Network

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CANADIAN MENTAL HEALTH ASSOCIATION
L'ASSOCIATION CANADIENNE POUR LA SANTÉ MENTALE
Ontario Division/Division de l'Ontario

IN THIS ISSUE:

Ushering in a New Era
Influencing Public Policy
Supporting a Voice

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OUR MISSION:
To provide leadership in advocacy and service delivery for people with mental disorders, and to enhance, maintain and promote the mental health of all individuals and communities in Ontario.

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Celebrating Innovation

BARBARA EVERETT, PH.D.
Chief Executive Officer

This year, the Canadian Mental Health Association, Ontario Division celebrates 50 years of leading innovation in community mental health. In this issue of *Network*, friends of CMHA look back on the past, and speculate on what the future may bring. However, on this page, I would like to take the time to celebrate just a small sample of the kind of innovation that CMHA is known for today.

• In February 2000, CMHA, Windsor-Essex County Branch recruited a primary care nurse practitioner to establish a first-of-its-kind medical clinic within a community mental health agency. Since its inception, lives have been saved. Over 400 clients have been rostered and 4,000 visits recorded.

• CMHA, Victoria County Branch, located in Lindsay, specializes in housing for the seriously mentally ill and other low-income groups. Through outreach to local landlords, they increased their services ten-fold on virtually the same budget – from 18 residents in 1996 to 244 clients and their families today.

• Just one hour after the crisis in Walkerton became known, CMHA Grey / Bruce set up a team of trained counsellors, available twenty-four hours a day, seven days a week, to serve anyone who needed help and support. CMHA staff remain in Walkerton to this day, as life has not returned to normal for many residents traumatized by Canada's worse water contamination disaster.

• CMHA, Elgin Branch, located in St. Thomas, established a Safe Bed program in September 1999. Clients who had spent 145 days in hospital in the two years prior to the program opening, dropped to only 14 days for the same length of time through the use of the Safe Bed program.

• CMHA, Metro Toronto Branch received funding for 137 units to help house some of the city's homeless population. In a review of 90 case files, 70% of those housed in this new program had been homeless or living in the shelter system. The remainder were at extreme risk of becoming homeless. In recent months, more than 60% of referrals have come from shelters. Due to the support provided by housing workers, community support staff and the cooperation from building management and neighbours, only 13% of this very difficult-to-house client group have ended their tenancies.

• CMHA, Hastings & Prince Edward Counties Branch runs a Return to Work Action Program for people who have been diagnosed with mental illness. Currently, 73% of participants have achieved either full, part-time or casual competitive employment upon completion of the program's requirements. This program's success is noteworthy in light of research that has shown that 85% of those who are seriously mentally ill are unemployed.

• CMHA, Wellington-Dufferin Branch has been featured in two well-respected books that celebrate innovation in community mental health services and, in 1999, received the international Harry V. McNeill Award from the American Psychological Foundation for its groundbreaking programs.

• CMHA, Thunder Bay Branch finds time to sponsor the Visions and Light Film Festival in addition to the many programs and services it delivers. This three-day public event features international and Canadian films that explore the myths surrounding mental illness, addiction and HIV / AIDS.

• CMHA, Storemont, Dundas and Glengarry / Prescott-Russell Branch responded to the needs of the nearby francophone community by establishing a completely French-speaking community mental health team providing case management, court diversion programs, family and peer support, and drop-in centres.

• CMHA, Hamilton-Wentworth Branch developed a Nikon Pals club where people with mental illness diagnoses express their creative side. Participants learn sophisticated photographic techniques and the complexities of the digital world. Through the eye of a camera, members have discovered the unique and diverse community of Hamilton and its surrounding areas.

These accomplishments describe only a fraction of the work done by Canadian Mental Health Association throughout Ontario. We are looking forward to fifty more years of innovation in the provision of community mental health services.

> ***"CMHA, Ontario Division has had a profound influence on the capacity of society to respond to mental health issues from one generation to the next. CMHA has been a pioneer, a policy maker, a communicator and a service provider, and in all those things has brought a level of compassion and professionalism to this essential task."***
>
> BILL WILKERSON, CEO, GLOBAL BUSINESS AND ECONOMIC ROUNDTABLE ON ADDICTION AND MENTAL HEALTH

Ushering in a New Era

50 years of leading innovation in community mental health

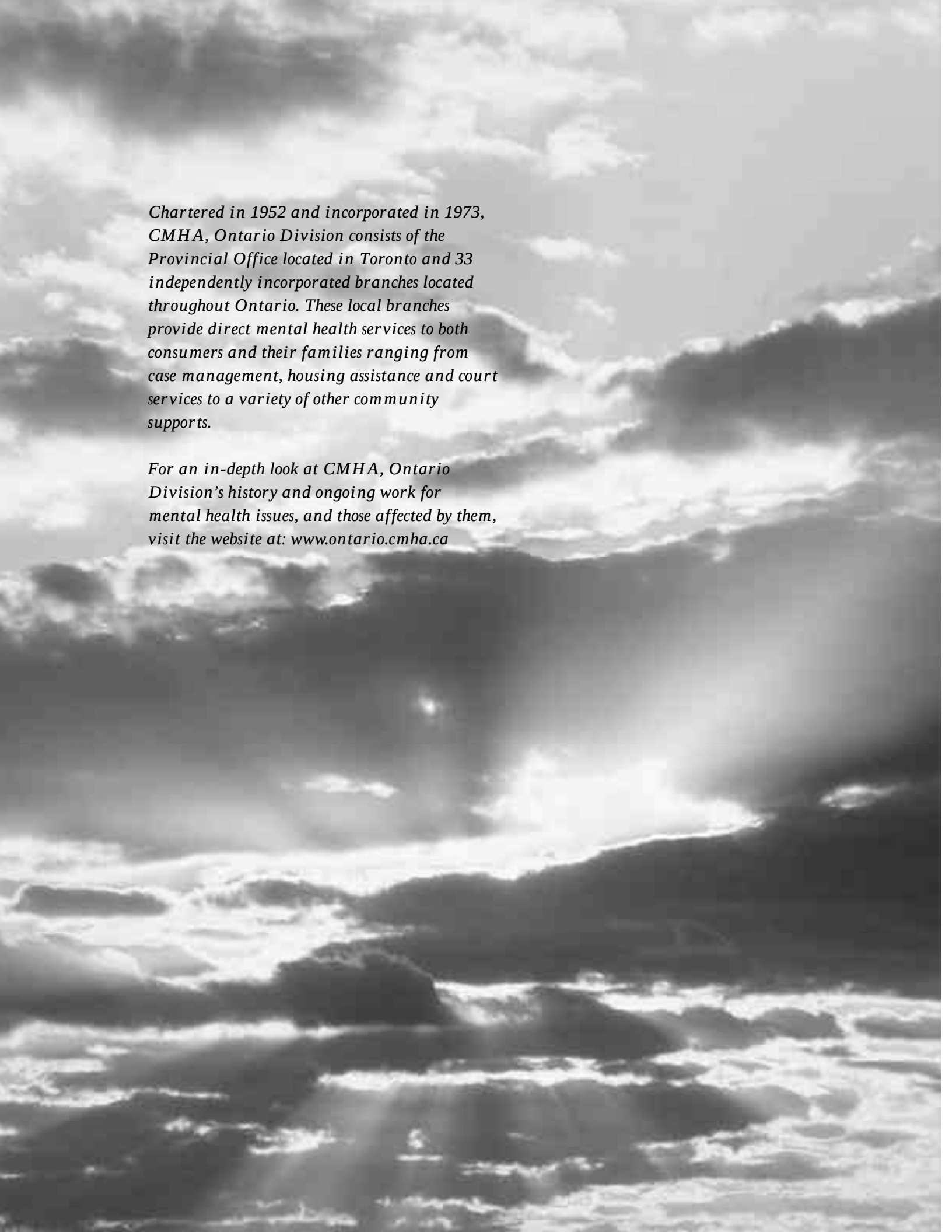
In the early days of CMHA, Ontario Division, the challenge was clearly articulated by Dr. C.M. Hincks at a meeting of the Board of Directors, Ontario Division, held in Toronto on October 4, 1956:

"In the Ontario Division, a challenge facing us may be that of helping to prepare the way for ushering in a new era in dealing with mental illness..."

Dr. Hincks' background with the Canadian National Committee for Mental Hygiene had given him an inside look at how mental hospitals were run, and how horribly people who were diagnosed with a mental illness were treated. In 1918, he visited an institution where, at the end of a long, dark ward, he found a coffin-shaped closet containing a naked woman. The tiny space had no furniture, not even a mattress. As the door opened, the deathly pale woman grabbed a ragged cloth and pressed it to her eyes to protect herself from the blinding light. She had been incarcerated in this closet for two years and only once let out for a period of ten minutes. *(Reference: La Jeunesse, R(2002), Political Asylums Edmonton, Alberta, Muttart Foundation.)*

Leafing through copies of early board meeting minutes, we see the picture of an organization determined to carry out its goals of "ensuring the best possible care, treatment and rehabilitation of the mentally ill, to promote practical programs designed to prevent mental illness and to protect and promote mental health." (Admiral Mainguy, Executive Director, CMHA, Ontario Division, Board of Directors Meeting, February 26th, 1958). With budgets of $650 allowed for branch development, $3,000 for public education and a total operating budget for the Ontario Division of $16,000, the financial resources for ushering in that "new era" spoken of by Dr. Hincks were just not there. And yet in spite of that, CMHA, Ontario Division continued to do everything they could to be true to their original mandate of improving the treatment and rehabilitation services for the mentally ill, to work for the promotion of mental health and the prevention of mental illness, and to improve attitudes towards mental illness and community acceptance. By supporting the expansion of local branches and the services they offer, by placing emphasis on treatment and support within the community and by taking a leading role in helping develop mental health policies, CMHA, Ontario Division has consistently followed the path set down in the earliest days of the organization.

It has taken time for the recommendations made in 1956 to be adopted in our mental health system, but the last ten to twenty years have seen dramatic changes. In this, CMHA, Ontario Division's 50th Anniversary Year, we look at some of those changes: the impact CMHA, Ontario Division has had on influencing public policy; the way in which we have been able to provide consumers with a 'voice' and last, but certainly not least, how the battle for public acceptance is being fought.



Chartered in 1952 and incorporated in 1973, CMHA, Ontario Division consists of the Provincial Office located in Toronto and 33 independently incorporated branches located throughout Ontario. These local branches provide direct mental health services to both consumers and their families ranging from case management, housing assistance and court services to a variety of other community supports.

For an in-depth look at CMHA, Ontario Division's history and ongoing work for mental health issues, and those affected by them, visit the website at: www.ontario.cmha.ca

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Ontario

CANADIAN MENTAL HEALTH ASSOCIATION ONTARIO DIVISION 50TH ANNIVERSARY

Summer/Fall 2002

On behalf of the Government of Ontario, I am pleased to send greetings to all those celebrating the 50th anniversary of the Canadian Mental Health Association, Ontario Division.

This remarkable milestone in the proud history of the Ontario Division of the Canadian Mental Health Association represents the vision and dedicated work of many individuals over the years.

I want to recognize all the present and past volunteers and staff who have contributed to your organization's success by making a positive difference in the lives of others. Through your efforts, you have made communities across our Province better places in which to live, work and raise families.

Please accept my best wishes for your next 50 years.

Ernie Eves, MPP
Premier

Influencing Public Policy

CMHA, Ontario Division has played a pivotal role in influencing the development of public policy with regard to mental health issues. Policy has affected and influenced the perception of mental illness, its treatment, and lessened the stigma attached to it. CMHA, Ontario Division, through its Board and volunteers, proposes policy direction to government and provides information to the public about mental health issues of importance to consumer/survivors, their families, service providers, the media and other opinion leaders. CMHA, Ontario Division's policy documents may be viewed online at www.ontario.cmha.ca in the Policy and Action section.

The following interview with Glenn Thompson takes a look at the role CMHA, Ontario Division has played in helping to develop mental health policies. Glenn Thompson has served in leading public sector roles for over 40 years, including appointments as Deputy Minister of six Ontario government departments between 1975 and 1991. After thirty years in the Ontario Public Service, Glenn became the Executive Director of the CMHA, Ontario Division (1991-2000) where he played a role in accelerating the development of community mental health programs across Ontario, restructured the provincial office and chaired and sat on several leading health and mental health reform committees. A recipient of the 1999 Lieutenant Governor's Medal of Distinction in Public Administration in recognition of his distinguished career in public service in Ontario, Mr. Thompson is now based in Iqaluit, Nunavut, as Executive Director of Health and Social Services.

Influencing Public Policy

Glenn, as you look back over the years you were Executive Director at CMHA, Ontario Division, what kind of role did it play in influencing public policy as it related to mental health issues?

GLENN THOMPSON: I believe that CMHA has played a role in public policy since the earliest days of its existence, but I think a major change came in 1991 when Carol Roup became the policy leader for the Ontario Division. With her background as a librarian, she was able to put together research-based information which had substance and credibility and therefore the government was more inclined to listen and pay attention to what we were saying. It is difficult to refute proposals that are based on real life experiences and properly documented data and research. I can remember Carol talking about the number of policy papers that were produced in those early years, which amounted to about three or four annually. By the time Carol had become the policy leader and hired Ruth Stoddart and also involved the Community Mental Health Consultant Group in policy development, we had the capacity to do real policy paper development. The number of papers soared in response to this to something like 22 a year. That was partly related to the fact that the Health Services Restructuring Commission (HSRC) were operating in the later days of the 90s and we were responding to all of the papers that they were generating about each community. I think it's fair to say that we did as good a job as anyone in responding rapidly. CMHA, Ontario Division was one of the main voices who spoke to them about mental health issues and I believe we were listened to because many of the things that the HSRC eventually recommended were the things we had proposed.

"During my time with CMHA, Ontario Division a number of organizations had a voice with government, but I think CMHA, Ontario Division had real influence. Very early on, the policy development process was linked to the library resources and placed on a firm foundation of literature searches and academic referencing. We then moved from a generalist model to a specialist model for our consultants who began to play a much bigger role in policy development. It seemed obvious that if they were working in the field with CMHA branches they needed to have significant input into what public policy positions should look like. When we hired new consultants, we took a hard look at what policy area of expertise we needed to fill. We also invited the best thinkers in the field, many of whom were consumers of mental health services, to attend our policy discussions and to share their expertise with us, and very often those people were known to government. It gained us credibility with government – and we were able to do this for every subject we investigated because we had put in place the resources to staff our policy committee and sub committees with policy subject experts. These were very exciting times."

CAROL ROUP, PAST SENIOR DIRECTOR, POLICY INFORMATION AND CORPORATE DEVELOPMENT, CMHA, ONTARIO DIVISION

I understand that the ACCESS paper (see below) was an example of the speed with which CMHA, Ontario Division responded to government.

GLENN THOMPSON: Yes that's true, and again that reflected the capacity we had to perform rapid analysis and reporting. The HSRC operated from 1996 to 2000 and they had a four year mandate to make decisions about restructuring Ontario's public hospitals, and to advise the Minister of

ACCESS:

A FRAMEWORK FOR A COMMUNITY BASED MENTAL HEALTH SERVICE SYSTEM

THE ACCESS FRAMEWORK WAS DEVELOPED AS A THEORETICAL CONSTRUCT FOR REALIZING A VISION OF THE COMMUNITY MENTAL HEALTH SYSTEM BASED ON CMHA, ONTARIO DIVISION'S VALUES AND PRINCIPLES. IT PROVIDES A VISION FOR DOING MENTAL HEALTH WORK IN THE COMMUNITY IN PARTNERSHIP WITH ALL OTHER STAKEHOLDERS INVOLVED IN THE CONTINUUM OF MENTAL HEALTH CARE. THE WORD 'ACCESS' IS AN ACRONYM FOR ACCESSIBLE, CONTINUOUS, COMPREHENSIVE, EFFECTIVE AND SEAMLESS SYSTEM.

Health about which health services would need reinvestment as a result of changes to the hospital system and the changing needs of the population. And this is where CMHA, Ontario Division's input was so important as the components were put together to try to build a genuinely integrated health services system. CMHA, Ontario Division was strongly of the opinion that mental health services needed to be better understood and integrated, but not absorbed. It ended with us recommending a continuing separation of mental health from the other aspects of the health care system until mental health got a more solid foundation, and then it could be integrated.

What kind of input did consumers have in putting together these policy papers?

GLENN THOMPSON: Consumers were important members of all the committees that CMHA, Ontario Division was operating and participated in all of the discussions that led to the policy creation and recommendation documents. In fact when we met with government officials with these policy papers in hand it gave us much greater credibility to have users of the system there with us.
Let me step back a little from that question though, and give you some background to what has become the consumer / survivor movement that we know today. When I began work at the CMHA, Ontario Division in 1991 I had been out of the mental health field, as far as any direct contact was concerned, for many years. I started in the correctional services department of the Ontario Government in 1960 and stayed there until 1981. For a time I worked in a psychiatric hospital in England where I became the chief psychiatric social worker. During that period of time there was no consumer movement as we know it today. It just didn't exist. Patients were viewed as clients and recipients of care from experts and certainly were not involved in the decision making about the care they received. While I was in England, though, I worked in what was called a 'therapeutic' community hospital where patients helped to run the hospital and were very important in the care of other patients. That was the concept that some of us tried to introduce to the Ontario

> ***"CMHA, Ontario Division has undertaken, voluntarily, to become a driver of policy. It's been a key role and one which is gradually changing the way consumers perceive themselves and the way they are perceived by the public."***
>
> MIKE PETRENKO, EXECUTIVE DIRECTOR, CMHA, LONDON-MIDDLESEX BRANCH

system. Around 1965-66, in correctional services, we began to see some of these processes take shape through what was called a 'residents' committee'. In fact institutions in Ontario that didn't have a residents' committee when I was deputy minister were frowned upon. They were important to get going because they performed a very useful purpose in giving people a sense that they could have some responsibility for their life, even though they were incarcerated.
In 1991 when I applied for the job as Executive Director at CMHA, Ontario Division, people were talking about consumer / survivors. I had only just began hearing that term and had no idea that literally a movement had begun. This dramatic change took place over the latter part of the 1980s as the consumer movement stirred and came to life. Barbara Everett's book, *A Fragile Revolution*, talks about this and the impact that consumers had as they began to play a role in their own health treatment. By the time I left CMHA, Ontario Division and was involved in the Centre for Addiction and Mental Health Strategic Planning Committee it would have been unheard of to have any kind of planning committee without consumer involvement, just as it would have been almost unheard of ten years earlier to include consumers.

We have seen such a dramatic change over the last fifty years in the way that people are willing to step out and talk about their own mental health issues.

GLENN THOMPSON: That's another area in which CMHA, Ontario Division has played a role. It's interesting that one of the earliest leaders of CMHA back in the early 1900s was a psychiatrist who himself had mental health problems and that was the catalyst for him to become a leader of the

Influencing Public Policy

mental hygiene movement. I don't know how openly he talked about his own mental health issues, but it's fascinating to me that since then we have had a gap of 67 years – 1918 - 1985 – before a consumer movement really took flight. An amazing distance of time before we were all ready to say that people with mental health issues have abilities and capabilities, and opinions that should be listened to, and should help to shape the system that they are a consumer of. Janemar Cline, who was the President of the CMHA, Ontario Division from 1998-2001, openly talked about her own personal experiences with mental health problems, encouraging other people to believe that they too could reach their goals and be successful.

Gordon Singer, whose story is included in this issue of Network (see page 16) brought out that same point, the fact that there is a recognition now that people with a mental illness can be just as productive as anyone else.

GLENN THOMPSON: That's so true. With no malice intended, the emphasis in the health system from the early 1900s to the mid to late 1980s, for both physical and mental health, was one of thinking that the doctor knew best. All the patient was required to do was pay attention and do what they were told. You were a passive recipient of well-intentioned care, but what you lost in the process was your ability to take charge of your life once again. It's so different now. People are involved in their care, involved in taking back their life.

> ***"CMHA, Ontario Division has played a major role in advocating for people with mental illness. They have been involved in so many aspects of mental health and have been able to make an impact in many different areas – policy papers, advocacy, and also direct services, case management, and housing."***
>
> GORDON SINGER, CONSUMER / SURVIVOR AND PEER SUPPORT WORKER WITH THE ST. MICHAEL'S ASSERTIVE COMMUNITY TREATMENT TEAM

How would you sum up CMHA, Ontario Division's role in that area of mental health? Of enabling people to take back their life, and helping to create a climate where dreams and goals can be achieved?

GLENN THOMPSON: I think the CMHA, Ontario Division has always been a fairly conservative group within the whole movement of change – and I mean conservative in a positive way. It was a good role because there were people on the edges of the consumer movement, some of whom thought that medication wasn't a useful thing or psychiatric care was not a useful thing, and those weren't the positions that our organization took. We were able though to say here's what's happening out there on the edges of the field of the consumer / survivor movement: there are conservative people and there are radical people, and putting that together with the experience of other jurisdictions, and with good research, here is what we think government should do.

So CMHA was the voice of reason?

GLENN THOMPSON: I don't think we were any more reasonable than others, but the most radical people would not have been listened to by government whereas I think we were. We were able to draw in all the ideas and give them shape.

A NONPROFIT, PROVINCIALLY INCORPORATED REGISTERED CHARITY, CMHA, ONTARIO DIVISION'S GOAL IS TO BE THE PRIMARY SOURCE OF INFORMATION ABOUT MENTAL HEALTH, MENTAL ILLNESS AND POLICY IN ONTARIO. THE CORE BUSINESS OF THE PROVINCIAL OFFICE IS KNOWLEDGE ENHANCEMENT THROUGH THE DEVELOPMENT AND DISTRIBUTION OF INFORMATION TO A WIDE VARIETY OF MENTAL HEALTH STAKEHOLDERS, INCLUDING LOCAL BRANCHES, CONSUMER / SURVIVORS AND FAMILY MEMBERS, POLICY MAKERS, COMMUNITY LEADERS AND THE MEDIA.

It's important for government to feel that as an organization we put forward ideas and policies that represent many different opinions from communities and groups across Ontario.

The consumer/survivor movement, the openness with which people began to talk about mental health issues they had, not only shaped government policy but also must have had an effect on shaping individual and community attitudes towards mental health.

GLENN THOMPSON: Yes, the 1990s saw the beginning of a recognition by people that mental illness isn't weakness, it's an illness and you can do something about it. In the latter part of the 1990s when I was at CMHA, Ontario Division, we were frequently being interviewed by the major media whenever there was an issue to do with mental health. Janemar Cline, myself or others at the CMHA would be asked to comment on radio or TV, and it was a rare occasion when the reporters or other crew members didn't want to talk about their own family or friends who had mental health problems, or even their own difficulties. They would say, 'I can't talk about this on the air but let me tell you about....' and on they would go. It was so frequent as to be amazing. Ten years ago people would not have opened up like that and told you they, or family members, had a mental health problem.

Glenn, in front of me I have a copy of the original Letters Patent for the CMHA, Ontario Division, drawn up in September of 1973, and they list the objects of the organization: to improve the treatment and rehabilitation services for the mentally ill; to work for the promotion of mental health and the prevention of mental illness; and to improve attitudes towards mental illness and community acceptance and understanding of, and responsibility for, the mentally ill. How true has CMHA, Ontario Division been to those original objectives?

GLENN THOMPSON:Very true, although I would not like people to sit back and think now we can go on to something else. The sun's just rising on some of these objectives. Eventually I hope it will be like the community in Nunavut where I am living now where we currently have sunshine 24 hours a day! I think the CMHA has done exactly what most fields do and that has to become more and more preoccupied with service delivery. That has often stolen from community capability to do health promotion and mental health prevention work. I think that one sees that everywhere in the health system, including the mental health system. Big, strong, capable organizations like CMHA, Ontario Division and the Centre for Addiction and Mental Health (CAMH) can get preoccupied by the people coming through the front door who have such terrible problems and difficulties in their life and you stop thinking about the four year old who is being abused, or the woman out on the farm who has a terrible depressive problem and who is not able to access help. Certainly I believe CMHA, Ontario Division has lived up to its original aims and mandate – but there is still work to be done.

"One of the interesting things that happened in the 1970s was when the Toronto Branch of CMHA called the Ministry of Health and asked them to please send them Ontario's Mental Health Policy, and of course there wasn't one! The Ontario Division took real leadership then and developed an innovative, aggressive approach to policy which involved a lot of people, including consumers, and they put this out as a new way of thinking, a progressive way of thinking, about policy. They kept hanging out lanterns you could see in the night as to where to go in a policy sense."

JOHN TRAINOR, DIRECTOR OF THE COMMUNITY SUPPORT AND RESEARCH UNIT, CENTRE FOR ADDICTION AND MENTAL HEALTH

50 Years of Leading Innovation in Community Mental Health

Supporting a Voice

AFTER 50 YEARS, CMHA, ONTARIO DIVISION NOW HAS 33 INDEPENDENTLY INCORPORATED BRANCHES LOCATED THROUGHOUT ONTARIO OFFERING A VARIETY OF DIRECT MENTAL HEALTH SERVICES TO CONSUMERS AND FAMILIES.
MIKE PETRENKO HAS BEEN THE EXECUTIVE DIRECTOR OF THE CMHA, LONDON-MIDDLESEX BRANCH FOR 18 YEARS.

Mike, you've been with the CMHA during a time when major changes have taken place in the mental health field. Consumers have had their voices listened to by government through their involvement on CMHA committees and workshops and the policy papers that have evolved out of that. What other ways has CMHA, through the local branches, helped consumers voice the concerns that they have?

MIKE PETRENKO: When I started in 1984 as Manager of the Vocational Rehabilitation Workshop program here in London, it was popular to congregate people in sheltered employment workshops. What I noticed in conversation with consumers at the workshop was that they were constantly saying that there were other things they needed in their life, that being able to come to work on a daily basis was an important part, but there were other domains that they needed assistance with. So we started to do some consumer focus groups, and we had the groups facilitated by consumers themselves.

Was that a fairly new thing then, to have consumers involved in the decision making that would affect them?

MIKE PETRENKO: I think it was in the late 80s that we started to see this trend of consumer / survivor groups. Coming from a business perspective I felt quite strongly that the customers should have a say in terms of services available to them as a purchasing customer rather than a passive recipient of whatever happened to fit at that particular time. Not everyone thought along those lines at that time. In other words, there wasn't much stimulus to move beyond the status quo. I guess our belief that consumers needed to be involved has helped us change considerably in terms of what services we deliver. The consumer focus groups we ran ended with a fairly powerful statement which told us what was needed in holistic supports and wrap-around services. As a result of those groups, we negotiated with the Ministry of Health and ended up receiving funding for a Community Mental Health Centre. Another way in which we helped consumers voice their needs, and share their stories, was through the 1989 CMHA National Conference which we hosted. We were successful in obtaining subsidies from both the provincial and federal government to bring consumers from across the country to the conference. It brought people who were on the leading edge of the consumer movement into our community and into our region and allowed consumers to interact. I remember one of the people who attended, who ended up on our board, saying 'Mike, I didn't know I was a consumer and I didn't even know what a survivor was, I thought I was just an ex-psychiatric patient!' That experience sparked him to say, 'What can I do with this new found sense of myself?'. He ultimately went on to work with other consumers to create a new consumer organization, with initial funding from the government coming through the CMHA London-Middlesex Branch as a host sponsor. That organization, Can-Voice, is now one of the leading consumer organizations in Canada.

The 'voice' of consumers has become a powerful tool which would have been unheard of twenty years ago.

MIKE PETRENKO: I think the consumer movement is what has allowed our current climate of mental health reform, because out of it came the understanding of the need to involve consumers in all activities of planning. CMHA, Ontario Division was well aware of that need – one third of its board members were made up of consumers – but virtually no one else had that. I was quite active in the District Health Council planning process in the early 1990s and was able to bring to the table

the need to bring consumers into the planning process, and eventually across the province the groundswell was recognized and District Health Councils got instructions to include consumers and family members as an integral part of all their mental health planning. Listening to their voice allowed for the creation of new service delivery models.

As you look back over 50 years what do you feel are the major changes we have seen take place in the field of mental health? One of course we have touched on, the fact that consumer/ survivors are now an integral part of the decision making on services and policies that will affect them. What are some of the other major changes?

MIKE PETRENKO: I guess there are three things that I think have made a tremendous impact. One was the advent of the consumer movement, the other was fiscal restructuring by government, and it was that fiscal restructuring and the need to economize that led to the first and second wave of de-institutionalization. It wasn't for purposes of better treatment, it was designed to get vast numbers of people out of the hospital. It was an economic question rather than a question of providing better service, but it was coupled with the third factor which was the advent of modern psycho-pharmacology. With new drugs on the market which allowed for people's symptoms either to be controlled or suppressed and stabilized a little bit, the need for having people hospitalized in protective environments was no longer necessary. The unfortunate thing was that other than some dollars put into housing initiatives, very little was done in the way of providing supports in the community, or providing treatment, so while in-patient hospital beds were reduced drastically, the hospital out-patient departments grew tremendously. We ended up with the culture of the institution still prevailing. I can remember many times getting telephone calls from the London Psychiatric Hospital asking whether so-and-so, 'one of ours', was there because they were missing, and it was always an ownership issue. It was always 'one of our patients' – a paternalistic, ownership approach.

"I think what CMHA, Ontario Division has done is help people shape the feelings and sensations they have and put them into words that can influence government to make a better treatment and prevention environment. The best teachers help us to articulate for ourselves and this is one of the things that CMHA has done for individuals and communities."

GLENN THOMPSON, EXECUTIVE DIRECTOR
HEALTH AND SOCIAL SERVICES, NUNAVUT

Has that changed?

MIKE PETRENKO: It's in the process of changing, but it still has a long way to go. Back in 1963, Dr. Hincks, one of the founders of the CMHA, Ontario Division, talked about the need to listen to people, the need to take all of the staff from all of the psychiatric hospitals and divide them up 50 / 50 between the community and the institutions that remained and work with the people in the community where they are. We're going in the right direction with mental health reform, and the proposed 60 / 40 split goes beyond the 50 / 50 split, but the 'how to get there' is our main struggle right now. It involves finances and it involves political decisions. CMHA, Ontario Division and the branches have put in an inordinate amount of time over the last decade to influence policy. I can remember speaking to Jim Wilson, the Minster of Health back in the mid 1990s, when he was in Stratford presenting cheques for what, at that time, was called the Community Integration Fund, the leading edge of funds necessary for mental health reform to put in some of the new services such as crisis services and case management. After his speech and media interviews, I talked to him about the fact that as a government they did not have a policy framework, and that CMHA, Ontario Division could assist them in putting together a master plan. He took us up on that offer and gave us just three months to put it together. The ACCESS Framework – CMHA, Ontario Division's vision of a community based mental health service system for Ontario – was the document that ended up on Mr. Wilson's desk. CMHA, Ontario Division has undertaken, voluntarily, to become a driver of policy. It's been a key role and one which is gradually changing the way consumers perceive themselves and the way they are perceived by the public.

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Summer/Fall 2002

A Personal Message from Dalton McGuinty

Dear Friends:

Congratulations to the Canadian Mental Health Association, Ontario Division, on its golden anniversary! This is a real milestone—true cause for celebration. My team and I are delighted for you.

Like CMHA, Ontario Division, I firmly believe there is strength in knowledge. For the past five decades, your organization has been empowering mentally ill Ontarians through knowledge. For half a century, you have excelled in bringing them, their families, and the general public vital information on diverse mental health issues—information that is both comprehensive and current.

I applaud CMHA, Ontario Division, for its unwavering devotion to the needs of the mentally ill in our province. You continue to play a pivotal and multifaceted role in the mental health field: educator, mentor, policymaker, advocate and leader. By adhering to your vision, your values and your mission, you have changed countless lives.

CMHA, Ontario Division, remains an invaluable source of support and inspiration to Ontarians whose lives have been touched by mental illness. Take pride in knowing that fifty years of hard work and dedicated efforts have brought tangible results. You have made a real difference. And, on this, your fiftieth anniversary, you have much to celebrate. On behalf of the Ontario Liberals, please accept my sincere best wishes for much ongoing success.

Yours truly,

Dalton McGuinty, MPP
Leader of the Official Opposition
Leader of the Ontario Liberal Party

www.ontarioliberal.com

Looking Forward

BARBARA EVERETT PH.D.

Fifty years ago, people with mental illness were ostracized from their communities, confined for years in psychiatric hospitals, or died, neglected and abandoned. For those who recovered, they likely did so in spite of treatment, and then they disappeared into new lives, keeping their experiences a secret.

Today, people, often calling themselves consumers or psychiatric survivors, live among us and openly tell their stories – with anger, but also with pride. They demonstrate through the testimony of their fruitful lives that living with a mental illness is possible and that recovery occurs far more often than previously thought. Family members also contribute to our understanding of mental illness. Both groups have developed self-help solutions that are a welcome addition to the traditional mix of formal mental health services.

As important for our future, however, is strengthening the capacity of consumers, survivors, and family members to hold the mental health system to account. Through membership on planning bodies and employment as peer counsellors, they tell important truths that can no longer be ignored. Some psychiatric treatments don't help and others actually harm. Community mental health programs can be hard to find and then, hard to get into. While these criticisms are difficult to hear, they are essential to providing effective help. Professionals may lose sight of the impact of our own actions if we only see clients as victims of illness rather than as active, participating people who are behaving just as we would if we were burdened with abusive pasts, poverty, and illness.

Another positive trend for the future is the shift in debate that re-names stigma as discrimination. Anti-stigma campaigns seek only to persuade the public of the benefits of fair treatment – leaving action up to personal choice. The newer, more powerful approach is to advocate for laws that insist on fair treatment for disadvantaged groups by prescribing and then monitoring action. Presently, the most promising path for such a shift appears to be disability law. However, there is a poor fit between the physical disability world and the consumer / survivor movement. Many consumers don't think of themselves as disabled at all, while others see themselves as burdened with an invisible disability. The future lies in finding a way to define the nature of "disability" when it is associated with a diagnosis of mental illness and then advocating for legal rights that protect against discrimination.

The liberation of knowledge is another beacon that points towards the future. The internet offers hundreds of mental health web sites where people can visit in complete privacy and obtain information. To be sure, the challenge is to discriminate between accurate versus misleading sources. When armed with high quality information, consumers and families can interact with experts in a much more equal fashion, asking pertinent questions, querying treatment plans and even debating the relative merits of the latest research.

While the increased power of consumers and families, the shift in debate from stigma to discrimination, and the liberation of knowledge are positive developments in the field of mental health, we can't forget what still needs to be done. Affordable housing is in short supply and access to employment is limited. Lack of investment in community mental health programs has meant a recriminalization of mental illness, whereby people are without service for such extended periods of time that they come to the attention of the law and thus access treatment through forensic services. Finally, people continue to die on the streets of our cities and towns, neglected and abandoned – a fate that is still possible – even in the 21st century.

"I think a major area in mental health as we look forward to the next 50 years is reframing treatment towards early intervention. The best example is intervention in psychosis. The idea is reshaping how services are carried out, but even more important, is organizing people like teachers, families, general practitioners and others to recognize the symptoms of psychosis, to get people into treatment early, which we know allows them to use fewer drugs and to recover faster. To never have their lives deteriorate to the point that by the time you are 25 you have this huge recovery problem. There are people now at our centre (Centre for Addiction and Mental Health) that have first rank cases of schizophrenia, but they have never been in hospital. They have finished school, they are working. There's an attempt to have a provincial initiative in this area and CMHA, Ontario Division has been part of that working group since day one."

JOHN TRAINOR, DIRECTOR OF THE COMMUNITY SUPPORT AND RESEARCH UNIT, CENTRE FOR ADDICTION AND MENTAL HEALTH

50 Years of Leading Innovation in Community Mental Health

Affecting Stigma

DIAGNOSED 28 YEARS AGO WITH SCHIZOPHRENIA, GORDON SINGER HAS BEEN WORKING IN THE MENTAL HEALTH FIELD FOR A NUMBER OF YEARS. IN ADDITION TO ASSISTING IN SETTING UP A PATIENTS' COUNCIL AT THE [THEN] CLARKE INSTITUTE OF PSYCHIATRY AS A CONSUMER/FACILITATOR, HE HAS BEEN WORKING FOR THE LAST THREE YEARS AS A PEER SUPPORT WORKER WITH THE ST. MICHAEL'S ASSERTIVE COMMUNITY TREATMENT TEAM.

Gordon, since you were diagnosed, you must have seen some tremendous changes in the mental health system, both from the perspective of care you receive and how you as a person with a mental health illness are perceived.

GORDON SINGER: The newer medications now available have undoubtedly been a turning point for people like myself – there has been real progress in that field. Another major turning point has been the whole consumer/survivor movement, and the ability to have input and to feel that you are a person of worth. Another area where I have seen change is in terms of the stigma of having a mental illness. When I was first diagnosed at the age of 17, I think I was just on the cusp of when people would feel shame for having a mental illness. That's a specific type of stigma. But of course people don't need to feel ashamed for something they are not responsible for. However, I think that as consumer/survivors became more of an identifiable group there emerged a different type of stigma – a more systemic type of stigma. Stigma often involves ignorance and prejudice which is directed at a group you can identify, and of course as the consumer/survivor movement heated up and people spoke out about their illness then we became a more identifiable 'group'. So I think that people feel less personal stigma about having a mental illness, they no longer feel they are somehow to blame for this, but we do still feel stigmatized in many ways by society generally. Having said that, I feel there is much more awareness now of mental illness and the fact that it can affect anyone, not just some special group of individuals. When I was first diagnosed people thought this was something that happened to other people, but now we all know it can happen to us.

"In my own community I have seen a real shift in attitudes towards mental illness and towards receiving services in the community. The branches have really spread their wings as far as providing these additional services – the result of the kind of recognition that CMHA, Ontario Division was able to gain for the issues and for being a spokesperson for people with mental illness. We brought the whole issue of mental illness out of the dark recesses. As with any other attitudinal change there are miles to go yet, but there have been great strides in the last ten years."

BEVERLEY POLOWY, PAST PRESIDENT, CMHA, ONTARIO DIVISION 1996-1998

"CMHA was fundamental in the whole shaping of de-institutionalization which the Ontario government took up in 1965. In the late 1970s and early 1980s, Ontario Division and the branches were absolutely fundamental to developing community mental health services.... The catchword at the time was that mental illness should be an illness like any other and the CMHA was really the standard bearer of that message."

JOHN TRAINOR, DIRECTOR OF THE COMMUNITY SUPPORT AND RESEARCH UNIT, CENTRE FOR ADDICTION AND MENTAL HEALTH

"When we did the Caring Community ads in 1984 it touched people, and started to change the attitude that was there towards people with mental health issues. It opened the door for people to talk about friends and relatives who were experiencing mental health problems – depression, an emotional problem. Mental Health Week is another way in which we advance community understanding and social integration of people with mental health problems. It's all about education."

AILEEN MITCHELL, PROGRAM ASSOCIATE, FUNDRAISING, CMHA, ONTARIO DIVISION

In terms of how you were treated by the health profession when you were first diagnosed compared to today, what are the major differences you see?

GORDON SINGER: I believe there is much more recognition now of the person as a whole. The realization that having a mental illness affects so many aspects of your life that there is a need for resources to be made available. For instance, when I was first diagnosed there was very little supportive housing for people. There also has been a move to de-institutionalization in terms of a shift to the community; an understanding that people need help where they live which I think is a healthy thing. I think the CMHA, Ontario Division has played a major role in advocating for people with mental illness. They have been involved in so many aspects of mental health and have been able to make an impact in many different areas – policy papers, advocacy, and also direct services, case management, and housing.

"There is absolutely no question that we need to continue the public education work to combat the impression that mentally ill people are dangerous. We also need to stress the health side of mental health as opposed to the illness side. As we continue to work with the general population, with employers in the community developing stress relief programs and public education through things like the Mental Health Week, we are seeing a little more acceptance, a little less stigma."

JOHN KELLY, PAST PRESIDENT, CMHA, ONTARIO DIVISION 1994-1996

You've mentioned some radical changes that have taken place in the mental health system which you've seen over the last 28 years. Being able to contribute to this field as a peer support worker must be extremely encouraging and fulfilling for you.

GORDON SINGER: I think it's self-evident why you would want to have people who are consumer/survivors involved in making decisions regarding services that will affect them, but you're right, it's something you just didn't see 20 years ago. Now in places where consumers work they bring about changes, they help to combat stigma, and it does have an effect on the whole delivery service. I think there's a recognition now that people with a mental illness can be just as productive as anyone else. Twenty years ago people in the mental health system were just looking at controlling the symptoms, but now they are giving people back their lives. There is a higher expectation of people with a mental illness; that they can do something with their lives, lead lives which they find fulfilling and productive and where they can achieve their potential.

"One of our strengths is our network of branches. Each are committed to public education and to service delivery programs that are suited to their own community."

JENNY STREET, FORMER CHAIR CMHA, ONTARIO DIVISION PUBLIC EDUCATION COMMITTEE

Everyone wants to be seen as a contributing member of society.

GORDON SINGER: Yes, everyone needs a purpose, to have something that they feel proud of. To have hopes for the future, and I think people do have more hope now.

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July 15, 2002

Dr. Barbara Everett
Chief Executive Officer
Canadian Mental Health Association
Ontario Division
180 Dundas St West, ste 2301
Toronto, ON
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Dear Dr. Everett:

On behalf of our caucus and myself please accept our best wishes on the 50th anniversary of the Canadian Mental Health Association, Ontario Division.

We believe, as your organization does, that social justice encompasses fairness and equality for all, and that includes those citizens and their families who suffer from and endure mental illness in all its ramifications. The human condition dictates that we all take responsibility. Your organization has done so admirably and in these troubled times; your work is even more valuable.

I wish you all the best and please be assured of our support in your future endeavours.

Yours sincerely,

Howard Hampton, MPP
Leader, Ontario NDP

OCTOBER 2, 2002

Fifth Annual Mental Health Information Fair. 2002 Focus – Child & Youth. East York Civic Centre, 850 Coxwell Avenue, Toronto, 1:00 – 5:00 p.m. This event provides displays and brochures from 75 agencies involved in providing mental health services in south-east Toronto. Admission is free.

OCTOBER 4, 2002

The Power Within. One Full Day of Inspiration, Motivation and Entertainment that will ignite your spirit! National Trade Centre, Exhibition Place, Toronto. For more information: Power Within, 7 Director Court #106, Woodbridge, Ontario, L4L 4S5, Tel: 1-905-850-8800, Fax: 1-905-850-8869, website: www.powerwithin.com.

OCTOBER 6 – 12, 2002

Mental Illness Awareness Week is led by the Canadian Psychiatric Association with the support of allied mental health care organizations and volunteers. This year's campaign will focus on suicide prevention, early detection and treatment of depression and dual disorders.

OCTOBER 10, 2002

World Mental Health Day. The theme for World Mental Health Day 2002 is "The Effects of Trauma and Violence on Children and Adolescents". For more information visit the website: www.wfmh.com.

NOVEMBER 16 – 19, 2002

This year's CMHA National Conference "People, Policy & Passion: New conversations about mental health" will focus on five main themes *(see back cover)*. For more information call 705-454-8107 or visit the website at www.cmha.ca.

In 2002, CMHA, Ontario Division is celebrating 50 years of leading innovation in community mental health. CMHA Ontario Division, continues to strive for maximum community involvement; enhanced public understanding of mental illness; and greater advocacy to protect the rights and freedoms of individuals.

We are proud of our many accomplishments and are confident that our increasingly comprehensive programs and services meet the very real, and often critical, needs of individuals, families, key support persons and communities. Thank you to our thousands of members, donors and volunteers who have committed countless hours and resources to support the activities and programs of the Association.

MENTAL HEALTH WORKS

- The World Health Organization has predicted that by the year 2020 depression will be second only to heart disease as the leading contributor to the global burden of disease.
- Psychiatric claims are now the fastest growing category of long-term disability in Canada.
- Canada's economy loses an estimated $21.4 billion annually due to lost productivity caused by mental health problems.

*How we deal with mental health in the workplace is a problem that we can no longer afford to ignore. **Mental Health Works** helps organizations and individuals become part of the solution by:*

- Developing networks to exchange strategies and knowledge to address mental health issues in the workplace
- Providing access to the latest information for employers, employees and mental health professionals about mental health in the workplace
- Providing information on early identification, prevention, and accommodation
- Developing and distributing training materials and information kits for employers and employees
- Collaborating with organizations to design and pilot training initiatives

Mental Health Works is a joint initiative of:

- Canadian Mental Health Association, Ontario Division
- Global Business and Economic Roundtable on Addiction and Mental Health
- Ontario Ministry of Citizenship

*If you are interested in learning more about **Mental Health Works** – or about how you or your organization can get involved, contact:*

Miriam Ticoll, Director, Mental Health Works
c/o Canadian Mental Health Association, Ontario Division
180 Dundas Street West, Suite 2301, Toronto, ON M5G 1Z8
Ph: 416-977-5580 ext. 4120
Fax: 416-977-2813
Email: mticoll@ontario.cmha.ca

Community programs run by the Canadian Mental Health Association, Ontario Division are a vital part of Ontario's mental health system. In fact, increasingly, they're the only programs available in some communities. We need to rely on your support to be able to continue this essential work.

Your caring donation will help the CMHA, Ontario Division support these programs, help people with mental illness get well, and can even help save lives.

To donate to the CMHA, Ontario Division, call

416-977-5580 ext. 4122
or 1-800-875-6213 ext. 4122.

PLEASE GIVE GENEROUSLY TODAY. THANK YOU.

The CMHA National Conference is one of Canada's largest mental health conferences attracting health care professionals, public educators, policy makers, community groups, consumers, families and concerned citizens. The goal of this year's conference is to create new conversations and opportunities for CMHA to learn about and work with others in the community and government to achieve common goals. This year's conference, "People, Policy & Passion: New conversations about mental health" will focus on five main themes:

- **NEW CONVERSATIONS**
- **RECOVERY**
- **CHILDREN & YOUTH**
- **ORGANIZATIONAL LEADERSHIP**
- **HEALTH REFORM**

For more information contact:
Rachel Gillooly
Phone: 705 454 8107
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Registration and Program information is available online at www.cmha.ca.

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