

# The Rights Stuff

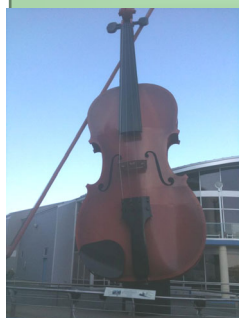
November/December 2011

MENTAL HEALTH RIGHTS COALITION



*Our mission is to encourage, enable and empower the voice of consumers in the mental health system*

## Best Wishes for a Happy Holiday Season



### Cultural Diversity & Stigma in Mental Health

Staff Member, Aaisha Baig, shares her views as a first generation Canadian, Page 4

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*In September staff had opportunity to attend the PRS Conference in Cape Breton. Frances and Peggy share about their experience beginning on Page 2*



Grey Cup Party November 24. Details on page 6



### November Is Diabetes Awareness Month

Free public events planned to support those who have and who are at risk for diabetes. Terry Booth RNCDE offers education about diabetes at MHRC twice each month. 2nd Tuesday and 3rd Friday of each month.

Details on page 5

### Women Empowered

New Support Group for Women Only.

First Tuesday of each month

Details page 6

**Wellness Recovery Action Plan**  
Taking charge of your recovery.  
Details on page 8

Mental Health Rights Coalition—20 Jackson St. W., Suite 206 A, Hamilton, ON L8P 1L2

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Google Map <http://maps.google.ca/maps?hl=en&q=20+Jackson+St.+W.+Hamilton+&ie=UTF8&ll=43.254609,-79.870522&spn=0.005017,0.009602&z=17>



**Executive Director:**  
**Frances V. Jewell**  
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## Conference Reflections

PSR Canada is a national organization “promoting, supporting and strengthening community oriented rehabilitation services.”

Psychosocial Rehabilitation (PSR) Canada Conference was a wonderful opportunity to connect with Cape Bretoners, colleagues, co-workers and new friends.

The theme of the conference was Enhancing Recovery: Family, Culture and Community. This dynamic conference allowed MHRC staff to exchange ideas, challenge norms and confirm best practices.

Researchers talked about employment, Wellness Recovery Action Plan, Writing and Publishing for People with Lived Experience, and service delivery of services for First Nations.

Conference delegates were treated to the evening of songs and stories from the Men of The Deeps, a choir of former coal miners.

Big Daddy Tazz, a comedian from Winnipeg who talked about his own experience with mental illness, gave us a much needed glimpse of the lighter side of life.

Nova Scotia Drug Court was of particular interest to me as Hamilton has had discussion about the possibilities of running a drug court. Drug court provides court supervised treatment for individuals with mental health issues who are addicted to cocaine and/or opiates and who have been charged with possession of, or trafficking, with property offences, or with prostitution-related offences.

Clients participate in a structured outpatient program with extensive case management services. Upon successful completion of the program, which lasts approximately one year, clients receive a non-custodial sentence, rather than incarceration.

The program is open to non-violent offenders with the charges described above. Entry into the program is voluntary.

What came as a shock to me was how the lawyer presenting the information about drug court referred to clients as “users”

and admitted that police will often arrest a person under the mental health act to get them enrolled in the program. Although well-intentioned, this type of thinking only furthers the criminalisation of mental illness.

We still have along way to go before well-meaning people step aside and allow people with lived experience to make choices for themselves. No one wants a lingering criminal record in order to get treatment, support and help.

PSR Canada does great work around recovery, empowerment and education but still insists on using language like “client centred care”. When will service providers start to embrace the idea and view that “person directed” gives people what they really want?

Choice, dignity, and support when needed are what most want. Encourage, Enable, and Empower: the mission statement for Mental Health Rights Coalition says it all.



open doors and find their own way on their own terms. The point was reinforced by Colleen Cann MacKenzie, workshop presenter, who said, “We cannot empower with a program”.

I was encouraged to hear the determination and conviction of Louise Bradley, Chair of the Mental Health Commission of Canada. It would be important for every mental health agency to align its goals with the commission goals and focus so that we can all speak a similar language and also to position ourselves to be in line with possible funding opportunities.

The value of peer support was a recurring theme throughout the conference. There was some focus also on the place of family.

When pointing out the four targets of the commission’s focus Bradley honed in on the second one which is health care professionals. She commented, “I am embarrassed and saddened that we have to tar-

*(Continued on page 3)*



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## Reporting from Two Conferences

In late September it was my great privilege to attend the Psychosocial Rehabilitation Conference held in Sydney Nova Scotia (Cape Breton). It was wonderful to see a part of the country I have never seen before and the overall experience of doing something different, meeting new people, greeting old acquaintances, discovering new ideas and concepts and reinforcing the work we do. It provided opportunity for personal and professional growth.

There were many ideas to bring home. Some reinforce my own convictions about recovery and peer support but one which was outstanding was a phrase used by Marianne Farkas. “Empower” is a result not a verb. It is the goal. It is not some-

thing we do to people. It is something they gain within themselves.”

Empower is part of our mission statement at MHRC and I believe it is meant in this

“Empower” is a result not a verb. It is the goal. It is not something we do to people. It is something they gain within themselves.”

way however I know it is possible for all of us to slip into the “provider” mode and believe we are offering something to people rather than supporting them as they

(Continued from page 2)

get this group but it is one of the biggest barriers to people going for help.”

While I have seen the stigma held by professionals and a lack of understanding about recovery deter and discourage I am very conscious that as consumers in CSI's we too, must be careful not to allow ourselves to be tarred with that same stick.

CSIs cannot be barriers to recovery. We

“I am embarrassed and saddened that we have to target this group (professionals) but it is one of the biggest barriers to people going for help.” Louise Bradley, Chair of the Mental Health Commission of Canada

must find ways to check ourselves regularly and ensure that our attitudes and methods are always putting people in the drivers seat of their recovery.

Although I found much of what Maryanne Farkas said to reinforces what we do I was also challenged by some of her ideas. She was adamant about recovery being based in relationships with people who believe in us. Do we practice it though? Do we really believe in the people we work with? Do we have faith in their decisions and ability to make good ones? Are we able to be honest and caring with them? Are we ready to challenge our clinical ideas about “boundaries” in order to support people in their recovery?

Farkas even suggested we might take people home with us for a meal and share our phone numbers. She was adamant that to do otherwise is to “fly in the face of research.”

I can certainly see the benefit of this type of support and would be the first to take someone home for supper because I know it would be good for them to see some “normal” living and feel part of a home environment.

Those who are licensed by colleges like the schools of social work may have limitation about carrying out this sort of support and it certainly contradicts what is normally accepted.

As a trainer I am challenged as to how I would teach and measure the “common sense” which is required to do this while maintaining healthy boundaries. She suggests there is no blanket approach but rather one which is very individual.

Our system is not designed to treat individuals on their own terms. It is too fraught with rules and boundaries. It is too full of fear. I believe that fear of people and faith in people cannot live in the same place.

*The world's largest Fiddle is on the dock of Sydney Nova Scotia*



## Ontario Peer Development Initiative Annual General Meeting - Toronto – October 3 & 4, 2011

**OPDI is a membership-based organization which represents Ontario consumer/survivor initiatives and organizations that work in the mental health system. MHRC is a member of OPDI.**

OPDI Annual General Meeting and conference was a collaborative event with the Ontario Federation of Community Mental Health Programs and the Ontario Association of Patient Councils held in Toronto October 3 and 4, 2011.

Attending as the voting delegate for Mental Health Rights Coalition, I was pleased to meet many old friends and see some new faces as well.

The event included several speakers. Some were shared among the groups and each group also had opportunity to address its own concerns in separate meetings.

The awards dinner was quite nice. I was thrilled to be part of recognizing Theresa Claxton and John Bowcott. I have admired them and the work they do for many years. John is with PEP in North Bay and Theresa with the Krasman Centre in Toronto. Canada Post also received an award for their innovations and support of mental health.

In her address, Deb Sherman, Executive Director of OPDI, encouraged CSIs to broaden horizons, be more political, proactive, consistent and progressive. She stressed the importance of peer support abilities we

have, and admonished us to “stop giving it away.”

OPDI's strategic plan for the next year includes, engaging with youth, working with the aboriginal communities, increasing capacity through the existing projects which are Diabetes project and OCAN and work with Community Health Centres.

Sherman encouraged us to focus on early intervention, youth good succession planning, and on making sure that the benefit of the consumer movement isn't lost so that it has to be done over by the upcoming generation.

OPDI believes they can help and support CSIs by promoting our value and offering a standard of governance and board training.

One group which spoke talked about how they are engaging youth in their programs. They have extensive work in schools speaking to students but also engage children by allowing them to attend their centre with parents. This allows young parents to be part of the CSI. One third of their members are under 25. I believe we could learn from them although I have some questions about how they get around insurance and funding issues with those under 18.

The very culture of peer support is at stake and to lose it would be a backward step in mental health care.

Candy Williams from Central East in Oshawa and Christa from Sudbury shared their very different experiences with their CSI being integrated into another organization.

There was discussion afterward about what we can do collectively to stop integration. Of particular concern was the loss of dollars which were to be protected for CSIs and are being swallowed up by other organizations. OPDI has asked the Ministry of Health and Long Term Care for a moratorium on integration and protection of consumer dollars.

This discussion, I believe, needs to be provincial, loud and determined. The very culture of peer support is at stake and to lose it would be a backward step in mental health care.



# Cultural Diversity and Stigma in Mental Health

**By: Aaisha Baig**

Canada is home to a vast array of cultures, races and ethnicities. As a Pakistani Canadian, I am able to say that I am proud of being born and raised in a country that encourages such diversification. The people who make up these cultures, races and ethnicities contribute to the features that enrich our nation entirely. What is crucial to the overall health and productivity is mental health. It is the foundation for successful contributions to family, community, and society. I have experienced firsthand that without quality mental health all of these areas suffer greatly.

In looking at mental health concerns globally, we have reached an alarming proportion of the population facing mental illness, making it a vitally significant issue for all nations. Also widespread is the stigma associated with mental illness. In every country there is a hidden or obvious stigma. We can see the variations of stigma are hugely influenced by culture, social status, and economic burden. In developing countries, stigmatizing attitudes are more prevalent across various illnesses and not just with mental health. Nonetheless, people labeled as mentally ill tend to be the most frequent victims of social violence. Society still fails to acknowledge their affliction as a valid human experience which requires attention and support. Once people are labeled as mentally ill, they are often forced to deal with discrimination resulting in a non-human identity which lacks the same rights as everyone else. In south Asia, the number of people who die by suicide is higher than the number who die because of road accidents, terrorism and HIV/Aids. It is among the top three causes of death in the population aged 15 and 34.

During my visits to Pakistan I have witnessed how those whose behaviors were seen as "abnormal" were feared, labeled *insane*, and kept locked up in their homes by family for fear they may be ostracized from their communities. For many, social banishment can be worse than the illness. This is largely due to the lack of awareness and understanding of mental illness, along with the inaccessibility to health care. Many who live in poverty simply do not have the knowledge or resources to seek out appropriate treatment. In Karachi, the largest city of Pakistan and a former capital, the number of practicing psychiatrists is 44. In a cosmopolitan city such as this with a popula-

tion of about 14 million that number is extremely low. In addition, some people may associate symptoms of mental health struggles to cultural/spiritual beliefs. They can be associated to things such as demonic possession, witchcraft or other superstitions, and thus do not seek out support or medical treatment.

Coming back to Canada, great strides have been made in the area of stigma research over the past decade. We are learning a great deal about how to increase knowledge and understanding of mental illnesses. In the area of changing attitudes and behaviors, however, progress will always remain a challenge. Despite the high economic privileges that we enjoy (relative to developing nations), and the accessibility to education and healthcare rated among the top in the world, the stigmatization of mental illness remains apparent as seen in all nations of the world. The degree of stigmatization and the influences and perceptions behind them are what vary from culture to culture, and nation to nation. In any case, mental illnesses are real, disabling conditions affecting individuals from all populations, all ethnic groups, of all economic levels, around the globe.

Thanks to our  
volunteers who  
work so  
tirelessly and  
faithfully.

## The Rights Stuff

**Published every other month**

**by**

**Mental Health Rights Coalition**

### Editorial Policy

The Rights Stuff is published every other month by Mental Health Rights Coalition. Our purpose is to inform our membership and partners in mental health and the community about issues and events which may be of interest. Included is a calendar of MHRC events for the upcoming months.

The Rights Stuff is available to our members via mail and to others as requested via email and on our web site at: [www.mentalhealthrights.ca](http://www.mentalhealthrights.ca)

The Rights Stuff welcomes submissions & letters of 250 words or less. Be advised that MHRC reserves the right to edit and/or decline publication of any submissions.

Deadline for submissions is the 15th of the month previous to publication.

Printing dates are September 1, November 1, December 23, March 1, May 1 and July 1.

*Views and opinions expressed in this newsletter represent those of individual contributors, and not necessarily of The Mental Health Rights Coalition.*

### Seeking Donations



Donations of yarn for scarves and blankets is requested.

MHRC also strive to make available toiletries like shampoo, conditioner, creams, soaps, tooth brushes. For many of our members these are luxury items. Donations of sample and full size items are



much appreciated.



Donations of fresh fruit would also offer a welcome and healthy treat for those who frequent MHRC.

Contact us at MHRC  
**905-545-2525**



A high percentage of people who live with mental illness also encounter many health difficulties. One of the most prevalent physical issues which accompanies mental health issues is diabetes. It is also a rapidly growing concern for all Canadians.

In an effort to educate our members about diabetes prevention and care MHRC has invited public health nurse, Terry Booth, RNCDE, to run two diabetes education groups every month. Terry will also contribute to The Rights Stuff. Terry is the Diabetes Educator for St. Joseph's Hospital.

## News Bites

### Celexa May Cause Heart Issues

If you are taking Celexa Health Canada recommends you speak with your health professional if you are having any concerns like dizziness, abnormal heart beat or shortness of breath, difficulty concentrating, anxiety or nausea.

A news cast from Canadian Press on October 14 says reports from Health Canada suggest the drug could cause serious heart problems.

The news article also warns that those taking the drug should not stop taking it without consulting their doctor.

### Rise in ODSP/OW Rates

On the November/December cheques for Ontario Disability Support Program and Ontario Works recipients will notice a 1% increase. For a single person on ODSP that will translate to about \$10

## November is Diabetes Month



Thanks once again to Frances for asking me to speak at the Annual General Meeting on September 20<sup>th</sup>. I hope that each of you enjoyed our "dance" and took away some practical ideas about ways that you can decrease your risk of developing diabetes. One of the Canadian Diabetes Association's mottos is "Undiagnosed type 2 diabetes. It kills not to know."

November is Diabetes month and there are many special diabetes related free, public, all welcome events being held throughout the city this fall. These events are always great places to talk to diabetes specialists and learn more about reducing your risk of diabetes, caring for your self if you have diabetes and finding out about diabetes services and supports that are available in Hamilton. So, I thought I would take this opportunity to tell you about a couple of them.

Prisms Pharmacy at 155 James Street South is hosting a DiabetesFest and Home

Health Care Fair on Wednesday, October 26<sup>th</sup> from 10 am – 3 pm. Prism will have many healthcare specialists on hand, including Nicole Dube (registered Dietitian) and myself to answer questions. There will be refreshments and door prizes as well as an opportunity to get your blood sugar checked. For more information you can call 905 527-5771.

The Canadian Diabetes Association-Hamilton Branch will be hosting a Diabetes Expo-Take Charge on Wednesday November 22, 2011 at Michelangelo's Banquet Centre, 1555 Upper Ottawa St. For more information you can call: 905 540-2512.

As always I will be at the MHRC office on the 2<sup>nd</sup> Tuesday of each month from 1:00pm- 3:30pm and the 3<sup>rd</sup> Friday of each month from 12:00-1:00pm to chat and answer your questions about diabetes and other related issues.

### Mental Health & Violence Subject of Discussion Paper

Studies in the past have shown that people who live with mental illness are no more likely to behave violently than the general population. A recently published Canadian Mental Health Association discussion paper titled "Violence and Mental Health: Unpacking a Complex Issue," challenges the public perception of those with mental health issues as violent and gives special attention to the stigma perpetuated by media reports of violent crime.

Discussing the affects of negative public attitudes about mental illness the report states, "The association of violence with mental illness has been used to justify bullying, as high rates of victimization have been recorded for this group."

To access CMHA Ontario's full discussion paper, "Violence and Mental Health: Unpacking a Complex Issue," visit [www.ontario.cmha.ca/backgrounders](http://www.ontario.cmha.ca/backgrounders).



### Cooking Demonstrations at Farmers Market

Hamilton Family Health Team is cooking up some special demonstrations at the Farmers Market over the next few months.

A registered Dietician will be on site to teach about cooking with root vegetables, healthy desserts and eating for weight loss.

To Register call 905-667-4862 ext. 309

If you would like to go to these events with MHRC staff and volunteers we will be leaving half an hour before the event. Space is limited so sign up early.

**Thursday, November 24—Cooking with Root Vegetables 12:30 (leave MHRC at 12 noon)**

**Friday, December 2—Dessert Makeover—12:30 (leave MHRC at 12 noon)**

**Friday, January 20—Eat More, Weigh Less—12:30 (leave MHRC at 12 noon)**

# Calendar Highlights

## Support Groups

In response to requests and time demands MHRC is adding some regular support groups to it's monthly list of activities. Both the "Women Empowered" and the Friday support group (not yet named) are open groups and are responsive to the changing needs of those who attend.

Any group takes time to develop and those who attend may find it takes two or three visits to truly feel comfortable in the group.

Please watch for posters which will explain the focus.

## Women Empowered

This group is exclusive to women and will be held once a month on the first Tuesday at 1 pm. Topics will vary and will reflect the desires of the group members.

The group is facilitated by Jennifer Armstrong RN, Peer Support Worker.

Tuesday, November 1.

Menopause

Tuesday, December 6

Coping with the Holidays



## Grey Cup Party

Those who love football and those who don't are invited to attend MHRC's first ever Grey Cup Party.

The day long event takes place Thursday, November 24 beginning at 11 and ends at 3:30.

The day includes:

- Trip to Football Hall of Fame
- Games with prizes
- Football food
- And more

Enthusiastic organizers Deborah and Lance are looking forward to a roaring good time.

Please sign up if you would like to attend.



## TGIF or SNOW—Support to Endure Weekends

Friday for many is the beginning of fun and relaxation for two full days and nights.

For many mental health consumers though it means two days of loneliness and limited support so the usual attitude of "Thanks Goodness It's Friday" (TGIF) does not prevail). If we had to come up with an acronym it would more likely be "Support—Not on Weekends" (SNOW).

As the numbers of people who attend MHRC continue to climb so does the demand for support and a notable need for support to endure the weekends is becoming evident.

coming evident.

For those who live in supported housing the need is not so high but many people who live on their own are identifying the difficulty of being alone for the weekend.

One way to support people who are lonely and afraid is to give tools for them to help themselves.

At the new Friday morning support group at MHRC we hope to offer opportunity for people to share their common concerns and their creative solutions to the difficulties of living with mental health issues.

This group will be directed by consensus and could include many topics and even guests.

The support group will also provide an opportunity for the volunteer peer support workers at MHRC to develop their facilitation skills.

Friday is a fun day at MHRC and usually includes music or WiFit. It is our hope this group will offer an opportunity for sharing and support which will equip consumers for weekends which are often too long and lonely.





## Good Food on a Budget

By: Amanda Carey

It can be difficult to eat healthy, delicious food on a strict budget. I will show you inexpensive recipes

and tips to make it possible.

### Chicken Fajita with Mango Salsa

(adapted from Prevention.com)

Serves 4 - Prep 10 min - Cook 15 min - Cost per serving \$0.83

#### INGREDIENTS

- 2 tsp olive oil
- 1 red bell pepper, thinly sliced
- 1 red onion, halved and thinly sliced
- 1/4 cup coarsely chopped
- 4 whole wheat tortillas (6" diameter)
- 3 cups roasted chicken, cut into strips (1/2 lb)

1/2 cup mango salsa

#### DIRECTIONS

1. Heat oil in large non-stick skillet over medium heat. Add bell pepper and onion and cook until soft, about 10 minutes. Stir in cilantro. Cover skillet to keep warm.

2. Place each tortilla in large, dry skillet over medium heat. Warm 30 seconds per side.

Divide vegetables evenly among centers of each tortilla. Arrange chicken over vegetables and top with 2 tablespoons salsa. Garnish with cilantro, if desired. Fold or roll tortillas

#### TIPS

The original recipe calls for large tortillas. Using small tortillas will save 60-80 calories and 3 g fat

Plan your menus around sales instead of shopping based on a recipe. Search food.com for recipes by ingredient.

Shop the flyers. Chicken ranged from \$2-5.99/lb at the time this was written

Make your own mango salsa for a big savings. Mine includes lime juice, onion and cilantro

Frozen mangos will work but can be expensive. Buy them on sale then chop and freeze them yourself.

If you cannot buy mangos in bulk, buy what you need. They were 2/\$1 and you only need one. You can buy a single unit for that price unless the ad says "multiples only" or specifies a single unit price.

Though the recipe calls for fresh cilantro, you can use dried. It is cheaper than a package of fresh. A potted herb plant is a great alternative and even cheaper than dried.

For a bit of kick, add ginger or cayenne to this recipe.

## Wellness Recovery Action Plan—An Opportunity for Growth and Wellness

WRAP® -Wellness Recovery Action Plan is a structured plan developed by YOU. It is a system that you devise for yourself that helps you work through mental health challenges or life issues. It is adaptable to any situation. Through careful observation, you identify those things you do to help yourself feel better when you are not feeling well, and those things you do to stay well and enjoy your life (Wellness Tools), and then use these wellness tools to develop personal action plans. People all over the world who are working on their recovery and wellness successfully use this planning process.

WRAP is universal — it is for anyone any time for any of life's challenges. Copied from:

<http://www.mentalhealthrecovery.com/>

The WRAP training is offered as part of a study sponsored by The Ontario Trillium Foundation See advertisement on page 8.

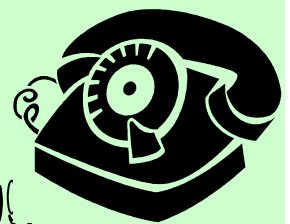


**Mental health and/or addiction consumers needing access to web sites or email who do not have computer or internet use are welcome to become members at MHRC and use our computer. Membership is free for all who have lived experience of mental health and/or addictions.**

**MHRC is open weekdays from 11 am to 4 pm**



# FOR SUPPORT



**Give Us A Call!**

**A Peer Support Worker is available**

**Monday to Friday**

**On the Phone or in person**

**11a.m.-4p.m. (except holidays)**

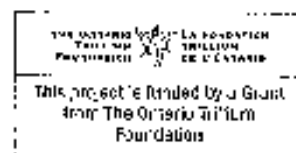
# Intensive Training Opportunities for WRAP

WRAP®:  
Wellness Recovery  
Action Plan®

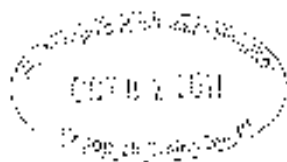


## WRAP

### Wellness Recovery Action Plan



WRAP:



- Is a structured, facilitated, peer-led self management process
- Offers each participant an opportunity to develop an action plan in a group setting
- Groups support people living with mental illness to find effective strategies for wellness and recovery.
- Participants will identify:
  - Coping tools
  - Triggers (things that make you unwell/ill)
  - Family/friends/providers who can support your recovery plan

If you are interested in joining a group in your area, please call:  
**Mental Health Rights Coalition—905-545-2525**

**Group Start Date:** Tuesday, November 29—Wednesday, November 30

**Time:** 10 am to 4 pm - Light Lunch provided

**Location:** 143 Wentworth South

Group participants will be invited to take part in an exciting research study measuring recovery outcomes related to WRAP!

St. Joseph's  
Healthcare Hamilton

MHRC Hamilton  
20 Jackson St. W.  
Hamilton, ON L8P 1T2  
605-545-2525  
Fax: 905-545-0213










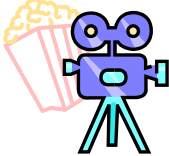

















Oshana Centre  
for Inclusive



Consumer  
Survivor  
Initiative of  
Niagara


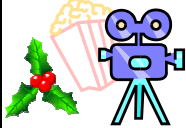




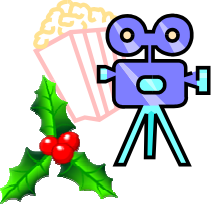












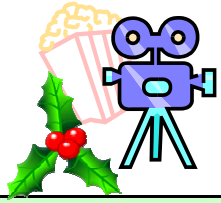






# November 2011

S	Monday	Tuesday	Wednesday	Thursday	Friday	S
		1	2	3	4	5
	<b>MENTAL HEALTH RIGHTS COALITION</b> 	<b>1 Women's Issues Group</b>  <b>Crazy Eights</b> 	<b>Coffee Walk</b> 	<b>Checkers</b> 	<b>10:30 Support Group</b>  <b>Yatzee</b> 	
6	7	8	9	10	11	12
	<b>Air Hockey</b> 	<b>Movie</b> 	<b>Knit / Crochet</b> 	<b>Dictionary Game</b> 	<b>10:30 Support Group</b>  <b>2 Music</b> 	
13	14	15	16	17	18	19
	<b>Current Events</b> 	<b>1 Diabetes education &amp; Crafts</b> 	<b>Members Meeting</b> 	<b>Air hockey</b> 	<b>10:30 Support Group</b> <b>12 Diabetes Education</b>   <b>Wii Fit</b>	
20	21	22	23	24	25	26
	<b>Birthday Party</b>  <b>Dominoes</b>	<b>Farmers Market</b> 	<b>Improv Workshop</b> 	<b>Football Day at MHRC</b>  <b>12—Cooking at Market</b>	<b>10:30 Support Group</b>  <b>2 Music</b> 	
27	28	29	30	<b>Calendar Activities begin at 1 p.m. unless otherwise stated.</b> <b>Walking/Exercise activities are dependent on weather.</b> <b>Please wear appropriate shoes and clothing.</b>		
	<b>Cards</b> 	<b>Crafts</b> 	<b>Karaoke</b> 			

**WRAP Intensive—Please see flyer on page 7**

# December 2011

Sun	Monday	Tuesday	Wednesday	Thursday	Friday	Sat
	<b>MENTAL HEALTH RIGHTS COALITION</b> 	Calendar Activities begin at 1 p.m. unless otherwise stated. Walking/Exercise activities are dependent on weather. Please wear appropriate shoes and clothing.		1 Christmas Movies 	2 10:30 Support Group 12—Cooking at Market Window Shopping 	3
4	5 Karaoke 	6 1 Women's Issues Group  Board Games 	7 Christmas Movie 	8 Euchre 	9 10:30 Support Group 2 Music 	10
11	12 Happy Birthday  Christmas Movie 	13 Christmas crafts 	14 Current Events 	15 Air Hockey 	16 10:30 Support Group 12 Diabetes Education  Wii Fit 	17
18	19 Members Meeting 	20  Diabetes Education Christmas crafts 	21 Christmas Movies 	22 Christmas Party with Music 	23 10:30 Support Group 1 Fun and Leftover goodies 	24
25	26  <b>Closed</b>	27	28	29	30	31 
<p>Peer Support Available</p> <p>Please call 905-545-2525</p> <p>We will get back to you within 24 hours.</p> <p>If you are in crisis please call COAST 905-972-8338 or 911</p>						