the messages his brain translates from the information his senses send are appropriate.

Meeting Adrian today, there is little to indicate he passed through such a dark time in his life. He has completed one college diploma, is working on a second, and plans to attend university. He successfully lives independently and his goal is to work in mental health. Immensely popular among fellow students and colleagues, there is little doubt he will reach his goal. 

Adrian states very clearly, however, that to maintain his wellness he must keep to a strict routine of regular sleep, healthy meals, take his prescribed medication reliably and stay connected with his family. He is able to manage minor mood swings with the help of techniques he earned through his work with the program clinician, and is so aware of how it should feel to live in his body that he knows when to seek additional support from his care team.

Today Adrian helps other youth by speaking openly about his experiences, and has helped many people to understand what psychosis feels like and that it is a malfunction of the brain that can be effectively treated. Adrian deserves huge commendation for how hard he has worked to become well and for the confident way he now encourages others to mind their mental health. Our thanks to Adrian for sharing these pieces of his life with us! 

For information about psychosis, contact the LYNX Early Psychosis Intervention Program at 328 2704 ext. 232.

A life of f#*@ing up

Fixed

In one determined flash
 Death is my salvation
 No one can save me
 From this smoldering
 Cesspool that is called
 A world
 Everywhere I look
 I see pain
 Inside me
 And all around me
 Focal distance
 The intensity of my
 Lack of integration
 Astounds those with intentions
 I am cleaved apart
 By trivial questions
 To no avail

I refuse

To respond to my
 Insolent mind
 My life is intangible
 My feelings are
 Insuppressible
 I need to escape this
 Institution of lies
 They say I need a morality
 Reassessment but I morbidly
 Believe I would be
 Better off as a bird
 I could be the man in the
 Moon and sit there
 In the sky
 Mocking those
 Who mock me

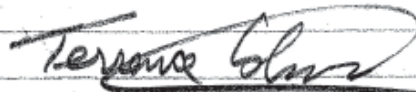
I smell a crystalline
 Fragrance in the air
 It makes no sense
 Although I look
 I do not see
 Any way of escape
 From my solitary
 Fantasy life I live
 Inside myself
 Still here on the
 Pretense
 That there might
 b something
 Worthwhile
 On the outside...

Adrian

To whom it may concern!

I would just like to thank the Canadian Mental Health Association and most definitely Laurie Green, The Case Manager-Release From Custody Program at the Kawartha Lakes Branch, at 2 Kent St. W. 2nd floor, Lindsay, Ont K9V 2Y1. I am now 31 years old, and wished I found such dedicated workers like you have at the Kawartha Lakes Branch years ago. With the support and encouragement that I am now receiving, I believe I might just make in life this time. So I would just like to thank you and Laurie Green for everything you are doing in the Province of Ontario.

Terrence Adams

A handwritten signature in black ink that reads "Terrence Adams". The signature is written in a cursive style and is underlined with a single horizontal line.

My Grandmother

My grandmother is a beautiful person inside and out. She is very religious for she is Catholic. She was born in Saskatchewan, and her parents were born in Austria. My great grandmother and great grandfather were married for 75 years... And they loved each other very much.. They passed away when they were 98 and 93 years young....

My grandmother is 93 years young herself, she lives at the Barrington residence in Barrie, Ontario, she loves it there. For she has many friends and she goes on bus trips to many different places like the big shopping mall they have there..... She was born in Saskatchewan and she was one of twelve children. She worked on a farm and helped her mother out being only one of three girls. She learned to cook and sew at a young age for she sewed her own dresses, sometimes.....and she had to mend her brothers' clothes.....

I love her very much even though she calls me Joan sometimes and I did not like that. For it did not sound right to me. It made me sound older than I was....but after a while I got used to that name for my aunt was named Joan and I liked that. For she was a great aunt, she died of ovarian cancer. Now thats a different story.

Back to my grandmother, she is also very thoughtful for when I was in the hospital she gave me a get well card, for I had a fracture after I was operated on to realign my leg.... It had a cheque in it to buy what ever I wanted. I was grateful for it, my grandmother does nice things like that.

Thank you for being you and being my grandmother.....for many years to come!!!!!!

Joanne Gilligan

Seniors Support Network

This newest of CMHA Kawartha Lakes programs is aimed at helping to promote mental health recovery and resilience for seniors of 60 years and over.

The network provides support services, advocacy, education and promotion of integrated care services, in partnership with individuals, families and community partners in the City of Kawartha Lakes, the County of Haliburton and the Township of Brock in the Region of Durham.

Community supports include:

- Referrals and facilitation of appropriate community supports.
- Advocacy
- Symptom education and management
- Monitoring of independent living and quality of life
- Crisis and suicide prevention, crisis management.

The program is being developed and managed by Jennifer Heidemann.

Also offered are psycho-educational groups, for example, “Living a Healthy Life with Chronic Conditions” workshops. This is a Central East (CCAC) Self Management Training Program. It consists of a 6-week Self Help Workshop for individuals, families or caregivers, with 2 1/2 hours per session.

For information or to register, telephone 1 866 971 5545 or on the Internet, go to www.healthyworkshops.ca



Brent Wilcox, Volunteer

Perspective for workplace stress

With the recent economic downturn, many employees today and those currently looking for work often feel justifiably under threat. They have been raised to believe that work is difficult, and if not physically, than at least mentally and psychologically draining. Accordingly, an economic recession is the last time to make any drastic changes when things become too stressful. It seems better to just lie low and hope that things improve at work, or if one is currently unemployed, to make compromises to get back to work as quickly as possible, regardless of the effects to one's mental or emotional health.

However, according to career and life coach Dale Bryant, the price of not following one's own goals and dreams in order to “fit into” a work role defined for us by others, is not only too often a recipe for failure, but can also affect mental wellness and cause stress.

“Typically, people do not realize how much their career can affect the rest of their lives. If you are not happy in your current career, there are often underlying issues at play,” he explains. “I like to ask a client what it is they really want out of life. Imagine for a moment that issues like finances and family expectations don't exist. When people do that, they tend to look at their natural skills and abilities and what it is they find truly fulfilling. Watching someone take charge of his



or her life, whether it's in reaction to change or initiating change, is an exciting time, and seeing the energy shift and happiness that results from this is dramatic."

The goal, explains Bryant, should be putting a balanced and progressive plan in place that honours your values, gifts and abilities.


"Ultimately there are bills to pay. A fulfilling life does not mean a life without responsibilities nor does it always mean a change in employment or career; it may require a new perspective on what you are already doing. However, your mental well-being can be at risk in a job you are not suited for. You have to find out what you value and what you excel at as this will provide you with fulfillment, mental wellness and ultimately success."

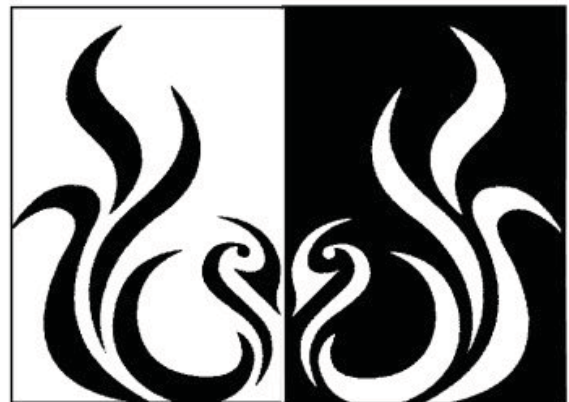
Naresh James is the Executive Director of the Kawartha Lakes Branch of the Canadian Mental Health Association. He agrees that people often do not make the best career or life decisions when they are feeling under threat of being unemployed.

"Unemployment," he says, "or the prospect of job loss, can be very scary for many people. Besides the obvious re-evaluation of one's finances and family obligations, there is often an equally serious loss of self. Many of us define ourselves by what we do; when that is threatened or lost, a loss of personal identity or self can occur. Such stress can cause serious mental health problems."

James says those worried about their careers in a volatile job market should not neglect their mental and physical well-being, as a good base of emotional and physical health can often assist us to meet tough economic challenges.

"Positive stress reduction techniques such as getting more exercise, eating healthier, and confiding in family, friends or a trusted professional about career challenges are all proactive steps we can take to ensure good mental health in the face of a recession," says James.

Life coach Bryant agrees that from a career development point of view, being proactive is key to handling a transition resulting from a job loss or career setback. "Although going through a job loss or career setback can be very challenging, it is surprising how many people who use the opportunity to think out of the box and pursue their dreams, ultimately find freedom." 



Naresh James, Executive Director

Making Every Door the Right Door

“Right now, Ontario has a fragmented system of services. People go through too many doors and struggle finding the services they need. In most cases, services are not integrated. They do not work together to meet people’s needs.”

This statement explains the title of a discussion paper, *Every Door is the Right Door*, recently introduced to provide a starting point to developing a 10-year mental health and addictions strategy for Ontario.

The paper was released in July by Minister David Caplan and his Advisory Group on Mental Health and Addictions. Consultations and round tables on the discussion paper will be held across Ontario in the fall. The advisory group will report to the Minister in winter 2009/10.

The Ontario Government has made a commitment to strengthen mental health and addictions services in the province, including cutting wait times in emergency departments for people with mental illnesses and addictions and providing better care for people with eating disorders or early psychosis.

For the first time, mental health, problematic substance use and problem gambling will be integrated; strategy will be developed to serve people with mild to moderate symptoms of mental illness and to promote health and prevent mental illness and addictions.

The Minister’s goals are clear:

- Improve health and well being for all Ontarians
- Reduce incidence of mental illness and addictions
- Identify mental illness and addictions early and intervene appropriately
- Provide high quality, effective, integrated, culturally competent, person-directed services and supports for Ontarians with mild to complex mental illness and/or addictions.

To make every door the right door for people with mental illness and/or addictions, the Hon. David Caplan is proposing seven directions:

- Act early;
- Meet people on their terms;
- Transform the system;
- Strengthen the mental health and addictions workforce;
- Stop stigma;
- Create healthy communities; and
- Build community resilience.

For a copy of the discussion paper or to submit any comments or questions on the discussion paper or mental health and addictions issues in general, email the Advisory Group at infoline.moh@ontario.ca



**The bottom line, from the discussion paper entitled
“Every Door is the Right Door”:**

Where We Are Now	Where We Want to Be
Prevention is overlooked	Prevention and early identification are priorities
The system helps only people who reach services	The system reaches out to the whole population and all who need help
Services focus on treatment	Services focus on healthy development, recovery and harm reduction
Care is disease or provider-centred	Care is person-driven and family-centred
People with mental illnesses and/or addictions have limited support to manage their own care	People with mental illnesses and/or addictions are empowered and supported to manage their own care
Care is reactive and episodic	Care is proactive and ongoing
Providers and programs work in isolation	Providers and programs work collaboratively
Services plan and operate in separate silos	Services are integrated and coordinated
There is a sense of isolation and frustration	There is a culture of improvement and innovation
The system uses data and measurement for reporting	The system uses data and measurement to improve services

Denis Grignon, Public Education Coordinator

Impromptu Kudos

The CMHA strategic planning meeting in September – the first since 2006 – brought much insight, wisdom and intelligent proselytizing into the future of mental health care in our area.

But, ironically, it was a five-minute presentation about the past that drew the biggest praise – and it was a completely unscheduled one.

With the podium empty, a former client of CMHA-



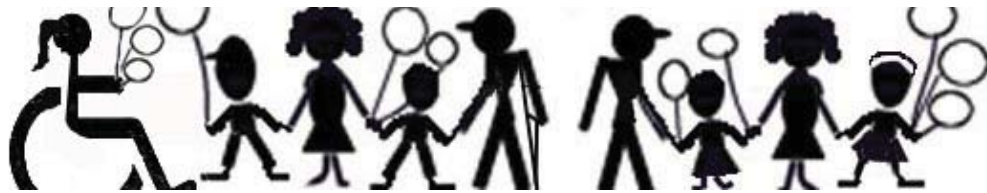
Planning for the future, a gathering of CMHA-KL stakeholders: directors, staff members, consumers and their families, volunteers, representatives from various social service agencies and the health and justice services sectors

KL—and a participant in the planning session – seized the opportunity to tell of her own challenges with mental illness and how the association had come to her aid. It was a very personal and emotional impromptu address, which described a past that included divorce, depression and anxiety. And hope.

The audience of some 75 board members, agency staff, consumers and their families, and other stakeholders was riveted. And it reassured them that their work in mental health was being measured and vital. “I just want you to know that what you do is important,” the speaker said. “And I’m proof of that.” The crowd responded with a standing ovation.

Naresh James, Executive Director of the local branch of the CMHA, applauded her courage, pointing out that “it’s important that we put a human face to what we do, here, in the field of mental health. And we were fortunate enough to see that face today.”





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Smiles at the AGM

Any annual general meeting, regardless of the organization, can be a dry, sober – yet necessary – affair. But amidst all the new business, treasurer’s reports and election of new board members, this year’s CMHA AGM also managed to draw a few chuckles and contribute some levity. The association’s new part-time public education coordinator is also a full-time standup comedian. And so it was that Denis Grignon, who joined the CMHA about a year ago, closed off this year’s AGM at the Legion Hall with about 20 minutes of quips, jokes and light jibes. Here is a sampling of what the crowd laughed along with that afternoon.

On being six-foot, five: *I often end in a short bed, sleeping from corner to corner like a duvet apple turnover. I can live with it. But it took me years to find a wife that was shaped like an isosceles triangle.*

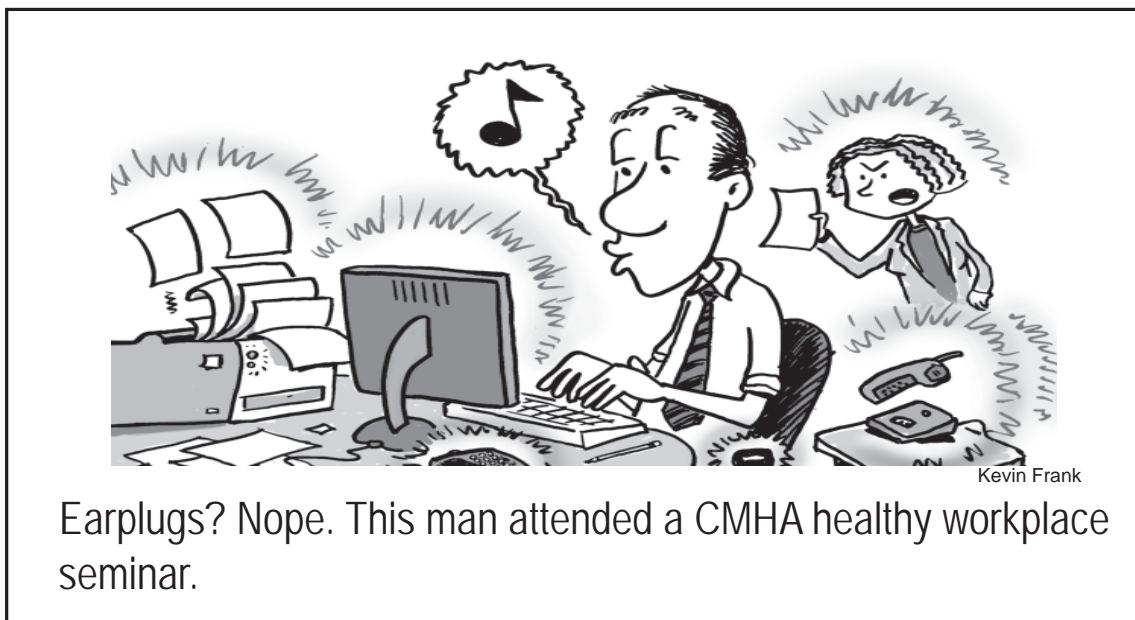
On having big feet: *After a snowstorm, I can clear the driveway with one kick*

On being middle-aged: *You know you’re in your 40s when you start buying pants based on how comfortably you can nap in them.*

When kibitzing with CMHA colleague Jack Veitch and learning he’s only 24. *I have underpants older than you...And I’m wearing them!*

On his mother’s threats. *She’d boast, “I have eyes in the back of my head! What do you say about that, Mister?!”*

Gee, mom. I’m guessing you spend a lot more on eyeglasses, then.



Brent Wilcox, Volunteer

For jobless, stigma is debilitating

According to a survey conducted by Robert Half International (an executive recruiting agency), extended periods of unemployment are becoming the norm and are no longer the barrier they used to be for getting back into the job market.

Telephone interviews with 150 senior executives at major American companies revealed the widespread belief that a senior manager can be out of work as long as nine months before his or her career prospects are adversely affected, reports Robert Half.

Canadian jobless statistics aren't far behind the US as the full effect of a global recession hits home. But what the above survey indicates for the US doesn't seem to be as much the case in Canada. There is a stigma to not having a job, undeserved but real, which is even harder to handle for people who deal with mental health issues.

Nowhere is this stigma more evident than in many social programs designed, ironically enough, to assist those who are unemployed transition back to work.

In the early 1990's, the then provincial government revamped the current welfare system, introducing workfare, perceived by many as an ultimately punitive model of social assistance. While in theory workfare's commendable goal is to help recipients get work, find jobs, it has been implemented in ways that are hard on many recipients as well

as many of the social service workers who have had to put it in effect. Through a system of mandatory work placements, workfare can trap individuals in low-paying, make-work jobs that do nothing to improve their skills and qualifications, but wear away on their self esteem. People who, often through no fault of their own, encounter barriers to finding employment, can feel even more stigmatized and put down.

There are other bureaucratic ways that our society stigmatizes people who are unemployed. The Employment Insurance program (when a person is lucky enough to be eligible) often has the same effect as workfare, obliging recipients to take any job regardless of economic security, growth prospects or skill building opportunities.

Employment agencies also work on the model of getting the client back to work as quickly as possible. While they can be good at matching applicants with standard qualifications to standard types of jobs, such as many in trades or office administration, they are often stymied by someone who does not fit the mold; As a result some exceptional clients may slip through the cracks..

But these programs are only the products of a wider attitudinal problem of general stigma aimed at people marginalized for not fitting the image of a successful citizen. Add to this the broader societal pressure – from family and friends and neighbours and even the media – to simply find a job, any job,

and it is no wonder that many unemployed people bow to the message that has been drilled into them, the message that they are somehow inferior, useless or lacking in moral fibre because they are not working

And yet, unemployment is not a choice. The stigma is undeserved, and can cause serious mental health issues for the jobless while not solving the real social problem of integrating people back into the workforce.

First, we need to reform the systems that are designed to serve the needs of those currently unemployed, as they have, inadvertently or otherwise, bought into and co-created the stigma that exists in our society against those without work.

In order to do this, government, business, and the general public need to recognize the destructiveness of the punitive model which puts down the unemployed person. This could be replaced by a new, more progressive, and ultimately more successful model, taking into account the many barriers currently facing the unemployed, such as issues surrounding child care and transportation, homelessness, poverty. And of course, various forms of discrimination, including those based on disability and mental illness, and wider issues of the changing workplace as a result of globalization and the current economic situation.

The effectiveness of such initiatives would be enhanced if social service and employment agencies were to include on

their board of directors or in staff positions, individuals with experience of extended unemployment. They could reflect their knowledge in the work they undertake on behalf of this population and test these programs for any stigma or bias.

Media can also play an important role of educating the public about unemployment in an unbiased way, avoiding the often unfair stereotypes.

And perhaps most importantly, we all have a role to play in supporting those we know who are unemployed, with real solutions to their problems, not – as too often is the case – with empty platitudes.

If you care about helping the unemployed and you are an employer, hire someone or at least offer to keep one's resume on file or suggest a firm you know that may be hiring. If you simply know someone needing work, offer to help them with their resume or job search or connect them with someone you know. Try becoming an active listener and sounding board for a friend who may simply need someone to confide in. Above all, avoid sounding judgmental as this can make an unemployed person feel like there is something wrong with him or her in not being able to find work.

While there is no doubt that some of the current stigma is unconscious on the part of employers, government agencies, the media and the general public, it is crucial for all of us to begin to question our attitudes.



The unemployed, despite some popular opinions, can be anyone. They are sisters, brothers, sons, daughters, fathers, and mothers. Ourselves.

Many unemployed people want desperately to work and yet too many fall victim to the stigma associated with being unemployed, on top of the stress involved in having no income and that of actually finding work. It costs literally nothing to treat another person, whether unemployed or not, with basic human respect and dignity.



Thanks

We thank the Ministry of Health & Long Term Care, the Central East Local Health Integration Network, United Way for the City of Kawartha Lakes, Ontario Trillium Foundation, the City of Kawartha Lakes, and all the donors and volunteers who give generously to support our cause.



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

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