

Staff Updates

P.A.C.E.:

Laurie has been very busy these days with year-end business to finalize. The deadline date for the operating plan will be May 16th.

We have been completing the purchasing for the approval to spend surplus salaries and benefits and overall, we will be in line for the year on the budgeted amount. Keep up the good work, *Laurie*. What would we do without your management skills! *Laurie* and the staff were very pleased with the results of the Quality of Life Survey where it showed that about 99% of those who responded were very happy with how P.A.C.E. helps them with their lives.

Kathleen, Public Education Worker has been extremely busy preparing promotional material to pass on to people in the community as she educates the public of what P.A.C.E. has to offer. She presented the finished products to the members at the March General Membership Meeting. Completed and delivered are new pamphlets and brochures as well as membership policy booklets for the members of P.A.C.E. A lot of hard work, *Kathleen*. Thanks a lot! *Kathleen* is also on the planning committee for the upcoming 'Recovery' one-day workshop to be held at the Valhalla Inn on May 8th. The keynote speakers are Dr. Marianne Farkas and Christine Gaylor from Boston. *Kathleen* and Pat met these people while at the Boston Conference in October of last year. They are excellent speakers. Susan Marshall from CAN HELP will also be a guest speaker at the workshop. [Details in P.A.C.E. In-House News.](#)

Educational videos continue at P.A.C.E. (See page 10 for details.) Our membership Development Worker, *Inez* attended a workshop put on by Ontario Aboriginal HIV/AIDS Strategy. It was a one-day training session attended mostly by health care providers. Information on this workshop will soon be available. Mr. Don Young who runs the needle exchange program here was one of the presenters. *Inez* will be contacting him to do a presentation here at P.A.C.E. *Inez* also attended a workshop dealing with the management of Borderline Personality Disorder. Handouts are available from *Inez* on request. Drop-in numbers have increased and 8 new members have joined in the month of February. *Inez* would like to thank the members for being so kind and considerate and appreciate all who have assisted the new members in learning "the ropes" around here and making them feel welcome.

Staff Reports From MISN

Laurie, our Coordinator reports on MISN (Mental Illness Support Network) for which P.A.C.E. is responsible. Their offices are in the outlying regions of Thunder Bay- Geraldton, Marathon, Schreiber, and Manitouwadge. Geraldton is preparing to hire a new Community Outreach Worker as Fay Brugger has moved away. In Marathon, Carol Lorraine (Community Outreach Worker) says that the drop-in at her office is increasing. She met with the local District Health Unit recently to promote the program. She also coordinated a workshop co-sponsored with Dr. Terry Hill of the Panic and Anxiety Support Group. Nice work, Carol! *Evelyne Le Blanc* in Schreiber is doing a lot of peer support these

days. She just finished a workshop on Women and Depression and is planning one on 'Changes'. She is on the Psychosocial Rehabilitation Planning Committee for the upcoming Recovery Conference here in Thunder Bay on May 8th. Last but definitely not least, Cara Teichroeb in Manitowadge has been busy with posters for 'Eating Disorders Awareness' Month. There is a waiting list in the region for people seeking help and she is addressing this issue with her colleagues. Cara was in Toronto for a Federation Conference in February and is planning an 'Anger Management Workshop this month and will recognize International Women's Day.

Keynote Address—Boston Conference

Opening the Recovery Conference in Boston this past October was Dr. Anthony. Dr. Anthony's keynote address described examples of "walls" existing in the field of mental health and highlighted the necessity of tearing down these barriers that continue to isolate individuals diagnosed with mental illness from themselves and from one another.

Dr. Anthony stresses that the time has come in the Decade of the Person to look at the whole person and how they function: a person's dreams, interests, talents, goals, and experiences. Continuing with examples of personal experiences related to his career Dr. Anthony emphasizes that the attitudinal walls that divide us, both in the communities in which we live and in our treatment settings; these walls, if left standing, can be as daunting to recovery as are the walls of the institution.

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Source: Internet

Advocate's Advice

Empowerment is linked to advocacy in many ways. Many consumer/survivors of the mental health system have been exposed to stigma through prejudice and discrimination by society. Part of the process of advocacy is to stand up for what you believe in and express why. If you only tell someone they are wrong and don't explain why or offer alternatives, you will alienate them. Then, their viewpoint will never change and the same situations will keep occurring.

Empowerment is taking control of one's own life.

Never be bullied or intimidated into silence. Never allow yourself to be made a victim. Accept no one's definition of life; define yourself.

Submitted by: *Sylvia Helfrich*

Recovery-Oriented Rehabilitation

From the Boston Conference

By Pat Morris

I wish to try to explain just what mental health recovery really is. In attending this workshop in Boston, it helped me and I hope it will help the readers of this newsletter.

In many respects, the mental health service system has been organized to support provincial psychiatric institutions and the professionals who staff them but not the individual clients. The implementation of recovery-oriented rehabilitation changes the focus to *helping clients to achieve their preferred valued roles*.

Major Themes in Recovery Research

- Recovery involves much more than symptom reduction
- Recovery is a complex and multi-dimensional process
- Recovery is a highly individualized process
- Recovery involves the resumption of valued roles. (Gagne, 2001)

Examples of Recovery Outcomes

- Gaining/regaining a valued role, i.e. student, worker, family member, tenant
- Experiencing increased success and satisfaction in these roles
- Reducing/controlling symptoms
- Increased sense of self-efficacy
- Increased feelings of well being
- Increased number of quality of interpersonal connections
- Increased measures of physical health
- Increased sense of self-esteem

(Farkas & Gagne, 2001) (Copyright, Boston University, CPR, 2002)

In accomplishing these outcomes we will decrease stigma and shame, get positive feedback, gain friendships in the community, and gain REAL power and control in our lives. We will be able to integrate into society, gain a sense of identity and be willing and able to take responsibility. In other words, we would be able to give back to our community.

Domains of Recovery: Examples

Systems

- Mental Health Systems
- Rehabilitation Systems
- Educational Systems
- Spiritual Systems

People

- Consumer/survivors
- Family members
- Practitioners
- Supervisors
- Administrators
- Researchers
- Legislators

Programs

- Drop In Centres
- Self Help Centres
- Supported Employment, Club Houses
- Supported Education; Learning Centres
- Day Centres

All of these domains can contribute to or limit recovery.

Key Recovery Values

- Person orientation = *People first*
- Person Involvement = *“Nothing about us, without us”*
- Self-determination = *Right to choose “I am in control of my life”*
- Growth potential = *inherent capacity to grow = HOPE*

As stated at the Boston Conference, an example of the Mission for Rehabilitation would be:

“Our mission is to increase the function of people with serious psychiatric disabilities in (Canada) so that they become successful and satisfied in the roles and settings they prefer with the least amount of professional intervention possible.”

An example of Quality Assurance would be: Monitoring Program outcomes, such as medication maintenance, include measures *selected by the clients (self-determination)*

An example of Physical Setting would be:

Lounges and bathrooms are for *everyone’s use (person orientation) = not one for staff and another for consumer/survivors*. They pointed out that this separation can be quite subtle.

Network: Program links to services such as Town Recreation, Fitness Program (community settings) and Home Health

Aides (professional settings) *(person orientation)*

*(Adaped from Farkas, Gagne, Anthony & Chamberlain
Copyright, Boston University, CPR 2002)*

Staffing: Case Management Program

- *Selection*

Staff are hired based on their knowledge, attitudes and skills in creating a partnership relationship to achieve resource management (person involvement) (Emphasis by editor)

- *Training*

Staff training includes interaction and interviews with individuals who are living beyond their disability/have recovered (*growth potential*)

- *Supervision*

Promotions, rewards and supervisor reinforcement, reflect staff's ability to demonstrate recovery outcomes through their case management services as one of the important criteria. (*growth potential*)

(Adapted from Farkas, Gagne, Anthony & Chamberlain, submitted) (Copyright, Boston University, CPR 2002)

Editor's Note: Marianne Farkas was one of the main organizers of the conference and was very approachable. She will be here in Thunder Bay for the workshop on May 8th

Submitted by: *Pat Morris*

Cross- Cultural Encounters in Psychiatric Rehabilitation Research: Empowering Latino staff, Consumers and their Families

This presentation described ways that Psychiatric Rehab works with Latinos (Latin Americans) and their families. It provided information to adapt rehab practices to meet the needs of the Latinos and understand the multicultural factors involved to effectively engage people. The workshop gave examples of some of the barriers, the principles of partnership and time it takes to build trust, and to understand the cultures. They described what a Latino might bring in to a partnership, such as strong family ties, spiritual practices (Catholic) values of personalismo (personality), traditions and gender roles and the difficulties with relocating to another country.

The presenters had no stats on Canada.

The main focus of this workshop, I believe was that service providers needed to ensure that they understand other cultures. I believe that this is something that we all need to learn. We live in a society that is made of many different cultures. With that comes many different beliefs and values. Stepping outside our own values and beliefs and having a willingness to learn and understand others, can only add to our knowledge base.

Knowledge is the key to empowerment.

Peer Housing Models

“Breaking the Cycle of Homelessness” workshop presented on the broad array of consumer-run residential support services developed by the West Virginia Mental Health Consumer Association. The presenters discussed some of the reasons why homelessness happens, the services for the homeless, what was meant by a crisis in housing and who are the people in crisis. They also spoke to the stigma of homelessness.

The definition of homelessness in the United States includes sleeping in shelters, institutions, streets, bridges, and warehouses.

Statistics were noted for the characteristics of the homeless, their institutional history (hospitals, jails, prison facilities), health status, income and employment records.

“Homeless Service Focus” is on reducing stigma, increasing advocacy, community involvement, peer services and **SAFE** affordable housing and employment. Barriers were federal and state government and non-profit faith-based entities. Unique strategies included “Peers serving Peers”. (Each c/s serving their fellow c/s). In West Virginia there are 7 homes presently that are operating with the “Peer serving Peer” model. There is one home called the FREEDOM home where the peers are actually home owners. As long as they remain in the house the homes is theirs. Some of the details to this arrangement were unclear but I did understand that the mortgage was held on this property and home and the consumers that lived there would pay rent and eventually take the house in their names. There was quite a bit of discussion surrounding this approach. Supportive housing works but no one size fits all.

Written by: *Kathleen Morrison*

Public Education Committee

The Education Committee meets on the third Tuesday of every month. It is presently working on a presentation to hopefully be given to high school student some time in the not-too-distant future. We are looking for ideas as to what specifically high school aged children would appreciate hearing from us. We are asking for input from our P.A.C.E. members. If you have any ideas to pass on to us, please speak with Kathleen, put in the suggestion box in the kitchen or into the newsletter slot in Cindy’s office.

Thank you very much in advance. We look forward to hearing from you as to what you feel the students would like or need to hear and what you feel would be of benefit to them. Kathleen has already written to the high schools and school board to introduce herself and P.A.C.E.

In the bottom drawer of the filing cabinet in the dining room there are articles available for anyone interested. Such subjects as depression and diabetes, stigma, substance abuse and anxiety and fibromyalgia can be read on site or can be photocopied to take home.

Pat Morris , Chair, Education Committee

An Experience in Self-Advocacy

Recently, I found myself in an uncomfortable situation that many members experience. I was upset over the way my doctor’s staff had wrongly advised me and, as a result, wasted days of my time. I found myself reluctant to say anything to my doctor, for fear of alienating him when I still need his service.

Despite my misgivings and churning stomach, I spoke to my doctor about this as soon as I saw him. I remained calm and told him why I was upset and that I did not think his staff’s behaviour was appropriate. As it turned out, I was the FOURTH person that day to complain about the staff’s treatment. My doctor apologized to me and assured me that he would try changing the way the staff are doing things

Maybe nothing would have changed if only one or two patients spoke out. But this clearly shows there **IS** power in numbers and change occurs when more people speak out and stand up for themselves.

-*Sylvia Helfrich*, Systemic Advocate

Volunteer of the Month Winners for November, December 2003 January, February and March 2003

[Editor's Note]: *I wish to apologize to the winners of the 'Volunteer of the Month' for November and December of 2003 for not being noted in the January issue of Thunder Struck.*

Established by the Board of Directors of P.A.C.E., a member is chosen by the Social Recreation Committee as the **"Volunteer of the Month"**.

Winners receive a certificate, \$5.00 in cash and mention in the newsletter.

The following members won this award over the past five months:

November 2002 Winner: Dave Wilson ! I'm sure you have seen Dave washing floors and cleaning around the house with no one asking him to help out.

December 2002 Winner: Gary Miles for general volunteering and, of course, for being Santa!

January Winner: Veronica Hillyard for her cleaning over and above what is expected on her TE job from CMHA New Foundations. It is very much appreciated.

February Winner: Alex De Bassige for all the help he gives to P.A.C.E. with doing dishes and generally cleaning whenever he sees the need.

March Winner: was **Rene Auger** for his plentiful help around P.A.C.E. It was Rene who carried the entire library of books from the dining area to the third floor!

Thank you and Congratulations!

Rehabilitation and Recovery: Who Sets the Agenda [Information from the Boston Conference]

I attended this workshop at the Boston Conference for a couple of reasons. For one, we, as Canadians do not want the government setting our schedule for recovery and denying us financial support when we need it. We don't want them to categorize us, for example as being at 'stage 3' and therefore no longer needing their support. This would only make matters worse than some of us feel they already are.

Another reason I attended this workshop is that I had heard one of my fellow consumer/survivors express the feeling of not liking the word "Recovery". This person said to me, 'I would accept "mental wellness" but not recovery'. After one of the workshops, I approached Marianne Farkas and told her this. Her response was

that that was perfectly okay but, she added, “people can call it whatever they like but it’s ‘recovery’ that is getting the funds.”

I don’t know about you, but I actually fear recovery in some ways. It took me a long time to admit that but it is, in fact true. I keep telling myself that I, at least, have the luxury of becoming a senior citizen soon and no longer fear the thought of having to return to the workforce. The fear of that was foremost in my mind every time people thought I didn’t need their help anymore. That only made me worse. The fear caused me to have severe anxiety, and the panic attacks resumed. It is hard to admit this fact but if I feel that way, perhaps some of you do too; some who may not even realize they are feeling that stress. We can get comfortable when change isn’t there to worry about but it doesn’t take too much for us to get overwhelmed with life and take three steps backward when we should be moving three steps forward. At this workshop, I learned that with recovery there is “danger vs. opportunity”.

In order for someone to make those steps forward we need service providers who give us the choice in what we need and want and never cease in giving us a lot of positive encouragement ~ in reminding us what we are in fact capable of. It is then our choice to seek recovery or not, at any given time. It is each of us alone who can make that choice if we are to move forward and be well.

To quote from my handouts: ‘“Recovery” and “rehabilitation” are individual. On an individual level, (recovery researchers) refer to helping a person to gain/regain the valued social role of his/her choice. Although concepts like choice and self-determination are often spoken of in these contexts, there are underlying issues of power and control that are seldom addressed.’

A quote from some of the literature of what Vermont consumer/survivors said that made the most difference in their struggles toward recovery was as follows:

- *“someone believed in me”*
- *“someone told me I had a chance to get better”*
- *“my own persistence”*
- *“Translates to hope and hope connects with natural self-healing capacities”*

At one point I went to the microphone and said that in order for us to be able to recover, the mental health service providers must believe recovery is possible and this I feel doesn’t happen for the most part. It was suggested that service providers see so little recovery that it would help if c/s, who are able, could tell their provider when they are pleased with their help and support. I smiled but had to admit there was some truth to that as well. I do know that my case manager and the program I am a part of, are definitely very encouraging about helping their clients to move forward and look forward to a happier life. I can’t thank them enough.

Submitted by: *Pat Morris*

Do you own a pet?

If you are receiving **ODSP** benefits or are a senior receiving **GIC** benefits, the Farley Foundation will pay up to **\$500**

towards necessary medical care for your sick or injured pet, whether it's a dog, cat, lizard or pig. This does not include routine shots, examinations or neutering, but it does cover things like an illness, infection or injury. Simply provide proof that you are receiving ODSP or a GIC and your vet will take care of the rest.

Sylvia Heffrich, Systemic Advocate

Please Note:

The ideas/views expressed in this newsletter are not necessarily (unless otherwise specified), those of the editor and/or P.A.C.E. but are the ideas/views of the person (s) that wrote the article (s).

P.A.C.E. Thunder Struck Newsletter Editorial Policy

Thunder Struck is a quarterly publication of People Advocating for Change through Empowerment Inc. It is published in April, July, October and January. Though we welcome all submissions, preference will be given to material that relates to P.A.C.E. The committee reserves the right to edit articles regarding content, length and style of all material submitted. All material for submissions, to be addressed to:

**Newsletter
c/o People Advocating for Change through Empowerment Inc.
329 Waverly St.
Thunder Bay ON
P7B 1B6**

or submitted to pace@norlink.net

**Mental Illness and the Road to Recovery
WORKSHOP
May 8, 2003**

Please note: Five P.A.C.E. members will be sent to this workshop. Please speak with Laurie if you are interested in attending. If willing to go on your own, contact CMHA.

Calendar of Upcoming Events at P.A.C.E.

APRIL 2	(Wed.)	Video Afternoon	3:00 p.m.
15	(Tues.)	Presentation Kinnewaya Legal Clinic Speaker: Sally Colquhoun will be presenting on recent changes in legislation that may affect members.	2:00 p.m.
16	(Wed.)	Video Afternoon	3:00 pm.

23 [Wed.]	Tea & Bannock	2—5 p.m.
25 (Fri.)	Presentation: ‘Knowing Your Medical Rights’ Speaker: Carolyn Croft, Rights Advisor	2—4 p.m.
26 (Sat.)	General Membership Meeting <i>Please note date change due to Easter weekend at our regularly scheduled time.</i> Followed by a hot meal for \$.50 (For meeting attendees only)	1:00 p.m.
MAY 6 (Tues.)	Intercity Mall Display <i>Volunteers Needed</i> Please see Kathleen	9—5 p.m.
7 (Wed.)	Video Afternoon	3:00 p.m.
8 (Thurs)	“Road to Recovery Workshop”	8:30-4:30
9 (Fri.)	Presentation: Ontario Works Speaker: Jackie Livingston, Training Advisor	2—4 p.m.
11 (Sun.)	Woman’s Day: “Peer Support”	12-5 p.m.
17 (Thurs.)	Easter Dinner	3—5 p.m.
21 (Wed.)	Video Afternoon	3:00 p.m.
22 (Thurs.)	Police Presentation Speaker: Lorne Clifford Thunder Bay Police	1—2 p.m. 1—2 p.m.
23 (Sat.)	Tea & Bannock	2—5 p.m.
24 (Sat.)	General Membership Meeting Followed by a hot meal for \$.50 (For attendees only)	1:00 p.m.
JUNE 4 (Wed.)	Video Afternoon	3:00 p.m.
18 (Wed.)	Video Afternoon	3:00 p.m.
20 (Fri.)	Tea & Bannock	3—5 p.m.
21	General Membership Meeting Followed by a hot meal for \$.50 (for meeting attendees only)	1:00 p.m.
23 (Mon.)	Self-Advocacy Workshop Presented by: Systemic Advocacy Committee	3:00 p.m.
25 (Wed.)	Social Recreation Committee Tea	1—4 p.m.