



November/December 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
Except Holidays



Kevin Daniel Flynn, the Chair of the Select Committee on Mental Health and Addictions and Christine Elliot (Vice Chair) and PC Health Critic address the OPDI Conference in Toronto in October. Photo by Raymond Cheng, OPDI

Select Committee Final Report will change the face of Mental Health and Addictions in Ontario

Comments about and excerpts from the Select Committee on Mental Health and Addictions Final Report. Pages 4 & 5

Social Determinants of Health - The Canadian Facts

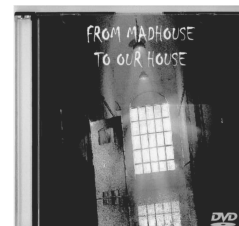
See page 4

Marijuana and mental health

Details on page 6



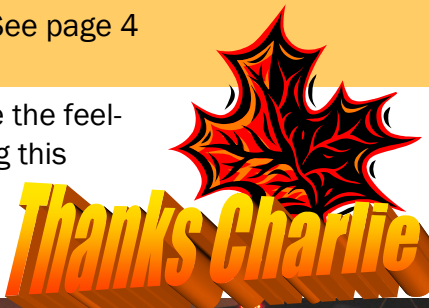
From Mad-house to Our House



Longitudinal Study of Consumer/Survivor Initiative in Community Mental Health in Ontario available on line. Details on page 6



Annoyed might describe the feelings staff are expressing this month about the treatment of consumers. Page 2 & 3



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Frances V. Jewell, Executive Director of MHRC and Charlie Pipe, municipal candidate pose with members of the comedy troop who performed at "Walt's" on October 21. Proceeds from the event were donated to MHRC.

Photo by Daniel Wintermans

11 THINGS I'VE LEARNED FROM OTHERS:

By Dan Smith—Page 6



A letter in praise from Naki—Page 6

Flu Season

What's the difference between bird flue and swine flu?



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<http://maps.google.ca/maps?hl=en&q=20+Jackson+St.+W.+Hamilton+file:///C:/Users/charlie/Desktop/UT8&ll=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 V. Jewell

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With the Hamilton Municipal Election over

perhaps we can move on to more pressing items such as tackling poverty addressing infrastructure issues, failing sewers, crumbling buildings and the more than obvious fact Hamilton does not have money for a Pan Am stadium.

I was surprised by the overwhelming support for Bob Bratina in light of his often abrasive demeanor. Bratina has represented the Ward I live in for several terms and I felt he never really accomplished much. Bratina did however go to bat for Pearl Company in having building zoning challenged for arts groups.

What I best remember Bob Bratina for is his offensive comments about an "indefinable group" in the downtown area. He said, "We also have to deal with the people who have taken control of downtown by squatters' rights. They're an indefinable group, not winos, not bums, but it's daunting for other people who go down there."

What I best remember Bob Bratina for is his offensive comments about an "indefinable group" in the downtown area. He said, "We also have to deal with the people who have taken control of downtown by squatters' rights. They're an indefinable group, not winos, not bums, but it's daunting for other people who go down there."

Comments like that are everlasting in my mind and I have a difficult time for-

giving ignorance and bigoted remarks. Bratina says what he thinks, sometime to his discredit.

I too, say what I think and have to done so many times over the past while in an effort to affect changes in the attitude toward consumers of mental health and addiction.

Does that approach work toward informing system change and challenging service providers to include mental health and addiction consumers in consultation?

Daily I experience varying degrees of frustration around the lack of consultation service providers carry out with consumers. One thing can be said for sure, service providers must be increasingly aware that consumers are frustrated with being asked the same questions time and again only to be ignored.

Am I respected for telling it like it is and letting service providers know people with lived experience should have a strong and vital voice in what happens to them and for them? I don't feel respected because the same bad B movie keeps replaying. Again I find my self asking why there is such resistance to asking, listening and acting on consumer feedback.

Thanks to Charlie Pipe

The Mental Health Rights Coalition is very thankful to recent municipal candidate, Charlie Pipe, for his generous donation of fundraising dollars to our organization.

Besides the money raised Charlie also invited MHRC members and staff out for a fun night of comedy and karaoke at Walt's in Jackson square.

Pipe's response to our request for "free admission" for our members was swift and generous.

There was lots of laughter and an opportunity to be part of an event which many would not ordinarily have had if the seats had been

I would like to hear feedback from the persons with lived experience about how we can encourage and engage service providers in a more effective manner. Let me know what you would like service providers to understand about engaging you in consultation. Please drop me an email, letter or come and ask a peer support worker to help you jot down a few ideas you would like me to relay to service providers.

On another election note, MHRC would like to thank Charlie Pipe, Ward 2 candi-

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date for donating the proceeds from his comedy night fundraiser on October 21 at Walt's in Jackson Square. Charlie said after reading the Spectators Code Red series MHRC was a natural fit to receive the proceeds of the fundraiser.

MHRC and its members are grateful to Charlie for recognizing and supporting peer support and consumer survivor movement.



free.

Thanks Charlie, we can only hope that the generosity of spirit you have shown to mental health and addiction consumers is one which those who have been elected will begin to emulate



Program Manager

Peggy Guiller-Delahunt

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I hope for days when we don't need advocates

In my moments of wild dreams I envision a society where advocacy is no longer necessary. Where people don't try to get out of doing what is right. Where taxpayers and bureaucrats understand that people with mental health and addiction issues do not choose to have those issues. Two times in the last week my faith in "the system" has been challenged. The incidents discussed below give credence to the idea that stigma for mental health and addiction consumers is rampant. The need for advocacy and intervention to protect the rights of this vulnerable population needs immediate attention by all levels of government and by all citizens.

For most of us there may have been a moment in our youth when bad decisions led down a road which caused pain and regret but I can't think of one person with a mental illness or an addiction who has made a conscious decision to be saddled for all their lives with an illness which controls them more than they can control it.

...action in the Ontario Court of Appeal gives cause to reassess whether ODSP truly wants to serve Ontarians with disabilities caused by Mental Health and Addiction.

Advocates needed at Ontario Disability Support Program (ODSP)

In the March /April edition of "The Rights Stuff" we presented a story which congratulated the Ontario Disability Support Program (ODSP) for working to change their image to one which is more consumer friendly.

Recent action in the Ontario Court of Appeal gives cause to reassess whether ODSP truly wants to serve Ontarians with disabilities caused by Mental Health and Addiction.

A publication from Canadian Mental Health, Mental Health Notes - October 14, 2010 explains that the Ontario court sup-

ports a previous ruling by the Supreme court of Canada saying, "...it is discriminatory to deny benefits to claimants of the Ontario Disability Support Program (ODSP) if their disability is caused solely by substance abuse."

Rather than ODSP spending so much money disputing the two individuals in question in this ruling, the money might have been more wisely spent initiating programs which are responsive to the needs of those with addiction issues.

One of the big issues for those wishing to receive treatment for addiction is that when they express the desire to get into a program they have to wait for months, even years, before the doors to the programs open. By then the readiness for change often evaporates into more social and physical devastation, making it much harder to move forward and respond positively to treatment.

Advocates Needed in the Handling of Health Care documents for veterans

On October 7 the Office of the Privacy Commissioner of Canada released information about an investigation of "serious mishandling of a veteran's personal information." http://www.priv.gc.ca/media/nr-c/2010/nr-c_101007_e.cfm

A subsequent interview on CBC radio with the Sean Bruyea, the veteran who made the complaint, identified the information which was shared was mostly about mental health including the number of visits he had with psychiatrists, medication he was taking for post traumatic stress and even information about the possibility of couple's counseling.

In a news conference in Winnipeg, Prime Minister Stephen Harper said, "our veterans are people who have put their lives on the line for this country and it is completely unacceptable that rules are being broken in this manner."

I would submit to Mr. Harper that every citizen deserves the same respect and that the rules should not be broken by anyone about anyone.

Advocates needed on the home front

In my office over the past few months I have had professionals from other agencies call or visit, concerning service they required for

their clients. When they called they immediately began to give information about that client's diagnosis and other personal information which I really didn't require. In one case the worker waited until the client was in another room to discuss them with our workers.

I recognize the good intent of these support workers but have to stop them from sharing information and ask for directives giving permission to speak with me or anyone else in our office about this individual.

In the training we do for peer support at MHRC we spend a great deal of time talking about confidentiality and the importance of maintaining it.

We talk about why we are tempted sometimes to breach confidence. One of the reasons is that information is power and knowing something that others don't know can make people feel superior.

Sharing private information about anyone is certainly damaging to that person's reputation and well being but it also strips them of their power.

At MHRC we do not want to know what people's diagnosis is. It is not important in the work we do. We support people and try to help them meet their needs. We don't need a diagnosis to do that.

In a patriarchal system of health care, where the doctors and other supports believe they know best, the sharing of information is not given a second thought. There can often be an attitude that suggests the professionals have the answers and they know what is best for the person.

In a system which is truly person directed, or recovery oriented we are supposed to put the person in a position of deciding what treatment and discussions they will permit.

In a system which is truly person directed or recovery oriented we are supposed to put the person in a position of deciding what treatment and discussions they will permit.

"Nothing about us without us" has to become the cry of mental health and addiction consumers and their advocates and governments need to take action to ensure the consumer voice.

Report on What Determines Health

The following press release regarding "Social Determinants of Health: The Canadian Facts" appeared in April upon release of the report. The report was published by York University.

Denis Raphael, one of the researchers, said in his email introduction to the report, "Contrary to the popular belief that Canada is a caring nation with strong supports for citizens, the report shows that Canada has one of the worse records among wealthy developed nations in providing Canadians with the conditions necessary for health. These supports are eroding with significant effects on Canadians' health."

The primary factors that shape the health of Canadians are not medical treatments or lifestyle choices but rather the living conditions they experience. These conditions have come to be known as the social determinants of health. This information – based on decades of research and hundreds of studies in Canada and elsewhere – is unfamiliar to most Canadians. Canadians are largely unaware that our health is shaped by how income and wealth is distributed, whether or not we are employed and if so, the working conditions we experience.

Our health is also determined by the health and social services we receive, and our ability to obtain quality education, food and housing, among other factors. And contrary to the assumption that Canadians have personal control over these factors, in most cases these living conditions are – for better or worse – imposed upon us by the quality of the communities, housing situations, work settings, health and social service agencies, and educational institutions with which we interact.

Improving the health of Canadians requires we think about health and its determinants in a more sophisticated manner than has been the case to date. *Social Determinants of Health: The Canadian Facts* considers 14 social determinants of health:

1. Income and Income Distribution
2. Education
3. Unemployment and Job Security
4. Employment and Working Conditions
5. Early Childhood Development
6. Food Insecurity
7. Housing
8. Social Exclusion
9. Social Safety Network
10. Health Services
11. Aboriginal Status
12. Gender
13. Race
14. Disability



The publication outlines why they are important; how Canada is doing in addressing them; and what can be done to improve their quality. The purpose of the document is to provide promote greater awareness of the social determinants of health and the development and implementation of public policies that improve their quality

<http://www.thecanadianfacts.org/>

Select Committee Final Report

In the summer of 2009 hopes were high for mental health when then Minister of Health and Long Term Care, David Caplain held a mental health summit and introduced a 10 year plan called "Every Door is the Right Door".

Those hopes were soon dashed when the minister was discharged of his duties because of the "eHealth" scandal.

It seems now that some of the hope may have returned and that Caplain's efforts were not all lost.

An all party committee of the Ontario government has recently published a final report which promotes a major overhaul to mental health system in Ontario.

There are 23 recommendations in the final report. The authors opening comments state, "...we are now convinced that a radical transformation of mental health and addictions care is necessary if Ontarians are to get the care they need and deserve. They add, "...those experiencing a mental illness or addiction are ignored, stigmatized, and lack the social power to demand change."

Notable in the recommendations is a repeated promotion of the use of peer support as a viable "supportive care". They speak of peer supporters as being "system navigators" and suggest that peer support has a role in many sectors including crisis response.

Also of note is a focus on addressing the stigma experienced by mental health and addiction professionals particularly in the issue of compensation. For those who are the very bottom of the mental health pay scale—consumer survivors—this brings light to a hope long held. (Recommendations page 6)

If you or your group think peer support training is something which would benefit your programs please contact MHRC for more information.

Navigating the Journey to Wellness—A report from the Select Committee on Mental Health and Addictions

For the sake of space the editor has used acronyms and removed page references from the document.

For the full report visit http://www.ontla.on.ca/committee-proceedings/committee-reports/files_pdf/Select%20Report%20ENG.pdf

CONSOLIDATED LIST OF RECOMMENDATIONS

1. A new umbrella organization—Mental Health and Addictions Ontario (MHAO), responsible to the Ministry of Health and Long-Term Care (MHLTC)—should be created to ensure that a single body is responsible for designing, managing, and coordinating the mental health and addictions system, and that programs and services are delivered consistently and comprehensively across Ontario. And All mental health and addictions programs and services—for all regions of the province and for all ages, including children and youth—should be consolidated in the Ministry of Health and Long-Term Care. (See detailed recommendations regarding MHAO's mission statement, strategic goals, and responsibilities in the body of the report.)
2. MHAO should ensure that a basket of core institutional, residential and community services is available in every region of the province for clients of all ages, identify gaps, and eliminate duplication. Referral patterns must be put in place for the provision of those specialized services only available outside of a region. Each region must also have sufficient capacity to care for clients with concurrent disorders.
3. Clients and their families should have access to system navigators who will connect them with the appropriate treatment and community support services (e.g., housing, income support, employment, peer support, and recreational opportunities). Those with continuing, complex needs should be supported by a plan that will lead them through their journey to recovery and wellness, particularly on discharge from institutional or residential treatment. (pp. 6-7)
4. MHAO should conduct an assessment of the need for acute care psychiatric beds for both children and adults by region.
5. MHAO should ensure that primary care providers and relevant staff in all levels of the education and long-term care systems have access to common, age-appropriate, evidence-based assessment and screening tools.
6. MHAO should facilitate the creation of more 24/7 mobile crisis intervention teams.
7. MHLTC should expand and do more to publicize Telehealth Ontario's ability to respond to callers with mental health and addictions issues.
8. MHAO should work with the MHLTC to review emergency department protocols in order to increase their capacity to deal effectively, efficiently and sensitively with people appearing with mental health and addictions issues, and when appropriate, redirect or connect them to community-based services and supports.
9. Primary care providers should be given the proper tools and support to enable them to develop a greater sensitivity for the mental health and addictions needs of their patients. This can take such forms as part of formal academic programs or continuing education.
10. All interdisciplinary primary care models should include a mental health and addictions treatment component (e.g., social worker, psychiatrist, psychologist or mental health worker).
11. MHLTC should immediately address the problem of addiction to pre-

scription painkillers.

12. MHLTC should examine further changes to the family physician remuneration model to focus on improving access to and the quality of primary care for people with mental illnesses and addictions.

13. MHAO should ensure, coordinate and advocate for the creation of additional affordable and safe housing units, with appropriate levels of support to meet the long-term and transitional needs of people with serious mental illnesses and addictions.

14. MHAO should ensure that institutional and community-based service providers actively seek to involve peer support workers in all aspects of service delivery and take advantage of the Ontario Peer Development Initiative's Peer Support Toolkit Project that will enable peer support organizations to accredit peer workers.

15. MHAO should work with employers and community-based service providers on strategies to increase employment opportunities and supports for people with mental illnesses and addictions.

16. MHAO should provide for the increased availability of respite care to allow family members the time and freedom to pursue personal, social and recreational endeavours in order to maintain their own mental health. It should also monitor the progress of the Mental Health Commission of Canada's Mental Health Family Link program's peer support project for family caregivers, and adopt best practices.

17. The services of court mental health workers should be made widely available across all regions of Ontario, in order to divert more individuals with a mental illness or addiction out of the justice system and into appropriate mental health and addictions services and supports.

18. Additional Mental Health, Drug Treatment, and Youth Mental Health Courts should be created across all regions of Ontario, to provide more appropriate services for individuals with a mental illness or addiction. The Ministry of Community Safety and Correctional Services should direct police forces across the province to provide training for officers who may encounter people suffering from mental illnesses and addictions.

20. The core basket of mental health and addictions services should be available to the incarcerated population, and discharge plans for individuals with a mental illness or addiction should be expanded to include the services of a system navigator and appropriate community services.

21. MHLTC should create a task force, incorporating adequate representation from, among others, mental health clients and their caregivers as well as mental health law experts, to investigate and propose changes to Ontario's mental health legislation and policy pertaining to involuntary admission and treatment. The changes should ensure that involuntary admission criteria include serious harms that are not merely physical, and that involuntary admission entails treatment. This task force should report back to the Ministry within one year of the adoption of this report by the Legislative Assembly.

22. The task force created to investigate and propose changes to Ontario's mental health legislation and policy should also investigate and propose changes to the *Personal Health Information Protection Act, 2004*. The changes should ensure that family members and caregivers providing support to, and often living with, an individual with a mental illness or addiction have access to the personal health information necessary to provide that support, to prevent the further deterioration in the health of that individual, and to minimize the risk of serious psychological or physical harm.

23. The Legislative Assembly of Ontario should review progress on the implementation of the recommendations in this report within two years of its adoption.

This document and action it provokes deserves special and ongoing attention by consumers who will be affected by it. MHRC is committed to giving voice to input on Ontario's response. We welcome comment and will continue to offer information and about the process.

News Bites



Use of Marijuana linked to many mental health issues

The use of marijuana has previously been linked to the onset of schizophrenia but a new study from the Centre for Addiction and Mental Health (CAMH) shows that “people who use cannabis may also be at risk for developing anxiety and mood disorders.

“This result was something we didn’t expect to see,” said Dr. Robert Mann, CAMH Senior Scientist and investigator on the study. “We thought that the data would likely show a posi-

tive correlation between use and psychiatric disorders – with rates of anxiety and mood disorder increasing with use – but these results show that the frequency of use is not necessarily the only factor affecting the rates of these disorders.”

The article on the CAMH web site says, “The reason for this result may lie in a person’s genes. “We know that with a mental illness such as schizophrenia, there is no threshold for use. If a person is genetically predisposed to developing schizophrenia, any level of cannabis use can hasten the onset – this may be the same case here,” added, Dr. Mann.

The article encourages professionals who treat people who use cannabis should be alert to the increased likelihood that these people may also be living with psychiatric disorders.
http://www.camh.net/News_events/News_releases_and_media_advisories_and_backgrounders/Cannabis_links_mood_anxiety.html

“The Downside of High” a Canadian Broadcasting Corporation documentary narrated by David Suzuki, is a 45 minute accounting of studies which link cannabis and schizophrenia. First screened in January 2010, the video discusses extensively the difference in the substance from the 60’s until now. It also states that teens who use cannabis before the age of 16 are four times more likely to become psychotic. The documentary is available at
http://www.cbc.ca/video/#/Shows/The_Nature_of_Things/1242300217/ID=1398511775

Focus on Focus Groups

There are many issues coming to the forefront which are going to impact consumers and Consumer Groups.

In an effort to share information and gain perspective MHRC will be offering opportunities for members to have their say.

The focus will be on

- The Ontario report from the Select Committee on Mental Health and Addictions. (details on pages 4 & 5)
- Consumer Input and participation in consultation process (some info on page 2)
- Evaluation of the services of MHRC

Dates for these discussions will be posted in the next newsletter and on our web site.

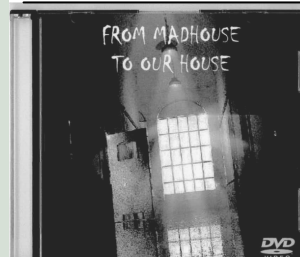


On September 21, 2010, Bell announced the launch of a multi-year charitable program dedicated to the promotion and support of mental health across Canada. The five-year, \$50 million initiative is said to “support a wide range of programs that will enhance awareness, understanding and treatment of mental illness and promote access to care and research across the country.” The press release states, “Often invisible, mental illness is one of the most pervasive health issues in the country with far-reaching consequences for every Canadian. One in five people will experience a mental illness at some point and most will be reluctant to talk to a co-worker, friend or family member about their struggle, let alone seek treatment. While you may never experience mental illness first-hand, it is likely that you know someone who will. Bell’s Mental Health Initiative will focus on anti-stigma, community care and access, workplace health and research.

For more information visit their site;
<http://www.bce.ca/en/community/index.php>

From Madhouse to Our House on You Tube

Longitudinal Study of Consumer/Survivor Initiative in Community Mental Health in Ontario



An evaluation project to study the effectiveness of Consumer/Survivor Initiatives (CSI) in Ontario. Four CSIs participating include Waterloo Region Self-Help, Mental Health Rights Coalition in Hamilton, Consumer/Survivor Initiative of Niagara and Cambridge Active Self-Help. The study was conducted by the Centre for Community Based Research.

<http://www.youtube.com/watch?v=gnTJYtzlVkc>

<http://www.communitybasedresearch.ca/index.html>

Mental health and/or addiction consumers needing to 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 mental health/addiction consumers.



11 THINGS I'VE LEARNED FROM OTHERS:

By Dan Smith

1. Trust your gut instinct; if the project you are contemplating seems solid - move ahead; this works in both your personal and professional life.

There is only one person who will allow anything to happen, good or bad, and that is YOU. The holder of the magic key is you; all that is possible to achieve just takes but a second to dream and a lifetime to express.

2. Make sure you believe in yourself. Let's face it; if you don't believe what you are either saying or doing.....chances are really good you won't be able to sell anyone else on your ideas either.

3. The best representative in your brand or reputation isYOU!! This means every decision you make will lead to something and placing the blame on others because you suffer a setback is wrong. At the end of the day no one will take responsibility for you; so now you need to pony up and accept all responsibility, good or ill. The only thing in this life that is truly yours is your reputation. The better you think of yourself; the better others may think of you; the more others may wish to be around you.

4. Personal Branding is Key! Every decision you make reflects on you and your image! Really! If you don't take the time to carefully mull the decisions over before you make them; then it is possible (and really probable) that you will repeat all the mistakes of others.

5. Commit to yourself that every motion will somehow move you forward. You may end up at the destination later than planned, but you will get there.

6. Stop living for others and start living for you. This is really the toughest to achieve, because all of us care about how we are thought of, and what impression we will leave behind. But at the end of the day it's best that we leave others to live their own lives and just worry about our own.

7. Every morning ask yourself: Am I going to give everything my absolute best today? If not, please roll over, take a 15 minute snooze break and start over with that question. HINT: anything less than your best is second rate - You deserve better.

8. Time is the most valuable resource you own. Once it has been given away, you can't take it back so really try to put your best foot forward every single day.

9. You can find all the answers. Try looking in the last place you expect to find them and chances are that's where they will be.

10. Never be too afraid to get a second opinion. After all, it's just an opinion and

you don't have to follow it.

11. Live every moment to its fullest. I know this is banal and over-used.....We really don't know how long we will be around; and living a life with regrets or could-have-beens isn't acceptable to others, so it shouldn't be acceptable to you.

This is what I feel were the lessons of the day. I hope someone can take something out of this and share it with others..... The world will be a much better place.

Dan's personal blog appears at:

<http://thedanielismith.wordpress.com>

A Little Yarn

One of our members who enjoys crochet is willing to make scarves etc. for people if they will bring yarn in to work with. We are also asking for donations of yarn which could be used for this purpose.



Open Letter Applauds MHRC, Inspiration Place and Hamilton Program for Schizophrenia

Oct 12th-2010

Dear St. Joseph,

I am writing to you and all your constituents. On behalf of myself, an outpatient in the community of Hamilton and happily on the road of recovery.

I would like you to know how important and significant it is to me for all the help I am receiving from the outreach programs here in the city. Particularly the one's that I am a member and hold in high regard; Inspiration Place, The Mental Health Rights Coalition, and The Hamilton Program for Schizophrenia. Where would we be if we did not have such places, and who would care? Personally I have experienced my own hope dwindle. Thanks to the meeting of other consumer survivors we learn to recognize, accept and support each other.

One phase of life might have ended while in hospital but another began afterwards. The first step was simply to be acknowledged. The familiarity that follows is the association and reintegration into this kind of society.

Thanks to the good people who take us in and encourage our well being. Who also happen to be the team of your health care professionals working in the field.

Yours truly,

P. (Naki) Partheniou.



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

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.



(Continued from page 1)

Flu Season

The difference is that for bird flue you need “tweetment” and for swine flue you need “oinkment”.

All fooling aside—it is flu season and it’s time to consider what to do to help yourself stay well and what you will do to help others from becoming ill if you have it.

The concern about a pandemic which was the big health news last year, seems to have faded. There is no concern about pandemic this year, however, as in most years, there is still a risk of getting seasonal influenza. Precautions are very important for everyone but particularly for those who are young, aging or have illnesses which make them more vulnerable to complications caused by influenza. All Ontarians are encouraged to get the “flu shot”.

Here are some simple solutions to beat the flu.

- Good hand hygiene—wash your hands with soap and water often
- Keep an alcohol-based hand sanitizer with you and use it when soap and water are not available.
- Cover your mouth and nose when you cough or sneeze—if you don’t have a tissue please cough or sneeze into your elbow.
- Avoid large crowds where the virus can spread easily
- When you are sick stay home.
- Keep common surfaces clean and disinfected.

The City of Hamilton is offering free flu shot clinics beginning November 1, 2010. A list is available on line at www.hamilton.ca/influenza, or you may call 905-546-2489. MHRC also has a list of clinics.

The Ministry of Health and Long Term Care web site provides information about how to identify if you have flu along with other current information about health issues. <http://www.health.gov.on.ca/en/ccom/flu/default.aspx>

FOR SUPPORT...



Give Us A Call! A Peer Support Worker is available

Monday to Friday,

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

905-545-2525

Wii Fit

We are moving furniture to make room and having lots of fun on the third Friday every month when The Good Shepherd “Steps to Health” program joins us for Wii Fit exercise program.

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**

Seeking Donations



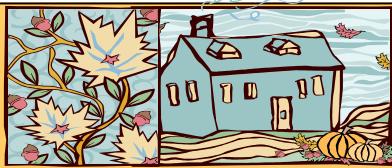
Donations of yarn for scarves and blankets is requested. See page 7 for details.

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





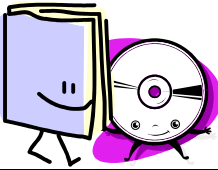
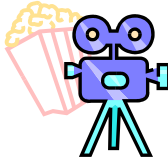



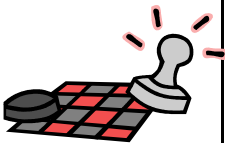















Donations of fresh fruit would also offer a welcome and healthy treat. Contact us at MHRC

905-545-2525







November 2010



S	Monday	Tuesday	Wednesday	Thursday	Friday	S
	1	2	3	4	5	6
	Bingo 	11 Support Group 	Book and CD Swap 	Movies 	Walk About 	
7	8	9	10	11	12	13
	Yahtzee 	Crafts 	Checkers 	Coffee Walk 	Crazy Eights 	
14	15	16	17	18	19	20
	Karaoke 	11 Support Group 	Pictionary 	Members Meeting 	Wii Fit 	
21	22	23	24	25	26	27
	Birthday party 	Crafts 	Euchre 	Air Hockey 	Jenga 	
28	29	30	<p>Calendar Activities begin at 1 p.m. unless otherwise stated.</p> <p>Walking/Exercise activities are dependant on weather. Please wear appropriate shoes and clothing.</p>		 MENTAL HEALTH RIGHTS COALITION	
	Current Events 	Christmas Crafts 				

December 2010

						
Monday	Tuesday	Wednesday	Thursday	Friday	S	S
		1	2	3	4	
 Christmas Open House December 21 1-3 pm Goodies and Punch Everyone is welcome		Euchre 	Air Hockey 	Yatzee 		
5	6	7	8	9	10	11
	Chess & Checkers Walk About 	11 am Support Group 	Monopoly 	Members Meeting 	Coffee Walk 	
12	13	14	15	16	17	18
	Walk About 	Crafts 	Christmas Karaoke 	Current Events 	Wii Fit 	
19	20	21	22	23	24	25
	Birthday Party 	 11 Support Group 1-3 Christmas Open House Punch and goodies	Christmas Movies 	Dominoes 	Drop in for Christmas Cheer 11 to 2 p.m.	
26	27	28	29	30	31	
	Closed	Closed	Reduced Service Telephone Support available. 905-545-2525	Reduced Service Telephone Support available. 905-545-2525	Reduced Service Telephone Support available. 905-545-2525	2011 