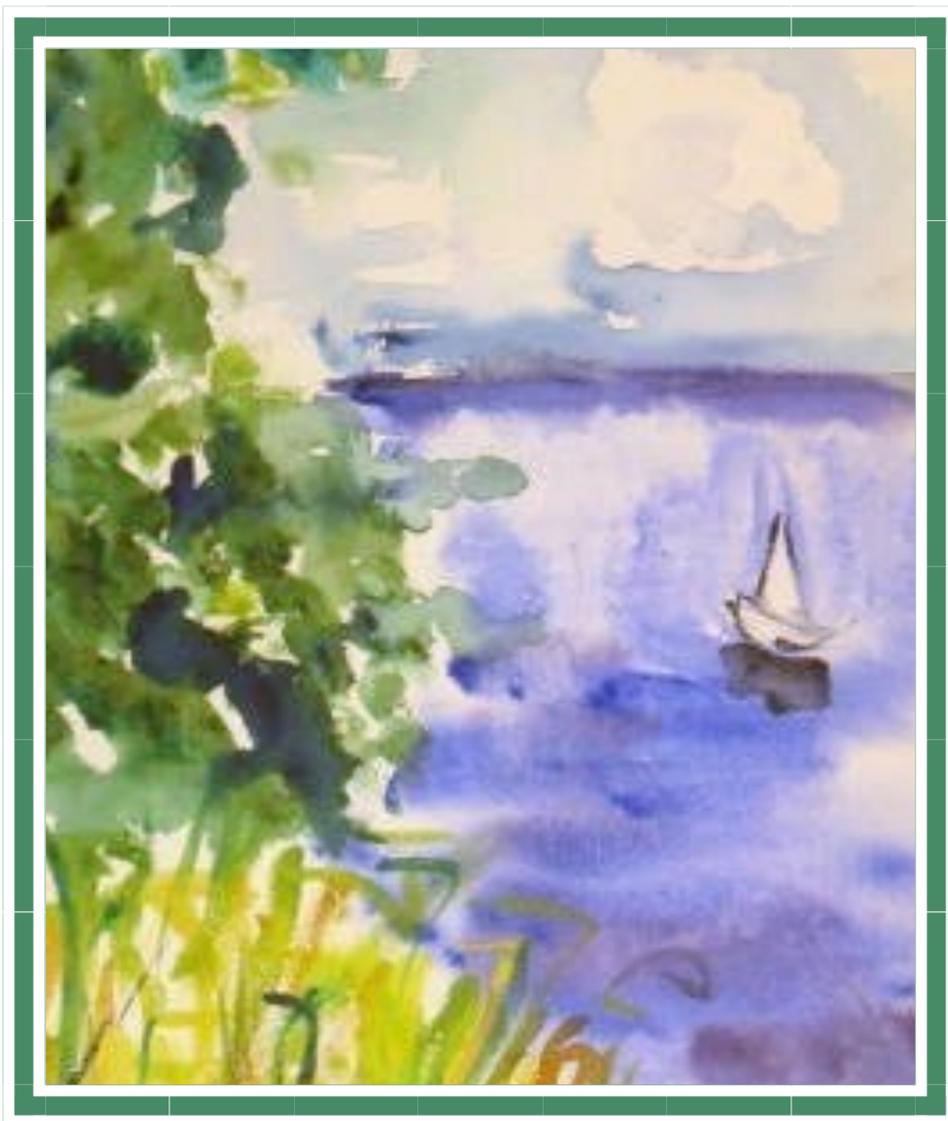


JOURNEY OF RECOVERY



4th Edition
**A MENTAL HEALTH GUIDEBOOK
FOR FAMILY AND FRIENDS
IN WATERLOO-WELLINGTON**

Cover Art by Artist Ellen Fawcett - March 13, 1953 - October 21, 2003

Our special thanks to the Artists whose creative work added beauty and meaning to this guidebook.

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Quotes used in this book were taken from people who are living with a mental health issue, family members, service providers and other individuals who provide support.

Statements, opinions and viewpoints expressed by the writers do not necessarily represent the views, policies or opinions of the Canadian Mental Health Association, the Waterloo Wellington Local Health Integration Network, or the Government of Ontario.



**Canadian Mental
Health Association**
Waterloo Wellington

**Association canadienne
pour la santé mentale**
Waterloo Wellington

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JOURNEY OF RECOVERY

A MENTAL HEALTH GUIDEBOOK FOR FAMILY AND FRIENDS IN WATERLOO-WELLINGTON

Health Services Information - www.connexontario.ca

Mental Health Helpline - www.mentalhealthhelpline.ca
1-866-531-2600

Drug & Alcohol Helpline - www.drugandalcoholhelpline.ca
1-800-565-8603

Ontario Problem Gambling Helpline - www.opgh.on.ca
1-888-230-3505

I'm Free

Escaping from the rat race that I entwine
myself in daily means,

Getting in my Pontiac and heading out of the city.

My quest is for solitude and silence. There's no specific
destination in mind as long as there is wide open space.

My thoughts, I'm sure if tested, would be faster than the fifty
clicks allowed.

I have a heavy foot.

I categorize my plans,
separate the wheat from the chaff,
rid the unwanted less meaningful luggage and concentrate on
more important issues.

It's a simple pleasure of mine and an affordable one. A Jaunt
here and a Jaunt there.

The destination unknown.

By Kathy Mannen

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Acknowledgements

This Guidebook has grown over the years from dream to reality because of the steadfast belief in a working collaboration between families and the professionals in our community's mental health system. Involvement in the Family Initiatives Project, funded by the Ministry of Health and Long Term Care has led to the development and implementation of initiatives focused on families supporting individuals with mental health issues. Connections with other groups and individuals also providing resources and services helped to shape this publication.

We would like to acknowledge the Family Mental Health Network whose book, *Roller Coaster to Recovery, a Guidebook for Families Navigating the Mental Health System in Wellington-Dufferin Counties*, provided the basic outline and inspiration to create a similar resource for families in Waterloo Region. Funding from Waterloo-Wellington-Dufferin Regional Crisis Services, the government of Ontario through the Waterloo Wellington LHIN, the United Way of Kitchener-Waterloo and Area and United Way of Cambridge and North Dumfries made the first edition possible.

We also note that the resource section was significantly reduced in this Edition. Over the past 10 years, the on-line resources available have significantly grown and changed. There are searchable databases that are accurate and up-to-date for Waterloo-Wellington, and provincial resources. Thank you for your support as we continue to improve this Guidebook.

There is no way to measure the contributions made from individuals in the creation of this guidebook, nor can every person be named; the list would be endless. Our community thanks those numerous families and individuals who shared their stories - joys, sorrows, challenges and accomplishments, as they learned to cope with the impact of a mental illness on their lives. We also are grateful to the professional contributors who took time from their busy work schedules to write, review and give advice on the factual content herein.

We are now pleased to be able to offer this resource book which we hope families, supportive allies and friends, people with lived experience and service providers across Waterloo-Wellington will find valuable. It was through collaboration and support that this resource was made possible.

March 2018



Landscape
Artist: Diane Eastham

“The journey that my family has taken in learning about mental illness has taught me something positive about the human spirit. If the person is given a chance to develop their skills, talents and interests and channel them in a constructive way so that they can offer something of themselves to their family, friends or community, then they can grow beyond the isolation the illness forces upon them. They can feel that they are giving, not always receiving, and in doing that giving they have taken an important step forward.”

Introduction

The purpose of this guidebook is to provide information and assistance to families, individuals and supportive allies (friends and peers) in Waterloo Region and Wellington Counties who are navigating the mental health system. A goal of this book is to contribute to building an inclusive community where all members are valued and can make their unique contributions.

The emotional highs and lows associated with the onset or persistence of a mental health concern can feel like you are on a rollercoaster ride. Knowing where to go and what to expect can help a great deal for all concerned during the journey of recovery. Whether there is a long history of mental health issues in the individual's family, or if this is a completely new situation and those involved are open to opportunities, we hope this book will be a useful resource for navigating and finding the bridges to the mental health supports in your community.

The contents may seem overwhelming at first - there is a lot to know. However, we want you to feel comfortable taking what you need from the book now, and coming back to it later when circumstances change. We will provide facts, tips, strategies, resources, advice, personal experiences and information that all persons involved in the journey will be able to access for support. **We are all on a different journey toward wellness but can often find strength in our common experiences.**

The mental health system can be hard to navigate, partly because the range of experiences varies widely and there are often disparities between geographical regions. The information in this guidebook is geared toward Wellington County and Waterloo Region. As well as families and support networks for the individual experiencing a mental illness, we hope that this guide will also benefit the staff working within community organizations, both as a resource, and as a way of gaining a broader perspective on the impact that compromised mental health can have on the individual, their family and friends.

Much of the information compiled within this book was collected from individuals who have personal or family experience with mental illness and the mental health system. The artwork for the chapters was done primarily by individuals experiencing mental health issues, family members, and those interested in mental health.

What You Need to Know About this Book

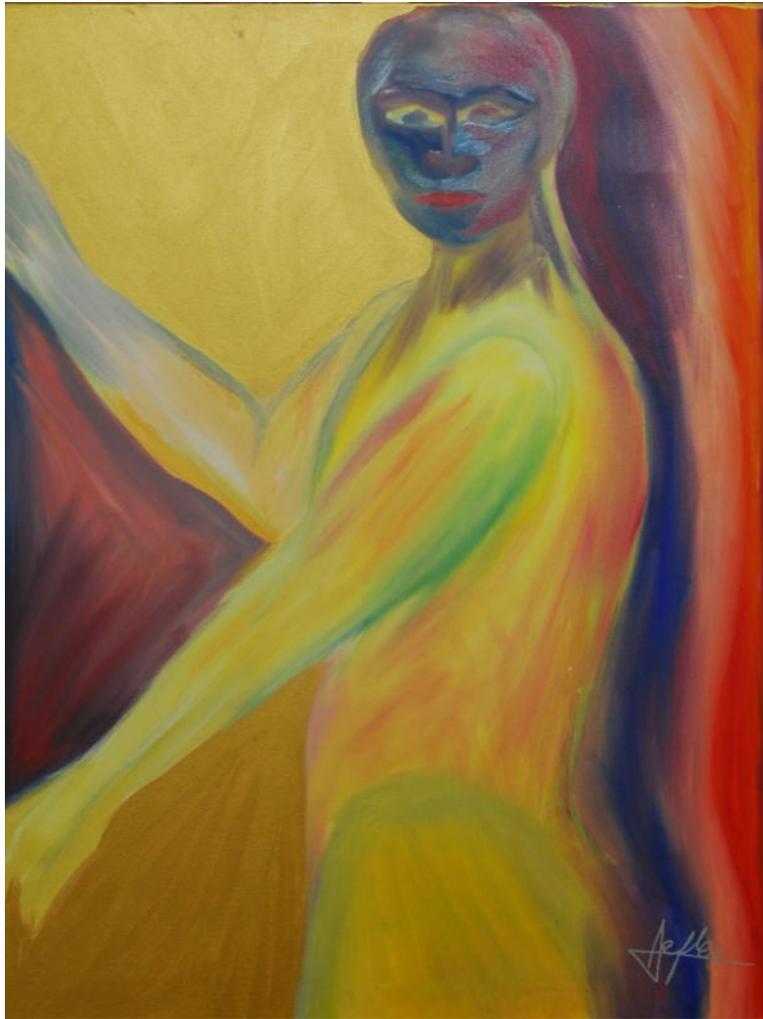
The guidebook is written with both the individuals with mental health issues and their support network as the audience. The terms “**mental health issue**” and “**mental illness**” are used throughout this guidebook to refer to significant struggles an individual has with their mental health. When you read the “**person**” or the “**individual**” we are referring to the person in the family with a mental health issue. When we use the term “**family member**”, we are referring to immediate, extended family or close friends who act as a fundamental part of a person’s support network.

The **Contacts and Resources** are listed at the end of this book. Every attempt was made to ensure information was up to date at time of printing, but resource information changes frequently. These lists are in no way exhaustive but rather are meant as a place to get started when you are looking for specific information or service. There are thousands of good resources out there that you can find on your own (note to be cautious about information from the Internet).

OCAN, Ontario Common Assessment of Need is a standardized tool which helps to identify individual needs, match those needs to existing services and highlight service gaps. Access to some services may change as a result of OCAN implementation that began March 2012.

The information contained in this book was compiled from a variety of sources. Every attempt was made to ensure that the information is up-to-date and accurate. If you have suggestions for changes or additions to this guidebook, please send them to :

Journey of Recovery
c/o CMHA Waterloo Wellington
80 Waterloo Ave
Guelph ON N1H 0A1



Untitled
Artist: Jay Lefler

“Families are frequently asked to participate in the process of diagnosis and/or treatment. If this is something you and your family member want but are not getting, prepare to advocate for involvement in discussions and decision making.”

Understanding Mental Health Issues & Diagnosis

Becoming informed about ***diagnosis*** is empowering because it helps us to feel some sense of control over the situation. Do all you can to gather information and share it with people around you. It may become a part of your role as the support person to do some 'education' about mental health issues with people in your social circle, extended families, workplaces and broader community. After a person receives a diagnosis, others may make uninformed and unfair judgments about the person's character. A person with a mental illness is the same as a person with a physical illness - parts of their life may be changed, but they are still themselves, with their own unique traits and talents. They are people with lives, loves, and families. **A diagnosis does not change any of that, unless we allow it to. Please take any mental health issue within this context.**

Diagnosing a mental health issue of any kind is not a simple matter. No two people are the same in the ways they react to life circumstances, stressors and the impact of an illness on different aspects of life. The resources we have around us are incredibly important in determining the recovery process. If people have supportive family, friends and health care/service providers who listen, the path will generally be different than if one feels lonely, isolated, misunderstood and potentially helpless in their ability to facilitate their own recovery.

Empowerment is a key component of the recovery process. It is extremely important to realize the dual nature of diagnosis: while the process of being diagnosed and 'labeled' can be disempowering to the person, for many individuals and families, finally receiving a clear diagnosis is also a relief. It is an answer of sorts. A person may have had years of questions and a diagnosis can help to relieve some of the confusion and fears of both the individual and those people involved in that person's life.

Normal Reactions to a Diagnosis

Some individuals and families may have a difficult time coming to terms with the realities of what a diagnosis can mean. It may mean being told that one will be on medication for the rest of their life. This may generate fear about not being in control of one's mind and body. It may mean the end or the temporary suspension of a formal education or employment.

It may also not mean any of those things, but the fears, reactions and impacts are very real and we have to be prepared for them. As a family or an individual, it can feel like a loss as much as it can feel like a relief, to finally know that something 'medical' is the issue. Receiving a diagnosis involves many complex emotions. As the support person of an individual with a diagnosis, remember to take care of yourself and do what you need to feel empowered. You may in turn require support on this journey of recovery.

No One is Immune to Mental Health Issues

- Mental illness indirectly affects all Canadians at some time in their life through a family member, friend or colleague.
- 20% of Canadians will personally experience a mental health issue in their lifetime.
- Approximately 8% of adults will experience major depression at some time in their lives.
- Mental health issues affect more Canadians per year than all other physical health problems combined, including cancer and heart disease
- Despite tremendous social and economic impact, mental health has not received the same attention as other disabilities in terms of research dollars available
- Research has shown that recognizing early warning signs can significantly improve the outcome of mental health issues, and that community supports can greatly improve the quality of life.

Things to Keep in Mind When Someone is Dealing with the Diagnosis of Any Mental Health Issue

- Become aware of and familiar with the mental health resources in your community.
- People react differently when someone is diagnosed with a mental illness. There is no right way of acting, adjusting or interacting. Be patient and make the time to help all those intimately involved in the person's life understand what role each can play.
- Family members may have feelings of guilt, loss, grief, shame, jealousy, resentment and confusion. Try to be as open as possible, even with children. Getting the family some counseling may be helpful. Ask those involved what they might need to help them cope.
- Keep a journal of the person's behaviour and feelings. It will likely be helpful for the person, you and the doctor to identify patterns.
- Always treat the person with the dignity and respect they deserve.
- Make a list of questions as they occur to you, so that you are prepared to ask the doctor for the information you need.
- Be prepared to deal with inappropriate behaviour and to set some clear but supportive boundaries for such behaviour to minimize disruption to the family.
- If you are uncertain about a diagnosis or treatment, get a second opinion and keep asking questions.
- Keep a list of important phone numbers, including the family doctor. If there are children in the family, make arrangements with someone to take care of them if there is an emergency.
- If hospitalization is necessary, try to persuade the individual to go voluntarily—making threats and yelling will likely aggravate the situation. Gently express your concerns.

Remember that you know your loved one best, and you know that they are NOT the illness - it is only one part of their full lives.

Make it your goal to ensure that others know that as well.

Myths and Truths about Mental Health Issues

MYTH: People with significant mental health issues are violent and dangerous.

FACT: Violence is **not** a characteristic of mental health issues. Negative portrayals by the media and the entertainment industry of people can influence the general public. In fact, individuals who experience significant mental health issues are no more prone to violence than any other identified group, and are actually more likely to be victims of violence.

MYTH: People with mental health issues lack intelligence.

FACT: Mental health issues affect people of all ages, at any income and any education level. It does not affect IQ or cognitive abilities. People living with a mental health issue have no greater or lesser chance for career success than anyone else. Career potential depends as much on ambition and skills, as physical and mental health. Goals can be more difficult to reach, however, if employers discriminate against people who have experienced mental health issues.

MYTH: Mental health issues are a sign of personal weakness.

FACT: A mental health issue is not a character flaw. It is an individual experience impacted by many factors, and has nothing to do with being weak or lacking will power. Although people with mental health issues can play a major role in their own recovery, they did not cause their situation, and they are not lazy because they cannot simply 'snap out of it'. We would not consider someone living with cancer as having a weak or lazy character.

MYTH: People with mental health issues are continuously ill.

FACT: Mental health issues are not necessarily long-term. A person may experience significant symptoms at different times in their life, but have long periods of wellness in between. Research has proven that a supportive and nonjudgmental community plays an essential role in people being able to enjoy a good quality of life.

How Mental Health Issues May Effect an Individual

- Decreased concentration
- Racing thoughts
- Slowed thoughts or thought blocking
- Jumbled or disconnected thought processes
- Trouble focusing
- Preoccupation with thoughts, worries, or sensations
- Short attention span
- Indecisiveness
- Irrational fears or thoughts
- Feelings of being ridiculed or persecuted
- False beliefs
- Hallucinations
- Memory impairment
- Difficulty screening out environmental stimuli
- Difficulty initiating interpersonal contact
- Reduced ability to tolerate noise and crowds
- Problems managing time and meeting deadlines
- Poor concentration
- Difficulty focusing on multiple tasks simultaneously
- Reduced stamina
- Negative reactions to criticism
- Anxiety about failing or not understanding instructions or material

Understanding Schizophrenia

Schizophrenia is a term for a range of experiences believed to be caused by an interaction of brain chemistry, genetic vulnerability, life circumstances and other factors. There has been a long-standing myth that families are to blame for this issue or that bad parenting can cause schizophrenia: **this is NOT true**. The truth is, we don't clearly know what the cause or causes are.

Schizophrenia affects about an equal number of men and women, but usually men's symptoms appear earlier in life, so diagnosis may happen earlier as well. Most commonly, symptoms in men start to appear in the late teens or early twenties; often for women it may not be until late twenties or early thirties. It can also develop in children before puberty and shares many of the same symptoms as in adults. However, it is often misdiagnosed (sometimes as autism) in younger children. Schizophrenia is found all over the world and affects people from all parts of society.

It is generally believed that schizophrenia is a long term health issue after the initial onset or episode of psychosis. There are always exceptions however, and there are people who say they have completely recovered from any symptom of schizophrenia without medication. The most common treatment is with anti-psychotic medications. New research is being conducted in the treatment and management of schizophrenia. Safer and more effective medications, as well as alternative therapies, diet control, art therapy etc., are continually being developed.

The experience of schizophrenia can be frightening and confusing for everyone. It can start very suddenly and dramatically with uncharacteristic behaviour.

It is hard to see the person you love feeling angry and confused. Worse still, they may be terrified by hallucinations or paranoia. It is incredibly frightening and disorienting for the person experiencing these symptoms. It can be just as frightening for the people who love them, who may feel powerless to help. Suicide risk must be taken seriously, as almost 10% of people diagnosed with schizophrenia die by suicide.

Schizophrenia may not be definitely diagnosed until more serious acute symptoms appear. This can happen all of a sudden or after a gradual build up of symptoms (***gradual onset***). When the person is experiencing acute symptoms of schizophrenia, they may need to be hospitalized and are often referred to as "psychotic", or going through an episode of ***psychosis***.

It can be distressing to hear those words referring to yourself or your loved one. Again, the more aware you are of what goes into a diagnosis, the better able you will be to deal with a crisis or with health care professionals.

Signs of Schizophrenia (Also called 'gradual onset')

- Loses interest in usual activities
- Withdraws from family and friends, self-isolation (e.g. spends a lot of time alone in their room)
- Becomes easily confused or has trouble concentrating
- Feels listless and apathetic
- Becomes intensely preoccupied with body, health, religion or philosophy
- Hears voices or nonexistent sounds, uses words that make no sense, sees things that aren't really there
- Experiences sleeplessness and agitation, often reversing day and night activities
- Has suspicions of being watched, followed or plotted against
- Demonstrates major changes in personality

Schizoaffective Disorder

This diagnosis is used when an Individual does not fit diagnostic standards for either schizophrenia or "affective" (mood) disorders such as depression and bipolar disorder.

Some people may have symptoms of both a mood disorder and schizophrenia at the same time.

Distinguishing between bipolar disorder and schizophrenia can be particularly difficult in adolescents.

Because ***schizoaffective disorder*** is so complicated, misdiagnosis is common. Some people may be misdiagnosed as having schizophrenia. Others may be misdiagnosed as having bipolar disorder.

*“Don't hide or be ashamed to have a family member with a diagnosis.
Talking openly is the first step in eliminating stigma.”*

Acute (or ‘Positive’) Symptoms of Schizophrenia

Acute symptoms (sometimes called ***positive symptoms by clinicians***) include things like:

Hallucinations: The person may see, hear, feel, smell or taste something that does not in fact exist, but will truly believe that they had the experience - it feels absolutely real to them.

Auditory hallucinations (hearing voices) are the most common.

Disturbances in Thought: The person may have disturbances in the continuity of thinking, so their line of thought cannot be carried through in a way that makes sense to other people. This can involve the inability to hold their concentration, feeling overwhelmed very easily and being unable to distinguish between information that is, and is not relevant. Other cognitive changes can include difficulty with memory, switching tasks quickly, and difficulty making decisions.

Delusions are an example of disordered thought patterns with fears that can seem very bizarre to others. For example, the person may think that a family member or neighbor is trying to control them with magnetic waves, or that people on TV are sending special messages to them. The person may make connections between events and think that unrelated things have to do with one another.

Disturbances in Behaviour: People’s behaviour will often change in response to the ***hallucinations*** or delusions they may be experiencing. If they think someone is secretly taping their conversations, they may take apart home appliances to try and find the microphone or videotape. **They feel threatened, so they respond the way they think they should in order to protect themselves.**

For more information, contact the
Schizophrenia Society of Ontario (SSO)
www.schizophrenia.on.ca

Negative symptoms: A term used by the medical system to refer to symptoms of mental health issues ***other than*** acute symptoms.

- Inability to experience pleasure
- Restricted or flatness of emotion or emotional expression (***flat affect***)
- Inability to tolerate social interactions or contact
- Lack of direction, leading to a sense of indifference and lack of motivation
- Restricted or distorted ‘sense of self’
- Neglect of personal hygiene or appearance

Early Psychosis Intervention

Early Intervention programs have been initiated throughout Ontario, offering early identification and treatment of psychosis, holistic person-centered planning for recovery, and re-integration into the community. Individual and group-based services are offered in the home or in community-based settings by a multi-disciplinary team representing social work, nursing and psychiatry.

1st Step

CMHA WW

130 Weber Street West, Suite 202

Kitchener, ON N2H 4A2

1-844-CMHA WW3 (#s 264-2993) ext. 2040

Is 1st Step For Me?

1st Step is for individuals who are between 14 and 35 years of age living in Wellington and Waterloo Region

AND

1. who are showing symptoms of a first episode of psychosis and where psychosis is the primary presenting concern

OR

2. who are within the first year of an initial episode of psychosis.

Referrals are invited from people who are experiencing psychosis, family members, physicians, educators and other service providers.

It is requested that the person being referred is aware of the referral. Participation in 1st Step voluntary.

Understanding Depression

Depression is a surprisingly common diagnosis but is often not talked about, just like other mental health issues. The experience of depression ranges widely, depending on the person and their support network, the circumstances in their lives, treatment and support they may or may not be receiving, etc. It is important not to make any assumptions about how depression may affect a person's life: feelings can range from sadness, concern, fear, anxiety, helplessness, anger and guilt to feelings of suicide and hopelessness.

Depression is not laziness; all feelings of depression are confusing and upsetting. Try not to downplay or underestimate the significance of depression when talking to your depressed family member. It is often very hard for people who are feeling depressed to gain perspective on their feelings and understand that it will end. The resulting experience of hopelessness can be overwhelming. We all have times when our mood is low, but if symptoms of depression last for more than two weeks and start affecting one's life, it may be time to ask more questions and get some help. It is common for depression to be diagnosed along with other mental or physical illness.

Tips for adjusting to the diagnosis process:

- Do not expect an immediate diagnosis. Sometimes diagnosing a mental health issue can take weeks or months.
- Many difficulties have very similar symptoms.
- Sometimes a family doctor or physician does not immediately recognize the symptoms necessary for a diagnosis.
- The diagnosis may change as the doctor obtains better or more complete information and is able to make observations over time.

“In order to get better, a person with a mental illness needs to treat themselves respectfully and be treated with respect by others.”

Some Signs That a Person May Be Experiencing Depression

- Changes in appetite or weight
- Sleep problems such as waking up early, sleeping too little or too much, trouble falling asleep or staying asleep
- Extreme fatigue: for example feeling tired all the time even if adequately rested and not working
- Lack of motivation, procrastination, avoidance of usual activities, decreased productivity, trouble concentrating
- Inability to feel pleasure, emotional 'flatness' or an 'empty feeling inside'
- Unusual crying, sobbing and feelings of sadness and despair that may seem disproportionate to someone else
- Desire for solitude, withdrawal from usual activities and friends
- Feelings of self-blame, worthlessness, guilt, anxiety, preoccupation with failure and loss of self-esteem
- Trouble making decisions, even ones that seem small or insignificant to others
- Recurrent thoughts of death, dying or suicide
- Symptoms of physical illness that can not be verified as such

The exact cause of depression is not known, seems somewhat individual and is probably due to a variety of potential factors, including genetics, chemical imbalance in the brain, environmental stress, traumatic events or abuse. Depression is often diagnosed in conjunction with other physical or mental illnesses. Doctors or clinicians may use a variety of terms for different types of mood difficulties. You may hear the words ***situational, clinical, major depressive illness, dysthymia, unipolar, or mood disorder*** to refer to symptoms of depression.

Ways to be Supportive When Someone is Experiencing Depression

Supporting someone who is experiencing depression can be very difficult. It will require patience, understanding and courage from all parties. It is always important to learn as much as you can, but also to take care of yourself in the process. Your own physical and emotional health is very important and will help smooth the way to lighter days.

- Encourage the person gently to seek some help if their feelings seem to continue for more than two weeks and are affecting their life.
- Help them get an appointment with a doctor and go with them if they think it will help. Sometimes the hardest part is actually talking about it with professionals. The more support there is, the better off the person will be in the future.
- Any and all talk of suicide should be taken very seriously. Seek help right away. (See *'Coping with Crisis'*)
- Listen to their concerns, try **NOT** to give advice on what to do. They need to be heard. Don't push them to talk if they don't want to, but let them know that they can trust you and you aren't judging them.
- Do **NOT** tell them to *"snap out of it"* or *"get a grip"*. This will only make them feel more guilty and anxious about what is happening to them. People who are depressed often feel that it is their fault for not being strong enough to fight those feelings on their own.

"Be patient with them and with yourself. Joining a self help or support group can be helpful for family members too. Don't expect things to change immediately even if they start counseling or medication."

Understanding Bipolar Disorder (Manic Depression)

Many people are most familiar with this mental health issue by its old name, '***manic depression***'. ***Bipolar disorder*** can also be called bipolar affective illness. Bipolar disorder is characterized by two extreme 'poles' of mood where periods of deep depression alternate with periods of ***mania*** or hyperactive state. During the manic phase, people can seem positive, outgoing, euphoric about life, full of energy and brimming with ideas.

Self-esteem may become unreasonably high and they may express an inflated sense of self-importance and confidence in themselves. Once the manic phase is over, generally a depressive stage will start and the person's mood will change to symptoms consistent with severe depression.

*"You are who you are,
You are not your illness."*

It can be difficult for a family to cope with an individual whose moods change dramatically, unpredictably and sometimes quickly. It can be very disruptive, both for the person and their family, particularly for a spouse.

In the medical world, the switching back and forth between depression and mania is called '***cycling***' and can be different from person to person. There could be several episodes of mania and one of depression, or the opposite. Cycles can happen at different rates at different times depending on stress, medication and other environmental factors. There can also be long periods in between cycles where the person feels neither manic nor depressed. '***Rapid cycling***' is when a person experiences four or more episodes of mania and/or depression in a year.

Any person can develop bipolar disorder. However, studies indicate that highly creative, sensitive people, those tending to be perfectionists and high achievers, have a higher prevalence of bipolar disorder. A person's genetics, personality and/or stresses in the environment (a major loss like the death of a loved one, separation, divorce, etc.) may also play a part in bringing on depressive or manic states.

Signs of Mania

(Persisting, on average, from 1 to 3 months)

- Inflated sense of self confidence and importance
- Decreased need for sleep, sleeping only a few hours at night
- Talking more or faster than usual, jumping from topic to topic quickly
- Racing thoughts which occur almost simultaneously
- Overreacting to things, misinterpreting events and easily distracted
- Going on sprees - shopping, investing, having indiscrete sexual encounters etc.
- Rapid and unpredictable emotional changes
- Refusing to get treatment, because unable to see there is a problem
- Blaming other people for anything that goes wrong, difficult to reason with
- Altered sense of reality, may hear voices or have delusional thoughts

Ways to be Supportive When Someone has Bipolar Disorder

- Try to encourage the person to participate in activities that have calming effects rather than over stimulating activities such as parties
- Communicate in positive, non-confrontational ways and focus on the here and now by giving simple truthful responses.
- Help the person keep a log of their behaviour and symptoms. For example, the length of time an episode lasts and the length of time until the next one.
- Get the support you need for yourself; it can be very stressful, especially for a partner or significant other to support someone who refuses to recognize their illness or get outside help.

Understanding Anxiety Disorders

The term '*anxiety disorders*' refers to a group of mental health issues that include *panic disorders*, *phobias* and *obsessive compulsive disorder*. People can inherit a genetic predisposition to anxiety or it can be caused by environmental or life stresses and/or chemical imbalances in the brain. Traumatic events in childhood can sometime cause people to develop specific phobias or a full blown anxiety disorder. Anxiety disorders can be long-term, but they are treatable, particularly if proper treatment is accessed early on.

Generalized anxiety: *Generalized anxiety* is an ongoing state of worry where the person cannot get relief from anxious feelings.

Social Anxiety: At the core of *social anxiety* (also called social phobia) is an excessive fear of scrutiny by others, and an intense and persistent fear of social or performance situations. The person responds to these feared situations with severe anxiety, at times mixed with panic. Often the feared social or performance situations are avoided, causing marked distress for the individual and significant interference in their daily life.

Panic Attacks: *Panic attacks* are defined as the sudden onset of intense apprehension, fear or terror, often associated with feelings of impending doom. They usually occur suddenly and last only a short time but can be very distressing.

Common Symptoms of Anxiety

- Feelings of fear and anticipating misfortune for self or others
- Headaches, back or neck aches from tension
- Irritability, nervousness
- Trouble concentrating
- Easily tired and/or constantly feeling fatigued
- Pounding heart, sweaty palms, digestive upset, shallow breathing

Panic Disorder: The term ***panic disorder*** is used when a person experiences panic attacks frequently for more than three weeks. Sometimes a person will have repeated panic attacks that are so severe and so frightening, that they develop ***anticipatory anxiety*** in which the person worries about when the next panic attack may occur.

Phobias: A ***phobia*** is defined as a persistent, irrational fear of a situation or object. The person knows the fear is irrational but cannot help being afraid, trying to avoid the object of their fear at all costs. People with phobias may experience panic attacks, but phobias do not happen spontaneously—they are specific to a situation or object. The most common phobias involve heights or closed spaces, animals or insects, germs, and also social phobias like public humiliation or embarrassment. Agoraphobia is a fairly common social phobia, experienced as having panic attacks in public and/or crowded places.

Obsessive Compulsive Disorders: ***Obsessions*** are *thoughts* that feel uncontrollable and are driven by anxiety. These thoughts are unwanted, recurrent and intrusive. Obsessions vary in frequency and intensity, getting worse when a person is under stress. ***Compulsions*** are *behaviours* (or rituals) carried out in response to an obsession (thought). The ritual becomes excessive or unrealistic and interferes with other areas of a person's life but offers temporary release from the anxiety of the obsessive thoughts.

Common Compulsions (Rituals)

- Hand-washing
- Showering or bathing
- Tooth-brushing
- Cleaning household items
- Grooming
- Dusting and vacuuming
- Hoarding objects
- Touching certain objects in a certain way
- Checking locks, doors, windows, light switches etc.
- Turning taps or lights on and off in a specific sequence
- Placing or arranging items in a

Ways to be Supportive When a Person has an Anxiety Disorder

- Gently encourage them to get help from a doctor or trained professional.
- Help them identify specifically what worries lead to the most anxiety. Recognizing concerns sometimes makes them easier to cope with.
- When talking about their anxieties (or other topics) avoid quizzing.
- Offer to help come up with a plan to resolve or reduce the impact of the anxiety.
- Regularly tell the person that you are supporting them and you are there to help them face their fears.
- Take time to listen and try to keep conversations shorter so they don't feel overwhelmed.
- Encourage and support healthy lifestyle choices in diet, exercise, relaxation and stress reduction techniques; limiting caffeine, sugar and nicotine (all stimulants) is helpful in managing anxiety.

Treatment for Social Anxiety Disorder

Medication such as antidepressants in combination with **cognitive-behavioural therapy (CBT)** The major components of CBT include:

- **Exposure:** gradual and prolonged exposure to real or imagined fearful social situations
- **Cognitive Restructuring:** helps you learn techniques to view the world in less biased or distorted ways
- **Relaxation Training:** helps you to identify and manage anxiety through relaxation
- **Social Skills Training:** helps you to become more assertive and improve other interpersonal skills

Understanding Eating Disorders

Eating disorders are very hard for people to understand if they have never struggled in that way. They are characterized by an intense fear of gaining weight, very low self-esteem, feelings of powerlessness and often involve a compulsive need to exercise. Eating disorders can become very serious problems and can compromise a person's health to the point of death if they don't get help to change their behaviour and thoughts. There are two main kinds of eating disorders: **Anorexia Nervosa** and **Bulimia Nervosa**.

Many of the symptoms and behaviours associated with anorexia and bulimia are the same. The underlying psychological and emotional issues are very similar as well. People who develop eating disorders are often perfectionists who are very concerned with how other people see them. They generally have low self-esteem but present themselves as being very disciplined and in control.

Although anyone can develop eating disorders, youth and teens are particularly vulnerable because of peer pressure and a heightened sense of self-consciousness and sensitivity to judgment at that developmental stage. Also, youth often feel that there is very little that they have control over in their lives; food becomes one thing they do have some power over. Generally more young women than young men suffer from eating disorders, although the number of young men with either anorexia or bulimia is growing.

It can be very difficult for a family when an individual is experiencing an eating disorder. You may experience feelings of frustration, anger and helplessness. It is very frightening to see the person losing weight and compromising their health so significantly, with the clear intention to do so. Family meal times are often tense and full of disruption as people argue about food and eating habits.

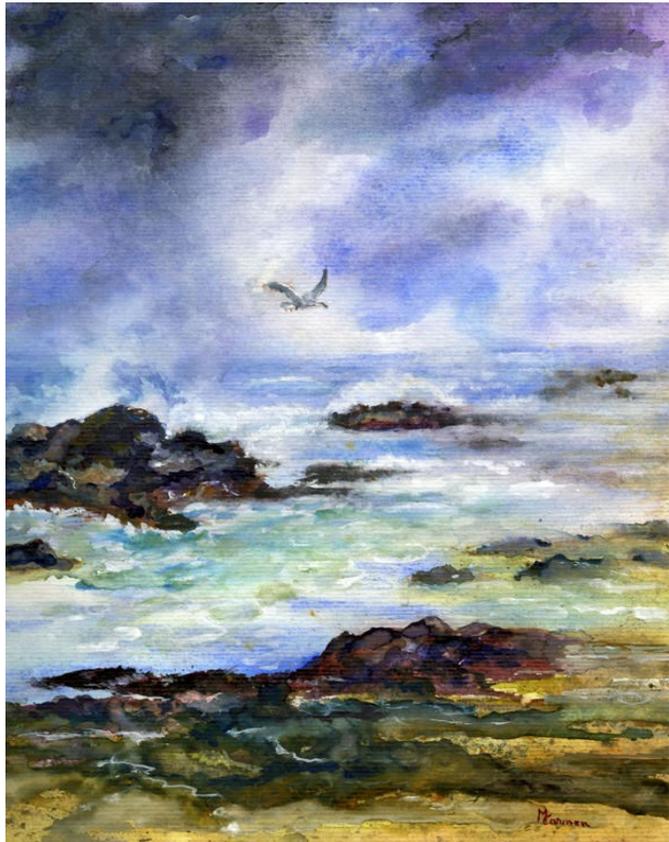
Anorexia Nervosa is characterized by drastic weight loss from excessive dieting and exercise. People struggling with this disorder have a distorted body image, perceiving themselves as 'fat' when they are actually normal or below normal weight. Because they have a distorted body image, those with anorexia will not generally accept that they need help.

Bulimia Nervosa is characterized by frequent fluctuations in weight and periods of uncontrolled binge eating followed by 'purging' to rid the body of the food. **Purging** can involve self-induced vomiting, the use of laxatives or diuretics, fasting and excessive exercise.

Signs of Anorexia and Bulimia

- Excessive concern with weight and distorted body image
- Preoccupation with food, calories, dieting
- Compulsive exercise
- Denial of hunger or of any issue with food
- Unusual eating habits
- Weighing oneself frequently throughout the day
- Absent or irregular menstruation
- Leaving for the bathroom immediately after meals (usually to self-induce vomiting)
- Use of laxatives, diuretics and/or diet pills
- Keeping secrets about dieting, bingeing, vomiting
- Hoarding foods in secret places for bingeing
- Mood swings and irritability
- Disrupted relationships and social withdrawal

“I have benefited greatly from the Eating Disorders program. I found the staff to be very knowledgeable, respectful and supportive. Confidentiality is emphasized and this was respected by all people involved. This was very important to me to maintain my sense of self-respect and self-acceptance.”



Storm in the Black Sea
Artist: Carmen Mihail

Ways to be Supportive When a Person is Living with Anorexia or Bulimia

- Early intervention is the best option. It may take a long time for them to respond to encouragement for getting professional help, no matter how old they are.
- Express concern for their health - don't focus on food or weight.
- Be prepared for them to respond with anger or denial when you express concern. It is very frightening and hard for them to admit that they have a problem that feels out of control.
- Focus your energy towards trying to get them to accept some professional support and don't expect that you will be able to 'fix' the problem or change their minds about their weight.
- Try to keep a sense of "normalcy" at meal times and create a positive environment. Do not let your family life start to revolve around the eating disorder. Meal times can be a source of conflict that can carry over into other areas and relationships.
- Once they are getting professional support, avoid getting into discussions or arguments about weight or food behaviours.
- Family therapy is often a very good idea; if that is not possible, try to get the support you need to manage your emotional and physical health.
- Regardless of how you feel about their weight or behaviour, verbally and physically express your unconditional love for your struggling family member or friend.
- As a role model, do not diet or encourage food-restricting behaviours and do not make comments - positive or negative - about their appearance.

**For more information from CMHA-WW's Eating Disorders Clinic please visit:
www.cmhaww.ca/programs-services/services-for-eating-disorders/**

Coping with Crisis

When you hear the word *crisis*, what comes to mind? For most of us, our thoughts jump to the worst possible scenario - something we don't want to face or deal with. **The dictionary defines crisis in two ways: *an unstable situation of extreme danger or difficulty; and a crucial stage or turning point in the course of something.***

If the second definition is surprising to you, consider that the Chinese character for crisis is actually a combination of two words: Danger and Opportunity. We may not perceive crisis as a way to grow, yet experience shows that people are incredibly resilient and crises can become powerful opportunities for creating change.

The other thing to remember is that we have a great deal of power and control over how we respond to different situations, even when we think we don't. **Just consider that the way you frame a situation in your mind will help determine your response.**

In this chapter we will discuss mental health crisis so the family is better able to understand it, and prepare for the future.

Preparing for and Preventing a Crisis

Health Information Sheets can help in a crisis. Make copies of a one page information sheet containing the person's history, medications, any hospitalizations, and what helps or frightens them when the individual is struggling severely. This can be given to health care providers and will help in the case of an emergency.

Crisis Planning can be immensely helpful. Develop the ***Crisis Plan*** that is also known in the mental health field as a "***Crisis Recovery Support Plan***" (***CRSP***). This is best done during a period of stable mental health, so that if the person goes into crisis, there is already something in place. Developing a ***CRSP*** will involve the person documenting what actions they would, and would not, want taken in a crisis situation, ways to help themselves and resources they can access (like the Distress Line). The family can write a ***CRSP*** together with the person, so that everyone is knowledgeable. A ***CRSP*** will often be created with the assistance of a social worker or support worker.

A crisis is very individual. Each person experiences events differently and the event itself may not be the cause of the crisis. A crisis comes from the person's response to an internal or external situation and their perceived inability to cope with the situation. There are some common elements in crisis. In nearly all crisis situations there is an element of loss and a sense of helplessness.

How someone responds to crisis can change with tools and knowledge. Crisis can be prevented or at least lessened by planning how you can deal with it before it even happens. This is called crisis planning. Anyone can use crisis plans, also known as **Crisis Recovery Support Plans**. Plans are effective in dealing with small situations and high risk, high stress situations as well. By having a personalized crisis plan, a person and their support network will have the tools that provide practical ways of coping with difficult situations.

A typical plan would include:

- **A definition of crisis that is individual**
- **Triggers that may set off a crisis**
- **Early warning signs of crisis**
- **What usually happens in a crisis**
- **What would not be helpful when in distress**
- **What a person can do for themselves**
- **What others can do for the person**

Together in a structured plan, these things help an individual recognize when they are heading toward crisis and what they and others can do to manage the situation more

effectively. An effective crisis plan is a team effort. It focuses on immediate, concrete problems and utilizes the strengths of the individual as well as outside resources. A plan should be consistent with a person's culture and lifestyle, in addition it should include the individual's significant other, family, and social network.

Crisis planning is a learning experience and a continual work in process. The **CRSP** needs to adapt to the changes a person experiences through their mental health journey.

Whether a person uses a recovery support plan just for small stresses, or for potentially life threatening situations, they can be effective. A plan can be something people create themselves, it can be created with a close friend or relative, within a group, or it can be created with the help of a health care professional within an agency. But planning is something everyone should consider, because although crisis may mean different things to different people, everyone can help themselves by planning ahead.

A Crisis Recovery Support Plan can also be created once the person is involved with the mental health system and is seeing a worker or psychiatrist. It is a comprehensive plan, completed with the doctor or worker and may also include the person's family or primary support person. This plan can be shared with supports and services so everyone can have the same information.

Steps for Preventing Crisis

Educate Yourself. For instance, attend a family education group or program related to mental health and the mental health system. Research has shown that **family education** is one of the most important variables in reducing the frequency of hospitalization.

Reduce Stress at home. Try to lower the emotional voltage in your interactions with the individual. Learn to recognize patterns that cause stress and conflict for you and your family member. Re-evaluate your expectations of them and stop doing what is not working. This is a good opportunity to **choose your battles**.

Reach Out for Help, for all involved; the individual who is struggling with mental illness, and for the rest of the family who will be affected. Don't try to manage things all on your own. There is **no shame** in admitting someone has a mental illness in the family, or in admitting that you might need some help to manage.

Be Aware of Relapse Symptoms and patterns that you have observed in the individual. Get help sooner rather than later. If possible, you want to avoid the stress and trauma that can be involved in hospitalization, which can sometimes seem like the only option in the midst of a full-blown crisis. It is very unusual for someone to become suddenly and severely ill. The process of relapse usually occurs over time. **Keep your eyes open.**

Common Signs of a Possible Crisis

- A sudden change in usual behaviour
- Extreme irritability
- Easily overwhelmed by almost anything
- Trouble talking, eating, or sleeping
- Appearing unresponsive, severely depressed and/or unable to care for themselves
- Acting or talking in ways that may lead to harm (to themselves or others)
- Expressing suicidal plans or thoughts

Helpful Responses in a Crisis

It can be a very distressing experience to see a person in crisis or in the middle of a psychotic episode. It is important to prepare yourself and your family for this possibility. Include in your 'toolbox' the information and tools you need when faced with a mental health crisis.

Here are some examples of tools you can have ready:

- A list of people you can trust and who you can call in a difficult time including family, friends, your family doctor, etc. Have this list ready and posted so that if you aren't around, someone else can access it.
- A list of ways to behave that will help to create calm in a stressful situation, such as speaking in a soft voice, keeping your body language subdued and reducing the amount of noise or extra stimulus in the environment if possible.
- **If the crisis involves a danger to self or others**, the family doctor, Justice of the Peace or a police officer can all assist in helping someone get to a hospital. Refer to the chapter "Legal Issues".

Strategies to calm a person in crisis

- Use a calm voice and slow your speech to help de-escalate the person in crisis.
- Try to reduce the amount of noise in the environment.
- Ask the person what they feel would be helpful - what do they need or want right now?
- Try not to challenge what the person is saying or experiencing -don't say things like "it's not that bad", or "I don't see why you're so upset". Think about how you would want to be treated.
- Have a list of any medications the person should be taking, so if you have to go to the hospital you can pass this information to the hospital staff. This should be on the person's **health information sheet**.
- Try to stay aware of your own physical safety at all times - keep an eye on your possible exit points and keep them clear in case you need to use them.

"When he got sick, all I wanted was for someone to tell me what to do and where to go. There were no easy answers. Looking back now, with what we've learned, we could have saved ourselves so much heartache. At least other families will be able to benefit from our experiences."

Sample of a Crisis Recovery Support Plan

The following are questions and information a Crisis Recovery Support Plan would entail. The beginning of the form includes personal information such as name, birth date, doctor information, phone number with a question regarding permission to use this number and address. What follows are the questions and strategies YOU request in the case of a personal crisis.

List of support people in your life including support worker, a Power of Attorney (POA) or Substitute Decision-maker (SDM)

Relevant health information including allergies, medications, or any other pertinent information.

Questions regarding the signs you want/need support. These include:

1. What am I like when I am feeling well?
2. What are my triggers?
3. What are my early warning signs that I need support from others?
4. How will I let people know I need their support and how to activate my plan?
5. What does the term crisis mean to me? How do I know when I am in crisis?
6. How can I take care of myself when I am feeling less well or in crisis? (self interventions)
7. What is NOT helpful when I am in crisis? What should others avoid doing?

A list of friends, family, neighbours or others who can be contacted in case of a crisis. The list includes different tasks each of these people can do to support you.

The next is a list of service providers you have been in contact with and how they can help you.

Finally, there is a section you can request hospital or residential services you have used in the past in case you have to live away from home for a period. This is to be added as a consideration with the understanding there is not a guarantee of your request.

Please note it is recommended you provide copies of the plan to appropriate agencies and everyone mentioned in the plan.

CRISIS SUPPORTS

Your Family Doctor: _____

Trusted Family and Friends: _____

Crisis Lines

- Here 24/7 Waterloo and Wellington counties –1-844-437-3247

Local Hospitals - Ask for Emergency Departments

- Guelph General Hospital - 519-822-5350
- Grove Memorial (Fergus) - 519-843-2010
- Louise Marshall Hospital (Mount Forest) - 519-323-2210
- Palmerston and District Hospital - 519-343-2030
- Cambridge Memorial Hospital - 519-621-2330
- Grand River Hospital - 519-742-3611
- St. Mary's Hospital - 519-744-3311
- Homewood Health Centre (Guelph) - 519-824-1010

Canadian Mental Health Association - 9-5 pm for general information

1-844-CMHA-WW (264-2993) for all sites.

- 80 Waterloo Ave, Guelph walk in welcome
- 67 King St. E., Kitchener walk in welcome
- 3-9 Wellington St., Cambridge walk in welcome
- 234 St. Patrick St. E., Fergus walk in welcome
- 1 Blue Springs Dr, Suite 100, Waterloo walk in welcome

Crisis Respite Services - Threshold Homes and Support

- Call Here 24/7 1-844-437-3247

TeleHealth Ontario - 1-866-797-0000

Mental Health Service Information Ontario - 1-866-531-2600

Each crisis situation is different. The type of supports needed will vary depending on the individual situation.

Calling Here24/7

Crisis Lines:

- provide crisis and risk assessments
- ensure access to a range of resources and support options
- facilitate necessary connections to treatment services
- develop community based intervention plans with the individual in crisis and their natural support network
- develop connections within the available community services

In the Waterloo Region and Wellington County, Here 24/7 is your front door to the addictions, mental health and crisis services provided by 12 agencies across Waterloo – Wellington. All you need to do is reach out to us. We do the intake, assessment, referral, crisis, waitlist and appointment booking work for these important programs. It's our job to be your guide, figure out your needs and help you navigate the system. This leaves you free to focus on maintaining hope and pursuing recovery.

Here24/7 may link callers with the Mobile Crisis Team. This team operates 24 hours a day, 365 days a year offering prevention, assessment, intervention and resolution for urgent mental health and psychosocial crisis situations. The Here24/7 team members provide persons in crisis with access to a range of support options and linkages. Staff work from a least intrusive to most intrusive approach when connecting a person with support options, with a focus on stabilizing crisis situations as quickly as possible and assisting the person to regain control over the situation within the person's own environment.

Mental Health Outreach to Emergency Room

Thanks to the diligence of advocates, extensive public education programs and a vitalized political will, a number of new resources are available to those entering the mental health system. The system is engaged as soon as you enter the emergency room at your local hospital and it is explained that this is a mental health crisis. Each hospital offers assessment services to ascertain the level of crisis and will recommend appropriate next steps.

In both Wellington County and Waterloo Region, recent funding increases have equated to new beds at Grand River Hospital's expanded mental health care services at Freeport Hospital and additional beds allocated at Homewood. Due to the nature of services changing and expanding, please ask for the latest protocols for up to date information.

***The first step towards the solution of
any problem is
HOPE***

Distress Line

The Distress Centre provides confidential supportive listening to individuals in Waterloo. The Distress Centre telephone lines operate 24/7 and are answered by trained volunteers who work in collaboration with crisis services staff providing crisis assessment, problem solving, referral and encouragement for self-interventions.

The General Distress Line

519-745-1166

For supportive listening.

The Youth Line

519-745-1166

For callers 18 years and younger.

The Community Links Line

519-744-5594

Connecting you to community resources.

Grand River Mental Health and Addictions Directory

519-744-5594

For Mental Health and Community Referral Information.

Crisis and the Risk of Suicide

People who talk about suicide usually do not really want to die, but are desperate for support. It is extremely important to **take any mention of suicide seriously**, particularly if they have been showing signs of other behaviours you are concerned about. Sometimes when there is a mental illness present, the person will hear voices telling them they should die.

If you think the person may be thinking about suicide, ask them directly. **Don't be afraid to discuss it openly - it will not increase the chances of the person dying by suicide.** If you think that someone is in danger of suicidal behaviour, do not leave them alone.

Let them talk about the things they feel overwhelmed about - **listen**, don't try to give too much advice or minimize their concerns. Try to make a **verbal contract** or agreement with the person to not act on their thoughts of suicide for a specific period of time (maybe 2 hours from that point) and to work through a plan to help them to stay safe during that time. Assure them that you will not judge them, that you are there to support and get them through this rough time.

Once the person is calm, talk about calling the Distress Line and/or the family doctor to explore what options could be made available. This could make the process of hospital admission or further involvement with the mental health system feel more within the person's control. Thoughts of suicide can stem partly from feelings of helplessness and hopelessness. As much as is possible and safe, it is best not to take away the options and potential for decision-making in a person's life. A mental health issue should not exclude the person from participating in decisions as much as they can.

SOME SIGNS OF SUICIDE RISK

- Talking about dying or saying final goodbyes
- Discussion of a plan to die
- Giving away possessions, taking out insurance, writing a will or other preparations for death
- A sudden and unexpected change in mood or behaviours -it could be extreme either way; hopelessness or euphoria
- A history of suicide attempts or death of someone close by suicide

**IF THE PERSON WON'T ACCEPT HELP AND SAY
THEY ARE INTENT ON SUICIDE, CALL 911**

Suicide... It's Okay to Talk About It

According to the Suicide Information and Education Centre, one in every seventeen (6%) Canadians will have serious thoughts of suicide in any given year. Suicide is difficult to talk about and one of the myths about suicide is that people should not talk about it. The truth is that it is very important to talk to someone who is suicidal about his or her feelings.

There may be many reasons why some people take their lives, but we know certain factors increase the risk. People who have serious physical or mental health concerns, as well as individuals who have made previous attempts and those abusing drugs or alcohol are at higher risk. Those experiencing a major loss or who are going through major changes in their life are also at risk. There isn't one type of person who attempts or dies by suicide, or one type of situation that causes it. **Suicide can affect anyone!**

Although suicide can't be traced to one type of person or situation, it usually does not happen without warning. Some people will not talk about suicide, but other indicators may be evident. Some warning signs are: change in behaviour, appearance, or mood, repeated expressions of hopelessness, helplessness, or desperation, signs of depression such as sleeplessness, social withdrawal, loss of appetite, or loss of interest in usual activities. When behaviour, physical appearance, thoughts or emotions begin to change in someone you know don't let it go unchallenged. **Talk about it.**

Not everyone will use services such as Canadian Mental Health Association, so as a friend or family member of a suicidal person it is important to be educated in ways of providing assistance.

<u>DO</u>	<u>DON'T</u>
<ul style="list-style-type: none">• Listen openly and calmly• Take all suicidal thoughts or threats seriously• Encourage them to share their feelings and seek additional help• Let the person know you care, are concerned and would like to help• Find additional help	<ul style="list-style-type: none">• Advise or interrogate• Offer simple advice• Tell them they are selfish• Agree to keep suicidal thoughts a secret• Ignore suicidal feelings• Leave them alone, or feeling alone

At the Hospital

When an individual is taken to the hospital for psychiatric assessment and treatment, the whole family feels the effects. It can be a traumatic experience for everyone involved. Learning about the process for hospitalization in your area can help you to anticipate and advocate for the person you are supporting during the process. When you understand how the hospitalization process works, you will feel better prepared to understand present and past events, and hopefully those in the future. Knowledge can change fears and frustration into positive action. (For more information about the forms used under the *Mental Health Act*, see *Legal Issues*.)

What to Bring to the Hospital

If someone you are supporting is being admitted to hospital, here are things they may need to bring:

- Health Card and any other insurance information
- Power of Attorney information if applicable
- Pyjamas / bathrobe
- Clothing suitable for indoor and outdoor recreation
- 60 day supply of medications prescribed by physician
- Any necessary physical aids (walker, cane, hearing aid, eyeglasses, dentures, etc.)
- Personal items like hair dryer, electric razor, alarm clock, feminine hygiene products, etc.
- Pillows, duvets or other items that will make you more comfortable
- Reading materials, family photos, paper, pens, iPod.

WHAT NOT TO BRING TO THE HOSPITAL

- Valuables such as large amounts of cash or expensive jewellery
- Butane powered appliances or heat-generating appliances
- Televisions, cell phones, and laptop computers (unless approved by the treatment team)

Personal Health Information Privacy Act

The Personal Health Information Privacy Act (PHIPA), sometimes called the Privacy Act, covers the collection, storage, use and disclosure of personal health information. All health related institutions, services and practitioners in Ontario are required to follow the act. Consent is required for gathering, using and disclosing of information.

Express Consent is explicit and direct and may be given verbally, in writing or electronically.

Implied Consent is inferred from the surrounding circumstances that the individual would reasonably agree to the collection, use or disclosure of the information.

A health care worker may rely on implied consent within the circle of care for the purpose of providing health care. Family and others involved in support may be considered part of the circle of care unless the individual expresses otherwise. Implied consent may not be used if the person has expressly withheld or withdrawn consent.

Unless expressly forbidden by the person, a health care worker may confirm that the individual is a patient; give general health status in terms of critical, fair, stable, satisfactory or similar terms, the location of the patient in the facility. Capable individuals of all ages are entitled to make their own health information decisions. A person is considered capable if they are able to *understand the information relevant to the collection, use or disclosure, and appreciate the reasonable foreseeable consequences of giving or withholding consent.*

Source: www.ipc.on.ca

Information and Privacy Commissioner Ontario: A Guide to the Health Information Protection Act

Things to keep in mind when communicating with staff at the hospital:

First of all, **be polite and respectful**. They know it is a stressful experience and can empathize with your feelings.

Ask for what you need. Families can request meetings with doctors and nurses, and can also call and provide information about the individual. Ask to schedule some time with a doctor or nurse to get questions answered or to speak about particular issues.

Remember, the staff are human, too! Try to remember that they are there because they want to help people. They are your allies. They have their own lives and stresses but they are there because they want to be.

Visiting a Person in the Hospital:

Visiting the person in the hospital can sometimes feel awkward and upsetting. It is common to feel angry if the person doesn't seem to be themselves. They may be taking different or more medications, they may not be sleeping well and they may be disoriented and confused about where they are, or why they are in the hospital. Here are some things to think about and remember when you are visiting:

THINGS TO REMEMBER:

- Silent company is okay.
- Every person is different. Ask what they need from you and what they would like your role to be in managing the illness and helping in the recovery process.
- Feeling awkward, scared, ashamed, angry, shameful - these are all normal feelings, but don't let them stop you from trying to connect with the person.
- The person may have different needs now, may have less energy to do things, may be wary of large crowds or activities they used to enjoy - let them set their own pace as much as possible during visits.
- It can be very stressful visiting someone in the hospital. Make a plan ahead of time so you aren't alone after the visit, or so you have somewhere to go. Make sure you are managing your own stress and getting the support you need.

- **DURING A VISIT***: Take the person for a drive - the scenery can be calming and it is a way of getting outside without having to interact with a lot of other people.
- Go out for a coffee or a meal together.
- Go for a walk outside together.
- Bring books, music or art supplies with you, (or other things the person is interested in) and discuss them together.
- If they want to, talk about what they have been doing while in the hospital like classes, and visits with the doctors, meeting other patients, etc.

activities will depend on privileges the person has in the facility

When it's Time to Leave the Hospital

Sometimes a discharge will happen fairly quickly for a variety of reasons, including high demand for the space in the hospital programs. As much as possible, start making plans and preparations for the return home before the discharge notice is issued. Families can request to be present for the discharge planning meetings, at which time you can ask for more information about referral to or involvement in community based support services. This is a great opportunity for discussion about strategies for support and recovery with mental health professionals and in the community.

It is important that you and your loved one are clear about any directions or information the doctor or hospital staff give you about follow up, medications, referrals that have been made, will be made, or need to be made by you. Both the experience in the hospital, as well as returning home after hospitalization can be stressful. Having some guidelines about how you can best support the person after they leave the hospital will also be helpful for everyone.

“Returning to life in the community and the workplace requires help not only from formal services but from acquaintances who are willing to help during a very difficult and confusing time.”



Hands and Faces
Artist: Judith Rosenberg

Communication Skills

Communication is the core of human relationships. Communication is a combination of words (verbal), how the words sound (tone of voice, inflections) and how the communicator looks (body language). Communication is a two way process that also involves the feelings and responses of the listener. Communication is both sharing a message with another and receiving a message from another.

Talking with other people often helps us to “*hear ourselves*” out loud...it helps us with our own problem solving. Good listening is not judging, denying, putting down or diminishing the other person’s experience. Setting aside judgment means that effort and energy are focused on hearing what is being said, not on forming an opinion. When we recognize and acknowledge the person’s feelings about what they are saying, and not just the content, understanding is enhanced. Relationships thrive when there is an acceptance and respect of people’s natural communication differences. Differences in listening style are significant. It pays to take the time to learn the different listening styles of people close to you. Listening creates conversation, conversation creates communication and communication creates connection.

Try scheduling family time each week just to talk. Every family is different, and there are many ways to do this. Some people may want to pick a topic for discussion at dinner. Everyone should get a turn to decide what is talked about. Others may want to just talk about their day or to share joys and challenges. Talking about what is happening in the world can be a door into discussions about values, experiences and dreams. There is no right or wrong way to help make more communication happen within the family. What is important are the connections that can happen when people take the time to share their thoughts and listen to the thoughts of each other.

Communication with a family member who experiences a serious mental health issue can have some challenges. A person may be preoccupied with thoughts, worries, sensations, internal stimuli or emotions. There may be differences in opinion about approaches to recovery, treatment or support. But like all situations between people, being open to listening and trying to understand the other person’s point of view will help facilitate healthy and productive communication.

Conflict Resolution and Problem Solving

Conflict is an integral part of relationships. When faced with a problem to solve, or a situation that involves conflict or differences of opinion, it can be difficult not to react emotionally. Sometimes an emotional reaction can make the situation worse. Conflict resolution involves allowing each individual the opportunity to hear and be heard by the other person. Having a planned approach to conflict resolution can assist in obtaining an outcome that meets the needs of everyone involved.

If conflicts arise:

- Speak in a calm voice
- Use short, clear statements to highlight main points
- Encourage the other's point of view
- Focus on specific behaviours
- Use "I" statements such as "I feel angry when this occurs", avoid blaming such as "you made me so angry when you did that".

(from "Coping with Schizophrenia, A Guide for Families", Kim T. Mueser, Susan Gingerich)

It may also be helpful to practice self-talk methods in preparing for a likely conflict to use both during the conflict and when reflecting on the experience afterwards.

"To effectively communicate, we must realize that we are all different in the way we perceive the world and use this understanding as a guide to our communication with others."

There are productive ways, and not so productive ways of thinking about a potential conflict before and during a situation:

Non-Productive	Productive
<ul style="list-style-type: none"> • This is going to ruin my day. • I'm sick of having to put up with this person. • I'll fall apart if I get angry. 	<ul style="list-style-type: none"> • This may upset me, but I can deal with it. • How can I stick to my needs here? • I need to relax and believe in myself.

Reaction During Conflict:

Non-Productive	Productive
<ul style="list-style-type: none"> • I know what he wants. • I can't win. • I don't have to take this. • Oh no! Here comes my headache. I'm starting to stammer. She'll think I'm afraid. • I need to get away from here. 	<ul style="list-style-type: none"> • What is the problem here? • We can solve this together. • I need to listen and try to hear her point. • I need to relax my neck muscles and breath deeply. • Sit down and slow down.

Reflecting on the Experience:

Non-Productive	Productive
<ul style="list-style-type: none"> • I blew it again. He probably thinks I'm an idiot. • I showed her this time. • I was just lucky this time. • I don't want to think about it anymore. 	<ul style="list-style-type: none"> • Problem solving takes time. Try again. • Don't take this personally. • I worked through that successfully. • What did I do that helped resolve the problem?

Helpful Attitudes

Helpful Approaches

- Let the person tell you what they are feeling, and what started the issue
- Convey understanding and empathy
- Cover limited topics
- Use open-ended questions
- Speak slowly and coherently
- Communicate respect and confidence in the person
- Ask what has worked for them in the past
- Verbally recognize the problem or issue
- Avoid analyzing, advice giving, or providing solutions
- Be aware of non-verbal communication; posture, eye contact, personal space, attentiveness, volume and tone of voice
- If offering feedback, use “I” messages

Personal Boundaries

- Be aware that sometimes we cannot meet another person’s needs or take ownership of others’ problems
- We often want to rescue someone because we feel uncomfortable about witnessing another’s pain. Remember that people are capable of finding their own solutions, and we can help by just being with them
- Using self disclosure carefully can be useful only when it is relevant to the other person’s situation and when their need, not ours, is met by sharing
- Learn to recognize when we are feeling our own pain
- Know and respect our own limits of knowledge, time and energy

Communicating with Health Care Professionals

Making Contact

- Ask the person you are concerned about if you can accompany them to an appointment or speak with their doctor or other service provider.
- If they agree, let the office know you will be coming to the next appointment.
- You may want to request a longer appointment time than usual to make sure there is enough time to discuss your concerns. Ask for this in advance.
- If the individual does not want you accompany them, request an appointment for yourself.
- Clarify that you want to provide helpful information to the health care provider, you are not requesting confidential information about the person.
- If you are unable to get an appointment, write a concise memo outlining the information you wish to share and drop it off. Include your phone number.

For specific problems or emergencies

- Tell the receptionist when you call what the problem is, how urgent it is, and why you feel you need to come in that day or in the near future.
- If you are unable to get a timely appointment, ask what your alternatives might be. (Could you speak with the doctor on the phone, is there a nurse to talk to, could the pharmacist help with medication concerns, could a prescription be phoned in?)

Pre-appointment preparation

- Decide what the focus is: What are the concerns? What do I need to communicate and why? What questions do I have? What do I hope will happen at the appointment?
- Organize your questions and concerns in written form. List in order of importance, so that the most critical are discussed first, in case you run out of time.

The appointment

- Stay focused. Present your concerns and questions to the health care professionals in a concise, clear and organized way.
- Use repetition if needed and request feedback to ensure understanding.
- Clarify information and instructions - ask for more details when necessary.
- Record information or instructions.
- Plan follow-up.



Earthship
Artist: Kathryn Ssedoga

Child & Adolescent Mobile Crisis Service

What if the person in crisis is a child? Young people are also at risk of mental health crisis, and families in distress need to know what resources are available to their child. The **Child & Adolescent Mobile Crisis Service** is available in Wellington County, provided by Canadian Mental Health Association Waterloo Wellington.

The mobile crisis service may not be appropriate for every case. It is not an *emergency* service, but is equipped to deal with “medium” risk crises. For those who are at immediate risk, telephone intervention and assessment will be provided as an initial response to a young person in a mental health crisis. During the telephone intervention, the worker will decide what follow-up actions are needed for the child. It could be a **referral, follow-up in person with the worker, a scheduled office visit or mobile response**. For children and adolescents who are not currently clients of CMHA WW, consent from the parent or guardian must be given before intervention by the mobile crisis response.

QUICK FACTS ABOUT THE CHILD & ADOLESCENT MOBILE CRISIS SERVICE:

- The service is available for children up to the age of 18 years.
- Access after-hours (5-11pm) service by calling the Distress Centre at 519-821-0140; business hours access is through CMHA WW intake
- Crisis services are available from 9 am.- 11 pm, Monday to Friday and from Noon to Midnight on weekends and holidays for all of Guelph and Wellington County.
- Mobile visits are available until 10 p.m. except in special situations.

CMHA WW offers a drop-in crisis service for children and adolescents on Tuesdays from 2 pm - 7 pm at 1-485 Silvercreek Pkwy N., Guelph.

Children & Youth

Children and youth can experience many of the same struggles with mental health that adults might experience. The way in which young people express their distress, however, may be different from adults' expressions. As a result, their issues sometimes go unnoticed, or are labeled as "just a behaviour problem." Approaches to children's mental health issues are specialized to be appropriate to the developmental stage and situation. The following chapter is not meant to provide comprehensive information, but to be a beginning point for caregivers who may have concerns about their child or teen.

Children's Mental Health Services

When the challenges of life with children and teens become exceptional, one call can start your family on the path to positive change. *Front Door: Access to Child and Youth Services*, created through a joint initiative between *KidsLINK* and *Lutherwood*, lets your single initial call for assistance open the gateway to many options. *Front Door* offers help for children and families experiencing considerable emotional distress or extraordinary behavioural difficulties.

Front Door is staffed with highly qualified and experienced professionals. These individuals are trained to assess your unique situation and connect you to the best options available today for you, for your child, and for your family.

In Waterloo Region, mental health services for children and youth are available through Lutherwood and kidsLINK.

Intake and assessment for these organizations is available through:

FRONT DOOR

**Access to Child and Youth Services (formerly
Children's Mental Health Access Centre)**

519-749-2932

1770 King St. E., Unit 1, Kitchener ON N2G 2P1

<https://www.lutherwood.ca/contact/front-door>

CMHA Waterloo Wellington Services for Children

Services include:

- Specialized psychiatric and mental health assessments and treatment for individuals experiencing mental health difficulties and for health care providers requesting assistance in responding to the mental health needs of the people they serve. Treatment includes brief individual and group therapies, education and support groups. Prescribing and monitoring of medication.
- Services for Families: work with children who exhibit symptoms of Attention Deficit
- Hyperactivity Disorder (ADHD). Pre-school Assessment Consultation Service provides support to child care providers and families of children 2-6 years of age experiencing difficulties. Services for families coping with Eating Disorders.
- Developmental services include: Infant and Pre-School Support Services; Special Needs Child Care; Family Support Options and Behaviour Therapy.

Signs and Symptoms of Children's Mental Health Issues

- getting poorer marks in school
- avoiding friends and family
- frequent outbursts of anger and rage
- lost appetite
- difficulty sleeping
- rebelling against authority
- hitting or bullying other children
- trying to injure self
-
- obsession with weight
- lost energy and motivation
- alcohol abuse and/or using drugs
- avoiding things they used to enjoy
- damaging others' property
- worrying constantly
- stop caring about appearance

Children and Anxiety

Parents and families recognize that all children experience typical fears and anxieties. Typical anxiety in children is usually specific to a situation and time-limited. But, for about 20 percent of youth, their fears and anxieties are much more problematic. For these children and adolescents, their fears and anxieties are out of proportion to the situation, cause them considerable distress, last over a period of time, and interfere with their daily lives.

Anxiety is now the most common childhood mental health problem. Left untreated, excessive anxiety places a child at risk for additional mental health difficulties, particularly depression. Fortunately, anxiety problems in children and adolescents respond very well to treatment. Currently, one of the most effective treatment approaches is called cognitive-behavioural therapy (CBT).

Anxiety has many faces, rather than one presentation. Symptoms and signs of anxiety vary from child to child, and from diagnosis to diagnosis.

If you have any concerns about your child's anxiety, there are several steps you can take. It is always helpful to discuss your concerns with your family doctor and/or paediatrician, who may suggest a referral to a medical specialist, such as a child psychiatrist or developmental paediatrician. Your doctor may suggest counselling or therapy from a mental health professional, such as a psychologist or social worker. However, you do not need a referral from a medical doctor to see a mental health professional and can contact them on your own. The actual diagnosis of an anxiety disorder is made by a medical doctor or a registered psychologist or psychological associate.

Common Signs of Anxiety in Children

- physical symptoms of headaches, stomach aches, nausea
- fatigue, shortness of breath, muscle tension
- concentration difficulties, forgetfulness
- self-criticism, excessive doubts
- avoidance, clinginess, excessive reassurance-seeking



Some Peaceful Thoughts
Artist: Carmen Mihail

OLDER ADULTS

Older adults may have complex medical concerns such as high blood pressure, diabetes or arthritis which can complicate mental health issues and make the care they require more challenging. Early diagnosis and treatment are the best ways to try to stabilize these conditions, to improve the person's current quality of life, and to help make plans for the future.

Dementia is an umbrella term for a condition where a person increasingly loses general mental abilities, including the ability to exercise judgment, think and remember. Changes in personality may also occur. The frequency of dementia increases with age. The number of 85 year-olds diagnosed with dementia is three times that of 65-75 year-olds.

Understanding Alzheimer's

Alzheimer's disease is the most common type of dementia and it shares many symptoms with other dementias.

Symptoms and Stages: Alzheimer's disease is broken up into 'stages,' taking **several years to progress from one stage to the next.** The individual may not experience all the symptoms in each stage, and some symptoms may overlap between stages.

Signs of Alzheimer's Disease

- Loss of memory affecting day-to-day functioning
- Misplacing items
- Trouble performing familiar tasks
- Difficulties with language, like forgetting words or using an inappropriate word
- Loss of orientation to place and time, such as getting lost in familiar area
- Poor or decreased judgment
- Difficulty with abstract thinking like balancing a cheque book
- Changes in mood, behaviour and personality
- Passiveness or loss of initiative, needing prompting or cues to get involved

**Alzheimer Society of
Kitchener-Waterloo
519-742-1422**

**Alzheimer Society of
Cambridge
519-650-1628**

**Alzheimer Society of
Guelph - Wellington
519-836-7672**

The Diagnosis for Alzheimer's

The diagnosis for Alzheimer's disease can be made by your family physician, or your doctor may decide to refer you to another health professional such as a geriatrician or a geriatric psychiatrist (a psychiatrist who specializes in the mental health of older adults). The person must go through a series of assessments which will rule out other possible causes of the symptoms. The process can take weeks to months and may include:

Medical History: Family members, friends and the individual will be asked about both current and past symptoms. Your doctor will also want to know about previous illnesses, and the family's medical and psychiatric history.

Psychiatric and Psychological Assessment: Psychiatric evaluations can be useful to help exclude possibilities like depression which may cause symptoms that are similar to Alzheimer's disease.

Mental Status Exam: The Mini Mental State Examination is commonly used to help identify dementia after other conditions such as depression have been ruled out. The questions test memory, attention, the ability to name objects and other skills. There may also be exercises that involve simple calculations, drawing and spelling.

Physical Exam: Your doctor will perform a physical exam to help rule out other possible causes that could explain the symptoms. Tests will be given to determine if there are problems with the nervous system.

Lab Tests: Many lab tests may be involved. Blood tests will be given to determine if conditions such as anemia or diabetes are contributing to the symptoms. X-rays, an electroencephalogram-gram (EEG), or scans such as computerized tomography (CT), magnetic resonance imaging (MRI), single proton emission computed tomography (SPECT) or positive electron tomography (PET) could be ordered to try to determine the location of the problem and monitor brain function.

Treatment Strategies for Alzheimer's

Although there is no cure for Alzheimer's disease, some medications are available to ease the symptoms and slow the progression of the disease. **Acetylcholine** (pronounced a-set-al-kol-een) is a chemical messenger in the brain that researchers believe is decreased in persons with Alzheimer's disease. Therefore, most of the medications available focus on increasing the levels of acetylcholine in the brain. However, these medications are not effective for everyone, and they only work for a limited period of time.

As a caregiver, you need to monitor the emotional well-being of the individual. Keeping a journal of their day-to-day activities and abilities will provide a written record for you to take to your doctor for discussion.

How You Can Help With Treatment

- Join a family support group.
- Encourage the individual to attend support groups such as the Early Bird Alzheimer's Support Group through the Alzheimer's Society.
- Think about the individual's strengths and involve them in activities that emphasize their strengths and abilities.

Safely Home™

WANDERING PERSON REGISTRY

It is important for you to register the individual with Alzheimer's disease or a related dementia with Safely Home™ in case the person wanders and is unable to return home.

If the individual is registered and goes missing, you can call the local police anywhere in Canada or the United States and they will access the database. Once found, the police will make sure the person returns home safely.

Registration forms can be obtained from your local Alzheimer's Society. There is a fee for this service.

Do's and Don'ts When Communicating with Someone with Alzheimer's Disease

DO:

- **Approach slowly from the front** to get their attention and gently touch their hand or arm if they don't mind contact.
- **Make eye contact** and keep it.
- **Speak slowly and clearly** and repeat important information.
- **Mention one idea at a time** or it may become too confusing for the person to follow. Break tasks down into small steps.
- Ask **"Yes or no" type questions**.
- **Keep your tone of voice calm**, reassuring and soft.
- **Keep your body language positive** by smiling and assuming a relaxed posture. Don't frown.
- **Distract the person** with something else if they start to become distressed.

Constantly reassure them that everything is OK.

DO:

- **Be patient.** Wait and allow the person time to respond.
- Respond to the emotion in their question. For example, if they're asking for their parents, ask yourself if they are feeling worried or unsafe.

DON'T:

- Think that they are being uncooperative on purpose
- Think that they really do remember, but are just pretending not to
- Demand they get their facts right or correct every mistake
- Scold or argue
- Ask "Don't you remember?"
- Act with impatience or frustration

Understanding Delirium

Delirium is typically a sudden, temporary and treatable mental disorder. Many of the symptoms are similar to dementia and may include decreased attention, memory loss, disorientation, language problems, hallucinations, changes in sleep patterns and severe changes in emotions. Delirium can be caused by such factors as infections, dehydration, poisoning, withdrawal from drugs, or imbalances with metabolism.

Understanding Depression in Older Adults

Depression is very common in older adults, but it is **NOT** a normal response to aging. Depression can occur at any stage of life and a person may not become depressed until their later years. It is also possible for individuals to have dementia, delirium and depression at the same time. For more information on depression please refer to the chapter *Understanding Diagnoses*.

Waterloo Wellington Local Health Integration Network (WWLHIN) Formerly Community Care Access Centre (CCAC)

If you, or someone you care about, needs health care services at home, at school or in the community, or if you are considering supported living programs or long-term care options, home and community care at the Waterloo Wellington Local Health Integration Network can help.

Waterloo Wellington LHIN works with people of all ages to ensure they can make informed choices about their care, when and where they need it.

They also have useful information about local community support service agencies, and can link people to these providers to arrange services.

You can explore your care and support options through their website, or contact them at (519) 748-2222 or toll free at (888) 883-3313.

Anyone can call to find out about home and community care services. The LHIN has a responsive team of staff who are able to answer your questions and help you access the care you need.

HOW WWLHIN CAN HELP

- They work with people to identify goals for their care.
- They help people transition from hospital to home.
- They support people to remain in their homes and communities.
- They provide people with access to supportive care settings.

Recent Changes Related to Home and Community Care

On May 17, 2017, home and community care services and staff transferred from Community Care Access Centres (CCACs) to Local Health Integration Networks. Home and community care services are now provided through Ontario's 14 Local Health Integration Networks (LHINs). LHINs plan, integrate and fund local health care. They also deliver and coordinate home and community care.

As part of the Government of Ontario's *Patients First: Action Plan for Health Care*, this health system change was seamless in order to ensure uninterrupted care and support for patients and home care clients.

Waterloo Wellington Local Health Integration Network
310-2222 (no area code needed)
www.healthcareathome.ca



Untitled
Artist: Ellen Fawcett

Dual Diagnosis & Concurrent Diagnosis

Mental health issues do not always occur on their own. Some individuals also live with a developmental disability, or have problems with addiction in addition to their mental illness. In the medical field, these are two different types of diagnoses.

Understanding Dual Diagnosis

People of all ages and abilities may have a dual diagnosis, meaning that they have a developmental disability and a mental health issue. A **developmental disability** is a disability that develops before the age of 18 and results in significant limits in life skills such as eating, dressing and socialization, as well as the possibility of an IQ that is 70 or below. Examples of some developmental challenges include **Down Syndrome**, **Prader-Willi Syndrome** and **Autism Spectrum Disorder**. Common mental health problems have already been discussed in the chapter *Understanding Diagnoses*.

In Canada, the term **dual diagnosis** usually describes the occurrence of a developmental disability along with a mental illness.

Concurrent diagnosis refers to the presence of an addiction along with a mental illness; however, in the United States, they use the term “dual diagnosis” to refer to this condition. In this chapter we will discuss both dual diagnosis and concurrent diagnosis, but we will use the Canadian terminology.

Dual Diagnosis Assessment Process

You may not get a dual diagnosis right away. Instead, either the developmental challenge or the mental health issue is often diagnosed first and later on the other aspect is recognized. For this reason, the individual can enter the dual diagnosis network through two ‘streams’: the mental health stream or the developmental disability stream.

**To be eligible for most services, the individual
MUST have a documented developmental disability.**

Developmental Disability Stream

A person diagnosed with a developmental disability accesses services through this stream. However, you may notice changes in the person's behaviour that could indicate the presence of a mental illness as well. Some things to watch for include:

- **Changes in appetite** and sleep patterns.
- **Behavioural changes**, especially if the individual uses only non-verbal communication.
- **Mood changes** such as anxiety or depression.
- **Delusions of grandeur** based on a real situation.

If you suspect someone you know with a developmental challenge may also have a mental health problem, take them to your family doctor. Your doctor can refer them to a psychiatrist for diagnosis and treatment. You will find many useful resources through the Developmental Services Resource Centre in Waterloo Region. www.dscwr.com

Mental Health Stream

A person diagnosed with a mental health issue accesses services through this stream. This means that they have a recognized mental health problem and there is also a strong suspicion of a developmental disability. Some signs of a developmental challenge may include difficulty reading and understanding forms and documents.

If you think that the person may also have a developmental disability, you have three options:

1. Talk to their mental health worker about linking up with the Developmental Disability stream, and about providing therapy and caregiver support where needed.
2. Talk to their family physician.
3. Contact the Community Living in Guelph Wellington at www.clgw.ca or CMHA WW at www.cmhaww.ca

Treatment

Traditionally, health professionals tended to treat the mental health problem and the developmental disability separately. However, there is now a move toward treating both issues at the same time with comprehensive treatment plans. These may include:

Assessments - medical, neurological and psychological assessments may be performed to identify any underlying conditions.

Medication - may be part of the treatment program to stabilize a psychiatric illness.

Therapy - several different forms may be suggested, such as individual, group and/or family therapy.

Behaviour management - plans may be developed to deal with inappropriate behaviours and teach skills used in everyday life.

Developmental Services Resources Centre

Developmental Services Access Centre
519-741-1121
www.dscwr.com

**Canadian Mental Health Association
Waterloo Wellington**
Info: 1-844-CMHA-WW3 (264-2993)
www.cmhaww.ca

Tips for Communicating with Someone with Developmental Disability

DO:

- **Be respectful.** Treat adults who have developmental disabilities as adults.
- **Be patient.** Make sure that you understand the individual and that they understand you.
- **Speak slowly** and clearly.
- **Use Repetition.** You may need to repeat information using different wording or communicating in a different way, perhaps writing it down.
- **Offer assistance** with filling out forms or with understanding written instructions.
- **Remember that lack of response is not rudeness.** Individuals with developmental challenges may be easily distracted and they may not understand certain subtleties of language such as sarcasm.
- **Minimize distractions.** If you're in a crowded area, consider moving to a quieter place.

DON'T:

- **Pretend to understand** if you don't understand what was said. Ask them to repeat it.
- **"Over-assist"** Don't force your help on the individual.
- **Be condescending** or patronizing.

Understanding Concurrent Diagnosis

Individuals have a ***concurrent diagnosis*** when they have both a mental health issue and an addiction. Most often the mental health issue leads to the addiction, but the addiction may be present first and lead to the mental health issue. Treatment for both problems should go hand in hand.

Addictive Behaviours

Addictive behaviours, other than drug use, are compulsive behaviours, such as gambling or overeating, that seem to fill an unfulfilled need. The individual may **begin** these behaviours as a way to de-stress, as a method of escape, to defeat feelings of inferiority or to get a thrill. Sometimes it's hard to know if the person has an addiction because they may be very skilled at hiding it, but here are some signs to watch out for:

- **Obsession** with the chosen activity
- **Engaging in the activity** even though it may cause harm
- **Loss of control** whereby the individual compulsively performs the activity even while wanting to stop
- **Denial** of the problem
- **Hiding the behaviour** once family or friends have mentioned their concern
- **Depression**

Some examples of addictive behaviours:

- Excess gambling
- Sexual obsessions
- Eating disorders
- Excessive shopping
- Excessive computer usage

Addiction is a disability requiring accommodation.

- Ontario Human Rights Code

Substance Abuse and Substance Dependence

Substance abuse is a pattern of drug and alcohol use that results in negative social consequences such as legal problems, financial issues or failure to meet social obligations.

Substance dependence is commonly known as addiction and has both behavioural and physical consequences. Addiction also involves **tolerance**, meaning that the individual's reaction to the same amount of drug is decreased. Therefore, they need larger amounts of the drug to get the same effect. This may lead to a drug overdose, which can be life-threatening.

Substance dependence disorders occur in all populations and are more frequently seen in men between the ages of 20 - 50. As with behavioural addictions, the individual may try to hide the addiction from the family. It is important for you to be vigilant and watch for the following signs:

- Changes in attitude toward others
- Sudden changes in behaviour and/or appearance
- A deterioration in personal hygiene
- Withdrawal symptoms when not taking the drug
- Uncharacteristic stealing and/or lying
- Selling of personal possessions
- Avoiding family and spending more time alone in isolation
- Reduced or cancelled social, occupational or recreational activities
- Much time obtaining the substance, using the substance or recovering from its effects

**If the individual has overdosed – Do not hesitate.
CALL 911.**

Even legal drugs such as painkillers or diet pills can be addictive, depending on the amount of drug and for how long it is taken.

- Alcohol (wine, beer, spirits)
- Cannabis (marijuana, hashish)
- Nicotine
- Caffeine
- Steroids
- Cocaine/crack
- Inhalants – such as glues, solvents, paint thinners
- Opioids – such as heroin, codeine, oxycodone
- Amphetamines – such as “crystal meth”

Diagnosis

To diagnose a substance dependence, your doctor will:

- Perform a physical exam
- Obtain medical and family history
- Order or perform laboratory tests
- Give screening questionnaires

Treatment

Helping an individual through treatment and recovery from an addiction can seem like an endless struggle, especially if the person denies that there is a problem. It is natural to feel disoriented, frustrated and helpless, but this will pass. Many have survived similar struggles and you will too if you reach out to the resources available. More than ever, this is the time when the individual needs your continuing support and encouragement to seek help and start down the path to recovery.

Individuals with active addictions can access treatment in three ways:

They can decide for themselves that they need help and admit themselves into a rehabilitation program.

They may be taken to the Emergency Room and be admitted to hospital if they are medically unstable. However, if they are stable enough, they will be sent home and referred to a facility such as the **Withdrawal Management Centre** in Kitchener or to the **Homewood Health Centre** in Guelph.

“You only add to the stigma by keeping it hidden. If you talk openly about mental illness, you’d be surprised by how many people are affected.”

The first step in treatment is usually detoxification where the individual is taken off of the substance to which they are addicted. A period of withdrawal follows, with severe headaches, nausea, tremors, chills and vomiting being experienced. Some medications may be given to lessen some symptoms. Detoxification typically takes about a week, but for some drugs such as heroin or cocaine, it may take longer.

Once detoxification is complete, rehabilitation begins and usually includes:

- Individual and group therapy
- Education about alcohol and drugs
- Exercise
- Proper nutrition
- Participation in a 12-Step Recovery program such as Alcoholics Anonymous or Gamblers Anonymous

Relapse

Relapse is a process that often happens over time when recovering from an addiction. Relapses are most common in the first year of abstinence. They are often triggered by life stresses such as financial difficulty or loss of a relationship. Also, exposure to a place or person that has become associated with previous addictive behaviours or substance use can trigger relapse.

Relapse is not a sign of weakness and the person does not have a lack of self control if they relapse. It is not something to be ashamed of. Rather, use a relapse as an opportunity to learn and grow. Having an individual develop effective coping strategies and creating a strong family support network can help the person stay clean and get through difficult times. Don't be afraid to ask for help when you need it.

“You have that fear. You don't want them to go back there but you can't live in a box either. You can't lock them in a room. You have to realize that you can only help if they want to help themselves.”

Role of the Family in Treatment

- Become educated about the mental illness and addiction
 - Attend counseling
 - Attend support groups
- Active family participation in treatment is vital. The greater your understanding of what they're going through, the better the individual's chances for a full and lasting recovery.*

Effective Communicating

- Truly listen to what the individual is telling you.
- Cue the individual when they begin behaviours that may lead to problems.
- Provide encouragement for them to acknowledge their problem and seek help.
- Keep your promises. Building a trusting relationship is key to success.
- Let them know they are loved. Strong family support is critical to lasting recovery.
- Be calm, understanding and open rather than frightened or critical.
- **Don't** ignore the evidence.
- **Don't** enable behaviours that work against recovery. For example, if the individual is too intoxicated to go to work, don't call in sick for them.
- Diversify conversations so that their addiction is not the only topic.

“This will help you realize you couldn't be who you are today if you weren't where you were before. You must reflect on what you have to be grateful for. Focus on the positive.”

The Stages of Change

Stage of Change	Characteristics	Techniques
Pre-contemplation	Not currently considering change: Ignorance is bliss	<ul style="list-style-type: none"> • Validate lack of readiness • Clarify: decision is theirs • Encourage re-evaluation of current behaviour • Encourage self exploration, not action • Explain and personalize the risk
Contemplation	Ambivalent about change: "sitting on the fence" Not ready for change in next month	<ul style="list-style-type: none"> • Validate lack of readiness • Clarify: decision is theirs • Encourage pros and cons of behaviour change • Identify and promote new positive outcome expectations
Preparation	Some change : "testing the waters". Planning to act within 1 month	<ul style="list-style-type: none"> • Identify and assist in problem solving • Help person identify social support network • Encourage small initial steps and verify person has skills to effect change
Actions	Practicing new behaviour for 3 to 6 months	<ul style="list-style-type: none"> • Focus on restructuring cues and social support and self reliance when dealing with challenges • Combat feeling of loss and reiterate long term benefits
Maintenance	Continued commitment to sustaining new behaviour Post 6 months to 5 years	<ul style="list-style-type: none"> • Plan for follow up support • Reinforce internal rewards • Discuss coping with relapse
Relapse	Old behaviours resume: "fall from grace"	<ul style="list-style-type: none"> • Evaluate trigger for relapse • Reassess motivation and barriers • Plan stronger coping strategies

Family Response to Alcohol and Substance Use

When one member of a family has an alcohol/drug/gambling problem, everyone in the family is affected. One common response is called enabling - the healthy alternative is called detachment.

What is enabling?

As families and friends become involved in an addicted individual's life, *enabling* is a behaviour pattern that often develops. Enabling is when a person reacts to the behaviours in such a way as to shield the dependent person from experiencing the full impact of negative consequences that result from their behaviour. This can be done by protecting, covering up, making excuses for, taking responsibility for, nagging, preaching, avoiding, lying and denying. Enabling is done out of a sincere desire to help. Some enabling behaviours that may not have worked when you wanted to be helpful are:

- Appeasing, giving in
- Trying to control the situation and behaviour
- Taking over control; doing for someone what they can do for themselves
- Protecting them from the consequences of the behaviour
- Doing everything possible to make the situation work
- Arguing with them about using, or using with them

Stopping enabling is difficult in the short term, as it forces the problems out in the open. As the family confronts the situation honestly, changes can start to happen.

What is detachment?

Detachment is the ability to live one's own life, not a life centered around someone or something else. Detachment with love means being able to separate oneself from the problem while still being able to love the person. It takes hard work and practice - but is well worth working for.

Remember the 3 C's:

- You didn't cause the problem.
- You can't control anyone else's behaviour.
- You can't cure the problem.
-

How can you detach?

- Get more information - learn the facts about addiction and recovery.
- Talk. Listen. Communicate.
- Find a support group: Al-anon, Nar-Anon, and Gam-Anon welcome everyone.
- Accept the reality that there are dependency issues in your life.
- Stop enabling. . .one step at a time.
- Detach with love, not anger.
- Look after yourself, no matter what.

Taken from family education program handout, Lisa Hiekkla (Family and Addiction)

Adapted from AADAD (Alberta Alcohol & Drug Abuse Commission) Homewood Health Centre

Homewood Addiction Services

Homewood Health Centre is located in Guelph, and also accepts patients from outside of their catchment area if they meet program criteria. Some private health insurance plans will cover this type of hospital accommodation. Once the patient is approved for the program and the accommodation and funding has been determined, their name would go on the appropriate waiting list.

The Homewood Addiction Division (HADS) provides **in-patient treatment** for individuals with any behavioural or chemical addiction. There are also specific programs for individuals with concurrent disorders and pathological gambling. The programs offered are intensive and last for 28 days. Patients must be 19 years or older. A referral from a health care professional is required. Forms can be faxed to the person making the referral, or they can be downloaded from the website: www.homewood.org.



Praying for the Departed
Artist: Peter Howlett

Cultural Issues

Ethno-Cultural Issues

As a newcomer to Canada, starting life here can be an exciting prospect, but it is also difficult to adjust. You may be unprepared for the challenges you'll face. You may not speak English very well. The culture here may seem foreign to you and you may feel isolated and overwhelmed. You might not know where to find mental health resources in your new community. Don't worry. There are people and programs to help you. You will succeed and make a new life here in Canada, as many newcomers have done before you.

Cultural Beliefs About Mental Health

Mental illness does not make racial or cultural distinctions. Anyone, at any age, can be affected. Different cultures however, have very different views of mental illness. Cultural beliefs affect the way individuals describe their symptoms, as well as the way they exhibit those symptoms, their willingness to seek out treatment, their coping mechanisms, and the social support they will receive. Beliefs even affect people's definitions of what constitutes a mental health problem.

Culture can shape how we cope with stress and from whom we get support. For example, someone from the Latin American community may have a different way of coping with stress compared to someone from the Sudanese community. Issues such as racism, discrimination and poverty can also have an effect on mental health.

Whatever your cultural background, **DO NOT WAIT** until the situation reaches the crisis point before seeking treatment. Since many cultures view the individual as a reflection of the family, family participation in treatment is especially useful and enlightening.

It may be very difficult to push past a lifetime of cultural beliefs about mental illness. The idea of having your loved one go to counseling and talking with strangers about their problems may be a foreign concept to you. Therefore, take time to find health professionals who are sensitive to their needs, values and beliefs.

It is okay to wait until you find a health professional you trust, but don't hide your situation and wait until it reaches crisis proportions. You can obtain help now, and the sooner you do, the better the chances for a lasting recovery.

Language Barriers at the Doctor's Office

It can be very frustrating and lonely when a person can't communicate well in English. Not only is it difficult for them to understand others, but they will have trouble getting their point across. In particular, when speaking with their doctor, it is vital that they can communicate clearly and accurately. Otherwise, if their doctor can't understand symptoms and life circumstances, the person may be misdiagnosed and may not understand the steps required for successful treatment. Many people avoid seeking treatment for these reasons, but they need not do the same. All they need is an interpreter to go along with them to their doctor's appointments. This could be a family member, friend, neighbour or a professional interpreter obtained through the YMCA Cross-Cultural Centre.

Tips for Bridging Cultures

- **Encourage the individual to be open with people.** Let them know they don't need to be embarrassed to talk about their personal problems.
- **Suggest they find someone to talk to who is NOT part of their culture.** This may ease their worry about feeling judged or shamed by talking about mental illness.
- **Remember that there are many different cultures here.** People may act differently than expected. Remind the person not to always take words and actions personally.
- **Help them find connection** who will help them get settled. Assure them it is okay to take their time in finding the right person to fill this role.

“Intercultural sensitivity is sensitivity to the importance of cultural differences and to the points of view of people in other cultures”

Multi-Cultural Centres

The Multicultural Centres in Kitchener-Waterloo, Guelph and Cambridge, and YMCA Cross-Cultural and Community Services provide a wide range of services for people new to Canada. They can help with applications for legal documentation, citizenship, Social Insurance Number, family sponsorship, employment assistance and career counseling, finding family doctors, assessment of English language skills and interpretation/translation in over 40 languages as well as document certification. They can refer you to cultural groups and provide information about places of worship for new Canadians. These centres do not provide legal or income tax advice.

Post-Traumatic Stress

Many people, including newcomers arriving in Canada, have traumatic experiences in their past. This is a type of anxiety disorder, that can affect both children and adults, which is caused by psychologically traumatic events such as political persecution or natural disasters. Symptoms include:

- Flashbacks, recurrent memories or nightmares where the individual relives the experience
- Avoidance, emotional numbing and extreme guilt
- Changes in sleeping patterns, insomnia, increased alertness

Symptoms usually appear within three months of the traumatic event, but sometimes may not surface until years later. Individuals with PTSD may also become depressed or dependent on drugs or alcohol. However, this condition is treatable. Medication can help release anxiety and depression but therapy is usually best for working towards recovery.

Factors associated with an increased risk of mental health challenges among immigrants and refugees

- Drop in socio-economic status following migration
- Not being able to speak the language of the host country
- Separation from family and friends
- Not being welcomed by host population
- Not being around people of similar cultural background
- A traumatic experience before migrating
- Taking care of family members who live in a war-torn country area
- Being the only person in the family who has employment
- Family is scattered over several continents
- You lose your job

Helping Someone Cope With Past Traumatic Events

Recovery from PTSD is an ongoing process - it will not happen overnight. Being healed does not mean that a person will forget the traumatic experience or not experience emotional pain when recalling the event. It is normal to experience some level of emotional reaction to bad memories. Rather, with time an individual will come to understand the impact of the experience on their life and develop effective coping strategies. Some positive coping strategies include:

DO:

- **Encourage them to talk to others for support** such as their doctor, counselor, support group, friend or relative
- **Suggest trying various relaxation techniques** such as deep breathing and muscle relaxation
- **Together, learn about PTSD** and the impact of trauma on mental health and gather information to educate yourselves about healthy relationships, boundaries and recovery tools for a healthy life. Ways to find this information includes attending workshops and groups, reading self help books and asking for help from those who are trained and understand mental health challenges

DON'T:

- **Encourage alcohol or drug use** to cope with past traumatic events or present stressors
- **Allow the person to isolate**
- **Let your anger or theirs destroy your relationships**

“The customs and the people are very different here. In Canada there are opportunities. The sky’s the limit. It’s your choice, your decision. If you want to better yourself the opportunities are there you just need the drive to make it happen. It’s up to you to make the connections. Help is there if you ask for it. I chose to better myself.”



naturetwined
Artist: Marcey Gray

Treatment: The Benefits and Challenges

Medication is often the first thing we think of when faced with a mental illness and often the first thing a family physician will advise. While medication can be helpful for some, it is important to be aware of the wide world of treatment that compliments or replaces medication. (More information about community-based programs is outlined in *Approaches to Recovery*).

Historically, there has been little energy spent on trying to help people recover from a mental health issue. This is not the case today, so make a point of learning about the interesting and sometimes surprising ways people have facilitated their own recovery.

We will start with a discussion of medication because, despite alternatives, some people need medication to become stable enough to then start exploring other avenues. There is nothing wrong with that at all. It is important to know as much as you can about the medication that has been prescribed, as well as what other drugs may be out there. Finding the right prescriptions and the right dose can take patience and a willingness to try different things until something works. Everyone's body reacts differently, so make sure that the person is getting what they need from the medication.

There is almost always some kind of side effect that goes along with medication. Some side-effects the person may be able to live with, and some may be so disruptive that the medication or the dosage will have to be changed. Don't be afraid to report exactly what effects the medication are having - both positive and negative. The doctor should be open to spending time and getting it right. If he or she is not willing to do that, you may want to consider looking for another health care professional to assist you.

“Medication itself does not ‘cure’ the mental illness, but it can allow you to be stable enough to move forward with the help of medication, as one component of recovery”

Understanding Medication

Medications can be referred to by their generic name or by their brand name. You will likely be more familiar with the brand name, but it is useful to get comfortable hearing the generic names as well. For example, Tylenol is a brand name for the medication acetaminophen. Usually generic medications are less expensive than brand names, although they contain the same chemicals.

SIDE EFFECTS:

Side effects vary greatly between people. Not everyone will have the same reactions to medications and there is usually no way to know ahead of time. It may be helpful to know if anyone else in the family has had success with a particular type of medication, as occasionally there are similarities among family members when it comes to reactions.

Which side effects a person might experience depends on the type of medications they are on, the dosage and how sensitive they are. Side effects do not always develop right away, so it is important to be aware of them, even after a person has been taking a prescription for a period of time.

If the person does experience side effects, it is very important that they **DO NOT** stop taking the medication without talking with a doctor, mental health worker or pharmacist first. They may have some strategies for dealing with the side effects or they may recommend a lower dose.

MAIN GROUPS OF MEDICATIONS:

Antidepressants: These are used to treat various forms of depression. They are grouped depending on the action they have on brain chemistry. SSRI's (*selective serotonin reuptake inhibitors*) are newer and most commonly used. Older antidepressants, MAOI's (*Monoamine oxidase inhibitors*) are not as commonly used and often have more side effects. Antidepressants are commonly prescribed for a number of issues including anxiety.

Anti-Anxiety Medications: Previously known as **anxiolytics** or minor tranquilizers, these are used to help calm people and relieve anxiety.

Mood Stabilizers: These are usually prescribed for bipolar disorder and other affective disorders. They work by balancing the extremes in the person's mood.

Antipsychotics: These meds, also called **neuroleptics** are typically used to treat schizophrenia, or other mental illnesses that involve psychosis.

Questions to Ask About All Medications

- What are the long-term effects?
- What might some of the side effects be and how can they be dealt with?
- How and when should the person take this medication - with food? at the same time each day?
- Which foods, drugs, alcohol etc. interact with this medication?
- When should the person expect the medication to start working?
- What are the generic and brand names of this medication?
- What is this medication supposed to do for the person?
- What are the signs of a serious drug reaction or interaction?
- How long will the person be taking this medication?
- Can the person become addicted to this medication?
- What would be involved in going off the medication?

Make sure that you tell your doctor and pharmacist about any other medications: over-the-counter, herbal, vitamins or supplements, illegal drugs or homeopathic remedies the person may be taking. You may not know how these things could interact with medication. The doctor should be continually monitoring the medication, and any side effects you might notice. Blood tests will determine that the liver (the organ that processes substances in your body) and other organs are functioning properly.

Going off Medication

Talk to the doctor first! Usually there has to be a process of 'weaning' off any drug to prevent uncomfortable and potentially harmful reactions. If you do suddenly stop taking your medication, within a day or two you may experience withdrawal symptoms such as nausea, dizziness, headaches etc. Sometimes it can be hard to tell the difference between the symptoms of discontinuing medication abruptly and those associated with the mental health concern.

Remember...

Try to develop a relationship with a pharmacist and use the same pharmacy as consistently as you can. This is a good way to ensure that you are aware of any possible drug interactions that may be harmful. Tell the doctor and pharmacist about ANY other things you are taking, including over-the-counter, supplements, vitamins, herbal, homeopathic remedies, or illegal drugs.

Warning! Do not keep discontinued medications in your home. Take them to your pharmacist for safe disposal.

Points to Remember About All Medications

- The purpose of medication is to stabilize the symptoms of the illness, not to “cure” someone.
 - Finding the right type and dosage of medication is often a matter of trial and error, and takes patience.
 - All medications have some sort of side effect and everyone responds differently.
 - Each medication has its own level of strength; 3 milligrams of one may be the same strength as 50 milligrams of another.
 - A ***maintenance dose*** should be as low as possible while still keeping symptoms under control.
 - Not all symptoms of the mental illness disappear when someone is taking medication.
 - All health care professionals including dentists and naturopaths should be made aware of any medication the person is taking (including birth control, vitamin supplements, herbal remedies).
 - Try to get prescriptions filled at the same pharmacy and where you know the pharmacists - they usually keep a history of medications and can answer your questions.
 - Keep a record of all medications, their side effects, dosage, length of time they were prescribed and any other information may be useful in the future if the person switches doctors or communities.
- COMMON SIDE EFFECTS:**

 - Minor stomach irritation
 - Sexual difficulties
 - Dizziness
 - Dry mouth
 - Blurred vision
 - General fatigue, or a feeling of being ‘wired’ and excited
 - Trouble sleeping or feeling like you want to sleep all the time
 - Weight gain
 - Twitching and trembling
 - ***Akathasia*** - restlessness, feeling like you have to move your legs
 - ***Tardive dyskinesia*** - a very serious side effect that can occur from certain antipsychotic medications - it involves involuntary movements, often of the tongue, lips, jaw or fingers and it can be permanent

Treatment - Your Right to Choose

In 1975 the Supreme Court made a ruling in the case of O'Conner v. Donaldson that a person may not be involuntarily treated or hospitalized because of a mental health concern. Just as a person has the right to choose what treatment they will accept for physical illnesses, the Court reasoned that those with mental health issues should be treated no differently. With the current political climate and the changes to Mental Health Law, this right is being challenged. It is more important than ever for individuals to be well informed about all the treatment options available.

Different treatments work better for certain people, therefore it is important to have a variety available in order to suit every individual need. Treatment can mean medical intervention, therapy, or some of the many complementary approaches that are gaining recognition.

Traditional and Complementary Treatments

There are many different treatments available, and each has a unique way of helping someone. Many treatment methods can be used together, to enhance positive effects for the individual. Some of the main treatments include:

Medication: Medications can be a useful tool in alleviating some of the symptoms which interfere with a person's ability to feel their best and participate fully in their world. Medications work by correcting chemical imbalances that may be causing symptoms of a mental health issue.

Therapy or Counselling: This type of treatment can help individuals identify issues, which are creating barriers for them in attaining optimum health. There are different approaches to therapy, and each individual can choose what approach works best for them.

There is important work being done, looking at ways other than medication and traditional therapy, that can help people who are dealing with mental health issues. It is important to learn as much as you can about all the options, and if possible, talk to people who have tried different things. That does not mean that any two people will have the same experience - we are all different, but learning allows us to make more informed choices.

Alternative and complimentary approaches usually focus more on prevention than reactive treatment, and tend to take a more holistic approach to a person. So, instead of focusing only on a chemical imbalance in brain chemistry, an alternative practitioner would be looking at the mind, body and spirit of the person to address an issue. Many people will choose to use a combination of more traditional treatment with alternative approaches. For example, a person may choose to take an antipsychotic medication as well as getting regular massage.

Acupuncture: Acupuncture is the insertion of very fine needles, (sometimes in conjunction with electrical stimulus), on the body's surface, in order to influence physiological functioning of the body. Acupuncture can also be used in conjunction with heat produced by burning specific herbs, this is called Moxibustion. In addition, a non-invasive method of massage therapy, called Acupressure, can also be effective. According to Oriental medical theory, anxiety is the emotion most frequently associated with disorders of the heart and instability of the *shen*. In the West, the word "shen" is often translated as "spirit" or "mind." Acupuncture may be effective for anxiety because, as it helps to regulate the nervous system, it moderates the release of chemicals and hormones in the brain, muscles and spinal cord.

Body / Energy Work: There are a variety of approaches to healing that involve energy flow within the body. Many originated in ancient Eastern cultures and are still practiced today. The Western medical community can sometimes be skeptical of these treatments, but many people say that the mind-body connection is enhanced and helps with recovery through this type of approach. Some examples of practices that involve **body and/or energy work** are: biofeedback, reflexology, reiki and shiatsu. The general principle behind many of these practices is that the body's energy flow occurs along energy paths (called meridians). If the energy is not moving properly, it can cause physical and mental problems that prevent optimum health and functioning. The idea is to identify where there are energy blockages and get the energy moving again, by touch or pressure (shiatsu, reflexology) or the placement of small painless needles (acupuncture). These methods are not covered by OHIP, but are sometimes covered through private health insurance packages.

Light Therapy (Phototherapy): In this type of treatment, the person spends time in front of a light-box or SAD (Seasonal Affective Disorder) lamp. The usual practice is to spend at least 20 minutes in front of the light-box every day, generally in the morning. **Light therapy** is used for people who struggle with depression particularly in the winter when mood and energy levels can be affected by lack of light.

Meditation: Helps with relaxation, ability to focus, calms the mind. Has many physical and mental health benefits.

Creative Therapies: Creative activities give people a way to express and explore their thoughts and feelings in safe and healthy ways. Art, music, writing, photography, drama and play engage our minds in different ways that can be very therapeutic. They allow us to learn things about ourselves that we maybe didn't know, or perhaps forgot. These programs are offered more and more through hospitals and community programs, but can be done without any particular structure. The more able a person is to feel unique, talented, artistic and able to express what's inside of them, often the better their recovery. ***Creative therapies*** help to increase self-awareness, cope with symptoms and traumatic experiences as well as fostering positive changes. More information about creative therapies can be found in *Approaches to Recovery*.

Laughter: Promotes a fuller more realistic perspective of the world, invokes happiness and joy, allows you to think more creatively lifting any sense of helplessness, worthlessness, and inadequacy, relieves stress

Diet/Sleep/Nutrition and Exercise: Regular exercise has a significant impact on both mental and physical health. Spending some time outside in the light and air is also important, and is another way to combat depression. Well-rounded nutrition allows our bodies and minds to work with energy and balance. Alcohol, sugar and caffeine, and other substances have an impact on our health and can add to feelings of depression and anxiety. How we look after ourselves is one area of treatment that we have total control over and can make a huge difference in how we feel!

Naturopathy: involves supplementing your diet with vitamins, minerals or herbal remedies made from different kinds of plants. While these can be helpful, it is important to know if there is a possibility of side-effects or interaction effects with other medications. There is a great deal of research that suggests that food and nutrition play a huge role in our overall well-being. The healthier your body is, the more able you will be to deal with difficult circumstances.

Herbal Remedies: A variety of herbs can be helpful in aiding relaxation, mood, digestion, etc. Check with your doctor or pharmacist before using any herbal remedies, as interactions with medications may occur.

Yoga: A practice to improve spiritual and physical health. There are many different types of yoga.

Massage Therapy: Beneficial to entire body due to its effect on circulation. Many diseases are stress related and massage therapy counteracts stress.

Spirituality: There is a body of evidence suggesting that a strong sense of spirituality is tied to overall well-being and health, including prevention and recovery from mental health issues. Involvement in a faith community of some sort or one's own spiritual practice can help relieve stress and create connections with other people. Aside from the more traditional forms or practices such as going to church or praying, spirituality can come in the form of yoga, healing circles, meditation, sweat lodges and other types of ceremony. There seems to be an inherent human need to feel a connection to the universe that goes beyond ourselves - it can be a very comforting experience. Also, creating a sense of community with people you share your views of the world is a way to combat the challenges of life.

Taoist Tai Chi: The slow rhythmic body movements of Taoist Tai Chi foster improvement in physical, spiritual and mental health. Performing the moves with relaxed awareness may have the same effect as meditation. These aspects may improve the quality of life for someone dealing with a mental illness. The community aspect of Taoist Tai Chi of bringing people together in groups for workshops, meals, fundraisers and social events fulfills a social need in individuals struggling with mental health. These physical, psychological and social benefits can provide additional therapy to compliment an individual's medical treatment.

Aromatherapy: Induces relaxation, increases energy, restores balance to mind and body, reduces stress, facilitates other therapies.

Gemstone Therapy: Gemstones carry vibration rates effecting your aura. Different gems have different properties.

Be sure that all complementary therapies are delivered by a qualified and registered practitioner.

"I had no idea where to start, after I got stabilized. I needed something more than medication to get better. I started researching what might be out there for me, and now I am doing all kinds of things that make me feel really good."

Understanding & Accepting Treatment and Support

People who are just coming to terms with their mental illness are more likely to be unsure about treatment. They may be in denial, believing that they will not have to take the medication for a long period of time, because 'they'll be fine'. They will probably be angry that their life is being so affected not only by the mental illness, but possibly from side-effects as well. "Non-compliance" is a term you may hear in your travels through the mental health system, particularly as it applies to medications. This term can be challenging, but it is **clinical language**. It is best to be prepared that you may hear it and try to not take personal offence to the term.

When a person is feeling scared, confused, misunderstood and unable to let people know what they are going through, that focus may be stronger than their understanding of how they can get well and what things might help. When a person with a mental illness accepts treatment and support, they are said to be **'compliant'**. As a parent, spouse, sibling or friend, compliance is usually the ideal situation because of the relief from symptoms, and it may seem like the 'return' of the individual's personality. However, the person struggling with their mental health may have a very different perspective on medication. Medication may make them feel sleepy, disoriented and unable to think clearly. They may not be able to recognize how serious their illness is, and they may think that medication is just one more way that people are trying to control them. If side effects from a medication are significant, the person may feel that they have traded in one set of nasty symptoms for another and that their quality of life has not been greatly improved. Help by breaking things down into the short-term, if they are not able to understand the long-term realities. Work in shorter time frames. For example, focusing on medications for a trial of 3 months, then evaluating how they are doing.

Another aspect that is important is making sure that the person's lifestyle supports recovery and does not reduce the effectiveness of medication. For example, taking illegal drugs and drinking alcohol negatively affect the medication's ability to help. It is not uncommon for people struggling with mental illness to turn to drugs and alcohol to self-medicate, but they need to understand what the implications can be for them and their illness, particularly in combination with prescribed medications.

Utilizing treatment and support will mean an improvement in quality of life - maybe not immediately, but getting symptoms under control will mean that the person can invest themselves in positive activities and start, or continue building their own future.

The more active and engaged a person can be in their community, their family, their interests and passions, the more value they will see in following the treatment plan. The people most likely to refuse treatment are those who feel they have nothing to lose. If you do have something to lose - employment, housing, relationships, education etc., you are less likely to risk those things by being non-compliant and stopping treatment.

Tips for Supporting Treatment

Helping a family member with a mental illness stay on their treatment plan can be frustrating. Unfortunately, a possible symptom of mental illness is being unable to understand that there is something wrong which requires treatment. Here are some tips for families:

- Make an agreement with the person about their medications and other treatments.
- Lay out all of the terms of that agreement. For example, if they are to be at home and part of the family, they need to establish a meaningful, daily routine including following a treatment plan and attending appointments.
- Support the person to get into a routine, such as setting up all of the daily medications, since it can be complicated and overwhelming.
- Through your actions and behaviours, let the person know that they can rely on you for support in areas where they might need some help.

Understanding Therapy

Most literature will tell you that the best results for treatment and recovery involve medication and some type of therapy (as well as community-based support). There are many different approaches to therapy and different kinds of professionals who deliver those services according to a person's needs. One may be most comfortable speaking with a spiritual advisor like a minister or chaplain. One may go to a yoga class or exercise class to nurture your physical health. One may see a psychiatrist to talk about medications. One may see a nutritionist to see how their diet affects their overall mental and physical health. One may see a psychotherapist to talk about problematic patterns in their life, or events in their past that affect their present life.

Family doctors/general practitioners: Although not really a therapist, often the family doctor, or General Practitioner (GP) is the first health care professional people will turn to when they are experiencing symptoms of mental illness. GP's do not usually have extensive training with psychotherapy and may not be as knowledgeable about all of the medication options for mental illness, but will be able to give you a referral for another type of therapist or specialist.

Psychiatrists: have a medical degree and at least five years of psychiatric training. Because they are medical doctors, they can prescribe and monitor medications and can also provide psychotherapy. Their services are covered by OHIP and as a result, they are often in very high demand, so there may be a long waiting list before you can see one.

Psychologists: All have at least nine years of university education and at least one year of supervised practice. They have extensive training in assessments, making diagnoses and providing therapy. Psychologists' fees are not covered by OHIP and they cannot prescribe medications. However, psychologists do sometimes offer services through hospitals or community agencies which may be free of charge. Their fees may also be partially covered by private health insurance plans.

Social workers and nurses: may also provide some forms of therapy such as counseling, life-skills coaching and general support. Social workers may be covered by health insurance plans and work in many different settings.

Counselors: work with you on specific problems and life adjustments. Focusing on your situation, they give guidance on how to incorporate specific therapy or programs into your recovery plan.

Individual, Family, Couple & Group Therapy

There are different ways that therapy can happen, depending partly on the approach to therapy and partly on the issue being discussed.

Individual Therapy involves seeing the therapist on one's own. This is the most common type.

Family Therapy is focused on identifying and changing patterns of interaction in a family, when the family system is seen as contributing to some of the difficulties being experienced. It does NOT place blame on any one family member. This can be useful when one member of a family is going through something difficult (like a mental health issue) because it can help the other members learn how to cope with changes to their lives, individually and as a family.

Couple Therapy helps couples to resolve conflicts. It involves both people, helping them get to know each other better and to express their feelings to each other.

Group Therapy involves working through issues by interacting and sharing with others in a group setting. Participants share thoughts, feelings and experiences, receive feedback from the group and from the therapist. This can be especially helpful for people who are struggling with relationship problems, self-esteem, trust and intimacy because it lets them know how others see them.

Questions a Person May Ask When Choosing a Therapist or Counsellor

- Do they have specific experience in dealing with the issues you have?
- What educational and professional training/experience do they have?
- What is their therapeutic approach?
- How much will it cost to see them? A sliding fee scale, set according to your income, may be an option with some therapists and counsellors.
- Is the person comfortable with their gender, race, sexual orientation, culture, religion, etc?
- Be patient as it usually takes time to find the right connection with a therapist or counsellor.
- If they have a waiting list the person can ask if they provide or arrange for interim supports such as short term or crisis counselling or support groups.
- They can find out if they offer family therapy, couple counselling, or group work that maybe incorporated into their healing work.

Common Approaches to Therapy

Therapy can be on a long or short-term basis. Generally, longer-term therapy is less structured than short-term and the individual may have more flexibility in talking about what they want to discuss. Short-term therapy is usually done in a series of 6-8 sessions and is more focused and directed, looking at specific issues the person is experiencing.

There are a variety of different approaches to therapy, which are quite different from one another. The four most common forms of psychotherapy are: cognitive-behavioural, interpersonal, psychodynamic and supportive.

Cognitive-Behavioural Therapy: This form of therapy is considered to be one of the best ways to treat anxiety and depression. The focus is on helping individuals become aware of negative thought patterns, attitudes, expectations and beliefs about themselves or the world that can contribute to feelings of sadness, anxiety and fearfulness. Individuals identify the positive and negative ways they have coped with issues in the past, and make some decisions about how they can regain control over their moods by being aware of the ways in which they think.

Interpersonal Therapy: This type focuses on how our well-being is affected by our relationships with others. It shows individuals how to identify and resolve conflicts or issues within their interpersonal relationships and increase their confidence in social situations.

Psychodynamic Therapy: This involves exploring the person's beliefs and inner states that they may not be conscious or aware of. The belief in this type of therapy is that because the person may be unaware of what is causing their unhappiness, the underlying causes must be explored through directed therapy.

Supportive Therapy: This involves the provision of support and advice during difficult times. The focus is usually on the current situation in the person's life rather than the past. The idea is to support the person in sorting through what is currently happening with them, helping them to examine some of their assumptions and beliefs so that they can make their own decisions and plans for what they want to see happen.

Understanding ACT Teams and Community-Based Support

You may have heard the term ACT Team (or **ACTT**) which stands for ***Assertive Community Treatment Teams***. ACTT is a service model that is used across Ontario, and has been funded largely by the Ontario Ministry of Health and Long-Term Care. The idea behind ACTT is for community-based inter-disciplinary teams to be assigned to individuals with mental illness (often with ***dual diagnoses***), who would otherwise need to be in a psychiatric facility. ACT Teams allow some individuals to live in their community while receiving the treatment, support, medication and monitoring that they need to live successfully with their mental illness.

Criteria for Acceptance to the ACTT program:

- The person must be aged 16-64.
- The person must be diagnosed with severe and persistent mental illness.
- The person is unable to function independently in the community due to their mental illness, particularly in the areas of self-care, productivity and leisure.
- The person has a high number of hospital admissions for mental health crisis.
- The person requires intensive services to maintain treatment, rehabilitation and support in the community.

Next Steps to Treatment

The first place a person can go to talk about treatment for mental health issues is their family doctor. After that, the person may consider seeing a psychiatrist who will have more in-depth knowledge about mental illness, different diagnoses and medications. Whoever is prescribing or monitoring medication should be the first person they should ask for more information.

In recent years there are more family physicians and psychiatrists who are involved in **Family Health Teams**. These health teams often include mental health workers and other professionals who will assist individuals and families with their mental health concerns. The person may ask their doctors if they are involved in such an integrated team for additional supports and resources.



The Meeting
Artist: Jay Lefler

Approaches to Recovery

There are many ways that a person can facilitate their own recovery. In the chapter, *'Treatment Options'* we learned about some of the complementary therapeutic approaches. This chapter will provide more information about local opportunities, self help groups and other resources.

It is important to remember that a person is a person, no matter what their challenges. It is crucial for us all to have meaningful activities in our lives that connect us to other people, to our community and to ourselves. Participating in something you have a passion for adds meaning and substance to life.

Encourage the person to think about the things they love to do, opportunities they would like to explore and what they need in their lives. Repeated hospitalizations due to mental illness can lead to a sense of isolation and loneliness. Enhancing social connections might be something the person would like, but they may not know where to start.

Finding an outlet for emotions, feelings and creativity can be the first step in recovery and building a new future. Encourage the person to set some goals for themselves, explore options and identify what it is that gets them excited. It may be art, poetry, literature, music, a volunteer position or anything else under the sun - it doesn't matter what it is, as long as it enriches the person's life.

"Recovery is a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills or roles. It's a way of living a satisfying, hopeful and contributing life, even with the limitations caused by an illness. Recovery is the development of new meaning and purpose in one's life as you grow beyond the catastrophic effects of mental illness."

The Family's and Friend's Role in Recovery

The people that are closest to the person living with a mental illness play a very important role in the person's recovery. The person may be taking some of their cues from their circle of trust and the expectations they have expressed for the future. Coming back to the world requires courage, support and resources that requires strength from those in the close supportive role of family and friend.

- Foster and support the belief that recovery is possible.
- Support the activities that lead to recovery and the development of community connections.
- Work cooperatively with the person on a recovery plan.
- Ensure clarity on the role you want to play and the role the person wants you to play in supporting their recovery.
- Keep track of what works and what doesn't.
- Encourage others to focus on recovery - including the health care professionals the person is seeing.
- Celebrate every success.
- Deal with the lack of success as a learning experience rather than a failure.

A Family's Recovery Story

"For us, **knowledge** was the most important of the doors to be opened in our quest to save our son. We began our journey into the light.

The first and foremost gift was our changing attitudes toward, and then understanding of, our son and what he had been dealing with and survived his mental illness.

This has so impacted his self-image, wellness and our relationship. The other blessings were our changing behaviours that allowed us to become informed and active in treatment, our being connected to mental health resources, our increasing awareness of choices and self-determination, the need for interdependence and connectedness and, most of all, **hope.**"

"We have seen for three years now that recovery is possible and we dare to dream."

Person's Role

Personal power
Personal knowledge
Personal responsibility
Focus on the person in the context of their life
Self-determination

Professional's Role

Shared power
Exchange of information
Shared decision-making
Co-investigator
Consultant on person's journey

Choice and Recovery

In the recovery model, the person
is an active agent who:
Is responsible for their actions,
Can grow and change,
Is not determined by biology or genetics,
Is not determined by personal history, and
can make a "new-story"

Source: Pat Deegan, Ph.D. (2003)

Understanding and Coping with Symptoms

The following are some ideas that you may want to share with individuals who have had a period of difficulty with their mental health, and have decreased their activity level as a result.

Lessening activity demands can be a useful strategy in the early phases of recovery or during stressful periods. Prolonged inactivity, however, can be a vicious cycle. It can lead to loss of confidence, skills, and social contacts. This, in turn, can ingrain a pattern of inactivity. Inactivity can also lead to too much time spent dwelling on problems and concerns.

The following ideas may help someone get started again in activities that are important to them....

- Set realistic, short term goals for each day and keep a list of accomplishments.
- Consider changing the way you do activities for awhile - you may need to do less, expect less, delegate, and/or reduce stresses while you're getting better. Sometimes changes can lead to good things.
- Your sense of enjoyment may not return immediately but be persistent with a scaled down version of activities you usually enjoy.
- Learn to think past the fear and drudgery of getting started to the sense of accomplishment you may experience once you've finished the activity - write down what it felt like to accomplish.
- Balance work and fun.
- Plan to do the most important jobs during the time of day when you have the most energy.
- Spread out unpleasant or difficult tasks throughout the week.
- Rather than compare yourself to others, compare your progress now with where you started when you were first hospitalized.
- Consider joining a support group and/or getting referred to a support worker to help you through the possible ups and downs and to help maintain your motivation.
- Make as many things a **habit** as you can (your daily schedule, regular ways of doing daily chores, a regular time to take your medications).
- If you don't already use some organizational tools, you may find it useful to do so.
 - Make "to do" lists.
 - Jot down the steps of more complex activities (i.e. a dinner with a number of dishes) to help you stay on track.
 - Use a calendar and record appointment locations/directions, due dates for medication refills, bills, library books, etc.

If concentration is a problem.....

- Find a quiet place and reduce things that may distract you (noise, interruptions, conversations).
- If you think of other important things to take care of, write them down so you can re-focus your attention on the work at hand.

Keep a Focus

- Have a few realistic, **short term** goals for one day.
- Write the goals down.
- List steps/tasks – cross them off when they're done.
- Work on one thing at a time.

Practice

- As you're getting better, find things to concentrate on for short periods. Pick things that interest you. Gradually increase the time and difficulty.
 - To start: read 5-10 minutes of the comics
 - Work up to: a newspaper article
 - Increase to: a Reader's Digest Story,
a chapter from a novel you've already started.
- Alternate jobs that require a lot of concentration with those that you don't have to use your mind as much.

(Adapted from Denise Jennings, Occupational Therapist -handout for family education group)

MY PERSONAL BILL OF RIGHTS

- I have the right to ask for what I want.
- I have the right to say no to requests or demands I can't meet.
- I have the right to express all my feelings, positive or negative.
- I have the right to change my mind.
- I have the right to make mistakes and do not have to be perfect.
- I have the right to follow my own beliefs and values and to set my own standards.
- I have the right to say no to anything when I feel I am not ready, it is unsafe or it violates my values.
- I have the right to determine my own priorities.
- I have the right to NOT be responsible for others' behaviours, actions, feelings or problems.
- I have the right to expect honesty from others.
- I have the right to be angry with someone I love.
- I have the right to be uniquely myself.
- I have the right to feel scared and say, "I'm afraid".
- I have the right to say, "I don't know" and not feel guilty about it.
- I have the right NOT to give excuses or reasons for my behaviour.
- I have the right to make decisions based on my feelings.
- I have the right to fulfill my own needs for personal space and time.
- I have the right to be playful and frivolous at times.
- I have the right to be healthy, even if those around me are not.
- I have the right to be in a safe, un-abusive environment.
- I have the right to make friends and be comfortable around people.
- I have the right to change and grow.
- I have the right to have my needs and wants respected by others.
- I have the right to be treated with dignity and respect.
- I have the right to be happy.

Recovery is a Family Affair

Many families and researchers know the importance of a supportive family in encouraging the recovery process. Many families and friends want very much to improve the quality of life for each individual in their family, and the family system as a whole. As well, many people have doubts about the possibility of recovery or do not know the best ways to support the recovery journey. Families need the opportunity to explore principles and spheres of recovery, hope, resilience, power and control issues, a strength-based approach to situations, and self-care.

Recovery and Self-Esteem

Positive self-esteem is the single most important skill we can develop. Having self-esteem means being proud of ourselves and experiencing that pride from within. The more self-esteem kids have, and the stronger it is, the better equipped they are to make their way in the world. Individuals who have high self-esteem feel secure in their environment and in their social relationships. They tend to have a sense of belonging or a bond with others. When faced with challenges or problems, they respond with confidence, often experiencing success. They take pride in themselves and feel a sense of responsibility for their own actions. Typically, they set goals for themselves and are motivated by dreams of what they want to become or what they want to accomplish.

Self-esteem *isn't* something we're born with - it's something we learn. Everyone should be taught the skills of personal power and positive self-esteem. Research shows that environments most effective to enhancing self-esteem are ones where people:

- Perceive a sense of warmth or love
- Are allowed to try new things without overriding concern of failure
- Are respected as individuals and encouraged to have ideas/opinions
- Recognize there are clear and definite limits
- Are given rules/standards that are reasonably and consistently reinforced
- Are accepted with 'no strings attached'

"There is overwhelming evidence that the higher the level of self esteem, the more likely one will be to treat others with respect, kindness and generosity."

Resiliency in Families and Communities

Have you ever wondered how some families seem to overcome their hardships despite crisis, pain and difficult life experiences? When this occurs it is often referred to as the ability to bounce back...or resilience. By definition, resiliency is described as:

1. *The property of the family system that enables it to maintain its established patterns of functioning after being challenged and confronted by risk factors: (quality of elasticity)*
2. *The family's ability to recover quickly from a misfortune, trauma, or transitional event causing or calling for changes in the family's patterns of functioning: (quality of buoyancy).*

Within the Family Resiliency framework (McCubbin & McCubbin, 1993, 1996) resilience is viewed as involving two different but related family processes:

adjustment, which involves the influence of protective factors in the family's ability and efforts to maintain its integrity and functioning in the face of risk factors,

adaptation, which involves the function of *recovery factors* in promoting the family's ability to "bounce back" and adapt in family crisis situations.

Consequently, family resilience research has focused on determining what protective factors are critical to family adjustment in the face of difficult situations.

Four recovery factors have been identified as critical to managing challenges within the family:

- Family integration - keeping the family together and connected
- Family support and esteem building - support from the community, especially friends and the development of both self-esteem and self-confidence
- Family recreation, control and organization - emphasis on participation in recreational activities and on consistent family structure and rituals
- Family optimism and mastery - efforts to maintain a sense of control and optimism about their life circumstances

The “bounce back” factor, or resiliency is something that can make a big difference in family life and health for everyone. According to Al Siebert, Ph.D., the author of *The Survivor Personality*, people who survive and go on to thrive when faced with extreme difficulties “fully embrace the challenge”. They immerse themselves in the circumstance to be dealt with and rise to the changes that may be necessary in their lives.

There are many ways to build family resiliency and enhance everyone’s ability to deal more positively with the challenges a mental health concern can bring.

- Remember each individual is more than the struggles they are having.
- Stress positive characteristics and talents of all family members.
- Use problem solving techniques instead of blame.
- Modify tasks and activities when necessary to promote success and participation.
- Work together on family goals and tasks.
- Celebrate small successes and pleasures.
- Maintain regular individual and family activities whenever possible.
- Have fun together; build some relaxation or leisure time to share each day.
- Don’t always focus on the mental health concern, have conversations about other things as well.
- Find a balanced way to be loving and helpful without assuming responsibility and control for another person.
- Be responsible for your own health and self-care. Take the time to care for yourself.

“You may have a fresh start at any moment you choose, for this thing we call “failure” is not the falling down, but the staying down.”

Resiliency

Developing resilience is a personal journey. People react differently to traumatic and stressful life events. The following tips were prepared by the American Psychological Association and appear in a brochure entitled, "The Road to Resilience". For a copy of the brochure, which also lists places to look for help, visit the APA's website.

Make Connections

Good relationships with close family members, friends or others are important. Accepting help and support from those who care about you and will listen to you strengthens resilience. Some people find that being active in civic groups, faith-based organizations or other local groups provides social support and can help with reclaiming hope. Assisting others in their time of need also can benefit the helper.

Avoid Seeing Crises as Insurmountable Problems

You can't change the fact that highly stressful events happen, but you can change how you interpret and respond to these events. Try looking beyond the present to how future circumstances may be a little better. Note any subtle ways in which you might already feel somewhat better as you deal with difficult situations.

Accept That Change Is a Part of Living

Certain goals may no longer be attainable as a result of adverse situations. Accepting circumstances that cannot be changed can help you focus on circumstances that you can alter.

Move Toward Your Goals

Develop some realistic goals. Do something regularly - even if it seems like a small accomplishment - that enables you to move toward your goals. Instead of focusing on tasks that seem unachievable, ask yourself, "What's one thing I know I can accomplish today that helps me move in the direction I want to go?"

Take Decisive Actions

Act on adverse situations as much as you can. Take decisive actions, rather than detaching completely from problems and stresses and wishing they would just go away.

Nurture a Positive View of Yourself

Developing confidence in your ability to solve problems and trusting your instincts will help build resilience.

Look for Opportunities for Self-Discovery

People often learn something about themselves and may find that they have grown in some respect as a result of their struggle with loss. Many people who have experienced tragedies and hardship have reported better relationships, a greater sense of personal strength even while feeling vulnerable, an increased sense of self-worth, a more developed spirituality and a heightened appreciation for life.

Keep Things in Perspective

Even when facing very painful events, try to consider the stressful situation in a broader context and keep a long-term perspective. Avoid blowing the event out of proportion.

Maintain a Hopeful Outlook

An optimistic outlook enables you to expect that good things will happen in your life. Try visualizing what you want, rather than worrying about what you fear.

Take Care of Yourself

Pay attention to your own needs and feelings. Engage in activities that you enjoy and find relaxing. Exercise regularly. Taking care of yourself helps to keep your mind and body primed to deal with situations that require resilience.

A Recovery Story

“Nervously, I attend an art course, late, late, late. I don’t have all the things I need like brushes and paints. The instructor helps me out a little. I think the people in the class are looking at me funny. Can I really do this? Why did I sign up for this class?”

But I did it—I DID IT! I made a painting. I didn’t feel like going to the class and I didn’t think I could do it but the painting is really beautiful, worth the effort. It is not perfect but I see the beauty and the colours in it.”

“Recovery involves more than recovery from the illness itself. People with mental illness may have to recover from the stigma they have incorporated into their very being. It is also recovery from crushed dreams.”

Finding Meaningful Activity

- Take a cooking class.
- Go to the Volunteer Centre and get some ideas about possible volunteer opportunities.
- Join or start a self-help / support group.
- Join a walking or hiking club.
- Take an art class.
- Start a journal and keep track of your thoughts and emotions.
- Take a non-credit interest course through continuing or adult education.
- Pick a topic you enjoy and start researching.
- Join a book club.
- Join a gym, get a bike, or just get moving - exercise!
- Get a part-time job.
- Go to movies, theatre and concerts.
- Take music lessons.
- Get a pet to keep you company and to get you outside.
- Do some career counselling and write a new resume.

" . . . recovery is a process. It is a way of life. It is an attitude and a way of approaching the day's challenges. It is not a perfectly linear process. Recovery has its seasons. It's the times of downward growth into the darkness to secure new roots and then the times of breaking out into the sunlight. But most of all recovery is a slow, deliberate process that occurs by poking through one little grain of sand at a time."

~ Patricia Deegan, author, advocate and consumer/survivor

What's in a Word? Language and Recovery

Re-framing an experience or situation through the language we use can be empowering. Studies on recovery from mental health issues show that the way people think about themselves and their illness is reflected in how they talk about it and the language they use. It makes sense then, that changing the language we use to describe the illness and the process of recovery can help move us forward in the direction we want to go.

Here is an example: If the person has been hospitalized and diagnosed, they may have started thinking about themselves as being a “patient” and having a diagnosis. Many people do not like being referred to by their diagnosis because it minimizes all of the other parts of their life. For example, schizophrenia may be a part of the person’s life, but they are not “a schizophrenic”.

Accepting and using language that is demoralizing, stigmatizing and disempowering only serves to perpetuate negative stereotypes about people with mental illness. Language is a very powerful tool for changing thoughts, attitudes and beliefs, not only their own but of the people around them as well.

Also, a term that has been widely used in relation to individuals with mental health issues is consumer/survivors. The term has positive connotations of power, recovery and survival. The person has survived the illness and the mental health system, and they have been a consumer of mental health services, just as others are consumers of physical health services. There are also many other terms, and it is a personal choice as to what term any person will choose to use.

Make some intentional choices about the language you use in reference to the person’s life, their illness and their recovery.

“Being with a person who deals with a mental illness can bring about opportunities for connections and exploring different ways of looking at the world. There is a big piece of listening and hearing with different ears that’s important for families to learn”.

Factors for Successful Recovery

There are a number of factors that seem to play a role in successful recovery from a mental illness:

Family Relationships: Family education and emotional support tend to decrease the rate of relapse, build resilience and facilitate recovery. Stressful and unsupportive family relationships tend to have the opposite effect. As a family member, remember how much influence you have in the recovery process. Education and knowledge tend to make acceptance, coping and moving forward much easier for families. ***Family education and/ or counseling are key to facilitating recovery for the whole family.***

Absence of Substance Abuse: People diagnosed with a mental illness are more likely than the general population to self-medicate through the abuse of drugs or alcohol. They may tell you that a key step in their recovery was making the decision to not use drugs or alcohol and to stick to that rule. Not only does drug and alcohol use negatively affect the way medication works in the body, it also is de-motivating, physically destructive and mentally destabilizing. You have enough to deal with - using drugs or alcohol will not make it easier.

Prompt Treatment: Doctors tend to find that the longer a person experiences symptoms and disruption from mental illness without diagnosis or treatment, the harder the road to recovery. ***Pay attention - don't***

bury your heads in the sand. Recognize problems and get the person treatment and support as soon as possible.

Involvement with Treatment: Generally, the willingness to take medication as prescribed, and follow through with psychiatric care and support, will be a major determinant of successful recovery. Medication and other treatment provide the foundation for recovery by stabilizing the person's symptoms.

Supportive Therapy: Developing a good therapeutic relationship with a psychiatrist or other service providers helps people be hopeful, develop confidence and put their illness into perspective.

Social Skills: Sometimes a mental health issue will affect a person's social skills. They may be lacking the confidence to be with others, they may have fears or phobias about social situations, or they may have '***flat affect***' as a result of the illness or medication. The more the person gets out, makes connections and becomes comfortable interacting in social situations, the better their chances of successful recovery.

Access to Care: If a person has easy access to the care and support they need, the road to recovery will be easier to travel. Access to care means not only medication and psychiatric counseling or assistance, but also skills development, family participation, career or education counseling and self help groups.

Self Help Services, Peer Support and Recovery

Self-help and peer support can be powerful tools in recovery. Self Help at CMHA WW offers services for individuals who are or have experienced mental health or addiction issues.

The Power of Peer Support

“Peer support is a supportive relationship between people who have a lived experience in common” (Mental Health Commission of Canada, 2013)

Peer supporters are people who have actively encountered a mental health and/or substance use issue and intentionally share their lived experience and recovery journey as part of their role as a volunteer or staff person. Peer support is about helping another person move on with their life— to recover. This involves:

- Helping that person get in touch with what they think will improve their quality of life (setting recovery goals);
- Helping them to identify and remove barriers;
- Seeing their situation and circumstances differently: with hope and self-determination; and
- Requires the establishment of a relationship. A relationship built on trust, even in the first few minutes of a meeting.

It is the act of people who have had similar experiences with a mental health and/or addiction issue giving each other encouragement, hope, assistance, guidance, and understanding that aids recovery.

“Having a sense that I am not alone in my struggles and that some others have had similar experiences, having people believe in me, listen to me, laugh with me and cry with me has meant the most.”

Self Help Services, Peer Support and Recovery

Self Help Services are provided by people who experience a mental health and/or addiction issue for people who experience a mental health and/or addiction issue. We believe Recovery is Possible!

Recovery is a process, a journey designed by the individual. Our services value:

- **Hope**– Recovery cannot occur without hope. We encourage hope, focusing on people’s strengths and abilities.
- **Empowerment**– Provides individuals with opportunities to exercise control and power with respect to their lives.
- **Self-determination**– recognizes and honours that individuals will make their own life decisions.
- **Meaningful Choice**– recognizes that individuals have the right to make their own choices, and we encourage people to make informed decisions. All individuals are entitled to the dignity of risk that is inherent in making choices.
- **Diversity and Inclusion**– works toward the elimination of prejudice and discrimination on the basis of mental health and/or addiction issues.

Self Help Sites and Recovery Centres

Self Help has sites in Cambridge, Kitchener and Guelph. Each Self Help site contains a Self Help Recovery Centre. The items provided at these centres are based on our belief in a person’s ability to improve their quality of life.

The Self Help Recovery Centres Provide:

- A recovery focused atmosphere that allows for learning, personal growth, coping and self-care strategies.
- Opportunities to learn effective techniques in areas of personal development, which enable one to recover their identity and being able to experience life beyond a mental health and/or addiction issue.
- Tools, materials and resources to assist individuals, in a self help manner, to identify and develop strategies for taking on active roles in their own personal growth.
- Recovery groups where individuals are given the opportunity to learn personal development skills from curriculums developed with the lived experience perspective.
- Peer support groups where individuals can connect with others experiencing similar issues and exchange coping strategies and nurture hope.

Self Help Services, Peer Support and Recovery

Spark of Brilliance

Spark of Brilliance is a peer-led healing through the arts program providing opportunity for people living with mental health and/or addiction issues and their supportive allies to experience the expressive arts within a supportive, understanding, community-based environment. Spark of Brilliance workshops are offered in Guelph and Kitchener. www.sparkofbrilliance.org

Entrepreneurship

Self Help offers the services of the Entrepreneurship Facilitator for individuals who have experience with the mental health and/or addictions system, and are interested in self-employment or starting their own business. With a self help approach, the participant is actively involved with developing their own business, including all decision making. Participants will ideally develop a business strategy or a plan to guide their self employment activities.

Advocacy

Self Help offers the services of the Advocacy Coordinator to assist individuals and families in advocating for their needs in areas such as housing, income supports, employment, treatment and legal issues.

The Centre for Excellence in Peer Support

The Centre for Excellence in Peer Support partners with local mental health and addiction service providers to implement and support the creation of peer worker roles throughout the system.

Self Help's site services are free and no registration is required. Group schedules change on a monthly basis, so see the website for the most up-to-date calendars.

Self Help Services, Peer Support and Recovery

Skills for Safer Living: A Suicide-Intervention Support Group

The **Skills for Safer Living** program is a combination of a twenty week skills based group and a peer support group for individuals with recurring thoughts and behaviours about suicide. The group process and content has been derived from innovative work developed at St. Michael's Hospital in Toronto.

Skills for Safer Living provides group participants the opportunity to develop specific strategies and skills to identify, interrupt and to change their behavior about suicide. Groups are offered in Kitchener, Cambridge and in Guelph, with specialized groups for university aged youth and high school students age 17-18. At the conclusion of the twenty week skills group participants will be invited to attend an ongoing peer support group that provides the opportunity to practice and refresh the skills they have learned.

Volunteering and Recovery

One of the most meaningful things we can do as members of our society is to help others in any way we can. Volunteering with an organization can be a wonderful, life-enriching experience. It is a way to meet people, create friendships and gain confidence. It is also a way to develop new skills and to use the ones you already have. There are volunteer opportunities for almost every interest and they can vary from requiring a great deal of time and commitment, to being very casual.

You can also volunteer with family, friends and neighbours who need assistance with certain things. We all have special talents and ways that we can give to others. Helping others in need is a rewarding way to gain skills and make friends.

The Volunteer Action Centre in Kitchener-Waterloo, Volunteer Centre in Cambridge and the Volunteer Centre of Guelph-Wellington are great resources for seeing what opportunities interest you. See the Contacts and Resources pages at the end of this book for more information.

Creative and Experiential Programs

There are many very interesting community-based programs designed for people with mental illness to assist in the recovery process. They are generally based on the premise that people with mental illness may have become disconnected with their passions, talents and abilities due to hospitalization, medication side-effects and the loss of many different roles in their lives. The idea is to get people actively participating, expressing themselves, building confidence and social connections along the way. Some examples of group activities are horticultural therapy, art therapy and therapeutic journaling.

People who have been involved in these types of programs report very powerful experiences of tapping into their inner voice, feeling whole and valid as a person again. We all have gifts and talents, but in the case of people with mental illness, sometimes those abilities are disregarded or neglected. Families and friends can play a huge role in encouraging the person to get motivated and reconnect with their creative side.

Spark of Brilliance

Spark of Brilliance, provides opportunity for persons living with mental health and/or addiction issues to experience the expressive arts, within a supportive, understanding, community-based environment. The program's distinctive model was conceived from a belief that healing and recovery can be kindled through the arts and has sites in Guelph, Kitchener, and Centre Wellington.

Founder, Judith Rosenberg's philosophy has been to provide opportunities for individuals to feel empowered through artistic expression. The experience of Jay Lefler, her son and aspiring artist who has experienced his own mental health issues, described the impact of Spark of Brilliance as: "My love of art, painting and creative expression played a huge role in my healing."

Spark of Brilliance continues to inspire people with mental illness to explore their creativity and design their own recovery. Workshops are open to people experiencing mental health issues and their supportive allies including family members, friends, mental health workers, etc.

For more information, visit the website: www.sparkofbrilliance.org.

Art and Soul

Art and Soul provides artistic opportunities for individuals in the Cambridge community who are impacted by mental health challenges. Through workshops, they seek to connect people with the arts and with their own creativity. The workshops are free and make art accessible for both the novice and more experienced artist. Anyone who identifies themselves as affected by mental health concerns is welcome: people who have a personal experience with a mental health issue as well as those who are a support person to someone with a mental health concern. For further information call Robert Thody at rthody@cambridgegalleries.ca. You can also visit www.cambridgegalleries.ca.

Beautiful Minds

Speaking publicly can be an experience of creativity and personal growth - a way of "sharing your story". Beautiful Minds in Secondary Schools is a program adapted from the Centre for Addiction and Mental Health program "Talking About Mental Illness" - an awareness program designed to bring about positive change in people's knowledge of mental health, and reduce the stigma that surrounds mental health issues. Volunteers are recruited year round and are needed to present their personal stories about their experience with mental health and illness during the presentation component of the Beautiful Minds education program. For more information and to check out the online newsletter, ***Stigma Hurts***, visit www.beautifulminds.ca.

A Recovery Story

"After being on disability for two years I decided I needed to do something to get out of my apartment and back into socializing with people. I was becoming very depressed and sheltered and not connecting with society. When I was well enough to work, I was a nurse and really enjoyed helping people. I decided to try volunteering for the CMHA.

When I first started I felt pretty worthless and alone because I hadn't adapted to having a disability. Volunteering helped me realize that doing volunteer work can be like doing a job. It has made me realize how intelligent I am and helped me restore my confidence in my abilities.

I now understand that if I think positively, I will get further in achieving my goals."

Creativity and the Arts

“Focusing on the creation of a piece of music, a poem or a painting can help improve concentration, combat depression and provide a valuable outlet for expressing feelings and emotions. Sharing your art with others can dramatically improve your self-esteem and help avoid the isolation that often comes with the onset of an illness. There are few experiences more fulfilling than discovering that your art has helped someone else gain insight into their journey towards recovery. If you are willing to share your experiences with others through any artistic endeavor, you will find that there is an audience eager to listen to you.

We are very lucky to have a wealth of opportunities for both amateur and professional artists. Community theatre companies, church choirs, civic orchestras and bands will often welcome your participation, regardless of your experience or proficiency level. Informal jam sessions and open stages are a fun way to try out your skills and meet people at the same time. Photography and art classes or music lessons can help you to bring out hidden talents and give you the confidence to share those talents with others.

Music and arts festivals and events welcome volunteers; another way to participate in the community and experience some great theatre and music for free. By taking part in any of these activities you’ll find that you’ve enhanced your quality of life while helping others at the same time. It’s a Win-Win situation!”

James Gordon, singer-songwriter and family member

“Many of us find it important to participate in the consumer-survivor run support networks and advocacy groups in an effort to help change the mental health system, to establish alternatives to traditional services, to make government aware of our needs, to fight for our full civil rights and to collectively struggle for social justice. At some point helping ourselves includes joining together as a group to fight the injustices that devalue us and keep us in the position of second-class citizens.”

Patricia Deegan, author, advocate and consumer/survivor

Advocacy and Recovery

Advocacy is about supporting a cause - whether your own cause or one that is shared by a group of people. Advocacy involves creating change and working to improve your own or others' living conditions. It is the pursuit of influencing outcomes and achieving particular results which will positively impact you, or a group of individuals with a similar issue.

Individual advocacy and systems advocacy are similar - they involve seeking support, commitment and recognition from decision-makers and the general public about a cause or issue.

Advocacy efforts are often the way that a disadvantaged group and the barriers they face first become recognized. By bringing attention to social injustice, advocates create systemic change to make certain processes easier for the affected population.

Anyone can act as an advocate - the individual, their family members, friends, health care professionals or support workers.

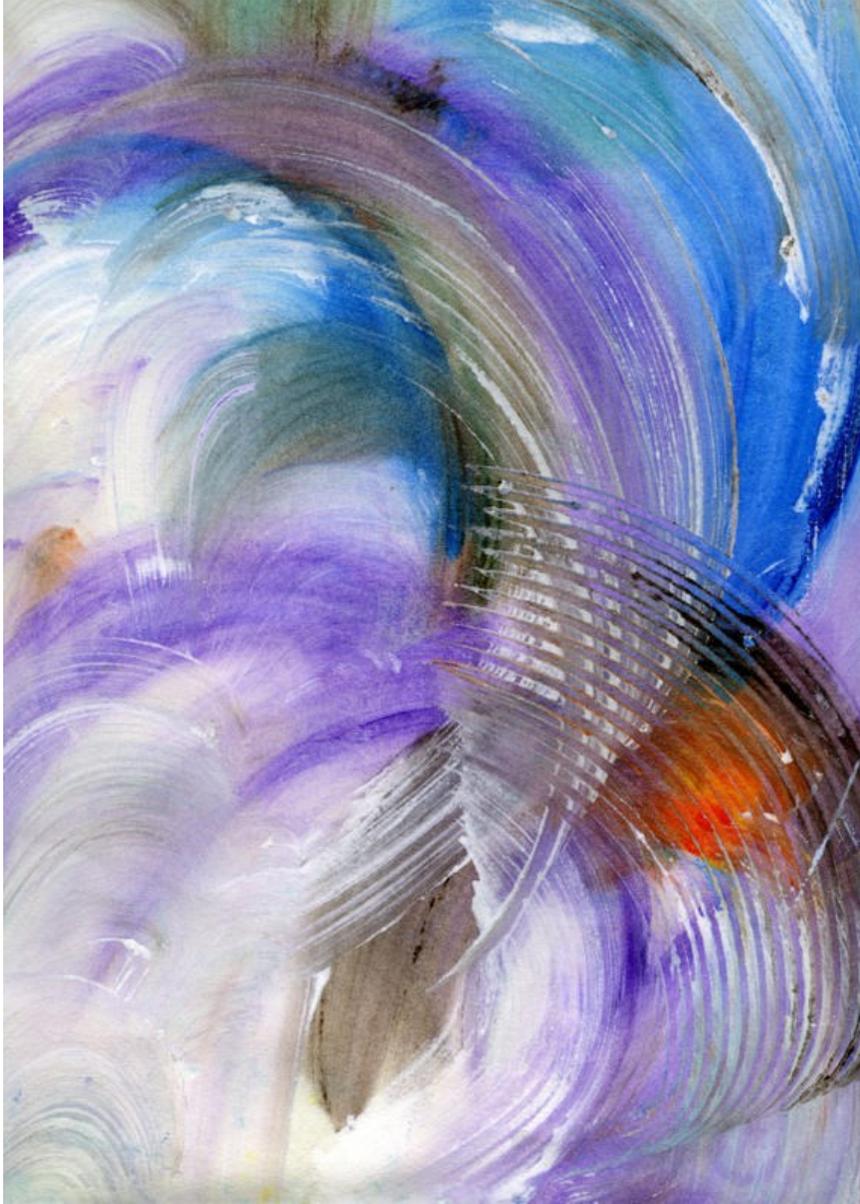
The Ontario Human Rights Code prohibits discrimination on the basis of disability:

“Every person has the right to equal treatment with respect to the occupancy of accommodation, without discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation or the receipt of public assistance.”

CMHA and Community-Based Support Services

The Canadian Mental Health Association Waterloo Wellington is a good place to go for short-term or long-term support, information and education about mental health issues as well as referrals to other community agencies and resources. The CMHA Centres for Mental Health have support workers who can help you with things like crisis planning, social skills development, finding housing, employment or educational opportunities, etc. They can also help you get connected to activities of interest in the community and assist you in making appointments or making appropriate referrals to other services. Other CMHA locations have nurses, psychiatrists, and psychological consultants on staff. Several other community based mental health and addiction organizations also provide support such as Thresholds Homes for Mental Health. See the Resource Section for more information.

“At CMHA, the workers have been available to me to help me get oriented. They listened to my concerns and needs and helped me to find strategies I could use to help myself. One of their staff helped me to complete a detailed Crisis Plan which I can refer to at any time. I was given the option of registering my Crisis Plan with any of the local mental health services in the community. They also have an excellent library of books and videos about mental health issues and recovery. There is a comprehensive collection of pamphlets available for free on a wide range of services and resources open to the public.”



Sun in Snowstorm
Artist: Diane Eastham

Caregivers

Caregivers often feel alone and in need of support. There is help out there for you, help to keep you healthy and balanced so you can give the care you want. It's simply a matter of finding the help that works for you. Have faith that you can get through this. Others have survived the intrusion of mental illness in their family lives and become stronger for it. If you reach out, you will find this as well.

Coping with Caregiver Anxiety

When you become involved with the individual's treatment, it's natural to have moments of anxiety. There are many changes to deal with, and helping the individual move from illness to recovery is an apprehensive time.

Anxious feelings always pass, but they may do so more quickly and effectively through visualization and deep breathing techniques.

Take a few moments to remember a scene from the past when you were very content. Close your eyes and put yourself back there. Make the image as detailed as possible so that you can hear, smell and feel your surroundings. Performing this exercise regularly for short periods may be more effective than for longer periods less often.

Mindful deep breathing may change a negative thought to a neutral or positive one. Practice a series of conscious, deep, full breaths often. Gently, slowly and completely exhale. Through practice, say to yourself as you exhale:

1. I accept what I'm experiencing mentally and physically.
2. These anxious feelings will pass and I will relax.
3. My physical tension is softening and melting away.

If necessary, further distract yourself for about 15 minutes with other physical or mental activity such as watching a movie, reading a book or going for a walk.

Understanding Caregiver Stress

Being a caregiver can be rewarding in many ways; you may feel that your efforts are making a real difference in the individual's life.

On the other hand, caregiving can soon become an overwhelming task, and you may begin to feel the emotional and physical strain of your role. This is caregiver stress. It is common for caregivers to "burn out," or feel unappreciated, isolated, angry, or depressed. If you are a caregiver and you are starting to feel like this, think about these possible causes:

- High expectations of yourself and others
- Not being able to say "no"
- Difficulty asking for and/or accepting help
- Constantly sacrificing your needs for those of others
- Feeling as though you're the only person able to provide proper care

Feeling this way for a long period of time will not only negatively impact your personal health, but it will also have a negative impact on the care you are able to provide for your loved one.

Some Signs of Caregiver Stress

Both your physical and emotional health may be affected in many ways:

- Difficulty sleeping or constant fatigue
- Headaches, backaches
- Changes in eating habits
- Weight change
- Minor illnesses such as cold or flu that won't go away
- Easily frustrated or irritated
- Feeling angry or resentful
- Feeling overwhelmed
- Feeling sad or depressed
- Feeling lonely
- Feeling emotionally drained

Waterloo Wellington Local Health Integration Network (LHIN) (Formerly CCAC)

The LHIN provides personal support and homemaking services, nursing, physiotherapy, occupational therapy, speech-language pathology, social work and nutrition. The LHIN provides support to caregivers including short term respite, education, and links to other services. They also provide mental health support services to individuals 18 years or older. The LHIN works with the individual's personal support network, which may include a psychiatrist and case worker as well as you and your family.

10 Tips to Fight Caregiver Stress

1. **Educate yourself** - Learning about the mental health issue will increase your understanding of what the individual is going through.
2. **Educate others** - Tell your family and friends. It will help them to understand what is happening and help them be better supports for you.
3. **Create a strong support network** - This may include friends, family or community service support groups.
4. **Stay Positive** - Your attitude can make a world of difference as to how you feel.
5. **Look for humour** - Though the issues you may be dealing with may be quite serious, there will be good times too. Laughing about it does not mean that you don't care or that you're not taking the situation seriously. Laughter can be a very good coping strategy.
6. **Look after yourself physically** - Exercise, eat properly and get enough sleep.
7. **Look after yourself emotionally** - Take time to look at your emotions and don't be afraid to express your feelings. Seek counseling if needed.
8. **Take a break** - Even if only for 10 minutes. It is not selfish to **MAKE TIME FOR YOURSELF**. It will enable you to provide better care when you return. For longer breaks, find respite care services in your community for example through the Community Care Access Centre.
9. **Relax** - Try stress management and relaxation techniques such as yoga, meditation or massage.
10. **Stay involved** - Maintain your hobbies and interests. Stay in touch with your family and friends so you don't start to feel isolated. You will find strength to go on with your care.

“It’s hard not to take it personally and feel like you’re responsible somehow. It’s the illness that’s responsible.”

Support and Education

Like any major illness, the onset of mental illness will challenge the balance and happiness of family and friends. Unlike purely physical illnesses, mental illness still carries a stigma with it; a stigma which, if you let it, can isolate you from your community and undermine the recovery of both your family and the person you love. Fighting the stigma is not as hard as it seems. Take the first steps by educating yourself and accepting the support of others.

Family Education programs provide an opportunity for you to empower yourself by getting the answers and reassurance you need. You will find yourself in the company of people who understand what you are going through because they share your experience and your heartache. Practical and emotional advice is offered by the mental health professionals who facilitate the groups.

Family education series are offered each year in the K-W and Cambridge communities sponsored by the Canadian Mental Health Association Waterloo Wellington, Cambridge Memorial and Grand River Hospitals. Participants have the opportunity to increase their knowledge, strengthen resources and connect with other people who understand.

Topics Include: Understanding the experience of a mental health issue; community supports; strengthening hope and recovery; helping yourself & your loved one prevent and deal with crisis situations; taking care of yourself. There is no charge for the sessions but pre-registration is required.



untitled
Artist: Barb Cohen

Legal Issues

There are a number of legal issues to take into consideration when you or a family member is struggling with a mental illness. Issues can range from trouble with the law to obtaining consent for treatment, involuntary hospital admissions, substitute decision-making and powers of attorney. Navigating the legal system, in conjunction with the mental health system can be confusing and frustrating. This chapter will outline some possible scenarios, your resources and options, and an understanding of the rights of you and the individual, according to the *Mental Health Act*.

Become Educated About Mental Health Issues and the Legal System

Unfortunately, when people are experiencing a significant mental illness they may find themselves in trouble with the law. Inhibitions and self-control can be temporarily compromised, and they may react to events in unpredictable ways. Families need to be knowledgeable about what their rights are, where legal resources may be and to be prepared if something should happen. We do not want to give the impression that because someone has a mental illness they *will* get involved in the court system. However if it *does* happen, their illness may complicate the process and the outcome, and be more stressful than a legal situation would be in 'normal' circumstances.

It is essential to be aware of the legal rights of the individual and of the family. Issues can get quite complicated if an individual is a danger to themselves or others, or if a doctor/psychiatrist decides that they do not have the capacity to make their own decisions. These situations can be frustrating and demoralizing. Try to avoid this by communicating with people who can give you information from personal or professional experience, and empower yourself with knowledge.

An Overview of the Legislation

THE MENTAL HEALTH ACT was written in 1981 to govern the process whereby an individual may or may not be admitted to a psychiatric facility. It has been amended over the years to reflect changes in laws and governments. The **Mental Health Act** deals with:

- Criteria and process for admission to psychiatric facilities
- Appeals processes
- Under what conditions treatment can be imposed and when it is voluntary
- Who may see patient records from a psychiatric facility
- Financial incapacity of inpatients of a psychiatric facility
- How a Community Treatment Orders (CTO) can be issued, renewed or terminated
- The rights of patients to information and legal review on a number of issues including involuntary hospitalization, CTO access to and disclosure of personal health information and management of property

THE HEALTH CARE CONSENT ACT and its regulations deal with issues like:

- Informed consent before treatment or admission
- How to decide if a person is capable of making their own decisions regarding medical treatment

THE SUBSTITUTE DECISIONS ACT and its regulations deal with issues like:

- Powers of Attorney, guardianships and substitute decision-making as related to property and personal care arrangements

**You can get your own copy of the *Mental Health Act* by
visiting the Publications Ontario website at
http://www.bclaws.ca/civix/document/id/complete/statreg/96288_01**

Understanding Powers of Attorney

Power of Attorney: This important legal document allows one person to give authority for important decision-making on their behalf, to another person if they are or become incapable of handling matters on their own (for example, because of a significant mental illness). There are three different types of ***powers of attorney*** in Ontario:

1. **Power of Attorney for Personal Care** gives authority for decision-making about any or all of the following: health care, nutrition, shelter, clothing, hygiene and safety. It comes into effect only when the ***grantor*** (person signing due to mental illness) is incapacitated.
2. **Continuing Power of Attorney for Property** gives authority for decision-making related to property and money. “Continuing” means that if a person becomes incapable of decision-making the power of attorney is still valid.
3. **General Power of Attorney for Property** remains valid only when the person who signed it is not capable of managing their own property and affairs. *This is not generally used for people who want to prepare for the possibility of incapacity due to mental illness.*

Ulysses Contract: This document falls under the *Substitute Decisions Act* and provides power of attorney when the grantor believes they may resist necessary care. This can be the case with mental illnesses for example, if paranoia is so strong that the person believes their family is conspiring with others to cause them harm. A ***Ulysses Contract*** can sometimes contain provisions, including clauses related to using necessary force to facilitate a person’s hospitalization and treatment.

The grantor can sometimes make ‘prior capable wishes’ about how they would like decisions to be made on their behalf. **It is a good idea to get legal assistance when signing powers of attorney or Ulysses Contract.** They are very powerful documents and it is important to understand all of the legal implications for both the grantor and the attorney.

Understanding Assessment

A person can enter a psychiatric facility or hospital in one of these ways:

1. **Voluntary admission** - the individual and doctor both feel that admission is necessary.
2. **Involuntary or Informal admission** - the doctor decides the individual should be admitted and signs a Form 1 or Form 3.
3. **Court order** - given to a person who the judge feels may not be fit to stand trial or is not criminally responsible for an act.

Involuntary Admission

The person must meet one of the following criteria for ***involuntary admission*** as assessed by the physician:

1. Has threatened or has attempted to harm self, with the belief that the person has the means and the intention of harm. This could include a history of suicide attempts or self-harm.
2. Has threatened or attempted to harm others, with a history of violence, apparent means to cause harm, or there are extreme circumstances.
3. Is incapable of looking after oneself; is unaware of the impact on their health or on other people.

Some Questions To Ask The Doctor About Involuntary Status

- Why did you sign the Form 3 or Form 4?
- Who do you think will be harmed if the person becomes a voluntary patient or leave the hospital? Why?
- What have you observed about the person's behaviour that makes you think this?
- What have other people (staff, friends, family, visitors etc.) said about the person that makes you expect this?
- How must their condition or behaviour change to make them become a voluntary patient?
- How long do you think they will be in the hospital? Why?
- What happens once they are discharged—is there a social worker to provide support?
- Who will continue their treatment?

If You Disagree with a Doctor's Decision to Keep the Person as an Involuntary Patient: Two Options

The first option is for the person to arrange to meet with their doctor to talk about their involuntary status. At this time the person can ask why they has been given ***involuntary status*** and whether or not the doctor would be willing to either discharge them or change their status to voluntary.

The second option is to have the person apply to the ***Consent and Capacity Board*** (which is independent of the hospital) for a hearing to decide whether or not the person should be in the hospital. They must fill out a Form 16 (Application to Board to Review a Patient's Involuntary Status - see end of chapter for a table of forms under the *Mental Health Act*), which is available from the ***Rights Advisor*** or staff at the hospital. A rights advisor can help them apply for Legal Aid or to find a lawyer.

Within seven days of getting their application (Form 16) a hearing will be scheduled at the hospital with three or five members of the Consent and Capacity Board. The patient has the right to attend, to have a lawyer represent them and to have witnesses speak in support of the application. If the person is representing themselves, they have a right to see their clinical record (medical chart) before the hearing. The doctor must let the patient see and copy any documents that will be used as evidence in the hearing. The doctor can withhold parts of the clinical record from the patient, but must apply to the Board to do that.

The Board will make a decision about involuntary status by the day after the hearing, and the patient has the right to request that the reasons for the final decision be put in writing. The request for that written decision has to be made within 30 days after the hearing. If the Board upholds the doctor's decision to keep you involuntarily, an appeal can be made in court, but the appeal must be made within seven days of receiving the Board's decision and usually will require a lawyer.

Hearings with the Board will happen automatically once a year if a person is held involuntarily for a long period of time. A hearing will also be held automatically once a person receives their fourth Certificate of Renewal (Form 4).

**The Psychiatric Patient Advocate office provides
in-depth rights information:
www.ppao.gov.on.ca**

Understanding Community Treatment Orders (CTOs)

Community Treatment Orders are legislated through the *Mental Health Act* as an option for people requiring treatment for serious and persistent mental illness. A CTO is a comprehensive plan for community-based treatment, care or supervision that is less restrictive than being placed in a psychiatric facility. In general terms, physicians can issue Community Treatment Orders if:

- In the three years prior to the CTO the person has been in a psychiatric facility on two or more separate occasions, OR for a cumulative period of at least 30 days
- The person has been issued a CTO in the past
- The person will be able to comply with the Community Treatment Plan contained in the CTO
- The person needs ongoing community treatment or care because otherwise s/he is likely to cause serious bodily harm to self or others, and/or suffer substantial mental or physical deterioration

The treatment and supervision required by the CTO must be available in the community, and the other professionals that will make up the community-based team of service providers must be consulted by the physician issuing the CTO.

The person being issued a CTO and/or their substitute decision-maker have the right to retain a lawyer and to consult a rights advisor. The person, or someone on their behalf, also has the right to make an appeal to the Consent and Capacity Board to see if all of the criteria for issuing the CTO have been met. If the criteria have been met, the person must consent to the CTO.

There is an automatic review by the Consent and Capacity Board after a CTO is renewed for a second time and for every second renewal after that point. A CTO will expire six months after it is issued, unless renewed or terminated by a physician. If the person with the mental illness does not comply with the CTO, the physician can order a psychiatric examination for them and have them returned to a psychiatric facility.

Mental Health and Justice Services

The Mental Health and Justice Services for CMHA WW provide support at the Mental Health Court and Bail Court in Waterloo Region, and the Court and Bail Court in Guelph-Wellington . The Mental Health and Justice Services also include Drug Treatment Court support in both Kitchener-Waterloo and Guelph-Wellington. Short-term Diversion and Non-Diversion support coordination is offered and provided for up to 12 months on a voluntary basis for individuals in this system who have a significant mental health issue or a concurrent disorder. The support provided is related to legal situations involving a person charged with a criminal offence which is believed to be connected with the person's struggle with a significant mental health issue or concurrent disorder. All services provided must be accepted voluntarily by the individual.

Support Coordinators connect with individuals to assist them to implement the plans generated by the Mental Health Court in Kitchener or the Court in Guelph-Wellington. Diversion referrals require approval by the Crown Attorney. Diversion requires the person to work with a support coordinator for up to 12 months and receive assistance in creating and implementing life plans for goals that are self-determined. Support includes assistance to gain access to treatment and to reduce the chances of re-offending. This service is available to individuals who are eligible for mental health diversion as well as to those who are not eligible for mental health diversion. Support activities include planning, help to obtain and keep housing, crisis planning, link with community activities, liaise with family, legal system, etc.

For more information on how to access these supports, please call CMHA WW in Kitchener or Guelph. www.cmhaww.ca

What if the Person is Charged with a Criminal Offence?

Both the *Mental Health Act* and the Criminal Code address the situation of people who are charged with a criminal offence and have a serious mental health issue.

Under the *Mental Health Act* the judge can order that the person be examined at a psychiatric facility, or admitted to a facility for up to two months. If this happens, the senior physician at the psychiatric facility must agree to the examination or admission, and he/she must provide the judge with a written report.

Under the Criminal Code a person found not responsible for a crime due to mental illness can be detained at a psychiatric facility or released subject to conditions, such as reporting to a psychiatric facility for monitoring. The *Ontario Review Board* under the Criminal Code is responsible for making decisions about the custody and conditional discharge of people with mental illness who have committed a crime.

Court Diversion and Support is provided by some community-based mental health agencies. *Court Diversion* involves support workers advocating and providing support to people with mental illness who are involved with the police, the courts and other legal situations.

Unauthorized Absence from a Psychiatric Facility: If the person has left the hospital without permission and is missing, there are provisions in the *Mental Health Act* to return them to the facility if they are legally required to be there. An Order for Return, (Form 9) is issued and reasonable attempts must be made to return the person. A Form 9 is valid for one month after it is issued. If the person is not found within that month, they are considered discharged from the facility. ***Assisting someone who has left the hospital without authorization to remain outside the facility is an offence.***

Young Persons: The provisions of the *Mental Health Act* and the *Health Care Consent Act* apply to people of all ages. That means a young person can be admitted to a psychiatric facility as a voluntary, involuntary or informal patient. Young people **under the age of 16** are also covered by the *Child and Family Services Act* (unless they are already under a child protection order, which is valid until the age of 18).

Order for Examination by a Justice of the Peace: Anyone can ask a Justice of the Peace to sign an Order for Examination (Form 2) which allows the police to locate and bring the person in for psychiatric examination, usually at the hospital emergency room. At this point, the physician will decide whether or not to sign a Form 1, so the person can be admitted for 72 hours.

Police Officer's Authority under the *Mental Health Act*: In some circumstances, an officer has the right to take a person into custody for an examination by a physician at the emergency room.

An officer can only exercise this option if:

- The officer has reason to believe that it would be dangerous to wait for a Justice of the Peace to sign a Form 2, as well as...
- The officer has grounds to believe that the person has been or is acting in a manner which indicates risk of harm to self or others, or inability to care for self due to a mental health concern. There does not have to be criminal conduct involved.

The guidebook, "Mental Health, The Justice System and YOU: Understanding the Process and the People that can Help", a publication of the Kitchener Human Services and Justice Coordinating Committee provides useful information. This guidebook can be found at:

<http://wwd.cmha.ca/programs-services/mental-health-and-justice-services/>

Families and Information-Sharing

- Under the *Mental Health Act*, family members can share information about the person's mental health and health history for their medical records, and with staff of the psychiatric facility.
- The person has the right to access his or her own medical records, after making an official request in writing. If the person is not competent to make that request, a substitute decision-maker can file a request (Form 28) on their behalf.
- A coroner investigating a death has the right, in appropriate circumstances to view or copy medical records related to a person who has died.
- When a person is being considered by a physician for the issuing or renewal of a Community Treatment Order, the physician can consult with the family as well as other service providers within the community.
- Before a hearing at the Consent and Capacity Board, the person or their substitute decision-maker has the right to access and copy any and all documents and reports that will be used in the hearing.

Understanding Rights Advice for Psychiatric Patients

Every psychiatric facility has one or more rights advisors. The doctor **MUST** notify both the person and a rights advisor if:

- A Certificate of Involuntary Admission (Form 3) or Certificate of Renewal (Form 4) is signed.
- A patient is found incompetent for access to clinical records, or refuses to give consent for access to others.
- An informal or involuntary patient between the ages of 12-15 applies for a review of informal status.
- A certificate of Incapacity (Form 21) or Certificate of Continuance (Form 24) related to property management is signed.

When a rights advisor is contacted by a doctor, they must meet with the person promptly to discuss the person's rights and option to have the issue reviewed by the Consent and Capacity Board. The rights advisor is obligated to help the person if they want to get legal counsel and/or submit an application to the board.

Anytime a CTO is issued, the doctor has to be sure that the person or their decision-maker has consulted with a rights advisor and knows their legal rights. If the person refuses to see the rights advisor, the advisor should inform the doctor.

Understanding the Use of Restraint

Under common law, ***restraint*** can be used to prevent serious bodily harm to the person or others. Restraint through physical, chemical or mechanical means can be used in an emergency without consent. Under the *Mental Health Act*, only the minimum amount of reasonable restraint in the circumstance is allowed, and requires clear documentation in the person's clinical records.

Communication Between Patients Inside a Facility

In a psychiatric facility, no written communication between patients can be interfered with or censored in any way, unless staff in charge has reason to believe:

- It would prejudice or be unreasonably offensive to the recipient, or
- Receiving it would interfere with a patient's treatment or cause the patient unnecessary distress.

In the above situations, the staff person can prevent the communication from being delivered.

Within a psychiatric facility, any communication written FROM a patient to a lawyer, the Ontario Ombudsman, a member of the Consent and Capacity Board or a member of the Ontario legislature may not be opened, examined or withheld. Any communication TO the patient from any of the above may not be opened, examined or withheld.

Lessons Learned by One Family about the Legal System and Mental Health Issues

- There are significant disparities between regions in the supports and processes available for someone involved with both the legal and mental health system (i.e. Court Diversion programs are not consistently available throughout Ontario)
- Not all lawyers have experience or expertise dealing with the mental health system. Ask for referrals and make connections to find a knowledgeable and sympathetic lawyer!
- Make a plan when your family member is well – including signed documents with permissions for information before a crisis happens.
- Get the personal support you might need as the caregiver or someone in a support role. A trusted friend or family member can at least help with research and legwork while you deal with the emotional impacts on your life and relationship.

FORM #	FORM NAME	SECTION OF MHA	WHO SIGNS
1	Application by Physician for Psychiatric Assessment	15	Physician who examined person at emergency room
2	Order for Examination	16	Justice of the Peace
3	Certificate of Involuntary Admission	20 (1) (C)	Attending Physician (in psychiatric facility)
4	Certificate of Renewal	19	Attending Physician
5	Change from Involuntary to Voluntary Status	20 (4)	Attending Physician (must specify reasons for change)
6	Order for Attendance for Examination	21 (1)	Judge
7	Confirmation by Attending Physician of Continued Involuntary Status	48 (12)	Attending Physician
8	Order for Admission	22 (1)	Judge
9	Order for Return	28 (1)	Staff person in charge of psychiatric facility
10	Memorandum of Transfer	29 (1)	Staff person in charge of psychiatric facility
11	Transfer to a Public Hospital	30 (1)	Staff person in charge of psychiatric facility
12	Warrant for Transfer from Ontario to another Jurisdiction	31	Minister of Health and Long Term Care
13	Order to Admit a person coming into Ontario	32	Minister of Health and Long Term Care
* 14	Consent to Disclosure, Transmittal or Examination of Clinical Record	Replaced by forms generated by specific facility.	Patient or person authorized to consent
15	Statement by Attending Physician	35 (6)	Attending Physician
16	Application to Consent and Capacity Board to Review a Patient's Involuntary Status	39 (1)	Involuntary Patient, or anyone on their behalf; staff in charge of facility, Minister of Deputy Minister of Health & Long Term Care

FORM #	FORM NAME	SECTION OF MHA	WHO SIGNS
17	Notice to Consent & Capacity Board of the Need to Schedule a Mandatory Review of Patient's Involuntary Status	39 (4)	Staff person in charge of psychiatric facility
18	Application to the Board to Review a Finding of Incapacity to Manage Property	60	Patient or outpatient
21	Certificate of Incapacity to Manage One's Property	54 (4)	Physician who performs examination
22	Financial Statement	55	Staff person in charge of psychiatric facility
23	Notice of Cancellation of Certificate of Incapacity to Manage One's Property	56	Attending Physician
24	Notice of Continuance of Certificate of Incapacity to Manage One's Property	57 (2)	Physician who performs examination
25	Application to Consent and Capacity Board to Review Status of an Informal Patient between 12 and 15 years of age	13 (1)	Young person between 12 and 15 years inclusive
26	Notice to the Board of Need to Schedule a Mandatory Review of the Status of an Informal Patient between the ages of 12 to 15	13 (2)	Staff person in charge of psychiatric facility
27	Notice by Officer in Charge to an Informal Patient 12 -15 Years old	38 (6)	Staff person in charge of psychiatric facility
28	Request to Examine or to Copy Clinical Record	36 (2) 36 (16)	Patient or person authorized to consent
29	Application to the Board to Withhold all or part of the Clinical Record	36 (4)	Staff person in charge
30	Notice to Patient	38 (1)	Attending Physician
31	Application to the Board to Review a Patient's Competency to Examine/Disclose his or her Clinical Record	36 (14)	Patient

FORM #	FORM NAME	SECTION OF MHA	WHO SIGNS
36	Notice of the Right to Appoint a Representative	36.1 (4)	Attending Physician
40	Notice to Patient of Right to Apply for a Representative	36.2 (2)	Attending Physician
41	Application to Consent and Capacity Board to Appoint a Representative	36.2 (1)	Patient
42	Notice to Person of Application for Psychiatric Assessment	38.1	Attending Physician
44	Appointment of a Representative	36.1	Person appointing representative
45	Community Treatment Order	33.1	Physician qualified to issue a CTO
46	Notice to Person of Issuance / Renewal of CTO	33.1 (10)	Physician
47	Order for Examination	33.3 (1) 33.4 (4)	Person subject to CTO or representative; physician
49	Notice of Intention to Issue or Renew a CTO	33.1(4) 33.1 (8)	Physician who intends to issue or renew CTO
50	Confirmation of Rights Advice	14.3 (5) 16 (2)	Rights Advisor



Artist: Ellen Fawcett

Income and Basic Needs

Facing the prospect of being unable to work and earn an income for a period of time can be daunting. There is a lot to think about in terms of budgeting and changed financial realities. This chapter will look at some of the financial issues that can arise when a person is involved in the mental health system. Like anything else, navigating the legal and financial world just takes some planning. Have the person try breaking things down into manageable tasks and let them know they can ask for help if they need it. Connecting to other people in their community who may have had similar experiences and struggles can really help the person when they are making an action plan. Networking and gathering information is much easier when one approaches things from a community perspective.

Important Information About Ontario Disability Support Program (ODSP)

The *Ontario Disability Support Program (ODSP)* program provides financial aid to people who are unable to work because of disability. A mental health issue that prevents a person from generating income is considered a disability. ODSP is a financial support for people who are expected to be functionally disabled in terms of employment for at least one year. To be eligible for ODSP, an individual must have exhausted all other forms of financial support, like Employment Insurance (EI) and individual savings, down to a maximum amount left in savings before becoming eligible. Contact your local ODSP office for the most current information on eligibility requirements.

How to Apply to ODSP

Often a person's physician/psychiatrist or support worker will recommend that they apply for ODSP. The first step is for the person to contact the Ministry of Community and Social Services ODSP office nearest them in order to make an appointment. The office will send them a letter confirming the day and time of the appointment, and a list of all the things that they need to bring to the appointment. If they need special help, they should let the office know. The appointment will take about 1½ hours.

At this appointment, they will go over in detail, how much money they make and how many bills they have to pay. The person they talk to at the ODSP office will have to determine if they qualify for the program, and provide the forms to fill out. Once they've completed the forms, they will send them to the Disability Adjudication Unit of the Ministry of Community and Social Services to see if they qualify for supports. They must have the forms filled out and sent **within 90 days** from the date of their interview:

Before the person gets ODSP Income Support, they may have to review their expenses, income and assets with someone from the ODSP office one more time. This is a quick review. Once they start collecting ODSP, the money will be put into their bank account automatically. If they do not have a bank account, staff will help them make other arrangements. The amount of money the person will receive from the ODSP will vary depending on such factors as rent costs and family size.

The person has the right to request an Internal Review if they do not agree with any decision regarding their Income Support. For example:

- their application for ODSP Income Support has been denied,
- the amount of their ODSP Income Support has been changed, or
- Their ODSP Income Support has been stopped.

The decision for approval is made by a tribunal that looks primarily at the professional's recommendation. It can easily take three to six months or more for a decision to be made on an ODSP application. During the application process, the person is eligible for Ontario Works benefits as long as they meet criteria for that benefit program. Ontario Works is another last resort financial support program and again they must have exhausted all other forms of financial support.

What Financial Supports are Offered by ODSP?

The amount someone receives from ODSP is based on their individual situation. Calculations of the monthly allowance vary according to one's living situation. An individual receives a certain amount versus a single parent etc. Have the person check with their local ODSP office to find out the current income rates for a person in their living situation. Rate increases do occur and government acknowledgement of the cost of living increases accordingly.

In some cases the monthly payments for housing can be paid by ODSP directly to the landlord, eliminating the necessity for the individual to make the payments, but this requires a special application for the direct housing payment by ODSP. Generally, individuals receive a monthly ODSP cheque or deposit into their bank account.

ODSP also provides the person with benefits that pay for prescriptions, dental care, and vision care. There are also allowances one can apply for that help cover other special needs such as dietary requirements, medical appliances, etc.

Examples Of Financial Questions Asked By The ODSP Office:

- How much money do you have in the bank?
- How much cash do you have?
- What insurance policies do you have (through work, private insurance)?
- How much money do you make a week? (Do you have pay-stubs?)
- Do you have RRSP's?
- Do you own your home or do you rent?
- How much do you pay for rent or mortgage?
- Do you have an OSAP student loan?
- Are you collecting Canada Pension Plan (CPP)?
- Are you collecting Employment Insurance (EI)?
- Are you collecting Old Age Security (OAS)?

ODSP Eligibility

To be eligible for Income Support under the ODSP:

- one must have a verified physical or mental disability that is expected to last a year or more
- the disability must make it difficult for the person to care for themselves, to work or participate in community life
- one must be financially eligible
- one must be 18 years of age or older and
- one must be a resident of Ontario

A person may also qualify if they:

- receive disability benefits under the Canada Pension Plan (CPP)
- are 65 or older and are not eligible for Old Age Security (OAS);
- live in a psychiatric facility
- live in a facility under the *Development Services Act* or in a home under the *Homes for Special Care Act*
or
- are about to turn 18 and currently get a benefit called the Assistance for Children with Severe Disabilities Benefit

What happens if the person qualifies for ODSP?

If after their meeting at the Disability Office, they are told that they qualify for ODSP, they will be given a package of four forms to fill out. This is called the **Disability Determination Package (DDP)**.

1. **Health Status Report** is filled out by their doctor.
2. **Activities of Daily Living Report** (there is a list of who can fill this out on the front of the form).
3. **Medical Consent Form**, signed by the person applying, so that the doctor and other health care professionals can release the information.
4. **Self Report** filled out by the person applying, describing what it is like to live with their disability. This is optional but helps those deciding get a better idea of what the person needs and why.

How Much Income is Allowable from Part-Time Work?

If an individual wants to work, ODSP can help them find and keep a job, cover some of their costs of working and provide them with the supports they need. Having a paying job will increase the person's total income. Current rates of income allowed continue to change in favour of the ODSP recipient. The person can check with their ODSP income support worker to ascertain what is the maximum allowed income before ODSP deducts amounts from their cheque. They should let their ODSP worker know as soon as they start to work, so they can find out what benefits they are entitled to. If they are able to re-enter the workforce full-time and earn enough to be ineligible for ODSP, they have one year of grace before they are removed from the program. If they become unable to work within the first year of full-time employment, their ODSP benefits are automatically reinstated. If they end up working full time they can apply to maintain their drug card benefits if the cost of meds is high.

ODSP and Employment Tips

- The law states that an individual must file their income with ODSP if they become employed. If they do not notify ODSP, their benefits could be cut off and they would need to reapply.
- If the person stops working they must tell ODSP immediately to avoid having their ODSP payments reduced according to their previous earning rate.
- Income adjustments with ODSP can take a long time, (sometimes up to 6 months) so the person should always file changes right away.

For Individuals with Low Incomes

Mental illness does not discriminate; people of all walks of life can be affected. Determination, strong support and the willingness to reach out and ask for help can help a person to persevere along the path to recovery and stability.

Individuals with low incomes can best access services through their family doctor or other social service agencies. Depending on their income, certain agencies and counsellors will have a sliding scale for payment for services. One need not be intimidated by this. To meet the costs of treatment, as well as other necessities such as rent, food and utilities, a person will need an effective budget.

OHIP does NOT cover the costs of any medications. To receive drug benefits one must use either the Ontario Drug Benefit Program (ODB) or the Trillium Drug Plan (TDP).

Practical Considerations When Living on a Low Income

- **Proper nutrition** – Vitamin and mineral deficiencies can make a mental illness worse, but it can be hard to eat well on a fixed income. Shop wisely: make a shopping list, compare prices, shop at bulk food stores and buy generic instead of brand name products.
- **Clothing** – Obtaining new clothes doesn't have to be an expensive endeavor. Many food banks and churches have programs that give out free clothing, and places such as the Salvation Army or other thrift stores offer clothes at discounted rates.
- **Transportation** – Owning a car is expensive, so carpooling is a good option. Other options are taking a bus, riding a bike or walking. They will all get a person to where they are going and are also great exercise.
- **Childcare** – Childcare can be expensive. A person can ask their mental health worker about arranging for co-op daycare.

History of the Henson Trust

The Henson Trust has its origins in the city of Guelph. During the early 1980's, a man named Leonard Henson had a daughter named Audrey with a developmental disability, who lived in a group home managed by the Guelph Association for Community Living. Leonard knew that if he left his estate directly to his daughter, it would exceed the allowable asset limits as set out by the Family Benefits Allowance (now called the Ontario Disability Support Program or ODSP). He realized that leaving assets directly in the hands of his daughter would not be to her advantage, because her benefits would be terminated until the assets were "spent down" to a level below the threshold amount.

Eventually, Leonard discovered an option that would allow Audrey to retain her government benefits, at the same time allowing her to receive quality of life enhancements from his estate. That option was the creation in his will of a Testamentary Trust. After Leonard died, his revised will required the creation of an Absolute Discretionary Trust which appointed the Guelph Association for Community Living as Trustee, and his daughter Audrey as beneficiary of the trust. The Ministry of Community, Family and Children's Services (now the Ministry of Community and Social Services) determined that Audrey had inherited the estate of her father and since it was in excess of the allowable amount of assets, they terminated her benefits.

The Guelph Association for Community Living challenged this decision and the Ministry took the trust and the Trustee to court. The first court found that the funds contained in Audrey's trust account did not meet the FBA (ODSP) definition of assets and therefore, it ruled in favor of the Trustees. Appeals by the Ministry ultimately reached the Supreme Court of Ontario and in September of 1989, the appeal was dismissed.

The decision meant that families with a son or daughter with a disability now have a vehicle to place assets for their child in their will, without disqualifying them from receiving the ODSP payments to which they would otherwise be entitled. These types of trusts are also sometimes called Discretionary Trusts, and need to be drawn up by a lawyer.

Building a Budget

Although money may be tight, creating a good, practical budget will allow an individual to maximize the use of their funds. Use the following easy steps to help the person make a budget. If they find that this does not solve their financial situation, they may consider meeting with a credit and debt counsellor.

1. List **guaranteed sources of income** such as unemployment cheques, disability benefits, and social assistance.
2. **Keep track of core monthly expenses** such as rent, groceries, and utilities.
3. **Keep track of non-core expenses** such as hobbies and entertainment.
4. **Compare expenses to income.** If the person finds that their expenses are less than their income but they still run out of money at the end of the month, determine what is causing the discrepancy.
5. **Make a list of goals and priorities and make trade offs.** The person will likely have to cut back on certain things to save up for other higher priorities.
6. **Stick to the spending plan.** It may be difficult to adjust at first, but it can be overcome. Remind the person why they made the changes they did. They can see it through.

Ontario Drug Benefit (ODB) Program

Run through the Ministry of Health and Long-Term Care, this program covers most of the cost of the prescription drugs listed on the Ontario Drug Benefit Formulary. Among other criteria, if the person has a valid health card and they are on ODSP or Ontario Works, they are eligible for coverage. The program covers:

- approximately 3,000 different prescription drugs
- many limited-use drugs
- some nutritional and diabetic testing products

This program will automatically pay for approved prescriptions if they are purchased at a pharmacy that is connected to the Ministry's health network or through a doctor that is licensed to sell prescription drugs. The person may be asked to pay a deductible portion of their drug costs and a dispensing fee each time they have a prescription filled. The benefit year starts on August 1 and ends on July 31 of the following year.

Trillium Drug Plan

The Trillium Drug Plan (TDP) is also run through the Ministry of Health and Long-Term Care. It is designed for individuals who have a valid health card and high prescription drug costs compared to their income. The plan covers drugs listed on the Ontario Drug Benefit Formulary but it may also cover drugs that are not listed. The Individual Clinical Review mechanism makes this assessment on a case-by-case basis.

Eligibility for the TDP includes that the person:

- Doesn't have private health insurance, or their insurance doesn't cover 100% of their prescription drug costs
- Has a valid health card and is a resident of Ontario
- Isn't eligible for the Ontario Drug Benefit Program under any other category

The person must pay a deductible which is based on household income in four installments, starting on August 1st of the program year. The benefit year runs from August 1st to July 31st of the following year. Each time they buy an approved drug, they will pay a dispensing fee per prescription. Application forms can be obtained at your pharmacy.

Coping with Emotions of Having a Low Income

Dealing with a mental health issue and living on a low income can be very difficult. A person may feel like they're fighting two stigmas rather than just one: being economically disadvantaged, as well as having a mental illness. They may start feeling isolated and depressed. Living on a low income does not mean that they cannot enjoy life and have fun. Staying active is an important part of regaining mental, physical and emotional health. Here are some suggestions to help deal with these possible challenges:

- **Feelings of Isolation** - Suggest that the person gets to know their neighbours or invite a friend over. They can join a support or interest group such as those available through Self Help or a sports league or a band. Socializing and building a sense of belonging are key to fighting isolation.
- **Boredom** - They can go for a walk, explore their community, visit the book mobile, listen to the radio, or watch TV.
- **Feelings of low self-esteem** - They may pursue employment, volunteer or start a new hobby. Making a contribution as a member of the community can be very therapeutic.
- **Stress** - They can do deep breathing and muscle relaxation techniques, or ask a friend to give them a massage, get enough exercise. Stress is a major factor causing relapse for addiction issues, so it's important to de-stress early and not let it build up.
- **Depression** - They can see their doctor, join a support group, exercise, get outside.

Neighbourhood Groups

Throughout Waterloo Region and Wellington counties, neighbourhood groups provide a wide range of services to individuals, families and children, including those who are at high risk, newcomers to Canada and those who are on low incomes. Services and programs vary but, may include Early Years programs, family support groups, clinical support and counseling, and education and employment training, as well as recreation and leisure activities. Often emergency food, clothing, furniture and household supplies are provided to families in need. A fax machine, phone and computers may be available on site. If a neighbourhood group does not offer the service you need, they will connect a person to one that does.



Untitled
Artist: Marcey Gray

Housing Issues

Housing is a basic need that all human beings have, and that all people are entitled to. We all need to feel that we have a safe, comfortable and affordable place to come home to. Without that security, life's other stresses can feel magnified and impact negatively on our mental health. Once an individual has been diagnosed, is receiving treatment and support in some form and is ready to get on with their life, housing will be one of the primary concerns.

There are different housing options, depending on finances and levels of support required. After release from hospital or an inpatient program, a support worker may talk to the individual and/or family about what they would like to do. It is common for people to try out a housing arrangement, and then try another option that works better for them. It's important to be patient and open to trying different things, as appropriate housing will provide the foundation for many other aspects of life and recovery. If something is not working, the family needs to be flexible and willing to talk about other options.

If the person starts receiving support from community-based mental health services, often assistance with finding housing is available. Support workers know the system, know the places to call and have contacts with agencies in the community.

"I wanted to move. After finding a place and applying, my application was rejected because the landlord found out that I was a consumer-survivor. I sought the help of an equal rights organization. They phoned the landlord and stated that if not resolved, they intended to pursue a human rights complaint. I now have that apartment with a magnificent view of the city."

How to Make Living with Challenges Easier

Usually it takes a while to get into social or supported housing and sometimes the person is just not ready. The person may or may not have been living with their family prior to their diagnosis, hospitalization or relapse; there will be an adjustment period for everyone. The mental illness impacts the way the family functions.

It doesn't have to be a negative experience, but the whole family will have to be open to learning, accommodating and supporting each other. The person may need help taking medications routinely at first, managing emotions, getting symptoms under control and taking care of basic needs like cooking and cleaning. Eventually they will need to do some research and learning themselves, to understand what they are experiencing and take back more control. There are ways the family can help make this transition and process easier. The greater the support network, the easier it will be to start on the road to recovery and independent living.

Practical Tips for Making Day-to-Day Life Smoother:

Develop a set of **shared ground rules** that everyone agrees to. Rules could be timelines to maintain routines, noise levels or curfews. Everyone in the family needs to make accommodations and be respectful of the others' needs, regardless of physical or mental health issues.

Take time for yourself, as a caregiver, supporter and ally. Don't let the illness take over your whole life. Make it a priority to take time out with family, friends, counseling, physical activity and doing the things you love to do.

Reach out for assistance. Get the help you need from the people you know you can count on. You may have to work hard to develop strong support networks, but you can do it. Take advantage of the resources listed throughout this guidebook to help you connect with others who can help. **Don't expect to do it all on your own.**

"I didn't know that according to the Tenant Protection Act, I can't be denied rental housing because of my mental illness. Now I know my rights."

Things to Consider Before Starting to House Hunt

- What is the budget? How much rent can the person afford?
- How much support do they need for daily living?
- Do they want to live alone or with others? Are there certain things/habits/lifestyles that would not be compatible?
- What neighborhood/community would they like to live in and how flexible are they?
- Is the home close to community support services, shopping outlets, public transportation?

Practical Considerations for Appropriate Housing START BY GETTING ON ALL THE HOUSING LISTS YOU CAN!

- Does the housing provide accommodation only for people with mental health issues?
- What kind of security and supervision is provided? Get the specifics - number of staff, hours and responsibilities.
- How long can residents stay? Are there limits or maximum stay times?
- Are there rules about visitors, curfews, etc.?
- Is the staff involved in treatment needs, and to what extent?
- How much privacy will be available? Are there separate rooms or a roommate arrangement?
- Is there support for skill development like cooking and budgeting?

Types of Housing Arrangements to Consider

There are a variety of housing types, and what is good for one person may not be appropriate for another, depending on finances and the level of support they may need. Here are the five main types of housing available:

Private market housing refers to a home that is privately owned. There are no government subsidies and rent is not geared to income level. This could include houses, apartments or rooms. It is generally more affordable to live with one or more people to share the costs of living, including rent, but that is not always the ideal situation for everyone. Listing can be found for **private market housing** in classified sections of the newspaper, on bulletin boards in the community or in windows of houses. A **rooming house** is less expensive, but means that there is only one room and usually a common area and a kitchen. A **boarding house** means that meals are included in the rent fee for the room.

Subsidized housing is housing that is partly paid for by the government or has rent that is geared to income. In this situation, rent will never be more than 30% of the person's income, and many people on social assistance (ODSP) will choose this option (See *Financial Issues*). There are often long waiting lists for **social housing**.

"They may be leaving the hospital but not yet ready to live alone. The waiting lists for group homes and other supported housing arrangements are often long. Create a realistic plan that will work for everyone while you explore all of the options."

Supported housing is different from *supportive* housing. The support worker provides care and services inside the home, but has an office located elsewhere. People living in **supported housing** require less support and can live more independently than people in *supportive* housing. Supported housing could be part of a housing coalition or any other place that provides support from a community agency. Support is generally focused on life skills such as cooking, budgeting, learning how to use local transportation or prepare a budget. It could also include nurses who come in to provide medications, support and counseling.

Emergency housing includes shelters and hostels which are set up as temporary housing for people in crisis. **Emergency housing** shelters often provide services for specific groups of people such as women only, women and children, single men only or youth.



Transformation
Artist: Thea Trussler

Education and Employment

When someone is diagnosed with a mental illness, has to spend time in the hospital or has to change their lifestyle significantly to accommodate their diagnosis, sometimes the goals they once had seem impossible. They may not think they will ever finish their education or find meaningful work. For most people, these losses negatively affect their self-esteem, motivation and self-worth. Having an enjoyable job or getting one's education can be essential parts of being human, enjoying life and finding meaning in one's daily activities. There are many, many people with a mental health issue who work their whole lives, achieve higher education and enjoy their careers.

“A mental illness does NOT mean that education and employment are no longer options. I’m doing it one course at a time. It’s about applying myself, even if I don’t get the degree”.

It is possible to complete a high school diploma online by taking **Independent Learning Courses** (once called correspondence courses). Call **1-800-387-5512** for more info. **Continuing Education** departments of local school boards provide courses at both day and night school. Under the Education Act, an individual may attend high school until the age of 21. Without a high school diploma you can also be admitted to college/university as a mature student (after writing an admissions test). Obtaining a **General Equivalency Degree (GED)** from the Ministry of Education involves writing a half-day test in Toronto with a fee (please check for latest fee guides). Study guides available from local high school offices.

Education

As a first step, parents of children and youth need to establish good working relationships and good communication with the key school staff - classroom teacher, principal and/or vice-principal. By doing so, you help create a supportive partnership. Teachers and administrators are beginning to learn more about mental health issues and how it affects students at school. Some schools have a child and youth counsellor (CYC), a guidance counsellor or social worker who can meet with the student. Board consultants may be available from the Psychology, Special Education, and Speech and Language Departments to meet with school staff and parents to discuss ways to support the student. Many schools also offer crisis-response teams in the event of a traumatic incident affecting students, faculty and staff.

Helpful Approaches for Parents, Family and Friends

- Listen without judgment and validate concerns
- Reward *any* effort to cope with their anxieties, instead of punishing failure
- Maintain routines as they provide security and familiarity
- Enhance the entire family's problem-solving and coping skills
- Build confidence and optimism
- Develop appropriate assertiveness and social skills in your child
- Communicate confidence in your family member's ability to cope with their fears
- Set a positive example of coping with your own anxiety
- Teach relaxation skills
- Maintain an atmosphere of safety and respect within the home and classroom
- Develop family member's self-reliance

Strategies for Coping with Mental Health Issues at School

There are a number of accommodations and supports that can be implemented within the classroom setting to assist a student to succeed academically. It is important to remember that the coping strategies should be developed in collaboration with the school personnel and the student. Ownership and input into dealing with specific mental health issues will help the student overcome barriers to success.

CHALLENGE	STRATEGY
Inability to screen out environmental stimuli such as sounds, sights or smells	Preferential seating , at the front or by the door may help a student feel less distracted by what is happening around them.
Inability to concentrate	Taking classroom breaks can help the student to maintain concentration. If they know that a break is coming it can help with anxiety or stress. Breaking down tasks into smaller, more manageable chunks can help the student concentrate and avoid feeling overwhelmed.
Lack of stamina / inability to attend school on a regular basis	Part-time or reduced course loads can help students manage. Breaking up exams into a number of smaller sessions can help with fatigue and troubles holding concentration.
Difficulty handling time pressures	Extra time to complete assignments can be negotiated with the student and the school personnel. Alternative formats for tests or assignments can help reduce the anxiety associated with deadlines or timelines.
Difficulty interacting with others	A request for a mentor or tutor who can help intervene on the student's behalf.
Difficulty handling negative feedback	Request for a third party to assist with feedback.
Difficulty handling change	Request advance warnings of changes to curriculum, assignments, venue, school personnel, etc.

Education - High School

High school is often the time of life when young people are first affected by a mental illness and the onset of symptoms. **Early onset** of an illness means that the person is quite young when their life first becomes disrupted by the symptoms. High school can be a very stressful and confusing time and without proper support, the addition of a psychiatric diagnosis can be devastating. Along with the stress of coping with an illness, young people may worry about what others are saying, that they will lose their friends, that people will think they are 'crazy' and that they won't be able to finish their education.

Resources and Allies Within the School System

Teachers, guidance counselors, principals and vice principals can all be good resources when your child is experiencing academic or social difficulties due to mental illness. There are special educators, psychologists and social workers who can be made available to assist the family and make sure the student's needs are being met. Schools can also help connect the student to other community resources. The school needs to know what accommodations could help the student finish their education successfully. Extra support can be made available for the classroom, homework, tests and exams and assignments. Taking a lighter course load is also an option to help find some balance.

As many as one in five teens struggle with a significant mental illness. Help your teen understand that everyone struggles at some point in their life - a mental illness is no different. It doesn't change who they are, or what they are capable of. There are lots of ways to make it work for them if they are willing to make some accommodations for themselves and their illness.

Sometimes life at school is more palatable with co-op courses, or part-time studies. Although generally correspondence courses are not usually allowed for full-time students, in certain cases the principal may make an exception.

Education - College and University

Finishing or continuing with education is a stepping stone to a job or career, an important part of personal growth and one which can be a cornerstone in the recovery process. It can provide a focus for being out in the world, doing something that doesn't have to do with an illness or diagnosis. Education can be a critical part of re-developing self-esteem.

The idea of going back to school if you have been out of the education system for a while can be intimidating, and while there will likely be a major adjustment period after going back to school, that is not a reason to decide against it.

There will be decisions to make about what kinds of academic accommodations would be helpful and what kind of learning set-up will work best. Some options to consider are part-time vs. full time course-load, distance education or classroom learning, and whether or not to move to a new community to pursue education.

"It's terrifying to disclose. You're thinking, okay, who am I disclosing to and what am I disclosing? There's a stigma attached to it and you have to be really cautious."

Some Thoughts about Disclosure

Choosing to disclose information about one's illness is a very personal decision. There are benefits and risks to consider:

Benefits:

- Disclosing to staff at the school will allow for accommodations and special arrangements to be made.
- Disclosing helps to educate and expose people to mental health issues which can reduce stigma.

Risks:

- Not everyone will react the way you would like - some people may not understand and could treat you differently

Think carefully about:

- What do you want to accomplish by disclosing?
- Once you have disclosed, how can people best support you?
- Follow your instincts - is the person trustworthy?

Choosing the Right Program

There are many different programs available. The person should consider whether college or university is a better fit. It might be helpful for them to do some research and talk to the family and their doctor before making the decision. It may help identify their personal interests. Most universities and colleges as well as other community services have career or vocational counseling which can help determine what career and program would work well for the individual. They will also be able to arrange for academic accommodations if they ask at the Accessibility office and provide them with documentation (more information to follow).

They should pay attention to the admission requirements for programs they are interested in. There may be certain prerequisites they need, or tests to determine if their skills and knowledge are adequate for admission. Accommodations can usually be arranged for these tests as well, such as extra time or writing the test in a quiet place.

Try Things Out First

If the person is unsure about whether or not going back to school is the right decision - encourage moving slowly, and trying it out first. There are a number of things that can be done to find out more about the courses, the program and their readiness to go back.

- **Take a non-credit continuing education course.** This will allow them to be in a learning environment without the pressure of a college or university course.
- **Attend a lecture.** Some schools will let a person sit in on a lecture to see how it feels for them.
- **Take a credit summer course.** This allows them to spend time at the college or university when it is less busy to see if it feels right for them.
- **Audit a course.** At a lower cost, some schools will let a person attend lectures and do readings without doing exams or assignments. They won't get credit for the course.
- **Take a course designed for those returning to school.** Many schools have courses for 'mature students' that help one upgrade skills and get comfortable.

Academic Accommodations

An ***academic accommodation*** is an arrangement that is put into place to support a student with a disability. Accommodation does **NOT** mean that they are being given a special break or an unfair advantage - it just allows a person a chance to demonstrate their real abilities and knowledge. It is also their right to be given accommodations; there is no need to feel badly about asking for a chance to learn just like everyone else.

Suggest to the person that they talk to the Disability or Student Accessibility office at the school as soon as possible in the school year because arranging accommodations may take some time. The idea is to try and have things in place before they start, if and when they need them.

What Documentation is Required?

Requirements vary between schools, but generally they will need to provide the Accessibility Office with a detailed letter from a family doctor, psychologist, psychiatrist or social worker who knows the person, and should be based on a recent assessment.

The letter should include such things as:

- Relevant medical history
- How their illness may affect their academic performance
- Current medication(s) and how medication may affect their academic performance
- Specific accommodations that would be necessary to support their academic success

The letter is treated as medical information and will be kept confidential. If the person is concerned, they can ask to see the school's confidentiality policy.

Which Option is Right For You?

There are options that should be considered before a decision is made to go back to school.

- Full-time vs. part time studies
- Classroom vs. distance education
- Stay at home vs. move away
- Live on campus vs. live off campus
- Large vs. small educational institution
- Quality of services for students with disabilities

Common Academic Accommodations

- Peer note-taker
- Taping lectures
- Preferential seating
- Note-taking technology
- Companion/accompanier
- More frequent breaks
- Changes to scheduled exam dates
- Beverages in class
- Academic coach or tutor
- Readings in advance
- Assistance editing essays
- Extensions on assignments
- Quiet location for exams
- Supervised breaks during exams

Is it a good time to go back to school?

Have the person ask themselves these questions:

- Why do I want to go to school and what do I hope to accomplish?
- Is there anything other than education that needs to be a high priority right now?
- Is my mental health stable enough to allow me to concentrate on education?
- If there were previous experiences with higher education, are there any unresolved issues or fears?
- How much do I understand about the demands of academic life, and how can I learn more?
- What are my physical, intellectual, emotional and spiritual needs and how do I get them met?
- What are the strengths that I can use to my advantage?
- Do I have enough supports around me - both formal and informal?
- If my situation changes, will I be able to reassess and adjust accordingly?

What Accommodation Do They Need?

To help you figure out what accommodations may be useful for, ask the following questions:

- What are your strengths? What have you done well in the past?
- What things do you have trouble with in school?
- Of the things that cause you trouble, which ones are the result of medication or mental illness?
- What strategies might help you?

“My personal advice is to take it slower rather than quicker, because you can always pick up a course in the summer.”

Ways for a Person to Manage at School and Work

A person can:

- Assume responsibility - they are the main person who can manage their illness.
- Learn to work with their high and low times.
- Take medications as prescribed.
- Learn to ask for help and support when needed.
- Stay calm when having a bad day - be patient and forgiving.
- Try not to take on too much and maintain balance.
- Take care of their physical, emotional and spiritual health.
- Recognize their warning signs and catch them early before it becomes a crisis.
- Think twice about using drugs and alcohol - they will interfere with their ability to manage the illness.

Employment - Getting and Keeping Work

Returning to the world of work can be daunting if a person has been away due to a mental illness. Very often a person's self-esteem and confidence suffer after a diagnosis or when an episode of mental illness changes their lives. It is important to remember that all people are entitled to meaningful employment - whatever that might look like. Employment can be part-time, full-time or volunteer. Work is an important part of our sense of self and our place in the world. Earning a wage can be a symbol of freedom, allowing a degree of independence that people need (**see *Financial Issues* chapter for a discussion of employment and ODSP**).

One of the hardest aspects of going back to work may be adjusting one's expectations - both of self and of the employer. Learning how to move with the ups and downs of a mental illness and using accommodations that may be available are important parts of setting oneself up for success. Think about workplace accommodations as an insurance policy - they may not always, or ever need them, but they are there for a time that they may be struggling and need some support. Structuring their work life in a way that provides balance and support is not anything to be ashamed of - it is their right as a person and as an employee.

Goal Setting

There are a number of employment counselling services, community and online resources that can be helpful in setting goals, looking at career options and creating a plan for returning to work (see end of chapter for resources in the community). Thinking about goals can help a person with focusing their energy and perhaps re-evaluating what is important in their life.

Goal Setting and Things to Think About

Sit down with the person and:

- Make a list of things in their life that they have control over, and things they do not. This can help prioritize and visually see what they are working with.
- Include their physical, mental, emotional and spiritual health in goal setting.
- Try to make **SMART** goals: (**S**pecific, **M**easurable, **A**ttainable, **R**ealistic, **T**angible with a target date)
- Write it down! Have something on paper to solidify and reinforce what they are learning about themselves and their goals.
- Review their accomplishments: What can they take from past successes to use for the future? What do they know about what they are capable of?
- Be prepared to revise their goals through time and experience. We are constantly learning about ourselves, our limits and our abilities.

10 JOB SEARCH TRUTHS:

- Everyone has problems but most overcome them with creativity, resourcefulness and effort.
- Some things are just beyond our control.
- Life is a journey and not a terminal activity. Instead of saying “When I get this... then I can do that...”, take each step as an opportunity to grow, not as an ending.
- We must live in the real world and be reasonable when setting goals and expectations.
- We cannot re-write our past. Let go of thoughts of “if only . . .” and accept where we are **NOW** and go forward from there.
- Expect change and embrace it - every tomorrow offers the possibility of being better than today.
- No one will commit as much time to our job search as we can and should.
- The best opportunities are the ones we create.
- There is no magic bullet - just hard work.
- Perception is reality - if we come across as a qualified and viable candidate for the job, we will be treated as such.

Should They Say Anything to Their Employer?

A person is not required to disclose a disability unless it interferes with their ability to carry out the essential functions of the job you are applying for. It is important to consider the possible risks and benefits of **disclosure** in the workplace. A person should try to learn about the organization's accommodation or disability policies before the interview. If they have a sense of the culture, it may help them make that decision.

DISCLOSURE BENEFITS	DISCLOSURE RISKS
A person is entitled to accommodations if they need them, but they need to tell their employer.	Discrimination against people with mental illness is common due to misinformation. The company policies may not protect a person from having an unfair interview.
Disclosure may ease the stress of having to hide the fact that they have a mental illness.	Depending on their attitudes and knowledge about mental illness, telling their employer may limit opportunities for advancement.
Disclosure may build trust with the employer, before any potential problems arise.	Other possible risks for the person?
They may need to explain gaps in their resume (though this can be done without disclosure of a mental illness).	

“You only have to tell what’s necessary. When you talk about it, it tends to make it easier somehow because it’s not something that’s dark and in the corner. When you talk about it, it’s in the open and it’s easier.”

If the Person *Does* Disclose to an Employer

If the person does decide to disclose, they can do it: before the interview, during the interview, after the interview but before the job offer, after an offer but before starting a job, or anytime after starting a job. ***The choice is theirs.***

They should think about how to describe the challenges. They can describe it in **general terms** (a disability, a medical condition), **vague but more specific** (a biochemical imbalance, neurological problem), **specific reference** to a psychiatric disability, or they may choose to refer to a **diagnosis by name** (schizophrenia, bipolar disorder, etc.).

The person can:

- Describe the skills, qualifications and experience that makes them a strong candidate.
- Talk about the main duties and how they are well-suited.
- Describe any functional limitations or behaviours caused by their illness that may interfere with performance. Then describe the accommodations that allow them to overcome these.
- They may choose to describe some behaviours or symptoms their employer could notice and give information about why, and the best way for he/she to respond (*"I may get anxious when it gets noisy and crowded but stepping outside for a 10 minute walk helps me refocus"*).
- If they are comfortable, offer the employer resources for clarification about their supports (for example: doctor, psychiatrist, job coach, social worker). They will have to sign a form giving permission for professionals to release information to their employer about their mental health status.

Mental illness DOES NOT EQUAL lack of ability. These are some successful people who have publicly acknowledged their struggles with a mental health issue: *Buzz Aldrin, Jim Carrey, John Cleese, Natalie Cole, Joseph Conrad, Patty Duke, Ludwig Von Beethoven, Margaret Trudeau Kemper, Winston Churchill, Rodney Dangerfield, Carly Simon, Charles Dickens, Ron Ellis, F.Scott Fitzgerald, Margot Kidder, Victor Hugo, Abraham Lincoln, Martin Luther King, Chantal Kreviazuk, Robert Munsch. Vincent Van Gogh, Brian Wilson.*

What are Reasonable Accommodation Requests?

Usually implementing accommodations is fairly straightforward and inexpensive. By law, employers are required to provide “**reasonable accommodation**” for an employee up to the point where it causes undue hardship to the employer.

Undue hardship is determined by things like the cost of the accommodation and whether it affects the health and safety of others in the organization.

Sometimes a short period of accommodation like flex-time hours, is all that is needed. Sometimes those options already exist as policy for the organization and you may not even have to raise it as an issue.

Creating and Maintaining Work-Life Balance

The person can:

- Say NO to overtime hours if work expectations are unreasonable and will impact their mental health.
- Limit the amount of work that they take home. Draw a clear boundary around their work time and your personal/family time.
- Try to reduce job-related travel time.
- Take advantage of flexible work arrangements that may be available.

“Having a mental illness is different from other disabilities. It changes and fluctuates, takes on different forms and you don’t always know what’s going to happen. One week you can be fine and the next you might need some help - it’s hard to predict”.

Examples of Common Workplace Accommodations

Accommodations should be based on an individual's needs, and the employer's resources. There is no standard list of reasonable accommodations, but here is a list of commonly provided workplace accommodations.

- Job coach assistance in hiring and on the job mentoring as necessary. Job coach/mentor could be from an external agency or be from within the organization.
- Flexible scheduling: to accommodate effects of medications; time for appointments; more frequent breaks; switch to temporary part-time hours without fear of losing job.
- Changes in supervision, for example how feedback and instruction are given, or having weekly supervision appointments to check in and prevent problems before they can happen.
- In training, allowing more time for tasks to be learned, or allowing for individualized, one-on-one training.
- Appropriate technology like a tape recorder to tape instructions, head phones to block out loud noise, etc.
- Modifying work space or changing location so it is quieter, fewer distractions; allowing an employee to work at home.
- Allowing an employee to exchange minor job tasks with others.

Rights and Responsibilities of the Employer and Employee

The Employer Should:

- Create and maintain an atmosphere where people feel comfortable asking for accommodation, including providing information about the organization's policies and creating ways for requests to happen confidentially.
- Ensure Human Resources is aware of the protections of the "Psychological Health and Safety Standard" <http://www.mentalhealthcommission.ca/English/national-standard>
- In a timely manner, work with the employee (and a professional if necessary), to explore all options for accommodation.
- Maintain records of the request and steps taken to deal with the request.
- Maintain and respect confidentiality issues.
- Pay the cost of the accommodations including fees for any medical certificates required.
- Request only information that is directly related to developing an appropriate accommodation.

The Employee Should:

- Tell the employer you need an accommodation due to a disability, and give them the information they need to understand what the limitations are, and what accommodations would address them.
- If requested, provide supporting documentation or medical certificates.
- Meet all relevant job requirements and standards once the accommodation has been provided.
- Continue to work with the employer to ensure that the accommodation remains effective and to check in with how you are doing.

Glossary of Terms

Academic accommodation	Describes a change in the allocation of an educational facility's resources in order to meet the needs of an individual student with a documented disability.
Acetylcholine	A chemical messenger found in brain cells that carries information between cells in many different parts of the brain. Levels of acetylcholine are decreased in people with Alzheimer Disease.
(ACTT) Assertive Community Treatment Team	An inter-disciplinary team of mental health professionals who provide community-based services to individuals with severe and persistent mental health issues, allowing the person to stay in the community rather than in a facility.
Admission	The process whereby a person is accepted into a hospital or in-patient mental health program.
Akathesia	A possible side-effect from antipsychotic medication that is characterized by a feeling of extreme restlessness and an inability to sit still, a feeling of 'jumpy limbs'.
Alzheimer's disease	A progressive degenerative form of dementia which results in decreased cognitive abilities including memory, reasoning, judgment and language.
Anorexia nervosa	A diagnosis of mental illness that involves extreme self-induced starvation
Anti-anxiety medication, anxiolytics	Medication (used to be referred to as anxiolytics) that is used to treat different forms of anxiety.
Anticipatory anxiety	A symptom of an anxiety disorder, this happens when a person starts to worry that they will have a panic attack or another anxiety reaction before an expected event or situation.
Antidepressant	The name of a group of medications used to treat symptoms of depression and sometimes anxiety. The most commonly used group of antidepressants are called SSRI's (selective serotonin reuptake inhibitors).
Antipsychotic	A group of medications used to treat psychotic illnesses such as schizophrenia.
Anxiety disorders	A group of mental health issues that involve states of nervousness and anxiety that affect everyday functioning.

Anxiolytics	<i>See anti-anxiety medication.</i>
Assessment	The process of being diagnosed or determined to be in mental health crisis by a doctor or psychiatrist.
Auditory hallucination	<i>See hallucination</i>
Bipolar disorder, manic depression	A mental illness which is classified as a type of affective disorder, characterized by dramatic swings in mood, from depression to mania.
Boarding house	A rental living arrangement where fees include food and rent.
Body / energy work	A form of alternative therapy that involves improving energy flow through the body to optimize physical and mental health (e.g. reiki, acupuncture, shiatsu, reflexology).
Bulimia nervosa	A diagnosis of mental illness which is characterized by extreme self-induced actions of bingeing and/or purging food from the body to control weight. Shares many characteristics with anorexia nervosa.
Cognitive-Behavioral Therapy (CBT)	An active, directive, time-limited, structured approach used to treat a variety of psychiatric disorders (for example, depression, anxiety, phobias, pain problems, etc.). It is based on an underlying theoretical rationale that an individual's affect and behaviour are largely determined by the way in which the person structures the world.
Community Treatment Order (CTO)	A comprehensive plan for community-based treatment of severe and persistent mental illness, legislated through the <i>Mental Health Act</i> .
Compulsion	A behaviour or ritual carried out in response to an obsession (thought). Acting out the compulsion offers a temporary relief from the anxiety of the obsessive thought.
Consent and Capacity Board	A body for decision-making about a person's ability to give consent and conduct their own affairs, under the <i>Mental Health Act</i> . The Board is separate from the psychiatric facility to ensure fair decision-making.
Court diversion	A service offered by some community-based mental health agencies, to assist and support someone with a mental illness who has come into contact with the courts or criminal justice system.
Creative therapies	Different forms of creative activity that provide a therapeutic outlet and help people develop self-awareness and self-confidence (creative writing, visual art, music, drama etc.).

Crisis Intervention System	An integrated system for mental health crisis response. It involves local mental health agencies working together to facilitate access to emergency and crisis response.
Crisis planning	A process of creating an individualized plan for when a person is in crisis. It can involve things they feel are helpful for them, resources available and documentation being signed in advance.
Cycling, rapid cycling	Part of bipolar disorder, the word ' <i>cycling</i> ' describes the switching back and forth (or cycle) of moods from extreme depression to extreme mania or hyperactivity. ' <i>Rapid cycling</i> ' is when the person has 4 or more cycles of depression and mania in a year.
Delusions	Irrational, false beliefs that are experienced by people in a state of psychosis. Delusions often involve persecution by others, bodily changes and conspiracies.
Depression	A diagnosis of mental illness characterized by very low mood, sense of hopelessness, helplessness, worthlessness, fear, anxiety and very low energy.
Diagnosis	The process of being labeled with a documented mental illness, defined by the DSMV (diagnosis manual) used by the medical and psychiatric professions.
Disclosure	The act of telling others about one's diagnosis of mental illness or mental health issue.
Early onset	A term used when young people (children or adolescents) start showing symptoms of mental illness that are disruptive to their functioning.
Eating disorders	Eating disorders are characterized by an intense fear of gaining weight, very low self-esteem, feelings of powerlessness, self-induced food restriction and excessive exercise.
Emergency housing	Temporary shelter that is set up for people in crisis. Includes shelters and hostels, often serving a specific population (mothers with young children, youth, etc.)
Flat affect	A term used to describe the lack of emotion (<i>affect</i>), or facial expressiveness that is sometimes a side-effect of psychiatric medication and/or illness.
Generalized anxiety disorder	A diagnosis for an ongoing state of anxiety not related to a specific situation or fear.

Gradual onset	A gradual build up and worsening of symptoms.
Grantor	In a Power of Attorney arrangement, the person who is allowing (or granting permission for) another designated person to act on their behalf.
Hallucinations, auditory hallucination	A hallucination is the experience of seeing, hearing, smelling, feeling or tasting something that is not real. ' <i>Auditory hallucinations</i> ' (hearing voices) are the most common.
Health Information Sheet	A tool that can be used by families to be prepared for a crisis, it has all of the information a doctor or psychiatrist might need in a crisis, such as prescribed medications, other health issues, prior hospitalizations, etc.
In-patient	A person who is staying at a hospital or psychiatric facility and receiving treatment for a mental health issue is called an in-patient.
Involuntary (or informal) admission	The process of being admitted to a psychiatric facility because the doctor/psychiatrist has decided you need to be there, even if you disagree, and has signed a Form 3 or Form 4.
Involuntary (or informal) status	When a person is kept as an in-patient at a psychiatric facility against their will, but at the doctor's discretion they are said to have involuntary or informal status.
Light therapy, phototherapy	Therapy that involves exposure to light that mimics sunlight when a person's mood is thought to be affected by lack of sunlight, particularly in the winter.
Maintenance dose	The lowest dose of a medication that still provides relief from symptoms. This is what psychiatrists and doctors are working towards when prescribing a medication.
Mania	A period of intensified activity and stimulation, most often associated with bipolar disorder, where mania and depression alternate.
Manic depression	<i>See bipolar disorder</i>
Mood stabilizers	A group of psychiatric medications, usually prescribed to treat bipolar disorder or other mood disorders. They work by balancing the extremes in a person's mood swings.
Naturopathy	An alternative way of promoting wellness through supplementing the diet with plant or mineral-based remedies. Naturopathy is a holistic practice that deals with physical, mental, emotional and spiritual wellness.

Negative symptoms	Symptoms of a mental illness such as lack of energy, social withdrawal and apathy are said to be <i>negative</i> , because the behaviour takes away from what is considered “normal”.
Neuroleptics	<i>See anti-psychotics</i>
Non-compliance	A term used by some to describe a person’s unwillingness to take medication as prescribed or accept other treatment that has been ordered by a mental health professional.
Obsession	Obsessions are thoughts that feel uncontrollable and are driven by anxiety. They often compel people to carry out rituals (or <i>compulsions</i>) that temporarily relieve the anxiety associated with the obsessive thought.
Obsessive-compulsive disorder	A diagnosis of a mental illness that involves people having anxious and uncontrollable thoughts (<i>obsessions</i>) driving the person to carry out rituals (<i>compulsions</i>) that make them temporarily feel less anxious.
ODSP (Ontario Disability Support Program)	A provincial financial assistance program for people who are considered unable to work due to disability (including mental illness) and are expected to be unable to work for two years or more.
Ontario Review Board	The group (under the <i>Criminal Code</i>) that makes decisions about custody and conditional discharge of people with mental illness who have committed crimes.
Out-patient	A person who is outside of a hospital or psychiatric facility but is receiving treatment or support for a mental health issue through the facility is called an out-patient.
Panic attack	The sudden onset of intense fear, apprehension or terror and feelings of impending doom. The person experiences physical changes as well such as racing heart, cold sweats and other fear reactions. A panic attack lasts a short time but is very scary.
Panic disorder	A term used when a person experiences frequent panic attacks for more than three consecutive weeks.
Paranoia, paranoid	A symptom of some mental illnesses where the person is terrified that people are out to get them and/or that there is a conspiracy designed to persecute them.
Person with lived experience	A general term for someone who has lived, or is living with a mental health and/or addiction issue. Note that each person has an individual preference for the term used, and it is important to respect that.

Phobia	A persistent, irrational fear of a situation or object which sometimes causes panic attacks if the person is exposed to, or thinks about the object of their phobia.
Phototherapy	<i>See light therapy</i>
Positive symptoms	Positive symptoms of an illness are things like hallucinations, agitation, etc. They are 'positive' symptoms because they are <i>added</i> to, or are in excess of what we would consider 'normal' functioning.
Power of Attorney	A legal document that allows one person to give another person of their designation, the authority to make decisions on their behalf if they are not capable of doing so themselves.
Private market housing	A home or residence that is privately owned and not regulated as a supportive or supported living situation and where rent is not geared to income (e.g. house, boarding house, rooming house, apartment).
Psychiatrist	A medical doctor who has specialized in psychiatry, is qualified to diagnose and treat mental illness and is able to prescribe and monitor medication.
Psychologist	A non-medical professional possessing a doctorate who is qualified to diagnose and treat mental illness through research, testing and therapy. A psychologist cannot prescribe medication.
Psychosis, psychotic episode	A group of symptoms that include loss of contact with reality, breakdown of normal social functioning and extreme personality changes. <i>Psychotic episodes</i> may include hallucinations, delusions, paranoia, and an inability to control impulses.
Purging	The act of getting rid of food from within the body through self-induced vomiting or the use of laxatives.
Restraint	Chemical, physical or mechanical means of holding a person in a facility in order to provide emergency treatment. Use of restraint in an emergency situation does not require consent, but does require that the means of restraint used is well-documented.
Rights advisor	A staff member assigned to work in a psychiatric facility to provide information and advice about patient and family rights related to the <i>Mental Health Act</i> and its provisions. The rights advisor can also help a person or family to find legal counsel.
Rooming house	A private market housing arrangement where fees (or rent) includes only a bedroom, not food. Kitchen and bathroom facilities are usually shared with other tenants.

Schizoaffective disorder	A diagnosis used when an individual does not fit diagnostic standards for either schizophrenia or "affective" (mood) disorders such as depression and bipolar disorder. The person often shows symptoms of both schizophrenia and a mood disorder.
Schizophrenia	A significant mental illness characterized by psychosis, loss of contact with reality, breakdown of normal social functioning and extreme personality changes.
Self-help	Also known as peer support and mutual aid, self-help is the process of sharing common experiences, usually in a group setting for the purpose of supporting each other to create change.
Social housing	Housing that is partly paid for by the government (provincial) or has rent geared to income where rent will never be more than 30% of the person's income or ODSP payment.
Social worker	A professional who has been trained to support people in the community and/or in hospital settings to get access to services they need and assist with navigating the mental health system.
Supported housing	A semi-structured housing arrangement where support to the tenants are provided from outside the home by nurses, social workers, etc. Support provided focuses on life skills development and increasing independence.
Supportive housing	Different from <i>supported</i> housing, in that support and supervisions from professionals is provided from within the home for people who can not currently live independently.
Tardive dyskinesia	A serious potential side-effect from some antipsychotic medications, that is characterized by painful and uncontrollable tremors, twitching and other involuntary movements. It can be permanent.
Ulysses Contract	A powerful document legislated by the Substitute Decisions Act which provides <i>power of attorney</i> (authority for decision-making given to another person) if the <i>grantor</i> believes that they may resist necessary care when incapacitated by mental illness.

Glossary of Acronyms

AIR	Access Information and Referral
CBT	Cognitive-Behavioral Therapy
CCAC	Community Care Access Centre
CMHA	Canadian Mental Health Association
CRSP	Crisis Recovery Support Plan
CT	Computerized Tomography
CTO	Community Treatment Order
CYC	Child & Youth Counselor
DDS	Dual Diagnosis Service
EEG	Electroencephalogram
ESDC	Employment and Social Development Canada (Formerly HRSDC—Human Resources Skills Development Canada)
GED	General Equivalency Degree
MAOI	Monoamine Oxidase Inhibitors
MRI	Magnetic Resonance Imaging
ODP	Ontario Drug Plan
ODSP	Ontario Disability Support Program
PET	Positive Electron Tomography
PTSD	Post-traumatic Stress Disorder
SAD	Seasonal Affective Disorder
SHA	Self Help Alliance
SSO	Schizophrenia Society of Ontario
SPECT	Single Proton Emission Computed Tomography
SUMIT	Substance Use and Mental Health Integrated Treatment
TDP	Trillium Drug Plan

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Mental Health and Addictions Resources

GENERAL RESOURCES

CMHA WW
www.cmhaww.ca

Here 24/7
1 844 437 3247
TTY: 1-877-688-5501

Here247.ca

CCAC

<http://wwhealthline.ca/>

An innovative website that puts accurate and up-to-date information about health services at the fingertips of consumers and health care providers across the Waterloo Wellington region of Ontario. *wwhealthline.ca* provides easy access to a reliable source of data, and empowers consumers to find the services they need close to home

www.211ontario.ca

211 connects people to the right information and services, strengthen Canada's health and human services, and helps Canadians become more engaged with their communities.

CHILDREN AND YOUTH

**Family and Children's Services
Guelph and Wellington County**
519-824-2410 or 1-800-265-8300
info@fcsgw.org

Family and Children's Services Waterloo Region
For urgent matters please call: 519-576-0540
Kitchener - 519-576-0540
Cambridge—519-623-6970
www.facswaterloo.org

FRONT DOOR: Access to Child and Youth Services
519-749-2932
www.frontdoormentalhealth.ca

Grand River Hospital Child and Adolescent Program
519-749-4300
For referrals call HERE 24/7 @ 1-844-437-3247
www.grhosp.on.ca

Mood Disorders Parent Support Group
519-749-8740 ext. 212 (Kitchener)
www.mooddisorders.ca

Parents for Children's Mental Health
519-749-8740 ext. 212 (ask for a PCMH representative)
www.pcmh.ca

CONCURRENT DIAGNOSIS

Alcoholics Anonymous
519-836-1522; (toll free) 1-800-891-4862
www.aa.org www.al-anon.alateen.on.ca

Homewood Community Addiction Services (CADS)
Referrals through HERE 24/7 @ 1-844-437-3247
www.homewoodhealth.com

Grand River Hospital - Withdrawal Management Centre
519-749-4318
www.grhosp.on.ca

St Mary's General Hospital - St Mary's Counselling Service
519-745-2585 ext. 232
www.smgh.ca

Narcotics Anonymous – Golden Triangle Area
1-888-811-3887
www.gtascna.org

Stonehenge Therapeutic Community:
519-837-1470
Referrals through HERE 24/7 @ 1-844-437-3247
www.stonehengetc.com

DUAL DIAGNOSIS

Access Information & Referral (AIR) Developmental Services
519-821-5716 ext. 2701
www.accessinformation.ca

Kerry's Place Autism Services Wellington
(519) 763-5812
www.kerrysplace.org

Community Living
519-824-2480 ex 0
www.clgw.ca

Adult Rehabilitative Centre (ARC) Industries
519- 824-7147
www.clgw.ca

Developmental Services Ontario Central West Region
519-741-1121
www.dscwr.com

National Association for the Dually Diagnosed – Ontario Chapter
www.naddontario.org

EDUCATION

**Centre for Continuing Education
Upper Grand District School Board**
519-836-7280
www.ugdsb.on.ca

**Waterloo Catholic District School Board
St Louis Adult Learning Centres**
519-745-1201
www.stlouis.wcdsb.ca

The Literacy Group
K-W, Elmira, New Hamburg and rural areas
519-743-6090
Cambridge 519-621-7993
www.theliteracygroup.com

**Waterloo Region District School Board
Continuing & Alternative Education**
519-885-0800

Action Read Community Literacy Centre
519-836-2759
www.actionread.com

Alternative Education Cambridge (U-Turn)
519-622-9041
www.wrdsb.on.ca

EMPLOYMENT

Bridging Employment Supports (BES)
519-749-3700 / 1-866-387-6660 ext. 4087;
(TTY) 1-866-387-6661

Links to Work (LTW)
519-749-3700 / 1-866-387-6660 ex 4087;
(TTY) 1-866-387-6661

**Second Chance Employment Counseling
(Wellington) Inc.:**
Youth Resource Centre 519-823-2818
Guelph: 519-823-2440
Fergus: 519-843-5513
www.2ndchance.ca

Employment Resource Centre
519-823-7887
www.wellington.ca

Cambridge Career Connections
519-622-0815
www.cambridgecareerconnections.com

The Working Centre
519-743-1151
www.theworkingcentre.org

FINANCIAL - BASIC NEEDS

Ministry of Community and Social Services
Guelph 519-822-7500
Cambridge 519-623-1230
Kitchener/Waterloo 519-886-4700
www.mcscs.gov.on.ca

**Community Resource Centre of
North & Centre Wellington**
519-843-7000; (toll free) 1-866-840-3249
www.communityresourcecentre.org

Chalmers Services
519-822-8778
www.chalmerscentre.ca

Employment and Income Support Division
519-740-5700
www.region.waterloo.on.ca

Welcome In Drop-In Centre
519-837-0080
www.ibvm.ca

Guelph Community Health Centre
519-821-6638, option 0
www.guelphchc.ca

HOSPITALS

**Grand River Hospital
Psychiatry and Mental Health:**
519-749-4310 (general info)
HERE 24/7 @ 1-844-437-3247
www.grhosp.on.ca

**Cambridge Memorial Hospital
Mental Health Services**
519-621-2333 ext. 3300
HERE 24/7 @ 1-844-437-3247
www.cmh.org

Groves Memorial Community Hospital
519-843-2010
www.gmch.ca

Guelph General Hospital
519-822-5350
www.gghorg.ca

Homewood Health Centre
519-824-1010
HERE 24/7 @ 1-844-437-3247
www.homewoodhealth.com

Mount Forest Louise Marshall Hospital
519-323-3333
www.nwhealthcare.ca

St. Joseph's Health Centre
519-824-6000
www.sjhcg.ca

For a list of designated psychiatric facilities
under the Mental Health Act go to
www.health.gov.on.ca

HOUSING

Threshold Homes and Supports
Referrals through HERE24/7 @ 1-844-437-3247
www.thresholdsupports.ca

Dunara Homes for Recovery
519-836-2332
www.dunara.com

Fresh Start Housing Centre
519-822-2887

Michael House
519-766-7675
www.michaelhouse.ca

Torchlight Emergency Shelter Resource Line
519-767-6594
www.torchlightcanada.org

Cambridge Shelter Corporation (The Bridges)
519-624-9305; (toll free) 1-877-624-9305
www.cambridgesheltercorp.ca

**Community Housing Access Centre (Region of
Waterloo)**
519-575-4833—Kitchener and Cambridge
www.region.waterloo.on.ca/housing

House of Friendship
519-742-8327; (fax) 519-742-8868
www.houseoffriendship.org

Monica Place
519-743-0291
www.monica-place.ca

oneROOF Youth Services
519-742-2788
www.oneroof.org

County of Wellington Social Services - Housing
519-824-7822
www.wellington.ca

Waterloo Region Energy Assistance Program
Application line: 519-883-2100
www.communityservices.regionofwaterloo.ca

LEGAL

Legal Clinic of Guelph and Wellington County
519-821-2100; (toll-free) 1-800-628-9205
www.gwlegalclinic.ca

Waterloo Region Community Legal Services
519-743-0254
www.wrcls.ca

**John Howard Society of Waterloo Wellington
Guelph** 519-836-1501
Kitchener - 519-743-6071
Cambridge - 519-622-0815
<http://johnhoward.on.ca/waterloo/>

LGBTQ+

ARCH HIV/AIDS Resources & Community Health
1-800-282-4505
www.archguelph.ca

Self Help - Rainbow Connections
Guelph 519-763-4014
Kitchener—519-570-4595
www.cmhawwselfhelp.ca

OK2BME
519-884-0000
www.kwcounselling.com

Spectrum
226-779-9695
www.ourspectrum.com

OLDER ADULTS

Alzheimer Society of Kitchener-Waterloo
519-742-1422
www.alzheimer.ca/ww

Waterloo Region Elder Abuse Response Team
519-579-4607
www.fvpwaterloo.ca

VON (Transportation Services)
519-622-3136

Veterans Affairs
1-866-522-2122
www.veterans.gc.ca

**Community Alzheimer Program
Sunnyside Seniors' Services**
519-893-8494
(ext. 6316 for Kitchener, ext. 7805 for Cambridge)

Woolwich Seniors Association
519-669-5044
www.woolwichseniors.ca

SELP HELP

Self Help
Guelph 519-763-4014
Cambridge 519-623-6024
Kitchener 519-570-4595
www.cmhawwselfhelp.ca

Self Help—Spark of Brilliance
Guelph and Kitchener—519-763-4014 x2355
www.sparkofbrilliance.org

ORDER FORM

JOURNEY OF RECOVERY

A MENTAL HEALTH GUIDEBOOK
FOR FAMILIES AND FRIENDS IN WATERLOO-WELLINGTON

MAILING INFORMATION

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STREET ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE: _____

E-MAIL (OPTIONAL): _____

Please help us better address the needs of the community by providing the following information:

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ORDER INFORMATION

Number of book copies: _____ @ \$15.00 per copy for local organizations

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All monies received will be used by CMHA for printing additional copies of the family guidebook.

Please mail order form, with cheque or money order, to:

**CMHA Waterloo Wellington
80 Waterloo Avenue,
Guelph, ON, N1H 0A1**

Family members and individuals may visit their local CMHA *Centre for Mental Health* or other participating organization to obtain a copy.

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