MENTAL HEALTH RIGHTS COALITION



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

Annual General Meeting and Award Presentations

Tuesday, September 20, 2011 35 Aikman Ave., Hamilton, ON 4:00 p.m. to 7:00 p.m. 4:00 pm - Speaker 4:30 Awards Presentations 5-6 pm – Dinner 6-7 pm - AGM

POWER and SCOPE Awards presentations will take place after dinner

Please update membership to assure voting privileges.

Diabetes Education 2nd Tuesday and 3rd Friday of each month.

More on page 6.

Local Comedian, Brenda Lennie, got members laughing in July - See page 5





Safe Workplaces for people who live with Mental Health Issues - page 5

Page 6-Rent Increase Limits, Independent PPAO, and Police Record Checks.

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 Web page: www.mentalhealthrights.ca 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

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78 members and staff from 3 agencies enjoyed a great morning on the bay

Discussing the Election

- Mental Health and Addictions Alliance Takes on the Ontario Election
- Who are the candidates
- Where does each party stand

More on pages 3



Leader of the NDP in Ontario and local politician, Andrea Horwath, is one of four party leaders running in the October 6 election

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Guest Contribu-

Alex Trottier on

Thomas Connell has some thoughts on the

upcoming election

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The Rights Stuff

Healthy Relationships; Healthy Minds

By: Alex Trottier



Alex Trottier is the summer student at the MHRC. She has a degree in Psychology from McMaster University and is currently attending Mohawk College to get her diploma in Child and Youth Work. Alex is also a trained peer support worker who has been working and volunteering at the MHRC since the summer of 2010. Her intention is to go on to do her Masters of Social Work at Laurier University once she has completed her program at Mohawk College.

Due to the nature of mental illness many individuals with mental illness have had bad experiences in relationships or have even never been in one. For this reason it is important to understand what it means to be in a healthy relationship. There are many components to a healthy relationship, the biggest ones are, respect, trust and communication. Without these basic elements a relationship cannot function. There are some pre requisites to being in a relationship. Before you enter into a relationship you should be confident in yourself. You need to understand that your self-worth is not dependent on others. If you do not have good self-worth you may end up tying your self-esteem to your partner and in so doing end up overly dependent on them. This may push away some people, and may be the root of a dysfunctional relationship. Relationships should always be a two way street.

Ask any couple who have been together for a long time what the main cause of their arguments is and you will likely hear the response, "miscommunication". Whether it is about feelings, actions (or even spending habits) it is essential to communicate with your partner and ensure that they understand what you are saying.

Ladies, this means that when you are angry with your partner you shouldn't just say, "Fine". You need to explain why you are angry.

Gentlemen, this means that when you are angry with your partner you shouldn't just shrug it off or scream at them. You need to express your emotions and feelings because

Another important distinction to make in relationships is the difference between love and infatuation.



Executive Director: Frances V. Jewell

MHRC is very pleased this month to introduce two guest columnists. Alex Trottier has been working here for the summer and offers the column above. Thomas Connell, a new associate with MHRC has written about the upcoming election on page 3.

Another important distinction to make in relationships is the difference between love and infatuation. Infatuation is characterized by: jealousy and distrust, idolizing your partner, having one partner who is more dependent on the relationship than the other and finally it is often accompanied with a great deal of fear about losing your partner. With a healthy loving relationship there is honesty, respect and trust; and a mutual level of dependence on one another; both partners have interests outside the relationship and feel at ease with each other.

These are clearly two different types of relationships. Do you know which sort you are in?



Something that mental health consumes are particularly susceptible to is being in unhealthy, abusive relationships. If you feel unsafe in any way in your relationship it is not a healthy one. You shouldn't stay with an abusive partner because you feel bad for them. You have rights and nobody has the right to infringe on them. You are free to do as you please and if your partner starts acting controlling and manipulative you need to start walking away. It is not healthy to follow your partner constantly. It is not healthy to track your partner's location. It is not healthy to deny your partner access to his or her friends. Even though you may feel that you are just being 'protective' because you worry about your partner, by doing these things you are sure to push away your partner and lose the very thing you are trying to protect.

Healthy relationships are part of recovery. We all need to love and be loved. This is best achieved when we are well, but can be a lifeline when we are unwell. Be understanding, compassionate and most of all respectful of your partner and you will be well on your way to a long term commitment.





Ontario Mental Health and Addictions Alliance (OMHAA) of agencies in Ontario believes mental

health and addiction will be a major issue in the upcoming election and have issued a position paper focusing on the four issues they agree are the most pressing. The alliance was formed for the purpose of bringing the issues of mental health and addiction to the forefront in the October election.

This broadly based coalition of organizations includes organizations from the community, hospital services, consumers and family members.

In their nine page statement the alliance says, "At some point in our lives, approximately 20 per cent of Ontarians will experience a mental illness or addiction, with three percent of us suffering a severe and persistent disability ...as a result. The economic cost of this is staggering—\$39 billion in Ontario alone. Mental illness—related disability is also the most expensive disability, costing each Canadian employer an average of \$18,000 per claim."

The statement goes on to say, "Despite the human and economic costs of mental illness and addiction, there is an enormous gap in Ontario between the need for mental health and addiction services and supports, and their availability. This would not be tolerated for other illness. THIS ELECTION, VOTERS WILL DEMAND CHANGE."

The issues addressed by the alliance are presented with both the issue and a suggested action which should be taken. They are :

• Ensure a comprehensive core basket of metal health and addiction services equally available to all Ontarians

Make Your Vote Count

On election day, Thursday, October 6 every Canadian citizen over 18 who lives in an electoral district in Ontario is eligible to vote.

If voters are on the voters list they will receive a card in the mail stating eligibility and giving direction about voting locations.

There are special ballots available for advanced polls at the returning office.

Advanced Polls–Wednesday, September 21 through Friday, September 30, 2011 from 10am to 8pm.

If members of MHRC need help to determine their eligibility or need any other help with understanding about the election they are welcome to ask for help at MHRC. Much of the information is available on line and MHRC staff and volunteers are happy to assist.

- Focus on the those at greatest risk, stating with children and youth.
- Ensure individuals with serious mental illness and addiction have access to supportive housing to support their recovery
- Mobilize leadership to ensure Ontario's addiction and mental health strategy is effective..

These points are all addressed at length in the eight page report.

The statements from the OMHAA along with other project information is available on their website at www.vote4mha.ca.

Agencies included in the alliance are:

- Addictions Ontario
- Canadian Mental Health Association of Ontario
- Centre for Addiction and Mental Health
- Children's Mental Health Ontario
- Mood Disorders Association of Ontario
- Ontario Association of Patient Councils
- Ontario Federation of Community Mental Health and Addiction Programs
- Ontario Peer Development Initiative
- Ontario Shores Centre for Mental Health Sciences
- Schizophrenia Society of Ontario

Photos courtesy of Wikipedia http://en.wikipedia.org/wiki/Ontario general election, 2011



New ID available

There is new photo ID available for Ontarians who do not have a drivers

license. The photo ID costs \$35 and may be obtained at most Service Ontario centres (the locations where driver's licenses are available).

To obtain the card you need to be 16 or over and have identification with your legal name, date of birth and signature.

In order to vote in Ontario you need proper ID or have a sponsor who is eligible to vote and can vouch for you.

Proper ID could be as simple as a health card and a letter from your landlord stating where you live.



Andrea Horwath NDP



Tim Hudak-PC

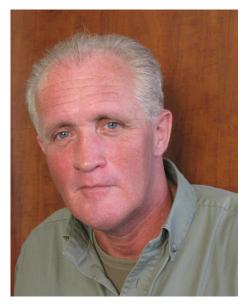


Dalton McGuinty– Liberal



Mike Schreiner-Green

Ontario Election 2011—Another Perspective



By Thomas Connell

Seeking Donations



Donations of yarn for scarves and blankets is requested.

of

MHRC also strive to make available toiletries like shampoo, condition-

er, creams, soaps, tooth brushes. For many our members these are luxury items. Donations of sample and full

> 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 By any standard of measurement the year 2011 will be remembered as a particularly tumultuous twelve months. As powerful industrial economics teetered on the brink of economic collapse, thousands died in the streets of Benghazi, Damascus and Tripoli, struggling to throw off the yoke of oppression and poverty, while the spectre of another spectacular humanitarian disaster began to rear it's ugly head on The Horn of Africa.

On October 6^{th,} amidst all this global economic dislocation, political upheaval and armed insurrection, the people of Ontario will shake themselves from the stupor of their relative comfort and ease, to go to the polls and elect the province's 40th legislative assembly. Few may realize what a privilege that simple act actually is.

Indeed, if recent provincial elections are any indication, nearly half will not exercise that most basic and fundamental of democratic rights.

In 2007 only 52.6 per cent of eligible voters cast a ballot, making it the second lowest turnout ever recorded.

Without conducting an in depth survey, one would might be safe in assuming a sizeable segment of the 47 per cent who did not vote were on the margins of society; the dispossessed and homeless, the mentally-ill and the addicted, who, historically have been most adversely affected when the economy is lagging and words and phrases such as, "efficiencies," and, "belt tightening," begin to enter the political lexicon

Alliance Formed to Address Issues of Mental Health and Addiction

What is fortunate, particularly for the above noted demographic, is the recent formation of the Ontario Mental Health and Addictions Alliance (OMHAA).

This broad based coalition of ten organizations from the addiction and mental health fields has adopted a posture of vigorous advocacy. The partnership is committed to bringing the plight of mental illness and addictions to the forefront in the political arena, and ensuring the gap between demand and services receives the same attention as any physical ailment.

In June, the ten partners collectively and persuasively demonstrated the veracity of that old adage about strength in numbers, particularly as it relates to political activism, by presenting a report to Ontario's four main political parties.

Beyond advocating on behalf of their own consumers at a policy making level, and exposing the shortcomings and inadequacies in the present system, the alliance is focusing on engagement, and underscoring the need to become part of the process.

To that end, the Alliance has launched a 2011 Election tool kit, available on their website, (www.vote4mha.ca) that provides valuable and practical tips. It has suggestions for concerned voters, like minded organizations. The many who suffer from mental illness and addiction themselves, and who wish to have their own voices heard will find this a valuable resource.

An election kit can be downloaded from the site that provides useful advice on writing to party leaders, attending all candidates meetings and engaging others, as well as many other resources.

While the political, economic and social challenges we in Ontario have to contend with may pale in comparison to the issues that many others around the globe confront daily, our concerns and problems are real, and require hard decisions and action.

In light of the current global economic instability, October's election could prove to be a particularly crucial and pivotal one, in terms of how the underprivileged and needy are treated in this province for years to come.

One need only recall the 1995 election of Mike Harris' Conservatives and their 22 per cent cuts to welfare rates, to be reminded of how quickly things can change.

Given the fact that mental illness and addiction will affect one out of every four Ontarians in their lifetime, and that the costs associated with these disorders run into the billions, both for government and the private sector, it should be a much bigger issue, at the polls.

Focus on Making Safe Workplaces for People with Mental Health Issues

By Peggy Guiler-Delahunt

Accepted estimates state 25 percent of the working population experience some measure of mental health issue and the costs to productivity in Canada are estimated at \$51 billion. The economic cost and the cost to individuals cannot be ignored. This need to build healthy workplaces is a subject fast becoming a focus of governments and national health agencies.

MHRC believes strongly that there is a place for peer support in the development of healthy workplaces. In the mean time we are pleased to see material and supports being made to both employers and employees to help them maneuver the difficulties produced by the stigmatization of mental health issues.

Below are references to a few projects which will assist employees and employers who want to make a difference in their workplace when it involves mental illness.

Mental Health at Work

Canadian Mental Health Association of Ontario Steps to Employment—A Workbook for People Who Have Experienced Metal Health Problems



http://www.marketingisland.com/CMH A/pages/product.asp?id=3408

This workbook is available on line and can be printed free or purchased. In it there are many sections including: "Self Analysis", a skills inventory; a checklist to assist in determining a persons transferable skills; a resume building portion with sample resumes; "interview" which includes sample questions and the do's and don'ts of interviews; the "Disclosure of Your Disability " section explores the pro's and

con's of disclosure of a mental health issue and offers suggestions about how and when to speak with an employer about the disability.



National Program for Employers and Employees

Mental Health Works,

(http://www.mentalhealthworks.ca/) also a project of CMHA, is "a nationally available program...that has capacity within Canadian workplaces to effectively address the many issues related to mental health in the workplace.

This project appears to be in response to the new "voluntary standard for psychological health and safety in the workplace" which is being released by the Canadian government in 2012.

The program offers tools to employers and employees including a basic tutorial, workshops and specialized support.

The project says, "a psychologically healthy environment supports employee engagement, worker health and well-being, recruitment and retention, productivity, effective risk management and corporate social responsibility.

There is a video on the web site narrated by Bill Wilkerson, co founder and chair of the Global

Roundtable on Mental Health.



Local Comic

Encouraged Laughter



Brenda Lennie (left) offers her craft as therapy to groups wanting to live with laughter in their hearts. She came to MHRC in July and worked some laughter magic with a group of members.

Members enjoyed a refreshingly different sort of afternoon in July when comedian, Brenda Lennie, led them in a comedy workshop.

Brenda, who is quite open about her own lived experience with mental illness, gave MHRC her gift of laughter for two hours.

Ten people who are usually quite reserved

and perhaps not very self confident allowed Brenda to lead them through simple activities and interactive exercises. They were transformed from a quiet, self conscience group into an outgoing confident one.

Laughing at themselves and with others they were doing things they thought they could never do. While they didn't all walk away as comedians, they certainly left feeling good about themselves and refreshed by the medicine of laughter.



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.



Bites

Police Records Decriminalized

If someone with a mental health issue had police contact because they needed to be hospitalized or an officer had to investigate in the community there was a good chance information about their mental health would show up on a police record check. For people trying hard to get back into the work force after an illness or even trying to volunteer it was information which was both limiting and stigmatizing.

Now after many years of work by the Psychiatric Patient Advocate Office and many of their partners, including consumer groups, the Ontario Association of Chiefs of Police have released guidelines which will ensure that medical information (mental health issues) are not included in the vulnerable screenings.

The press release from the police chiefs quotes Ryan Fritsch of the PPAO as saying , "We commend the OACP for working with us ...to better protect Ontarians with disabilities from criminalization and marginalization.

Rent Increases

The Ministry of Municipal Affairs has declared the allowable increase for rent in

"Just Do It!"

By Terry Booth

It's hard to believe that summer is almost over. Fall is a time of transition and change with crisp days full of bright colours making it is the perfect season for getting out of doors. Why not take a walk around Gage Park. Take in the lovely display of chrysanthemums go for a stroll or bike ride around your neighborhood?

Whether you have diabetes or are at risk for diabetes, exercise is an important part of healthy living. According to the Canadian Diabetes Association most people do not meet the recommended guidelines for exercise. Regular physical activity along with healthy eating and controlling your food por-

the coming year is 3.1%. Tenants do not have to pay more than that and are eligible for arbitration through the rent review board if landlords ask for more than the allowed percentage.

Independent PPAO

The Minister of Health and Long Term Care has postponed a decision to divest the Psychiatric Patient Advocate Office to Canadian Mental Health of Ontario. Deb Matthews, responded to an outcry by consumer groups and other service providers by saying, "My priority is to get this right". She also said, "I now realize that implementing this change requires greater conversation and consultation...and we will not move forward at this time...:"

Many groups including the CSI LHIN4 Network had protested the move and are pleased with the minister's decision.



Give Us A Call! A Peer Support Worker is available Monday to Friday, 11a.m.-4p.m. (except holidays) 905-545-2525 tions can reduce your risk of getting diabetes by 60%!

So, what are the Canadian Diabetes Association guidelines for exercise? Well it's a combination of aerobic activity, things like biking, brisk walking and raking leaves as well as resistance activities such as using weights and stretch bands. Try to work your way up to 30 minutes at least five times a week. It doesn't have to be 30 minutes all at once, it can be 10 minutes here, and then another there, adding up to 30 minutes. It is also OK to start with 5 or 10 minutes per day if you haven't been active or have other health problems that slow you down. Start with baby steps and as your body becomes use to the increase in activity you will have more energy and feel better. As Nike says "Just Do It!"

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.

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18	19	20	21	22	23	24		
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October 🗶

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