Network

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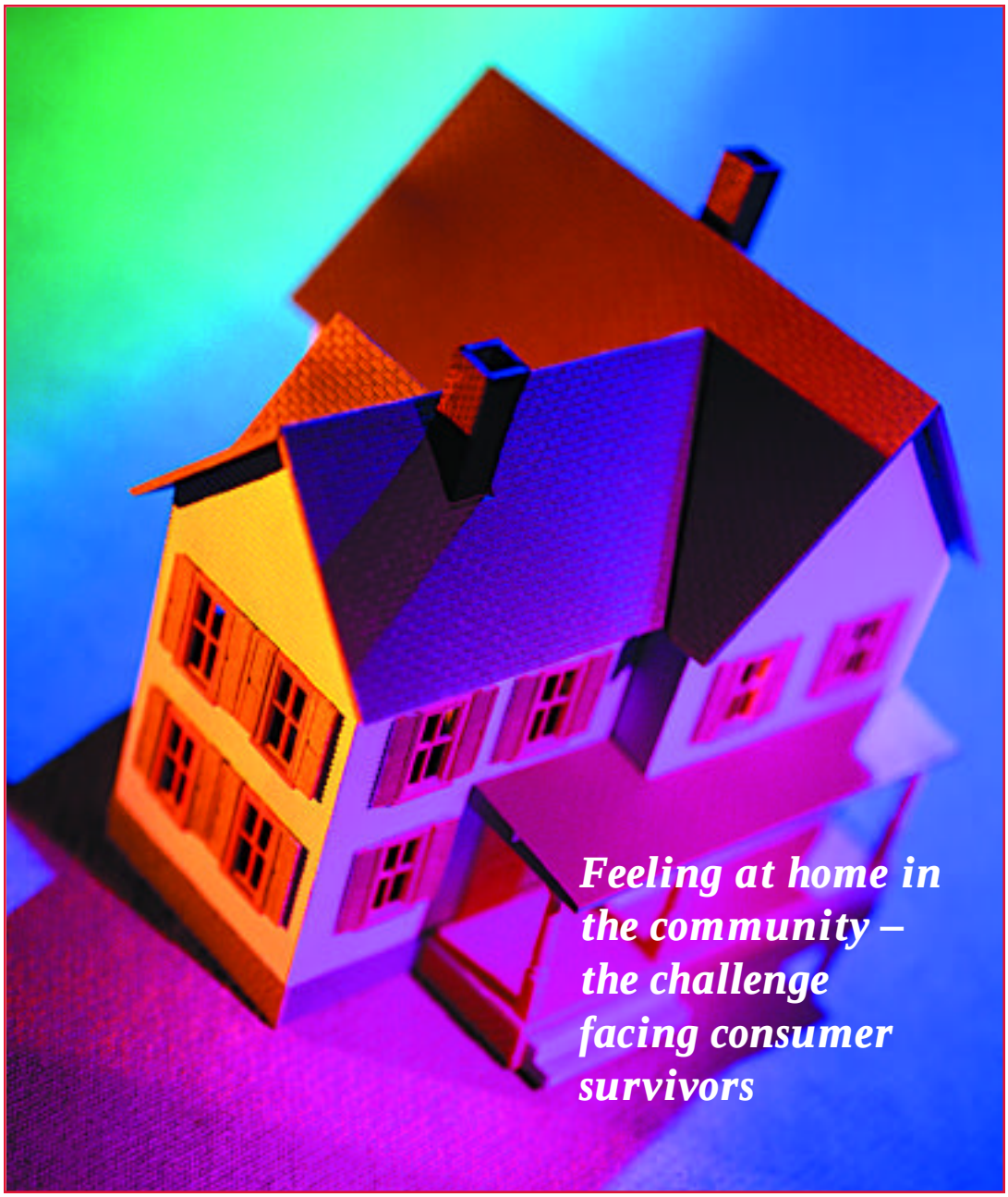

CANADIAN MENTAL HEALTH ASSOCIATION
L'ASSOCIATION CANADIENNE POUR LA SANTÉ MENTALE
Ontario Division / Division de l'Ontario

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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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A Sense of Belonging

Community offers citizens a sense of belonging, a feeling that we have a home among people with whom we share a common belief system. Deprived of community, we feel adrift and alone. In fact, the practice of shunning, excluding people whom community members felt had transgressed in some manner, was an historical, and in some rare cases, a present day practice. Shunning was a powerful threat that ensured compliance with community norms, underscoring the extent of the loss people feel when they are without the support of a community.

Today, we speak in terms of discrimination. Fear, misunderstanding and sometimes outright acts of exclusion are leveled at people considered to be different. In this issue, Susan McMurdo speaks of her experiences as a person diagnosed with a mental illness and as a target for community exclusion. Often, it is the little moments that hurt the most; not having work to talk about, living in housing that is known as subsidized, or not being able to afford a meal in a restaurant.

John McKnight identifies community as more than just a place. It is where citizens come together to share the load of the problems they face, and to develop common solutions. Community, he says, is the public expression of human relationships.

Workers from the Community Occupational Therapy Association (COTA) talk about shared responsibilities in community. Communities have to learn to be more welcoming of diversity, but those seeking community also have to be aware of the obligations they take on as a result of membership. The rights associated with community must be tempered by the weight of responsibility, signaling the mutuality that is the essence of community. "If you are there to support me through tough times, then I must be there for you when you need help."

Community, today, can represent a geographical location (a street or neighbourhood) but it can also be a community of shared interest (art, sports, or music). It can be based on common identities such as the women's, gay and lesbian, or the consumer and psychiatric survivor community. And it can be based on beliefs such as in a political party or a religious movement.

The Canadian Mental Health Association is a form of community in its own right. Volunteers, staff and clients share similar beliefs and a sense of purpose. Marion Wright epitomizes CMHA values and speaks about how they are lived on a daily basis through the Club House program her Branch provides.

Here, at the Provincial Office, we are embarking on the latest version of community, that which is formed through connections in cyberspace. In the jargon of the 21st century, this is an e-community. The Knowledge Centre is the new CMHA, Ontario Division website, fully redesigned and ready for launch in September, 2001. It will provide the latest and best information regarding mental health and mental illness. It will also feature research results summarized in a readable way, accessible discussion and policy papers, as well as information for consumers, family members, donors and volunteers. Over time, it will include chat rooms and "ask the expert segments" so that it can facilitate true community though real time discussion. The Northeast Public Education Campaign identifies information as a critical component in creating caring and welcoming communities. In this sense the Knowledge Centre will do double duty by creating a community itself through facilitating connections among people who care about mental health and mental illness, and through offering the best, most accurate information to be found – available to anyone who wants to visit the site and learn ways to welcome consumers and their families wherever they may chose to live, work and play.

BARBARA EVERETT, PH.D.
Chief Executive Officer

Building a Society that Cares

COMMUNITY IS ABOUT THE COMMON LIFE THAT IS LIVED IN SUCH A WAY THAT THE UNIQUE CREATIVITY OF EACH PERSON IS A CONTRIBUTION TO THE OTHER. THE CRISIS WE HAVE CREATED IN THE LIVES OF EXCLUDED PEOPLE IS THAT THEY ARE DISASSOCIATED FROM THEIR FELLOW CITIZENS. WE CANNOT UNDO THAT TERRIBLE EXCLUSION BY A THOUGHTLESS ATTEMPT TO CREATE ILLUSORY INDEPENDENCE. NOR CAN WE UNDO IT BY CREATING A FRIENDSHIP WITH A PERSON WHO LIVES IN EXCLUSION.

OUR GOAL SHOULD BE CLEAR. WE ARE SEEKING NOTHING LESS THAN A LIFE SURROUNDED BY THE RICHNESS AND DIVERSITY OF COMMUNITY. A COLLECTIVE LIFE. A COMMON LIFE. AN EVERYDAY LIFE. A POWERFUL LIFE THAT GAINS ITS JOY FROM THE CREATIVITY AND CONNECTEDNESS THAT COME WHEN WE JOIN IN ASSOCIATION TO CREATE AN INCLUSIVE WORLD.

John McKnight, *The Careless Society: Community and Its Counterfeits*
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A life surrounded by the richness and diversity of community. It's a great concept, but an illusive goal for most consumer survivors as they struggle to become accepted and re-integrated into their community, as well as be recognized for the unique gifts and abilities they have to contribute to communal life.

What are the barriers that still stand, seemingly unassailable? How can they be breached? What does inclusion within a community really mean? These are some of the questions that this issue of *Network* poses, both to workers in the field, and to those who, from bitter experience, know only too well how difficult it is to become part of the mainstream of daily life after experiencing any kind of mental health crisis.

One opinion that was clearly articulated both by consumer survivors and some mental health workers, was the importance of being included into a "well" community, as opposed to segregation into isolated communities. Susan McMurdo (consumer survivor) and Marion Wright, (Executive Director, CMHA Grey Bruce Branch), both address this issue. The campaign currently being developed by the North East Mental Health Implementation Task Force has also taken on this challenge as they look at ways to educate individuals and communities, increasing awareness and sensitivity for all who deal with mental health challenges.

Breaking Down the Barriers

The Dream Team is formed from the Boards for Mental Health Housing and Supports and is comprised of men and women who are living with mental illness. They have come together as a common voice to inform public officials and stakeholders of their sincere gratitude towards the government's funding of, and the continued need for more, supportive housing in Toronto and across Ontario. The Dream Team touches all who hear their personal stories. They share the reality of living with mental illness and finding the supports they need to be included as productive members of their communities. Susan McMurdo is a member of the Dream Team and she speaks articulately about the need for inclusion within the surrounding community.

Susan, how difficult is it to feel included in the community as a consumer survivor?

SUSAN MCMURDO: I have always fended off the idea that I had a life long illness. I had long periods of not being able to function, but I always tended to regard those as being abnormal. I've had times of deep depression where I've absolutely and totally withdrawn from activity – not been able to face people and been a bit paranoid about how I was perceived, but when I've been well I've engaged in a lot of activities. I've been active in raising money, canvassing for different medical charities and the Humane Society, and I've been a riding association president federally and provincially for the NDP. When I'm well I interact with people fairly well, but since I went on to Ontario Disability Support Program (ODSP) I have had a real struggle. I had to begin to deal with the whole issue of stigma, because of the poverty and because I am highly conscious of the public perception of people who don't work. I think this is a problem for a lot of consumers. They feel that they are left out of the world because they don't work. It's sometimes really difficult to meet people and talk to people outside the psychiatric community because the first question anybody asks you is 'What do you do?'. And that's really hard to deal with. You don't get to know people, or develop a level of trust, if you are put in the position of having to lie or fudge somehow. It's been a real concern to me. So a lot of consumer survivors tend basically to live in their own 'community'. The community of whatever association they are involved with. If they are fortunate enough to have supportive housing, then they do a lot of their socializing in that context and not much beyond. The general public tends to regard any kind of place, whether that's housing or whatever, where several consumers live as being some kind of treatment facility and they get very concerned. They think about extreme

examples such as people pushing others off subway platforms, that kind of thing. Just recently Houselink Community Homes, which is the agency that provides my housing, was going after a building in the east end of Toronto and people automatically started asking questions: 'What if they go off their medication? What if they attack my child?, and all we were doing was trying to establish some housing. Anyone else who came into the community would be able to purchase a building with no questions asked. But we were asked what we were going to do in the house, how we would keep busy, things like that. Questions that would not normally be asked of a purchaser. People have irrational fears and I think what we have to do is get more consumer survivors out into the broader community to be seen as individuals. I don't think the institutional approach is going to work well. To break down stigma we have to deal with individuals. I think there are some things that we can do to make people feel less self-conscious and to introduce them into the community in a way that will make them be seen as individuals and not as say residents of some kind of facility.

One of the problems for consumer survivors who are on ODSP or other forms of government income is that money is so tight that a lot of the normal pursuits are out of reach for us. For instance, I have a dog. Having a dog is a very common thing, but it's not a common thing among consumer survivors. I find that when my partner Doug and I are out walking with our dog, we just naturally get into conversation with people. They accept us as normal human beings. Because we tend to be pretty self-disclosing, after people have talked to us a few times and have got to know us they will often say oh, I have a brother who has schizophrenia, or, I have a sister who needs housing, how do we go about it? There are so many people out there in the community who have some sort of experience of mental illness, but somehow they don't relate what their relative or friend is going through with the experience of having a houseful of consumer survivors in their neighbourhood. Talking in a normal situation, like walking our dog, tends to break down those barriers.

We have been talking about how you break down the barriers that keep people from becoming part of the community, but I think you've changed that focus to how do you build bridges. It seems to me your dog has been a 'bridge builder' for you in your community. What other bridge builders are there, or should there be, in place?

SUSAN MCMURDO: There needs to be a way financially for people to join things like health clubs, or other pursuits in the neighbourhood. For instance here in the Annex there's a horticultural group, but I can't afford to join. Those kinds of groups are bridges, where people meet you as individuals and see that you have interests and abilities just like anyone else in the community. I think that's an area where people could really be helped. There is far too much of an emphasis on doing things within institutions, and that doesn't lead to getting to know people informally. It doesn't lead to inclusion in the community. For instance Houselink has a program where they take people to the Y. We all go with a worker and the worker has a special card and we get in under the patronage of the staff member and it doesn't feel like inclusion. People have to be able to go to things on the same basis as everyone else to feel included. The same with housing. I think as much as possible housing for people who are psychiatric consumer survivors has to be as much like anyone else's housing as possible. They shouldn't feel singled out or separated from the rest of the community. Sometimes when you've received a diagnosis it makes you feel really self-conscious, then when you accept some form of government money you feel even more self-conscious. But then you get out there in the community and you find that a lot of those undiagnosed people, who are maybe making a salary, are pretty strange too! They have their own stresses and problems.

Since I have had supportive housing – secure, safe housing – I think the pleasure quotient in my life has increased quite a bit.

So housing is a primary thing to have in place?

SUSAN MCMURDO: Absolutely. It changed everything for me. And I don't mean to disparage the community I have experienced within organizations. I think being within an organization and meeting other consumer survivors, many of whom are very bright and have a lot to say, makes you realize that you are not as much of an oddball as you may have thought. It can be a real confidence builder to meet other consumer survivors and find out what diagnoses these people live with with a great deal of grace. They maintain friendships and express concern about other people in spite of the fact that they are working from day to day, living from day to day, under a handicap. I am actually very proud of a lot of the people in the community that I live with in Houselink. I have met a lot of people from other organizations too, through the Boards for Mental Health Housing Services and the Dream Team, and when you consider some of the things that people have been through, and what they do, it's an amazing source of pride. It's all about normalcy you know. There's a range, a curve there; we're not abnormal. None of us who live with major mental illness read a leaflet when we were in high school titled 'Mental Illness for Fun and Profit'. We all had aspirations, and many of us were in university or had careers when the bottom fell out from under us. We have the same desire for enjoyment and recognition that everyone has.

BOARDS FOR MENTAL HEALTH HOUSING SERVICES

The Boards for Mental Health Housing Services represents 20 housing and support agencies serving over 6,000 people with mental health and addiction problems. The BMHHS is made up of volunteer leaders, family members and/or users of these services.

Including the Excluded

Northwestern University's Center for Urban Affairs and Policy Research has engaged in a continuing study of individuals who have assumed a special responsibility for guiding excluded people out of service and into the realm of the community. Referred to as "community guides", they do not just introduce one person to another, but bring a person into a web of associational life, incorporating them into relationships where their capacities can be expressed, and where they are not simply defined by their "deficiencies". Community guides have some common characteristics:

1. They have the ability to see the potential, the interests and the skills and focus upon these as they introduce that person to the community.
2. Most effective guides are well-connected in the interrelationships of community life. They have invested much of their life's energy and vitality in associational activity.
3. Community guides achieve their ends because they are trusted by their community peers. They work through that framework of trust. They introduce excluded people through these trusted relationships. For instance, a guide might say "I'm a friend of your sister Mary and she said that I should ask you about the choir you direct. I have a friend who loves to sing and has a beautiful voice and I think that you might like to have her in your choir". The guide introduces an excluded person based on their capacity to sing and is able to make the introduction because of their relationship with a trusted relative.
4. The fourth characteristic of almost all community guides is that they believe strongly that the community is a reservoir of hospitality that is waiting to be offered. It is their job to lead someone to ask for it. They enthusiastically present the gift of an excluded person to the hospitality of a person active in the community.
5. Most effective community guides learn that they must say goodbye to the person they guide into community life. In order for the fullness of community hospitality to be expressed and the excluded person to be wholly incorporated as a citizen, the guide must leave the scene.

Defining Community

In his book The Careless Society, John McKnight explores the ability of neighbourhoods to heal themselves from within. The following excerpt is taken from the chapter "Redefining Community" which points out that services provided in small towns or neighbourhoods should not be called community services if they do not involve people in community relationships. Beginning with the question, What is Community?, Mr. McKnight goes on to look at ways to incorporate excluded people into that community. John McKnight is the coauthor of a guide for community development entitled Community Building from the Inside Out. He is the director of the Community Studies Program at the Center for Urban Affairs and Policy Research at Northwestern University, where he also teaches, and lives in Evanston, Illinois.

What is Community?

How can incorporation of labelled people into community life be achieved? Before we can respond to that question, we must ask: What do we mean by community?

There is no universally accepted definition. However, one is so practically useful that it can become central to the work of those concerned about the incorporation of labelled people into community life.

I am referring to an understanding laid out by Alexis de Tocqueville, the French count who visited the United States in 1831. What he found was that European settlers were creating a society different from the one they knew in Europe: communities formed around an uncustomary social invention, small groups of common citizens coming together to form organizations that solve problems.

Tocqueville observed three features in how these groups operated. First, they were groups of citizens who decided they had the power to decide what was a problem. Second, they decided they had the power to decide how to solve the problem. Third, they often decided that they would themselves become the key actors in implementing the solution.

It should seem obvious that communities are collective associations. They are more than and different from a series of friendships. One can have a friendship with a labelled person in an institution, for example, but that does not mean the person has been incorporated into the community. A community is more than just a place. It comprises various groups of people who work together on a face-to-face basis in public life, not just in private.

The kinds of associations that express and create community take several forms. Many of them are relatively formal, with names and with officers elected by the members.

A second association is not so formal. It usually has no officer or names. Nonetheless, it represents a gathering of citizens who solve problems, celebrate together, or enjoy their social compact. These associations could be a poker club, a coffee klatch, or a gathering of neighbours who live on the block. The fact that they do not have a formal name and structure should not obscure the fact that they are often the sites of critical dialogue, opinion formation and decision-making that influence the values and problem-solving capacities of citizens. Indeed, many Americans are primarily influenced in their decision-making and value formation by these informal groups.

A third form of association is less obvious because one could describe the place where it occurs as an enterprise or business. However, much associational activity takes place in restaurants, beauty parlors, barbershops, bars, hardware stores and other places of business. People gather in these places for interaction as well as transaction.

These three types of associations represent the community from which most labelled people are excluded, and into which they need to be incorporated if they are to become active citizens at the associational centre of a democratic society.

The Accepting Community

COTA began in 1973 with five part-time occupational therapists providing services to 173 clients. Today, COTA – Comprehensive Rehabilitation and Mental Health Services, has grown into a multi-disciplinary, not-for-profit, community health agency serving over 16,000 people each year in the greater Toronto area. COTA's mission is to enable individuals and families to improve and maintain their quality of life by assisting them to achieve greater functional independence within the community. How that mission can be achieved was the basis of a discussion that took place between the following COTA personnel: Leesa Owram, Director Mental Health, Judy Woodin, Manager Toronto Team; Nancy Sidle, Manager, Scarborough East York/North York Team; and Jeannette Kruger, Case Manager, Hostel Outreach Service.

Let's start off by talking about what makes a community accessible to people with mental health problems – what has to be in place for that to happen?

JEANNETTE KRUGER: I think there are several things that have to be in place. People have to feel that the community is accepting of them, there has to be a diversity of resources available, such as housing, and there has to be support.
NANCY SIDLE: In Scarborough, where I am involved, there are a lack of resources as far as housing is concerned. Community agencies need to tap into local resources. For example there is a group of faith communities called The Caring Alliance in Scarborough and we are going to speak to them, let them know the kind of housing we are looking for and see if they can help us find the resources we need to put in place. Just as importantly, we want to get them on board in terms of community acceptance. I think in the mental health community we haven't always tapped in enough to local communities at a grass roots level in

No one really knows what it is like until they experience living in a dark, damp room with no windows, no refrigeration, no heat and no rights. At the time I felt fortunate just to have a roof over my head and a bed to sleep in. I paid $550.00 a month for this, a cockroach and mouse infested room with bed springs that scratched my body. As horrible as this picture may seem, it was even worse than I can describe. I was suffering from severe depression and finding myself repeatedly in and out of hospital. I lived in places like this for a good part of my life. Believe me, it was no life. I felt like a zombie, just going through the motions trying to survive with no sense of self-esteem, self-respect, dignity, purpose or hope. My life changed when I became involved in a program called Progress Place. It gave me opportunities and chances for self growth. One of the best things to happen to me was the move into Supportive Housing Coalition housing. For the first time in my life I felt safe. When I saw my one bedroom apartment I couldn't believe it was mine. I didn't think that I deserved such a beautiful place and thought it was a mistake and would be taken away from me. Having my own place changed my attitude dramatically, affecting all parts of my life. I've worked in several part time jobs, I'm on the SHC Board of Directors, I do consultations through Progress Place training and visited programs which have taken me across Canada, USA and abroad.

LINDA CHAMBERLAIN, *Consumer Survivor, The Dream Team*

order to build support within the community itself for what needs to be done.

Housing seems to be one of those issues that comes up no matter who you speak to.

NANCY SIDEL: It is difficult, and we have to work with the community to let them know that there is going to be support available for folks who are moving into their area so that you allay some of the fears they have. So it's not just finding housing, it's all the other issues that arise when you are trying to re-integrate people with mental health issues back into the community. Support to both tenants and landlords is a key issue.

So how do you prepare a community?

JUDY WOODIN: Living in the community is not just about having a house. Sometimes the support from community mental health agencies like COTA and others helps the person with the mental illness adjust to the community. It also provides them with support when they are maybe having a small problem so that it doesn't become a major crisis, with behaviour that may be frightening to others around. So there's a kind of double-edged challenge. First it's finding the housing and then it's educating the community that there are supports available and demonstrating that with support people can do very well in integrated housing settings in the communities they choose to live in. Education is a very important aspect of that preparation. Members of the Dream Team who are talking to communities and agencies are having a powerful impact and are helping the public realize that people with mental health issues have a right to live in a community and that with the appropriate supports will do very well. Let's face it, we all need supports one way or another, whether we are young or old, whether we have mental health problems or physical disabilities.

Do you think the media is doing a good job in helping communities become more accepting of those with a mental health problem or are they continuing to play on people's fears?

LEESA OWRAM: I think some of the media tries to cover this area in a fair way but there is still a lot of sensationalism that happens when a person with a mental health problem is in the news. The event is frequently described out of context, and blown out of proportion. Other people in the community who do not have mental health problems get into trouble and it's not on the front page of the newspaper.

JEANNETTE KRUGER: A CBC *Witness* documentary featured COTA's Hostel Outreach Program which works with clients who are mentally ill and homeless. I believe this particular documentary was sensitive to people's struggles, while also highlighting their successes.

Some years back, Richard Needham wrote in The Globe and Mail that the best people make it to the top. That has not been my impression. I find that there are many vulnerable, compassionate people at the bottom.... I couldn't believe it when I moved into St. Jude's and I had my own apartment. I found out that I needed friendships and relationships. I used to like being alone and now I find that I need other people. What does Barbra Streisand's song say, "people who need people are the luckiest people in the world."? Since April 2000 I have worked at A-Way Courier Express. This is my first job in ten years. They have taken a chance on me and I appreciate that.

NEIL MCQUAID
Consumer Survivor
The Dream Team

Do you think the Canadian public is generally becoming more accepting?

JEANNETTE KRUGER: I think that people are more aware of mental health issues, but whether or not the stigma has disappeared is a different issue. I find in my work with homeless people with mental health problems that there are still a lot of pre-conceived ideas about mental health issues. For instance, there is a greater awareness of mental illness and some of the statistics – that schizophrenia affects one in a hundred for example – but whether that makes them more sensitive and less stigmatizing...I don't think that's happening.

NANCY SIDLE: I think the stigma is definitely still there. If you go to housing agencies and talk to them, the mentally ill are still often the hardest people to find housing for. That's why we have to find groups in the community, like The Caring Alliance, who have a natural predisposition to be supportive, and encourage them to attend community meetings about housing projects. When you go to a neighbourhood meeting where

you are fighting to get a housing project started it's very difficult to be the one who stands up and says we'd like to welcome people to our community, we'd like to help them. There is usually a vocal minority opposing the project who are there being very vociferous and people are intimidated by that. We need supportive people at these meetings and I don't think that can be the agency people. People in the community see that as being our job to advocate for the housing, but we don't live in the community. We need grassroots groups who will be supportive. And these people do exist, it's just that they are sometimes reluctant to speak out.

How would you define the word community?

JUDY WOODIN: We often debate about that.... I guess it's a place where you feel you really do belong. So it's your housing, your street, the local businesses that you might go into, the coffee shop, your church or synagogue. It's the people you interact with at work, your neighbours, the police, medical services. And that's the same whether or not you are a person with mental health problems. I think historically, people with mental health issues lived in a hospital community for long periods of time. As a result of this, people in the community look at those with mental health issues and say you don't belong in our community, you belong in a different kind of community. The fact is that the community includes all of us, and we all face different challenges. Those with mental health issues have one kind of challenge and should not be treated any differently from someone who is maybe elderly, disabled, suffering from Alzheimers, or any one of a number of challenges. The

It's been nearly twenty-seven years since I was first told I would suffer from manic depression for the rest of my life and would always have to be on medication. I had a hard time with that. For the first twenty-four years of my disease I managed to support myself. I'd search for a job, but I could only find work which was very stressful and would bring on yet another bout of mania. I am compliant with all my medications. I follow the rules and do not put myself at risk with foolish habits. I still search for low stress yet meaningful work. If I had such work I believe I could be back in the workforce and supporting myself again. It's that simple. I sure would like that chance.

PETER SHAW
Consumer Survivor
The Dream Team

Living on the street has changed my entire outlook on life. It has made me more determined than ever to fight poverty and injustice. This fight has made me a stronger person in the process and also a more caring and understanding person. Nobody ever thinks that they will end up on the street, but it can happen to anybody because there are many things in life that you have no control over. Without a place to live you can't do anything with your life. You can't get a job, go to school or take proper care of your health. You also become very isolated. So your social and employment skills don't develop properly. It's like being locked up in a closet for several years and then being released. You may never be able to adjust to society because of the abuse you have suffered. Houselink has given me decent, affordable housing and support services. It has taught me the meaning of human rights and the importance of helping people who are less fortunate than myself. Houselink has also given me the opportunity to become President of the Board, working on several committees dealing with poverty, fundraising, mental health and supportive housing issues. For the first time in my life I am starting to develop confidence in myself and I feel as though I am making an important contribution to society. The two boards I am on see qualities in me that nobody else has ever noticed before.

PHILLIP DUFRESNE, *Consumer Survivor, The Dream Team*

community, ideally, should be the place that respects the needs and choices of all of its diverse members.

You've started to touch on some of the criteria needed for an accepting community, what else would you add to that list?

LEESA OWRAM: A range of housing options for people – architectural options, economic options – independent housing for people as opposed to hospitalization or living on the street. Affordable housing that is included in communities so we are not ghettoizing people.

NANCY SIDLE: The other thing that is important for all of us, if you think about what makes us part of a community, is informal support. It's knowing that if something happens to you your neighbour would knock on the door and ask is there something they can do to help. I think the ideal community is where people live around you and look out for you, and that doesn't happen to lots of people in the city, not just the mentally ill. For a lot of our clients, the only support they see is a formal caregiver as opposed to family or friends or neighbours, or someone who cares whether they live or die. So I think that's an important part of life. Certainly here at COTA we try to help people build up those kinds of supports in their communities.

JEANNETTE KRUGER: I think another thing is an opportunity to give something back to the community. That's what makes you feel included and valued, knowing that your participation in the community is meaningful.

LEESA OWRAM: One of the issues we've struggled with at COTA is that we hear a lot about rights, but when you live in a community you also have responsibilities. That's one of the life skill issues. You have a right to your housing, but you also have a responsibility to pay the rent. You have a responsibility not to jeopardize the safety of your neighbours. And these are the same kinds of issues that arise for everyone. One of the things we focus on is to help folks integrate and understand that yes, they have a right to their housing and a right to be part of the community, but they also have a responsibility to be a good member of that community. It's something we spend a fair amount of time on at COTA. We advocate for consumers, but we also say that they have responsibilities.

NANCY SIDLE: In a lot of our programs we educate landlords, provide support for them, teach them how to deal with situations that may arise. If you want the community to be accepting then you have to provide this kind of support.

JUDY WOODIN: Let me give you an example of this. We recently received some provincial funding to house men with serious mental health problems who had been homeless for significant periods of time. We have been housing 26 men in a rooming house in Toronto and watched them build a community both among themselves and with the larger community, the local businesses and neighbours. We've seen people who have had very little success in living in a community up until now keep an eye out for each other. We've watched the confidence that they have gained through learning some of the life skills that come with permanent housing. If they move to their own apartment they will take these skills with them, understanding what it means to feel needed within a community.

I'm the parent of a schizophrenic son who is fortunate to have housing and support here in Toronto. There are many who are not that lucky. We agree with the mentally ill living in the community. The possibility of rehabilitation in the community is greater than in the hospital environment and it can only start when housing and support are in place. That is the cornerstone to recovery. Once those needs are in place, the consumer can then take stock of their lives and look to the future. One of the greatest concerns that parents have is how their loved ones will survive after they pass on. To a parent, supportive housing means the peace of mind that comes with knowing that your relative is going to be properly cared for, in a structured system by people who have demonstrated that the system will continue to function.

DAVID GILLIS, *The Dream Team*

Integration versus Segregation

The Club House program is an international model, based on psychosocial rehabilitation, which has been in place for many years. The program operates in several CMHA branches. Marion Wright, Executive Director of Grey Bruce Branch of CMHA talks about the program and how they have adjusted it to meet the needs of a rural community.

Marion, why did you feel it was necessary to make some changes to the basic Club House program?

MARION WRIGHT: The Club House program focuses on the needs of the seriously mentally ill. In many cases it becomes the activity that comprises their entire day. For instance, consumers would come into the Club House at 9.00 a.m. and be in the clerical module from 9.00 until 10.30 a.m. They would then take a break and then go into the food preparation module from 11.00 a.m. until 12.30 p.m., and so on. So it would be quite structured and would focus on the participants, the members as they are called, performing all the duties that were associated with each module. Now that is absolutely fine if you live in an urban centre and people with serious mental illness can either walk or take public transit to get to the Club House. If you live in a place like Grey Bruce, however, you have a big challenge because there is only one large town – Owen Sound – and if in fact that's how you structure your services then you will eliminate the opportunity for most people to participate. 61% of residents in Grey and Bruce counties reside in communities of less than 2,000 people. There are only 17.9 people per square kilometer so there is a big distance between communities. We have a huge geographic area that people are spread over, with no public transit. The only way people can get around is by car. And we're in the snowbelt! For us it became obvious that we had to decentralize the program. Two years ago we had a single Club House located in Owen Sound called Union Place. Today we have four separate service areas, one in Wiarton called The Green House, one in Walkerton called The Loft, one in Markdale called The Coach House plus our original site in Owen Sound. This means that the maximum amount of time it would take anyone in the Grey Bruce area to reach one of the Club Houses would be an hour.

What about the program itself? Has this also been adapted?

MARION WRIGHT: We have tried to focus on what I feel is really an important component in recovery for the seriously mentally ill, and that is inclusion in well communities, not segregation into isolated communities which to some extent the stand alone Club House could be criticized for doing. When you say you are going to take people and make them members of a club, structure their day to take place in that setting, then to some extent you are segregating as opposed to integrating. What we have focused on is creating a lot of small drop-in centres where people can come, they can congregate and have social and recreational activities, but that is the hub out of which they then move into the community. So instead of providing meals through a food module as the traditional Club House does, we have created partnerships with community restaurants. We subsidize the meal but the individuals, the participants, purchase a meal ticket from us that permits them to have a full meal at any time of the day or evening, any day of the week, in a non-stigmatizing way in local restaurants. They can go to the restaurant when they want, with whomever

they want, and there is absolutely no way that if you went into that restaurant you would be able to differentiate them from anyone else who was there. There is complete integration.

We've also created a volunteer program where our participants can volunteer with organizations such as the Salvation Army, or the Food Bank, working as volunteers within the community with other community members. We provide assistance and training in what is appropriate behaviour, how to control stressors and conflict management, all with the aim of focusing on integration into a well community.

I believe you are coming to the heart of what we are trying to pinpoint in this issue of Network, and that is how we achieve inclusion within the community.

MARION WRIGHT: I believe that it is really important from our perspective as mental health program designers to really do what we say we purport to do. Have things be focused on the individual where the mental health services are least intrusive. For example we have a partnering program. We do one-on-one work with people who are reclusive and try to get them out of their homes. These are individuals who might have a serious mental illness, who maybe haven't even made it to the bottom of the lane in years, so rather than expect them to come into a program, we go out to them. Sometimes the outreach in terms of social and recreational support is simply sitting and having a cup of coffee with them. We then help them become involved in community activities with a partner, not a worker, and the partner will go to 4H meetings, quilting bees, literacy classes, whatever, until the individual who sets the goals for themself feels they are able to do it on their own. We are simply the conduit to help them become involved in a whole variety of community activities. We don't take the person. There is no worker mentality involved. You can't tell if you see one of our staff and a program participant out at an exercise class for instance, which is which. The other thing we have done is that more than half of our staff are consumer survivors. That is something we feel very committed to. To support individuals in that situation we have created a mentoring program.

Marion, going back to the partnerships you are building with local businesses, do you find that this is also helping to reduce the stigma around mental health issues?

MARION WRIGHT: Definitely. It has totally blurred the lines, especially with volunteers. Those volunteers who work with the Salvation Army to pack the food boxes for the food delivery, some of them may have mental health problems, others don't, but that's not the issue. They are all volunteers, working together and contributing to the community.

By and large the support we have received from business and industry has been extremely good. Whereas there is still a great deal of stigma, the community is becoming more aware of the contribution that individuals who have a mental illness can make to the workplace.

The kind of model that CMHA works in is very much a PSR recovery focused wellness enabling of consumer survivors as opposed to caring for them. A very different role from the traditional role of a clinician, which focuses on more of a medical model approach where the physician cares for, or the practitioner cares for, the person, directs their activities, and oversees their recovery. We coach our staff and say we stand behind our consumers, enabling them. We are not directing them, they are pulling us along and using us when they need us for support.

In a rural community like ours, the challenges of meeting the needs of the seriously mentally ill require a lot of flexibility and a lot of belief in the strength, the tenacity and the courage of people recovering from mental illness. All we have to do is stand behind them and support them.

The Role of Education

Mr. Gerry Cooper is a Program Director in the Sudbury Office of the Communications, Education and Community Health Division of the Centre for Addiction and Mental Health (CAMH). In partnership with Allen Flaming, Project Associate, CMHA, Ontario Division, and a small advisory group, a proposal was successfully submitted to the Ministry of Health and Long-Term Care providing five year funding for a comprehensive, targeted public education campaign in Northeastern Ontario. Jenny Street, former Chair, Public Education Committee, CMHA, Ontario Division, Glenn Thompson, former Executive Director, CMHA, Ontario Division, and Richard Christie, Director, North Region, CAMH, were also instrumental in developing this project.

Implementing mental health reforms and preparing communities to be accepting and inclusive is the main thrust of the Northeast Mental Health Implementation Task Force. It was through this group that the Centre for Addiction and Mental Health and the Canadian Mental Health Association, Ontario Division, were initially approached and asked to put forward a proposal regarding public education, and how communities could be helped to prepare for the forthcoming mental health reforms. This is an area that traditionally has not received a lot of funding, yet a proposal was developed by CAMH and CMHA personnel that was realistic, and inclusive of various stakeholders.

The proposal received strong endorsement from the Northeast Mental Health Implementation Task Force, and has been funded in its entirety by the Ministry of Health and Long Term Care.

At the same time as this proposal was being developed, important developments were also taking place with one of the larger mental health providers called Network North, the Community Mental Health Group. Known now as the Northeast Mental Health Centre, they also came on board as one of the campaign's sponsors. CMHA Branch public educators in the Northeast were also working together to develop materials and strategies that would be invaluable for the project.

An implementation team was then developed that included representation from key constituencies throughout the Northeast Ontario area. Because of the vast geographic area involved, it has been important to ensure that there is a strong buy-in by local communities, and that they become active participants in structuring the campaign.One of the strong components of this campaign is working on curricula for teachers, helping them recognize symptoms of mental health and mental illness. Nipissing University has provided information in this area. Consumer representatives from different communities are also providing expertise and input.

The campaign itself is unfolding in several phases. The first phase has been that of identifying the key influencers in various communities and getting them on board. They will help to determine the messages that will target communities. The result of the messages will hopefully be a community where people with mental health issues feel more comfortable about taking action to seek help, and feel included within their community.

This long range campaign aims at increasing awareness and sensitivity to mental health in the general public and reducing the stigma that is too frequently associated with those who suffer from a mental illness.

"[This] public education campaign is a vital first step in the mental health reform process here in the Northeast. Successful transition to a comprehensive system of mental health care means we must ensure community readiness to embrace the return of long-term stay residents of the psychiatric hospital to communities. In addition, public stigma for all those who deal with mental health challenges must be addressed proactively so as to support their meaningful participation and integration into everyday life. Concerted and sustained efforts are required to shift attitudes that have resulted in many individuals being permanently isolated and marginalized due to suffering with a mental illness."

Excerpt from a letter from Peter Birnie, C.A., Chairman of the Northeast Mental Health Implementation Task Force to the Ministry of Health and Long-Term Care endorsing the Northeast Mental Health Public Education Campaign proposal.

In the spirit of The International Year of Volunteers, this is the second in a series of profiles of CMHA volunteers.

A desire to be involved with what was happening in the community and a need to contribute in a practical way, was the catalyst that propelled Janemar Cline into volunteering. Beginning on a part-time basis, her involvement has now become virtually a full time job. Janemar has been on the Board of the Canadian Mental Health Association, Ontario Division for eight years, the last three serving as president. As someone who has worked in the mental health field and has had her own experience of mental health issues, she brings both a personal and organizational perspective to the work she is involved with on a daily basis. Her firm belief that you shouldn't become a volunteer in any organization unless you are willing to become informed about the specific field means that she reads a tremendous amount of literature about health in general, not just the particular challenges and goals of the CMHA. Communication with staff, often via e-mail and telephone, examining new ways of doing things within the organization and structuring what is being done in the most efficient manner, as well as dealing with a number of other provincial level organizations who are also involved with mental health issues, takes up most of her time. Janemar also sits on the board of her local Community Care Access Centre, the Board for the Drug Abuse Registry of Treatment, the board of her local CMHA Branch, and the National CMHA. Previously a member of the founding board and president of a second stage housing shelter for abused women, Janemar has kept to the fields that she believes are the best match for her expertise and knowledge.

"I think that volunteers are there because they want to be. And in an organization like the CMHA where I think we are trying to advocate for a lot of things with the government and with other institutions, a volunteer has a much stronger voice because of the fact that they are choosing to be involved. We have certainly found in our dealings with government ministers that they are always very impressed when a volunteer comes to the table, particularly if they can speak from personal experience." JANEMAR CLINE

Newcomer Populations

New immigrants are facing stress as they try to integrate into the community. This area is one that is being looked at by the United Way of Toronto as they hear about the difficulties that newcomer populations are having as they face the task of finding jobs, schooling and affordable housing. That process of integration, of getting established, is taking too long and they are seeing the results of this in the statistics that indicate high levels of stress and mental health issues. There is a growing gap in terms of a core of lower income households and families who aren't seeing any benefit from ecomomic growth. Dan Clement, Director of Special Projects and New Initiatives at the United Way says that their agencies are finding that clients are seeking services because of mental health problems related to their inability to find affordable housing and the lack of employment opportunities. Other challenges that face immigrants as they endeavour to integrate into a new country relate to language, recognition of skills or technical expertise and education. The challenges that agencies face as they work with these clients are becoming more complex. The United Way has maintained its investment in providing education, awareness, workshops and education material around mental health issues, and has identified the need to make these same types of investments for newcomer communities a priority as they relate to mental health issues.

Homelessness in Toronto is getting worse, not better – particularly for families with children. Toronto is in the midst of an economic boom, but the people most vulnerable to homelessness – the people with the lowest incomes – are not reaping the benefits. The number of jobs is increasing but the issues of under-employment continue to grow. Many people are holding down more than one job to make ends meet. In addition, youth unemployment remains high. There is growing evidence of an increasing gap between rich and poor incomes. Many new jobs simply do not pay enough to make ends meet.

The Toronto Report Card on Homelessness 2000

A Positive Response

The last issue of Network dealing with spirituality and mental health has generated a great deal of interest. Some of the letters we have received are included below:

To The Communications Department, CMHA:
I just wanted to take a few minutes to write and congratulate you on a very fine issue of *Network* (Vol 17, No 1). This is one of the few times I can remember the spiritual aspect of mental health being addressed by any of the major players in the mental health field (hospitals, government, community agencies, etc.) Maybe I'm out of touch, but almost everything from the "establishment" (and I don't use that term in a pejorative manner) which I have seen says nothing about the spiritual dimension of mental health issues.
It is genuinely refreshing and satisfying to see such well written articles from a variety of individuals who shed light on this important topic. I agree strongly with the opening paragraph on page four which discusses the epidemic of depression, substance abuse, consumerism, and sex and violence, and how this is tied closely to a lack of deep and personal relationships and which is ultimately a spiritual problem.
I have been employed at the local CMHA here in London, Ontario as a community support worker and information / referral worker and have felt for a long time that we live in a spiritually bankrupt society which over-emphasizes money, possessions, and status. In my opinion, our highly technological society is increasingly adopting a narcissistic lifestyle with its shallow value system, and is leaving behind concepts such as inner peace, dignity, compassion, forgiveness, and reverence for life, all in the pursuit of power and control.
Once again, well done, a great read!!
Sincerely,
MARVIN A. TENCH M.A., C.C.C.

Dear Editor:
I just received the recent edition of your magazine and have almost finished reading it. It is one of the best for me, (although I've enjoyed each copy), as it involves my interests of Spirituality and Meditation.
I'm a retired Registered Nurse and formerly worked in the mental health field as a psychiatric nurse and a volunteer. I found my work in this field to be very rewarding, and I continue to follow the advances that are happening in this area. I pass along my copies of *Network* to interested friends of like minds.
GRACE STAPLETON

Editorial Committee:
I would like to thank you for the excellent content in the Spring 2001 issue of *Network*. The stories and vision shared were very helpful and insightful. I give special attention to the interview with Dr. Nancy Kehoe. A grand vision, a reality that touches the lives of others and a foundation for future work.
Thank you very much for the gift of the insights of so many.
Sincerely,
BILL URSEL, *Director*
Problem Gambling Community Program

This column is designed for you, our readers. Due to space limitations, letters may be edited. Please take a few moments to send your comments for publication to:
The Editor, Network,
Canadian Mental
Health Association,
Ontario Division,
180 Dundas Street West,
Suite 2301, Toronto,
Ontario M5G 1Z8
or fax them to
(416) 977-2264.
Letters may also be e-mailed to:
division@ontario.cmha.ca

JULY 22 - 27, 2001

Respecting Diversity in Mental Health in a Changing World

Vancouver Convention and Exhibition Centre, Vancouver, BC.
Info: World Assembly for Mental Health 2001, c/o Venue West Conference Services Ltd., #645 - 375 Water St., Vancouver, BC, V6B 5C6. Tel: 604-681-5226,
Fax: 604-681-2503
E-mail: wamh2001@venuewest.com
Web: www.venuewest.com/wamh2001/.

SEPTEMBER 21 - 24

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NOVEMBER 5, 6 & 7, 2001

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Metro Toronto Convention Centre, 255 Front St. W., Toronto Ontario.
Info: Tel: 416-205-1354
Fax: 416-205-1340
Web: www.oha.com.

Community programs run by the Canadian Mental Health Association 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 continue to provide these programs and services to meet the needs of all individuals experiencing a mental health problem in the community. Please give generously today. Thank you.
To donate to CMHA call 416-977-5580 or 1-800-875-6213 or give on-line at http://www.ontario.cmha.ca/donate/donate.html

Molson Indy Bike Challenge

July 10th, 2001
Toronto's Exhibition Place, Lot "H"

The next best thing to actually racing in the Molson Indy is the Molson Indy Bike Challenge. Sponsored by the Molson Indy Festival Foundation, teams obtain pledges and sponsorship to race and raise money to support the Canadian Mental Health Association (CMHA). The CMHA is proud to be participating for its sixth consecutive year.

Participants are encouraged to get $100 in pledges and will receive two general admission passes to July 13th Molson Indy, a Molson Indy T-shirt, a team photo, and a voucher for food and drinks at the event. There are additional incentives for fundraisers, including Timex watches and a chance to party with the Indy drivers! Last year over $100,000 was raised overall!

For more information contact:

Karen Wilkinson
416-977-5580 ext. 4138/1-800-875-6213 ext. 4138
E-mail: kwilkinson@ontario.cmha.ca
Additional race information at www.ontario.cmha.ca/act/indy.htm

Reclaiming Our Roots

Ontario Conference on Mental Health and Addiction

This conference is a key educational opportunity for people in the mental health and addiction fields to examine leading edge research, program and services, translating the latest breakthroughs and knowledge into improved services. Reclaiming Our Roots is about reflecting on our values and reasons that we had to begin the work we are doing.

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For more information contact: Rachel Gillooly: 1-877-372-2435 (toll free); e-mail: rachel@haliburtonhighlands.com
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Visit the website at www.ontario.cmha.ca/conf2001/index.htm

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