

March/April 2010

The Rights Stuff

Mental Health Rights Coalition

Our Mission: To encourage, enable and empower the voice and participation of consumers in the mental health system in Hamilton.

Peer Support Hours:

11a.m- 4p.m, Mon - Fri



This quick and easy recipe from Margie comes with an addiction warning.

See Page 6



Movies and Mental

Staff member Matt Frazer shares his views about how movies help him

cope and about movies depicting mental health issues.

Story on page 6

Inside this issue: 2 Beware the Ides of March and other staff notes Rebranding ODSP 3 4 SAFE—Self Abuse Finally Ends Movies and Mental Health 5 DSM5-input 5 Around the Bay 6 6 Margie's cookies March & April Calendars 7 &8





The Ontario Disability Support Program has not always had a very positive image and clients who use the service—many of whom are

mental health consumers—are often critical about the poor treatment they receive and about the lack of understanding and caring offered.

On Thursday, March 11 and again on May 13 representatives from ODSP will be visiting MHRC to speak to members and staff about the services they offer, to answer questions. The information session will take place at 1 pm and is open to anyone who is interested.

Also in this newsletter on page three is information about the recent changes to the ODSP web site.

In recent years ODSP has instituted many changes to their system which include making room for people to ease back into work and still maintain a portion of the ODSP income and health benefits.

Now, with the introduction of a fairly "user friendly" and interactive web site clients who are wanting to get into the work force and their potential employers can find good resources and what appears to be a much more positive attitude toward helping ODSP recipients succeed.

See page 3 for more



An Opportunity for Input

The standard diagnostic tool used by clinical supports in mental health is being revised and technology is offering all who are interested the opportunity to give input into those changes. The hot issue for debate in the matter is "risk syndrome" for schizophre-See more on page 5





Around the Bay Roadrace

A Hamilton tradition since 1884—Raising money for St. Joe's Health Care. See page 3 for more info about the March 28th event.

SAFE

Mary Graham is one of the cofounders of Self Abuse Finally Ends in Canada and has many years of experience in Mental Health.



She is presently offering SAFE Groups in Hamilton through the Good Shepherd program at the Barrett Centre.

Mary spoke with MHRC staff and members to explain the program at a special meeting in February.

Note-Mary is also a recipient of the "Courage to Come Back" Award. See more on page 4



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Email: mentalhealthrights@bellnet.ca Google Map

http://maps.google.ca/maps?hl=en&g=20+Jackson+St.+W. tll=43.254609.-79.870522&spn=0.005017.0.009602&z=17

Our Mission is to encourage, enable, and empower the voice and participation of consumer/survivors in the mental health system



Executive Director: Frances Jewell

mhrced@bellnet.ca

Beware the ides of March

Caesar:

Who is it in the press that calls on me? I hear a tongue shriller than all the music Cry "Caesar!" Speak, Caesar is turn'd to hear.

Soothsayer:

Beware the ides of March.

Caesar:

What man is that?

Brutus:

A soothsayer bids you beware the ides of March.

(from Shakespeare's "Julius Caesar")

The term **idūs** (ides) originally referred to the day of the full moon. The Romans considered this an auspicious day in their calendar. The word **ides** comes from Latin, meaning "half division" (of a month) but is probably of non-Indo-Europenan origin.

The **ides of March** (Latin: *Idus Martias*) is the name of March 15 in the Roman calendar. The term idea was used for the 15th day of the months of march, May, July and October. The Ides of March was a festive day dedicated to the god Mars and a military parade was usually held. In modern times, the term *Ides of March* is best known as the date that Julius Caesar was assassinated in 709 AUC or 44 B.C. In William Shakespeare's play Julius Caesar, Caesar is warned to "beware the Ides of March.

Source - Wikipedia

OCAN

I couldn't be happier that it is March. February is without a doubt the longest month for me. It is the shortest in terms of number of days but February seems to never end. Bring on March! But I will beware the ides.

Recently I was invited to be a member of the Ontario Common Assessment Needs (OCAN) Working Group.

The OCAN is a tool that will help assess how a person is doing in life. The tool looks at social determinants such as housing, relationships, and access to food as well as your hopes, dreams and goals.

What's great about this tool is that there is a consumer self assessment component. That means the consumer gets to assess themselves. The assessment always belongs to the consumer and the consumer has absolutely no obligation to participate in the self assessment or to the one con-

ducted staff worker assessment. So when well meaning therapist says "you really should" or "it's for the best if you participate" you can simply say no thanks.

The Working Group is recommending that peer support workers be a major component of the training on implementing OCAN.

Steps to Health

In the last newsletter I mentioned I had signed up for Step to Health a program funded by the LHIN through Good Shepherd. I have been mall walking every Monday morning with out fail since December and just this week I finally had my screening completed. The screening involves documenting waist measurement, weight, blood pressure, blood work and supplying information about general health and family history. I declined to participate in the screening with the exception of general health questions and family history.

hat has motivated me the most to become involved in Steps to Health is the free membership at the YMCA. I don't have the membership card yet but I am very excited about the prospect of having access to a weight room and professional fitness trainers.

Check out the Steps to Health calendar on our web site for a full list of events.



Give Us A Call! A Peer Support
Worker is available

Monday to Friday, 11a.m.-4p.m.

905-545-2525

703-343-2323

training with training which is particular to their agency.

The second stage of this OPDI program is the training of trainers. Some of those taking the peer support training now will be chosen to go on to the next stage.

While funding for the continuation of this program has not been secured OPDI and the consumer agencies it represents are hopeful that money will begin to flow to make this possible.

On a personal level I am excited about this program. It is something I have been working toward for about eight years. I am so happy to be part of this and I believe heartily that it is the next step in giving the work of peer support credibility as a vital part of the continuum of care in mental health and addiction.

Page 2



Program Coordinator Peggy Guiler-Delahunt

mhrcprograms@bellnet.ca

I do believe "training" is coming out of my ears these days. I am privi-

leged to offer training programs but am now also the happy recipient of a new training program being offered by the Ontario Peer Development Initiative (OPDI).

About 27 of my peers in similar agencies from around the province are involved in this training. We took the first one week intensive in Toronto in January and the second part in February. We are also required to do 50 hours of peer support as part of the course.

This Peer Support Training has been in the works for many years and this year OPDI received Ontario Trillium funds to make it a reality.

I am thrilled to have been selected to par-

ticipate in this premier of the training .

It is the hope of OPDI that this training program will be the first of many which may be offered to consumers who are interested in taking on roles in the peer support field. Having training which is standardized, recognized and available across the province is an important element of this training but also important is that it is facilitated and "owned " by consumers.

Because Peer Support is now built into the 10 year plan for Mental Health Care (See Every Door is the Right Door) consumer agencies expect that other service providers will begin to jump on the proverbial band wagon and try to offer peer support. It is my belief that only consumers should be offering training in peer support. Service providers who hire us as peer support workers may compliment that

March/April 2010

Rebranding of ODSP

By Peggy Guiler-Delahunt

When an organization has experienced difficulty with their reputation, have gone through a "slump" or have other reasons to update their image they have to deal with internal issues and make changes which will improve their credibility. They also need to rebuild their public image by putting on a "new face" which won't be confused with the way they were before. This process of creating a new image is referred to as "branding".

This article discusses the recent "rebranding" of the Ontario Disability Support Program.

The Ontario Disability Support Program (ODSP) is now taking seriously their role in promoting the welfare of its clients and has taken a huge step in rebranding itself as an organization which encourages and provides support for those who are on disability and would like to find ways to participate in the work force.

The new "Don't Waste Talent" web site is designed to help Ontarians with disabilities explore employment opportunities and to help potential employers change their attitudes and environments to support employees with disabilities.

(http://www.mcss.gov.on.ca/talent/)

OPSP Client Pages

A first step for clients on the site is to find the interactive "What you have to offer" section. This fun exercise walks clients through the building of an acronym of their particular disability which points to the strengths they have to offer. If your disability is "depression" you might end up with an acronym like the one in the centre of this page. For each letter there are several words which reflect positive attributes. Visitors check off the words which seem to best suit them and are prompted to. "Print"

"...be the person, not the disability."

this out and keep it as a reminder to be the person, not the disability."

The next step on the site is to learn what help is available. With a little clicking, site users will find out what sorts of income supports are available to those with disabilities and how ODSP benefits and deductions work. There are also links to information about: child care benefits for working parents; \$500 for employment start up; transitional health benefits and rapid reinstatement for those who might become too ill to continue work and need to go back on the benefits.

There are several videos available of people who have been successful in finding work. There is also information about how to report your income and receive an extra \$100 a month if you are working and on ODSP. Clients are even asked to share

Below is an acronym for Depression as it might be constructed on the new ODSP web site.

D etermined

E asy-going

P assionate

R eliable

E nthusiastic

S elf-confident

S ensitive

I nsightful

O utgoing

their success stories so that others with disabilities can be encouraged by them.

Employer Pages

The "AccessOn" pages for employers revolve around the new requirements for equal access to employment for the disabled. Legislation passed in 2008 requires that by January 1 of 2010 businesses and organizations which provide goods and service to the public in Ontario are required to comply by January of this year. They will



"ODSP recognizes that people with disabilities can—and want to—work."

have to make reports beginning March 31 about how they are doing with the new rules.

The AcessOn pages give information about the legislation and supports available to help with complying.

Some of the services available to help employers meet the new standards for employment are: job matching; job development; job trials; job coaching; on the job training; accommodation assistance for modifications which may be required to the working environment; disability awareness training; and accessibility assessments.

Of note for the purposes of destigmatizing are facts and even posters which promote the abilities and dependability of those with disability.



Myths and Facts

(based on those offered on the ODSP Web Site.)

There are 1.85 million Ontarians who live with disabilities. That is 1 in 7 and with an aging population that number is on the rise.

Myth—people with disabilities can't keep up with their work and take sick days more often

Fact: Studies show employees with disabilities are just as productive and dependable ...and staff retention is 72% higher. This equals millions of dollars of saving in hiring and training costs.

Any mental health or addiction consumer needing to access this site who does not have computer or internet use is welcome to become a member at MHRC and use our computer.

SAFE



Self Abuse

Finally Ends

By: Peggy Guiler-Delahunt

Photo: Wayne Leidenfrost - The Province

SAFE bases it's program on the premise that self abuse is "a behaviour not an illness" says, founder and facilitator Mary Graham.

Speaking to a gathering of members and staff at the MHRC offices in February, Mary explained the SAFE program which is presently being offered through the Barrett Centre.

Explaining what self abuse is, Mary says, "We all do it—smoking, over exercise, over eat, over work... " She suggests it is not just limited to those who engage in cutting or suicidal behaviours. She adds that self abuse is not always just about relieving internal pain but that it can also be "a reaction to anger, boredom or loneliness."

One of the rules when attending the SAFE group is that no one shares any of the details or methods of their self abuse or about suicide attempts. This helps even the playing field and keeps people from learning new methods of self abuse Mary explains. "We also never talk about diagnosis and we have no similarity to the medical model," she says. Because of this Mary believes the program has value for anyone who engages in any sort of self abusive behaviour.

"People change in their behaviours in their own time" and "change is uncomfortable," says Mary. She offers the analogy of quitting coffee. There is always discomfort of headache and withdrawal so the easier way is to change a little at a time rather than "cold turkey".

"People are not hopeless or helpless" says Mary. "We can change".

The 12 –14 week SAFE program offers is flexible in it's length Mary says, because the group sometimes need more time to work

Mary Graham, cofounder of SAFE in Canada was the 2004 recipient of British Columbia's "Courage to Come Back" award in the category of Mental Health. This award is given to BC residents who "demonstrated inspirational achievements overcoming the challenges of living with a major mental illness and who has given back to his or her community."

Mary has pioneered SAFE in Canada and also was instrumental in setting the program in Australia Mary now lives in Hamilton and is offering SAFE support groups through the Good Shepherd Program at the Barrett Centre.

For more info on the Barrett Centre visit their web site at:

http://www.goodshepherdcentres.ca/Programs/barrett.htm

through things.

A workbook is provided to people for their use and they also learn to use many tools to help them in their journey.

A 'Self Soothing List" is something which each participant is asked to develop over the course of the program. At the bottom of the list of things which make them feel better is what ever they do to self harm. It could include things like going for a walk, reading, helping someone else, journaling, or taking a bath. It is anything people can do to replace the behaviour which harms

Mary explains that unlike the "Harm Reduction Model" this program does not promote any sort of infliction of pain like snapping an elastic on the arm. She sees these as negative reinforcers. What she wants to see on people's lists is the things which make them feel good and good about themselves.

Another behaviour which the group focuses on changing is self deprecation. No one is allowed to "put themselves down because that keeps you ill," says Mary.

When the group meet they do not talk about history.

The focus is on change and people work through the program and develop their own tools for changing their behaviour. They talk about stresses, self care, anger, triggers, and self talk.

Family and friends are encouraged to lend their support by attending a family night and also by giving positive affirmations.

The program works for those "who want to work" says Mary.

Mary is quick to tell that the program is not a replacement for other clinical supports like psychiatrists but she also points out that "meds don't stop people from self harm and

are actually often a tool for more self harm.

The SAFE program is being offered about three times a year through the Barrett Centre. It is open for the first two weeks and then closes until the end. Once someone has gone through the program they are always welcome to come back says Mary. With a few people already finished, Mary is now looking at beginning some grad groups for ongoing support to those who have been through the program.

Mary notes that the Barrett Centre, a program of the Good Shepherd in Hamilton, is a beautiful place and a wonderful atmosphere to hold the meetings.

Barrett
Centre for
Crisis
Support



Phone: 905-529-4343

Fax: 905-529-3993

24/7 Information Support and Referral Line

905-529-7878

Information Support and Referral Line

905-529-7878



By Matt Fraser

I can say that watching movies is one of the main coping tools in my life. When I am watching films it is a retreat into another world. I used to rent every day up to six films. I also have a huge collection of DVD's so I can go back and watch my favorites any time I wish.

I really love the special features, features and documentaries on most DVDs. They offer a wealth of information about how a movie is written, how they use story boards to map out the action and continuity of the story line.

Nowadays they use a lot of computer generated images or CG to enhance and create characters as well as environments. The best example so far is Avatar. Not only does the story compel you but the main charac-

Movies and Mental Health

ters which are entirely computer generated appear photo real. Also in 3-D the experience is astounding. The possibility of future films improving image wise is most certain.

The standard for movies in all genres has increased and I expect great things are coming.

Films About Mental Illness

These films put images to the words, voice and experience of so many who are afflicted by conditions with debilitating symptoms. If more people understand the level of care will improve and the stigma will be diminished.

There are few films about mental illness that have been most compelling. "A Beautiful Mind", with Russell Crowe playing John Nash is based on a real life mathematician who develops schizophrenia.

I feel they have captured the experience of the illness in their portrayal of his desent into dark thoughts and wild delusions. John Nash became ill in a time when medical procedures were fairly limited to electro shock and insulin injections.

John Nash went on to win the Nobel Peace Prize for Mathematics in spite of his decision to go untreated for the illness.

Another film which addresses mental health issues is "The Soloist" with Robert Downey Jr. and Jamie Fox. They depict the real life experience of a columnist with LA Times and a homeless man who is a gifted musician.

The writer overhears the homeless man playing a violin with only two strings and is amazed at the sound evoked.

The two form a friendship which changes both their lives. They are still friends today.

The film tells the tale of the musicians childhood, the breakdown of his mental state but most importantly of his recovery.

These films put images to the words, voice and experience of so many who are afflicted by conditions with debilitating symptoms. If more people understand the level of care will improve and the stigma will be diminished.

DSM—5 Have some say in the shaping of mental health diagnosis

The Diagnostic and Statistical Manual of Mental Disorders publication (DSM), currently under revision is making it possible for anyone who is interested in participating to have input into the decisions of the committees who are working toward publication of the new DSM in 2013.

The DSM is a diagnostic tool used published by the American Psychiatric Association is recognized by mental health professionals around the world. It contains descriptions, symptoms, and other criteria for diagnosis of mental disorders. The publications provides a common language for the clinical professionals. It does not offer any treatment options.

Some of the changes under consideration for the new version are: Post Traumatic Stress Disorder, Gender Identity Disorder, non substance addictions like gambling and the internet, suicide risk assessment, boundaries between bipolar and unipolar depression.

The suggestions for the addition of "risk syndrome" for psychosis is one which is proving to be very controversial because about 70 percent of those who are at risk.

Also under consideration are some are changing terms like "mental retardation" to "intellectual disability" and "substance abuse" to "addiction"

First published in 1952 the DSM4 was printed in 1994.

To take part in the process you must register on line and give your name and address.

To visit the web site go to http://www.dsm5.org



Thanks

Mental Health Rights Coalition members and staff would like to thank the Westdale Second Cup for their generous donation of Christmas gifts for all who attended our annual Christmas party. The package which included several second cup products was a real treat. Many of us our now converts to the fabulous Hot Chocolate.



Around the Bay Road Race

- a fundraiser for St. Joseph's Healthcare

Anyone who likes to walk and who would like to have a part in contributing to the St. Joseph's Healthcare foundation still has opportunity to register for the 116th Around the Bay Race.

All the spots for the 30 km race and the relay are full but there are still openings for those who would like to take part in the 5 k walk.

This road race has been taking place in Hamilton since 1894 and attracts marathon enthusiasts from around the world.

Participants are asked to collect pledges for funds which will be used to enhance patient care, medical research and innovative equipment. If you don't run or walk you may participate by sponsoring a participant. For more information on the road race visit their web site at

http://www.aroundthebayroadrace.co m/index.htm

It's fun. It's easy. It's for a great cause. Go the extra mile for your health and the health of your community.

Race Times

- 30km WALK 8:30am
- 30km RUN and RELAYS 9:30am
- 5km 9:45am

Graham Cracker Cookies

Thanks Margie for this great recipe.

Taking a quick look at similar recipes on the internet it is noted that there are many variations on this recipe. Others have replaced the almonds with a great variety of other nuts along with coconut and even marshmallows. Seems the sky is the limit. All you have to be careful of is not to

add so much that they don't stick together any more. A similar recipe even added chocolate chips to the top when the cookies are fresh and hot from the oven. The chocolate melts. Then spread it out and let stand until cool before braking into pieces. These tasty treats are a hit at family events and it's an inexpensive and simple take along for pot lucks or even as a house gift when you are going to visit.

One recipe came with a warning—"Highly Addictive"

18 graham crackers

I cup butter

I teaspoon vanilla

1/2 to 1 cup sliced almonds

Line cookies sheet with crackers

Boil butter and brown sugar for 2 minutes and remove from heat

Add vanilla

Pour over crackers and sprinkle almonds on top

Bake at 350F for about 1/2 hour

Cut or break into pieces (don't burn your fingers)

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 other interested partners in mental health and the community about issues and events which may be of interest. Included is a calendar of events for the upcoming month at MHRC.

The Rights Stuff is available to our members via mail and to others as requested via email a n d o u r w e b s i t e a t: 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.

Support Group

This Consumer Group meets twice a month to talk about things of interest.

All consumers of Mental Health and Addiction are welcome 1st and 3rd Tuesday of each month

11-12

Facilitator:
Jennifer Armstrong



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14	15	16	17	18	19	20			
	Walk About	11am Support Group Communication Skills Crafts	9:50 Meet to attend Y (StH) Members Meeting	Cribbage	Movies				
21	22	23	24	25	26	27			
	Air Hockey	Yahtzee	9:50 Meet to attend Y (StH) Pictionary	Birthday Party	Steps to Health Wii—Athon				
28	29	30	31	Calendar Activities					
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	Mental Health Rights Coalition— 20 Jackson St. W., Suite 206 A., Hamilton, ON L8P 1L2 Phone: 905-545-2525— Facsimile: 905-545-0211 Email: mentalhealthrights@bellnet.ca								

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