

**Web Information from Thunder Struck
January 2004 Issue**

**5th Annual Consumer and Family Conference
Dryden ON September 27,28 2003**

Report by Lynne Moss-Sharman

Susan McLean, Richard Speirs, Sylvia Helfrich Storozuk, Kathleen Morrison and myself attended this conference in Dryden on behalf of P.A.C.E. The guest speaker and workshop presenter was Dr. Daniel Fisher, a psychiatrist who overcame a period of schizophrenia that began when he was attending medical school in Boston.

Dr. Fisher's experience with the mental health system led him to become a psychiatrist because he believed there had to be a more humane and caring way to treat people. As an in-patient, he was put into seclusion and he learned not to be truthful to medical workers because they had so much power over him. He promised himself that. If he ever got out of the hospital, he would change the system, let people know they were not alone as they watched, waited for signs of someone who cared about what was happening to them. Dr. Fisher said it is the least formally trained people in hospitals who are often the most helpful—a janitor, a secretary, a nurse's aide—just people who speak to patients and don't barrage them with a list of repetitive questions. A therapist helped him recover and didn't laugh when he said he wanted to be a psychiatrist, saying instead, "I will be there at your graduation."

He emphasized the importance of face-to-face connection with people as a way of healing and noted that many professionals still disregard what recovered psychiatric survivors have to say about what they need, what helped them survive periods of 'disability'. "Part of recovery is taking control of your own life...you can recover...there is empowerment through relationships with other human beings" be they peers, friends or professionals. Recovery is rejoining the human race, making meaningful connections with other people, having daily contact with that outside-yourself reality.

People who are chronically normal, think it can never happen to them, and tend to try to "push the rest of us into a corner, out of the way" and it is up to psychiatric survivors to stand up for themselves and regain their power. **"Nothing about us without us."**

Recovery, to Dr. Fisher, involves a series of people who help:

1. Somebody who believes in you—looks at you now and sees the person you can become—nurtures and connects with the person inside of you.
2. Somebody who is caring and understanding
3. Somebody who understands what you are going through, what you have gone through.

He stressed the importance of prevention—the earlier people can be assisted when they become emotionally distressed, the better their chances of recovery are. i.e. Warm Lines (phone help) have reduced hospitalization by 50%.

He emphasized that it is important to be who you are, stick with people who support you. He decided early on "not to avoid people but let them avoid me". ("If they don't like

you, tough.”) The recovery movement changes how ‘craziness’ (mental illness) is viewed and it works to eliminate labelling and stigma.

Dr. Fisher noted that he was invited to become a member of the White House Commission on Mental Health—one of 15 psychiatrists in the USA involved in this process- - and the only one who insisted the concept of Recovery be included in their proceedings and in their report.

See: www.mentalhealthcommission.gov

His presentations in Dryden were videotaped, and copies of these tapes should be available at P.A.C.E. and through CAN-HELP for members to view. I certainly hope Dr. Fisher is invited to Thunder Bay as a workshop presenter. He was very compassionate, funny, wise, and, above all, inspiring.

He is the Director of the National Empowerment Center in Boston and information can be seen at their website: www.Power2u.org

A Word from One of Our Members

When I was a child, I said to one of my family, “Wouldn’t it be nice to be rich in life?” I believe I was a teenager at the time when I said this.

I am now thirty-seven and, evaluating myself. I have realized that I got what I thought would be nice...”to be rich in life”. A man can have a lot of money but still be poor in spirit. He may have a beautiful wife and kids but he might be distant from them because of the time that it takes him to work at keeping his wealth. But no matter how many hours I work, I remain poor. However, I still got what I wished for...”to be rich in life.”

I believe that we as people are taught the values our teachers and parents have and I think the we learn right from wrong in this manner. But even more so as young adults, we pick up new ideas from people we meet and like. I know some of us are more fortunate then others because some of the people who we admire don’t reply on friendship or with their wisdom to some of us. And I don’t think it is because they don’t want to. I think it is just the way we respond to others. If we don’t act in a controlled and proper way, no on in their right mind is going to take the challenge of re-educating the person to behave properly.

I have been lucky in life because I’ve learned that, how I react causes someone else to act and respond in an interesting way. I relate well in this way. I also like learning in this manner because it is real, not a lesson per se, that you get or don’t. However, the one bad thing about talking about real experiences is that sometimes you have to stop listening because if you don’t, you’re taking advice and sometimes advice is bad. So, if you don’t know when to shut out information and just talk without really believing their advice is good, you can get into trouble.

But never be rude and show you’re not listening; just talk and carry on but remember, it is your life and you’re the one who has to take care.

Advocate's Advice and Update

DENTIST or DENTURIST?

Are you considering collecting Ontario Works or ODSP benefits and need dentures or a partial? Social Services will only pay a set amount for this service. Most dentists provide cheap, plastic dentures which easily fall apart or break. But, a denturist, who specializes in dentures and partials, will charge a lot less than a dentist does, for a better quality denture or partial. The next time your dentist recommends dentures or a partial, make an appointment with denturist.

Update on the Farley Foundation...

(An organization that helps with vet costs)

Because the Farley Foundation is still a fairly new organization:

1. Funding is limited
2. It may not be available through all veterinary clinics
3. Using the Farley Foundation is at the Vet's discretion

Therefore, not everyone on ODSP or a GIC will be able to access it. But, the next time your pet is sick or injured, ASK ANYWAY! It doesn't hurt to ask and your bet just may help you and your pet.

Sylvia Heffrich-Storozuk. System Advocate

Hearing Voices that are Disturbing NEON Conference North Bay ON

October 21,22 & 23, 2003

My first workshop at this conference was about "Hearing Voices that are Disturbing". It was given by Ms. Amy K. Long, a consumer/survivor, a psychiatric registered nurse, teacher and presenter. She was an absolutely dynamic speaker and she spoke from knowledge of hearing voices herself as well as researching the topic, giving her additional credibility.

Amy said that some people who hear voices are not bothered by them and others are overwhelmed by them. Statistics show that 70%-80% in the U.S. hear some voices—friendly or distressing. Voices come in a variety of ways, everyone hears voices differently and everyone has different ways to get rid of the voices. The following people have alluded to hearing voices:

- Those who are sleep deprived (2-3 days)
- Those suffering from hormonal changes in their body
- Those awaking from anaesthesia
- Those who are severely dehydrated.
- Those having decreased personal contact

Amy said that, so often people who hear voices are not believed. The voices tend to isolate you, shut you up and make you feel unsafe causing fear. Anything you can do to counteract this will help you cope with the voices.

Although many claim to hear the voices “all the time” there *are* windows of time when they are not there. It is important to do whatever you can to extend this window of time. Amy suggests that making a tape for yourself saying positive things about yourself, to yourself (“I’m ok; I’m a person. I like myself.”) will help to extend the time of not hearing the voices.

People who hear voices are hyper alert to background noises (“white noise”) and can hear these noises easier than the voice of someone speaking to them. Therefore care providers need to be most aware of the environment when speaking with/to a person who is hearing voices.

As a point of interest, I found it fascinating to hear that people hear their voices in their primary language. Though one is born in Italy, for instance, and speaks Italian, even if they have not spoken Italian for many years, their voices will be in Italian.

Voices attack societal, cultural, developmental norms. They ‘go for the jugular’ such as, “You stink!” and this shuts you up, scares you and makes you feel bad. These people feel they are the only one who hears voices and this tends to put them into isolation. They feel shamed and are robbed of their dignity and respect.

“*Shaming is the #1 enemy to recovery.*” says Amy Long. She asks that you don’t become a victim to your voices; don’t become a victim to your meds (don’t give a pill all the power to heal.) She asks that you learn coping mechanisms and skills to rid or live with the voices. She suggests: that one:

- “*befriend the voices—dispel the pain.*”
- “*Use the voice from your throat to rid the voice in your head.*”

Everyone had the opportunity to hear a tape that constantly spoke to you in soft, medium and loud voices. Although she said that the voices are usually the same, this would give us an chance to see how the different voices affected us as we waited to see the ‘doctor in emerg’, ‘went to daycare’ with a loud rude caregiver where we were expected to work on some puzzles and another place where we had to read a story and answer questions about it.

Dr. Pat Deagan of Boston Mass., a person who is a psychologist and a person who suffers from schizophrenia initiated these tapes. Neither she nor Amy has heard the tapes as they hear voices and anyone who has experienced hearing voices are discouraged from taking part in the tapes themselves.

Pat Morris

Connections Program ~ Part I

Another workshop at the NEON Conference was given, in part, by Susan Ousley, M.Ed. Executive Director Can-voice in London ON. who spoke of the “Connections Program”, a consumer/survivor organization in London Ontario. Susan is herself, a consumer/survivor and she spoke of the history of the Connections Program.

The goal of this program is to connect consumer/survivors coming out of hospital with a consumer/survivor living successfully in the community. This program began in the early '90's and as of 1999, and with the help of Trillium funding and support from the United Way, there are now 11 groups from Windsor to Lindsey in Southern Ontario. In helping people coming out of hospital and helping them in the community, this program has saved the government \$12 million in hospital costs. With consumer/survivor help, people have had a connection in the community and have not only survived but have thrived within that community.

They attribute their success in many ways including:

- Having 11 partnerships with other areas
- Peer/mentor system—policy making
- Evaluation
- Respected autonomy—guidelines (each group area make their own decisions)
- Developing friendships/discussing common problems
- Increasing self esteem

The “Connections Program” helps people to grow and feel good about themselves. They have found ways to go into the hospital to build relationships with those who are interested in their help. They have found that the provincial hospitals balked at their coming onto the wards but the general hospitals were very supportive.

Communication was effective in:

- Increasing morale
- Feeling connected
- Increasing mental health and physical health
- Helped to make people feel “*empowered*” Pat Morris

Connections Program ~ Part 2

In addition to the history, Peggy Gyuker-Dalahunt, Heldiman-Norfolk Resource Centre in Simcoe spoke about her role in teaching consumer/survivors to be peer workers.

The skills learned include Communication and Listening Skills. She pointed out that in communication, only 7% of a message is received with the words, 36% is received by the how it is said and the tone of voice and a large 57% is heard through body language.

Another course given to potential peer workers is Suicide Prevention. She says this is very tough for consumers and, although the participants may leave the session, they are not allowed to leave the building until they have spoken

with someone for their own safety. When they complete the training they are called 'peer specialists'.

With the connections program, they go into hospitals, have group sessions and have craft sessions. Some connections were made and some were not.

Peggy stressed the need to hold on to HOPE and how this can be accomplished. She used a stone to represent hope. This can be heavy and we sometimes are unable to hold onto it. Give it (hope) to someone else and when extra hope is needed, go back to that person for a little hope for yourself. Peggy added: "*Connections is full of Hope*".

Pat Morris

Bi Polar Disorder

Source: canmat.org

Bipolar affective disorder affects 1% of the general population at risk for cyclic bouts of depression and mania. Bipolar disorder often begins in teenage years or early 20's, and when it does, is commonly mistaken for normal teenage rebellion and distress.

Depending on which "pole" of the illness shows its face first, people may be labelled as either depressive or psychotic, and the real diagnosis, bipolar affective disorder, won't be made for some time.

Mood swings between depression and mania (or a slightly less florid form of mania referred to as "hypomania") can last for weeks or months, with depressive states lasting longer than manic phases. In between the two states, people can feel and function quite normally. Most people have three or fewer cycles of depression and mania a year but some can have more than four a year. Over a lifetime, the average person with bipolar affective disorder experiences 10 episodes of cyclic depression and mania.

The depressive cycle of bipolar disorder and major depressive disorder are the same, except that people with bipolar disorder can often feel more irritable than depressed. People with bipolar illness also tend towards too much sleep when they are depressed rather than insomnia as is more typical of major depressive disorder. They also tend to gain weight rather than lose weight as do some depressed people and they often experience fatigue.

Not all people who enter into their manic phase feels euphoric and invincible. Instead, people can feel extremely irritable, and behave belligerently or are terribly angry and disruptive and have no sense of euphoria at all. Commonly though, manic people nurture delusions of grandeur. Manic people also often make impulsive, expensive and inevitably impossible plans during their manic episodes and irresponsible behaviour – mad spending sprees, ill-conceived business deals and other erratic behaviours – are common.

As well, judgement is clearly impaired. While a lot of people can get quite a lot done in the earlier stages of the manic episode, as symptoms become more severe, activities become more frantic, a million projects are started, none can be finished, and frenzied activity, accompanied by rapid-fire speech and no need for sleep, are the hallmarks of manic episodes. Importantly, too, sexuality may be heightened during a manic episode along with everything else. If unwisely acted upon, heightened sexual activity can lead to serious repercussions including unwanted pregnancy, sexually transmitted diseases,

and a terrible aftermath of guilt. Bipolar patients whose manic phase is less intense have what is called hypomania. Although symptoms are similar to those associated with full-blown mania, they are less pronounced and there are no signs of psychosis. More so even than with recurrent major depression, the vast majority of people with bipolar affective disorder have multiple recurrences, and length of symptom-free intervals decreases with age.

The first signs of bipolar increasingly are being recognized in adolescents or early adulthood, at which point people may have symptoms of depression, mania or psychosis.

Facts

Fact #1

Unlike depression, which affects twice as many women as men, what used to be called manic depressive illness but is now referred to as bipolar affective disorder occurs in equal numbers of men and women.

Fact #2

The main distinguishing feature between depression and bipolar affective disorder is the presence of the opposite "pole", named mania or hypomania.

Fact #3

The younger the person is when they first develop bipolar affective disorder, the more likely there is to be a family history of the same mental illness.

Submitted by: **Pat Morris**

Staff Reports

Public Education Report

Fall has been a busy time for me, here at P.A.C.E. In September, the Ontario Native Women's Association came to P.A.C.E. Bob Fenton and a co-worker made their presentation on Aboriginal diabetes. In October, I was able to attend the CANHELP and Mood disorders of Ontario Conference in Dryden. Attendance from the region was good. The keynote speaker was Dr. Daniel Fisher from National Empowerment Center. (His video was shown at P.A.C.E. Nov. 27th)

The Community Mental Health Network presented a Photo Exhibit called "**Nothing to Hide**" at the college and university in Sept. and October. The purpose of the exhibit was to dispel the myths and misconceptions of mental illness.

Again, in October, I attended the World Psychiatric Association 2nd International Conference "**Together Against Stigma Across the Life Span Open the Doors Schizophrenia**" in Kingston. Here, I met some wonderful contacts world wide. I have an abundance of information that I would encourage members

to review. I will be giving a presentation at a later date. The Recovery Luncheon held in October was a success, a very relaxing time, good lunch and a chance for members to state their opinion on the topic. (See schedule, pg. 9) The video afternoons are still being held the 1st and 3rd Wed. at 3 p.m. Thanksgiving dinner was also a success and I would like to thank Inez and the members that volunteered.

I attended the annual Lakehead U. Health and Wellness Fair, which gave me a great opportunity to introduce the public to P.A.C.E.

Until next issue, keep safe, and be good to yourself.

Kathleen Morrison, Public Education Worker

Economic Development Worker

The Mop and Go focus group has started working on their feasibility study and are looking for more members to join the group.

A craft group has started and held their first meeting in October at the Thunder Bay Restaurant. Three P.A.C.E. members and one non member participated in the discussion which went well. Their next meeting date is still to be set.

I went to Geraldton in October to meet with the coffee shop focus group. To date, there are 6 members involved in this group.

The Economic Development committee is looking for members to participate. We need members who are able to show up for our regular meetings currently held on the 3rd Monday of each month at 1:00 p.m. Once we have a committee established of 7-9 members, two people from outside P.A.C.E. will be invited to join. These people will be one staff from CMHA/Employment Program and one member from TBAEO at the LPH.

The craft group is meeting on Tuesdays @ 11 o'clock and to date, are still in the discussion stage.

In November, I did a presentation at CMHA's Education Dinner to promote Alternative Businesses. Advertising has been placed at Independent Living, Alpha Court, Yes Employment and Patient's Council and I will follow up at these locations.

Please consider joining alternative business and/or Economic Development Committee. Anyone who has done a feasibility study and is wanting to join or willing to help, please contact me as soon as possible so we can get these businesses up and running and P.A.C.E./MISN members working.

Don Upton Economic Development Worker

Membership Development Worker

I have been elected to the Board of Directors at Beendigen Inc. This is good as it fulfills part of the networking aspect of P.A.C.E.'s operating plan. To date, I have completed my 3 cultural presentations, 2 in the region and one here at P.A.C.E. I have also completed another part of a 3-part series of cultural interest.

Tony Nobis is from the Aboriginal Strategy of HIV/AIDS and Charlene Burfurd of AIDS Thunder Bay, gave a presentation here at P.A.C.E. Nov. 17th. I will be asking them back as they have so much more information on the subject of HIV/AIDS.

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A cultural forum was planned at the Multicultural Centre but without success. Hopefully it can be rescheduled in the future. I am asking the membership if there is any particular culture you are interested in and I will bring presenter (s) to P.A.C.E.

The safe house proposal continues to come along. I have gotten very useful information from Laurie for the budget portion. I will be working on the statistics in order to show the Ministry of Health that there is a real need for this housing as an alternative to hospitalization.

I continue to do a lot of peer support with members and some spiritual support with the Native members. I have noticed more volunteering from the members and this is good because it reflects good on the work we do here. As you know, it is almost crunch time again for year-end report to the Ministry. Deadline is March of 2004. Therefore the staff will be busy completing tasks for the operating plan so please don't feel that we are ignoring you in any way.

So, until next month, remain happy, healthy and safe.

Inez May, BA., H.B.S.W.

Membership Development Worker

System Advocate Report

By: Sylvia Helfrich Storozuk

In October, I held a workshop on German Culture. Everyone who attended seemed to enjoy the workshop and MOST of all, the food. Many people found a few of the German dishes to be an "acquired taste" and others to be delicious. It was a fun afternoon with staff and members.

On November 13th, the Patient Advocate did a presentation for the members. Following that, Sally Calquhoun from Kinna-aweya Legal Clinic came on the 18th and spoke to the members about their Privacy Rights, which was extremely interesting and very helpful to members. On November 25th, Officers Andy Clark and Mel Vilcek from the Thunder Bay Police were at P.A.C.E. to discuss with the members, ways that the members and police could improve communications between each other.

I also received some very good training over the Autumn season. On November 19th, I attended an evening presentation by the Centre for Health Care Ethics on "Getting a Driver's License Taken Away for Medical Reasons". I also completed a Marketing and Public Relations course in the Volunteer Management Program at Confederation College, which should be useful as P.A.C.E. continues to build a strong volunteer base.

The System Advocacy Committee has been busy fund-raising all Fall and we are slowly but steadily growing, both in size and profit.

I truly hope all the members had a good Christmas and have a great 2004!

Letter of Appreciation

The Newsletter Committee and staff of P.A.C.E. were very pleased and proud to receive the following letter from Karen Niemi-Stevens, ACT Team Manager, St. Joseph's Care Group, Lakehead Psychiatric Hospital.

Dear Kathleen

I had the pleasure of reading your October newsletter and want to congratulate everyone on producing such a superb publication!

I am very impressed by the content. Reports on the work being done in PACE is very inspiring and truly reflects the vision of Recovery & moving forward in spite of the very serious challenges of mental illness.

I feel proud to know that one of our Team members, Bev Goodwin, has been elected as co-chair of the Board. I know that our clients benefit from her commitment to PACE and her gentle encouragement with them to become involved.

Reading your newsletter also prompted me to go to your website. Again, congratulations on producing such an interesting and informative website--well done!

Sincere regards,

Karen Niemi-Stevens

Program Manager

Thunder Bay ACT Team

St. Joseph's Care Group, Lakehead Psychiatric Hospital

ABUSE

“Part of the reason that it [abuse] is sometimes so difficult for people to recognize when they themselves are being abused is because their self esteem – their personal culture – has been either dominated and invaded by the abuser or was never strong – such that abuse is not recognized as abuse because it is perceived instead as *deserved punishment*.

But abuse by any other name is still abuse. Learn to recognize what abuse looks like when it is perpetrated by others on others, and then apply what you learned to your own situation, keeping in mind that those who abuse you will never identify themselves as abusers, but rather as benign, even loving people who have taken an interest in your welfare.

If your own loving relationship, or work situation leaves you feeling hurt, humiliated, or violated, start questioning if you are in an abusive situation, and then takes steps to protect yourself.

Definition—Abuse (dictionary.com)

1. To use wrongly or improperly; misuse; abuse alcohol; abuse a privilege;
2. To hurt or injure by maltreatment; ill use
3. To force sexual activity on; rape or molest

4. To assail with contemptuous, course or insulting words; revile.

These words indicate wrongful or harmful treatment. The motive for this treatment is typically to achieve some measure of control over another. The way I interpret it, abuse is fundamentally a violation of rights. People won't recognize that abuse is happening to them if they don't see the abuse as a violation of their rights.

For information about child abuse, go to "TARAS Vision" on the Web.

By: *Dr. Mark Dombeck, Ph.D*

Submitted by: *Pat Morris* **Source:** *mentalhelp.com*

Some Abuse Examples:

1. Cruel or inhumane treatment;
2. Improper or excessive handling;
3. Treat badly or use foul/abusive language towards.

Help available at:

1. Catholic Family Development Centre, 380 Dufferin St. **345-7323**
2. Thunder Bay Sexual Assault/Sexual Abuse Crisis Centre 385 Mooney Street **345-0894**
3. Family doctor
4. Patient Advocate LPH

Submitted by: *Sylvia Helffrich-Storozuk*

**Volunteer of the Month Award Winners
For October, November & December 2003**

"Volunteers of the Month" at P.A.C.E. receive a certificate, \$5.00 in cash and mention in the newsletter.

October 2003: Jenny Saranpaa – For her work in the office helping Cindy.

November 2003: Rita Pichor – Has been actively involved in the Corporate Fund Raising for the Advocacy Committee is doing and rarely misses a meeting. She is becoming a real asset to this committee.

December 2003: Marie St. Germain – For her work in the Clothing Depot and spending a whole day making French fries for the members.

Recovery Luncheon

Date	Time	Topic
1. Wednesday, January 21, 2004 concerns of MOH Recovery focus?	1 p.m.	Recovery: Any
2. Wednesday, February 18, 2004 does it	1 p.m.	Recovery: what mean to

- you? How do you describe your recovery?
3. Wednesday, March 17, 2003 1 p.m. What kind of activities, workshops, groups and presentations do members want to assist in the journey of recovery?

Reminder: Registration is necessary. Please watch in P.A.C.E. for sign up sheet. Or contact Kathleen Morrison @ 343 4760

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

JANUARY

7	Video Afternoon	3 p.m.
9	P.A.C.E. New Year's Party Italian Cultural Centre ~ Gallileo Rm.	6 p.m.
14	Italian Cultural Presentation	2-4 p.m.
21	Video Afternoon	3 p.m.
28	Tea and Bannock	2 p.m.

FEBRUARY

4	Video Afternoon	3 p.m.
16	German Cultural Presentation	1 p.m.
18	Video Afternoon	3 p.m.
25	Tea and Bannock	2 p.m.

MARCH

3	Video Afternoon	3 p.m.
15	Self-Advocacy Workshop	2:30 p.m.
17	Video Afternoon	3 p.m.
22	Games Afternoon with Police	1 p.m.

Bingo for members ONLY to be held in January and February. Dates to be determined.

Dates/Times of Committee meetings and events posted at P.A.C.E. house.

P.A.C.E. Board Meetings: 4th Wednesday each month.

Movie Night Every Friday Night

Please phone P.A.C.E. or Check bulletin board for any last minute changes or updates.

FOOD FOR THOUGHT

"When you judge others, you judge yourself. If you did not possess the characteristics you disdain, you would not have such an emotional reaction to them."

Source: Gary Zukav's book "Seat of the Soul"

P.A.C.E. Mission Statement

PACE is a mental health consumer/survivor organization run for consumer/survivors that provides the following services upon membership: advocacy, education, reduction of social isolation, promotion of partnerships, research, and improvement of quality of life and provision of employment opportunities.

Editorial Policy

Thunder Struck is a quarterly publication of People Advocating for Change through Empowerment Inc. We welcome all submissions that relate to the P.A.C.E. Mission Statement.

Note: The opinions expressed herein are those of respective authors and not necessarily those of the committee of Thunder Struck or PACE. The committee reserves the right to edit articles by, content, length and style.

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