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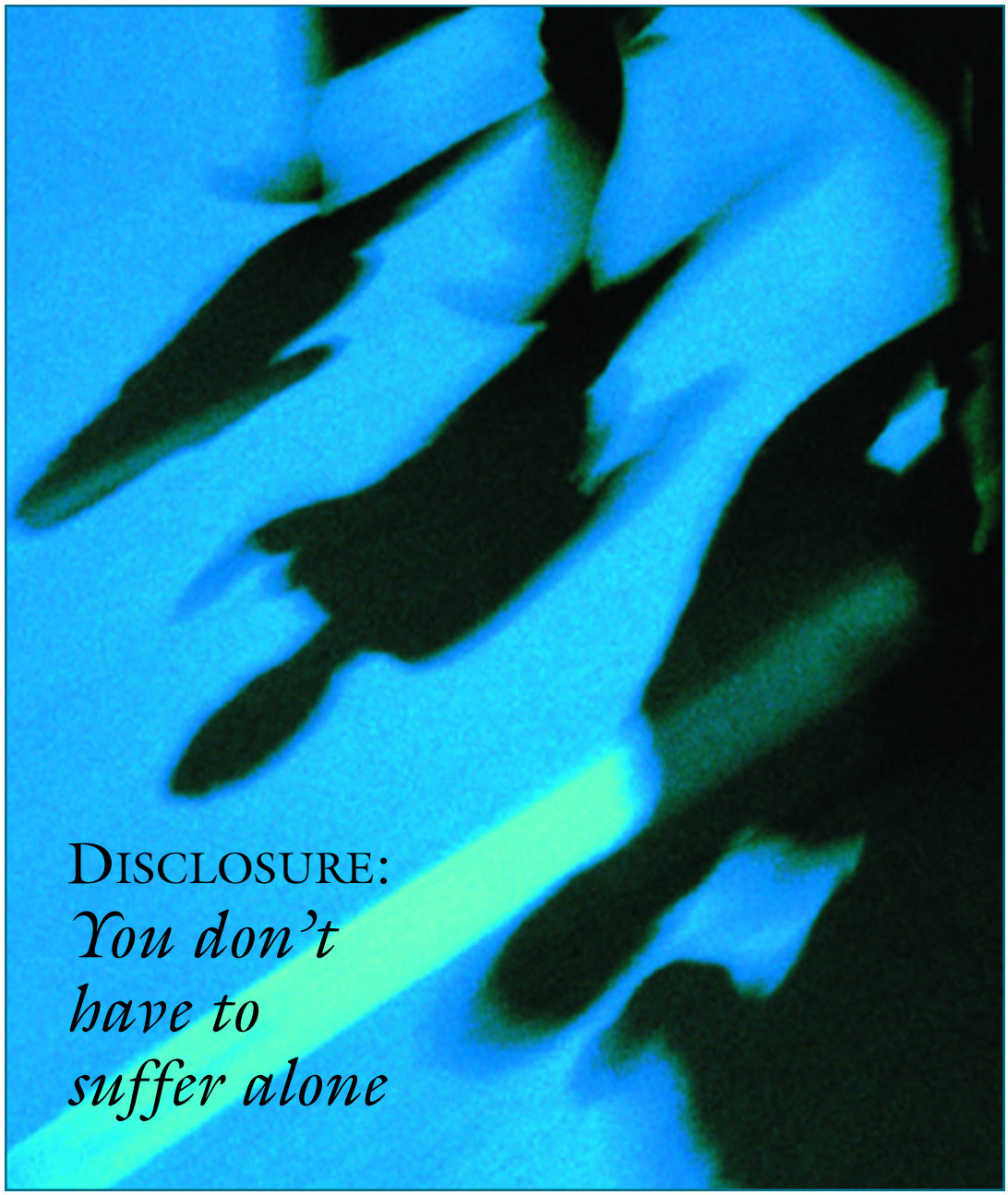

DISCLOSURE: *You don't have to suffer alone*

CANADIAN MENTAL HEALTH ASSOCIATION
L'ASSOCIATION CANADIENNE POUR LA SANTÉ MENTALE
Canadian Mental Health Association, ONTARIO

IN THIS ISSUE:

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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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EMERGING INTO LIGHT

A symbol of resilience and recovery for people who care about mental illness and health.

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This issue of Network magazine is sponsored by:

Talking about Mental Illness

BARBARA EVERETT, PH.D.
Chief Executive Officer

When you think about it, disclosure is an odd word to describe the act of telling someone you are suffering, but the term is commonly used when we speak of mental illness. People are required to *disclose* a mental illness – in order to get help and treatment, or to qualify for social assistance. But the word itself has several shades of meaning, some of which may serve to perpetuate discrimination – and in such a covert manner as to be almost invisible. Among the synonyms for disclosure are confession and admission. You do not *admit* to having had a heart attack. You do not *confess* to a diagnosis of cancer. But you *disclose* a mental illness.

It is an unfair reality that many people consider it dangerous to tell someone that they have a mental illness. They may lose the support of a loved one, be ridiculed at school, or lose a job. These are terrible prices to pay for being ill and, as many point out, create isolation and loneliness at the very time they need comfort and support.

The time has come to simply talk about it.

The people featured in this issue of *Network* decided to talk about it and, as a result, remarkable things happened. They found employers who valued them, family members who were more than willing to support them in their journey, and friends who understood. Not all stories end happily, but the heroes in these pages seem stronger because they now know that some of the people they thought would understand, didn't. After all, what is the future of any relationship when you ask for help and support in a time of need, and the person puts you down, criticizes you or abandons you?

It requires personal courage to take the risk to see who will stick with you through thick and thin. Dr. Ron Book says, "When a patient is surrounded by people who are willing to take time out of their lives to help a loved one through a difficult time, it paves the way for the patient to make not only a quicker recovery, but to have a more full recovery." Mary Ann Baynton, Director of CMHA, Ontario's Mental Health Works project and a former employer of people who let her know that they had a mental illness, says, "We all have things in our life that we have to deal with at one time or another." Craig Wentzell's mother, Brenda, says, "Craig knows we are all here for him."

Are these people unique? I don't think so. What is unique is that no one bought the idea that having a mental illness was a shameful thing. They also don't feel that asking for help when you need it makes you less of a person.

Ontario's Lieutenant Governor James Bartleman has made speaking out about his own mental illness one of his main activities during his term in office. When public figures like the Lieutenant Governor talk publicly about their experience, several things happen. First, the media reports what Mr. Bartleman says and many people get to hear and read about it. Second, people are educated as he talks about what his symptoms were and what he did to grapple with them. Third, he's a role model because he has struggled for years with depression and then post-traumatic stress disorder but continued his fine representation of our country. Fourth, he offers hope. Mr. Bartleman still takes medication and has his bad days, but he is in charge of his illness, not the other way around. Finally, and perhaps most important of all, he encourages others to talk about it.

And that is what the people featured in this issue of *Network* do. They talk about it.

Setting the Stage for DISCLOSURE

FOR MOST PEOPLE WITH A MENTAL ILLNESS, CONFIDING IN THEIR PRIMARY CARE PRACTITIONER WILL BE THE FIRST STEP THEY TAKE TOWARDS DISCLOSURE. DR. RON BOOK DISCUSSES HOW A FAMILY PHYSICIAN CAN CREATE A PRACTICE THAT MAKES IT EASIER FOR A PATIENT WITH CONCERNS ABOUT THEIR MENTAL HEALTH TO TALK ABOUT THEM WITH THEIR DOCTOR.

What are some of the things that a family physician can do to convey to patients that he or she is concerned for their mental health and not just their physical health?

RON BOOK: Statistically we know what is out there in terms of mental illness. We know how many people need help and what percentage of those people actually walk through our office during the course of a day. Although there is a certain degree of onus on the patient if they are concerned about something to raise that with their doctor, there is just as much responsibility on the part of the family physician to ask questions that cover more than just the physical issues. I think you can create your practice in a way that makes it friendly to bring up these sensitive issues. A lot of people have guilt, or they are embarrassed about the depression or anxiety they are feeling. As family physicians, as primary care givers, we have to convey the message that it is okay to talk about these things, because statistically the most likely person they will access is the family physician.

How does a family physician create a "friendly" practice?

RON BOOK: One thing is to have information readily available in the waiting room in terms of pamphlets and posters – things that clearly signal to the patient that the doctor is willing to discuss these topics and that if they have problems in these areas they can bring them up. You could also actively screen for mental illness

Dr. Ron Book, CCFP, a family practitioner who graduated in 1989, became involved in running the emergency department for psychiatry at Lakehead Psychiatric Hospital while his wife completed her residency in Thunder Bay. He has since been asked to design, set up and run an emergency psychiatric system in Brantford, Ontario. Dr. Book is currently completing his psychiatric residency in Hamilton at McMaster University.

during an annual physical or routine visit through the questions you ask. Another possibility is to screen indirectly with self-administered questionnaires which are filled in in the waiting room prior to their appointment. These are some of the things you can do, on a proactive basis, to let people know that you are willing and wanting to help them.

Once a patient has been diagnosed with a mental illness, how do they prepare to talk to family members, friends and their employer to ensure the most positive response?

RON BOOK: I feel strongly that if a patient's family is involved in helping them they generally do much better than if they are on their own trying to deal with this. Many times I have had a patient come in with their spouse and other family members as a group, and I talk with them together to help them understand what the illness is, what they can expect, the treatment we are planning, and how they can help in this process. When a patient is surrounded by people who are willing to take time out of their lives to help a loved one through a difficult time, it paves the way for the patient to make not only a quicker recovery, but to have a more full recovery. Part of how you define recovery is not just the initial treatment phase, but the longitudinal results. Unfortunately, a lot of people do well at first but then go off the treatment course. When they have the support of family members they are more likely to keep on with the treatment, which leads to a better outcome.

"When a patient is surrounded by people who are willing to take time out of their lives to help a loved one through a difficult time, it paves the way for the patient to make not only a quicker recovery, but to have a more full recovery."

Are there special difficulties experienced by other cultures within our communities when they are diagnosed with a mental illness?

RON BOOK: I have had some experience both here in Brantford and in Thunder Bay with Aboriginal communities. Certainly in Northern Ontario the whole structure of the Aboriginal society is in disarray. Substance abuse and unemployment is pretty horrific. When I've been involved with treating patients from Six Nations here in Brantford, in terms of the cases I've seen they have done well and have had the same outcome as anyone else. I do think, though, there may well be some differences in terms of acceptance, even in how we organize things from a western medical system. The spiritual issue definitely plays a role. One thing I try to explore with any patient is what has been important to them in the past – physical activities, social or spiritual activities – and try to help them re-establish those links. Often they have been abandoned and that's part of what has contributed to the spiral of depression. Certainly with First Nations individuals, that can play a large role with their cultural belief of who they are as an individual and who they are as a nation.

When people disclose the fact that they have a mental illness, what kind of response are they hoping for?

RON BOOK: To find out that they are not alone. I think what mental illness does in real terms is to isolate. We are a social species and we need that human contact. I think if you can help people to understand that they are not going to go through this alone, that we as their family physician are here to help, that their family is there to love and support them, then that will often do more good than some of the treatment plans we come up with. When people are anxious or depressed their thinking and perceptions are often distorted, and that is very alienating and quite frightening. I think if we can respond by saying, "I hear what you are saying. I know this must be a horrible thing to go through but we are going to help you get through it," then that would be the best response we could possibly make.

Disclosure in the WORKPLACE

Prior to her position as Director of Mental Health Works, Mary Ann Baynton, MSW, had her own business running a brokerage office. Mental Health Works is an initiative of the Canadian Mental Health Association, Ontario. Resources include workshops aimed at helping managers and employers develop strategies to effectively address mental illness in the workplace. In addition, workshops for employees help set the stage for a new understanding and a new way to talk about mental health in the workplace. Booklets, posters, and other helpful publications and services are available on-line, under Training and Tools, at www.mentalhealthworks.ca.

As an employer with no training in dealing with mental health issues, what was your initial reaction to employees who came to you with problems that could ultimately affect the profitability of your business?

MARY ANN BAYNTON: When I was running my own brokerage firm I had three employees who approached me over a period of time to tell me that they had been diagnosed with a mental illness. My philosophy then, and now, is that everyone is unique. Everyone has particular strengths and weaknesses and as an employer you have to work with that. In this case I had eight employees. One of them was diagnosed as bipolar, one with panic disorder and one with depression.

When you hired them were you aware that they had a mental illness?

MARY ANN BAYNTON: No, and I had no particular training as to how as management I should deal with this. Now I have an MSW and have done a lot of work in this field, but at that time I knew little about mental illness.

How long had they been working for you before they came to discuss this with you?

MARY ANN BAYNTON: I think it was probably a year. Prior to that I attributed any unusual behaviour to just being part of their personality. They each had unique characteristics, but when they were diagnosed they came to me and we were able to discuss it openly. I think that made a big difference because it removed a lot of the stress involved when you try to hide something like this from an employer and co-workers. From my point of view these were competent, valuable employees who in spite of having a mental illness were able to perform the essential tasks of their job in a way that made the business profitable. I certainly did not want to have to lose them simply to hire someone with less experience who did not have a mental illness. These were people who happened to be going through a period where they were experiencing a mental illness. Most of the time there was no effect on job performance, and when there was, it was very minor.

"Corporate courage to address mental illness is desperately needed and in short supply. It's bad business not to understand and accommodate people living with mental illness in the workplace."

SANDY NAIMAN,
feature writer, Toronto Sun

Did you restructure their positions in any way to accommodate their illness?

MARY ANN BAYNTON: Yes, we were able to be flexible. For instance the employee who had been diagnosed with bipolar disorder found that there were certain things she could do to ward off depression and part of that was greater interaction with people. She found that too much time spent on tasks such as complex paperwork isolated her and would get her down. On the other hand, the employee with panic disorder found that the reverse was true. Too much interaction with people could sometimes trigger panic

attacks. She was nervous about being with a client and having a panic attack and was concerned about how that would reflect on her and on the business. By considering both employees' needs, we saw that if the two traded off certain tasks – more complex paperwork for more client contact – both employees reduced their stress and increased productivity. Both of these people were knowledgeable and valuable workers and it was to my benefit to try and accommodate them. Talking openly to my employees not only took the pressure off them, it also took the pressure off me, because they were able to tell me what would work for them. I didn't have to do handstands to accommodate them, we simply sat down and discussed what they needed.

> *"We must remove the stigma – the silence and the embarrassment – associated with mental illness, so that we can start talking about it. Once we start talking about it, employers and employees can determine what is needed."*
>
> **Don Champagne,**
> Vice-President, AJE Productions Inc.

Do you think there is a tendency to pressure someone with a mental illness to feel that they have to be better at their job than someone who does not have a mental illness? A little like women felt when they were trying to get past that glass ceiling – that they had to be perceived to be doing the job better than a man could?

Mary Ann Baynton: I think that can be true. The people who worked for me were very dedicated and conscientious individuals before they were diagnosed with a mental illness, but I think it's true that many people with a mental illness put a lot of pressure on themselves to perform because it's important to them to overcome the stigma.

You mentioned that one of your employees was nervous that she might have a panic attack while with a client. Did this ever happen and if so how did she handle it?

Mary Ann Baynton: I think it did happen, but she was able to stay composed enough to bring the appointment to a close and tell them that she would get back to them so the client was never aware of there being a problem. I think knowing that she had the support of everyone in the office made it that much easier for my employee to handle it.

Was having your own business and dealing with these situations the catalyst for you to now work in this area?

Mary Ann Baynton: I don't know if there is such a direct correlation as that. As I said before, my philosophy has always been that people are unique and have unique strengths and weaknesses that you have to work with. I can't say that I even thought of these employees as having a mental illness. They were people who worked for me who, among other things, were having to deal with certain issues. And that's true of everyone. We all have things in our life that we have to deal with at one time or another.

In your role as Director of Mental Health Works, is that how you encourage managers to look at this? That nobody comes into the workplace issue-free – we all bring baggage with us?

Mary Ann Baynton: Exactly. The employees I am speaking about had a diagnosable mental illness, but every other employee in my business also required certain accommodations in order to work to the best of their ability. People needed time off to deal with sick parents or children. Others needed a certain type of chair or keyboard for back and neck problems. Everyone needs accommodation if we are to maximize their potential in the workplace. This whole idea of mental health in the workplace is not a separate issue, or at least it shouldn't be a separate issue. If we want everyone to be their best, and give their best, then as managers we have to discover what will enable them to do that and make the necessary accommodations. These can be complex issues, but they often have clear solutions.

What are the goals of the Mental Health Works program?

Mary Ann Baynton: What we are trying to do is reduce the stress level for managers who are

Disclosure in the Workplace

sometimes so paralysed by fear of what the consequences of their actions may be that they do nothing. Managers are afraid of offending the employee; they are afraid of being charged with discrimination if they bring up the question of mental illness; and they are afraid of not meeting the bottom line. The big question is, "What happens if this person fails to perform?" We want to go to the managers and the supervisors and say, "Look, we can help you deal with this in a way that makes it easier for you. A way that helps you retain your bottom line and also in a way that will make your employees feel better about their jobs."

Isn't this a continuation of what we have seen for some years now in the workplace? Contract work, part-time work, flexible hours, the freedom to work from home?

MARY ANN BAYNTON: Absolutely. We need to accommodate everybody to maximize their potential. And companies do that by finding out what is standing in the way of an employee doing the job they need done and then removing those barriers without, in the terms of legislation, 'undue hardship' to the corporation. Mental Health Works can show an employer, a manager, how to achieve that.

Ten years ago Tom Regehr was living on the streets of Toronto. Just another homeless guy who'd given up on himself, his alcohol addiction and depression. Coming from a traditional middle class, white family, Tom felt he had a privileged childhood. Although there wasn't that much money, he never went hungry. But by the time he was ten years of age, his mother was beginning her fight with depression, which led to alcoholism, addiction to prescription drugs, suicide attempts and finally to her leaving the family home.

Those years of trauma put Tom on the path to his own battle with mental health and addiction issues, and to the emotional scars he still carries. After several years of meeting with addiction counsellors, Tom has now started his own weekly self-help group called C.A.S.T., Clean And Sober Thinking (http://cast.stn.net), and also meets with a therapist who is helping him to work on emotional healing.

A big proponent of disclosure, Tom believes that for his own personal growth he has to have that openness with an employer. "If I feel I am keeping secrets, if I have to have two agendas running in my head, I can't deal with it. That's the road to emotional catastrophe for me," explains Tom. His experiences in job interview situations have mostly been positive. "You always hope for understanding," said Tom. "I don't need to be coddled, that's not why I disclose this information about myself. I'm just hoping for understanding and for help. With coaching from my therapist I have been able to go out and get a regular job and reintegrate, which was very difficult for me. I had a huge fear reaction about fitting in, and my therapist helped me to deal with that. When I first started working I literally had to run out of the building a couple of times. But I had a department manager who knew my story and was willing to help me to adapt to the working environment. Most people when you disclose are afraid – not of you, but because they don't know what to do, they don't know what's expected of them. When you tell them what your needs are, they feel more comfortable, and then they get enthusiastic about helping you.

"I read in the Mental Health Works brochure that your employer has to know what your personal goals are. My personal goal was to be able to stay in the work area and deal with my fear without running out of the building. With help I managed that, and I think I did a good job. Now I'm ready for more challenges."

Resources for dealing with mental health in the workplace:

Mental Health Works: www.mentalhealthworks.ca

Global Business and Economic Roundtable on Addiction and Mental Health: www.mentalhealthroundtable.ca

Ontario Ministry of Citizenship and Immigration, Paths to Equal Opportunity: www.equalopportunity.on.ca

Canadian Mental Health Association – National Office, Working Well: An Employer's Guide to Hiring and Retaining People with Mental Illness: www.cmha.ca

National Institute of Disability Management and Research: www.nidmar.ca

Canadian Council for Rehabilitation and Work: www.ccrw.org

Finding PEACE in the PRESENT

THE HON. JAMES K. BARTLEMAN, LIEUTENANT GOVERNOR OF ONTARIO, HAS IDENTIFIED THREE AREAS OF FOCUS FOR HIS MANDATE: TO ENCOURAGE ABORIGINAL COMMUNITIES, ESPECIALLY YOUNG PEOPLE; TO SPEAK OUT TO REDUCE THE STIGMA ASSOCIATED WITH MENTAL ILLNESS; AND TO SUPPORT INITIATIVES THAT FIGHT RACISM AND DISCRIMINATION. MR. BARTLEMAN GREW UP IN THE MUSKOKA VILLAGE OF PORT CARLING, ONTARIO, AND IS A MEMBER OF THE MNJIKANING FIRST NATION. IN OCTOBER 2002, MR. BARTLEMAN PUBLISHED OUT OF MUSKOKA, A MEMOIR OF HIS EARLY LIFE.

OUT OF MUSKOKA BEGINS WITH THE SHOCKING AND VICIOUS ASSAULT ON MR. BARTLEMAN IN A CAPE TOWN HOTEL ROOM WHEN HE WAS CANADA'S HIGH COMMISSIONER TO SOUTH AFRICA. THIS EVENT LED TO THE COLLISION OF TWO WORLDS AS, BATTLING WITH POST-TRAUMATIC SHOCK AND INTENSE DEPRESSION, HE STARTED ON A JOURNEY IN WHICH HE WOULD RELIVE HIS PAST IN ORDER TO FIND PEACE IN THE PRESENT.

The Hon. James K. Bartleman was sworn in as the 27th Lieutenant Governor of Ontario on March 7, 2002. Mr. Bartleman had a distinguished career of more than 35 years in the Canadian Foreign Service. He was Canada's Ambassador to the European Union from 2000 to 2002. He served as High Commissioner to Australia in 1999-2000 and to South Africa in 1998-1999. Mr. Bartleman was Ambassador to the North Atlantic Council of NATO from 1990 to 1994. He served as Ambassador to Israel and High Commissioner to Cyprus from 1986 to 1990, and was Ambassador to Cuba from 1981 to 1983. From 1994 to 1998, Mr. Bartleman was Foreign Policy Advisor to the Prime Minister and Assistant Secretary to the Cabinet for Foreign and Defence Policy, Privy Council Office. He also served in senior positions in the Department of Foreign Affairs and International Trade from 1967. He opened Canada's first diplomatic mission in the newly independent People's Republic of Bangladesh in 1972.

You quote Amin Malouf at the beginning of your book: "Identity isn't given once and for all; it is built up and changes throughout a person's lifetime." Does that describe what you realized about yourself as you wrote Out of Muskoka?

THE HON. JAMES K. BARTLEMAN: Yes. I think it accurately reflects the condition for everybody. We change and we have to come to terms with our new identity. In my book I describe a child, myself, who didn't know there was any difference between him and the other people living around him in Welland. When our family moved to Port Carling I realized that I was not part of the mainstream – I was different. I had roots and links to both the native and non-native community, and I spent my childhood and adolescence wondering where I belonged. I ended up burying myself in the larger Canadian identity. The marvellous event of my life was when the law was changed, giving my mother her status within the

Finding Peace in the Present

Indian community. Because we were accepted into that community it allowed us to participate in the broader community. Theodore Zeldin, who wrote *An Intimate History of Humanity*, says that it is an illusion that humans can be understood simply as examples of their civilization or their nation or their families. That few people can extract solutions to their problems from their roots and that this means that it is not just where people come from that matters, but where they are going and what kind of curiosity or imagination they have. I believe that it is very important that we realize that everyone is unique. We all have our roots which are extremely important, we all need to have a sense of belonging somewhere, but we have to adapt as we go through life.

Why was it important for you to write this book? To disclose publicly your life experiences including your battle with depression?

THE HON. JAMES K. BARTLEMAN: There are literally dozens of reasons why people write. It could be for therapeutic reasons, it could be to leave a legacy, or out of an aesthetic impulse. People write books for egotistical purposes and for revenge. They write to clarify their sense of identity. So why did I write this book? I think it was a mixture of all these things, but primarily it was therapeutic – just trying to understand myself. It was also because I realized that there was a history of the people in the Muskoka area which might never be told; a sense of duty and obligation to make sure that the story of the native Indian camp in Port Carling did not just disappear like the history of so many small communities. This was a rich history that deserved to be remembered and was beneficial both to the native people themselves and to the surrounding mainstream community. And so that's why I wrote it.

How difficult was it for you as a public figure to make a disclosure of your mental illness?

THE HON. JAMES K. BARTLEMAN: I didn't find it difficult at all. I don't think I have that gene of shame which surrounds mental illness. My mother suffered from a mental illness and never hid the fact from her children, and I didn't find it a problem to write about my own struggles.

How about how people viewed you? Were they surprised by your book and what you revealed in it?

THE HON. JAMES K. BARTLEMAN: People may have been surprised but I never noticed because I didn't really care. I just carried on with the things that were important to me. I didn't feel that I could be hurt by writing this book, although I did have some concern for my youngest son who at that time was 9 or 10 so I discussed it with him. I have to say that I don't know what my feelings would have been had I been say 39 years of age and about to be sent on my first posting as a young ambassador. Would I have been as courageous? I don't know. Would I have wanted to see my future career prospects in the hands of some anonymous board in Ottawa, looking at my file and saying, "Better not send Bartleman there, he might not be able to handle the pressure"? This happened at the end of my career, but I suspect I wouldn't have felt any different earlier in my life. Getting promotions or a higher grade in the Foreign Service weren't my goals in life; these were just ephemeral things, not the important things. I can understand people who try to hide their problems though because they think they might hurt their career. I was not in that position so I certainly cannot judge them. I think the goal for all of us who are fighting to de-stigmatize mental illness is to build a society where people can speak out without fear.

So there are risks in speaking out and identifying yourself with a mental illness?

THE HON. JAMES K. BARTLEMAN: Yes, and that's why it's so important to change the attitude of society so that those risks are minimized. If a person is ill they should be able to ask for help, no matter who they are or what kind of job they have. Foreign Service employees, for instance, spend half their lives abroad and the pressures of adjusting to different cultural and political climates are enormous. There is a lot of stress inherent in the job itself. When you go to a country like Bangladesh there are people starving, with their hands through the gates of your house begging for something to eat. You know you can't give them anything because if you did, literally within minutes, there would be thousands of people

rioting, so what do you do? You work away at the aid programs, you bring in shiploads of wheat, but meanwhile there is the face of the individual that you have to deal with. That is just one of the many stresses you have to face.

In your book you describe how you felt after you were attacked in Cape Town, how your attitude toward suicide changed dramatically. You wrote, "Dying would obviate the need for me to reconstruct my life." Could you expand on that statement?

THE HON. JAMES K. BARTLEMAN: When I wrote the book the first version was very black. Then as I went through it and edited it, I found more and more of the positive things of my life and I was able to put some of those events into the book. Suicide was one of the lasting images from my youth at the time when we were considered to be the real outsiders. It seemed to me that so many of the middle class white people of the village were committing suicide. After I went into depression, and especially after I was attacked, I just wanted to die and all I could think about was various ways of doing it. I think your mind goes along a different track and you become preoccupied with suicide, but I never made any preparations for it. I could see intellectually the reasons against it – the shock it would be for my wife and my children – and so I managed to get over that hurdle, but suicide is a major problem particularly in the Aboriginal community and it's one of the things that I am spending a lot of time on. I am launching a program to put used books into all the libraries of the North and I have also spoken to John Kim Bell of the National Aboriginal Achievement Foundation to take this program one step further and to have posters put up in the schools in the North profiling heroes, figures that youth can look up to. Stan Beardy, who is the Grand Chief of the Cree in Ontario, told me that 200 young people in his community have committed suicide in the last ten years. We have to give these kids a sense of identity and self worth and help them to have a greater resistance to suicide and addictions. Kids from multicultural backgrounds in our towns and cities are also under tremendous pressure – it's not just native kids.

At the beginning of your book you state that you were going to relive your past in order to find peace in the present – has that happened?

THE HON. JAMES K. BARTLEMAN: As I went through the various revisions of the book, that's what took place. By the time I finished I had a much clearer sense of who I was. I felt quite at peace with myself even though I continue to suffer from depression.

I found it very interesting when reading your book to discover that although on the surface we had very little in common, there were some events and incidents in your life that I had also experienced. Is this what any kind of disclosure, including disclosure of mental illness does? It gives other people an opportunity to realize that we are not as different as we think?

THE HON. JAMES K. BARTLEMAN: I think so. It helps with communication which is essential. People are social animals, we don't live alone, we cannot live in isolation. People who try to do this will never be whole. We have to live in society, and one of the problems with people who have a mental illness is that they are shunned by society, or they shut themselves off from society. We have to have contact with other people. And we have to continue to fight the stigma.

Mr. Bartleman's first book, Out of Muskoka, was published by Penumbra Press in October 2002 and won the Ontario Historical Society's Joseph Brant Award in 2003. Mr. Bartleman has donated all royalties to the scholarship fund of the National Aboriginal Achievement Foundation.
Mr. Bartleman's second book, On Six Continents, detailing his life and experiences in the Foreign Service, will be published by McClelland and Stewart in March 2004. All proceeds will go to the Munk Centre for International Studies at the University of Toronto.
For more information, visit the Lieutenant Governor's official website: www.lt.gov.on.ca.

Canadian Forces Mental Health Survey

In 2002 a Mental Health Program Initiative was put in place by the Canadian Forces to address mental health care shortcomings. Its objective is to develop a mental health program that will enhance psychological fitness in the Canadian Forces and address psychological injuries possibly suffered by CF members. The mental health reform is currently in the design stage. When fully implemented the new mental health model will consist of an integrated in-garrison based mental health team, which will use an inter-disciplinary approach in providing mental health care.
A summary of the main findings of the Canadian Forces 2002 Supplement of the Statistics Canada Canadian Community Health Survey can be found at www.forces.gc.ca. Details on the CCHS are available at www.statcan.ca.

A decorated Lieutenant General, Roméo Dallaire served for 35 years with the Canadian Forces (CF). His most famous command appointment was his peacekeeping and United Nations Assistance mission as Commander – United Nations Observer Mission: Uganda and Rwanda. The horrifying images and actions of that civil war have left Dallaire fighting back against his own mind, as a victim of post-traumatic stress disorder (PTSD). Disclosure of his story in his book, *Shake Hands with the Devil*, published in the fall of 2003, was part of the journey he had to make to, in his own words, "retrieve my soul." One of the most vocal military personnel to bring PTSD to the attention of the public, he is now playing a leadership role in the reform of the Canadian Forces mental health system.

That there is a need for reform has been well documented. The Canadian Forces Health and Lifestyle Information Survey conducted in 2000 indicated that there was reason for concern as rates of mental health problems were found to be higher among military personnel than in the general Canadian population. "Our role as a military healthcare system is to understand the significant health care issues of Canadian Forces members, and to address those concerns in the most effective way possible," says Colonel Scott Cameron, the Canadian Forces Surgeon General. "Mental health concerns are every bit as significant and legitimate as physical health concerns."

"It is absolutely essential that we determine the mental health status of our members, so we can create programs that help those who need treatment and promote and maintain a high level of mental fitness among all Canadian Forces members."

COLONEL RANDY BODDAM
Director of Mental Health Services, Canadian Forces Health Services

To obtain more detailed information, the Department of National Defence asked Statistics Canada to undertake a comprehensive survey of the mental health status of CF members. A special CF module was developed as a supplement to a planned Statistics Canada Canadian Community Health Survey which, for the first time, contained a significant mental health component. The results, which were released on September 5, 2003, involved a representative, randomly chosen sample of more than 5,000 Regular force members and 3,000 Reserve members and was conducted between May and December 2002. The study was designed to determine the level of need, not to investigate the causes of mental illness in CF members.

Detailed analysis has yet to be undertaken, but already the survey is considered to be "an important milestone for the CF mental health services," according to Colonel Randy Boddam, Director of Mental Health Services for the CF Health Services (CFHS).

Col. Boddam believes that improvements to the CF mental health care system will make a tangible difference in the lives of CF members. "We are ultimately working towards a mental health care system that is comprehensive, integrated and delivers services to a standard of excellence that results in psychologically fit members."

"We recognize that there is a stigma surrounding mental health that still exists in Canadian society and in the military population as well," says Colonel Brian O'Rourke, DCOS Health Services Delivery. "There are likely a lot of individuals who perhaps are suffering and have not come forward because the services were not readily available, or we were not reaching out to them at first. That's why it is important to have the resources available for prevention, education, treatment when necessary, and rehabilitation, with the ultimate goal being to return the member back to full health and a functional member of the Canadian Forces. But when that is not possible we have to ensure that we have the systems in place to transition them to the civilian health care system."

The changes that the Canadian Forces are looking to implement reflect the importance which is being put on disclosure by members of their forces, and the ability by the Canadian Forces to respond properly to that disclosure. In the words of Colonel O'Rourke, "It is important for members of the Canadian Forces that we do this and get it right."

"Perhaps by recognizing how common mental illness is, members of the Canadian Forces will start to see mental illness for what it is, an illness or injury no different from any other physical illness or injury. We have an opportunity to overcome the stigma of mental illness."

COLONEL RANDY BODDAM
Director of Mental Health Services,
Canadian Forces Health Services

"I know the time has come for me to make a difficult pilgrimage: to travel back through all those terrible memories and retrieve my soul. I did try to write this story soon after I came back from Rwanda.... instead I plunged into a disastrous mental health spiral that led me to suicide attempts, a medical release from the Armed Forces, the diagnosis of post-traumatic stress disorder and dozens upon dozens of therapy sessions and extensive medication, which still have a place in my daily life."

LGEN. ROMÉO DALLAIRE
Shake Hands with the Devil
Published by Random House of Canada

Gaining HOPE Through DISCLOSURE

AT 17 YEARS OF AGE WHILE SITTING IN A CLASSROOM AT SCHOOL, CRAIG WENTZELL UNDERWENT WHAT HE THOUGHT WAS A HEART ATTACK BUT WHICH WAS ACTUALLY A PSYCHOTIC EPISODE. HOW THE SCHOOL COUNSELLOR INITIALLY HANDLED THAT, AND HOW FAMILY, FRIENDS AND SCHOOL STAFF ALL WORKED TOGETHER TO HELP CRAIG ULTIMATELY ACHIEVE HIS GOAL OF FINISHING HIGH SCHOOL AND RECEIVING HIS DIPLOMA, IS A SHINING TESTAMENT TO THE BARRIERS THAT CAN BE OVERCOME WHEN EVERYONE IS AWARE OF THE NEEDS THAT HAVE TO BE ADDRESSED. CRAIG'S ACCOMPLISHMENTS COULD NOT HAVE TAKEN PLACE WITHOUT A LOVING FAMILY, CARING FRIENDS, AND SCHOOL STAFF MEMBERS WHO WERE PREPARED TO MAKE THE NECESSARY ACCOMMODATIONS. WITHOUT CRAIG'S WILLINGNESS TO DISCLOSE HIS ILLNESS, HOWEVER, THESE ACCOMMODATIONS COULD NOT HAVE BEEN MADE. TODAY CRAIG IS WORKING PART-TIME FROM HOME FOR A MAINSTREAM BUSINESS. CRAIG'S MOTHER, BRENDA WENTZELL, DESCRIBES THE ROAD THAT CRAIG AND HIS FAMILY HAVE TRAVELLED SO FAR.

Brenda, take us through the events that led up to Craig's psychotic break.

BRENDA WENTZELL: Craig was born with four defects of the heart as well as a hearing impairment, so from day one we were always thinking in terms of physical illnesses as far as he was concerned. He had two open heart surgeries. He had blockages behind the ears removed when he was five, so he has been used to being very forthright with us and with doctors about how he feels physically. About six months prior to his break he had been complaining of severe gut pain and vicious headaches. Our family physician scheduled a series of tests, but nobody thought to say, "Craig, what is your thinking like?" To me he seemed to be going through the normal stages that teenage boys do. He was spending more time alone in his room, and his school work was starting to drop off. Of course his concentration was beginning to decline but we thought he just needed to put some more effort in. He has told me since that he began to feel quite paranoid before he had his break, but thought that was what it was like to become an adult – you were going to have these external fears encroaching on your thinking. During the summer of 1997 he became even more withdrawn, and then in September when he went back to school everything came to a climax.

What happened and what was the reaction at school?

BRENDA WENTZELL: Craig thought he had had a heart attack, that's how he described it. He said he was sitting in class and he felt everything in his mind freeze. He couldn't think, couldn't see, couldn't hear, and he thought that nobody else seemed to notice

that he'd just had a heart attack. So he put his hand up and told the teacher he didn't feel well and he needed to be excused and then he made his way down two flights of stairs to the guidance council office. When he got there he told the guidance counsellor that he'd just had a heart attack and that he needed to get home, that his name would be in the paper tomorrow and everyone would be talking about him. His guidance counsellor then immediately called me at home and said, "Brenda I want to tell you what is going on. Craig is talking out of his head, he's really not himself, could he have taken anything?" I was blown away because any call I have had from the school has always been about Craig's physical health, that's what we've always had to deal with and be aware of. When he was brought home about an hour later he looked at me and said, "Mom, I'm fine, I think I just snapped," and he went upstairs to his room. His guidance counsellor, who had brought him home, sat down with me and said, "Brenda, there's more to this. You need to look at this program they have in the city." Craig's counsellor had been one of the teachers that had attended an in-service presentation at the school by the Prevention and Early Intervention Program for Psychoses (PEPP), and he recognized in Craig the signs of first-episode psychosis.

The Prevention and Early Intervention Program for Psychoses (PEPP) is a community focused mental health program which provides prompt assessment and comprehensive, phase-specific medical and psychosocial treatment for individuals experiencing their first episode of psychosis. The program is structured around a modified assertive case management model. The intensity of the treatment is guided by the patient's needs, the family's needs and the stage of the illness. Located in London, Ontario, PEPP is based at London Health Sciences Centre and affiliated with the University of Western Ontario. The program serves the city of London and Middlesex County, a predominantly urban catchment area of approximately 390,000.

FOR MORE INFORMATION ON PEPP AND EARLY RECOGNITION OF PSYCHOSIS: WWW.PEPP.CA

So was that your next step, to contact PEPP?

BRENDA WENTZELL: No, and I realize now that was a mistake. We first contacted our family physician and it ended up being three months before we actually contacted PEPP, but once we did they got him in right away. They told us this is what it is, this is how we are going to treat it, this is what we are going to do for you and your family. It's going to be a journey but we will be there for you. It gave us new hope. And that was such a huge relief.

At what point did Craig feel that he was ready to return to school?

BRENDA WENTZELL: In late November he began treatment with PEPP and was put on a low dose of an anti-psychotic medication. He returned to school but his academic functioning declined significantly. He couldn't focus, he couldn't remember things and he was easily distracted. In the new year [1998] he dropped a course and by Easter he was down to two courses, in a semestered system where he should have been carrying four courses. On the Easter weekend he had friends over with him watching TV. He was determined to still be part of the group and not alienate himself. I was out shopping and I called home for something and Craig said, "Mom, you better come home. Something is happening to my brain." We ended up at the hospital, where he stayed for four months. They had a difficult time finding a medication that would work for him without elevating his blood pressure, and because of his cardiac history they had to be very careful. It was August of 1998 by the time he got out of the hospital, just three weeks before school started. He was determined to go back and finish his Grade 12 and graduate. Against everyone's advice he registered for a full load, but after the first week of

Gaining Hope Through Disclosure

school he came home and said he couldn't do it, and it was all we could do to console him. He was taking the meds, fighting through the fatigue, getting up to go to school, but the expectations were too overwhelming. The deadlines, the term papers, the tests, the bright lights of the classroom, even the movement of other kids in the class. Everything seemed to be closing in on him. He said, "Is this it? Is this what my life is all about, what this illness is doing to me?" And we said no, we're going to go back and talk to your PEPP psychiatrist. Craig then got involved in some of the rehab programs at PEPP, we started talking about fitness and interests and hobbies and we took a year to allow Craig to get some rest. As we got closer to the beginning of the next school year Craig said he wanted to try again. He wasn't happy with the fact that he had never graduated. He'd already tried to go back twice and our concern was that there be every accommodation this time to pave the road for success. So we all sat down with the PEPP team and said what do we have to do? And we determined that first of all we had to communicate with the school. It was important for them to understand what Craig was up against because mental illness is still an invisible disability. If Craig had a visual impairment or an auditory impairment or a mobility impairment they would have accommodations in place, because those kinds of disabilities are obvious and it's on the record. But we were talking about a mental illness and we weren't sure whether the staff knew what he had gone through, how he was coping and what kind of things he was experiencing. Fortunately the school where he had been taken ill had had an inservice with PEPP, so many of the staff remembered what first-episode psychosis was about. But there were some staff who were worried because this was new for them. Not many kids were going back to school with this at that time. We had heard stories about people trying and failing and just opting out for a different way of getting their diploma – maybe taking a correspondence course or adult education classes in the evening, but Craig was determined to go back to high school.

So disclosing his illness to staff and schoolmates was something he was willing to do?

BRENDA WENTZELL: Yes, in fact when we talked with the PEPP team and he was asked what accommodations he would need, he said first of all he wanted the staff to know what he had. He was very open about that. He was not in any way self-conscious about disclosure. We asked him why he felt like that, because for some people that is very stigmatizing. He said he'd always been honest about his physical illness so why would he not be honest about this mental illness? He believed that if staff and students understood what he was going through he wouldn't have to explain it over and over. The second thing he wanted to do was take on a full course load, and we said that's probably a recipe for disaster. The case manager at PEPP who is a nurse and who really had Craig's trust and

Trudy Gratto, a PEPP Youth Project Worker, has made presentations to almost every secondary school in the Thames Valley District School Board area including Catholic and private schools. She believes that the more education one has on a specific topic or disability or disorder the more appropriately responsive you can be. Teachers in general are taking on a heavier role. They are frequently the gatekeepers with the responsibility of recognizing the signs of mental illness, physical and emotional abuse, and eating disorders. When armed with the right information, teachers can respond positively both in recognizing the signs of distress, and then in working with the student, parents and/or medical personnel to put in place a plan that will help them achieve their education goals. That happens most successfully when student and parents are willing to make full disclosure to the school.
Ms. Gratto describes her work with PEPP as not only having been enthusiastically received by both students and teachers, but also having an impact on students, many of whom have followed up her presentation by telephoning the PEPP office to talk about their concerns.

respect suggested that she come with Craig and myself to the school a week before it opened and talk to the vice principal and at least one subject teacher. So we set this up and when we got there we put our cards on the table. The subject teacher happened to be the math teacher and she said she was not familiar with his illness but she admired him for his determination to do this and she wanted to know how she could help. She suggested that Craig visit the classroom with her before school opened and pre-select the best place for him to sit. She told him that if he felt things closing in around him during a class, he was to just get up, walk around, or go into the hall and not worry about asking permission. She gave him his textbook a week ahead so he had time to look through it and also work from home if he had a day where he didn't feel well enough to come in. She set up a schedule whereby we all collaborated on the telephone once a week to troubleshoot and ensure that things were going well. We talked about anxiety about tests and she helped him overcome that by saying that she would give him an extra day or two when it came to term test time. She really thought ahead.

"Craig's willingness to disclose what was happening in his life meant that all of us – family, friends, school staff – were able to openly discuss his needs and concerns with him and find ways to best accommodate them while allowing Craig to move on with his life."

The other course Craig took was sociology. They were dealing with mental illness that term so he wrote a term paper on psychosis and even took in the pamphlets from the PEPP program and distributed them to all his classmates and said this is what I have and if you have something like this, or you know someone with these symptoms, get help. The second term he also took two courses, and again he talked to the teachers involved. It took him two years to get eight credits and in June of 2001 he got his high school diploma. It was a long journey and there was one teacher who was quite apprehensive about having him in the classroom, and he ended up transferring to another teacher, but everyone else cooperated 150%. I attribute a lot of the successful outcome to the school – they were very accommodating. I also give credit to the PEPP program. They encouraged him to go back to school when he was well enough. They wanted him to get help, get treated and then get on with his life and not be a permanently disabled person. Craig bought into that.

How did Craig's friends deal with it when he had his breakdown?

BRENDA WENTZELL: Craig had an amazing group of friends. They sent him cards and gifts when he was in hospital. They would drop in when he had a day pass from the hospital and take him to a baseball game with them and leave early if he showed signs of needing to come home. They were tolerant. They were willing to put up with the restraints his illness put on their activities because he was their friend and they wanted him back. They were so thoughtful in so many ways.

Now that Craig is 23 a lot of those friends have moved on. Some of them have permanent relationships, others have jobs or they are in university, so it's not the same kind of camaraderie that they had in high school, but they still check up on him and he has two close friends that he maintains contact with and tries to do sporting events with.

The friendships that Craig had were probably what gave him a lot of the drive to get better, because they proved that they weren't going to desert him even though they had moved on. Craig's willingness to disclose what was happening in his life meant that all of us – family, friends, school staff – were able to openly discuss his needs and concerns with him and find ways to best accommodate them while allowing Craig to move on with his life. Right from the beginning, PEPP told us that we were all partners in Craig's recovery. That responsibility challenged and empowered us. We can't see the end of the road, there will be some bumpy patches for sure, but Craig knows we are all here for him.

JANUARY 29 - 31, 2004

Destigmatizing Mental Illness. Ontario Psychiatric Association 84th Annual Meeting. Toronto Marriott Eaton Centre, Toronto, Ontario. For more information: 905-827-4659, fax: 905-469-8697, opa@bellnet.ca.

MAY 4 - 5, 2004

Mental Health Tune Up 2004. Public education forum and community resource fair, organized by the Canadian Mental Health Association, Ontario, and the Ontario Psychological Association. Barbara Frum Atrium, CBC Broadcasting Centre, 250 Front Street West, Toronto, Ontario. For more information: 416-813-2282 ext. 2001, www.mentalhealthtuneup.ca.

MAY 17 - 21, 2004

The Value of Psychiatric Rehabilitation: Resourceful Partnerships in Our Communities. International Association of Psychosocial Rehabilitation Services (IAPSRS) 29th Annual Conference. San Diego, California. For more information: Dave Issing, daveissing@adelphia.net, 410-789-7054, www.iapsrs.org/conference.

JUNE 6 - 8, 2004

Community Care…Everyday Heroes. Ontario Association of Community Care Access Centres 2004 Conference. International Plaza Hotel, Toronto, Ontario. For more information: 905-335-7993 or 1-800-625-7925 fax: 905-332-1587, www.oaccac.on.ca.

JUNE 6 - 9, 2004

Mental Health Services at the Interface of Mental Disorders Addiction and Crime. Fourth Annual Conference of the International Association of Forensic Mental Health Services. Stockholm, Sweden. For more information: www.iafmhs.org.

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RON CHASE (Manager Information Technology, Frontenac Community Mental Health Services, Kingston, Ontario, Canada)

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