



from rollercoaster to recovery

A GUIDE FOR FAMILIES AND INDIVIDUALS NAVIGATING THE ADDICTIONS AND MENTAL HEALTH SYSTEM IN CHAMPLAIN

*(Ottawa and the counties of Renfrew, Lanark, Prescott-Russell, Stormont,
Dundas and Glengarry)*



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NAVIGATING THE ADDICTIONS AND MENTAL
HEALTH SYSTEM IN CHAMPLAIN
(Ottawa and the counties of Renfrew, Lanark,
Prescott-Russell, Stormont, Dundas and
Glengarry)**

September 2015

**Printed by
Allegra Print & Imaging
255 Albert St., Ottawa**

**Recovery Academy Project and the Family Advisory Committee (FAC)
Part of the Addictions and Mental Health Network of Champlain (AMHNC)**

The views expressed herein are those of the Family Advisory Committee and do not necessarily reflect those of the Champlain Local Health Integration Network (CLHIN). This product is for information purposes only and does not constitute advice and is not to be substituted for the advice of a medical or legal professional.

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Introduction

The purpose of this guidebook is to provide information and assistance to families and individuals in the Champlain area who are navigating the addictions and mental health system. The onset or persistence of mental illness, with or without addiction issues in the family, can feel like a rollercoaster. Knowing where to go and what to expect can help a great deal as the family moves forward toward recovery. Whether there is a long history of mental health issues in your family, or if you are new to the struggle, we hope this book will be a useful resource for navigating and finding a clear path through the complex and often changing addiction and mental health system.

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

The mental health and addictions system can be hard to navigate, partly because there are often disparities between geographical regions. The information in this guidebook is geared toward Ottawa and the counties that make up the Champlain Local Health Integration Network (CLHIN) and the mechanisms in place for this area. As well as families, we hope that this guide will also benefit the staff working within community organizations, both as a resource to pass on to family members and as a way of gaining a broader perspective on the impact that compromised mental health, sometimes complicated by substance abuse, can have on the individual, their family and friends.

Much of the information compiled within this book was collected from individuals who have personal or family experience with mental illness and the addictions and mental health system. In an effort to make this resource as current and comprehensive as possible we invite you, the reader, to notify us of resources that have not been captured in this edition or have changed.

The artwork for the chapters is created by clients, family or individuals supporting the recovery process of people with mental health and/or addiction issues.

What You Need to Know About this Book

The guidebook is intended for both family members and individuals with mental health and addiction issues. That said, there will be sections of the book that speak directly to one or the other. As recovery progresses, decision-making and planning increase, as does the involvement of the person with the mental health issue. with or without substance abuse.

The terms “**mental health issue**” and “**mental illness**” are used somewhat interchangeably throughout the guidebook. Generally, mental health issues are seen as existing on a continuum of severity, with a

diagnosis of a significant mental illness requiring more intensive support and treatment being at the higher end of the continuum.

When you read the “**person**” or the “**individual**”, we are referring to the person in the family with a mental health issue, with or without substance abuse issues.

When we use the term “**family member**”, we are referring to immediate, extended family or close friends who act as a fundamental part of a person’s support network.

When you see words that look like “***this***” (bold, italic and underlined) it means that you will find that word or term in the Glossary at the back of this book.

The term “**addictions**” or “**substance abuse**”, although not always mentioned in association with mental health, are often experienced along with mental health issues and mental illness.

The term “**psychiatric facility**” or “**Schedule 1 Facility**” is a hospital or facility that has the ability to keep involuntary patients from leaving the premises.

The **Contacts and Resources** are listed at the end of each chapter or, in a few cases, at the end of a main chapter section (see Table of Contents). These lists are in no way exhaustive. Especially with the Internet, there are thousands of good resources out there that you can find on your own (although a note to the wise is to always be cautious about information from the Internet). Our Contacts and Resources are places to get started when you are looking for specific information or services.

The **Glossary of Terms & Index** will allow you to refer back to pages in the guidebook that talk about a specific acronym, word or term.

It is always a good idea to use your social and support networks to find out what has worked for people and where they have gone successfully for information or assistance.

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

Local websites www.ementalhealth.com , www.champlainhealthline.ca are excellent online resources where you can obtain information and resources for Ottawa, and the counties of Renfrew, Lanark, Prescott and Russell, Stormont, Dundas and Glengarry. They have an Addictions and Mental Health Database that can be searched by organizations or topics. They are both user friendly and have a lot of useful information and resources for anyone in this community.

MY PERSONAL BILL OF RIGHTS

I have the right to ask for what I want.

I have the right to say no to requests or demands I can not meet.

I have the right to express all my feelings, positive or negative.

I have the right to change my mind.

I have the right to make mistakes and do not have to be perfect.

I have the right to follow my own beliefs and values and to set my own standards.

I have the right to say no to anything when I feel I am not ready, it is unsafe or it violates my values.

I have the right to determine my own priorities.

I have the right to NOT be responsible for others' behaviours, actions, feelings, or problems.

I have the right to expect honesty from others.

I have the right to be angry with someone I love.

I have the right to be uniquely myself.

I have the right to feel scared and say, "I am afraid".

I have the right to say, "I don't know" and not feel guilty about it.

I have the right to NOT give excuses or reasons for my behaviour.

I have the right to make decisions based on my feelings.

I have the right to fulfill my own needs for personal space and time.

I have the right to be playful and frivolous at times.

I have the right to be healthy even if those around me are not.

I have the right to in a safe, non abusive environment.

I have the right to make friends and be comfortable around people.

I have the right to change and grow.

I have the right to have my needs and wants respected by others.

I have the right to be treated with dignity and respect.

I have the right to be happy.

ACKNOWLEDGEMENTS

We would like to extend our deepest gratitude and appreciation to Canadian Mental Health Association (CMHA) Grand River Branch for generously gifting us with the template for this guidebook.

The Champlain version of this guidebook has been made possible by the efforts of the Family Advisory Committee with support and guidance from members of the Addictions and Mental Health Network in the Champlain LHIN.

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

This guidebook has grown over the years from dream to reality because of the steadfast belief in a working collaboration between families and the professionals in our community's addiction and mental health communities.

Our special thanks to the Artists whose "sparks of brilliance" shine for all our readers: Cheryl Poulin, Catherine Corey, Inta Dreijeris, Tim Deslippe, Dawn Eschuk, Charlene Gauthier, Dilys Williams, J.H., H.W., Catherine Gutsche.

Breathes, Cheryl Poulin, www.earmark-studio.ca



The creation and publication of this guidebook was made possible by a financial contribution by the Champlain LHIN.

The Champlain Local Health Integration Network (CLHIN) is a provincial agency that plans, funds and integrates health services in the easternmost region of Ontario. The region includes Renfrew County, the City of Ottawa, North Lanark/North Grenville and the Eastern Counties.

The CLHIN does not provide services directly. Rather, its mandate is to ensure services are well-organized, appropriately funded and meet the needs of residents of all ages. In fact, the Champlain LHIN funds roughly 60 mental health and addictions agencies in the region. Other health organizations funded by the CLHIN are community health centers, community support services, hospitals, long-term care homes, and the Champlain Community Care Access Centre.

Overall, the Champlain LHIN's vision is to build healthy, caring communities supported by quality health services that achieve results - today and for the future.



People with mental health and/or problematic substance use are a priority population for the Champlain LHIN. The CLHIN has a three-year plan (2010-13) that explains how it will focus efforts and available resources to improve the health and health system for Champlain residents.

For people with mental health issues and/or problematic substance use, the CLHIN has outlined three areas of focus in this strategic plan. They are:

- 1) Manage early symptoms of their health condition;**
- 2) Access coordinated services along the continuum of care;**
- 3) Access the care they need, where and when they need it.**

The Champlain LHIN has recently spearheaded a number of important new programs in our region, including supportive housing for people with addictions, transitional services for young adults with serious mental health conditions, and screening for concurrent disorders.

It is expected that this patient guide, a key project of the Addictions and Mental Health Network of Champlain, will assist many clients and help improve access to services.

BEFORE A CRISIS

Getting Assessed, Diagnosed and Using Services

If you or a loved one think you might have a mental health concern, there is a free screening tool at www.ementalhealth.ca. It is anonymous and clinically validated to see whether or not there may be a mental health issue. Please remember this is NOT a diagnosis. If you are concerned about your mental health, or that of a loved one, get help from a professional. Many community health and resource centres offer counselling.

In order to get a diagnosis, you must see a physician and/or a psychiatrist or psychologist. It may take awhile, as some cases can be quite complex. Diagnosis is a process.

If you, or your loved one, drink alcohol or have substance use issues, this may also complicate the process of diagnosis. It is common for people with a mental health issue to self-medicate with alcohol and or other substances. When this is the case, there may be a concurrent diagnosis. Free screening tool for alcohol use called AUDIT and CAGE self test is available at <http://www.addictionsandrecovery.org/addiction-self-test.htm>. and <http://www.ementalhealth.ca> Again this is not a diagnosis - it is for awareness purposes only. (see *chapter on Dual and Concurrent Diagnosis*, page 76)

If you suspect that someone you love is using alcohol or other drugs and you see a change in behavior that concerns you, talk to them. Tell them you are concerned and explain why. Listen non-judgmentally. Remember, you can see a counselor yourself to help you figure how best to proceed. Find resources and educate yourself, so that you can provide reassurance and information and are able to encourage the person to get appropriate help. Successful recovery involves the person and their family feeling supported and connected. There are also educational programs that are one of the most important and empowering services a family can access. (See *chapter on Caregivers*, page 138)

It may also be helpful to look at the following six areas in your life or that of a loved one. Mood, attitude and performance, sleep patterns, physical symptoms, social behavior, and the use of alcohol, drugs and cigarettes.

The Canadian Forces developed a program for service personnel and their families called *Road to Mental Readiness*. In this program, they produced what they call the Mental Health Continuum Model to help identify mental health concerns early. This model goes from healthy, to mild and reversible distress, to severe or more persistent distress, to clinical illness and disorders that require more concentrated professional care. It has been adapted here for youth.

| | HEALTHY | REACTING | INJURED | ILL |
|--------------------------------------|--|---|--|--|
| Mood | Normal mood fluctuations Calm & takes things in stride | Irritable Impatient Nervous Sad Overwhelmed | Anger Anxiety Pervasively sad Hopeless | Angry outburst/ aggression Excessive anxiety/panic attacks Depressed/ suicidal thoughts |
| Attitude and Performance | Good sense of humour Doing their best at school. In control mentally | Displayed sarcasm Procrastination Forgetfulness | Negative attitude Drop in grades/or always doing school work Poor concentration Poor decisions | Breaking rules/law Can't or won't do school work. Out of control behavior Can't concentrate |
| Sleep | Normal sleep patterns Few sleep difficulties | Trouble sleeping Intrusive thoughts Nightmares | Restless disturbed sleep Recurrent images/ nightmares | Can't fall asleep or stay asleep Sleeping too much or too little |
| Physical Symptoms | Physically well Good energy level | Muscle tension Headaches Low energy | Increased aches and pains Increased fatigue | Physical illness Constant fatigue |
| Social Behaviour | Physically and socially active | Decreased activity | Avoidance Withdrawal | Not going out or answering the phone |
| Alcohol, Drugs and Cigarettes | No use/small amounts of alcohol | Regular but controlled use | Increased use hard to control with negative consequences | Frequent use with severe consequences |

The family navigators at Parents Lifelines of Eastern Ontario (PLEO) can also assist you in finding resources and services before a crisis.

613-321-3211 Toll Free 1-855-775-7005 or email info@pleo.on.ca <http://www.pleo.on.ca>

The helpline is available Mon to Fri, 9:00 am to 7:00 pm.

For children and youth up to the age of 18,

CHEO has a Mental Health Program (Provincial Centre of Excellence for Child and Youth Mental Health. 613-797-7600 There is a centralized intake office 613-249-9355 that provides a single entry point to all the programs. <http://www.cheo.on.ca/on/accesscheoamentalhealthservices> **You need to be referred.**

A physician must submit the Child and Youth Specialized Psychiatric and Mental Health Intake Referral link:

<http://www.cheo.on.ca/uploads/CYSPMHS%20Intake%20Form%20-%200ct%2017%202012.pdf>

Alternative ideas while waitlisted for CHEO Mental Health Services

Psychologists/Addiction Counsellors/EAP programs by employers/Private Sectors/Social Workers and VP School Supports.

For Youth (12 -20 years),

Mental Health Services are also available from **Youth Services Bureau**. The Youth Service Bureau offer a 24/7 crisis line 613-260-2360 Toll Free 1-877-277-7775 email crisis@ysb.on.ca , a walk-in clinic 2301 Carling Ave. Hours of Operation Tues and Thurs 12-8 pm, youth and family counseling (Youth Health Clinic) 613-241-7913 Ext 222, Multisystem Therapy, Day treatment, Wraparound and school programs.

They also provide Community Housing Services

<http://ysb.on.ca/index.php?page=housing-services&hl=eng> , Employment Services, and Youth Justice Services. (Trades Training Centre)

<http://www.ysb.on.ca/index.php?page=Trades-Training-Centre&hl=eng>

The Royal Ottawa Mental Health Centre has Youth psychiatry as well.

<http://www.theroyal.ca/mental-health-centre/mental-health-programs/areas-of-care/youth/>

Referrals accepted by physicians only. Physicians contact centralized intake office 613-737-2496 Toll Free 1-866-737-2496 Emerg Services please go to CHEO Cheo centralized intake office for the ROH 613-737-7600 Ext 2496

The Minds that Matter (OSI) Youth living with someone with Operational Stress Injury 1800-883-6094

CHEO Mental Health Centralized Intake Office 613-737-7600 Ext 2496

Hopewell (Community Support for everybody affected by an eating disorder) 613-241-3428

For Senior Services (see *chapter on Older Adults page 67*).

Walk in Mental Health Clinics

YSB Mental Health 613-260-2360 or 1-877-377-7775

Crossroads Walk in Clinic 613-723-1623

Walk in Counselling Clinics <http://www.jfsottawa.com/emergency-walk-in-counselling-clinic-ottawa/>

Our trained counsellors are available on a first come first serve basis. No appointment or referral is required. Our goal is to help you with life's challenges in this single session service.

Family Services Ottawa (FSO) 613-725-3601 312 Parkdale Ave. Ottawa

Hours: Tuesdays: 12:00 to 8 pm (last walk in session is at 6:30 pm)

Saturdays: 12:00 to 5:00 pm (last walk in session at 3:30 pm)

Jewish Family Services 613-722-2225 300-2255 Carling Ave. Ottawa

Hours: Wednesdays: 12:00 to 8 pm (last walk in session is at 6:30 pm)

Sundays: 12:00 to 5 pm (last walk in session is at 3:30 pm)

Catholic Family Services 613-233-8478 310 Olmstead, Ottawa

Hours: Thursdays: 12:00 to 8 pm (last walk in session is at 6:30 pm)

Fridays: 12:00 to 5 pm (last walk in session is at 3:30 pm)

Catholic Family Services 613-233-8478 Beacon Hill Shopping Centre Community and Social Services -EAST HUB 2339 Ogilvie Rd. Ottawa.

Hours: Wednesdays: 11:00 am to 4 pm (last walk in session is 2:30 pm)

North Renfrew Family Services 613-584-3358 109 Banting Drive, Deep River,

Hours: Monday 9:30 am to 1:30 pm (last walk in session is at 12:00 pm)

Wednesdays: 9:30 am to 1:30 pm (last walk in session is at 12:00 pm)

Counselling and Support Services of Stormont Dundas Glengarry 613-932-4610

26 Montreal Rd., Cornwall

Hours: Thursdays: 1:00 pm to 8:00 pm (last walk in session is at 6:30)

Open Doors http://www.healthunit.org/clinics/resources/Walk-In_Counselling_Clinic.pdf

Almonte Health Unit 79 Spring St. Unit 2 613-256-1203 Thursdays 1-4

Carleton Place 40 Bennett St. 613-257-8620 Wednesdays 1-6

Smith Falls 88 Cornelia St. W 613-283-8260 Mondays 1-6

Perth 40 Sunset Blvd. Suite 123 613-264-1415 Tuesdays 1-4



Power, by Inta Dreijeris
Acrylic

COPING WITH CRISIS

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

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

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

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

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

Have Your Family's "Toolbox" Ready

It can be an incredibly frightening experience to see the person in crisis or in the middle of a psychotic episode. It is important to prepare yourself and your family for this possibility. Included in your 'toolbox' are all the things you need when faced with a mental health crisis.

Here are some examples of tools you can have ready:

- A list of people you can trust and who you can call in a difficult time - family, friends, your family doctor, etc. Have this list ready and posted where someone else will find it if you are not around.

- A list of ways to behave that will help to create calm in a stressful situation, such as speaking in a soft voice, keeping your body language subdued, and reducing the amount of noise or extra stimulus in the environment, if possible.

Signs of a Possible Crisis

- A sudden change in usual behavior - the person can become paranoid or manic (very high energy);
- Extreme irritability;
- Easily overwhelmed by almost anything;
- Trouble talking, eating, sleeping;
- Appear unresponsive, severely depressed and/or unable to care for themselves;
- Acting or talking in ways that may lead to harm (to themselves or others);
- Suicidal plans or thoughts being expressed.

"Knowing what helps calm them down and having a shared plan for a crisis can make such a huge difference."

STEPS FOR PREVENTING CRISIS:

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

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

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

Be Aware of Relapse Symptoms and patterns that you have observed in the individual. Get help sooner rather than later. If possible, you want to avoid the stress and trauma that could be involved in hospitalization, which can sometimes seem like the only option in the midst of a full-blown crisis. It is very unusual for someone to become suddenly and severely ill - the process of relapse usually takes about a week. Be alert to symptoms of potential relapse.

Our Crisis Toolbox

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

Other tools:

PREPARING FOR CRISIS

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

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

WRAP Wraparound (WRAP) is a Wellness and Recovery Action Plan that is a family driven plan unique to each family that is strength-based, it is solution focused and offers hope to families who are struggling with complex problems. This program is associated with some of the agencies in the Champlain LHIN. see page 124

More information and downloadable worksheets are available at www.f-a-c.ca or www.RecoveryAcademy.ca

Openers for calling the Crisis Line:

- I'm having a hard time so I just wanted to call and talk to someone.
- I am dealing with a lot of emotions and I'm not sure how to continue my day.
- I'm feeling pretty confused right now and need some help sorting things out in my head.
- I think I am showing symptoms of an illness. I've been awake all night and I need someone to talk to.
- I have never called and I don't really know how to start.

You can talk about anything when you call the Distress Line. Sometimes it helps to talk about the weather or sports for a little while to get comfortable with the person on the phone - just tell them you need to get grounded first before getting to the issue.

The Distress Line can be anonymous if you want it to be - you don't have to give information about yourself. But, you can give that information if you want to.

WHO TO CALL IN A CRISIS

If you feel like you are in an unstable situation of extreme danger or difficulty

Call 911 - *tell them it's a mental health emergency*

If you are at crucial stage or turning point in the course of something and would like assistance to figure out what to do next, call one of the numbers listed below.

| Regional Crisis Lines | Language | B = Bilingual, F = French only, E = English only * = Access to F or E |
|---|----------|--|
| Child, Youth and Family Crisis Line of Eastern Ontario | B | 613-260-2360 1-877-377-7775 |
| Kids Help Phone (4-21 years) | B | 1-800-668-6868 |
| Mental Health Crisis Line <i>for 16 years and up</i> | B | 613-722-6914 1-866-996-0991 |
| Tele-Aide Outaouais <i>8 am to midnight daily</i> | F | 613-741-6433 1-800-567-9699 |
| Femaide crisis line for French-speaking women | F | 1-877-336-2433 |
| Ontario Poison Centre | B | 1-800-268-9017 |
| Tele Health Ontario | B | 1-866-797-0000 |
| Drug and Alcohol Helpline | B | 1-800-565-8603 |
| Community and Social Services information | B | Call 211 |
| Eastern Counties | | |
| Mental Health Distress | B | Grey and Bruce 1-877-470-5200 Akwasasne 1-866-966-0991 Renfrew County 1-866-996-0991 Prescott Russell 1-866-996-0991 Stormont-Dundas-Glengarry 1-866-996-0991 |
| ConnexOntario | B | 1-866-531-2600 |
| Valoris for children & adults in Prescott-Russell: 8 am to midnight daily | B | 613-673-5148 1-800-675-6168 |
| North Lanark/North Grenville | | |
| Leeds, Grenville and Lanark District | E | 1-866-281-2911 |
| Ottawa | | |
| Ottawa Police Services | B | 613-236-1222 |
| Ottawa Distress Centre | E | 613-238-3311 |
| Centre 454 | B | 613-235-4351 X236 |
| Military Family Resource Centre of The National Capital Region | B | 613-998-4888 |
| Services for Abused Women and Families | | |
| Eastern Ottawa Resource Centre | B | 24 hr 613-745-4818 613-741-6025 |
| Interval House | B | 613-234-8511 |
| My Numbers | | |
| Physician/psychologist/psychiatrist or other mental health professional | | |

Things to Remember About the Crisis Line

- The volunteers and staff are there because they want to be.
- They have extensive training and experience with a range of issues.
- They can listen well, give you information and options of resources you can access for yourself, or put you through to talk to a professional if you are in immediate crisis.
- You can call every day if you need to, or every couple of months-whenver you need the service it will be there.

Calling the Mental Health Crisis Line

It's important to remember that:

A crisis can include difficulty dealing with stress, overwhelming feelings, symptoms of depression, anxiety or psychosis, suicidal thoughts, or any concerns regarding your mental health or that of your loved ones. This line provides screening, assessment, referrals, support in a crisis, suicide intervention and transfer to the Local Crisis Team or to emergency services when advisable. This service is for individuals 16 years and older living in the Champlain LHIN. It is accessible 24 hours a day 7 days a week .

Individuals, families or concerned friends can call

613-722-6914

or the toll free Mental Health Crisis Line at:

1-866-996-0991

Crisis Intervention System of the Champlain LHIN

Mental Health Crisis Line

Is the first point of public access to the mental health crisis response system.

Serves people 16 years of age and over.

Provides toll-free telephone access in both French and English, 24 hours/7 days a week.

Is staffed by trained volunteers supported by professional staff.

Provides screening, assessment, referrals, support in a crisis, suicide intervention and transfer to the Local Crisis Team or to emergency services, when advisable.

Local Crisis Team

The Local Crisis Team works closely with emergency services (such as hospital emergency departments and police), physicians and other community agencies to ensure a safe and comprehensive response.

Services include crisis intervention, assessment, consultation, and links to community supports in a least intrusive approach to enable individuals in crisis to receive services in their own environment. Consultation and advice can be provided to family members.

Follow-up and support services can be provided to help resolve the crisis.

The Local Crisis Team includes registered nurses, social workers, crisis counselors, and other health professionals.

Emergency Room

A nurse specialized in triage greets patients, evaluates their condition and performs certain preliminary tests, as needed, to ensure that those who require more urgent attention are seen and treated first. Not all hospitals have psychiatric emergency services (PES). In those hospitals that do, you will be assessed by a multidisciplinary team to determine what services are required.

CHILDREN AND YOUTH SERVICES

| <i>Eastern Counties</i> | <i>Contact</i> |
|---|---|
| <p>Valoris Community-based, offers various mental health and social services including, but not limited to, counseling, therapy, psychosocial intervention, and mental health education. www.valorispr.ca Satellite offices in Casselman, Embrun, Hawkesbury, and Rockland.</p> | <p>Plantagenet Office</p> <p>613-673-5148 Bilingual</p> |
| <p>Equipe Psycho-Social</p> <p>Community-based, accredited, francophone mental health agency for children and youth, 18 and under, with mental health issues and their families. epssdg@equipepsychosociale.ca</p> | <p>610 McConnell Ave., Cornwall 613-938-7112 French</p> <p>110 Rue Main Alexandria 613-525-3952</p> |
| <p>Cornwall Community Hospital</p> <p>Four programs exist under the Children's Mental Health services. They include: The Child and Youth Counselling Services (CYCS) provide the outpatient services for children in English. CYCS is a community-based mental health program sponsored by the Cornwall Community Hospital that provides assessment, therapy and support, counselling and consultation. CYCS has a well-trained, multidisciplinary team of professionals. The Day Treatment Program is an English program for children between the ages of 4 to 14 years, who reside in Stormont, Dundas, and Glengarry. This is a comprehensive program for children whose mental health problems are preventing them from succeeding at school and at home. Outreach Program is an in-school and in-home based treatment program for children between the ages of 4 to 17 years, who reside in Stormont, Dundas, and Glengarry. Services are provided to English public and catholic schools. Single Point Access is a bilingual service for children and youth up to the age of 17. It provides information and referrals to community services, as well as brief counselling. Satellite offices are located in Winchester and Alexandria www.cornwallhospital.ca/en/ChildrenMentalHealth Youth Transition Improvement Program (YTIP) is a partnership with CCH to improve addictions and mental health system coordination, navigation and access for youth and young adults 16-24 and their families within S.D.&G Cornwall and Youth Transition Improvement Program (YTIP) is a partnership with CCH Akwesasne Services are offered in French and English</p> | <p>613-932-1558 Bilingual</p> <p>Addiction Services 613-936-9236 1-800-272-1937</p> <p>Mental Health Services 613-932-9940 1-800-465-8061</p> |

| North Lanark/North Grenville | Contact |
|--|---|
| <p>Open Doors in Lanark Community-based, accredited mental health agency for children and youth, 0-18 years of age (and their families) who are having difficulties in their lives. Services: Counselling, Family Resources, Early Years , Parents First and Youth Intensive Case Management, School Based Programs, Same Day Clinic (Mental Health Walk-in) and Out of Home Respite. The counsellors work with children, youth and families to try and solve problems early on, before they become more serious. Offices are located in Smith Falls, Carleton Place, Perth and the North Lanark County Community Health Centre, and each office has Quick Response Team members.</p> | <p>Main Number 613-283-8260 Toll Free 1-877-232-8260 Crisis Line 613-257-8260</p> |
| <p>Childrens Mental Health of Leeds and Grenville-Kemptville Services: Early Years Programs, Community Therapy, Middle Years (Mental Health Services for families of children 0-12) Triple P-Positive Parenting Program, Intergenerational Trauma Treatment Model (ITTM) Adolescent Services, Psychological Services, Psychiatric Consultations (ROH and Hotel Dieu) and Pediatric Consultations</p> | <p>1-800-809-2494</p> |
| <p>Lanark Highlands Youth Centre (LHYC) 61 Princess St. Lanark</p> | <p>613-259-2012</p> |
| <p>Eastern Ontario Resource Centre Children and Youth Program Children who witness violence</p> | <p>613-741-6025 24 hr 613-745-4818 www.eorc-creo.ca</p> |
| Ottawa | |
| <p>Centre Psychosocial Community-based, accredited, francophone mental health agency for children and youth, 18 and under, with mental health issues and their families. French only refer to Crossroads for English Services www.centropsychosocial.ca email centropsychosocial@centropsychosocial.ca</p> | <p>613-789-2240 150 Montreal Rd. Suite 300, Ottawa , On Crisis 1-877-377-7775 (F)</p> |
| <p>Children's Hospital of Eastern Ontario (CHEO) The Mental Health Program provides a range of specialized mental health services for children and youth, including prevention, early intervention, and more intensive diagnostic and treatment services. In partnership with the Royal Ottawa Mental Health Centre (Youth Program), a range of specialized psychiatric and mental health services are provided. Inpatient services, which include a 15-bed adolescent unit (ages 13-17) and a 10-bed children's unit (ages 12 and under). Both units, located at CHEO, provide crisis stabilization, assessment and transitional care. Emergency Services, which provides psychiatric emergency, crisis intervention and urgent services are provided in CHEO's Emergency Department.</p> | <p>613-737-7600 401 Smyth Road Ottawa, On Service in English some bilingual capability www. cheo.on.ca</p> |

| | |
|---|---|
| Ottawa continued | |
| <p>Crossroads Children's Centre Community-based, accredited mental health agency for children up to the age of 12 with major behavioural and emotional difficulties . The agency offers a variety of treatment programs including; school-based day treatment program with a capacity of 60 children, family support program, individual therapy, family therapy, group therapy, in-home treatment, walk-in clinic. The multidisciplinary Crossroads team has specialized expertise in delivering children's mental health services for children up to the age of 12 with severe emotional, behavioural and social difficulties.</p> | <p>613-723-1623</p> <p>1755 Courtwood Cres., Ottawa, ON</p> |
| <p>Dave Smith Youth Treatment Centre and Maison Fraternité</p> <p>The Dave Smith Youth Treatment Centre serves individuals in English and Maison Fraternité in French. They are both community-based agencies dedicated to helping youth (13-21) overcome substance abuse issues and other related challenges to achieve a healthier lifestyle. Located in the Ottawa region, programs are available free of charge to help youth and their families progress through the treatment continuum, all in a supportive, safe and caring environment.</p> <p>www.davesmithcentre.org</p> <p>Maison Fraternite Center for Adolescents and their Families www.maisonfraternite.ca</p> | <p>For general information call 613-594-8333 x 2206 Services in English</p> <p>613-526-1415 Toll Free 1-877-654-0991 Services in French</p> |
| <p>Roberts/Smart Centre Community-based, accredited mental health agency for youth, ages 12-18, living with complex behavioural and emotional needs. The agency provides specialized clinical services through residential, secure and day treatment programs. http://www.rsc-crs.com/index.html info@rsc-crs.com</p> | <p>1199 Carling Ave. Ottawa 613-728-1946 Toll-Free: 1-800-279-9941 Services are bilingual</p> |
| <p>Youth Net/Réseau Ado A program run by youth for youth for the promotion of mental health services and the facilitation of access to mental health services.</p> | <p>Self referral: 613-737-7600 x 3915 Services are bilingual</p> |
| <p>Youth Services Bureau The 24/7 Crisis Line service is for children and youth, ages 18 and under, who are experiencing a crisis, and for parents, guardians, caregivers, friends or service providers who are concerned about a young person in crisis.</p> | <p>Crisis Line: 613-260-2360</p> <p>Long Distance 1-877-377-7775</p> |

| | |
|---|---|
| Ottawa - continued | |
| <p>Mobile interventions: Monday - Friday: 4:30 p.m. to midnight; Saturday and Sunday: 11:00 a.m. to 11:00 p.m. Help may include:</p> <ul style="list-style-type: none"> Supportive listening Immediate crisis counseling on the phone Information on resources and service providers in your community Referrals to child and youth service providers in your community A home-based intervention (in Ottawa only) Short-term follow-up service <p>The Residential Crisis Service is included in the continuum of services and is available for youth, ages 12 to 15, for a stabilizing period of up to five days. A crisis alert and follow-up program is also offered for professionals in the community.</p> | <p>Service Hours: 24 hours a day, 7 days a week, 365 days a year</p> <p>2675 Queensview Dr. Ottawa 613-729-1000</p> <p>headoffice@ysb.on.ca</p> <p>Services are bilingual</p> |
| Renfrew County | |
| <p>Phoenix Centre for Children and Families Community-based, accredited mental health agency located in Pembroke that works with children, youth, and their families to improve their mental health and well-being. It has 12 full time therapists and 19 Child and Youth Counselors who offer support and services in five communities across Renfrew County. www.phoenixpembroke.com</p> | <p>613-735-2374 or Long Distance 1-800-465-1870</p> |

Early Psychosis Intervention

Psychosis is a serious but treatable medical condition that affects about 3% of the population and reflects a disturbance in brain functioning. A person with psychosis experiences some loss of contact with reality. If someone you know seems different - withdrawing, appearing confused, imagining things, hearing voices - he or she may be experiencing first episode psychosis. Without effective treatment, psychosis can overwhelm the lives of individuals and families. You can help.

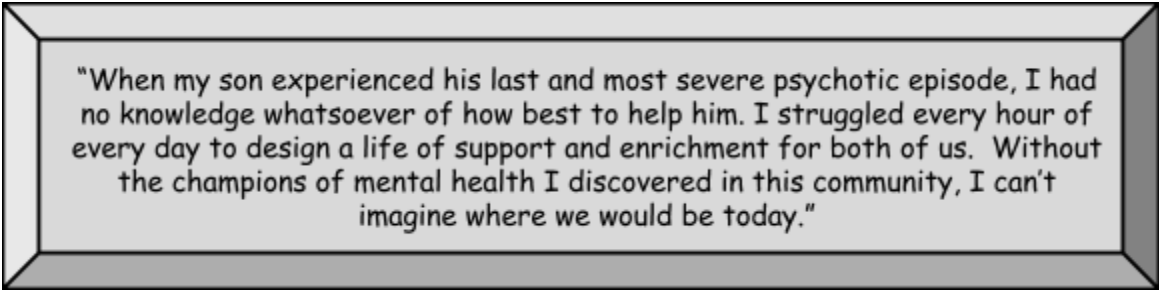
Psychosis is treatable. Early intervention is critical.

When psychosis occurs for the first time it is difficult to know the cause. Psychosis is associated with a number of medical conditions including schizophrenia, depression, bipolar (manic-depression) disorder, medication side effects and substance abuse, among others. Because the first episode of psychosis can signal a number of issues, being assessed and finding early treatment is vital for recovery.

Early intervention programs have been initiated throughout Ontario, offering early identification and treatment of psychosis, holistic person-centered planning for recovery, and reintegration into the community.

On Track is the Champlain District's First Episode Psychosis Program, one of the Ottawa Hospital, General Campus programs. It sees individuals, aged 16-65 years, who are experiencing their first symptoms of psychosis. They provide screening and/or assessment for psychotic disorders by a multidisciplinary team. Education, support and outpatient care are offered for both patient and family for a period of one to three years.

1-888-737-8069 ext 0
Ottawa Hospital OnTrack



"When my son experienced his last and most severe psychotic episode, I had no knowledge whatsoever of how best to help him. I struggled every hour of every day to design a life of support and enrichment for both of us. Without the champions of mental health I discovered in this community, I can't imagine where we would be today."

Crisis and the Risk of Suicide

People who talk about suicide usually do not really want to die, but are desperate for support. It is extremely important to take any mention of suicide seriously, particularly if they have been showing signs of other behaviours you are concerned about.

Sometimes when there is a mental illness present, the person will hear voices telling them they should die.

If you think the person is in danger of attempting suicide, ask them directly.

Are you feeling depressed? Are you considering suicide? How? How soon? Don't be afraid to discuss it openly - it will not increase the chances of the person dying by suicide.

Try to make a verbal contract or agreement with the person to not carry out their plan at least until a specified time (maybe two hours from that point).

Assure them that you will not judge them, that you are there to support and get them through this rough time.

Talk about the things they feel overwhelmed about - listen, don't try to give too much advice or minimize their concerns.

Tips for dealing with a potentially life-threatening Crisis Situation

- Breathe. Remain calm. . . Call 911 if you have to.
- When calling in a crisis, give as much information as possible to the dispatcher. State that it is a mental health emergency.
- Stay safe. Your personal safety has to come first or you will not be able to help the person in crisis.
- Remove objects from the area that could be used to inflict harm (knives, sharp objects, etc.
- Make yourself aware of police powers under the Mental Health Act before something happens.

**IF THE PERSON WON'T ACCEPT HELP AND SAYS
THEY WILL COMMIT SUICIDE,**

CALL 911

The risk of suicide increases when someone is experiencing a mental health crisis. This is a very disorienting experience and they may feel, at the time, that suicide is their only option for escape. Some studies indicate that a large number of people who die by suicide have a diagnosable mental illness or a drug problem. Suicide is the most common cause of death for individuals with schizophrenia. People diagnosed with mood disorders, such as major depression and bipolar disorder, are at particularly high risk as well, especially if they are not receiving treatment or formal support.

SIGNS OF SUICIDE RISK

A history of other family members dying by suicide

Feelings

Sad, despondent, hopeless, helpless, worthless, lonely, extreme mood change, guilty, desperate, angry.

Thoughts

**I wish I were dead
All my problems will end soon
I won't be needing these things any more
I'm a loser
Everyone will be better off without me
I can't do anything right
No one can do anything to help me now
I can't take it anymore**

Actions

**Giving away possessions
Taking out insurance, writing a will
Withdrawal from family /friends/school/work
Impulsivity
Reckless Behaviour: driving, sexuality
abuse of drugs, alcohol
Self-mutilation**

Physical

**Lack of interest in appearance
Change in sex interest
Disturbed sleep
Change/loss of appetite, weight
Physical health complaints**

| CONTACTS AND RESOURCES: (CRISIS) | | |
|--|--|----|
| Regional Services | | |
| Mental Health Crisis Line *main point of access for the Crisis Intervention System* For Eastern counties, Ottawa and Renfrew County www.crisisline.ca | 613-722-6914 Outside Ottawa 1-866-996-0991 | B |
| Children's Hospital Eastern Ontario Emergency Number | 613-737-2328 | B |
| For Children and Youth 12 and older Child Youth Family Crisis Line Eastern Ontario www.ysb.on.ca | 613-260-2360 1-877-377-7775 | B |
| Kids Help Phone | 1-800-668-6868 | B |
| Eastern Counties | | |
| Addiction Services of Eastern Ontario (AESO) Cornwall Hospital | 1-800-272-1937 | E* |
| Children's Mental Health Cornwall Single access point for youth under 17 | 613-932-1558 | B |
| North Lanark/North Grenville | | |
| Distress Centre Lanark, Leeds, Grenville, 5 pm to midnight weekly | 1-800-465-4442 | E |
| Ottawa | | |
| Al-Anon Family Groups - help for families of alcoholics | 613-723-8484 | |
| Community Information Centre of Ottawa www.cominfo-ottawa.org | Call 211 | B |
| Hôpital Montfort Hospital Crisis Number | 613-748-4908 | B |
| Ottawa Distress Centre | 613-238-3311 | E |
| Ottawa Rape Crisis Centre (24 hour crisis line) | 613-562-2333 | E |
| Parents' Lifeline of Eastern Ontario (PLEO) helpline | 613-321-3211 | E* |
| Sexual Assault Support Centre (24 hour support line) | 613-234-2266 Office 613-725-2160 | E |
| Youth Mental Health Walk-in Clinic (aged 12 to 20) Offers single counseling sessions for youth in immediate need. Tuesday and Thursday, 12 noon to 8 pm 2301 Carling Ave | 613-562-3004 | B |
| Renfrew County | | |
| Canadian Forces Member Assistance Program (CFMAP) 24 Hour Support | 1-800-268-7708 | |
| The Acute Mental Health Program | 613-732-2811 x 6144 | |

Hospital Emergency Departments

| | | |
|---|--|----|
| Regional | | |
| Children's Hospital of Eastern Ontario 401 Smyth Road, Ottawa, ON | 613-737-7600 | E* |
| Eastern Counties | | |
| Cornwall Community Hospital - McConnell Site 840 McConnell Avenue, Cornwall, ON | 613-938-4240 | B |
| Glengarry Memorial Hospital Highway 43, Alexandria, ON | 613-525-2222 | E* |
| Hawkesbury District General Hospital 1111 Ghislain Street, Hawkesbury, ON | 613-632-1111 | B |
| Winchester District Memorial Hospital 566 Louise Street, Winchester, ON | 613-774-2424 | E* |
| North Lanark/North Grenville | | |
| Almonte General Hospital 75 Spring Street, Almonte, ON | 613-256-2500 | B |
| Carleton Place & District Memorial Hospital 211 Lake Avenue East, Carleton Place, ON | 613-257-2200 | E |
| District Hospital | Perth 613-267-1500 Smith Falls 613-283-2330 | E |
| Ottawa | | |
| Hôpital Montfort Hospital 713 Montreal Road, Ottawa, On | 613-746-4621 | B |
| The Ottawa Hospital - Civic Campus 1053 Carling Avenue, Ottawa, ON | 613-722-7000 | B |
| The Ottawa Hospital - General Campus 501 Smyth Road, Ottawa, ON | 613-722-7000 | B |
| Queensway-Carleton Hospital 3045 Baseline Road, Ottawa, ON | 613-721-2000 | E* |
| Renfrew County | | |
| Arnprior & District Memorial Hospital 350 John Street North, Arnprior, ON | 613-623-3166 | E |
| Deep River and District Hospital 117 Banting Drive, Deep River, ON | 613-584-3333 | E |
| Pembroke Regional Hospital 705 Mackay, Pembroke, ON | 613- 732-2811 1-866-996-0991 | E |
| Renfrew Victoria Hospital 499 Raglan Street, North, Renfrew, ON | 613-432-4851 | E |
| St. Francis Memorial Hospital 7 St. Francis Memorial Drive, Barry's Bay, ON | 613-756-3044 | E |



Shared, by Inta Dreijeris
Acrylic

AT THE HOSPITAL

When an individual is taken to the hospital for psychiatric assessment and treatment, the whole family feels the effects. It can be a traumatic experience for everyone involved. Learning about the process for hospitalization in Champlain can help you to anticipate and advocate for your family member during the process. When you understand how the hospitalization process works, you will feel better prepared to understand present and past events, and hopefully those in the future. Knowledge can change fears and frustration into positive action. For more information about the forms used under the *Mental Health Act* see chapter *Legal Issues* page 147.

If the Person Needs to Go to the Hospital

If you and/or the individual decide that the best thing is to be in the hospital, there is a fairly clear process for how that happens. In recent years, there has been a shift to community-based mental health care, so the number of inpatient beds has been reduced. As a result, the person must be assessed as being in crisis before they can stay in a hospital. As described in the Legal Issues chapter, the physician/on-call assessment officer must determine whether or not the person is at risk of harming themselves or others.

"At times, people need time to themselves -time to heal, time to be away from confusion."

Starting at the Emergency Room

IMPORTANT: the Royal Ottawa Mental Health Centre does not have an emergency room. The following information will give you a general idea of what you might expect when visiting an emergency room in Ottawa. However, each emergency room will have a slightly different process. The person will be first checked by a triage nurse, who determines the person's immediate needs. Next, the person will be typically assessed by an ER physician. If the hospital has a Mental Health Unit, the person may also be assessed by a psychiatrist or they may call for a consultation. The physician and/or assessment officer will attend to ask some questions and start the process of assessing the level of risk or crisis. Once they have made their assessment, they may complete a Form 3 (see page 147) recommending that the individual be hospitalized for up to 72 hours and then reassessed.

What happens in the Emergency Department?

This may vary depending on which hospital you are in.

1. Checked by triage nurse to assess immediate needs.
2. Register and get bracelet
3. Nurse may check blood pressure, temperature, etc.
4. Stay in waiting room or private waiting room
5. Blood tests may be required
6. See Emergency Physician to clear you medically
7. When cleared by the emergency room physician then you may see a psychiatric resident who will ask you questions
8. You may see a Psychiatrist to determine need for hospitalization and/or community support
9. Admission or discharge

What can you do while you wait?

- Use a calm voice
- Find the best place for you to sit and wait
- Fill in a Health Information Sheet

If you are having difficulty dealing with stress, overwhelming feelings, symptoms of depression, anxiety or psychosis, suicidal thoughts, or any concerns regarding your mental health or that of your loved ones. call and speak with a volunteer trained to listen, provide information, referrals and support using the following number:

Mental Health Crisis Line

1-866-996-0991

"If I knew why they did things a certain way, then it would make the wait easier."

(Under the Mental Health Act, the physician may alternatively refer the person to appropriate follow-up support within the community. Generally, if a Form 3 has been completed, the individual will then be admitted to a Mental Health Unit.)

At a hospital with no inpatient mental health program

If it is determined by the physician that hospitalization is required, a transfer would be arranged to a suitable unit at another hospital.

"This spark that you see, inside of me, is the spark of a soul: long-enduring, long hoping, long journeying, and long growing . . ."

Children's Hospital of Eastern Ontario

Under the age of 18, Inpatient services include a 15-bed adolescent (ages 13-17) and a 10-bed children's unit (ages 12 and under). Both units provide crisis stabilization, assessment and transitional care.

Emergency Department provides psychiatric emergency, crisis intervention and urgent services.

Specialty Outpatient services include:

- Mood and Anxiety Clinic
- Dual Diagnosis Clinic
- Attention Deficit Hyperactivity Disorder/Disruptive Behaviours Clinic
- Section 23 Day Treatment Services for children and youth with severe mental health needs which interfere with attendance at school - delivered in partnership with M.F. McHugh and Le Transit schools.
- Eating Disorders Program. Inpatient program provides specialized multidisciplinary treatment for severely ill children and youth requiring hospitalization. Additionally, CHEO provides intensive day treatment, outpatient assessment and follow-up services. Referral is by family physician or pediatrician, directed to Mental Health Intake at: 613-737-7600, ext. 2496 at the Royal Ottawa Hospital Mental Health Centre.

Cornwall Community Hospital

The Cornwall Community Hospital Psychiatric Care Unit has 16 beds for clients of both genders, 16 years and older. There are two to four beds to a room. The average stay on the unit is 14 days. The Unit has two TV rooms, which double as lounges, and a large kitchen/activity room. They have a discharge planning group on Fridays that the caregiver, with permission of the client, can attend. The discharge instruction sheet can be given to the caregiver if the patient desires. If substance use is an issue, medical detox may be a possibility, as well as some general counselling.

The Unit has a working partnership with the Community Mental Health Crisis Team, which has been very successful in treating people through community outreach, consequently lowering readmission rates.

Montfort Hospital In-patient Mental Health Program (18 Years and older) has 32 beds, five rooms with two beds and the rest are private. The average stay is about two weeks and there is no maximum length of stay. The goal of the unit is to stabilize, assess, establish treatment plan and diagnosis. They provide short-term detox services to stabilize and then, with the smaller unit for patients that require more supervision, there is a TV lounge and a small eating area. In the center unit, there is an exercise room with stationary bikes, ping pong and an elliptical, a music and reading room, an art workshop, cafeteria and dining room.

Family is encouraged to be involved with discharge planning with the patient's consent with the help of a social worker, help the patient find the appropriate program in the community. In the south unit, which is a nt If the patient has a case manager or is supported by a team in the community, they will also be asked to be involved with the discharge planning.

Royal Ottawa Mental Health Centre

As the Royal Ottawa Mental Health Centre (ROMHC) is a specialty hospital, all beds are mental health beds. There is a patient admission handbook that covers some of the things you can expect if hospitalization is required. Some of their specialty programs are:

- Anxiety Disorders Program, including PTSD
- The Mood Disorders Program for Depression and Bipolar
- Long term Care
- Operational Stress Injuries and Post-Traumatic Stress Disorder (PTSD)
- Recovery Program
- Schizophrenia
- Seniors
- Substance Use and Concurrent Disorders
- Meadowcreek Short Term Treatment
- Integrated Forensic Youth Psychiatry
- Youth Outpatient/Outreach
- Youth Inpatient Unit
- Youth Partial Hospitalization
- Youth Day Treatment
- Assessment and Stabilization

Getting What you Need from Hospital Staff:

Whether family member or patient, there are a few things to keep in mind when trying to get what you need from staff at the hospital or any other facility.

1. First of all, **be polite and respectful**. They know it is a stressful experience and can empathize with your feelings. Try to be calm and pleasant while you persist until your questions are answered.
2. **Ask for what you need**. Families can request meetings with physicians and nurses, and can also call and provide information about the individual. Ask to schedule some time with a physician or nurse to get questions answered or to speak about particular issues. Like all workplaces, it is busy and staff have a lot of things to tend to.
3. **Remember, the staff are human too!** Try to remember that they are there because they want to help people. They have their own lives and stresses, and they are there because they want to be. Get to know them, have a sense of humor and view them as people who can become allies.

The Ottawa Hospital (TOH) (613) 798-5555

The Civic Campus (16 years and older)

The Civic campus has an In-patient Psychiatry Unit with 42 beds, 6 private beds in an area with more supervision, 4 private beds and the rest are semi-private rooms. There are 4 beds in Psychiatric Emergency Services. It offers short stay services, the average is 12-14 days, including assessment, crisis intervention and stabilization. It also offers a waiting area specifically designated for psychiatric emergencies. Facilities in the unit include a dining room , TV lounge, exercise/games room (piano, bicycle, puzzles), Occupational Therapy room and a secure unit. The family is encouraged to be as involved as possible with the discharge planning with the patient's consent. If the patient has a case manager or is supported by a team in the community they are also asked to be involved.

The General Campus (18 years and older)

The General Campus offers a special area for Psychiatric Emergency where patients are placed for evaluation. It has an Inpatient Mental Health Program with 42 beds, with six reserved for the Eating Disorders Program. There are seven private rooms, 12 double rooms and two rooms with four beds. It is an acute inpatient unit so the stay is for one to two weeks, but is determined by the needs of the patient. The goal of the unit is to stabilize, assess, establish a treatment plan and diagnose. A mental health outpatient program accessible by internal referral by General Campus and Ottawa Hospital only. Although the unit does not offer direct addiction services, a social worker will connect them with programs and services in the community.

The unit has a multi-purpose room with TV and games. It also has an art workshop and exercise room. The family is encouraged to be involved as possible with the discharge planning with the patient's consent. If the patient has a case manager or is supported by a team in the community, they are also asked to be involved.

The Queensway Carleton Hospital has 24 beds and 1.4 social workers cover the In-Patient Mental Health Program. There are four private rooms and 20 semi-private rooms. There is no maximum length of stay, but the average tends to be 16 days. There is a dining room and living area, and the patients are encouraged, when ready for off-ward privileges, to use the rest of the hospital, outside walks, or passes home.

The discharge planning sheet is typically completed by the nursing staff. Families are encouraged to participate in the planning process. They do not offer addiction treatment, however, they do provide addiction information and group therapy as addiction preparation for further treatment at specialized treatment facilities.

WHAT TO BRING TO THE HOSPITAL

If you have been admitted to the hospital and may be there for a while (each hospital has its own list and it may vary depending on what unit the person is on), there are some things you should bring with you:

- Health Card and any other insurance information
- Power of Attorney information, if applicable
- Pajamas/bathrobe
- Clothing suitable for indoor and outdoor recreation
- Toiletries such as toothbrush, toothpaste, shampoo
- Any necessary physical aids (walker, cane, hearing aid, eyeglasses, dentures, etc.)
- Personal items like hair dryer, electric razors, alarm clock, feminine hygiene products, etc.
- Reading materials, family photos, paper, pens, iPod (without camera).

WHAT NOT TO BRING TO THE HOSPITAL

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

In order for the family to receive medical information about the individual in the hospital, the individual (or substitute decision maker) must sign a consent form that authorizes you to receive this information. See legal issues page 147

Visiting the person in the hospital:

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

THINGS TO REMEMBER:

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

DURING A VISIT:

activities will depend on privileges the person has in the facility

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

What happens when it's time to leave the hospital?

Sometimes a discharge will happen fairly quickly for a variety of reasons, including high demand for the space in the hospital programs. As much as possible, start making plans and preparations for the return home before the discharge notice is issued.

Families can request to be present for the discharge planning meetings, at which time you can ask for more information about referral to or involvement in community-based support services. This is a great opportunity for discussion about strategies for support and recovery with mental health professionals and in the community.

I was first admitted into The Royal as an emergency patient when I had my first drink of alcohol and it triggered a psychotic reaction, which caused me to be a danger to myself and others. After my 72 hour assessment, I was offered assistance with no diagnosis given and decided I didn't want to be in a "loony bin" when I thought I really didn't have a problem. I re-admitted myself to The Royal, 12 years later, as a result of acute alcoholism and addiction. I was slowly killing myself through the abuse of illicit substances and a complete disregard to my own well-being and with kindness, compassion and patience, the staff brought me back to life. During their 28 day treatment program, I learned life skill lessons that enabled me to focus on creating a healthy lifestyle, learned how my addiction was interfering with my life plan and tools to maintain a recovery-oriented life.

I completed their one year After Care Program so I can continue to get the support of the Royal. Once complete, they referred me to a psychiatrist in the community, suggesting I was living with depression and needed further assistance. It was during this consultation that I was diagnosed with bi-polar disorder and began my full recovery from mental illness and addiction.

I returned to The Royal, 15 years later, as a volunteer because I wanted to give back what they gave me, namely, my life. To this day, I use their life skill lessons to ensure the quality of my life remains one of hope and recovery and pass along these lessons to the patients and clients currently in their program. Given back and sharing my experiences is the least I can do.

- Claude

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

| CONTACTS AND RESOURCES: (HOSPITAL) | | |
|---|-----------------------------------|----|
| Regional | | |
| Children's Hospital of Eastern Ontario CHEO 401 Smyth Rd. Ottawa, ON www.cheo.on.ca | 613-737-7600 1-866-736-2436 | B* |
| The Royal (ROH) 1145 Carling Avenue, Ottawa, ON www.theroyal.ca | 612-722-6521 Fax: 613-722-4577 | E* |
| Eastern Counties | | |
| Cornwall Community Hospital 840 McConnell Ave., Cornwall, ON www.cornwallhospital.ca | 613-938-4240 Fax: 613-93-4502 | B |
| May be transferred to a hospital with a mental health inpatient program | | |
| North Lanark/North Grenville | | |
| May be transferred to a hospital with an in-patient mental health program | | |
| Ottawa | | |
| Hopital Montfort Hospital 713 Montreal Road, Ottawa, ON | 613-746-4621 Fax: 613-748-4927 | B |
| The Ottawa Hospital (TOH) Civic Campus 1053 Carling Ave., Ottawa, ON www.ottawahospital.on.ca | 613-722-7000 TTY: 613-761-4021 | B |
| The Ottawa Hospital (TOH) General Campus 501 Smyth Road, Ottawa, ON www.theottawahospital.on.ca | 613-722-7000 TTY: 613-761-4021 | B |
| Queensway Carleton Hospital 3045 Baseline Road, Ottawa, ON www.qch.on.ca | 613-721-2000 TTY: 613-721-4717 | E* |
| Renfrew County | | |
| Pembroke Regional Hospital 705 MacKay St., Pembroke, ON www.pemreghos.org | 613-732-3675 Fax: 613-732-9986 | E |



Conversion, by Jacques Daigle

UNDERSTANDING DIAGNOSIS

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

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

Empowerment is a key component of the recovery process. It is extremely important to realize the dual nature of diagnosis: while the process of being diagnosed and 'labeled' can be disempowering to the person, for many individuals and families, finally receiving a clear diagnosis is a relief. It is an answer of sorts, to perhaps years of questions. A diagnosis can help to relieve some of the guilt and blame that we, as family members, may feel.

Tips for handling the process of being diagnosed:

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

Normal Reactions to a Diagnosis

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

The individual might fear they may become a 'drugged zombie'. It may mean the end or the temporary suspension of a formal education or employment.

It may also not mean any of those things but the fears, reactions and impacts are very real, and we have to be prepared to grieve. As a family or an individual, it can feel like a loss as much as it can feel like a relief, to finally know that something 'medical' is the issue.

Receiving a diagnosis involves many complex emotions. As a family member or an individual with a diagnosis, remember to take care of yourself and do what you need to feel empowered; learn what questions to ask and who you can open up to.

Are people with mental illness likely to be violent? NO!

- The media and news coverage may create a false impression that people with schizophrenia or other diagnoses are dangerous or violent.
- People having these experiences are most likely to be withdrawn and feel isolated.
- Substance abuse will increase the incidence of violence, just as it does in the general population.
- People experiencing Schizophrenia, for example, are more likely a danger to themselves, not others.
- The symptoms can feel so frightening and unbearable that a disproportionate number of people with mental illness attempt or complete suicide.

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

Things to Keep in Mind When you are Dealing with the Diagnosis of any Mental Health Issue

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

Your family member may not want your help. They may refuse to see a physician or take medication. This can be very stressful. Unless you have signed legal documents, such as power of attorney, you can only keep in touch, offer your support and watch for changes in their behavior.

Remember that you know your loved one best, and you know that they are NOT the illness - it is only one part of their full lives. Make it your challenge to ensure that others know that as well.

Understanding Anxiety Disorders

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

Common Symptoms of Anxiety

- Feelings of fear and anticipating misfortune of self or others;
- General nervousness;
- Experiencing headaches, back or neck aches from tension;
- Irritability;
- Having trouble concentrating;
- Easily tired and/or constantly feeling fatigued

Generalized Anxiety Disorders:

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

Obsessive Compulsive Disorders:

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

Common Compulsions (Rituals)

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

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

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

Phobias: A *phobia* is defined as a persistent, irrational fear of a situation or object. The person knows the fear is irrational but cannot help being afraid, trying to avoid the object of their fear at all costs. People with phobias may experience panic attacks, but phobias do not happen spontaneously - they are specific to a situation or object. The most common phobias involve heights or closed spaces, animals or insects, germs, and also social phobias like public humiliation or embarrassment. Agoraphobia is anxiety about or avoidance of a place or situation from which escape might be difficult.

Post-traumatic stress disorder (PTSD). This is a type of anxiety disorder that can affect both children and adults which is caused by psychologically traumatic events such as political persecution, accidents, violence, natural disasters, war, torture or sexual abuse.

Symptoms may include:

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

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

Recovery from PTSD is an ongoing process - it will not happen overnight. Being healed does not mean that you will forget the traumatic experience or not experience emotional pain when recalling the event. It is normal to experience some level of emotional reaction to bad memories. Rather, with time you will come to accept the impact of the experience on your life and will be able to develop effective coping strategies.

| Do: | DON'T: |
|---|--|
| <ul style="list-style-type: none"> ● Learn about PTSD and trauma. ● Talk to someone else for support such as your physician, counsellor, support group, friend or relative. ● Try various relaxation techniques, such as deep breathing and muscle relaxation. | <ul style="list-style-type: none"> ● Use alcohol or drugs to forget or escape your memories. ● Isolate yourself. ● Let anger destroy your relationships. ● Don't avoid thinking about the trauma. ● Avoid getting help. |

For more information on PTSD and self-help strategies : The National Institute of Mental Health (NIMH) <http://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml>

PTSD and Acute Stress Disorder, by Dr. Martin Anthony, retrieved Nov 1, 2008
<http://www.anxietytreatment.ca/posttrauma.htm>

Anxiety Treatment and Research Clinic (ATRC) 905-522-1155

Anxiety BC has an excellent set of resources, including Self-Help Strategies for PTSD
<http://www.anxietybc.com/resources/ptsd.php>

Interactive Tutorial on PTSD from Medline Plus
<http://www.nlm.nih.gov/medlineplus/tutorials/ptsd/html/index.htm>

Canadian Resource Centre for Victims of Crime 613-233-7614 Toll Free 877-232-2610
<http://crcvc.ca/links/>

Military Family Resource Centre of the National Capital Region 613-998-4888
Ottawa Operational Stress Injury Social Support Program (OSISS) 1-800-883-6094
The Minds That Matter (OSI) Youth Living with Someone with Operational Stress Injury
1-800-883-6094

For resources for recovery PTSD (sexual abuse) contact: Sexual Assault Support Centre 613-725-2160
Ottawa Rape Crisis Centre (ORCC), Office 613-562-2334, 24 hour crisis line 613-562-2333

The Men's Project 613-230-6179

Social Anxiety:

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

Ways to be Supportive When the Person has an Anxiety Disorder

- Be calm, patient and understanding
- Gently encourage them to get help from a physician or another trained professional.
- Help them identify specifically what worries lead to the most anxiety.
- Recognizing concerns sometimes makes them easier to cope with.
- When talking about their anxieties (or other topics) avoid quizzing.
- Offer to help come up with a plan to resolve or reduce the impact of the anxiety. Break steps into small reasonable tasks.
- Do not blame them for their anxiety or tell them their fears are 'stupid' or 'silly'.
- Take time to listen and try to keep your sentences shorter, use plain language and be clear so they don't feel overwhelmed.
- Encourage and support healthy lifestyle choices in diet, exercise, relaxation and stress reduction techniques; limiting caffeine, sugar, nicotine (all stimulants) is helpful in managing anxiety.
- Give them as much control as possible

Treatment for Social Anxiety Disorder

Medication such as antidepressants in combination with **cognitive-behavioural therapy (CBT)**

The major components of CBT include:

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

Managing Anxiety

- Learn about anxiety - Learning more about your specific anxiety disorder will help in understanding your symptoms and planning ways to control them.
- Try relaxation techniques - Experiment with deep breathing exercises, meditation, and massages until you find what works best for you.
- Go to therapy - Exposure therapy allows you to directly confront your fears and can be very helpful in managing with anxiety.
- Learn assertiveness - Fear of confrontation or believing you don't have the right to speak up often leads to a lack of assertiveness.
- Learning to be assertive is one of the key steps in building self-esteem.
- Build self-esteem - Strong self-esteem can beat feelings of worthlessness, fears of being judged harshly and other worries.
- Eat properly - Inadequate vitamins in your diet can make your anxiety symptoms worse.
- Exercise Regularly - Exercise promotes relaxation and burns off stress, as well as counteracting weight-gain side effects from medication.
- Medication - Your physician may prescribe medication to help you relax and stabilize your symptoms.

Understanding Eating Disorders

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

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

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

Warning signs of Anorexia and Bulimia (most symptoms are shared between the two disorders)

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

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

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

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

A couple of other eating disorders to be aware of:

Binge eating disorder people with this disorder eat excessive amounts food at one time, beyond the point of feeling comfortably full. They do not use any measure to compensate for bingeing, like the use of laxatives or vomiting.

Bigorexia also known as “muscle dysmorphia”. This eating disorder is characterized by an obsession about being muscular - typically found in men who are most often bodybuilders. No matter how sculpted, bulging or rippled their muscles, they refuse to see themselves as big enough.

Orthorexia - this eating disorder is characterized by the obsession with eating healthy food. Self esteem may become wrapped up with the perceived purity of the diet.

"From our very first contact with Hopewell, we were very much given that hope that we needed at a time when we were at the end of our rope. My hat goes off to all those who work with Hopewell for their expertise, their generosity and their sincere desire to help those afflicted with this disorder."

Ways to be supportive when the person has Anorexia or Bulimia

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

For more information on eating disorders, community resources, treatment resources, including hospital-based programs and family support, please contact:

Hopewell, 153 Chapel St. Ottawa 613-241-3428 www.hopewell.ca

Mood Disorders
Understanding Bipolar Disorder (Manic Depression)

Many people are most familiar with this mental health issue by its old name, '***manic depression***'. ***Bipolar disorder*** can also be called bipolar affective illness. Bipolar disorder is characterized by two extreme 'poles' of mood where periods of deep depression alternate with periods of mania or hyperactive state. During the manic phase, people can seem positive, outgoing, euphoric about life, full of energy and brimming with ideas. Self-esteem may become unreasonably high, and they may express an inflated sense of self-importance and confidence in themselves. Once the manic phase is over, generally a depressive stage will start and the person's mood will change to symptoms consistent with severe depression.

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

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

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

For more information and to find peer and family support groups contact:

The Mood Disorders Association of Ontario
36 Eglinton Ave. W. Suite 602 Toronto.
1-888-486-8236

www.mooddisorders.ca

Ways to be Supportive When Someone has Bipolar Disorder

- Try to discourage them from getting involved in over-stimulating activities like wild parties and heated discussions;
- Avoid arguing if the person is having trouble reasoning - focus on the here and now by giving truthful responses;
- Keep a log of their behaviour and symptoms. For example, the length of time an episode lasts and the length of time until the next one;

Warning Signs of Mania (persisting on average, from 1 to 3 months)

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

"When my daughter, who suffers from bipolar disorder, went into a full blown manic episode, my whole world came crashing down. I knew nothing about mental illness or mood disorders. I took the CMHC's 12 week course on Educating Family Members and Friends of loved ones suffering from Mental Illness and Mood Disorders. What an eye opener. My daughter is now clean, sober, on medication and wonderfully stabilized, and I am knowledgeable in the signs for a swing in either direction. For me, it is the difference between feeling hopeless and being powerful."

Understanding Depression

Depression is a surprisingly common diagnosis but is often not talked about, just like other mental illnesses. The experience of depression ranges widely, depending on the person and their support network, the circumstances in their lives, treatment and support they may or may not be receiving, etc. It is important not to make any assumptions about how depression may affect a person's life. Feelings can range from sadness, concern, fear, anxiety, helplessness, anger and guilt to feelings of suicide and hopelessness. Depression is not laziness; all feelings of depression are confusing and upsetting. Try not to downplay or underestimate the significance of depression when talking to your depressed family member. It is often very hard for people who are feeling depressed to gain perspective on their feelings and understand that it will end. The resulting experience of hopelessness can be overwhelming. We all have times when our mood is low, but if symptoms of depression last for more than two weeks and start affecting one's life, it may be time to ask more questions and get some help. It is common for depression to be diagnosed along with other mental or physical illness.

Tips for handling the process of being diagnosed:

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

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

Here are Some of the Warning Signs That the Person May Be Experiencing Depression

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

The exact cause of depression is not known, seems somewhat individual and is probably due to a variety of potential factors, including genetics, chemical imbalance in the brain, environmental stress, traumatic events or abuse, particularly from childhood. Depression is often diagnosed in conjunction with other physical or mental illnesses.

Physicians or clinicians may use a variety of terms. You may hear the words *situational*, *clinical*, *major depressive illness*, *dysthymia*, *unipolar*, or *mood disorder*, to refer to symptoms of depression.

Ways to be Supportive when Someone is Depressed

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

- Encourage the person gently to seek some help if their feelings seem to continue for more than two weeks and are affecting their life.
- Help them get an appointment with a physician and go with them if they think it will help. Sometimes the hardest part is actually talking about it with professionals. The more support there is, the better off the person will be in the future.
- Any and all talk of suicide should be taken very seriously. Seek help right away. (See chapter '*Coping with Crisis*' page 27)
- Listen to their concerns, try **NOT** to give advice on what to do. They need to be heard. Don't push them to talk if they don't want to, but let them know that they can trust you and you aren't judging them.
- Do **NOT** tell them to "*snap out of it*" or "*get a grip*". This will only make them feel more guilty and anxious about what is happening to them. People who are depressed often feel that it is their fault for not being strong enough to fight those feelings on their own.

**For more information and resources:
www.depressionhurts.ca**

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

Understanding Psychotic Disorders

The major acute symptoms of these disorders is psychosis, or delusions and hallucinations.

Delusions: The person may have irrational, false beliefs commonly about bodily changes or persecution by others (including ***paranoid*** feelings like 'people are out to get me').

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

Auditory hallucinations (hearing voices) are common, where the voices often say frightening or derogatory things which can feel unbearable for the person.

Disordered Speech: The person may not make sense when they talk. They may make up words or sounds and move randomly from one subject to another.

Disorganized behavior: The person may behave differently than normal. They may wear clothing that is not normal for them. They may have mood swings. They may have trouble remembering.

Brief Psychotic Disorder

Brief psychotic disorder is a short-term mental illness, at least one day and usually less than one month, where you have psychotic symptoms. It may be caused by trauma or a stressful event, such as an accident or the death of a loved one. In many cases, the cause is not uncovered.

People are more at risk for a brief psychotic disorder if there is a family history of psychosis, there has been a major stress or traumatic event, or they are 4 weeks postpartum.

Understanding Schizophrenia

Schizophrenia is a significant mental illness whose symptoms are caused, in part, by an imbalance of chemicals in the brain. There are some families where there is clearly a genetic predisposition, but that is not always the case. There has been a longstanding myth that families are to blame for this issue or that bad parenting can cause schizophrenia; this is NOT true. The truth is, we don't clearly know what the cause or causes are.

Schizoaffective Disorder

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

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

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

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

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

It is generally believed that schizophrenia is lifelong after the initial onset or episode of psychosis. There are always exceptions, however, and there are people who say they have completely recovered from any symptom of schizophrenia without medication. The most common treatment is medication with antipsychotic medications. Much new research is being conducted in the treatment and management of schizophrenia. Safer and more effective medications, as well as alternative therapies, diet control, art therapy etc., are continually being developed (See chapter on Medication page 105 Approaches to Recovery page 112). The experience of schizophrenia can be frightening and confusing for everyone. It can start very suddenly and dramatically with uncharacteristic behaviour. It is hard to see the person you love feeling angry and confused. Worse still, they may be terrified by hallucinations or paranoia. It is incredibly frightening and disorienting for the person experiencing these symptoms. It can be just as frightening for the people who love them, who may feel powerless to help. The risk of suicide must be taken very seriously, as almost 10% of people diagnosed with schizophrenia go on to die by suicide.

Schizophrenia may not be definitely diagnosed until more serious (acute symptoms) appear. This can happen all of a sudden or after a gradual build up of symptoms (gradual onset).

When the person is experiencing acute symptoms of schizophrenia, they may need to be hospitalized and are often referred to as "psychotic", or going through an episode of psychosis. It can be distressing to hear those words referring to yourself or your loved one. Again, the more aware you are of what goes into a diagnosis, the better able you will be to deal with a crisis or with healthcare professionals.

Warning Signs of Schizophrenia (also called 'gradual onset')

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

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

Acute (or "Positive") Symptoms of Schizophrenia

Acute symptoms (sometimes called "positive symptoms") these are added to the mind and include things like:

Delusions: The person may have irrational, false beliefs commonly about bodily changes or persecution by others (including paranoid feelings like 'people are out to get me').

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

Auditory hallucinations (hearing voices) are common, where the voices often say frightening or derogatory things which can feel unbearable for the person.

Disturbances in Thought: The person may have disturbances in the continuity of thinking, so their line of thought cannot be carried through in a way that makes sense to other people. This can involve the inability to hold their concentration, feeling overwhelmed very easily and being unable to distinguish between information that is and is not relevant. Delusions are an example of disordered thought patterns with fears that can seem very bizarre to others. For example, the person may think that a family member or neighbor is trying to control them with magnetic waves, or that people on TV are

sending special messages to them. The person may make connections between events and think that unrelated things have to do with one another.

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

Negative symptoms:

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

These take away from the mind

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

For more information and support, contact the local chapter of the Schizophrenia Society of Ontario (SSO)

Understanding Somatoform Disorders

This is a category of disorders that include those where symptoms would suggest a medical condition, but none is found by a physician. Included in this category are Body Dysmorphic Disorder, Hypochondriasis Disorder, Pain Disorder and Somatization Disorder.

A Body Dysmorphic Disorder (BDD) is where the affected person is concerned with body image, manifested as an excessive concern about and preoccupation with a perceived defect of their physical feature. Causes are usually a combination of biological, psychological and environmental factors. Onset of symptoms usually occurs in adolescence or early adulthood. This disorder occurs equally in males and females. It also features a high suicide ideation (thoughts of suicide) percentage.

Understanding Substance Disorders

The two disorders in this category refer to either the abuse or dependence on a substance. A substance can be anything that is in some way ingested in order to get high, alter one's senses, or affect functioning in some other way. The most commonly considered in this category is alcohol. Drugs such as cocaine, marijuana, heroin, ecstasy, special-K, and crack are also included. Caffeine and nicotine are also included, although less frequently thought of. Genetic factors may play a role for both abuse and dependence. In both abuse and dependence, substance use may be used to cover-up or get relief from other problems (eg. psychosis, relationship issues, stress)

Substance abuse:

A pattern of substance use can lead to significant impairment in functioning. One of the following must be present in a 12 month period:

- (1) recurrent using resulting in failure to fulfill major obligations at work, school, or home;
- (2) recurrent use in situations which are physically hazardous (e.g., driving while intoxicated);
- (3) legal problems resulting from recurrent use, or
- (4) continued use despite significant social or interpersonal problems.

Substance dependence:

Substance use history which includes:

- (1) substance abuse (see above);
- (2) continuation of use despite related problems;
- (3) increase in tolerance (more of the substance is needed to achieve the same effect, and
- (4) withdrawal symptoms.

Detoxification treatment may be necessary because of the danger of some of the withdrawal symptoms. Social support is important for recovery. Organizations such as AA and NA support the prevention and reduction of relapse. Family support can be found with Al-Anon.

Many of the drug/alcohol treatment programs also offer family programs.

For more information and treatment options, see page 83.

Understanding Personality Disorders

Borderline personality disorder is a disorder in which people have long-term patterns of unstable or turbulent emotions. The person's inner experiences often cause them to take impulsive actions and have chaotic relationships. Attachment tends to be intense and volatile. Distortions in self perception and distrust in others can have the person fearful of rejection and abandonment that can result in isolation. To be diagnosed with a disorder in this category, the symptoms must have been present for an extended period of time, are inflexible and pervasive. They play a major role in most, if not all, aspects of a person's life and are not the result of alcohol, drugs or another psychiatric disorder. The history of symptoms can be traced back to adolescence or early

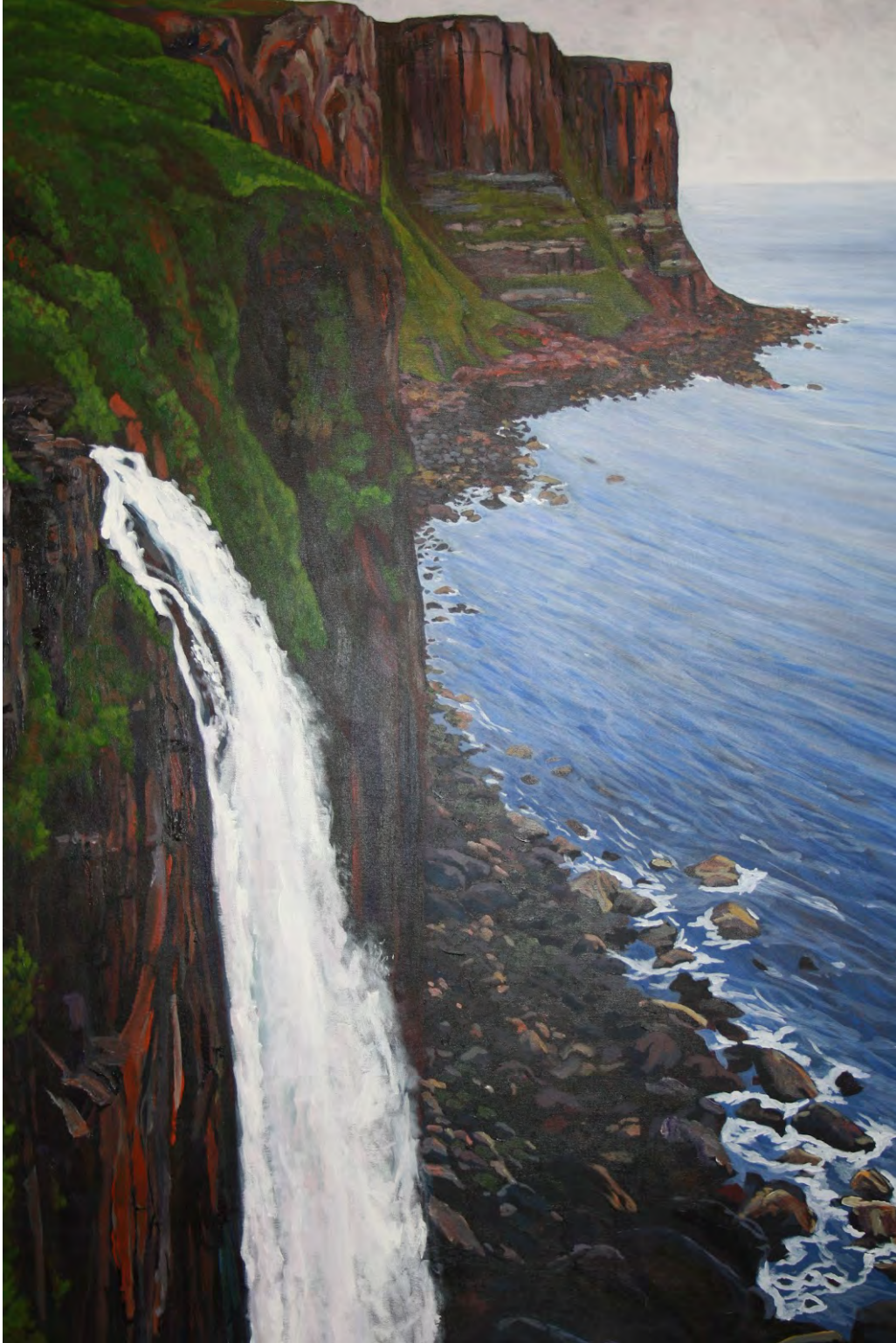
adulthood and cause significant distress or negative consequences. Disorders in the category are Antisocial Personality Disorder, Narcissistic Personality Disorder and Borderline Personality Disorder.

**For more information, support, resources for family and friends contact
The Ottawa Network for Borderline Personality Disorder, www.on-bpd.ca. 613-820-8203
National Education Alliance for Borderline Personality Disorder, www.borderlinepersonalitydisorder.com
Randi Kreger www.bpdcentral.com author "Stop Walking on Eggshells"**

| CONTACTS AND RESOURCES: (DIAGNOSIS) | | |
|---|--|----|
| Regional | | |
| Mental Health Helpline An Information and Referral Specialist answers your call 24/7. We will ask you for some non-identifying information, like the name of your city or town. This helps us give you information about services where you live. | 1-866-531-2600 Multilingual Language support | B |
| Ontario Psychotherapy and Counseling Referral Network http://referrals.psychotherapyandcounseling.ca/ | | |
| Canadian Register of Health Service Psychologists http://www.findapsychologist.ca/wp-content/themes/crhsppl/index_search.php | | E* |
| The following are designated as Mental Health Services that may assist with information and diagnosis. | | |
| Eastern Counties | | |
| Addiction Services of Eastern Ontario (AESO) | 1-800-272-1937 | E* |
| Centre Royal-Comtois Centre (CRCC), Psychiatric Services 444 McGill St., Hawkesbury | 613-632-0139 | B |
| CMHA Champlain East (Cornwall) CMHA Champlain East (Hawkesbury) | 613-933-5845 613-938-0435 | B |
| Cornwall Community Hospital, 840 McConnell Ave., Cornwall | 613-938-4240 | B |
| Prescott-Russell Community Health Centre, Rockland | 613-446-5139 | B |
| North Lanark/North Grenville | | |
| Lanark County Mental Health 88 Cornelia St. West, Unit A2 Smith Falls Carleton Place Office, 50 Bennett St. Unit 3, Carleton Place | 613-283-2170 613-257-5915 | |
| Ottawa | | |
| CHEO (Children's Hospital Eastern Ontario), 401 Smyth Rd. | 613-737-7600 | E* |
| Family Services (FSO) 312 Parkdale Ave. | 613-725-3601 | E |
| Hôpital Montfort Hospital, 713 Montreal Rd. | 613-746-4621 | B |
| The Ottawa Hospital, General Campus, 501 Smyth Rd. Civic Campus, 1053 Carling Ave. | 613-798-5555 613-798-5555 | B |
| Queensway Carleton Hospital, 3045 Baseline Rd | 613-721-2000 | E* |
| Sandy Hill Community Health Centre, 221 Nelson St. | 613-789-8941 | |
| Youth Services Bureau Walk-In Clinic, 2301 Carling Ave. | 613-562-3004 | B |
| Renfrew County | | |
| Community Mental Health Services Pembroke Hospital, 705 Mackay St. Pembroke | 1-800-991-7711 613-732-8770 | E |

Continued..

| Name of Organization | Website | |
|--|---|----|
| All Psych OnLine (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition) DSMV IV | www.allpsych.com | |
| Anxiety Disorders Association of Canada | www.anxietycanada.ca | E |
| Centre for Addiction and Mental Health website | www.camh.net | E |
| Champlain HealthLine | www.champlainhealthline.ca | B |
| Child Anxiety Network | www.childanxiety.net | E |
| Hopewell Eating Disorder Support Centre <i>For information on community resources for eating disorders please contact Hopewell.</i> | www.hopewell.ca | E |
| Lanark Mental Health | www.lanarkmentalhealth.com | E |
| Mental Health Resources | www.mentalhealth.com www.ementalhealth.com | E* |
| National Institute for Mental Health website | www.nimh.nih.gov | E |
| National Education Alliance for Borderline Personality Disorder | www.borderlinepersonalitydisorder.com | E |
| Ontario OCD Network | www.ocdontario.org | |
| On Track | https://www.ottawahospital.on.ca/wps/portal/Base/TheHospital/ClinicalServices/DeptPgrmCS/Programs/ChamplainDistrictRegionalFirstEpisodePsychosisPrgm | B |
| Parents' Lifelines of Eastern Ontario (PLEO) | www.pleo.on.ca | E* |
| Schizophrenia Society of Ontario | www.schizophrenia.on.ca | E |
| The Royal Hospital | www.theroyal.ca | E* |
| The Ottawa Network for Borderline Personality Disorder (BPD) | www.on-bpd.ca | B |
| TriCounty Addiction Services, Smith Falls | www.tricas.on.ca | |
| Youth Services Bureau | www.ysb.on.ca | B |



Waterfall, by Tim Deslippe

OLDER ADULTS

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

Understanding Dementia

Dementia is an illness characterized by the loss of intellectual abilities that is severe enough to interfere with a person's ability to function. Alzheimer's causes 50 to 60% of dementia. The other causes include traumatic brain injury, metabolic disorders (eg., hypothyroidism), neurological diseases (eg. Parkinson's disease, multiple sclerosis), infectious diseases (eg. syphilis, HIV) and severe hypoglycemia. Dementia tends to develop slowly over a period of months or years. It is important for family members to get support to deal with feelings of anger, guilt, shame, frustration and helplessness, and with the strain of providing often increasing constant care.

Understanding Alzheimer's

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

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

Warning Signs of Alzheimer's Disease

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

The Diagnosis of Alzheimer's

The diagnosis for Alzheimer's disease can be made by your family physician, or your physician may decide to refer you to another health professional, such as a geriatrician or a geriatric psychiatrist (a psychiatrist who specializes in the mental health of older adults).

The person must go through a series of assessments which will rule out other possible causes of the symptoms. The process can take weeks to months and may include:

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

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

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

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

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

How You Can Help With Treatment

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

Treatment Strategies

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

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

Day Programs

Day programs are social and recreational programs designed to provide physical, mental and social stimulation for participants and relief for caregivers. There is usually a per day participation fee.

To register, you must first get an assessment and referral through the Community Care Access Centre (CCAC).

Safely Home™ - WANDERING PERSON REGISTRY

It is important for you to register the individual with Alzheimer's disease or a related dementia with Safely Home™ in case the person wanders and is unable to return home. If the individual is registered and goes missing, you can call the local police anywhere in Canada or the United States, and they will access the database. Once found, the police will make sure the person returns home safely. Registration forms can be obtained from your local Alzheimer's Society. There is a one-time fee of \$35 to register with Safely Home™. Call 1-800-616-8816.

Do's and Don't's When Communicating With Someone with Alzheimer's

DO:

- Be patient. Wait and allow the person time to respond.
- Respond to the emotion in their questions.
For example, if they're asking for their parents, ask yourself if they are feeling worried or unsafe?
- Do your best to make them feel emotionally secure

Do:

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

DON'T:

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

Understanding Delirium

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

Understanding Depression in Older Adults

Depression is very common in older adults, but it is **NOT** a normal response to aging. Depression can occur at any stage of life and a person may not become depressed until his/her later years. It is also possible for individuals to have dementia, delirium and depression at the same time. For more information on depression, please refer to the chapter *Understanding Diagnosis. page 43*

Reaching Out to Isolated Seniors (ROTIS)

If you know a senior who shows one or more of the risk signs below, please call **613-562-6381**.

- Finds personal care and daily tasks difficult.
- Finds it a challenge to get around.
- Has frequent falls.
- Has little contact with others.
- Stopped attending social events.
- Recently lost a relative, a friend or pet.
- Is confused, disoriented or forgetful.
- Overuses medication, alcohol and/or other drugs

The Geriatric Psychiatry Program at The Royal

Provides a range of treatment and support services to meet the mental health needs of adults, 65 years of age and over, throughout all stages of their illnesses. Each service works closely with the patient's family, primary care physicians, community psychiatrists and/or community agencies.

Geriatric psychiatrists from The Royal also provide the physician component to the following geriatric mental health outreach and community services:

Renfrew County Geriatric Mental Health Outreach Services
Tri-county Mental Health Services Geriatric Team
Lanark County Geriatric Mental Health Outreach Services
Leeds-Grenville Geriatric Mental Health Outreach Services

Referrals are required from family physicians to access the services of the Geriatric Psychiatry Program. Please call the Intake Secretary at 613.722.6521 ext. 6507.

In Prescott-Russell

Prescott and Russell Geriatric Psychiatric Service 613-632-7763

Geriatric Psychiatry in the Community

The Ministry of Health and Long-Term Care also funds community-based mental health programs. These services provide interdisciplinary, bilingual outreach consultation, assessment and treatment for the elderly and their caregivers.

| CONTACTS AND RESOURCES: (OLDER ADULTS) | | |
|---|---|----|
| Regional | | |
| Canadian Caregiver Coalition www.ccc-ccan.ca | 1-888-866-2273 | B |
| Canadian Coalition of Seniors Mental Health (CCSMH) 3560 Bathurst Street. Rm. 311, Toronto, ON M6A 2E1 | 416-785-6331 www.ccsmh.ca | E* |
| Guide to Programs and Services for Seniors in Ontario is also available in other languages. | 1-800-910-1999 | B |
| Eastern Counties | | |
| Alzheimer Society of Cornwall & District | 613-932-4914 | B |
| Alzheimer Society of Hawkesbury | 613-632-4349 | B |
| Centre Royal-Comtois Center, Psychogeriatric Program 444 Rue McGill, Hawkesbury, ON | 613-632-0139 1-877-616-0139 | B |
| Tri-County Mental Health Psychogeriatric Service 132 Second St. E., Suite 104, Cornwall, ON Satellite offices in Winchester and Alexandria | 613-932-9940 1-800-465-8061 | B |
| North Lanark/North Grenville | | |
| Providence Care Mental Health Services Geriatric Psychiatry Outreach Team www.providencecare.ca | 613-546-1101 | |
| Ottawa | | |
| Alzheimer Society of Ottawa and Renfrew County 1750 Russell Road, Suite 1742, Ottawa, On K1G 5Z6 Offers First Link [®] Learning Series for Families www.alzheimer-ottawa-rc.org | 613-523-4004 1-888-411-2067 | B |
| Community Care Access Centre (CCAC) 4200 La Belle, Ottawa, ON K1J 1J8 | 613-745-5525 www.ccac-ont.ca | B |
| Élizabeth Bruyère Helpline Program | 613-562-6368 | B |
| Bruyere Continuing Care (Geriatric Day Hospital) assessments, diagnostics, and treatment services to elderly patients with medically complex problems | 613-562-4262 ext 4010 | |
| Geriatric Psychiatry Community Services Ottawa 75 Bruyere St., Suite 106Y, Ottawa, ON K1N 5C8 | 613-562-9777 http://www.gpcso.org/home.asp | B |
| Life Enrichment for Senior Adults (LESA) (for adults 56+ who experience problems with alcohol, medications, other drugs and gambling) 420 Cooper Street, Ottawa ON K2P 2N6 www.centretownchc.org | 613-233-5430 1-877-795-8442 | B |
| Smart Recovery | 613-233-4443 | |

| | | |
|---|---|----|
| Ottawa continued | | |
| Memory Disorder Clinic (MDC) Elizabeth Bruyere Health Centre: A physician referral is required. 261Y 75 Bruyere St, Ottawa K1N 5C7 Patients less than 45 years of age are seen under special circumstances. Link to Referral form http://www.rgpeo.com/media/54716/mdc%20referral%20form.pdf | 613-562-6322 | B |
| Community Care Access Centre (CCAC) Home Care Services (Nursing and Personal Support): www.ccac-ont.ca | 613-754-5525 | |
| Regional Geriatric Program of Eastern Ontario: www.rgpeo.com | 613-761-4458 | E* |
| Meals on Wheels: www.mealsonwheels-ottawa.org | 613-233-2424 | |
| Veterans Ottawa Community Resource Centre http://wocrc.ca/en/community-resources.aspx | 613-591-3686 | B |
| Parkdale Family Services Ottawa http://familyservicesottawa.org/ | 613-725-3601 | B |
| Olde Forge Senior Support: http://oldeforge.ca/ | 613-829-9777 | E |
| Jewish Family Services, V'hadarta Alzheimers Day Away Program | 613-722-2225 | |
| Victoria Order of Nurses Day Away Program (VON): Ottawa West Centre | 613-721-6496 | |
| Queensway Carleton Hospital (Geriatric Day Hospital) offering assessments, rehabilitation and treatment | 613-721-3608 | |
| Primary Care Outreach to Seniors (PCO) Service: Assist and support seniors to stay in their homes, Community Health Centre (CHC) South-East Ottawa CHC Pincrest-Queensway CHC Centretown CHC Carlington CHC Somerset West CHC | 613-737-5115 613-820-4922 613-233-4697 613-722-4000 613-238-8210 ext 2300 | |
| Renfrew County | | |
| Alzheimer Society of Ottawa and Renfrew County 1750 Russell Road, Suite 1742, Ottawa Offers First Link [®] Learning Series for Families: www.alzheimer-ottawa-rc.org | 613-523-4004 1-888-411-2067 | B |
| Renfrew County Geriatric Mental Health Outreach Program | 613-735-6500 1-877-260-0535 | E |

There are many useful websites for more information on different mental illnesses affecting seniors. Here are a few to get you started:

| Name of Organization | Website | |
|--|---|----------|
| Advocacy Centre for the Elderly (ACE) | www.advocacycentreelderly.org | E |
| Alzheimer Society of Canada | www.alzheimer.ca | |
| Champlain Dementia Network Aim is to develop a more coordinated and efficient system for clinical care and service delivery, education, research and policy development related to dementia. | http://www.champlainhealthline.ca/libraryContent.aspx?id=20565 | B |
| Champlain Healthline | www.champlainhealthline.ca | B |
| Champlain Local Health Integration Network | www.champlainlin.on.ca | B |
| Dementia Advocacy and Support Network (DASN International) Website to promote respect and dignity for persons with dementia, provide a forum for the exchange of information, encourage support mechanisms such as local groups, counselling, and internet linkages and to advocate for services | www.dasinternational.org | E |
| Lewy Body Dementia Association | www.lbda.org/content/about-lbda | E |
| Ottawa Community Support Coalition consists of 20 Community Support Service non-profit agencies located throughout Ottawa. Mandated to provide community and home-based professional services to seniors and adults with physical disabilities. | http://www.ocsc.ca/ | E |
| Parkinson Society of Canada A non-profit organization dedicated to improving the quality of life of people with Parkinson's and their families as a regional partner of Parkinson Society Canada by finding a cure through education, support services research and advocacy | www.parkinson.ca | B |
| Western Ottawa Community Resource Centre Day Program for Adults and Dementia Related Issues | 613-591-3686 | |
| West Geriatric Assessment Outreach Team Geriatric Day Hospital Geriatric Assessment Outreach Teams | 613-721-0041 613-721-3808 East 613-562-6362 West 613-721-0041 | |
| Canadian Cancer Society ALS Society of Canada University of Ottawa- Health Services - Mental health | http://www.uottawa.ca/health/services/mentalhealth | |



***Magnificent Henry*, by Catherine Corey**
Oil

DUAL DIAGNOSIS & CONCURRENT DIAGNOSIS

Mental illness does not always occur on its own. Some individuals also live with a developmental disability. The medical term for this is “mental retardation” (there are efforts to change this), or have problems with addiction, in addition to their mental illness. In the medical field, these are two different types of diagnoses.

Understanding Dual Diagnosis

People of all ages and abilities may have a dual diagnosis, meaning that they have a developmental disability and a mental illness at the same time.

A ***developmental disability*** is a disability that develops before the age of 18. It is an IQ below 70 and impairments in adaptive functioning (self-care and community functioning) - it is developmental and intellectual disability.

Common mental health problems have already been discussed in the chapter *Understanding Diagnosis*. page 43.

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

Getting a Dual Diagnosis

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

Documentation of the developmental disability may be required to obtain services in the developmental disability stream.

Developmental Disability Stream

To enter the Developmental Service Sector, the Developmental Disability must be diagnosed by a psychological assessment.

However, you may notice changes in the person's behaviour that could indicate the presence of a mental illness as well. Some things to watch for include:

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

If you suspect someone you know with a developmental challenge may also have a mental health problem, take them to your family physician. Your physician can refer them to a psychiatrist or psychologist for diagnosis and treatment. For a Dual Diagnosis, you need an assessment in both the developmental disability and in mental health. If you are an Ottawa area resident, you will find many useful resources through the Canadian Mental Health Association (CMHA) Ottawa, the Dual Diagnosis Outreach Team of The Royal, Dual Diagnosis Brokerage Service or Children's Hospital (CHEO) Mental Health Outpatient Services, NADD-Ontario- an association for persons with developmental disabilities and mental health needs, Ottawa Children's Treatment Centre- Adolescent to adult. If you live in Leeds Grenville, Developmental Services of Leeds Grenville; in Lanark, Lanark County Support Services; and in Prescott Russell, Valoris for Children and Adults; in Cornwall, Ottawa Children's Treatment Centre.

Mental Health Stream

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

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

1. Talk to the mental health worker about linking up with the Developmental Disability stream and about providing therapy and caregiver support, where needed.
2. Talk to the family physician.
3. Contact Ottawa's Children's Coordinated Access and Referral Services, S.D. & G Developmental Services Centre, or Developmental Services Ontario Eastern Region if the person is over 18 to see if they are eligible to be a client.

Tips for Communicating with Someone with a Developmental Disability

DO:

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

DON'T:

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

Treatment

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

- **Assessments** - medical, neurological and psychological assessments may be performed to identify any underlying conditions.
- **Medication** - may be part of the treatment program to stabilize a psychiatric illness.
- **Therapy** - several different forms may be suggested, such as individual, group and/or family therapy.
- **Behaviour management** - plans may be developed to deal with inappropriate behavior and teach skills used in everyday life.

Ottawa Children's Coordinated Access and Referral

Designed to assist children and families who have complex needs.

To be eligible, families must have made attempts to use community services and have been able to resolve their current difficulties. Only with the help of a professional, families may fill out an application for presentation to the committee.

Developmental Services Ontario (DSO) Eastern Region

Provides you with information about community resources and services and will assist you in connecting with the Ministry of Community and Social Services (MCSS) funded developmental services and supports.

SOLUTION-S acts as the co-lead agency for the Eastern Ontario Network for Specialized care. It also manages the specialized supports and services, in partnership with community social and health services.

Developmental Services Ontario Eastern Region
To contact DSO, call 1-855-376-3737

Canadian Mental Health Association-Ottawa Branch Dual Diagnosis Brokerage Service

The service is designed to "open doors" for persons with dual diagnosis in the mental health and developmental service sectors, as well as create new options for support.

The service promotes a rehabilitative person-centered approach that responds to the breakdown of a person's support system. "Brokers" develop long-term solutions for people. The service promotes collaborative efforts that integrate partnerships among families, agencies, services, and ministries.

Increase access to appropriate services and supports * facilitate training to developmental and mental health services professionals to increase awareness of specific needs of clients and their families * facilitate short and long-term planning to clients and their support networks using a Wraparound model (Wellness and Recovery Plan) as appropriate * monitor and assess service system gaps and report findings to relevant ministries * provide short-term direct outreach support on an as-needed basis.

To be eligible, you must be 18 and up with a dual diagnosis and complex needs (developmental disability and a mental health diagnosis).

This service serves the city of Ottawa and Eastern Ontario.

To access or enquire about the Dual Diagnosis Brokerage Service
Call 613-737-7791 - TTY 613-737-9480
www.cmhaottawa.ca

Dual Diagnosis Consultation Outreach Team of The Royal

It is a multidisciplinary assessment and consultation team that covers the entire Champlain LHIN that sees people in the community, in group homes, long-term care (LTC) facilities and other agencies to do assessment, consultation, treatment recommendations and education.

CONTACTS AND RESOURCES: (DUAL DIAGNOSIS)

| CONTACTS AND RESOURCES: (DUAL DIAGNOSIS) | |
|--|---|
| Regional | |
| Children's Hospital of Eastern Ontario (CHEO) Mental Health OutPatient Services Dual Diagnosis Clinic Appointments are required. Provides assessment and treatment for children and youth under 18 years who have both a developmental delay and a psychiatric diagnosis. A referral by a physician is recommended. 311 McArthur Ave., Ste. 200, Ottawa, ON | 613-797-7600 www.cheo.on.ca |
| Eastern Counties | |
| Ottawa Children's Treatment Centre 600 Campbell St. Cornwall, ON K6H 6C9 | 613-932-2327 1-806-558-2327 www.octc.ca |
| S.D. & G. Developmental Services Centre 775 Campbell Street, Cornwall, ON K6H 7B7 www.developmentalservices.ca | 613-937-3072 |
| Valoris for Children and Adults of Prescott-Russell 173 Old Highway 17 PO Box 248, Plantagenet, ON K0B 1L0 | 613-673-5148 1-800-675-6168 www.valorispr.ca |
| North Lanark/ North Grenville | |
| Developmental Service of Leeds Grenville-Kemptville 215 Sanders St., Suite 302 Kemptville, ON www.developmentalservices.com | 613-258-9970 1-866-544-5614 |
| Lanark County Support Services-Almonte Site 49 Industrial Dr., Almonte, ON K0A 1A0 | 613-256-8581 |
| Lanark County Support Services-Carleton Place Site 106 Bridge St, Carleton Place, ON K7C 2V3 http://psfdh.on.ca/services/specialty-services/lanark-county-support-services/ | 613-253-0090 |
| Ottawa | |
| Canadian Mental Health Association Ottawa Branch- Dual Diagnosis Brokerage 1355 Bank St., Ste. 301 Ottawa, ON K1H 8K7 | 613-737-7791 TTY: 613-737-9480 www.cmhaottawa.ca |
| Developmental Services Ontario (DSO) Eastern Region 200-150 Montreal Rd. Ottawa, ON K1L 8H2 | 1-855-376-3737 TTY 1-855-777-5787 |
| Dual Diagnosis Consultation Outreach Team (DDCOT) Requires family physician referral Royal Ottawa Mental Health Centre 320 Catherine Street, Ottawa, ON K1R 5T5 | 613-722-6521 |
| Ottawa Children's Coordinated Access and Referral 2675 Queensview Drive, Ottawa, Ontario K2B 8K2 | 613-729-0577 x 251 http://coordinatedaccess.ca |
| Solutions-S 2450 Lancaster, Unit 29 Ottawa, ON K1B 5N3 | 613-249-8593 www.solution-s.ca |
| Renfrew County | |
| Family and Children's Services of the County of Renfrew | 613-432-4821 |

CONCURRENT DIAGNOSIS

Individuals have a concurrent diagnosis when they have both a mental health illness and an addiction. Most often, the mental health problem leads to the addiction, but the addiction may be present first and lead to the mental health issue. Treatment for both problems should go hand in hand. Coping and treatment strategies have been discussed in the chapter *Medication, page 105*, therefore the primary force in this section will be on addiction

"Addiction is a **disease**, not a moral deficiency."

ADDICTIVE BEHAVIOURS

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

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

Some examples of addictive behaviours:

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

SUBSTANCE ABUSE AND SUBSTANCE DEPENDENCE

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

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

If the individual has overdosed - don't hesitate. CALL 911.

If they are unconscious and you are safe, place the person on their side facing away from you. Try to find out what substances were used. Keep the person warm. MHF

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

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

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

- Alcohol (wine, beer, spirits)
- Cannabis (ex marijuana, hashish)
- Nicotine
- Caffeine
- Steroids
- Cocaine/crack
- Inhalants - such as glues, solvents, paint thinners
- Opioids - such as heroin, codeine, oxycodone.
- Amphetamines - such as "crystal meth."
- Some prescription drugs such as morphine.

DIAGNOSIS

To diagnose a substance dependence, your physician, psychologist or psychiatrist will:

- Give screening questionnaire
- Obtain medical and family history and your physician may also
- Perform a physical exam or order lab tests.

"He was so good at concealing the active addiction. You NEVER would have known about his anxiousness, his loneliness or his desperation. He played it so well."

TREATMENT

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

Individuals with active addictions can access treatment in four ways:

1. They can decide for themselves that they need help and admit themselves into a rehabilitation program.
2. They may be taken to the Emergency Room and be admitted to hospital if they are medically unstable. However, if they are stable enough, they will be sent home and referred to a facility such as the Ottawa Withdrawal Management Centre (OWMC), the Royal Ottawa Mental Health Centre or to the Montfort Hospital. For those who meet the criteria, the Royal Ottawa and the OWMC provide in-patient treatment. Others will receive outpatient treatment through community Addiction Services.
3. They may be placed on a Form 1 at the hospital and be admitted to psychiatry or transferred to a hospital with a mental health unit.
4. Ottawa Addictions Access and Referral Services (OAARS) servicing ages 16 + who are concerned about their drug and or alcohol use and feel they need some help. The navigators conduct assessments, offer referral service and also provide information and support to people concerned about their loved one's substance use.

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

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

Once detoxification is complete, rehabilitation begins and usually includes:

- Individual and group therapy
- Education about alcohol and drugs
- Exercise
- Proper nutrition
- Participation in a 12-Step Recovery program, such as Alcoholics Anonymous or Narcotics Anonymous or Gamblers Anonymous
- or participation in a science based Recovery support program, such as Smart Recovery®, Secular Recovery Ottawa or All People All Pathways peer recovery group

Role of the Family in Treatment

- Become educated about the mental illness and addiction
- Attend counseling
- Attend support groups
- Advocate for services

Active family participation in treatment is vital. The greater your understanding of what they're going through, the better the individual's chances for a full and lasting recovery.

No matter where a **youth** presents for services for mental health or addictions problems, it is important that you ask if they are going to be screened for a concurrent disorder. One of the screening tools available to some of the mental health and addiction agencies in the Champlain LHIN is called the Global Appraisal of Individual Needs - Short Screener (GAIN-SS). It takes about 10 to 15 minutes. The agency may have another tool, and it is important to use these tools as early as possible.

Substance Use & Concurrent Disorders Programs

The Royal Ottawa Mental Health Centre

Referral to the program is through your physician, therapist or self-referral.

Assessment and Stabilization:

Assessment, medically-supervised detoxification and stabilization are offered at the Carling Avenue site in a 12-bed inpatient unit or in an outpatient clinic. Clients are introduced to self-help groups and to concepts of addiction treatment and education. Subsequently, clients are referred to programs at the Royal Ottawa Mental Health Centre or in the community that best meets their needs.

Residential or a Day Treatment Program:

Meadowcreek offers a 21 day treatment program with 12 residential spots and 10 day patient spots. The program is followed by a one week intensive outpatient aftercare program with further follow up over nine months.

Concurrent Disorder Assessment and Treatment:

Includes assessments for clients with both mental health issues and substance abuse problems. Individualized therapy and follow-up may be offered, as well as recommendations for treatment.

Hôpital Montfort Hospital

The hospital has a psychiatrist, who specializes in substance abuse. He is an in-patient psychiatrist, but also follows patients in the outpatient program. In the outpatient program, there's also a psychologist, occupational therapist and a social worker who specialize in substance abuse and will offer individual support, if needed, but they are mostly in charge of the following groups for patients with a concurrent disorder.

The first group is called AGIR (Ateliers de Groupe Intensifs et Réadaptations) for francophones. Group meets twice a week, 48 sessions. The focus is on the impact of substance abuse on their mental health. The second group is called "Aux Aguets", for patients diagnosed with PTSD and have substance use issues. The group meets twice a week for 48 sessions. The focus is on the link between trauma and substance abuse.

"The Narcotics Anonymous program saved my life. If you do what's in their book, you won't use and I've been doing it ever since."

Addiction Services in the Community

Contact the Ottawa Addiction Access and Referral Service (AARS) at 613-241-5202. The navigators will assess your situation and recommend the best service for your needs.

Ottawa Withdrawal Management Centre (OWMC) 1777 Montreal Rd, Ottawa 613-241-1525 www.cgso.ca
Staff are not medically trained so clients must be sufficiently stable prior to admission. Contact this program to determine suitability. 20 bed co-ed withdrawal management centre for 16 years and older (15 males, 5 female stabilization beds, 6 males, 3 female observation beds)

Additional Programming

OWMC- Community Services Program- employs counsellors that you may access in the community, this is a bilingual service accessed through OWMC intake at 613-251-1525 (please indicate interest in the community program during intake process)

OWMC- Day Program Services - is available to clients currently in program with OWMC as well as community participants this is a bilingual service accessed through OWMC intake at 613-241-1525 please indicate interest in the day program.

Ottawa Methadone Maintenance Therapy

Ottawa Addiction Treatment Centres (OATC)

Ottawa West Location 1318 Carling Ave Ottawa 613-627-0856

Ottawa Location 401 Somerset St West 613-233-1114

The College of Physicians & Surgeons of Ontario Maintains the Methadone Registry- a listing of doctors approved to prescribe methadone in your community. Please call 416-967-2600 ext 661 or email methadoneinfo@cpsy.on.ca

Rideauwood Addiction and Family Services (613-724-4881) offering services in English and Maison Fraternité (613-741-2523) offering services in French are two of the Champlain regions larger community addiction service providers.

Help for Youth:

School-Based Programs:

The School-Based Program is provided to every high school in the Ottawa region. The Program serves students who have problems in and out of school related to alcohol/drug use. Parents are also provided services in the school-based program. School staff are trained to make effective referrals to this program.

Parent Programs:

This program offers education, crisis support and counseling to parents who are concerned about their teen(s) who are abusing alcohol and/or drugs.

Help for Adults

Adult Addictions Programs:

This is an outpatient treatment program for men and women addicted to alcohol and/or other mood-altering chemicals.

Family Member Programs:

This program offers education, crisis support and counseling to adults whose lives have been affected by chemical dependence in the family.

Other services offered by Rideauwood and a variety of other service providers:

- Residential Treatment Program
- Program Gambling
- Chemical Dependency
- Family of Origin Program
- Ontario Works Addiction Program
- Drug Treatment Court
- Concurrent Disorders
- Individualized Counseling Program
- Parent Programs

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

Relapse

Relapse is a process that often happens over time when recovering from an addiction. Relapses are most common in the first year of abstinence. They are often triggered by life stresses, such as financial difficulty or loss of a relationship. Also, exposure to a place or person that has become associated with previous addictive behaviours or substance use can trigger relapse. You are not weak and you do not have a lack of self control if you relapse. It is not something to be ashamed of. Rather use this as an opportunity to learn about yourself and grow. Developing effective coping strategies and having a strong family support network can help you stay clean and get through difficult times. Don't be afraid to ask for help when you need it.

"This is a second chance at life. It's not what you have lived through, it's what you have learned from it. Sometimes you have to fall down to get back up stronger."

Effective Communicating

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

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

Tips for Coping with Recovery from an Addiction

- Tell your friends about your decision to end your habit, if you feel they may be supportive.
- Ask your friends or family to be available when you need them and accept the help they offer.
- Accept only invitations to events that you know won't tempt you to return to old ways.
- Make a plan about what you'll do if you find yourself in a place where you are tempted to start your habit again.
- Remind yourself that having an addiction doesn't make you bad or weak.

| CONTACTS AND RESOURCES: (CONCURRENT DIAGNOSIS) | |
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| REGIONAL | |
| Ottawa Addictions Access and Referral Services Assessment and referral planning for people 16 and over. | 613-241-5202 |
| Centre for Addictions and Mental Health Drug and Alcohol Information Line **Offers audiotapes in several languages on numerous drug topics, as well as information and referrals for prevention and treatment resources across Ontario. Staff are on duty 9 am - 9 pm every day except holidays, but touchtone calls will go through 24/7. Services are anonymous and confidential. | 1-800-463-6273 |
| Montfort Renaissance Residence is a primary access point to mental health and alcohol, drug and gambling addictions services for francophones. 164 Murray St. Ottawa. ON K1N 5M8 | 1-877-311-2433 |
| Ontario Drug & Alcohol Registry of Treatment (DART) A province-wide treatment and referral service linking callers to treatment programs suited to their needs. www.drugandalcoholhelpline.ca | 1-800-565-8603 |
| DETOX | |
| Ottawa Withdrawal Management Service 1777 Montreal Rd., Ottawa, ON A bilingual 24 hour helpline and residential withdrawal management | 613-241-1525 www.cgso.ca |
| Cornwall Community Hospital - Outpatient Withdrawal Management Service 840 McConnell Avenue., Cornwall, ON (day program - group and individual counselling) | 613-938-8506 1-800-272-1937 |
| Renfrew County Community Withdrawal Management Services provides safe & supportive client-centered community withdrawal management services that are readily accessible and culturally sensitive to the needs of Renfrew County residents. | 613-432-7620 |
| Eastern Counties | |
| Addictions Services of Eastern Ontario Cornwall Community Hospital 205 Second St. Cornwall, ON www.aseo-steo.org | 613-938-8506 1-800-272-1937 |
| Canadian Mental Health Association - Champlain East 444 McGill Street, Hawkesbury, ON K6A 1R2 | 613-938-0435 |
| Centre Royal-Comtois Center - Hawkesbury General Hospital Concurrent disorders group psychotherapy. The groups are limited in time period and generally involve 6-12 persons. Offered in both French and English, called Seeking Safety. | 613-632-0139 |
| The Salvation Army (Stormont, Dundas, Glengarry) 500 York Street, Cornwall, ON Rehabilitation services, Emergency food bank, Emergency shelter | 613-932-8311 |
| North Lanark/North Grenville | |
| Alwood Treatment Centre (Drug Rehab) Residential Program 1986 Scotch Corners Rd., Carleton Place Treatment for chemically-dependent young people (16-22) | 613-257-2813 www.alwood.ca |
| Tri-County Addiction Services Unit A3, 88 Cornelia St. W., Smith Falls Community-based addictions counseling and health promotion | 613-283-7723 1-800-361-6948 http://tricas.on.ca |

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| Ottawa Non-Residential Treatment Programs | |
| CMHA Canadian Mental Health Association - Ottawa Branch Concurrent Disorder Treatment Program 1355 Bank Street, Suite 301, Ottawa, ON | 613-737-7791 www.cmhaottawa.ca |
| Hopewell Eating Disorder Centre | 613-241-3428 www.hopewell.ca |
| Rideauwood Addiction and Family Services 312 Parkdale Ave., Ottawa ON | 613-724-4881 www.rideauwood.org |
| Sandy Hill Community Health Centre Addiction and Mental Health Services 221 Nelson St., Ottawa, ON | 613-789-8941 www.shchc.ca |
| Maison Fraternité (Residential and Non-Residential programs) 242 Cantin Rd., Ottawa, ON K1L 6T2 (French Only) | 613-741-2523 www.maisonfraternite.ca |
| Smart Recovery® Sandy Hill Community Centre Phoenix House for Youth Inc (closed meetings patients only) Royal Ottawa Health Centre Maison Fraternite 50 Plus or older Centretown CHC | 613-789-8914 613-835-2502 613-722-6521 ext 6245 613-741-2523 613-233-4443 |
| ACUETOX (Community Access) Ottawa Withdrawal Management Center- Day Withdrawal Management Service Sandy Hill Community Health Centre Centretown Community Health Centre Maison Des Femmes (clients only) | 613-241-1525 613-789-8914 613-233-4443 613-744-7469 |
| Ottawa Residential Treatment Programs | |
| Amethyst Women's Addiction Centre 488 Wilbrod St., Ottawa, ON | 613-563-0363 www.amethyst-ottawa.org |
| Dave Smith Youth Treatment Centre (Services for ages 13 to 21) 786 Bronson Ave., Ottawa, ON | 613-594-8333 www.davesmithcentre.org |
| Empathy House of Recovery (Women 18 and over) 360 Sunnyside Ave., Ottawa, ON | 613-730-7319 www.empathyhouse.com |
| Vesta Recovery Program for Women inc 100 James St. Ottawa | 613-233-0353 |
| Roberts/Smart Centre (Adolescent Substance Abuse Program) 1199 Carling Ave., Ottawa, ON | 613-728-1946 613-722-4591 (Crisis Line) www.robertssmartcentre.com |

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| Ottawa Residential Treatment Programs continued | |
| Sobriety House 90 First Ave Ottawa Ontario | 613-233-0828 |
| Billy Buffets House of Welcome 243 Granville St Ottawa Ontario | 613-744-3021 |
| House of Transition | 613-744-3021 |
| Anchorage (Salvation Army) 175 George Street Ottawa Ontario | 613-562-1888 ext 175 |
| Royal Ottawa Health Care Group (Adolescents and Adults) Substance Use and Concurrent Disorders Program 1145 Carling Ave., Ottawa, ON | 613-722-6521 www.theroyal.ca |
| Serenity House Inc. Substance Abuse Treatment 103 Leopolds Drive, Ottawa, ON | 613-733-3574 http://serenityhouseottawa.com |
| Renfrew County | |
| Renfrew County Addiction Treatment Service www.renfrewcountyaddictiontreatmentsystem.ca | 613-432-9855 1-800-265-0197 |
| MacKay Manor Residential Recovery for Men in Renfrew | 613-432-4946 1-877-819-4181 |
| Pathways Alcohol & Drug Counselling 39 Renfrew Avenue E., Renfrew Outpatient treatment for people, 16 years and older | 613-432-8573 1-888-241-1135 |

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|--|---|
| Peer and Family Supports | |
| Eastern Counties | |
| Al-Anon English, French | 613-933-8441 |
| Al-Anon/Alateen Family Groups http://al-anon.alateen.ca | 613-860-3431 French 819-669-0543 1-888-425-2666 |
| Alcoholics Anonymous | 613-938-1984 |
| North Lanark/North Grenville | |
| Ottawa | |
| Al-Anon/Alateen | (613) 723-8484 www.al-anon.alateen.org |
| All People All Pathways (weekly peer recovery group) | www.capsa.ca |
| Community Addictions Peer Support Association (CAPSA) | www.capsa.ca |
| Nar-Anon | (613) 860-0902 http://www.naranonontario.com |



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CULTURAL ISSUES

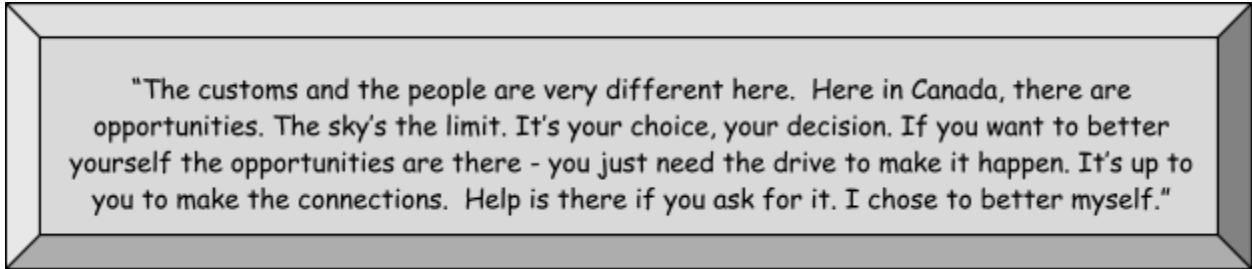
Ethno-Cultural Issues

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

Cultural Beliefs About Mental Health

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

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



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

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

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

Dealing with Language Barriers at the Physician's Office

It can be very frustrating and lonely when you can't communicate well in English or in French. Not only is it difficult for you to understand others, but you will have trouble getting your point across to them. In particular, when speaking with your physician, it is vital that you can communicate clearly and accurately. Otherwise, if your physician can't understand your symptoms and life circumstances, you may be misdiagnosed. You may not understand the steps required for successful treatment. Many people avoid seeking treatment for these reasons, but you need not do the same. All you need is an interpreter when you go to your physician's appointments. This could be a family member, friend, neighbour or a professional interpreter obtained through Immigrant Women Services Ottawa or the Cultural Interpretation Services for Our Communities, and you can request an interpreter when dealing with the City of Ottawa's Ontario Disability Support Program (ODSP) or Ontario Works.

"You have to have the willingness to talk about it and to do it. The resources are out there. I have the support of my friends, my counsellor and my family doctor because I want to. I don't care what people think. This is me and I'm coming for help."

Tips for Bridging Cultures

- Be open with people. Don't be embarrassed to talk about your personal problems.
- Find someone to talk to who is NOT part of your culture. This may ease your worry about not feeling judged or shamed by talking about mental illness.
- Remember that there are many different cultures here. People may act differently than you might expect.
- Don't always take words and actions personally.
- Find someone to be connected to who will help you get settled. It is okay to take your time in finding the right person to fill this role.

"You have to learn to give and take with the new culture in order to be accepted by the people here. You don't want to lose or have to replace your own culture, but you need to leave some things behind."

Ottawa Community Immigrant Services Organization (OCISO)

OCISO partners with other service agencies to provide a wide range of integrated services for newcomers to the Champlain District.

Services provided include:

- settlement counselling
- job search workshops
- Employment mentoring
- immigrant women support
- housing support
- legal aid
- English language training
- counselling for individuals, families and couples
- support for students, families and school administration
- immigrant youth support
- ESL summer camps
- cross cultural education
- community activities and events

"Getting connected with people is so important. If you're shy, it can be hard at first. But if you're reserved, people will be afraid to come to you if you give off that feeling."

Post-Traumatic Stress Disorder

Many newcomers arriving in Canada experience post-traumatic stress disorder (PTSD). This is a type of anxiety disorder that can affect both children and adults which is caused by psychologically traumatic events such as political persecution, natural disasters or sexual abuse.

Symptoms may include:

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

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

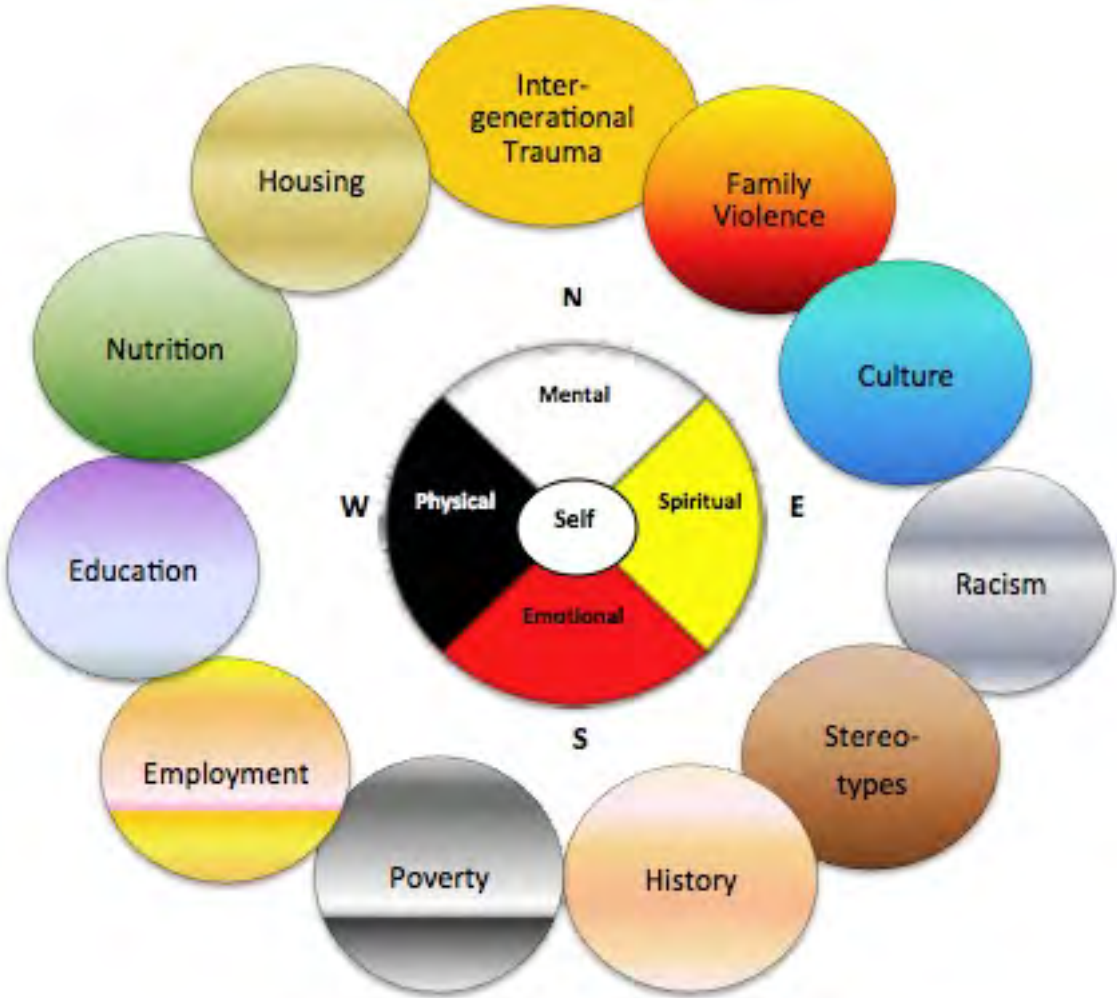
For more information, support and resources, see *Diagnosis Post Traumatic Stress Disorder*, page 51.

| CONTACTS AND RESOURCES: (NEW CANADIANS) | |
|---|--|
| 24 Hour Support Lines | |
| Ottawa Rape Crisis Centre (ORCC) 24 hour Crisis Line Office Telephone Line http://www.orcc.net Provides service for women, 16 years and older, who have experienced any form of sexual violence. | 613-562-2333 613-562-2334 |
| Sexual Assault Support Centre 24 hour Support Line: Office Telephone Line http://www.sascottawa.com Supports all women: immigrant, aboriginal, queer, differently labeled, women of colour, survivors of war and torture. | 613-234-2266 613-725-2160 |
| Counselling and Support | |
| Catholic Immigration Centre 219 Argyle Avenue, Ottawa, ON K2P-2H4 cciottawa.ca | 613-232 9634 |
| Jewish Family Services of Ottawa Walk in Counselling 2255 Carling Avenue, Suite 300 Ottawa, ON K2B 7Z5 | 613-722-2225 www.jfsottawa.com |
| Conseil économique et social d'Ottawa-Carleton (CESOC) 649 Montreal Rd, Ottawa ON SUite 202 http://www.cesoc.ca | 613-248-1343 |
| Hire Immigrants Ottawa www.hireimmigrantsottawa.ca | 613-683-3370 |
| Lebanese and Arab Social Services Association (LASSA) 2410 Holly Lane Ottawa ON | 613-236-0003 613-236-3111 www.lassa.ca |
| Ottawa Chinese Community Services Centre (OCCSC) Offers family counseling. 381 Kent Street Suite 4004, Ottawa, ON K2P 1Y3 | 613-235-4875 www.occsc.org |
| Ottawa Community Immigrant Services Organization (OCISO) Offers counseling and support. 959 Wellington Street W., Ottawa, ON K1Y 2X5 | 613-725-0202 www.ociso.org |
| Somali Centre for Family Services 1719 Bank Street, Suite 303, Ottawa, ON, K1V 7Z4 | 613-526-2075 www.scfsottawa.org |

Wabano Centre for Aboriginal Health

Considered a model of best practice in Aboriginal health care and wellness, Wabano Centre is part of Ontario’s network of community health centers as an Aboriginal Health Access Centre. Wabano uses the wisdom of diverse Aboriginal cultures to compliment contemporary health and mental health care practice. We provide support to clients throughout their entire life journey, from infancy to the elder stages. We offer a broad range of services that address the social determinants of health and all aspects of Medicine Wheel: a traditional model that views true health as a balance between mental, emotional, physical, and spiritual well-being.

Factors that Determine Aboriginal Mental Health



Medicine Wheel, Four Directions, & Social Determinants of Health (Ontario Federation of Indian Friendship Centers)

Aboriginal Mental Health & Addiction Services in Ottawa

Wabano Centre for Aboriginal Health 299 Montreal Road, 613-748-0657 www.wabano.com

Services are provided to First Nation, Inuit & Métis people of all ages (women, men, children, elders) in the following areas:

- Individual, Couple & Family Counselling
- Child & Youth Mental Health Services
- Mental Health & Addictions Client Advocate
- Addiction Outreach Services
- Housing
- Homelessness
- Full Service Clinic
- FASD & Child Nutrition
- HIV/AIDS Programs
- Smoking Cessation
- Sharing & Healing Circles
- Mental Health Outreach Services
- Addictions Healing Circles & Groups
- Cultural Services
- Traditional Parenting Groups
- Pre/Post Natal Care
- Families involved with CAS
- Diabetes Care
- After School Programs
- Aging at Home

Minwaashin Lodge 1155 Lola Street 613-741-5590 www.minlodge.com

Services are provided to First Nation, Inuit & Métis women & children in the following areas:

- Mental Health Counselling & Groups
- Cultural Services
- After School Programs
- Shelter for abused women & their children
- Addictions
- Parenting Programs
- Employment Programs

Metis Nation of Ontario 500 Old St Patrick Unit 3 613-798-1488

Makonsag Aboriginal Head Start, Inc. 12 Stirling Avenue 613-724-5844 www.makonsag.ca

Services are provided to First Nation, Inuit & Métis children, ages 0-6, in the following area: Preschool Program

Mamidosewin Center (Algonquin College) Counselling Services Available 613-727-4723 ext 7186

Odawa Native Friendship Center 250 City Centre Ave 1st Floor 613-722-3811 www.odawa.on.ca

Services are provided to First Nation, Inuit & Métis people of all ages (women, men, children, elders) in the following areas:

- Parenting Programs
- Childcare Program
- Alternative School
- Healthy Living Programs
- Youth Programs
- Life Long Care Program

Ottawa Inuit Children's Centre 230 & 224 McArthur Avenue 613-744-3133
www.ottawainuitchildrens.com

Services are provided to Inuit people of all ages (women, men, children, elders) in the following areas:

- Family Literacy Program
- Sivummet Head Start
- Cultural Circles for Women
- OCDSB Kindergarten
- Childcare Program
- Afterschool Programs

Tewegan Transition House 65 Harvey Street 613-233-0672 www.urbanaboriginal.ca/tewegan

Services are provided to First Nation, Inuit & Métis women (ages 16-29) in the following areas:

- Transitional Housing for women homeless or at risk of being homeless

Tungasuvvingat Inuit (TI) 301 Savard Ave 613-747-2225 www.ontarioinuit.ca

Services are provided to Inuit people of all ages (women, men, children, elders) in the following areas:

- Mental Health Counselling & Groups
- Health Care Centre
- Pre-postnatal Program
- Employment Program
- Addictions Residential Treatment Program & Aftercare
- Health Promotion
- Children's Program



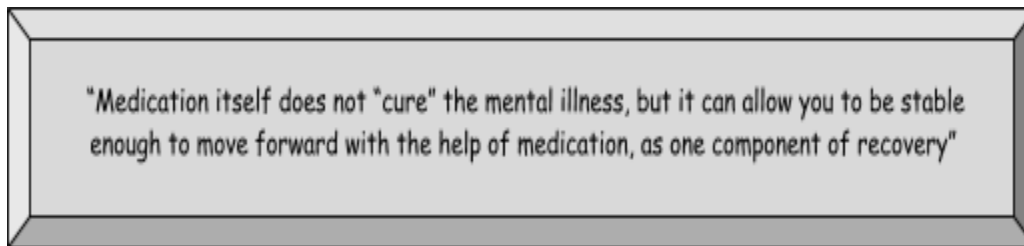
***Aurora Borealis* by JH**
Acrylic

MEDICATION

Medication is the first thing we think of when faced with a mental illness and often the first thing a family physician will respond with. While medication can be helpful and sometimes life saving, it is important to be aware of the wide world of treatment for mental illness that complements or replaces medication. (More information about some community-based programs are listed in Approaches to Recovery page 112.)

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

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



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

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

Understanding Medication

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

SIDE EFFECTS:

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

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

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

MAIN GROUPS OF MEDICATIONS:

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

Anti-Anxiety Medications:

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

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

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

QUESTIONS TO ASK ABOUT ALL MEDICATIONS:

How long will I have to take this medication?

What are the long-term effects ?

What might some of the side effects be and how can they be dealt with?

What are the generic and brand names of this medication?

What is this medication supposed to do for me?

How and when should I take this medication - with food?

At the same time each day?

What are the signs of a serious drug reaction or interaction?

Which foods, drugs, alcohol, etc. interact with this medication?

When can I expect the medication to start working?

Can I get addicted to this medication?

What would be involved in going off the medication?

"When I first started taking my medication, I learned a lot. The first few days I felt strange, sort of 'high'. I wasn't sure I liked it and I thought about stopping. That's when I started doing research about it and learned it was normal for me to feel that way. After a week I didn't feel weird when I took it because my body was used to it. After about 3 weeks, I felt like a totally different person—it was hard for me to remember what I felt like before the medication. For me, it worked. Now I can do something other than being 'sick'."

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

COMMON SIDE EFFECTS:

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

Going off Medication

If you are feeling better and are thinking of going off the medication **Talk to the physician first!** Usually there has to be a process of 'weaning' off any drug to prevent uncomfortable and potentially harmful withdrawal symptoms. If you do suddenly stop taking your medication, within a day or two you may experience withdrawal symptoms such as nausea, dizziness, headaches, etc. Sometimes it can be hard to tell the difference between withdrawal symptoms and the return of symptoms associated with the mental illness.

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

POINTS TO REMEMBER ABOUT ALL MEDICATIONS:

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

Remember

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

Understanding Non-compliance:

WHAT IS (NON)-COMPLIANCE?

This is a term you may hear in your travels through the mental health system, particularly as it applies to medications. When a person with a mental illness takes their medication as prescribed to manage their symptoms, they are said to be 'compliant'. As a parent, spouse, sibling or friend, compliance is usually the ideal situation because of the relief from symptoms, and it may seem like the 'return' of the individual's personality.

However, the person struggling with their mental health may have a very different and sometimes frustrating perspective on medication. Medication may make them feel sleepy, disoriented and unable to think clearly. It's easy to understand how frightening that would be, especially if you were already feeling suspicious of others' motives and loyalties. When a person is feeling scared, confused, misunderstood and unable to let people know what they are going through, their delusions may be stronger than their understanding of how they can get well and what things might help. They may not be able to recognize how serious their illness is, and they may think that medication is just one more way that people are trying to control them. Unwanted side-effects often cause *non-compliance*. If side effects from a medication are significant, the person may feel that they have traded in one set of nasty symptoms for another and that their quality of life has not been greatly improved.

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

Young people who are just coming to terms with their mental illness are more likely to be non-compliant. They may be in denial, believing that they will not have to take the medication for a long period of time, because 'they'll be fine'. They will probably be angry that their life is being so affected not only by the mental illness, but possibly from side-effects as well. Help by breaking things down into the short-term, if they are not able to understand the long-term realities. Work in shorter time frames. For example, focusing on medications for a trial of three months, then evaluating how they are doing.

Compliance will mean an improvement in quality of life - maybe not immediately, but getting symptoms under control will mean that the person can invest themselves in positive activities and start or continue building their own future. The more active and engaged a person can be in their community, their family, their interests and passions, the more value they will see in compliance. The people most likely to become non-compliant are those who feel they have nothing to lose. If you do have something to lose - employment, housing, relationships, education etc., you are less likely to risk those things by being noncompliant and stopping treatment.

Tips for Dealing with Non-Compliance

Helping a family member with a mental illness stay on their medication can be frustrating. Unfortunately, a common symptom of mental illness is being unable to understand that there is something wrong requiring treatment - losing *insight*. Here are some tips for families dealing with non-compliance:

- Make an agreement with the person about their medications;
- Make an agreement that includes clear expectations on family roles and supports establishing meaningful, daily routines including taking medications faithfully;
- Set up all of the daily medications to help the person get into a routine, since it can be complicated and overwhelming;
- Through your actions and behaviours, let the person know that they can rely on you for help and support in areas they need it;
- Remind yourself that with routine, stability and medication they will gain back their insight.

CONTACTS AND RESOURCES: (Medication)

Whoever is prescribing or monitoring medication should be the first person you ask for more information. After that, consider asking your family physician or a psychiatrist who will have more in-depth knowledge about mental illness/addictions, different diagnoses and medications.

The Internet is also a good source of information about specific medications.

Search using the name of the medication you want to learn about. There are many good websites with information about medications, ranging from more general to specific. Here are a few examples to get you started:

www.mentalhealth.com/p30.html

www.healthyplace.com/medications/index.asp



***Spring Revived*, by Catherine Gutsche**

Acrylic

www.catherinegutsche.com

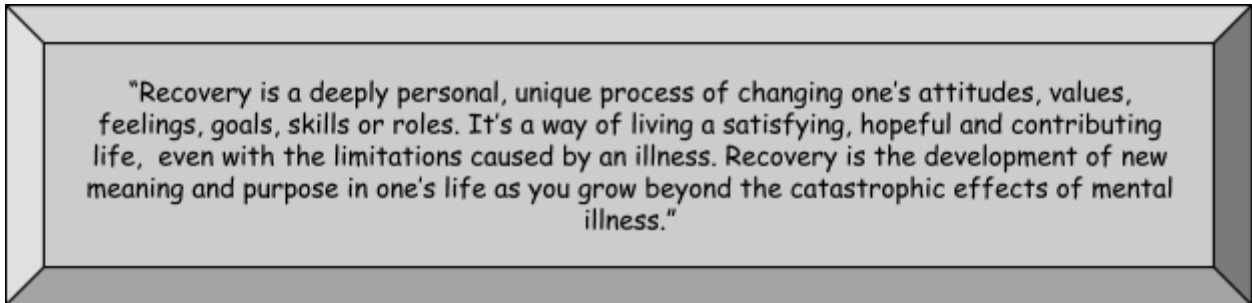
APPROACHES TO RECOVERY

There are many ways that a person can facilitate their own recovery. Traditional and alternative therapeutic approaches can be explored. This chapter will provide more information about approaches to intervention as well as recovery, local opportunities, self help groups and other resources.

It is important to remember that a person with a mental illness is a person, just like everyone else. It is crucial for us all to have meaningful activities in our lives that connect us to other people, to our community and to ourselves. Participating in something you have a passion for adds meaning and substance to life.

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

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



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

Approaches to Intervention

Intervention has three levels - support, counseling and psychotherapy.

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

Counseling: This involves support and work on specific problems and life adjustments with an emphasis on problem-solving and decision-making, focusing on your situation and guidance on how to incorporate specific programs into your recovery plan.

Psychotherapy: This can be on a long or short-term basis. Generally, longer-term therapy may be less structured, but not necessarily, than short-term therapy and the client may have more flexibility in talking about what they want to discuss. Short-term therapy is usually done in a series of 6-12 sessions and is more focused and directed, looking at specific issues the client is experiencing.

There are a variety of different approaches to psychotherapy.

***Cognitive-Behavioural Therapy (CBT)* or Rational Emotive Behavioural Therapy (REBT).** This form of therapy is considered to be one of the best ways to treat anxiety and depression. The focus is on helping clients become aware of irrational thought patterns, attitudes, expectations and beliefs about oneself or the world that can contribute to feelings of sadness, anxiety and fearfulness. Clients identify rational and irrational ways they have coped with issues in the past, and make some decisions about how they can regain control over their moods by being aware of the ways in which they think.

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

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

Other types of therapy include: Mindfulness-Based Stress Reduction (MBSR), Schema Focused Therapy(SFT), Assertive Communication Therapy, EMDR. See page 119 for description of Emotional Freedom Technique (EFT) and Dialectal Behaviour Therapy (DBT) .

Understanding Mental Health and Addiction Interventions

Most literature will tell you that the best results for treatment and recovery from mental illness involves medication and some type of intervention (support counseling and/or psychotherapy). There are many different approaches to intervention and different kinds of professionals who deliver those services, according to your needs. You may be most comfortable speaking with a spiritual advisor like a minister or chaplain. You may go to a yoga class or exercise class to nurture your physical health. You may see a psychiatrist to talk about medications. You may see a nutritionist to see how your diet affects your overall mental and physical health. You may see a psychologist or psychotherapist to talk about problematic patterns in your life, or events in your past that affect your present life.

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

Family physicians/general practitioners:

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

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

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

Social Workers and nurses may also provide some forms of intervention, such as counseling, life-skills coaching, psychoeducation and general support. Master level social workers may be trained for psychotherapy.

Questions to Ask when choosing a Therapist or Counsellor

- Do they have a specific experience in dealing with the issues you have?
- What educational and professional training/experience do they have?
- What is their therapeutic approach?
- How much will it cost to see them?
- Are you comfortable with their gender, race, sexual orientation, culture, religion, etc.?

Individual, Family, Couple & Group Therapy

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

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

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

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

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

Understanding ACT Teams and Community-Based Support

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

The ACT Team is made up of a psychiatrists, nurses, social workers, occupational therapists, psychotherapists, recreation therapists, addiction specialists, community mental health workers and peer support workers.

Criteria for Acceptance to the ACTT program in Champlain:

1. The person must be aged 16-64 upon admission to the Mental Health Unit.
2. The person must be diagnosed with severe and persistent mental illness, with or without problematic substance use.

3. The person is unable to function independently in the community due to their mental illness, with or without problematic substance use, particularly in the areas of self-care, productivity and leisure.
4. The person has a high number of hospital admissions for mental health crisis.
5. The person requires intensive services to maintain treatment, rehabilitation and support in the community

Services provided by (ACTT):

- Medication monitoring and supervision;
- Crisis assessment and intervention;
- Symptom assessment, management and education;
- Supportive counselling;
- Collaboration with families and other service agencies;
- Life skills development;
- Housing assistance;
- Recreational support;
- Vocational Support;
- Continuity of care;
- Advocacy

Understanding Alternative Approaches

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

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

Acupuncture for Anxiety:

Acupuncture is increasingly being used in Western society in the treatment of anxiety disorders. Acupuncture is the insertion of very fine needles (sometimes in conjunction with electrical stimulus) on the body's surface, in order to influence physiological functioning of the body.

"Take the time to learn, try different things and see what works. Try to approach different therapies with an open mind—you never know what might end up working for you."

Acupuncture can also be used in conjunction with heat produced by burning specific herbs, this is called Moxibustion. In addition, a non-invasive method of massage therapy, called Acupressure, can also be effective.

According to Oriental medical theory, anxiety is the emotion most frequently associated with disorders of the heart and instability of the shen. In the West, the word "shen" is often translated as "spirit" or "mind." Acupuncture may be effective for anxiety because, as it helps to regulate the nervous system, it moderates the release of chemicals and hormones in the brain, muscles and spinal cord.

Body / Energy Work:

There are a variety of approaches to healing that involve energy flow within the body. Many originated in ancient Eastern cultures and are still practiced today. The Western medical community can sometimes be skeptical of these treatments, but many people say that the mind-body connection is enhanced and helps with recovery through this type of approach.

Some examples of practices that involve *body and/or energy work* are: biofeedback, reflexology, reiki and shiatsu. The general principle behind many of these practices is that the body's energy flow occurs along energy paths (called meridians). If the energy is not moving properly, it can cause physical and mental problems that prevent optimum health and functioning. The idea is to identify where there are energy blockages and get the energy moving again, by touch or pressure (shiatsu, reflexology) or the placement of small painless needles (acupuncture). These methods are not covered by OHIP, but are sometimes covered through private health insurance packages.

Creative Therapies:

Creative activities give people a way to express and explore their thoughts and feelings in safe and healthy ways. Art, music, writing, photography, drama and play engage our minds in different ways that can be very therapeutic. They allow us to learn things about ourselves that we maybe didn't know, or perhaps forgot. These programs are offered more and more through hospitals and community programs, but can be done without any particular structure.

The more able a person is to feel unique, talented, artistic and able to express what's inside of them, often the better their recovery. *Creative therapies* help to increase self-awareness, cope with symptoms and traumatic experiences, as well as fostering positive changes. More information about Creative therapies can be found in *Approaches to Recovery*.

Light Therapy (Phototherapy):

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

Nutrition and Naturopathy:

Having a healthy and balanced diet is a very important component of taking care of yourself - both body and mind. *Naturopathy* often involves supplementing your diet with vitamins, minerals or herbal remedies made from different kinds of plants. While these can be helpful, it is important to know if there is a possibility of side-effects or interaction effects with other medications.

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

Spirituality:

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

Taoist Tai Chi:

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

Drumming:

Drumming Therapy taps into layers of the mind and body that other modalities cannot. Studies have shown that repetitive drumming changes brain wave activity, inducing a state of calm and focused awareness.

Yoga: Learn about yoga from its traditional models. Some practitioners can adapt the yoga to meet your specific health challenges. Some of the conditions that can benefit from the practice of yoga are life transitions, grief, Post-Traumatic Stress, anxiety and depression.

A couple more approaches to intervention:

Dialectical Behaviour Therapy (DBT)

Dialectical behavior therapy (DBT) is a comprehensive cognitive-behavioral treatment for complex, difficult-to-treat mental conditions, such as borderline personality disorder (BPD). DBT combines elements of cognitive behaviour therapy along with Eastern mindfulness practices.

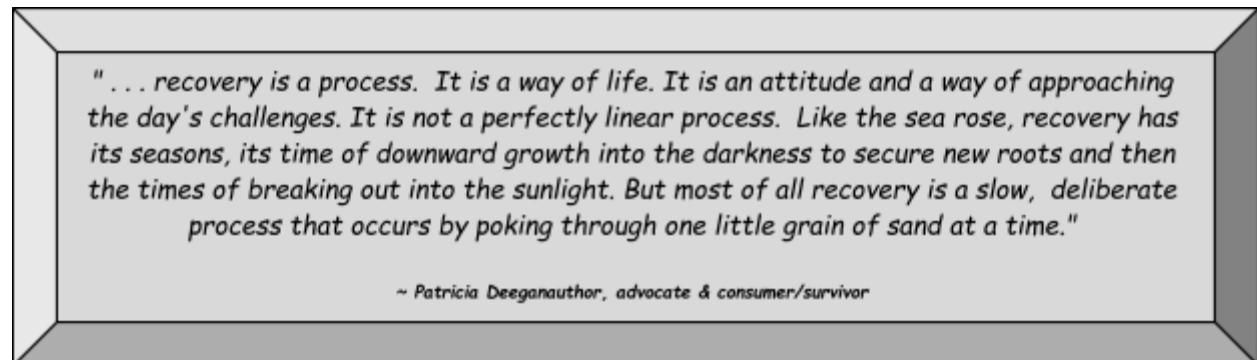
Emotional Freedom Technique (EFT)

EFT is a powerful method based on research showing that emotional trauma contributes greatly to disease. EFT is able to rapidly reduce emotional impact of memories and incidents that cause distress.

Factors for Successful Recovery

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

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



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

de-motivating, physically destructive and mentally destabilizing. You have enough to deal with - using drugs or alcohol will not make it easier

Prompt Treatment: Physicians tend to find that the longer a person experiences symptoms and disruption from mental illness without diagnosis or treatment, the harder the road to recovery. Pay attention families - don't bury your heads in the sand. Recognize problems and get the person treatment and support as soon as possible.

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

Support: Developing a good relationship with a mental health professional or other service providers helps people be hopeful, develop confidence and put their illness into perspective.

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

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

Getting and Staying Connected: Social interaction is a key to recovery. Find others with similar interests or hobbies and make sure that you get involved and stay connected. There are groups specifically designed to provide safe, supportive and non-judgmental environments to help you with this are listed at the end of this chapter.

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

The Family's Role in Recovery

The family plays a very important role in the person's recovery. The person may be taking some of their cues from the family and their expectations for the future. Coming back to the world requires courage, support and resources that you, as a family member, can help to put in place.

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

A Family's Recovery Story

"For us, knowledge was the most important of the doors to be opened in our quest to save our son. We began our journey into the light. The first and foremost gift was our changing attitudes toward, and then understanding of, our son and what he had been dealing with and survived, his mental illness. This has so impacted his self image, wellness and our relationship. The other blessings were our changing behaviours that allowed us to become informed and active in treatment; our being connected to mental health resources; our increasing awareness of choices and self-determination; the need for interdependence and connectedness; and, most of all, hope. We have seen for 3 years now that recovery is possible and we dare to dream."

Ideas, Ideas - What's out there for me?

- Take a cooking class;
- Join a book club;
- Go to a Community Centre and get some ideas about possible volunteer opportunities;
- Get a part-time job;
- Join or start a self-help/support group;

- Join a gym, get a bike, or just get moving -exercise!
- Join a walking or hiking club;
- Go to movies, theatre and concerts;
- Take an art class;
- Take music lessons;
- Start a journal and keep track of your thoughts and emotions;
- Pick a topic you enjoy and start researching;
- Get a pet to keep you company and to get you outside;
- Do some career counselling and write a new resume;

A Recovery Story

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

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

Self-Help and Recovery

Self-help and peer support can be powerful tools in recovery. Self-help, peer support and mutual aid are some of the terms used to describe similar activities geared toward recovery. Self-help groups are a group of people who share a common interest or life experience getting together to share their stories, struggles, strengths and hopes, and supporting each other to create positive change.

There is no single way that self-help and peer support is conducted, but there are some common elements in what self-help means. The Canadian Health Network defines ***self-help*** as “A process of sharing common experiences, situations or problems. It involves getting help, giving help and learning to help yourself, as well as sharing knowledge and experience with others”.

Self-help and peer support groups are usually run by and for members and are based on the principle of reciprocity, where members are both giving and receiving help. Getting involved in local self-help groups can provide information, social connections, relief from stigma and a chance to give back to others. Getting involved with a self-help group can be an important element in the continuum of professional and community-based support.

Examples of Self-Help Groups in this Community

- Psychiatric Survivors of Ottawa (PSO)
- The Source offered by Parents' Lifelines of Eastern Ontario (PLEO)
- Moms Post Postpartum Depression Support Group
- Compulsive Disorder (OCD) Support Group
- Mood Disorders Ottawa Mutual Support Group
- Al-Anon, Nar-Anon, Alateen, Alcoholics Anonymous
- Ottawa Network for Borderline Personality Disorder (BPD)
- Men's Project
- Schizophrenia Society of Ottawa Chapter
- Hopewell Eating Disorder Support Centre
- Youth Net (YN)
- Recovery Academy
- Recovery Connections
- NAMI
- Secular Organizations for Sobriety (SOS) Ottawa
- All People All Pathways
- Community Addiction Peer Support Association (CAPSA)

Psychiatric Survivors of Ottawa

Psychiatric Survivors of Ottawa (PSO) is a non-profit, member-driven organization founded in 1991 by a handful of consumer/survivors of the mental health system. PSO has grown into a dynamic group of over 200 consumer/survivors from all walks of life. Membership is free to psychiatric survivors. All of PSO's voting members, directors, volunteers and staff are consumer/survivors of the mental health system. PSO staff and volunteers offer individual and group peer support, and inform and educate the community about the needs of consumer/survivors. PSO offers telephone information and referrals to resources and supports in Ottawa.

"Social justice for consumer-survivors can only be achieved with a strong, articulate and thoughtful voice. It is time for consumer/survivors to take a stand against injustices experienced by people who have been diagnosed with mental health issues."

Education & Empowerment at PSO

On an individual basis, PSO encourages and supports members to advocate for their own needs. Regular information sessions are held to promote awareness about rights, community resources, and about healthy alternatives which may supplement traditional mental health services. Information sessions are held about government policy and legislation that will affect consumer/survivors. To ensure that the consumer/survivor voice is heard within the greater mental health system (and within

the social services sector), members participate on a wide range of committees and coalitions at the local, provincial and national levels. PSO delivers presentations to sensitize social service providers and governmental planning bodies about the nature of mental illnesses, and how specific planning and implementation measures may help meet consumer/survivors' needs.

Peer Support at PSO

Peer support encourages us to help ourselves. PSO runs a self help group every week. The group has a specific topic for discussion or an open group where members can talk about what concerns them. A staff person usually facilitates the group.

The Wellness Recovery Action Plan® (WRAP®)

This technique has been used by many people as a guide to manage mental health challenges and get more out of life .It is a structured plan developed with the individual in mind. It is a plan that you make for yourself that helps you work through challenges or life issues. It is designed to compliment a person's recovery rather than replace other therapies

WRAP is designed to:

- Decrease and prevent intrusive or troubling feelings and behaviours
- Increase personal empowerment
- Improve quality of life
- Assist people in achieving their own life goals and dreams

Key Recovery Concepts of WRAP

- Hope
- Personal Responsibility
- Education
- Self-Advocacy
- Support

The course and materials are free if you wish to explore this means of recovery, created by fellow consumers and survivors

Family WRAP is a practical self-help recovery education series focused on: gaining control in your own life through self-care and understanding of self-care for the loved one; gaining a sense of control in the family as a unit and family self-care; understanding recovery concepts and sharing resources, tools and strategies.

Psychiatric Survivors of Ottawa (PSO) www.psychiatricsurvivors.org offers WRAP, Family WRAP and Youth WRAP please call to register 613-567-4379

WRAP Includes:

- Wellness toolbox
- Daily maintenance plan
- Identifying triggers and an action plan
- Identifying early warning signs and an action plan
- Signs that things are breaking down and an action plan
- Crisis planning
- Post-crisis planning
- Recovery Topics

Other Area WRAP Courses

Mood Disorders Ottawa (613-526-5406) www.mooddisordersottawa.ca

Royal Ottawa Hospital- Mood/Anxiety Outpatient Program (613-722-6521 x6770)

CMHA Ottawa Branch (613-731-7791) www.ottawa.cmha.ca

Ottawa Salus (613-729-0123 or 613-722-3305) ottawapeerrecovery@gmail.com

Montfort Hospital (613-746-4621) www.hopital/montfort.com/en/mental-health-clinic

CMHA East - Cornwall Branch (1-613-933-5845)

www.cmha-east.o.ca/index/php/our-services/cmha-client-sessions

Prescott-Russell ACT Team Casselman (1- 613-764-5464) <http://www.pemreghos.org/cmh.htm>

Pembroke ACT Team (1-613-732-8770 or 1-800-991-7711)

NOTE: Some of the above WRAP programs are only open to clients of that agency.

Community Addictions Peer Support Association (CAPSA)

CAPSA is a non profit organization of people affected by addiction that provides opportunities to integrate into the broader community through peer support initiatives and community engagement projects.

All People All Pathways weekly peer recovery group held Wednesday 8:00 to 9:30 pm Royal Ottawa Mental Health Centre RM. 1200

Recovery Day annual event organized by CAPSA volunteers raising awareness through the BE AN ALLY campaign. Recovery transforms our community.

Community Engagement initiatives promote social acceptance and full community participation

Mental Health First Aid

MENTAL HEALTH FIRST AID CANADA BASIC COURSE (MHFA CANADA BASIC)

Mental Health First Aid Canada is a 12-hour training course delivered in four modules of three hours each. Participants will learn how to provide initial help to people who are showing signs of a mental health problem or experiencing a mental health crisis.

MENTAL HEALTH FIRST AID CANADA FOR ADULTS WHO INTERACT WITH YOUTH COURSE

Mental Health First Aid Canada For Adults Who Interact With Youth (MHFA Canada - Youth) focuses on mental health problems and first aid for youth ages 12-24. The information in this course is designed to be sensitive to the unique aspects of mental health problems in young people. The course is meant to assist education professionals, health providers, parents and other adults in the identification of mental health problems and appropriate first aid intervention strategies.

To find a course near you,

www.mentalhealthfirstaid.ca

Mental Health First Aid Canada

Co Mental Health Commission of Canada Ottawa Office

100 Sparks Street, Suite 600 Ottawa ON

1-866-989-3985

What's in a Word? Language and Recovery

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

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

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

Also, many people who have experienced mental health issues like to be referred to as consumer/survivors because that term has positive connotations of power, recovery and survival. You have survived the illness and the mental health system, and you have been a consumer of mental health services, just as others are consumers of physical health services. Make some intentional choices about the language you want used in reference to your life, your illness and your recovery.

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

Volunteering and Recovery

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

You can also volunteer with family, friends and neighbours who need assistance with certain things. We all have special talents and ways that we can give to others. Helping others in need is a rewarding way to gain skills and make friends. The Volunteer Ottawa or your local community centre is a great resource for seeing what opportunities interest you. See the Contacts and Resources pages at the end of this chapter for more information.

A Recovery Story

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

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

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

"The Mood Disorders Group is available to me on an as-needed basis. I have found it to be a place where people accept each others' mental health diagnoses without prejudice. It is a self-help group with a structured support meeting once a week. They have a small library of good books on recovery from anxiety, depression and other mood disorders."

Creative and Experiential Programs

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

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

The Art Studio

The Art Studio is a unique service for artists who live with mental illness. The studio offers a safe creative space where artists living with mental illness can pursue their art, which otherwise might be limited by their illness or the poverty with which mental illness is often associated

The Art Studio is a partnership between Family Services à la famille Ottawa, Canadian Mental Health Association - Ottawa Branch, Royal Ottawa Mental Health Centre, Hintonburg Community Centre, City of Ottawa Community Arts Program, and Psychiatric Survivors of Ottawa.

Anyone who lives with a mental illness can come to paint or draw and discuss the creative process. They provide art supplies and bus tickets.

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

Creative and Expressive Arts Therapies

Creative therapies or art therapies may be an option. There is an inherent pleasure in engaging in the arts, allowing the gradual expression of thoughts and emotions through the safety that can be provided in an art image, song lyrics, or an imaginative story. Within the therapeutic relationship, together the therapist and client can explore the symbolism and meaning of what the client has

expressed and interpret within the art-making process. Over time the individual may be able to fully express issues, emotions and conflicts he/she may not otherwise have been comfortable to do.

These are some of the creative approaches:

Art Therapy: This form of counseling combines the creative process with counseling and psychotherapy theory and research, working towards the goal of achieving self awareness and personal growth in one's life. The client may utilize materials such as paints, pencil crayons, pastels, clay, fabric, or magazine clippings.

Dance Movement Therapy: According to the American Dance Therapy Association, the goal of Dance Movement Therapy is the "psychotherapeutic use of movement to promote emotional, cognitive, physical, and social integration of individuals." The client uses everyday movements, improvised dance and natural rhythms to communicate personal feelings in a nonverbal form.

Music Therapy: This specialized intervention can be experienced as interactive (making music) or receptive (listening to music). Interactive Music Therapy may include instrument play or song writing and can be used to manage depression, to increase mobility, and to promote stimulation. Receptive Music Therapy can be used to manage issues such as physical pain, anxiety, and sleep disorders.

Drama Therapy: The aims of drama therapy are to provide clients with a safe distance, through dramatic processes, to explore their emotions and relationships in order to produce positive changes. A drama therapist assesses a client's needs and then considers dramatic tools depending on skill, ability levels, interests and therapeutic goals. For example, interventions can range from individual sessions exploring trauma through identification with story characters to group sessions using improvisation to strengthen and negotiate life roles.

Sand Play/Sand Tray Therapy: Practitioners of this therapeutic modality use spontaneous and imaginative play in trays of sand. Clients sculpt wet and dry sand and use miniature figurines or objects to create three-dimensional scenes or designs to express their inner feelings.

Advocacy and Recovery

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

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

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

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

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

"A right of a person under this Act is not infringed for the reason only that the person is incapable of performing or fulfilling the essential duties or requirements attending the exercise of the right because of disability."

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

~ Patricia Deegan, author, advocate and consumer/survivor

CONTACTS AND RESOURCES: (Traditional and Alternative Therapies)

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| Canadian Association for Child and Play Therapy | www.cacpt.com |
| Canadian Association For Music Therapy | www.musictherapy.ca |
| Canadian Reiki Association | www.reiki.ca |
| Chinese Medicine and Acupuncture in Canada | www.cmaac.ca/ |
| Canadian Association of Naturopathic Doctors | www.cand.ca/ |
| Consumer Health Organization of Canada | www.consumerhealth.org/home.cfm |
| Emotional Freedom Technique (EFT) | www.thetappingsolution.com |
| Family Services Ottawa 312 Parkdale Ave., Ottawa ON K1Y 4X5 | 613-725- 3601 ext. 0 TTY 613-725-6175 www.familyserviceottawa.org |
| Find a Therapist, Ontario Art Therapy Association | www.oata.ca |
| Healing Touch | www.healingtouch.net |
| Living Healthy with a Chronic Condition | 1-877-240-2391 www.livinghealthchamplain.ca |
| National Self Help Clearing House Online self help groups and organizations | www.mhselfhelp.org |
| Ontario College of Reflexology | www.orc.edu |
| Ontario Association for Marriage and Family Therapy | www.oamft.com |
| Ontario Psychology Association | http://lopajoomla.knowledge4you.ca |
| Psychodramatic Bodywork® | www.youremotions.com |
| Shiatsu School of Canada | www.shiatsucanada.com |
| Taoist Tai Chi Society of Canada - Ottawa Location 2930 Carling Ave 5 Fairbairn Street 260 Centrum Blvd | www.taoist.org 613-233-2318 613-233-2318 613-834-7572 |
| The Men's Project 180 Argyle Avenue, Suite 321, Ottawa, ON | 613-230-6179 www.themensproject.ca |
| The Ottawa Network for Borderline Personality Disorder (BPD) | www.on-bpd.ca |
| Therapeutic Touch Network of Ontario | www.therapeutictouchontario.org/ |

CONTACTS AND RESOURCES: (Recovery)

| Eastern Counties | |
|---|---|
| Addiction Services of the Cornwall Community Hospital 840 McConnell Avenue Cornwall Toll Free (Addictions Services) Toll Free (Mental Health) | 1-800-272-1937 613-938-4240 1-800-272-1937 1-800-465-8061 |
| Canadian Mental Health Association - Champlain East 329 Pitt St., Cornwall www.cmha-east.on.ca | 613-933-5845 1-800-493-8271 |
| Cornwall Community Hospital, CCH Mental Health Services 132 Second St. E., Cornwall www.cornwallhospital.ca | 613-932-9940 1-800-465-8061 |
| Centre Royal-Comtois Center Community Mental Health Clinic 444 McGill St., Suite 101, Hawkesbury www.hgh.ca | 1-877-616-0139 613-632-0139 |
| North Lanark/North Grenville | |
| Lanark County Mental Health 88 Cornelia St. W., Unit A2, Smith Falls www.lanarkmentalhealth.com | 613-283-2170 |
| The Lanark County Therapeutic Riding Program (Victory Farm) Carleton Place Renfrew County | 613-257-7121 X 236 613-570-9853 |
| Adult Learning & Training Centre | http://www.altclanark.ca/ |
| Childrens Resources On Wheels (CROW) 91 Cornelia Street W Smith Falls On | 613-283-0095 http://crowoeyc.com |
| Community Care Access Centre (CCAC) Branch Offices - Carleton Place Casselman Cornwall Hawkesbury Pembroke Renfrew and Winchester | 310-2222 Toll Free 1-800-538-0520 |
| Champlain Hospice Palliative CAre Program Regional Palliative Consultation Team (RPCT) St Vincent Hospital, Ottawa ON K1R 6M1 | 613-683-3779 |
| The Mental Health Support Project (MHSP) 88 Cornelia St. W., Unit A2, Smith Falls | 613-284-4608 1-877-383-2070 http://www.mhsp-links.ca/ |
| Ottawa | |
| Al-Anon/Alateen www.al-anon-ottawa.ca | 613-860-3431 |
| All People All Pathways | www.capsa.ca |
| Alcoholics Anonymous www.otawaaa.org | 613-237-6000 |
| (APPLE) Post Psychiatric Leisure Experience 211 Bronson Avenue (basement), Ottawa www.appledropin.com | 613-238-1209 |
| Canadian Mental Health Association, Ottawa Branch 1355 Bank St., Ste. 301, Ottawa www.ottawa.cmha.ca | 613-737-7791 TTY 613-737-9480 |
| Community Addictions Peer Support Association | www.capsa.ca |

| Ottawa Continued | |
|---|---|
| Carlington Community Health Centre 900 Merivale Rd., Ottawa www.carlington.ochc.org | 613-722-4000 |
| Coping with Mental Illness The Royal Ottawa Hospital Family and Support meetings | 613-722-6521 ext. 6610 |
| Family Services Ottawa 312 Parkdale Ave., Ottawa www.familyserviceottawa.org | 613-725-3601 TTY 613-725-6175 |
| Hopewell Eating Disorder Support Centre 404 McArthur avenue, Ottawa www.hopewell.ca | 613-241-3428 |
| Mood Disorders Ottawa (Offers WRAP Wellness Recovery Action Plan, Family Wrap and Pathways to Recovery.) www.mooddisordersottawa.ca/recoveryprograms.htm | 613-526-5406 |
| Ottawa Peer Recovery Centre (OPRC) 502 Hartleigh Avenue, Ottawa | 613-710-6772 |
| The Oasis in Kanata | 613-435-1100 http://theoasiskanata.ca/resources/ |
| Ancoura 211 Bronson Centre | 613-233-8130 www.ancoura.ca/ |
| EMentalHealth | www.ementalhealth.ca/Ottawa-Carleton |
| Champlain Health | http://champlainhealthline.ca |
| National Alliance on Mental Illness (NAMI) | http://www.f2fontario.ca |
| Mental Illness Caregivers Association of Canada 19 Colonnade Rd Ottawa | 613-860-7800 http://micaontario.com/ |
| Recovery Academy | 1-800-532-4184 http://www.recoveryacademy.ca |
| The Canadian Alliance of Mental Health (CAMIMH) 141 Laurier Ave West Ottawa | 613-237-2144 x 323 http://www.camimh.ca/ |
| Canadian Association for Suicide Prevention (CASP) | www.casp-acps.ca |
| Secular Organizations for Sobriety Ottawa (SOS) | http://cficanada.ca/sos-secular-sobriety/ |
| Nar-Anon Family Groups, 1145 Carling Ave., Ottawa | 1-877-239-0096 |
| Obsessive Compulsive Disorder (OCD) Parent Support Group www.ocdottawa.com | 613-831-3222 |
| Ottawa Network for Borderline Personality Disorder (BPD) | 613-820-8203 www.on-bdp.ca |
| Overeaters Anonymous | www.aa-ottawa.ca/www.aa.org 613-820-5669 |

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|---|--|
| Ottawa continued | |
| Parents' Lifelines of Eastern Ontario (PLEO) The Source Young Adult Peer support group for 16-24 year old - social and recreational activities | http://www.pleo.on.ca |
| Psychiatric Survivors Of Ottawa (PSO) (offers Wrap and Peer to Peer Wellness) 211 Bronson Ave., Suite 303, Ottawa | 613-567-4379 |
| Sandy Hill Community Health Centre 221 Nelson St., Ottawa | 613-789-1500 www.shchs.ca |
| Schizophrenia Society of Ontario Ottawa (Offers six week family program called Strengthening Families Together and two consumer recovery programs - Friendship Support Group and Your Recovery Journey.) c/o ROH, 1145 Carling Ave., Ottawa | 613-722-6521 x 7775 or 7776 |
| Serenity Renewal for Families support individuals and family members in their journey to recovery and emotional well-being. Suite 202, 2255 St. Laurent Blvd. Ottawa | 613-523-5143 www.serenityrenewal.ca |
| The Art Studio 1064 Wellington St W., Ottawa. | www.familyserviceottawa.com |
| The Men's Project (Provide mental health services to men and their families in the areas of childhood trauma recovery, recent sexual assault, emotional integrity and anger management and other service areas.) 180 Argyle Ave., Suite 321, Ottawa | 613-230-6179 www.themensproject.ca |
| The Well Day program for women and women with children www.the-well.ca | 613-594-8861 |
| Volunteer Centre of Ottawa 363 Coventry Rd Ottawa | 613-736-5266 www.volunteerottawa.ca |
| The White Stone Project providing services, programs and activities aimed at the treatment, outreach and education related to sex addiction. | www.facingsexaddictions.com |
| Youth Net /Reseau Ado Mental Health Services (Children's Hospital of Eastern Ontario CHEO) a regional mental health promotion and intervention program run by youth, for youth. www.youthnet.on.ca | 613-738-3915 |
| Youth Service Bureau 2301 Carling Ave., Ottawa | Intake 613-562-3004 Crisis 613-260-2360 www.ysb.on.ca |
| Renfrew County | |
| Alcoholics Anonymous 39 Renfrew Ave., Renfrew | 613-432-2907 1-888-425-2666 |
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| <p>CFB Petawawa Petawawa Military Family Resource Centre 16 Regalbuto Ave, Petawawa www.familyforce.ca Integrated Personal Support Centre VAC Office Pembroke Peer support and family support coordinators Occupational Stress Injury Social Support www.osiss.ca establish, develop, and improve social support programs, education and training for CF members</p> | <p>613-687-1641</p> <p>613-687-5511 24 hr Operator</p> |
| <p>Community Mental Health Services -Pembroke Regional Hospital Central referral Number Serving adults (16 and older)</p> | <p>613-732-8770 1-800-991-7711</p> |
| <p>Family Information Centre Resource materials for clients, family</p> | <p>613-732-3675 ext. 8004</p> |
| <p>Phoenix Centre for Children and Families 191 Plaunt St. S., Renfrew Children's Mental Health Treatment Centre</p> | <p>613-432-7936 613-735-2374</p> |
| <p>North Renfrew Family Services 109 Banting Drive, Deep River Providing counseling advocacy and support</p> | <p>613-584-3358</p> |

YOUR NOTES

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***The Wave*, by Catherine Corey**
Mixed Media

CAREGIVERS

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

Coping with Anxiety

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

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

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

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

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

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

Understanding Caregiver Stress

Being a caregiver can be rewarding in many ways; you may feel that your efforts are making a real difference in the individual's life. On the other hand, caregiving can soon become an overwhelming task, and you may begin to feel the emotional and physical strain of your role. This is caregiver stress. It is common for caregivers to "burn out," or feel unappreciated, isolated, angry, or depressed. If you are a caregiver and you are starting to feel like this, think about these possible causes:

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

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

Some Signs of Caregiver Stress

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

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

10 Tips to Fight Caregiver Stress

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

Community Care Access Centres (CCACs)

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

These services are available to people of all ages and anyone can make a referral to a CCAC. When the call is made to the intake office there will be an initial screening. A case manager will come to your home and perform an assessment to determine your eligibility. You are eligible if:

- **You have a valid health card number**
- **You home is suitable for providing care**
- **You are unable to access services elsewhere**

Case managers make the arrangements to put services in place, do re-assessments and modify the treatment strategy, as needed. They also perform assessments to determine eligibility for day programs and can assist in setting these up. A Long Term Care Coordinator will do assessments for entry into long-term care facilities. Waiting lists for these facilities are also kept at CCACs. If you are not eligible for CCAC services, the case manager will help you find other sources of care.

The cost for professional services through the CCAC is covered by the Ministry of Health and Long-Term Care. However, as there is a cost for day programs and some equipment, it is important to make sure you understand what you will be covered for and what you will not.

"It's hard not to take it personally and feel like you're responsible somehow. It's the illness that's responsible."

Support and Education

Like any major illness, the onset of mental illness will challenge the balance and happiness of your family. Unlike purely physical illnesses, mental illness still carries a stigma with it; a stigma which, if you let it, can isolate you from your community and undermine the recovery of both your family and the person you love. Fighting the stigma is easy. All you need to do is educate yourself and accept the support of others.

There are so many ways you can help someone else by helping yourself."

Parents' Lifelines of Eastern Ontario (PLEO)

Parents' Lifelines of Eastern Ontario (PLEO) is a non-profit, volunteer driven organization providing support to parents/caregivers with children, youth and young adults living with mental illness. In addition to providing a monthly online newsletter and telephone support (613-321-3211), PLEO provides monthly parent support meetings that allow families to share information and experiences providing peer support to help through their journey with their child. To register for the newsletter, or find the details regarding time and location of the various support groups, visit the website at www.pleo.on.ca.

Cornwall & District Family Support Group (CDFSG)

Peer-led, the CDFSG meets monthly to help families with a loved one living with schizophrenia, bipolar disorder or another serious mental illness. By sharing members learn how to cope more effectively with the challenges faced by most family caregivers. Meetings usually begin with an information segment, such as a short video or guest speaker, and the group has a growing library of books and DVDs. The CDFSG is also committed to advocating for improved mental health services in this region for both patients and their families. Visit the website www.ListentoFamilies.ca or call 613-527-1201

Family Information & Support Group Meetings at the Royal Ottawa is for family and friends of individuals with mental illness who wish to go into the aspects of coping with illness in greater detail. All are welcome and your family member does not need to be a client of the Royal. These sessions are offered in English only and are led by mental health professionals.
www.theroyal.ca/mental-health-centre/patients-and-families/family-information-and-support-groups/

Hopewell is Eastern Ontario's only eating disorder support centre. It has a telephone help-line (613-241-3428), monthly electronic newsletter, website www.hopewell.ca, professionally facilitated Family Peer Support Group and Mentoring Program, as well as a lending library.

The NAMI Family-to-Family Education Program is designed for the family members of people who have been diagnosed with schizophrenia, major depression, bipolar illness, (manic depression), panic

disorder or obsessive compulsive disorder (OCD), or who exhibit behaviors that strongly suggest one of these diagnoses. This course is taught by trained volunteers with personal experience dealing with mental illness.

Ottawa - For more information and to register, please contact the Canadian Mental Health Association, Ottawa Branch, at 613-737-7791.

Cornwall & District - For more information and to register, please contact the Cornwall Community Hospital's Addiction and Mental Health office at 613-936-9236

Recovery Academy - teaching family and friends the skill set and the mindset to support recovery from mental illness and addictions. Peer led information sessions, workshops and webinars.
www.recoveryacademy.ca 1-800-532-4184

Family Peer Support Workers (Recovery Connections) are available to meet with family and friends to discuss their needs, provide information about various family services in the community, and support them individually and in family support groups in the community. 613-567-4379

The Oasis in Kanata a place for caregivers of people with the symptoms of mental illness
A community outreach program of Glen Cairn United Church (GCUC) dedicated to helping caregivers build capacity, confidence and resilience by offering opportunities for education and support.
www.theoasiskanata.ca 613-435-1100

Strengthening Families Together Schizophrenia Society a 10 session national education program for family and friends of individuals with serious and persistent mental illnesses.
Topics include schizophrenia and mood disorders, mental illness, addictions and the criminal system, treatment options, understanding the mental health system and coping as a family.
available online at www.schizophrenia.ca/strength/ or to find a course near you
www.schizophrenia.on.ca/Programs-and-Services/SFT

Centre for Addiction and Mental Health (CAMH) Mental Health and Addiction 101 Series

Offers a series of free, quick, easy to use online tutorials that will introduce you to topics concerning substance use and mental health problems.

Anxiety Disorder, Bipolar Disorder, Concurrent Disorder, Depression, Diversity and Health Equity, Harm Reduction, Introduction to Addiction, Introduction to Mental Health, Older Adults, Personality Disorders, Problem Gambling, Post traumatic Stress Disorder, Psychosis, Schizophrenia, Stages of Change, Stigma and Youth and Technology.

www.camh.ca/en/education/Patients-Families-Public/public/Pages/

| CONTACTS AND RESOURCES: (Caregivers) | |
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| Regional | |
| Association of Parent Support Groups in Ontario www.apsgo.ca . APSGO is a volunteer organization with chapters throughout Ontario, providing weekly self-help meetings to support and assist parents of 'disruptive youth.' For a list of local chapters visit the website, send an e-mail to mail@apsgo.ca . | 416-223-7444 1-800-488-5666 |
| Community Care Access Centre (CCAC) Connectors to homecare, long-term care and other services. www.healthcareathome.ca | 310-2222 |
| NAMI Ontario Family-to-Family Education Program http://www.f2fontario.ca/ A 12-week course for relatives and friends of individuals with severe and persistent mental illness. The course focuses on schizophrenia, bipolar disorder and major depression, and emphasizes clinical treatment and family coping skills. | Ottawa 613-737-7791 Head Office 416-789-7957 ext 260 |
| Nar-anon Family Groups of Ontario Peer support for family and friends of problem drug users | 1-877-239-0096 |
| Recovery Academy teaching family and friends the skillset and the mindset to support recovery from mental illness and addictions www.recoveryacademy.ca | 1-800-532-4184 |
| Schizophrenia Society of Ontario www.schizophrenia.on.ca The Schizophrenia Society and its many local chapters offer self-help support groups for family members of individuals with schizophrenia. | 613-722-6521 ext. 7775 or 7776 |
| Eastern Counties | |
| Al-Anon Stormont, Dundas Glengarry | 613-933-8441 |
| Addiction Services of Eastern Ontario Family support and education | 613-936-9236 1-800-272-1937 |
| Canadian Mental Health Association (CMHA) Champlain East Family Support Program | 613-933-5845 |
| The Centre de santé communautaire de L'Estrie (Cornwall) | 613-937-2683 |
| Tri-County Mental Health Services Support and education | 613-932-9940 1-800-465-8061 |
| Valoris For Children and Adults Education and mutual support groups www.valorispr.ca | 613-673-5148 1-800-675-6168 |
| North Lanark/North Grenville | |
| Families Impacted By Mental Illness Lanark Mental Health | Smith Falls 613-283-2710 |
| Open Doors For Lanark Children and Youth http://opendoors.on.ca | Smith Falls 1-877-232-8260 613-283-8260 Perth (613) 264-1415 Carleton Place (613) 257-8260 |
| The Link Mental Health Support Project of Lanark, Leeds & Grenville | 613) 284-4608 1-877-383-2070 |

| Ottawa | |
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| AI-Anon Family Groups Peer support for friends and family of problem drinkers | 613-860-3431 |
| Anxiety Disorders Association of Ontario (ADA0) 153 Chapel. Heartwood House, Ottawa www.anxietydisordersontario.ca Offers anxiety management program | 613-729-6761 |
| Family Education Series Coping with Mental Illness Family Information and Support Meetings Royal Ottawa Hospital, 1145 Carling Ave, Ottawa On www.theroyal.ca | 613-722-6521 ext. 6610 ext. 6421 |
| Hopewell Eating Disorders Support Centre Offers family and peer support | 613-241-3428 www.hopewell.ca |
| Mood Disorders Ottawa Orleans Family Support Group For more info call the MDO Info line | 613-526-5406 |
| Parents' Lifelines of Eastern Ontario PLEO holds regular peer-based support group meetings info@pleo.on.ca . www.pleo.on.ca | 613-321-3211 |
| Maison Fraternelle francophone Adult and Youth Addiction Parent and family programs | 613-562-1415 613-741-2523 |
| Ottawa Network for Borderline Personality Disorder Ottawa, Ontario http://on-bpd.ca/wordpresspub/ | 613-820-8203 |
| Recovery Connections Family Peer Support Workers are available to meet with family and friends to discuss their needs, provide information about various family services in the community, and support them individually and in family support groups in the community. | 613-567-4379 |
| Rideauwood Addiction and Family Services | 613-724-4881 |
| Serenity Renewal for Families Addiction Counselling | 613-523-5143 |
| Support Group for Parents of Children with OCD (Ottawa) www.ocdottawa.com A self-help group for parents of children with obsessive-compulsive disorder. | 613-831-3222 |
| Renfrew County | |
| Alcoholics Anonymous 39 Renfrew Ave., Renfrew Ask about the family group | 613-432-2907 |
| Community Mental Health Services Pembroke Regional Hospital Family Information Centre | 613-732-3675 ext. 8004 |
| North Renfrew Family Services Deep River | 613-584-3358 |
| Petawawa Military Family Resource Centre | 613-687-1641 |

YOUR NOTES

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Eagle in Flight, by H.W.

LEGAL ISSUES

There are a number of legal issues to take into consideration when you or a family member is struggling with a mental illness. Issues can range from obtaining consent for treatment, involuntary hospital admissions, substitute decision-making and powers of attorney to trouble with the law.

Navigating the legal system, in conjunction with the mental health system, can be confusing and frustrating. This chapter will outline some possible scenarios, your resources and options, and an understanding of the rights of you and the individual, according to the *Mental Health Act*.

Become Educated About Mental Health Issues and the Legal System

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

An Overview of the Legislation

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

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

You can get your own copy of the Mental Health Act by visiting the Publications Ontario website at <http://www.publications.serviceontario.ca> or by calling 1-800-668-9938 Toll Free in Ontario or 416-326-5300. A copy of the Mental Health Act will cost about \$17.00 and is issued by the Ministry of Health and Long Term Care. You can also find it at www.e-laws.gov.on.ca

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

Informed consent before treatment or admission;

How to decide if a person is capable of making their own decisions regarding medical treatment.

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

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

THE YOUTH CRIMINAL JUSTICE ACT is the federal law that governs Canada's youth justice system. It applies to Canadian youth ages 12 to 17 who are in trouble with the law.

PERSONAL HEALTH INFORMATION PROTECTION ACT (2004) (PHIPA) is an Ontario Law that governs the collection, use and disclosure of personal health information within the health sector. The object is to keep personal health information confidential and secure, while allowing for the effective delivery of health care.

Obtaining Consent for Treatment

In Ontario, residents have the right, if capable to refuse treatment. Health care providers provide information before treatment (if circumstances permit) and request consent to treatment or admission for treatment. Entry into a schedule 1 hospital, this would be a **voluntary** admission. Both the treating physician and the individual agree on treatment and the individual is assessed by the physician to meet one of the following criteria for admission.

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

Issues can get complicated if the individual is a danger to themselves or others and refuses treatment or if the physician/psychiatrist decides they do not have the capacity to make their own decisions. These situations can be confusing and frustrating. Empower yourself with knowledge.

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

Involuntary Hospital Admission

This can happen in one of three ways.

1. The treating physician having decided that the patient should be admitted and also assesses that the patient does not have capacity to refuse treatment and signs a Form 3. (must be a schedule 1 hospital)
2. Court order- given to a person who the judge feels may not be fit to stand trial or are not criminally responsible for an act. Usually hospitalized in a special forensic unit.
3. Police will bring the individual to a Schedule 1 hospital on a Form 2 (**order of examination** signed by a Justice of the Peace (Section 16), a Form 1 (a physician has examined the individual and requests a Psychiatric examination) or if the officer has to grounds to believe the person has been acting in a disorderly manner, the officer may use the authority given him under Section 17 of the Mental Health Act. Police who bring an individual to a facility must stay with them until a decision is made whether to admit or not. Police will also enforce a Form 9 (order of return)

Order for Examination by a Justice of the Peace under the Mental Health Act (Section 16): Anyone can ask a Justice of the Peace to sign an Order for Examination (Form 2) which allows the police to get and bring the person in for psychiatric examination, usually at the hospital emergency room. At this point, the physician and the Assessment Officer (AO) will decide whether or not to sign a Form 1, so the person can be admitted for 72 hours. Keep in mind that a Justice of the Peace can perform marriage ceremonies or call a lawyer's office to help you find one near you.

Police Officer's Authority under the Mental Health Act (Section 17): In some circumstances where a person may attract the attention of police, an officer has the right to take a person into custody for an examination by a physician at the emergency room. An officer can only exercise this option if:

- The officer has reason to believe that it would be dangerous to wait for a Justice of the Peace to sign a Form 2; and
- The officer has grounds to believe that the person has been or is acting in a disorderly manner. There does not have to be criminal conduct involved.

Unauthorized Absence from a Psychiatric Facility: If the person has left the hospital without permission and is missing, there are provisions in the Mental Health Act (Section 28) to return them to the facility if they are legally required to be there. An Order for Return (Form 9) is issued and reasonable attempts must be made to return the person. A Form 9 is valid for one month after it is issued. If the person is not found within that month, they are considered discharged from the facility. Assisting someone who has left the hospital without authorization to remain outside the facility is an offence.

Some Questions To Ask The Physician About Involuntary Status

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

If You Disagree With a Physician's Decision to Keep You as an Involuntary Patient, There are Two Options

The first option is to arrange to meet with your physician to talk about your *involuntary status*. At this time, you can ask why you have been given involuntary status and whether or not the physician would be willing to either discharge you or change your status to voluntary.

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

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

The Board will make a decision about involuntary status by the day after the hearing, and the patient has the right to request that the reasons for the final decision be put in writing. The request for that written decision has to be made within 30 days after the hearing. If the Board upholds the physician's decision to keep you involuntarily, an appeal can be made in court, but the appeal must be made within seven days of receiving the Board's decision and usually will require a lawyer. Hearings with the Board will happen automatically once a year if a person is held involuntarily for a long period of

time. A hearing will also be held automatically once a person receives their fourth Form 4.

It is important to remember that a patient that has involuntary status and, therefore, determined as not having the capacity to make their own decisions can regain the capacity to make decisions.

Understanding Community Treatment Orders (CTO's)

Community Treatment Orders are legislated through the Mental Health Act under Section 33 as an option for people requiring treatment for serious and persistent mental illness. A CTO is a comprehensive plan for community-based treatment, care or supervision that is less restrictive than being placed in a psychiatric facility or hospitalized. In general terms, physicians can issue Community Treatment Orders if:

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

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

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

There is an automatic review by the Consent and Capacity Board after a CTO is renewed for a second time and for every second renewal after that point. A CTO will expire six months after is it issued, unless renewed or terminated by a physician. If the person with the mental illness does not comply with the CTO, the physician can order a psychiatric examination and have them returned to a psychiatric facility or **Schedule 1** hospital mental health program.

You can find a copy of Bill 68 (Mental Health Legislation Reform) and other publications related to mental health at: www.health.gov.on.ca

Understanding Powers of Attorney

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

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

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

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

Understanding Rights Advice for Mental Health Patients section 38

Every *Schedule 1* facility has one or more rights advisors. The physician MUST notify both the person and a rights advisor if:

- A Certificate of Involuntary Admission (Form 3) or Certificate of Renewal (Form 4) is signed;
- A patient is found incompetent for access to clinical records, or refuses to give consent for access to others;

- An informal or involuntary patient between the ages of 12-15 applies for a review of informal status;
- A certificate of Incapacity (Form 21) or Certificate of Continuance (Form 24) related to property management is signed.

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

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

Code White and Understanding the Use of Restraint

Under common law, restraint can be used to prevent serious bodily harm to the person or others. Restraint through physical, chemical or mechanical means can be used in an emergency without consent. Under the Mental Health Act Section 53, only the minimum amount of reasonable restraint in the circumstance is allowed and requires clear documentation in the person's clinical records.

If physically restrained, the clinical record must note:

- That restraint was used;
- A description of the means of restraint;
- A description of the behaviour that led to the restraint being used or continued.

If chemically restrained, the clinical record must note:

- The chemical used;
- The dosage used;
- The method of administration (e.g. injection).

Communication Between Patients Inside a Facility

In a Schedule 1 (psychiatric) facility, no written communication between patients can be interfered with or censored in any way, unless staff in charge has reason to believe:

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

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

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

TROUBLE WITH THE LAW

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

What if the person is charged with a criminal offence?

Both the Mental Health Act and the Criminal Code have special provisions for people with mental illness who are charged with a criminal offence.

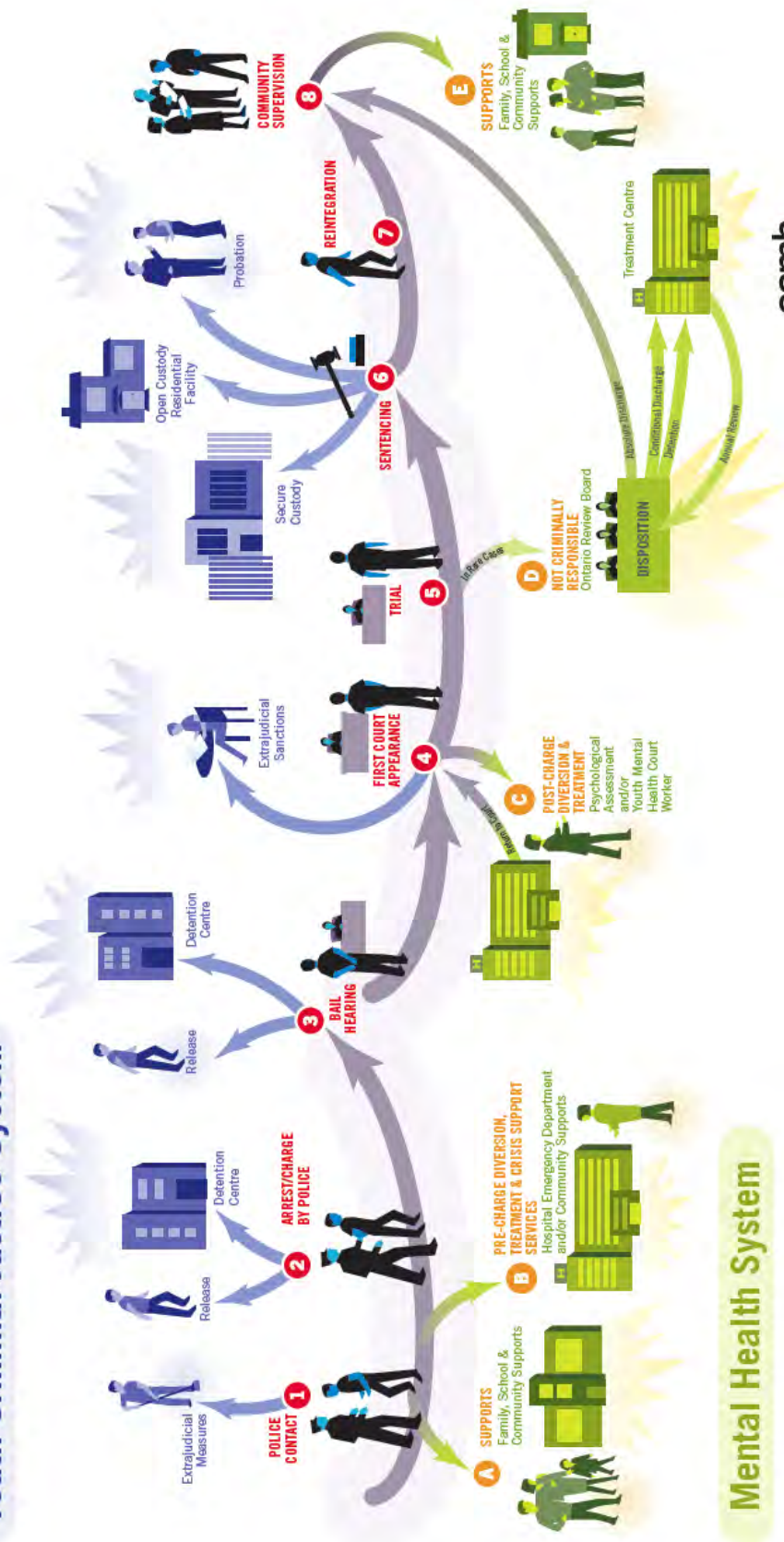
Under the Mental Health Act the judge can order the person be examined at a psychiatric facility, or admitted to a facility for up to two months. If this happens, the senior physician at the psychiatric facility must agree to the examination or admission, and they must provide the judge with a written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

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

Court Diversion and Support is provided by some community-based mental health agencies. Court diversion involves support workers advocating and providing support to people with mental illness, with or without substance use issues, who are involved with the police, the courts and other legal situations.

Navigating the Youth Criminal Justice & Mental Health Systems

Youth Criminal Justice System



camh
Centre for Addiction and Mental Health
Rosa Zimbalski www.chartstopdiagrams.com

Adapted from: Canadian Mental Health Association, Ontario (2009). "Navigating the Forensic System." Network Magazine, 24(2), 14-15. Retrieved from http://omahio.camh.ca/files/2010/03/winter_2009.pdf

This diagram represents a simplified map of the pathways between the youth criminal justice system and the mental health system for youth aged 12 to 17. Each young person's case is very different, and some journeys through the system will not be reflected here. This system map is meant only as a general overview.

- 1** Provisions of the Youth Criminal Justice Act (YCJA)* work to reduce the use of criminal charges and formal court process for youth. When responding to youth offending behaviour, police officers are encouraged to use extrajudicial measures such as a caution, warning or referral to community services.
- 2** A police officer's decision to arrest or charge a youth is based on various factors, including the seriousness of the offence, whether the youth is known to police, and if they pose a risk of harm to themselves, someone else or the community.
- 3** At the bail hearing, the Youth Justice Court may release the young person or remand them into custody at a detention centre.
- 4** At the young person's first court appearance, the Crown Attorney may impose extrajudicial sanctions. The young person consents to participate in an extrajudicial sanction that may include community service work, counselling, and treatment. Where the youth does not consent to an extrajudicial sanction, the youth may proceed to trial.
- 5** If the youth is found guilty of committing an offence, the Youth Justice Court develops a pre-sentencing report to inform its decisions. This report includes the personal and family history and the present environment of the youth, and is based on interviews with family members, teachers, employers and the victim of the offence.
- 6** Where a young person is convicted of an offence, there are 18 possible sentencing options in the Youth Criminal Justice Act that include community-based sentences (probation), and two levels of custody sentences distinguished by the degree of restraint
 - (a) Open Custody Residential Facility or
 - (b) Secure Custody Facility.
- 7** Reintegrating the young person into the community to attend school, obtain employment or attend programs suitable to addressing the young person's needs.
- 8** All custodial sentences for youth are followed by a mandatory period of community supervision. A probation officer will work with the youth and if appropriate with their family to develop a plan, help meet the youth's goals, reduce the chance of re-offending, monitor compliance of court-ordered conditions, and return the youth to court for any non-compliance.
- A** Support from family, the school system and the community, and having access to the social determinants of health, are key to preventing youth from becoming involved with the criminal justice system.
- B** In many communities, mobile crisis intervention teams and specially trained crisis intervention team officers can be called upon to support youth experiencing a mental health crisis, and to accompany them to the hospital emergency department for treatment.
- C** At any point in the court process, the Youth Justice Court may order a psychological assessment of the youth, and may refer the youth to a mental health court support program for treatment and services.
- D** In rare cases, the Youth Justice Court may find the youth to be not criminally responsible (NCR), which means that at the time of the offence the youth was incapable of knowing what they were doing or that it was wrong. The case is then transferred to the Ontario Review Board (ORB), which reviews each case annually and makes a decision, called a disposition, about whether to release the youth or detain them in the care of a treatment facility. This decision is based on whether the youth poses a danger to themselves, others or the community.
- E** Support from family, the school system and the community, and having access to the social determinants of health, are essential to supporting the reintegration of youth back into the community and preventing recidivism.

*In Canada, YCJA is the legislation that affects young people who are in conflict with the law. The Act affects youth who are between 12 and 17 years old at the time of the offence. The youth criminal justice system is intended to prevent crime by addressing the circumstances underlying a young person's offending behaviour, to rehabilitate young people who commit offences and reintegrate them into society, and to ensure that a young person is subject to meaningful consequences for their offence.

Sources: Ontario Ministry of Children and Youth Services. (2011). Youth and the law. Retrieved from www.children.gov.on.ca/htdocs/English/topics/youthandthelaw/index.aspx; Youth Criminal Justice Act, S.C., c. 1. (2002). Retrieved from <http://laws-lois.justice.gc.ca/eng/acts/YCJ/1.5/index.html>.

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

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

Understanding Privacy Issues and Disclosure of Personal Health Information.

Person's who may consent to disclose personal health information.

A capable individual, regardless of age, can consent to collection, use or disclosure of his own personal health information. Capacity is presumed. Section 21(4)

A capable individual may also determine the specific information to be disclosed and to whom.

for example a capable individual may authorize a health care custodian to disclose personal health information consisting of medication, early symptoms of relapse to a supportive person of their choosing.

If a capable person does not give consent for disclosure to family or friends, the health information custodian is legally required to keep the information private. This includes whether the individual has had or is in contact with the health information custodian or the organization to which the health information custodian belongs. Under certain circumstances they **may** disclose health information, however they are not obligated to.

A health information custodian may disclose health information about an individual for the purpose of contacting a relative, friend, or potential substitute decision maker of the individual, if the individual is injured, incapacitated or ill and unable to give consent personally Section 38(c)

A health information custodian that is a facility that provides health care may disclose to a person the following information relating to an individual who is a patient or a resident in the facility if the custodian offers the individual the option, at the first reasonable opportunity after admission to the facility to object to such disclosures and if the individual does not do so:

- 1. The fact that the individual is a patient or resident in the facility.**
- 2. The individual's general health status described as critical, fair, stable or satisfactory or similar terms**
- 3. The location of the individual in the facility. Section 38(3)**

Disclosures related to risks

Section 40 (1) A health information custodian may disclose personal health information about an individual if the custodian believes on reasonable grounds that the disclosure is necessary for the purposes of eliminating or reducing significant risk of serious bodily harm to a person or group of person's.

| FORM NO. | FORM NAME | SECTION OF MHA | WHO SIGNS |
|-----------------|---|---|---|
| 1 | Application by Physician for Psychiatric Assessment | 15 | Physician who examined person at emergency room |
| 2 | Order for Examination | 16 | Justice of the Peace |
| 3 | Certificate of Involuntary Admission | 20 (1) (C) | Attending Physician (in psychiatric facility) |
| 4 | Certificate of Renewal | 19 | Attending Physician |
| 5 | Change from Involuntary to Voluntary Status | 20 (4) | Attending Physician (must specify reasons for change) |
| 6 | Order for Attendance for Examination | 21 (1) | Judge |
| 7 | Confirmation by Attending Physician of Continued Involuntary Status | 48 (12) | Attending Physician |
| 8 | Order for Admission | 22 (1) | Judge |
| 9 | Order for Return | 28 (1) | Staff person in charge of psychiatric facility |
| 10 | Memorandum of Transfer | 29 (1) | Staff person in charge of psychiatric facility |
| 11 | Transfer to a Public Hospital | 30 (1) | Staff person in charge of psychiatric facility |
| 12 | Warrant for Transfer from Ontario to another Jurisdiction | 31 | Minister of Health and Long Term Care |
| 13 | Order to admit a person coming into Ontario | 32 | Minister of Health and Long Term Care |
| 14 | Consent to Disclosure, Transmittal or Examination of Clinical Record | Replaced by forms by specific facility. | Patient or person authorized to consent |
| 15 | Statement by Attending Physician | 35 (6) | Attending Physician |
| 16 | Application to Consent and Capacity Board to Review a Patient's Involuntary Status | 39 (1) | Involuntary Patient, or anyone on their behalf; staff in charge of facility, Minister of Deputy Minister of Health & Long Term Care |
| 17 | Notice to Consent & Capacity Board of the need to Schedule a Mandatory Review of Patient's Involuntary Status | 39 (4) | Staff person in charge of psychiatric facility |
| 18 | Application to the Board to Review a Finding of Incapacity to Manage Property | 60 | Patient or outpatient |

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|----|---|--------------------------|---|
| 21 | Certificate of Incapacity to Manage One's Property | 54 (4) | Physician who performs examination |
| 22 | Financial Statement | 55 | Staff person in charge of psychiatric facility |
| 23 | Notice of Cancellation of Certificate of Incapacity to Manage One's Property | 56 | Attending Physician |
| 24 | Notice of Continuance of Certificate of Incapacity to Manage One's Property | 57 (2) | Physician who performs examination |
| 25 | Application to Consent and Capacity Board to Review Status of an Informal Patient between 12 and 15 years of age | 13 (1) | Young person between 12 and 15 years inclusive |
| 26 | Notice to the Board of Need to Schedule a Mandatory Review of the Status of an Informal Patient between the ages of 12 to 15 | 13 (2) | Staff person in charge of psychiatric facility |
| 27 | Notice by Officer in Charge to an Informal Patient 12 - 15 Years old | 38 (6) | Staff person in charge of psychiatric facility |
| 28 | Request to Examine or to Copy Clinical Record | 36 (2) 36 (16) | Patient or person authorized to consent |
| 29 | Application to the Board to Withhold all or part of the Clinical Record | 36 (4) | Staff person in charge |
| 30 | Notice to Patient | 38 (1) | Attending Physician |
| 31 | Application to the Board to Review a Patient's Competency to Examine/Disclose his or her Clinical Record | 36 (14) | Patient |
| 36 | Notice of the Right to Appoint a Representative | 36.1 (4) | Attending Physician |
| 40 | Notice to Patient of Right to Apply for a Representative | 36.2 (2) | Attending Physician |
| 41 | Application to Consent and Capacity Board to Appoint a Representative | 36.1 (1) | Patient |
| 42 | Notice to Person of Application for Psychiatric Assessment | 38.1 | Attending Physician |
| 44 | Appointment of a Representative | 36.1 | Person appointing representative |
| 45 | Community Treatment Order | 33.1 | Physician qualified to issue a CTO |
| 46 | Notice to Person of Issuance / Renewal of CTO | 33.1 (10) | Physician |
| 47 | Order for Examination | 33.3 (1) 33.4 (4) | Person subject to CTO or representative; physician |
| 49 | Notice of Intention to Issue or Renew a CTO | 33.1(4) 33.1 (8) | Physician who intends to issue or renew CTO |
| 50 | Confirmation of Rights Advice | 14.3 (5) 16 (2) | Rights Advisor |

CONTACTS AND RESOURCES: (Legal)

| CONTACTS AND RESOURCES: (Legal) | |
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| Regional | |
| ARCH Disability Law Centre | www.archdisabilitylaw.ca 1-866-482-2724 |
| Community Legal Education Ontario (CLEO) 180 Dundas Street West, Suite 506 Toronto, ON M5G 1Z8 | 416-408-4420 (Fax) 416-408-4424 www.cleo.on.ca |
| Elizabeth Fry Society (for Women) 309-211 Bronson Ave., Ottawa, ON K1R 6H5 Serves women and families dealing with the law and who may be facing poverty, homelessness, addictions and/or mental health problems. | 613-237-7427 Toll free 1-800-611-4755 www.efryottawa.com |
| JF Norwood Transitional House | 613-230-2372 email: jfnorwoodhouse@efryottawa.com |
| For Youth Preparing for Court | www.courtprep.ca |
| John Howard Society of Ottawa 550 Old St. Patrick Street, Ottawa, ON K1N 5L5 Serves individuals and families dealing with the law and who may be facing poverty, homelessness, addictions and/or mental health problems. | 613-789-7418 www.johnhoward.onca/ottawa |
| Legal Aid and Legal Clinics *listings for finding a local legal clinic providing free and/or subsidized services* | 1-800-668-8258 www.legalaid.on.ca Ottawa office 73 Albert Street 1-877-314-0933 Sd&G Legal Clinic (Cornwall) 1-800-267-2434 |
| Law Help Ontario Self help centres for low income litigants before Superior Court or Small Claims Court. | www.lawhelpontario.org |
| Lawyer Referral Service *will incur a charge of \$6 for the call, but you are then entitled to a half hour free consultation with a lawyer* | 1-900-565-4577 |
| Online Legal Information Resources | www.lawfacts.ca |
| Summary legal advice and information Eligible clients with legal issues may speak with a lawyer for up to 20 minutes. | 1-800-668-8258 |
| Eastern Counties | |
| Community Legal Education Ontario (CLEO) 352 Main Street St W Suite 201 Hawkesbury | 613-632-1136 1-800-250-9220 www.cjppr.on.ca |
| North Lanark/North Grenville | |
| Victim Services -Lanark County | 613-284-8380 1-866-575-0067 |

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|--|--|
| Ottawa | |
| Reach Lawyer referral organization that helps people with disabilities and mental health issues find lawyers who practice in most areas, including mental health. 400 Coventry Road, Ottawa | 613-236-6636 1-800-465-8893 TTY: 613-236-9478 www.reach.ca |
| Ottawa Legal Aid Office 73 Albert Street Ottawa Legal Clinics Ottawa Immigration & Refugee Law Office Community Legal Services- Ottawa Vanier Community Service Centre South Ottawa Community Legal Services West End Legal Services of Ottawa University of Ottawa Legal Clinic | 1-877-314-0933 613-238-7931 613-241-7008 613-744-2882 613-733-0140 613-596-1641 613-562-5600 |
| Clinique juridique francophone de l'Est d'Ottawa 290 rue Dupuis | 613-744-2892 ext 1111 www.cscvanier.com/fr/juridique |
| Renfrew County | |
| Community Mental Health Services Pembroke Regional Hospital Court diversion and support - assistance for those involved in legal system due to symptoms of their mental health. | 613-732-8770 ext 8006 1-800-991-7711 ext 8006 |
| Renfrew County Legal Clinic 236 Stewart St. Suite 101, Renfrew | 1-800-267-5871 613-432-8146 |

| YOUR NOTES |
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Artist: Tim Deslippe

FINANCIAL ISSUES

Facing the prospect of being unable to work and earn an income for a period of time can be daunting. There is a lot to think about in terms of budgeting and changed financial realities. This chapter will look at some of the financial issues that can arise when a person is involved in the mental health system. Like anything else, navigating the legal and financial world just takes some planning. Try breaking things down into manageable tasks and don't be afraid to ask for the help that you need. Connecting to other people in your community, who may have had similar experiences and struggles, can really help when you are making an action plan. Networking and gathering information is much easier when you approach things from a community perspective.

Important Information About Ontario Disability Support Payment (ODSP)

What is ODSP?

The ***Ontario Disability Support Program (ODSP)*** provides financial aid to people who are unable to work as a result of their disability. A disability is defined under the ODSP Act as a physical or mental disability, including mental illness, that is continuous or recurrent, expected to last one year or more, significantly limits their ability to work, care for themselves or get out in the community and has been verified by an approved health professional. ODSP is a last-resort financial support and, for this reason, an individual must have exhausted all other forms of financial support, like Employment Insurance (EI), CPP Disability and individual savings, down to an asset limit. The asset limit depends on the family size and takes into account the total value of the individual's assets. For a single person, the asset limit is set at \$5,000.

How Do you Become Eligible for ODSP?

If you are in immediate need of financial assistance, you must first go to Ontario Works, as they will be able to provide you with financial assistance right away, as long as you meet criteria for that benefit program. They can also help you with your application and referral to ODSP.

Ontario Works is another last resort financial support program and, again, you must have exhausted all other forms of financial support.

Often a person's physician/psychiatrist/ psychologist or support person's worker will recommend that they apply for ODSP. There are two parts to the application form: one to be filled out by the patient/family member and the other by the physician/psychiatrist/psychologist or support worker. The decision for approval is made by an adjudication unit that looks primarily at the professional's recommendation. It can take up to six months for a decision to be made on an ODSP application.

You may also be eligible for ODSP if you are living in a psychiatric facility or in a Home for Special Care.

Examples Of Financial Questions Asked By The ODSP Office:

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

What Financial Supports are Offered by ODSP?

The amount you will receive is based on your family size, needs and any income you may receive. For board and lodge situations, there is a maximum of \$814. For a single person in a rental or mortgage situation, the maximum shelter is \$474, and basic needs is \$590. These rates increase annually (please refer to the website for updated amounts). The maximum of \$474 is designated for rental costs, including heat, hydro and utilities, and a fixed \$590 living allowance for food and other costs. In some cases, the monthly payments for housing can be paid by ODSP directly to the landlord, eliminating the necessity for the individual to make the payments. Generally, you receive a monthly ODSP cheque or deposit into your bank account with no restrictions on how you spend the money. ODSP also provides the person with a drug and dental card that pays for prescriptions.

How Much Money/Equity Can You Have?

As an individual, you can have a maximum of \$5000 in savings and non-exempt assets, which includes RRSP's and insurance policies that are not "locked-in", or have a cash surrender value. Please refer to the website for more information on exempt and nonexempt assets. If you have a spouse or partner, the limit is \$7500. A single person receiving ODSP support can receive a maximum of \$6000 in any 12 month period in the form of gifts, (usually from family) without any penalty or reduction of benefits. Certain types of trusts are also acceptable to a maximum of \$100,000. Money from a trust can be spent on certain disability-related costs and essential items that are deemed acceptable costs by the local ODSP office. You can also earn a maximum amount of money from a full-time or part-time job. Earnings from dependent children, and individuals who are in school full-time are exempt with verification of student status and will not have an effect on ODSP entitlements.

If I qualify for ODSP, then what happens?

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

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

How Much Income is Allowable From Work?

ODSP takes into account 50% of any earned income. This means that if you earned \$250 in a month, ODSP will reduce your cheque amount by \$125. There is also a work-related benefit of \$100 for every month of earned income that will be added to your cheque. A family can earn up to double the amount of their ODSP benefit before they become ineligible for the program. If you are able to re-enter the workforce full-time and earn enough to be in-eligible for ODSP, there are ways to continue receiving health benefits and remain on the program if you have high drug costs or do not receive comparable health benefits from your employer. If you become unable to work, or your earnings decrease, you may be eligible for rapid reinstatement into the program. If you left ODSP for paid employment, there is no time restriction. You can re-apply to the program at any time, and you will still need to financially qualify.

ODSP and Employment Tips

- The law states that you must file your income with ODSP if you become employed. If you do not notify ODSP, you may get an overpayment, change of entitlement or you may no longer qualify for the program.
- If you stop working, you will receive the maximum amount for your benefit unit without deductions. (ODSP will not assume you are making the same amount of money as they will wait for your paystubs, unless you are self-employed, in which case your income is reviewed annually).
- Income adjustments with self-employment are done annually, so make sure to advise your worker of any significant changes right away

For Individuals with Low Incomes

Mental illness does not discriminate; people of all walks of life can be affected. You do not have a mental illness because you have a low income. Determination, strong support and the willingness to reach out and ask for help can help you to persevere along the path to recovery and stability. Individuals with low incomes can best access services through their family physician or other social service agencies, such as Children's Aid, the police, hospitals and churches. Depending on your income, certain agencies and counsellors will have a sliding scale for payment for services. Do not be intimidated by this. To meet the costs of treatment, as well as other necessities such as rent, food and utilities, you will need an effective budget

History of the Henson Trust

The Henson Trust has its origins in the city of Guelph. During the early 1980's, a man by the name of Leonard Henson had a daughter named Audrey with a developmental disability, who lived in a group home managed by the Guelph Association for Community Living. Leonard knew that if he left his estate directly to his daughter, it would exceed the allowable asset limits as set out by the Family Benefits Allowance (now called the Ontario Disability Support Program or ODSP). He realized that leaving assets directly in the hands of his daughter would not be to her advantage, because her benefits would be terminated until the assets were "spent down" to a level below the threshold amount. Leonard started to research a way to leave his estate to his daughter, without interfering with her entitlement to government supports. He conferred with a number of legal people and advocacy organizations and even investigated what was going on in other jurisdictions within and outside of Canada.

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

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

The decision meant that families with a son or daughter with a disability, now have a vehicle to place assets for their child in their will, without disqualifying them from receiving the ODSP payments to which they would otherwise be entitled.

Practical Considerations When Living on a Low Income

- Proper nutrition - Vitamin and mineral deficiencies can make a mental illness worse, but it can be hard to eat well on a fixed income. Shopping wisely: make a shopping list; compare prices; shop at bulk food stores and buy generic instead of brand name products.
- Clothing - Obtaining new clothes doesn't have to be an expensive effort. Many food banks and churches have programs that give out free clothing, or you can go to places such as the Salvation Army or Value Village to purchase clothes at discounted rates.
- Transportation - Since owning a car is expensive, try carpooling with someone else. You can also take a bus, bike or walk. This way you get to where you need to go and get great exercise in the meantime.
- Childcare - Childcare can be expensive, so ask your mental health/addictions worker about arranging for subsidized daycare

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

Ontario Drug Benefit (ODB) Program

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

- Approximately 3,000 different prescription drugs
- Many limited-use drugs
- Some nutritional and diabetic testing products

This program will automatically pay for approved prescriptions if they are purchased at a pharmacy that is connected to the Ministry's health network or through a physician that is licensed to sell prescription drugs. You may be asked to pay a deductible portion of your drug costs and a dispensing fee each time you have a prescription filled. The dispensing fee will be waived by some pharmacists.

Trillium Drug Plan

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

Eligibility for the TDP includes:

- You don't have private health insurance, or your insurance doesn't cover 100% of your prescription drug costs
- You have a valid health card and are a resident of Ontario
- You aren't eligible for the Ontario Drug Benefit Program under any other category

You must pay a deductible, which is based on your household income in four installments, starting on August 1st of the program year. The benefit year runs from August 1st to July 31st of the following year. Each time you buy an approved drug, you will pay a \$2 dispensing fee per prescription. The dispensing fee will be waived by some pharmacists.

Trillium Drug Plan

http://www.health.gov.on.ca/en/public/programs/drugs/programs/odb/opdp_trillium.aspx

TDP application kits are available at:

<http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ACT=RDR&TAB=PR>
[OFILE&ENV=WWE&NO=014-3693-87](#)

1-800-575-5386 or ask your local pharmacy

Building a Budget

Although money may be tight, creating a good, practical budget will allow you to maximize the use of your funds. Use the following easy steps to make a budget. You will find a budget sheet on page 170. If you find that this does not solve your financial situation, consider meeting with a credit and debt counsellor.

- 1. List guaranteed sources of income, such as unemployment cheques, disability benefits, and social assistance.**
- 2. Keep track of core monthly expenses such as rent, groceries, and utilities.**
- 3. Keep track on non-core expenses, such as hobbies and entertainment.**
- 4. Compare your expenses to your income. If you find that your expenses are less than your income, but you still run out of money at the end of the month, the discrepancy is probably due to cash spending on items like coffee and vending machines.**
- 5. Make a list of goals and priorities and make trade-offs. You will likely have to cut back on certain things to save up for other higher priorities.**
- 6. Stick to your spending plan. It may be difficult to adjust at first, but you can overcome this. Remind yourself why you made the changes you did. You can see it through!**

"You are not mentally ill because you are poor. Poverty intensifies your mental illness."

| Category | Budget Amount | Actual Amount | Difference |
|---------------------------------|----------------------|----------------------|-------------------|
| Revenue/Income | | | |
| Wages and bonuses | | | |
| Other | | | |
| Less taxes | | | |
| Monthly Expenses | | | |
| Mortgage or rent | | | |
| Insurance | | | |
| Property Tax | | | |
| Home repairs/maintenance fees | | | |
| Home improvements | | | |
| Utilities | | | |
| Electricity | | | |
| Water and sewer | | | |
| Natural gas or oil | | | |
| Telephone (landline and cell) | | | |
| Food | | | |
| Groceries | | | |
| Eating out | | | |
| Family Obligations | | | |
| Child Support/Alimony | | | |
| Daycare, Babysitting | | | |
| Health and Medical | | | |
| Medical expenses | | | |
| Transportation | | | |
| Bus or car costs | | | |
| Debt Payments | | | |
| Student loans | | | |
| Credit card, other loans | | | |
| Entertainment/Recreation | | | |
| Cable TV/movies | | | |
| Hobbies | | | |
| Pets | | | |
| Food, vet | | | |
| Clothing | | | |
| Total Monthly Expenses | | | |

Coping With Emotions of Having a Low Income

Having a mental illness and living on a low income can feel like an emotional rollercoaster. You may feel like you're fighting two stigmas rather than just one: being economically disadvantaged, as well as having a mental illness. You may start feeling isolated and depressed, increasing the risk for substance abuse. Don't let it get that far! Living with a mental illness on a low income does not mean that you cannot enjoy life and have fun. Staying active is an important part of regaining mental, physical and emotional health.

How to fight:

- ***Feelings of Isolation*** - Get to know your neighbours. Invite a friend over to your place. Join a support or interest group such as Psychiatric Survivors of Ottawa (PSO) or a sports league or a band. Socializing and building a sense of belonging are key to fighting isolation.
- ***Boredom*** - Go for a walk, explore your community, visit the bookmobile, listen to the radio, or watch TV.
- ***Feelings of Low Self-Esteem*** - Find part-time work if you're medically able, volunteer or start a new hobby. Making a contribution as a member of the community can be very therapeutic.
- ***Stress*** - Do deep breathing and muscle relaxation techniques, ask a friend to give you a massage, get enough exercise. Stress is a major factor causing relapse for addiction issues, so be sure to de-stress early. Don't let it build up.

It is important for families to understand that the financial supports of Ontario Works and Ontario Disability Support Program, and their accompanying programs, are designed to help those with mental illness, with or without substance use. Using these programs, instead of your personal resources, can have positive benefits for all

"It's the contacts you help the person make that are really important. You're building the bridge for them.. You are the bridge."

| CONTACTS AND RESOURCES: (Financial) | |
|--|---|
| Regional | |
| ARCH Disability Law Centre | www.archdisabilitylaw.ca |
| Anti-Poverty Advocates | www.povnet.org |
| ODSP Handbook (available online) | http://www.accessibilitynews.ca/cwdo/resources/resources.php?resources=99 |
| ODSP Support /Activism | http://home.cogeco.ca/~mmdilts/odsp_letters.htm |
| Trillium Drug Program TDP application kits are available at: or at your local pharmacy | http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ACT=RDR&TAB=PROFILE&ENV=WWE&NO=014-3693-87 1-800-268-1154 |
| Eastern Counties | |
| Ministry of Community and Social Services - Ontario Disability Support Program Income and Employment Supports 692 Main Street East, Hawkesbury | Tel: 613-632-1171 Toll Free: 1-800-565-4431 TDD/TTY: 613-632-1388 |
| Ministry of Community and Social Services - Ontario Disability Support Program Income and Employment Supports 4 Montreal Road, 3rd Floor, Cornwall | General Inquiry: 613-932-3381 ext 352 Toll Free: 1-800-565-5374 |
| North Lanark/North Grenville | |
| Ontario Works, Perth Main Office P.O. Box 3799 Sunset Blvd., Perth ON K7H 3E2 | 613-267-4200 ext 2140 Toll Free 1-888-952-6275 ext 2140 |
| Smith Falls Sub Office 52 Abbott Street N, Smith Falls (limited services) | 613-283-8714 8:30-3:30 by appointment only 300-400 pm - drop ins |
| Carleton Place Sub Office 92 Bridge Street, Carleton Place (limited services) | 613-257-4330 3:00-4:00 pm |
| Ottawa | |
| Ministry of Community and Social Services - Ontario Disability Support Program - Income Support and Employment Supports 351 Preston Street, 2nd floor, Ottawa | General Inquiry: 613-234-1188 Toll Free: 1-800-267-5111 TTY: 613-787-3959 |
| Community Resources for Persons in Need | http://ottawa.ca/en/caring-senior-resource-guide/community-resources-person-need |
| People who are not receiving Social Assistance but need help | http://ottawa.ca/en/residents/social-services/employment-and-financial-assistance/help-people-not-receiving-social |
| Stabilizing the Living Situation | http://ottawajobpath.ca/stabilizing-the-living-situation.php |
| Access to Dental Services | http://www.fptdwc.ca/English/e-on.html |

| | |
|--|---|
| Financial Assistance for Persons with Autism | http://www.autismontario.com/client/aso/ao.nsf/Ottawa/Financial-Assistance |
| Renfrew County | |
| Ministry of Community and Social Services - Ontario Disability Support Program Income and Employment Supports 450 O'Brien Road, Suite 201, Renfrew ON K7V 3Z2 | General Inquiry: 613-432-4886 Toll Free: 1-800-267-5872 TTY: 613-432-8584 |

CONTACTS AND RESOURCES: (Low to Middle Income)

Community Health Resource Centres and Community Resources

| | |
|---|---|
| Eastern Counties | |
| Agape Centre Food bank * soup kitchen * * furniture & household necessities * Basic Needs Allowance | 50 Fifth St. W., Cornwall, ON K6J 2T4 613-938-9297 |
| House of Lazarus Food Bank, Thrift Shop and Household Goods Shop Pastoral Care Thrift Shop is open to the public | 2245 Simms Street, Mountain ON, K0E 1S0 613-989-3830 |
| Prescott-Russell Mental Health Community Centre occupational therapy, psychology, social work and psychiatry, consultation, education, evaluation, psychotherapy, counselling, psycho-educational groups and referral services. | 2741 Chamberland St., Rm. 206, Rockland, ON 613-446-5139 |
| Seaway Valley Community Health Centre For Seniors Primary Care outreach for seniors, Telemedicine Appointments, Living Healthy with Chronic Conditions. Stress Management, Social Drop in, Green Box Food, LGBTQ Social GAthering (Adults and youth and YOUNG Adults) Nutritional Counselling, Walk in Counselling Clinic | 353 Pitt Street, Cornwall, ON K6J 3R1 613-936-0306 |
| North Lanark/North Grenville | |
| North Lanark Community Health Centre Counseling and support | 207 Robertson Drive Lanark, ON 613-259-2182 Toll Free 1-866-762-0496 |
| Ottawa | |
| Carlington Community Health Centre Counseling, crisis counseling and support, family support, housing support, mindfulness based stress reduction, seniors programs | 900 Merivale Road Ottawa, ON K1Z 5Z8 613-722-4000 |
| Centre Town Community Health Centre (CCHC) Coping with stress, family connections, housing help, LESA, GLBTYYQ youth resources, seniors services | 420 Cooper St. Ottawa 613-233-4443 TTY: 613-233-0651 |
| Eastern Ottawa Resource Centre (EORC) Counseling for individuals, families, children and youth; crisis intervention; services for older adults, caregivers and persons with disabilities; information, resources and referral, workshops and self-help groups | 2339 Ogilvie Road (Main Floor) Gloucester, ON K1J 8M6 613-741-6025 |

| Ottawa Community Health and Resource Centres - continued | |
|---|---|
| Lowertown CRC action housing, counseling, good food box, seniors program | 40 Cobourg St, Ottawa, Ontario K1N 8Z6 613-789-3930 |
| Nepean, Rideau and Osgoode CRC Counseling, family first program, legal aid, housing help, utility assistance | 1547 Merivale Rd. 2nd Floor Unit 240 613-596-5626 |
| Orleans-Cumberland CRC Counseling, crisis intervention, food bank, housing support, employment services | 240 Centrum Blvd., Unit 5 Ottawa, Ontario 613-830-4357 |
| Pinecrest-Queensway Community Health Centre Core services include primary care, mental health, children's services and a range of community programs such as employment, youth programs, multicultural programs. Senior outreach pre-postnatal health, after school programs, housing supports, and community health. | 1365 Richmond Rd., Ottawa ON. 613-820-4922 Medical Line 613-820-2001 |
| Rideau -Rocklife CRC Counselling, emergency food program, families first program, housing help, intake and crisis intervention | 225 Donald St. Unit 120 Ottawa, On 613-745-0073 |
| Sandy Hill Community Health Centre Addictions and Mental Health Services, crisis intervention, counselling services Health Services (medical care, foot care and community outreach) Client Access Team (counselling services, walk in and practical assistance program) Addiction and Mental Health Services (counselling for adults couples families and adolescents with addiction mental health concurrent disorders) Oasis Program (medical and social services supports for people living with HIV for persons using street drugs have mental illness are homeless or involved in the sex trade. Drop in Centre, medical staff, counselling, street health, dietitians and needle exchange program) Youth Health Clinic Health Promotion and Chronic Disease Management (promotes social awareness, address health issues and obtain information to make appropriate choices) | 221 Nelson St. Ottawa, On K1N 1C7 613-789-1500 613-789-8458 613-789-6309 613-789-8941 613-569-3488 613-241-7913 ext 222 613-789-1500 88 Main Street 613-565-3265 Administration 613-789-1500 |
| Somerset West CHC Harm reduction/needle exchange, housing help, Chinese and Vietnamese programs, Chronic Disease Management, Community Programs Family Children and Youth Pregnancy Care, Primary Health Care and Senior Services. | 55 Eccles Street, Ottawa, On K1R 6S3 613-238-8210 |
| South East Ottawa CHC Counselling, crisis, counselling , information referrals and advocacy, Health/Medical Services, Prenatal/Early Years Programs, Children and youth Services, Mental Health, Addiction (Youth Adults and Families) | 1355 Bank Street, Suite 600 Ottawa, Ontario K1H 8K7 613-737-5115 |
| Vanier Community Service Counselling, foodbank, legal services, employment assistance, Family Services 0-6 yrs, Conferences, Workshops, and Special Activities, youth 6-18 yrs, Sports based Programs, Babes Prevention Programs, Horizon, Jeunesse School Harmonization, Programs for Parents, Community Services, Newcomers (settlement program), Information and Orientation Services, and Franc-success, | 290 Dupuis Street, Ottawa, ,On K1L 1A2 613-744-2892 |

| | |
|---|---|
| Legal Services (French and English) and Job Hunting Assistance (resume writing and interview strategies) | |
| Western Ottawa CRC Counselling, Information and Referral, Violence Against Women Service, Youth & Family Services, Services for Children and their Families, Services for Seniors & Adults with a Physical Disability | 2 MacNeil Court, Kanata, On K2L 4H7 613-287-2030 |
| Renfrew County | |
| Community Resource Centre, Renfrew County - Pre Natal CRC Child Development Programs, Information & referral, Youth Activities, Youth Nutrition, and Community Support | 613-757-3108 |
| North Renfrew Family Services Counselling (depression, suicide ideation, anxiety, panic, stress, trauma, relationship breakdown, grief, family violence, and sexual abuse) Help for children and youth (eating disorders, cutting, depression, suicidal ideation, relationship breakdown) Trustee Program for youth under 18 on Ontario Works. Basic Needs Assistance and Life Skills, EAP and Stress Management | 109 Banting Drive, Deep River, ON 613-584-3358 |

Food Banks

There are food banks in Ottawa and serving the counties of Prescott-Russell, Stormont, Dundas, Glengarry, North Lanark, North Grenville.

To find one in Ottawa, call:

613-745-7001

www.thefoodbank.ca

Ottawa Food bank 613-745-7001

Prescott-Russell 613-632-9746

Glengarry-Stormont Dundas County- Morrisburg 613-543-0065

Dundas County- Winchester 613-774-0188

North Lanark/North Grenville 613-257-8456

Alfred 613-679-4269

Bourget 613-293-9855

Casselman 613-764-5203

Embrun 613-443-2793

Hawkesbury 613-636-0666

L'Orignal 613-675-1999

Riceville 613-673-3350

Rockland 613-446-7594

Vankleek Hill 613-687-8119

More Resources...

| | | | | | | | | |
|--|---|--------------|------------------|--|-----------------|---|------------------|---|
| Recreation | | | | | | | | |
| <p>Ottawa Hand in Hand Program, Recreation and Culture Fee Support Each qualifying individual or member of a family, is eligible for fee support (\$165 per person). Applications at recreation or cultural facility or a Client Service Centre (Ottawa). http://ottawa.ca/en/residents/parks-and-recreation/registered-classes-all-ages/financial-support</p> | | | | | | | | |
| Housing | | | | | | | | |
| <p>Affordable Housing - Champlain Region Social housing offers an affordable housing option. Not-for-profit housing, which may be owned by municipalities, local housing corporations where rent is geared to income (a government subsidy covers the rest). Co-operative (co-op) corporations are owned by resident members. These housing options and providers can be found at http://www.champlainhealthline.ca/listServices.aspx?id=10865</p> | | | | | | | | |
| <p>Low Energy Assistance Program (LEAP) 1-877-632-2727 http://www.ontarioenergyboard.ca/OEB/Consumers/Consumer+Protection/Help+for+Low+Income+Energy+Consumers Families and individuals needing financial assistance to pay their Hydro Ottawa bill can apply through a network of community-based agencies, or by calling the Salvation Army LEAP Emergency Financial Assistance 613-241-1573 http://www.211ontario.ca/detail/en/139335</p> | | | | | | | | |
| <p>Hydro One (LEAP) 1-855-487-5327 http://www.hydroone.com/MyHome/MyAccount/WaystoPay/Pages/LEAP.aspx</p> | | | | | | | | |
| <p>Enbridge Gas (LEAP) 1-855-487-5327 https://www.enbridgegas.com/corporate/donations-sponsorships/low-income-energy-assistance-program.aspx</p> | | | | | | | | |
| <p>Renfrew County Low Energy Assistance Programs (LEAP) 1-800-273-0183 http://www.countyofrenfrew.on.ca/departments/social-services/ontario-works/low-income-energy-assistance-program-leap/</p> | | | | | | | | |
| <p>Low-Income Seniors & Low-Income Disabled Persons Tax Deferral Program By mail to: City of Ottawa, Revenue Branch, 100 Constellation Crescent, 4th Floor East, Nepean, ON K2G 6J8, Attn: Full Property Tax Deferral Program or by fax to: 613-580-2457, Attn: Full Property Tax Deferral Program Telephone: 1-866-400-2122 http://www.fin.gov.on.ca/en/refund/plt/seniors.html Link to application http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetFileAttach/013-0257E~1/\$File/0257E.pdf</p> | | | | | | | | |
| <p>Rent Bank Program</p> <table> <tr> <td>City of Ottawa</td> <td>613 560-6000</td> </tr> <tr> <td>County of Lanark</td> <td>613-267-4200 ext 2401 Toll Free 1-888-952-6275</td> </tr> <tr> <td>Leeds/Grenville</td> <td>613-342-3840 ext 2129 Toll Free 1-800-267-8146 ext 2129</td> </tr> <tr> <td>Prescott/Russell</td> <td>613-675-4642 ext 6102 Toll Free 1-800-667-9825 ext 6102</td> </tr> </table> | City of Ottawa | 613 560-6000 | County of Lanark | 613-267-4200 ext 2401 Toll Free 1-888-952-6275 | Leeds/Grenville | 613-342-3840 ext 2129 Toll Free 1-800-267-8146 ext 2129 | Prescott/Russell | 613-675-4642 ext 6102 Toll Free 1-800-667-9825 ext 6102 |
| City of Ottawa | 613 560-6000 | | | | | | | |
| County of Lanark | 613-267-4200 ext 2401 Toll Free 1-888-952-6275 | | | | | | | |
| Leeds/Grenville | 613-342-3840 ext 2129 Toll Free 1-800-267-8146 ext 2129 | | | | | | | |
| Prescott/Russell | 613-675-4642 ext 6102 Toll Free 1-800-667-9825 ext 6102 | | | | | | | |

Prescription Help

Ministry of Health and Long-Term Care - Drug Programs Branch

5700 Yonge Street, 3rd Floor, Toronto, ON, M2M 4K5

Tel: 416-327-8109 Fax: 416-327-8123

TOLL FREE: 1-800-387-5559

Ontario Public Drug Programs- General Inquiries 1-866-811-9893

Drug Program Services Branch

Inquiries regarding pharmacy policy, drug strategy

416-212-4724

Inquiries regarding drug submissions

416-327-8099

Exceptional Access Program Branch

1-866-811-9893

Exceptional Access Program (EAP) requests

1-866-811-9893

Trillium Drug Program

1-800-575-5386

Seniors Co Payment Program

1-888-405-0405

ServiceOntario, INFOline

1-866-532-3161

Ontario Drug Benefit Program

613-560-6000

Veterans Affairs Canada

1-866-522-2122

First Nation and Inuit Health Branch- Health Canada

1-800-640-0642

Insulin Syringes for Seniors - Assistance Devices Program (ADP) - Ministry of Health and Long-term Care 1-800-268-6021

Ontario Disability Support Program - Mandatory Special Necessities (MSN) Benefit contact your ODSP Office

Insulin Pump and Supplies Program - Assistive Devices Program (ADP) - Ministry of Health and Long-term Care

1-800-268-6021

Assistive Devices Program- Ontario March of Dimes

1-866-765-7237

Eyeglasses- Lenscrafters- Gift of Sight Program

Foot care services 1-800-268-1154



Vase of Sunflowers by Dilys Williams
Acrylic

HOUSING ISSUES

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

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

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

Many mental health and addiction agencies have supportive housing programs that offer support and financial supplements for clients that meet certain criteria.

"I never knew that, according to the Tenant Protection Act, I can't be denied rental housing because of my mental illness. Now I know my rights."

Living With a Person with a Mental Illness can be Challenging. How Can I Make it Easier?

Usually it takes a while to get into social or supported housing and sometimes the person is just not ready. The person may or may not have been living with their family prior to their diagnosis, hospitalization or relapse; there will be an adjustment period for everyone. The mental illness impacts the way the family functions. It doesn't have to be a negative experience, but the whole family will have to be open to learning, accommodating and supporting each other. The person may need help taking medications routinely at first, managing emotions, getting symptoms under control and taking care of basic needs like cooking and cleaning. Eventually, they will need to do some research and learning themselves, to understand what they are experiencing and take back more control. There are ways the family can help make this transition and process easier. The greater the support network, the easier it will be to start on the road to recovery and independent living.

PRACTICAL TIPS FOR MAKING DAY-TO- DAY LIFE SMOOTHER:

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

Medication should be monitored, as much as possible. Getting into a routine can be hard, particularly when starting a new medication. Non-compliance can be an issue (see chapter Medication page 105), especially at the beginning of treatment.

"When my son came back home after being in the hospital, we all struggled to get used to it. After we worked out a routine and everyone knew what to expect, it was a lot easier for all of us."

Take time for yourself, as a caregiver, supporter and ally. Don't let the illness take over your whole life. Make it a priority to take time out with family, friends, counseling, physical activity and doing the things you love to do. Reach out for assistance. Get the help you need from the people you know you can count on. You may have to work hard to develop strong support networks, but you can do it. Take advantage of the resources listed throughout this guidebook to help you connect with others who can help. Don't expect to do it all on your own.

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

Things to Consider Before Starting the Hunt for Housing

- What is the budget? How much rent can you afford?
- What neighborhood/community would you like to live in and how flexible are you?
- How much support do you need for daily living?
- Is the home close to community support services, shopping outlets, public transportation?

- Do you want to live alone or with others? Are there certain things/habits/lifestyles that would not be compatible?
- Am I eligible for a Supportive Housing Program (those that offer support and financial supplements)?

Types of Housing Arrangements That Should be Explored

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

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

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

3. Supportive Housing is housing where there are support workers in the home who work for the housing provider. Support varies, depending on what the individual's needs are. It could range from no support, on-call support, weekly support, daily support or 24-hour support. To get into a supportive housing situation a person must meet certain conditions, such as: having a diagnosis of a mental illness for a minimum length of time, having been admitted to a psychiatric hospital or program a minimum number of times, or for a minimum time period. You will need a referral from a community agency and medical documentation. Most supportive housing situations involve shared living space, often with individual rooms and a common living and kitchen space.

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

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

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

Practical Considerations for Appropriate Housing

START BY GETTING ON ALL THE HOUSING LISTS YOU CAN!

Then consider:

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

CONTACTS AND RESOURCES: (Housing)

| Regional | |
|--|--|
| <p>Ontario Rental and Housing Tribunal Resolves disputes between residential landlords and tenants by providing public education, mediation and adjudication services in a fair and timely manner.</p> <p>Housing Help 309 Cooper Street Suite 502</p> <p>Action-LogEment 261 Montreal Rd Ottawa</p> <p>Community Legal Services 1 Nicholas St Suite 422 Ottawa, On</p> | <p>http://www.ltb.gov.on.ca/en/</p> <p style="text-align: right;">613-563-4532 www.housinghelp.on.ca</p> <p style="text-align: right;">613-562-8219 www.action-logement.ca</p> <p style="text-align: right;">613-241-7008 www.aidejuridiqueottawalegalaid.ca</p> |
| <p>Tenant Protection Act http://www.ontariotenants.ca/law/act.phtml</p> | |
| Eastern Counties | |
| <p>CMHA Canadian Mental Health Association Champlain East Supportive Housing Program 329 Pitt Street, Cornwall 444 McGill St. Hawkesbury</p> | <p style="text-align: right;">1-800-493-8271 613-933-5845 1-800-493-8271 613-632-4924</p> |
| <p>Mon Chez Nous Residence 679 Jeanne Mance, Casselman, ON Retirement home for people with mental health conditions for adults 25-90 with mental health issues and seniors www.cornwall.ca/en/socialservices/SocialHousing.asp</p> | <p style="text-align: right;">613-764-3024</p> |
| <p>The Social Housing Registry of Cornwall & SDG 1916 Pitt St, 3rd Floor Cornwall, On</p> | <p style="text-align: right;">613-937-7512</p> |
| <p>United Counties of Prescott and Russell Social Services Department, Social Housing Division 59 Court Street, L'Orignal, ON</p> | <p style="text-align: right;">1-800-667-9825 613-675-4642 ext 6504</p> |
| North Lanark/North Grenville | |
| <p>County of Lanark, Social Housing Manager, Perth</p> | <p style="text-align: right;">613-267-4200 ext.2401</p> |
| <p>Carleton Place Municipal Non-profit Housing</p> | <p style="text-align: right;">613-257-4812</p> |
| <p>Clayton Seniors Housing Corporation</p> | <p style="text-align: right;">613-264-0002</p> |
| <p>Lanark Housing Corporation</p> | <p style="text-align: right;">613-283-2555</p> |
| <p>Mills Community Support Corporation</p> | <p style="text-align: right;">613-256-1031</p> |
| <p>Tay Valley Non-profit Housing</p> | <p style="text-align: right;">613-264-1997</p> |
| <p>Tayside Community Residential & Support Options</p> | <p style="text-align: right;">613-264-0953</p> |
| <p>The Five Arches Non-profit Housing Corporation</p> | <p style="text-align: right;">613-624-5619</p> |
| <p>Almonte-Clayton Rd - Mijiwam Special Support Home Adults 18+ and older with disabilities</p> | <p style="text-align: right;">613-256-1031 Ext 38</p> |

| | |
|--|---|
| Lanark Social Services- C0unty of Lanark Administration Building- Social Housing Domiciliary Hostels Perth Ontario | 613-267-4200 |
| Ottawa | |
| Action-Logement 200-261 Montreal Rd. | 613-562-8219 |
| Cornerstone Emergency shelter and affordable housing (Women Only) | 515 MacLaren St., Ottawa, ON K1R 5K5 613-233-2243 |
| Daybreak Affordable, minimum support housing for low income men and women who have difficulty finding affordable housing and struggle with issues of mental health, recovering from addiction and limited life skills. www.daybreakhousing.com | 393 Picadilly Ave, Ottawa, Ontario K1Y 0H3 613-236-8070 |
| Elizabeth Fry Society, J.F. Norwood House, Ottawa, ON | 613-230-2372 |
| Homes for Special Care (HSC) Royal Ottawa Health Care Group Brockville Mental Health Centre Provides residential care to individuals with mental illness who no longer require hospitalization. | 613-345-1461 ext 1600 1-800-433-7371 ext 1600 |
| Housing Help - Housing information and assistance agency 309 Cooper St., Suite 502, Ottawa, ON K2P 0G5 | 613-563-4532 Fax: 613-563-8019 |
| Jericho Road Providing homes with different levels of supervision. Supervised care homes and Independent care homes. http://jerichoroad.ca | 613-567-5134 |
| Ottawa's Domiciliary Hostel Services Supportive housing for vulnerable adults who need personal support and some assistance with daily living activities. The City of Ottawa provides subsidies for eligible residents . http://ottawa.ca/en/residents/social-services/housing/residential-services | 613-560-0622 x. 26586 |
| Oshki Kizis Lodge , Minwaashin shelter for homeless, abused First Nations, Inuit and Metis women and children. Counselling Services, Culture Program, Employment Training, Sex Trade Outreach Program (STORM) 55.Culture Program Family Counselling Services Crisis Counselling Services | 613-741-5590 http://minlodge.com/index.cfm 613-741-5590 ext 228 613-741-5590 ext 260 Crisis Line 613-789-1141 Toll Free 1-855-789-9433 |
| Ottawa Salus Corporation Community Mental Health Services housing to men and women, 16 years of age or older, with mental health problems. Services: shared living, salus apartments, case management, transitional rehabilitation, occupational therapy and recreation and wellness. . 2000 Scott Street, Ottawa, Ontario | 613-729-0123 TTY 613-759-8455 www.salus.on.ca |

| Ottawa continued | |
|---|--|
| Social Housing Registry is a non-profit organization that maintains the central waiting list for people applying for rent-geared-to income (RGI) housing. For application forms or information, contact the Social Housing Registry of Ottawa: http://housingregistry.ca/ | 613-526-2088 |
| Youth Services Bureau of Ottawa (YSB) , Long-Term Housing Program, 2675 Queensview Dr., Ottawa, ON K1N 8R3 http://www.ysb.on.ca/index.php?page=long-term-housing-program&hl=eng | 613-288-1343 x 223 Lisanne Ranger Email: lranger@ysb.on.ca |
| The Oaks 1053 & 1057 Merivale Road, Ottawa ON 45 units designated as domiciliary hostel beds under the City of Ottawa. Of the 45 beds, 15 are currently reserved for “aging at home” residents. | 613-288-0374 Dale Pelletier email dale@shephersofgoodhope.com |
| Hope Living Residence (Shepherds of Good Hope) 145 Castlefrank Rd Kanata ON men and women diagnosed with a serious mental illness which may or may not be co-occurring with other challenges. | 613-831-3333 |
| 380 St. Patrick Residence 13 units for men living with severe mental health issues who require assistance to maintain their independence in a rooming house style environment | 613-789-8210 |
| St Andrew Residence 208 St Andrew Street, Ottawa ON 32 single and three shared apartments for individuals living with mental illness and/or concurrent disorder who may or may not have portable supports and are ready for autonomous living. Provides a supported environment focused towards independent living and the building of community within. | 613-288-0312 |
| Montfort Renaissance (Francophone) Support Within Housing Responds to the needs of those who are homeless and those at-risk of becoming homeless, through its partnerships with other organizations in the field of housing support and through its various housing initiatives in the City of Ottawa | 613-789-5144 ext 226 www.montfortrenaissance.ca/en |
| Brigid's Place Transitional Housing for Women 78180 Nelson Street, Ottawa ON Program serves 11 women, street entrenched, who are coping with addictions, mental health issues, and factors relating to past trauma. Goal is to bring stability to these women to transition to more permanent housing. | 613-688-2017 |
| Renfrew County | |
| Community Mental Health Services- Supported Independent Living - Housing Support Carefor 425 Cecelia Street, Pembroke, Ontario | 613-732-8770 ext 8102 Toll Free 1-800-991-7711 |

Special apartments and group homes provide permanent housing for people with a mental illness. Rent-gearred-to-income, supervision and links to psychiatric services may be among the supports available. Mental health organizations may provide residential care for clients who require on-going, long-term treatment.

These services are located in Champlain Region

| | | |
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| Ancoura | 211 Bronson Ave, Room 237, Ottawa, ON K1R 6H5 | 613-233-8130 |
| Anges de l'Espoir | 4550 Ste-Catherine St, St-Isidore, ON K0C 2B0 | 613-524-3077 |
| Genesis Residential Treatment Program | 2818 Bouvier Rd, Hammond, ON KOA 2A0 | 613-744-4693 |
| Glebeview Residence | 297 First Ave, Ottawa, ON K1S 2G7 | 613-237-0954 |
| Horizons Renaissance Inc | 338 Montreal Rd., Ste. 201, Ottawa, ON K1L 6B3 | 613-742-0988 |
| In Community (The) - Supportive Housing Program | 1150 Morrison Dr, Ste. 110 ,Ottawa, ON K2H 8S9 | 613-724-5886 |
| Kimberlane Residence | 712 Edison Ave, Ottawa, ON K2A 1W1 | 613-728-8827 |
| Manoir Wymering Manor | 845 Kirkwood Ave, Ottawa, ON K1Z 5Y1 | 613-722-8811 |
| Marionville Pavilion | 9342 Castor Rd, Russell, ON K4R 1E5 | 613-445-5624 |
| Parklane Residence | 1095 Merivale Rd., Ottawa, ON K1Z 6A9 | 613-725-1064 |
| Pine Rest Residence | 5876 Buckland Rd, Vars, ON KOA 3H0 | 613-835-2849 |
| Precision health Group Edgewood Care Centre | 9 Stevens Ave., Ottawa, ON K1K 1K4 | 613-748-7000 |
| Presland Residence | 198 Presland Rd., Ottawa, ON K1K 2B8 | 613-745-0089 |
| Springfield Residence | 30 Springfield Rd., Ottawa, ON K1M 1C9 | 613-749-4734 |
| St. Mary's Residence Inc. | 5855 Buckland St., P.O. Box 73 Vars, On KOA 3H0 | 613-835-2525 |
| Unikcare Management Ltd Hampton Lodge | 306 Irene Cres., Ottawa, ON K1Z 7J1 | 613-729-3040 after hours 613-867-8594 |
| Watford House Limited | 75 Powell Ave., Ottawa, ON K1S 1Z9 | 613-230-7423 |

CONTACTS AND RESOURCES: (Shelters)

| CONTACTS AND RESOURCES: (Shelters) | |
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| Eastern Counties | |
| The Salvation Army 500 York Street, Cornwall | 613-932-8311 |
| Naomi's Family Resource Centre 607 St. Lawrence St., Winchester Women and children over 16 emergency shelter for abused women Crisis line | 613-774-2838 Toll Free 1-800-267-0395 |
| La Montee d'Elle 256 Industrial Blvd., Alexandria Offers secure and safe shelter for women and their children | 613-525-5338 Toll Free 1-800-461-1842 |
| North Lanark/North Grenville | |
| Lanark County Interval House Women's Shelter Carleton Place Emergency | 613-257-3469 Toll Free 1-800-267-7946 |
| Ottawa | |
| Cornerstone/Le Pilier - Women's Emergency Shelter 72 O'Connor St., Ottawa, ON K2P 1T5 Cornerstone Housing for Women 314 Booth Street Ottawa, ON K1R 7K2 www.cornerstonewomen.ca Emergency shelter for homeless women or women at risk of homelessness provides basic needs. Accommodates 55 women and provides support and crisis intervention | 613-237-4669 613-254-6584 |
| Harmony House is a second stage women's shelter that provides safe, affordable housing for women and children who are survivors of violence. www.harmonyhousews.com | 613-233-3386 |
| Salvation Army Booth Centre 171 George St., Ottawa, ON K1N 5W5 www.ottawaboothcentre.org Supportive emergency housing - 169 beds, meals, clothing, counselling, case management and referrals. Adult men 18+. | 613-241-1573 |
| Shepherds of Good Hope - <u>Men's Emergency Shelter 230 Murray St., Ottawa, ON K1N 5M9</u> Emergency shelter with a capacity of 102 beds that provide basic needs. Assessment workers on staff who identify clients' needs and work with other agencies to advocate for clients. http://shepherdsofgoodhope.com/about-us/programs/mens-shelter/ | 613-241-6494 |
| <u>Womens Outreach Shelter</u> | 613-789-4179 |
| The Ottawa Mission 35 Waller Street Ottawa, ON K1N 7G4 www.ottawamission.com Providing food, shelter, clothing and skills to men who are homeless or at risk of being homeless. | 613-234-1144 |
| Interval House of Ottawa Shelter for women and children fleeing abuse. Transitional Support | 613-243-8511 ext 210 Crisis Line 613-234-5181 613-234-8511 ext 224 |

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|--|--|
| <p>Nelson House - This is an organization which provides shelter for women and children who are being abused. Offering a variety of essential services</p> | <p>613-225-0533 Crisis Line 613-225-3129</p> |
| <p>Youth Services Ottawa - Young Men's Emergency and Transitional Housing Program, 2675 Queensview Dr., Ottawa, ON K2B 8K2 www.ysb.on.ca Residential program - basic shelter needs, crisis intervention, counselling, housing support.</p> | <p>613-907-8975</p> |
| <p>Renfrew County</p> | |
| <p>Bernadette McCann House for Women Inc., Emergency Residential Services, Pembroke Offer a short term emergency 16 bed shelter for women and children fleeing abusive relationships.</p> | <p>613-732-7776 Crisis Line 613-732-3131 Toll Free 1-800-267-4930</p> |

EDUCATION

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

It is possible to complete a high school diploma online by taking Independent Learning Courses (once called correspondence courses). Call 1-800-387-5512 for more info. Continuing Education departments of local school boards provide courses at both day and night school. Under the Education Act, an individual may attend high school until the age of 21. Without a high school diploma, you can also be admitted to college/university as a mature student (after writing an admissions test). Obtaining a General Equivalency Degree (GED) from the Ministry of Education involves writing a half-day test in Toronto with a charge of about \$80. Study guides are available before the test from local high school offices.

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

Schools

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

Consider having your child identified for an exceptionality. Any student has the right to an Identification, Placement and Review Committee (IPRC). A child having this status has their progress reviewed yearly to make sure all is being done to facilitate success.

Helpful Approaches for Parents, Family and Friends

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

Strategies for Coping with Mental Health and Addiction Issues at School

There are a number of accommodations and supports that can be implemented within the classroom setting to assist a student succeed academically. It is important to remember that the coping strategies should be developed in collaboration with the school personnel and the student.

| CHALLENGE | STRATEGY |
|--|--|
| Inability to screen out environmental stimuli, such as sounds, sights or smells. | Preferential seating, at the front or by the door may help a student feel less distracted by what is happening around them. |
| Inability to concentrate | Taking classroom breaks can help the student to maintain concentration. If they know break is coming, it can help with anxiety or stress. Breaking down tasks into smaller, more manageable chunks can help the student concentrate and avoid feeling overwhelmed. |

| CHALLENGE continued | STRATEGY continued |
|--|---|
| Lack of stamina / Inability to attend school on a regular basis | Part-time or reduced course loads can help students manage. Breaking up exams into a number of smaller sessions can help with fatigue and concentration. |
| Difficulty handling time pressures | Extra time to complete assignments can be negotiated with the student and the school personnel. Alternative formats for tests or assignments can help reduce the anxiety associated with deadlines or timelines. |
| Difficulty interacting with others | A request for a mentor or tutor can help intervene on the student's behalf. |
| Difficulty handling negative feedback | Request for a third party to assist with feedback. |
| Difficulty handling change | Request advance warnings of changes to curriculum, assignments, venue, school personnel, etc. |

Children and Anxiety

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

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

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

If you have any concerns about your child's anxiety, there are several steps you can take. It is always helpful to discuss your concerns with your family physician and and/or pediatrician, who may suggest

a referral to a medical specialist, such as a child psychiatrist or developmental pediatrician. Your physician may suggest counselling or therapy from a mental health professional, such as a psychologist or social worker. However, you do not need a referral from a medical physician to see a mental health professional and can contact them on your own. Therapy and counselling are also provided through agencies such as Family Services Ottawa or the Youth Services Bureau.

The actual diagnosis of an anxiety disorder is made by a physician, psychologist or psychiatrist.

Common Signs of Anxiety

- Physical symptoms of headaches, stomach aches, nausea
- Fatigue, shortness of breath, muscle tension
- Concentration difficulties, forgetfulness, self-criticism, excessive doubts, avoidance,
- Clinginess, excessive reassurance seeking

EDUCATION - HIGH SCHOOL

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

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

Resources and Allies Within the School System

Teachers, guidance counsellors, principals and vice principals can all be good resources when your child is experiencing academic or social difficulties due to mental illness. There are special educators, psychologists and social workers who can be made available to assist the family and

make sure the student's needs are being met. Schools can also help connect the student to other community resources. The school needs to know what accommodations could help the student finish their education successfully. Extra support can be made available for the classroom, homework, tests and exams, and assignments. Taking a lighter course load is also an option to help find some balance. Sometimes life at school is more palatable with co-op courses, or part-time studies. Although generally correspondence courses are not usually allowed for full-time students, in certain cases the principal may make an exception. Weekly tutoring, which may be at home, is available through the your local school board, to a maximum of five hours.

EDUCATION - COLLEGE & UNIVERSITY

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

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

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

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

Choosing a Program That is Right for You

There are many different programs available. You will need to consider whether college or university is a better fit. Do some research and talk to your family and your physician before making the decision. It will be helpful to identify your personal interests. Most universities and colleges, as well as other community services, have career or vocational counseling which can help determine what career and program would work well for you. They will also be able to arrange for academic accommodations, if you ask at the Disability Office and provide them with documentation (more information to follow).

Pay attention to the admission requirements for programs you are interested in. There may be certain prerequisites you need, or tests to determine if your skills and knowledge are adequate for admission. You can usually arrange accommodations for these tests as well, such as extra time or writing the test in a quiet place.

Some Thoughts About Disclosure

Choosing to disclose information about one's illness is a very personal decision. There are benefits and risks that should be considered.

Benefits:

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

Risks:

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

Think carefully about:

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

Try Things Out First

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

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

Academic Accommodations - What Does it Mean and What is Available?

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

Talk to the Student Services at the school as soon as possible in the school year because arranging accommodations may take some time. The idea is to try and have things in place before you start, if and when you need them.

Which Option is Right For You?

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

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

WHAT DOCUMENTATION IS REQUIRED?

Requirements vary between schools, but generally you will need to provide the Disability Office with a detailed letter from a family physician, psychologist, psychiatrist or social worker who knows you, and should be based on a recent assessment. The letter should include such things as:

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

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

COMMON ACADEMIC ACCOMMODATIONS:

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

Is it a good time to go back to school?

Ask yourself these questions:

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

MANAGING YOUR ILLNESS SCHOOL and WORK

- Assume responsibility - you are the main person who can manage your illness.
- Don't take on too much - try to maintain balance.
- Learn to work with your high and low times.
- Take care of your physical, emotional and spiritual health.
- Take your meds as prescribed.
- Recognize your warning signs - catch them early before it becomes a crisis.
- Learn to ask for help and support when you need it.
- Think twice about using drugs and alcohol - they will interfere

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

What Accommodation Do I Need?

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

- What are my strengths?
- What have I done well in the past?
- What things do I have trouble with in school?
- Of the things that cause me trouble, which ones are the result of medication or mental illness?

What strategies might help me?

CONTACTS AND RESOURCES: (Education)

Adaptive Technology Resource Centre (Univ. of Toronto)

416-978-4360

Email general.atrc@utoronto.ca

An online resource that compares the various software programs and adaptive technologies available.

<http://www.adaptech.org/en/team/atrc>

Association of Canada's Colleges and Universities

350 Albert Street, Ottawa ON K1R 1A4

613-563-1236

“Everything you’ve ever wanted to know about Canadian Colleges & Universities” including program searches, scholarships, other resources, etc.

www.aucc.ca

Canada's Campus Connection

Allows you to check out courses available through distance education at colleges and universities across Canada.

www.campusconnection.ca

Can Learn

A Government of Canada website - this site has information that helps you plan your education including financing, loans, online calculators, program searches, housing resources, bursaries and scholarships, and more.

www.canlearn.ca

Eastern Ontario Education and Training Centre

Centre d'éducation et de formation de l'est ontarien- Hawkesbury Campus

429 Abbott Street, Hawkesbury, ON K6A 2E2

613-632-4100

www.educoptions.ca

email hawkesbury@educoptions.ca

National Education of Disabled Students (NEADS)

Carleton University

1125 Colonel By Drive Rm 426, Unicentre, Ottawa ON k1S 5B6

613-380-8065 Toll Free 1-877-670-1256

email info@neads.ca

Provides a searchable directory of disability services at Canadian colleges & universities, including contact information for Disability Service offices.

www.neads.ca

**Your Education-Your Future: A guide to college and university
for students with psychiatric disabilities.**

Available for free download online at:

www.cmha.ca/youreducation

EMPLOYMENT

GETTING & KEEPING WORK

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

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

"For a long time I wasn't really doing anything. I wasn't working, I had been in and out of hospital and I really felt like I had to do something. I couldn't spend more time doing nothing."

Goal Setting and Figuring Out What You Want

There are a number of employment counseling services, community and online resources that can be helpful in setting goals, looking at career options and creating a plan for returning to work (see end of chapter for Resources in the Community).

Thinking about your goals can help with focusing your energy and perhaps re-evaluating what is important in your life.

10 JOB SEARCH TRUTHS:

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

Goal Setting and Things to Think About

- Make a list of things in your life you have control over, and things you do not. This can help you prioritize and visually see what you are working with.
- Include your physical, mental, emotional and spiritual health in goal setting.
- Try to make SMART goals for yourself: (Specific, Measurable, Attainable, Realistic, Tangible with a target date)
- Write it down! Have something on paper to solidify and reinforce what you are learning about yourself and your goals.
- Review your accomplishments - what can you take from past successes to use for the future? What do you know about what you are capable of?
- Be prepared to revise your goals through time and experience. We are constantly learning about ourselves, our limits and our abilities.

Should I Say Anything About My Illness to My Employer?

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

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

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

If You Do Disclose to an Employer

If you do decide to disclose, you can do it: before the interview, during the interview, after the interview but before the job offer, after an offer but before starting a job, or anytime after starting a job. The choice is yours.

Think about how to describe the illness. You can describe it in general terms (a disability, a medical condition), vague but more specific (a biochemical imbalance, neurological problem), specific reference to 'mental illness' (psychiatric disability), or you may choose to refer to a diagnosis by name (schizophrenia, bipolar disorder, etc.).

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

Mental illness DOES NOT EQUAL lack of ability.

These are some successful people with mental illness : Buzz Aldrin, Jim Carrey, John Cleese, Natalie Cole, Joseph Conrad, Patty Duke, Ludwig Von Beethoven, Margaret Trudeau Kemper, Winston Churchill, Rodney Dangerfield, Carly Simon, Charles Dickens, Ron Ellis, F. Scott Fitzgerald, Margot Kidder, Victor Hugo, Abraham Lincoln, Martin Luther King, Chantal Kreviazuk, Robert Munsch, Vincent Van Gogh, Brian Wilson.

What are Reasonable Accommodations That I Can Ask For?

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

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

Sometimes a short period of accommodation, like flex-time hours, is all that is needed.

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

Creating and Maintaining Work-Life Balance

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

Examples of Common Workplace Accommodations

- Accommodations should be based on your needs and the employer's resources. There is no standard list of reasonable accommodations, but here is a list of commonly provided workplace accommodations:
- Job coach assistance in hiring and on the job mentoring as necessary. Job coach/mentor could be from an external agency or be from within the organization.
- Flexible scheduling to accommodate effects of medications, time for appointments, more frequent breaks, switch to temporary part-time hours without fear of losing job.
- Changes in supervision, for example how feedback and instruction are given, or having weekly supervision appointments to check in and prevent problems before they can happen.
- In training, allowing more time for tasks to be learned, or allowing for individualized, one-on-one training.
- Appropriate technology like a tape recorder to tape instructions, headphones to block out loud noise, etc.
- Modifying work space or changing location so it is quieter, fewer distractions; allowing an employee to work at home.
- Allowing an employee to exchange minor job tasks with others.

Rights and Responsibilities of the Employer & Employee

THE EMPLOYER SHOULD:

- Create and maintain an atmosphere where people feel comfortable asking for accommodation, including providing information about the organization's policies and creating ways for requests to happen confidentially.
- Assume that the employee's request for accommodation is made in good faith.
- In a timely manner, work with the employee (and a professional, if necessary), to explore all options for accommodation.
- Maintain records of the request and steps taken to deal with the request.
- Maintain and respect confidentiality issues.
- Pay the cost of the accommodations, including fees for any medical certificates required.
- Request only information that is directly related to developing an appropriate accommodation.
- Ensure that managers and supervisory staff will not tolerate any discrimination or harassment as a result of an illness or an accommodation.

THE EMPLOYEE SHOULD:

Tell the employer you need an accommodation, due to a disability, and give them the information they need to understand what the limitations are and what accommodations would address them.

If requested, provide supporting documentation or medical certificates.

Meet all relevant job requirements and standards once the accommodation has been provided.

CONTACTS AND RESOURCES: (EMPLOYMENT)

| Regional | |
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| Human Resource & Skills Development Canada (HRSDC) Service Canada Centres - for general inquiries, call www.servicecanada.gc.ca for a location near you. | 1-800-622-6232 TTY 1-800-926-9105 |
| Eastern Counties | |
| Employment supports are offered under Ontario Works for eligible clients. Cornwall office: Alexandria office: Chesterville office: | 613-932-5354 613-525-0628 613-448-3987 Toll Free 1-877-448-3987 |
| Prescott Russell Employment Services Centre offer job search area accessible to all variety of programs, including Skills Link for young people (16-30) who have barriers to employment. Hawkesbury, 134 Principale est, Hawkesbury Rockland 2229 rue Laurier Rockland Embrun 993 Notre-Dame St Suite 201, Embrun | 613-632-0179 1-800-668-5950 613-446-4189 613-443-3085 |
| North Lanark/North Grenville | |
| Lanark County Employment supports are offered under Ontario Works for eligible clients. | 613-267-4200 Toll Free 1-888-952-6275 |
| Ottawa | |
| Assertiveness Community Treatment Team (ACTT) Provides support to people with severe long lasting mental illness through its community outreach services. Team staff members have a broad range of specialties including, return to work and volunteering resources that support clients entering ODSP's Employment and Support Program. ACTT Central Intake Service Royal Mental Health Centre | 613-722-6521 ext. 7325 |
| Causeway Work Centre Causeway is one of the 6 Vocational Rehabilitation service Providers contracted by ODSP's Employment and support program. In addition to teaching clients how to seek employment, it's Employment Resource Centre and Solutions for Youth programs provide learning in the Causeway's Social Enterprises (e.g. food catering, property maintenance and bicycle repair and rental) provide work experience leading to employment in the labour force. 22 O'Meara Street Ottawa, ON K1Y 4N6 www.causewayworkcentre.org | 613-725-3494 |

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| Ottawa | |
| <p>Ontario Disability Support Program (ODSP) The Employment & Supports Program of ODSP is the principal provider of employment services for the economically disadvantaged in the region of Ottawa. Averaged over the past 3 years the ODSP program receives 700 applications annually with the majority of applicants upon screening accepted into the program. The Program contacts Vocational Rehabilitation Services (VRSP) who teach how to seek employment with the focus on job placement and retention. The VRSPs can be retained for up to 33 months as a resource to deal with job crisis and job advancement for all referrals. Non-ODSP recipients also have access to ODSPs Employment and Support Program but the retention period drops from 33 to 15 months. ODSP Employment and Support Program 351 Preston St. Ottawa, ON K1S 3H8</p> | 613-234-1188 |
| <p>Salus Primarily a housing provider for those with mental health issues, it offers a twelve month rehabilitation and employment readiness program for a small group of residents deemed ready for increased independence and responsibility. Participants are housed together with a house manager and share household operating responsibilities. Therapy services that address mental and social issues, as well as fitness and nutritional programs are provided. Learning the use of business tools leads to Salus's Employment Placement Service and job placement, completing the one year program. 2000 Scott Stree Ottawa ON K1Z 6T2</p> | |
| <p>Social Service Centres (SSC) Provides service and support, including resources. Open to public on a drop-in basis. Use of computers, printers, fax, job postings, employment and computer workshops. Youth and student employment services available. http://www.ottawa.ca/en/social_com/efajobs/index.html</p> | 3-1-1 |
| <p>Youth Services Bureau Employment Services Offers job seekers support to prepare for the job market and work with employers to match youth with job opportunities. 1355 Bank St., Ottawa www.yvb.on.ca</p> | 613-236-8244 |
| <p>March of Dimes- Employment Services including (Cornwall, SD&G, Prescott, Renfrew County) 2249 Carling Ave, Suite 200, Ottawa ON</p> | 613-596-3463 Toll Free 1-877-695-7999 |
| Renfrew County | |
| <p>Access Work Service - Self directed and assisted services, individual career counseling, employment and training supports.. www.accessworkservice.ca</p> | |

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| <p>Tyerman & Daughters Inc - Eganville Centre</p> <p>Renfrew office - Employment Networks 231 Argyle St. South appointment only renfrew@accessworkservice.ca</p> <p>Barry's Bay office: 19 Stafford St. info@accessworkservice.ca (in the Opeongo Seniors Centre)</p> | <p>1-800-462-0208</p> <p>613-570-0733</p> <p>613-756-0723</p> |
| <p>Department of Social Services, Renfrew ON Financial and employment supports for eligible participants. http://www.countyofrenfrew.on.ca/departments/social-services/ontario-works/</p> | <p>613-433-9846 613-732-2601 Toll Free 1-866-897-4849</p> |
| <p>Employment Supports Program Ontario Ministry of Community and Social Services 77 Mary Street, Pembroke, ON Offers programs to assist persons with disabilities to become employable and self supporting.</p> | <p>1-800-267-0112</p> |
| <p>Algonquin College Community Employment Services 141 Lake Street, Pembroke, ON</p> | <p>613-735-4308 email dick@algonquincollege.com</p> |
| <p>Performance Plus Rehabilitation Care Inc Specialize in providing personal employment counseling services to people with physical, psychological or developmental disabilities looking to enter the workforce.</p> | <p>1-800-427-6214</p> |
| <p>MV Employment Consulting Inc Provision of services aimed towards the paid employment of people with disabilities, while providing solutions to the employers needs.</p> | <p>613-401-1574</p> |
| <p>Links to Health- Renfrew Service provider for the employment supports- ontario disability support program</p> | <p>613-332-3115 Toll Free 1-877-525-142</p> |
| <p>Renfrew & Area Chamber of Commerce 161 Raglan Street South Renfrew ON</p> | <p>613-432-7015 email info@renfrewareachamber.ca</p> |
| <p>For additional employment resources www.linkstohealth.ca (Bancroft)</p> | |



Cat, by Charlene Gauthier

GLOSSARY OF TERMS

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| academic accommodation | Describes a change in the allocation of an educational facility's resources in order to meet the needs of an individual student with a documented disability. |
| acetylcholine | A chemical messenger found in brain cells that carries information between cells in many different parts of the brain. Levels of acetylcholine are decreased in people with Alzheimer's Disease. |
| (ACTT) Assertive Community Treatment Team | An interdisciplinary team of mental health professionals who provide community-based services to individuals with severe and persistent mental health issues, allowing the person to stay in the community rather than in a facility. |
| acute symptoms, positive symptoms | Acute, or positive symptoms of an illness are things like hallucinations, agitation, etc. They are 'positive' symptoms because they are added to, or are in excess of what we would consider "normal" functioning. |
| admission | The process whereby a person is accepted into a hospital or inpatient mental health or addictions program. |
| akathasia | A possible side-effect from antipsychotic medication that is characterized by a feeling of extreme restlessness and an inability to sit still, a feeling of 'jumpy limbs'. |
| Alzheimer's disease | A progressive degenerative form of dementia which results in decreased cognitive abilities including memory, reasoning, judgment and language. |
| anorexia nervosa | A diagnosis of mental illness that involves extreme, self-induced starvation due to a distorted sense of self and low self-esteem. |
| anti-anxiety medication, anxiolytics | Medication (used to be referred to as "anxiolytics") that is used to treat different forms of anxiety. |
| anticipatory anxiety | A symptom of an anxiety disorder. This happens when a person starts to worry that they will have a panic attack or another anxiety reaction before an expected event or situation. |
| antidepressant | The name of a group of medications used to treat symptoms of depression and sometimes anxiety. The most commonly used group of antidepressants are called SSRI's (selective serotonin reuptake inhibitors). |
| antipsychotic | A group of medications used to treat psychotic illnesses, such as schizophrenia. |
| anxiety disorders | A group of mental health issues that involve states of nervousness and anxiety that affect everyday functioning. |
| anxiolytics | See anti-anxiety medication. |

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| assessment | The process of information gathering to determine the best treatment strategy for the patient at that time. |
| auditory hallucination | See hallucination. |
| bipolar disorder, manic depression | A mental illness which is classified as a type of affective disorder, characterized by dramatic swings in mood, from depression to mania. |
| binge eating | A pattern of disordered eating which consists of episodes of eating excessive amounts of food at one time. |
| boarding house | A rental living arrangement where fees include food and rent. |
| body/energy work | A form of alternative therapy that involves improving energy flow through the body to optimize physical and mental health (e.g. reiki, acupuncture, shiatsu, reflexology). |
| body dysmorphia | A type of mental illness where the person is concerned with body image that manifests itself as excessive concern or preoccupation with a perceived defect of a physical feature. |
| bulimia nervosa | A diagnosis of mental illness which is characterized by extreme self-induced actions of bingeing and/or purging food from the body to control weight. Shares many characteristics with anorexia nervosa. |
| Cognitive-Behavioral Therapy (CBT) | An active, directive, time-limited, structured approach used to treat a variety of psychological and psychiatric disorders (for example, depression, anxiety, phobias, pain problems, etc.). It is based on an underlying theoretical rationale that an individual's affect and behavior are largely determined by the way in which s/he structures the world. |
| Child & Adolescent Mobile Crisis Service | A service for youth in mental health crisis within Champlain District operated through the Youth Services Bureau. |
| Community Treatment Order (CTO) | A comprehensive plan for community-based treatment of severe and persistent mental illness, legislated through the Mental Health Act. |
| compulsion | A behaviour or ritual carried out in response to an obsession (thought). Acting out the compulsion offers a temporary relief from the anxiety of the obsessive thought. |
| Consent and Capacity Board | A body for decision-making about a person's ability to give consent and conduct their own affairs, under the Mental Health Act. The Board is separate from the psychiatric facility to ensure fair decision making. |
| consumer/survivor | A term used by people who have been involved with the mental health system, to refer to themselves. Many people feel this term is empowering and a way of counteracting stigma and stereotypes. |

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| court diversion | A service offered by some community-based mental health agencies, to assist and support someone with a mental illness who has come into contact with the courts or criminal justice system. |
| creative therapies | Different forms of creative activity that provide a therapeutic outlet and help people develop self-awareness and self-confidence (creative writing, visual art, music, drama, etc.). |
| Crisis Intervention System of Champlain | An integrated system for mental health crisis response that serves Champlain. It involves local mental health agencies working together to facilitate access to emergency and crisis response. |
| crisis planning | A process of creating an individualized plan for when a person is in mental health crisis. It can involve things they feel are helpful for them, resources available and documentation being signed in advance. |
| cycling, rapid cycling | Part of bipolar disorder, the word ‘cycling’ describes the switching back and forth (or cycle) of moods from extreme depression to extreme mania or hyperactivity. ‘Rapid cycling’ is when the person has four or more cycles of depression and mania in a year. |
| delusions | Irrational, false beliefs that are experienced by people in a state of psychosis. Delusions often involve persecution by others, bodily changes and conspiracies. |
| depression | A diagnosis of mental illness characterized by very low mood, sense of hopelessness, helplessness, worthlessness, fear, anxiety and very low energy. |
| diagnosis | The process of being labeled with a documented mental illness, defined by the DSMV (diagnosis manual) used by the medical, psychiatric and psychological professions |
| disclosure | The act of telling others about one’s diagnosis of mental illness, addiction or mental health issue. |
| early onset | A term used when young people (children or adolescents) start showing symptoms of mental illness that are disruptive to their functioning. |
| eating disorders | A form of mental illness characterized by an intense fear of gaining weight, very low self-esteem, feelings of powerlessness, self-induced food restriction and excessive exercise. For example, bulimia and anorexia nervosa. |
| emergency housing | Temporary shelter that is set up for people in crisis. Includes shelters and hostels, often serving a specific population (mothers with young children, youth, etc.) |
| flat affect | A term used to describe the lack of emotion (affect), or facial expressiveness that is sometimes a side-effect of psychiatric medication and/or illness. |

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| generalized anxiety disorder (GAD) | A diagnosis for an ongoing state of nervousness where the person cannot get relief from anxiety and strong fears. |
| gradual onset | A gradual build up and worsening of symptoms associated with a mental illness. |
| grantor | In a Power of Attorney arrangement, the person who is allowing (or granting permission for) another designated person to act on their behalf. |
| hallucinations, auditory hallucinations | A symptom of schizophrenia and some other illnesses, a hallucination is the experience of seeing, hearing, smelling, feeling or tasting something that is not real. 'Auditory hallucinations' (hearing voices) is very common. |
| Health Information Sheet | A tool that can be used by families to be prepared for a crisis, it has all of the information a physician or psychiatrist might need in a crisis, such as prescribed medications, other health issues, prior hospitalizations, etc. |
| inpatient | A person who is staying at a hospital or psychiatric facility and receiving treatment for a mental health issue is called an inpatient. |
| insight | A term used to describe the inability to recognize symptoms of a mental illness, or that one's life is being affected by symptoms is called a loss or 'lack of insight' in the psychiatric community. |
| involuntary patient admission | Before you become an involuntary patient, a physician must assess you and place you on a Form 3 (Certificate of Involuntary Admission), which lasts for two weeks. The Mental Health Act speaks very specifically to the legal criteria that must be met in order for such a Certificate to be completed. An involuntary patient is not permitted to leave the hospital or psychiatric facility. |
| informal patient status | An informal patient is either a child under the age of 16 years, or someone who is incapable of making treatment decisions for themselves (as defined by the Health Care Consent Act) and who, therefore, has been admitted to the facility under the consent of another person (i.e. 'substitute decision-maker'; usually a concerned family member). The informal patient cannot be held against their will in the hospital, however, an informal patient can be made 'involuntary' if a physician deems that a Form 3 is necessary. |
| light therapy, phototherapy | Therapy that involves exposure to light that mimics sunlight when a person's mood is thought to be affected by lack of sunlight, particularly in the winter. |
| maintenance dose | The lowest dose of a medication that still provides relief from symptoms of a mental illness. This is what psychiatrists and physicians are working towards when prescribing a medication. |

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| mania | A period of intensified activity and stimulation, most often associated with bipolar disorder, where mania and depression alternate. |
| manic depression | See Bipolar Disorder. |
| mood stabilizers | A group of psychiatric medications, usually prescribed to treat bipolar disorder or other mood disorders. They work by balancing the extremes in a person's mood swings. |
| naturopathy | An alternative way of promoting wellness through supplementing the diet with plant or mineral-based remedies. Naturopathy is a holistic practice that deals with physical, mental, emotional and spiritual wellness. |
| negative symptoms | Symptoms of a mental illness, such as lack of energy, social withdrawal and apathy, are said to be negative because the behaviour takes away from what is considered "normal". |
| neuroleptics | See antipsychotics. |
| non-compliance | A term used to describe a person's unwillingness to take medication as prescribed or accept other treatment that has been ordered by a mental health professional. |
| obsession | Obsessions are thoughts that feel uncontrollable and are driven by anxiety. They often compel people to carry out rituals (or compulsions) that temporarily relieve the anxiety associated with the obsessive thought. |
| obsessive-compulsive disorder | A diagnosis of a mental illness that involves people having anxious and uncontrollable thoughts (obsessions) driving the person to carry out rituals (compulsions) that make them temporarily feel better. |
| ODSP (Ontario Disability Support Payments) | A provincial financial assistance program for people who are considered unable to work due to disability (including mental illness) and are expected to be unable to work for two years or more. |
| Ontario Review Board | The group (under the Criminal Code) that makes decisions about custody and conditional discharge of people with mental illness who have committed crimes. |
| outpatient | A person who is outside of a hospital or psychiatric facility but is receiving treatment or support for a mental health issue through the facility is called an outpatient. |
| panic attack | The sudden onset of intense fear, apprehension or terror and feelings of impending doom. The person experiences physical changes, as well such as racing heart, cold sweats and other fear reactions. A panic attack lasts a short time but can be very distressing. |

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| panic disorder | A term used when a person experiences frequent and unexpected panic attacks followed by at least one month of persistent concern about having another panic attack. |
| paranoia, paranoid | A symptom of some mental illnesses where the person is terrified that people are out to get them and/or that there is a conspiracy designed to persecute them. |
| phobia | A persistent, irrational fear of a situation or object which sometimes causes panic attacks if the person is exposed to, or thinks about the object of their phobia. |
| phototherapy | See light therapy. |
| Power of Attorney | A powerful legal document that allows one person to give another person of their designation, the authority to make decisions on their behalf if they are not capable of doing so themselves. |
| private market housing | A home or residence that is privately owned and not regulated as a supportive or supported living situation and where rent is not geared to income (e.g. house, boarding house, rooming house, apartment). |
| psychiatrist | A physician who has specialized in psychiatry, is qualified to diagnose and treat mental illness and is able to prescribe and monitor medication. |
| psychologist | A non-medical professional possessing a doctorate who is qualified to diagnose and treat mental illness through research, testing and therapy. A psychologist cannot prescribe medication in Canada. |
| psychosis, psychotic episode | A group of symptoms in some mental illnesses that include loss of contact with reality, breakdown of normal social functioning and extreme personality changes. Psychotic episodes may include hallucinations, delusions, paranoia, and an inability to control impulses. |
| purging (as seen in bulimia) | The act of getting rid of food from within the body through self-induced vomiting or the use of laxatives and excessive exercise. |
| rapid cycling | See cycling. |
| restraint | Chemical, physical or mechanical means of holding a person still in order to provide emergency treatment. Use of restraint in an emergency situation does not require consent, but does require that the means of restraint used is well-documented. |
| rights advisor | A staff member assigned to work in a psychiatric facility to provide information and advice about patient and family rights related to the Mental Health Act and its provisions. The rights advisor can also help a person or family find legal counsel. |

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| rooming house | A private market housing arrangement where fees (or rent) includes only a bedroom, not food. Kitchen and bathroom facilities are usually shared with other tenants. |
| schizoaffective disorder | A diagnosis used when an individual does not fit diagnostic standards for either schizophrenia or "affective" (mood) disorders, such as depression and bipolar disorder. The person often shows symptoms of both schizophrenia and a mood disorder. |
| schizophrenia | A significant mental illness characterized by psychosis, loss of contact with reality, breakdown of normal social functioning and extreme personality change. |
| self-help | Also known as peer support and mutual aid, self-help is the process of sharing common experiences, usually in a group setting for the purpose of supporting each other to create change. |
| Social housing | Housing that is partly paid for by the government (provincial) or has rent geared to income where rent will never be more than 30% of the person's income or ODSP payment. |
| Social worker | A professional who has been trained to support people in the community and/or in hospital settings to get access to services they need and assist with navigating the mental health system. |
| Supported housing | A semi-structured housing arrangement where support to the tenants is provided from outside the home by nurses, social workers, etc. Support provided focuses on life skills development and increasing independence. |
| Supportive housing | Different from supported housing, in that support and supervision from professionals is provided from within the home for people who cannot currently live independently. |
| Tardive dyskinesia | A serious potential side-effect from some antipsychotic medications, that is characterized by painful and uncontrollable tremors, twitching and other involuntary movements. It can be permanent. |
| Ulysses Contract | A powerful document legislated by the Substitute Decisions Act which provides power of attorney (authority for decision-making given to another person) if the grantor believes that they may resist necessary care when incapacitated by mental illness. |
| Voluntary Patient | There is no portion of the Mental Health Act that authorizes a psychiatric facility to detain a voluntary patient. In this regard, a voluntary patient can leave the facility at any time, as long as they do not pose a risk to themselves or others. If they were to be identified as posing a risk to themselves or others, then they must be made an involuntary patient (by means of a Form 3) in order to be detained. |
| Wellness Recovery Action Plan (WRAP) | A comprehensive crisis plan for consumer-survivors and family members. |

YOUR NOTES

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GLOSSARY OF ACRONYMS

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| ACE | Advocacy Centre for the Elderly |
| ACTT | Assertive Community Treatment Team |
| AIR | Access Information and Referral |
| AMHNC | Addictions and Mental Health Network of Champlain |
| ATRC | Anxiety Treatment & Research Clinic |
| BPD | Borderline Personality Disorder |
| CACC | Client Advisory Council of Champlain |
| CAMIMH | The Canadian Alliance of Mental Illness and Mental Health |
| CBT | Cognitive-Behavioral Therapy |
| CCAC | Community Care Access Centre |
| CHEO | Children's Hospital of Eastern Ontario |
| CLEO | Community Legal Education Ontario |
| CLHIN | Champlain Local Health Integrated Network |
| CMHA | Canadian Mental Health Association |
| CCRC | Orleans-Cumberland Community Resource Centre |
| CRCVC | Canadian Resource Centre for Victims of Crime |
| CROW | Children's Resources on Wheels |
| CT | Computerized Tomography |
| CTO | Community Treatment Order |
| CYCS | Child and Youth Counselling Services |
| DBT | Dialectical Behaviour Therapy |
| DDS | Dual Diagnosis Service |
| DASN | Dementia Advocacy and Support Network |
| DSO | Developmental Services Ontario Eastern Region |
| EEG | Electroencephalogram |
| EFT | Emotional Freedom Technique |
| EHSS | Essential Health and Social Support |
| ESL | English as a Second Language |
| FAC | Family Advisory Committee of Champlain |
| FIMI | Families Impacted by Mental Illness |

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| GED | General Equivalency Degree |
| HRSDC | Human Resource & Skills Development Canada |
| ITTM | Intergenerational Trauma Treatment Model |

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| LHIN | Local Health Integrated Network |
| LHYCI | Lanark Highlands Youth Centre Inc |
| LTC | Long Term Care |
| MAOI | Monoamine Oxidase Inhibitors |
| MCOT | Mobile Crisis Outreach Team |
| MRI | Magnetic Resonance Imaging |
| NADD | National Association for the Dually Diagnosed |
| NAMI | National Alliance on Mental Illness |
| OAARS | Ottawa Access Addiction Referral Services |
| OCD | Obsessive Compulsive Disorder |
| OCTC | Ottawa Children's Treatment Centre |
| ODP | Ontario Drug Plan |
| ODSP | Disability Support Payments |
| OCSC | Ottawa Community Support Coalition |
| OCISO | Ottawa Community Immigrant Services |
| OHIP | Ontario Health Insurance Plan |
| OPRC | Ottawa Peer Recovery Centre |
| ORCC | Ottawa Rape Crisis Centre |
| OSI | Operational Stress Injury |
| OSISSS | Operational Stress Injury Social Support Program |
| OWMC | Ottawa Withdrawal Management Centre |
| PCO | Primary Care Outreach to Seniors |
| PES | Psychiatric Emergency Services |
| PET | Positive Electron Tomography |
| PLEO | Parents Lifelines of Eastern Ontario |
| PSO | Psychiatric Survivors of Ottawa |
| PTSD | Post-Traumatic Stress Disorder |
| REBT | Rational Emotive Behavioural Therapy |

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| ROMHC | Royal Ottawa Mental Health Centre |
| ROTIS | Reaching Out to Isolated Seniors |
| RPCT | Regional Palliative Care Team |
| RRSP | Registered Retirement Savings Plan |
| SAD | Seasonal Affective Disorder |
| SSC | Social Service Centres |
| SSO | Schizophrenia Society of Ontario |
| SPECT | Single Proton Emission Computed Tomography |
| STORM | Sex Trade Outreach Program |
| TDP | Trillium Drug Plan |
| TOH | The Ottawa Hospital |
| YTIP | Youth Transition Improvement Program |
| WRAP | Wellness Recovery Action Plan |



***Haunting*, by Catherine Corey
Watercolour and Ink**

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