

P.A.C.E. Christmas Party

The P.A.C.E. Christmas party was held at the Italian Cultural Centre. The turnout was great and everyone had a good time. Stella, our Board chairperson, spoke to the those present reminding all of us of our previous tough times when people who wished to eat had to wait for others to finish so the plate could be washed and reused. She welcomed everyone at the dinner party saying we are all family and wished everyone a good time.

Supper consisted of salad, buns, rigatoni, meatballs, mashed potatoes with gravy, veggies and baked chicken.

After the meal (and there was plenty to eat!) Colin Stewart and Pat Morris, donned in Christmas hats went to the front and told everyone that Santa was about to arrive. We only had to wait a short few minutes when, sure enough in walked Santa, as big as life!

Santa took a seat and readied himself to give out the gifts. Collin and Pat took turns calling out the names of everyone present and as the names were called, the members and guests came up for their little smooch with Santa and to get their gift from him. (Santa, you were great!)

The gifts were terrific too. No problems with keeping the male and female gifts separate as Mrs. Santa (our very own Inez!) got everything set up perfectly for the occasion. (Thanks Mrs Claus!)

We also had some great photographers on hand to take pictures as each person received their gift and greeted Santa and sat on his knee.

After everyone had received their gift, Santa left and the rest of us settled down for a fun night of karaoke and dance.

A good time was had by all!

Recovery ~ What does it Mean?

What does the word "Recovery" mean to consumer/survivors?

I was at the LPH meeting with my case manager the other day. On the black board where we met, she had put a definition on the board for the clients she meets with once a week. "Recovery", it said, "is a deeply personal unique process of changing one's behaviour, attitudes, feelings, goals, skills and/or values." Unfortunately she didn't remember the author of this definition but I personally liked it.

I was one of the fortunate P.A.C.E. members who was sent to Boston to a recovery conference. Before going, I had heard some c/s who were uncomfortable with the word "recovery." I spoke to one of the organizers of the conference after a workshop she gave. I told her this and she replied, "You can call it what you like, but it's 'recovery' that is getting the funds. This is true. But since returning I have read the book "Beyond Crazy" by Julia Nunes and Scott Simmie. As in their previous book, "The Last Taboo", they too talk of recovery. Recovery is possible for mental health consumer/survivors. Service providers and consumer/survivors must change their attitude about this

possibility. It may be hard for both of us having been 'cared for' with the attitude that we would never get better and were treated with maintenance 'care' rather than care to get us back on our feet and mentally well. Below I wish to highlight statements from *Beyond Crazy*.

By: Pat Morris

Quotes from the Book "Beyond Crazy"

I hope you find these excerpts from this book helpful, insightful and hopefully thoughts to consider for our future. Their books are available at the library.

"Research in Indiana indicates that people with severe mental illness show a reduction in symptoms and an increase in self-esteem when they are given competitive, challenging work. Those in a sheltered workshop (a non-competitive environment usually involving low pay and unskilled labour) showed no such improvement."

This is not to say that sheltered workshops are not useful at times when this is all we can muster but challenging work helps to improve our mental health more.

Dr. Graeme Cunningham who suffered from mental illness, says, *"There is a pernicious notion that mental illness is somehow a flaw or failure in a person's character, rather than a treatable disease" adding "this [cost of health care] is a "heavy price for this false perception."* [Editor's emphasis]

"According to Dr. May Seeman, a leading schizophrenia researcher, we have learned more about the brain in the last decade than in all of human history. I am optimistic we could make even greater progress in the next few years."

A question asked in this book is: *"Don't we need a campaign to establish the understanding that depression, schizophrenia and other mental disorders are treatable illnesses, not failings of character?"*

Hope for the future: *"There is a theory that schizophrenia results from excessive elimination of nerve synapse (connections between nerve cells) during adolescence compared to the rate of elimination seen in healthy individuals. If this turned out to be true, then it might be possible to develop medications that slow this process down to a normal rate."*

The book also spoke of the necessity for c/s telling their stories. Referring to one person, Joan Hay, the book said, *"Telling her story—is a major decision—" "Choosing to fight stigma is for Hay and many others was an important step in her own recovery."*

"Many people have begun to tell their personal stories and help change public perceptions."

*"Stigmas are founded on ignorance. The antidote for ignorance is knowledge."
"Let's stop whispering about mental health. Let's start talking loudly and often."*

It was also felt that in approaching the field of mental health recovery, care providers and government *"must pay attention to feelings of being trapped, desperate, confused, isolated, anxiety-ridden. They are normal responses to a catastrophe. And being*

labelled and diagnosed and treated for a mental illness is a catastrophe. It is a catastrophe. But it is also something that people can move through and find new meaning and growth in their lives.”

As quoted in the book, Dr. Wm Anthony, clinical psychologist and visionary said, *“Unfortunately, our whole system was designed on, and has practised for a hundred years, a non-recovery model. So all our training programs, our funding incentives and so forth, are set up to believe that recovery is not possible.”*

This must change!

Advocate’s Advice

Getting through a lengthy process:

More often, when people want to file an application or complaint, the process seems to take so long, you begin to wonder if anything is being done at all. When you call to inquire about it, the response is usually, “We’re backed up; you are on the list.” These steps should help you get through it.

1. Have patience. Accept that any process takes time.
2. Remember the 30-day rule. If you have not received a written response back within 30 days, it is appropriate to call and ask about the status of your application or complaint.
3. If you have not received a response, by the time they said you would, call back again.
4. Have patience and be calm. Impatience and anger do not speed the process and can adversely affect the outcome.

Sylvia E. Helfrich, Systemic Advocate

Police Visit to P.A.C.E.

On November 25th, Inspector Lorne Clifford and his compatriot, Sergeant Mel Vilcek, a neighbouring Police Sergeant, gave a presentation at P.A.C.E., which was very well attended. Since Insp. Clifford’s first visit to P.A.C.E. in April 2002, further progress has been made on the part of the police officers, to implement additional policies and training in mental health. Over a dozen police officers have dropped by P.A.C.E. for a visit and tour, as well as a chance to get to know us on a more personal level. Since April, the police have also made a strong effort to form linkages with crisis and mental health agencies in Thunder Bay.

Although Insp. Clifford was at P.A.C.E. to do a presentation, it seemed more like a brainstorming session, with *everyone* asking questions and offering possible solutions to the issues raised. Insp. Clifford will seek information from a newly formed committee that the consumers could direct towards improving police service. This possibility is pending at this time. He suggested having a quarterly meeting to discuss any current and topical issues concerning consumer survival issues?

It was clear that Insp. Clifford and his partner enjoyed their time at P.A.C.E. (as well as the coffee cake!) and has said they are willing to come to P.A.C.E. twice a year to share new legislation, training and exchange of information.

Submitted by: Sylvia E. Helfrich, Systemic Advocate

Arrest vs. Apprehension

Arrest: The person is facing a criminal charge and is going to jail.

Apprehension: The person is not being charged. They are being taken to a medical facility for assessment.

In both cases, the person is handcuffed because at that time, the person is considered to be "unpredictable".

~ Inspector Lorne Clifford, Thunder Bay Police

Disability Tax Credit

In 2001, Revenue Canada sent 100,000 disabled people letters demanding that they reapply for the disability tax credit, worth up to \$989 annually, As a result of the flawed form and restrictive criteria, 45,000 people lost their tax credit.

In August 2002, the Federal Government introduced new legislation that was designed to restrict further access to the disability tax credit. People living with disabilities, advocates, workers and many others across Canada sent letters of protest to the government. P.A.C.E. sent four (4) letters to different members of parliament.

In mid-November, the House of Commons unanimously rejected this legislation proposal. However, the flawed form and restrictive criteria for the Disability Tax Credit still exists and we will continue to battle to have it changed.

Sylvia E. Helfrich Systemic Advocate

Boston 'Recovery' Conference

Colin Stewart, Pat Morris and Kathleen Morrison (nee. Halstead) attended a conference in Boston October 24,25, 2002. The conference was very worthwhile and we each, for the most part attended different workshops so we could bring more information back to our members.

Kathleen, at our November General Membership Meeting gave an interesting and passionate presentation of her experiences at the conference. Handouts at the conference were in short supply but we were told they would be made available on Internet for one week after the conference. Kathleen has accessed the handouts and they have been kept on disc. Anyone wishing to have a copy of any of the handouts is to phone Kathleen or Laurie.

Pat gave a brief overview at the meeting, not having her notes with her but announced she will give a presentation of one or two workshops at a time at the next number of member meetings that are needed to complete her input.

Colin taped most of the workshops he attended and will also be presenting to the members at a later date.

All in all the conference was fabulous. *Patricia Deegan* was especially great! Pat was diagnosed with schizophrenia at the age of 17, is now a psychologist doing research on mental health recovery. She had a 5-minute standing ovation after her keynote address at the Saturday morning session.

Innovations in Recovery & Rehabilitation The Decade of the Person

Boston Conference Report

By Kathleen Morrison

I will be discussing the workshops that I attended while I was at the conference. The conference was organized by Boston University Centre for Psychiatric Rehabilitation, WHO Collaborating Centre in Psychiatric Rehabilitation, Boston University Sargent College of Health and Rehabilitation Sciences and the University Sargent College of Health and Rehabilitation, Rehabilitation Counseling Program – Boston Massachusetts, Consumer Organization and Networking Technical Assistance Centre (CONTAC) – Charleston, West Virginia, There were representatives from all over the world. Australia, Italy, Netherlands, Canada, France. It was a great opportunity to meet some of these individuals and share our experiences. There were a vast amount of workshops that were available to attend and unfortunately I was only able to be in one place at a time. My main focus was to the Consumer Survivor or what they referred to as Peer Recovery Network (PRN)

The first of four workshops that I attended was Managing Consumer Run Programs. In the workshop the first thing that was done is an introduction, which is a starting place for the facilitators to get to know who their audience was. This also gave individuals an opportunity to network.

Management roles and styles that support recovery

Keynote concept is that interpersonal and human relation skills are equally important at all levels of organizational hierarchy.

Involvement of the people served; follow collectively the vision, mission and values of the organization. Board of Directors need to understand their role. This is why Board development is required It not only clarifies roles as a Board Member but also the CEO. The Board of directors hires the CEO (or Executive Director, Coordinator), which then hires staff. The volunteers have a role as well in Peer-run initiatives.

Most important for an organization is to have a sound knowledge of the:

Vision: What we hope for, the ideal

Mission: What we do now to work toward the vision

Values: The **CORE** beliefs that guide our decision-making.

In the summary of the workshop the facilitators stated that Peer –run (Consumer/Survivor) initiatives are growing. Effective management roles/styles are important. Technical, human relation, conceptual skills affect managerial success.

Non-profit governance provides structure. The shared experiences and insights teach us lessons.

Joining Forces and Sharing Resources- Peer Run Mental Health and Addictions Alliance

This workshop represented the Mental Health Consumers Network and the Peer Recovery Network of West Virginia. The major consumer organizations from this population in West Virginia have merged administratively in a pioneering effort to strengthen in advocacy and peer-run service. The presentation was the results of this merging and the joint and complementary initiatives and the barriers that were overcome in development.

Overview

The Catalyst: Values

Traditional Gulfs (Self, Community, System)

Merge To Strengthen (Advocacy –Peer Services)

Joint and complementary Initiatives.

Values decided by all and followed by all. They are posted and any decision that is made is done so through the values. From major decision to decisions that effect the members.

Traditional Gulfs Financial, personal barriers (attitude and stigma for both Addictions and Mental health). Group Characteristics (hugs, isolation) 12 step (traditions) history of separation. System Focus (disability labels) not being hung up on the label. They stated that no one needs to disclose this information. Symptom Intervention (nurturing, confrontation)

Merge to Strengthen work together on the same goal, values. Combine the Advocacy (self-advocacy, collective advocacy, resources, relationships,) with Peer Services (the need to share experience, humane resources, Intra-structure (model) and Wellness Recovery Action Plan (WRAP)

Organization Evolution In combining the two you share (vision, mission, values resources, supports and intra- structure (organizational Chart)

Joint – Complementary Initiatives Education issues, community assessment, satisfaction surveys, outreach, policies, Coalition Specialists, developing offices, social activities, (retreats) Programming

Resilience/Recovery ~ Boston Conference

By Pat Morris

The essence of this workshop looked at challenging old models and looking at new ones. Pat Deegan, a person diagnosed with schizophrenia when she was 17 yrs of age and who is now a psychologist showed the rough copy of a film she is making which should be available some time in Jan. 2003. The film was of real people who had spent many years, some from the age of 14, in a State Hospital. (Equivalent to our Provincial

Psychiatric hospitals). All are now able to live independent lives and are happy; some are right out of the mental health system entirely.

Pat showed the patterns that psychiatric patients go through:

1. Inside/inside: This is shown when someone has been in hospital for a long time. They get used to the routine. The message is that they will always be there—physically and mentally and feel hopeless.
2. Inside/Outside: The patient is physically in the institution but starts to see a glimpse outside and asks ‘How do I move out?’
3. Outside/Inside: Now the patient moves outside of the institution—physically (where the buildings are) but not mentally. They think as if still in the hospital and the hospital holds all the answers—then begin to question the authority of the hospital—begin to decide for self in thoughts of friends and community.
4. Outside/Outside: Now the person appreciates their freedom; have to feel it, express it, touch it. HOPE—treat people as adults whereas in the past they believed there was no hope; no reason to try to improve with staff; had to make a change—thoughts now: “Couldn’t rescue me”; “I had to do it.”; “had to save myself.” The consumers were now able to believe in their ability to be well and were encouraged to be well.

It is important to think:

“You have a future—you are the driver.”

“Positive sense of yourself”

“Can’t focus on your symptoms but focus on your strengths.”

Tell your story to each other—this is a human experience and an empowering experience.

Upcoming Events

| | | | |
|-----------------|------|--|--------------------|
| <u>January</u> | 15th | Video Afternoon | 3:00 p.m. |
| | | Educational Videos | |
| | 27th | Advocate’s Tea & Chat | 2:30 ~ 4:00 p.m. |
| | | Actual discussion of why people don’t speak out. Understanding and getting past the fear. | |
| <u>February</u> | 5th | Video Afternoon | 3:00 p.m. |
| | 17th | Presentation: Rights Advice | 11:00 ~ 12:00 p.m. |
| | | Speaker: Carolyn Croft | |
| | 19th | Video Afternoon | 3:00 p.m. |
| <u>March</u> | 5th | Video Afternoon | 3:00 p.m. |
| | 19th | Video Afternoon | 3:00 p.m. |
| | 21st | “Springing Into Action” | 2:00 ~ 4:00 p.m. |
| | | System Advocacy Advisory Committee | |
| | | Members will be on hand to provide information and answer questions about the work they do and how other members can become involved with this empowering group. | |
| | 24th | Self-Advocacy Workshop III | 1:00 ~ 3:00 p.m. |
| | | How to get the knowledge and resources you need to effectively self-advocate. | |

Note from your Systemic Advocate: The Self-Advocacy Workshops are both developed and facilitated by the System Advocacy Advisory Committee - P.A.C.E. members. All the Workshops are based on topics the Membership has requested. The purpose of these Workshops are to help you recognize what your rights are, as well as the many different ways you can advocate for yourself. This is a tremendous way to empower yourself and increase your self-confidence.

~ In this brand New Year ~

May You Have ~

*Enough **happiness** to keep you sweet;*

*Enough **trials** to keep you strong;*

*Enough **hope** to keep you happy;*

*Enough **sorrow** to keep you human;*

*Enough **failure** to keep you humble;*

*Enough **success** to keep you eager;*

*Enough **friends** to give you comfort;*

*Enough **wealth** to meet your needs;*

*Enough **enthusiasm** to look forward;*

*Enough **faith** to banish depression;*

*Enough **determination** to make each day better than yesterday.*