

*Third Edition*

# PATHWAY TO RECOVERY

A GUIDEBOOK FOR FAMILIES NAVIGATING  
THE MENTAL HEALTH SYSTEM IN  
THE DURHAM REGION



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**Durham Family Resource Task Group for Mental Health**

**Durham Region**

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Title of Work: Calm in the Storm  
Artist: Cathy Cuffy

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Artist: Bruce Stroud  
Title: Ravine in Autumn

# INTRODUCTION

Historically in Durham Region community agencies have initiated efforts to support families and caregivers of individuals living with mental health issues and who are attempting to navigate the mental health system. The knowledge of how to successfully navigate, and find services needed in the community, goes a long way in terms of the journey to recovery.



The idea to create a comprehensive guidebook for family members and caregivers was an initiative from two community mental health agencies in the Durham Region. With the inclusion of a community caregiver a Task Group was formed with the intent to gather information relevant to communities within the Durham Region. A template from the Family Mental Health Network book *From Rollercoaster to Recovery: a Guidebook for Families Navigating the Mental Health System in Wellington-Dufferin Counties* provided the basic outline and inspiration to create a similar resource for families in the Durham Region.

Family is a big part of the journey from diagnosis through to recovery. If family can be informed, supported and provided education, they are more likely to help their loved one to do the same.

The contents may seem overwhelming at first—there is a lot to know. We 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 pathway toward wellness but can often find strength in our common experiences.**

The information in this guidebook is geared toward the Durham Region and the mechanisms in place for this area. As well as helping 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 can have on the individual, their family and friends.

Much of the information compiled within this book was collected from individuals who have personal or family experience with mental illness and the mental health system or who work in the mental health field. The artwork for the chapters was done exclusively by individuals in Durham Region that are connected to the mental health system.

## ***What You Need to Know About this Book***

The guidebook is written with both family members and individuals with mental health issues as the audience. The **audience the information is directed to changes** as the book continues, because as recovery progresses, the person's involvement in making decisions and planning will increase.

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

The **Contacts and Resources** are listed at the end of 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 it is always wise to 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 information contained in this book was compiled from a variety of sources. Every attempt was made to ensure that the information was up to date and accurate. If you have comments, suggestions for changes or additions, or for ordering/ sponsorship information please contact:

**Pathway to Recovery**  
C/O CMHA Durham  
60 Bond Street West  
Oshawa ON L1G 1A5  
[guidebook@cmhadurham.org](mailto:guidebook@cmhadurham.org)  
905-436-8760

**Pathway to Recovery**  
C/O Durham Mental Health Services  
519 Brock St, South  
Whitby, ON L1N 4K8  
[guidebook@dmhs.ca](mailto:guidebook@dmhs.ca)  
905-666-0831 ex. 221

## ***Comments regarding the Second Edition***

Following the successful launch of the first edition in November 2010, the Task Group provided copies (600) to a number of organizations and individuals in the Durham community. As the guidebook only reached a portion of the Durham community, a second edition was compiled.

The Task Group received feedback from the community about information that had become outdated or hadn't been included due to their recent development. Information was also added about Grieving and Loss, Youth and Depression and Seniors and Depression. A new chapter was created that contains information about Physical and Mental Health. To cover printing costs the Task Group approached the community for sponsorships. A list of sponsors can be found on page 9.

In addition as a support for families and professionals it is the vision and hope of the Task Group that all people in the Durham Region become more educated about mental health and how it's impacting all age groups and society sectors. Making the resource available to the community at large will go a long way towards reaching that goal. This awareness will lead to increased prevention/resilience and decrease stigma and discrimination.

## ***Notes Regarding the Third Edition***

As the demand has continued and all copies of the previous edition (800) were distributed, a third edition has been processed. The chapter contents have remained the same but some of the resources were updated.

### ***Information Durham:***

There is a valuable website, [www.informdurham](http://www.informdurham) where you can get information about the Durham area. It has a Mental Health data base that can be searched by organization or topic and a community resources database. It is a user-friendly site that has complete information for anyone in this community.

### ***Now available in Durham: 211***

Dial 211 for information and referrals to Government, Social and Health Services-24 hours a day.

[www.211ontario.ca](http://www.211ontario.ca)

Online accessibility is available through the websites of both CMHA Durham and DMHS.

## ***ACKNOWLEDGEMENTS***

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

This project was made possible by the Canadian Mental Health Association Durham, Durham Mental Health Services and a Community Family Representative. We would also like to thank Custom Printing for their support of the project.



Canadian Mental  
Health Association Durham  

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L'Association Canadienne  
Pour La Santé Mentale



In 2010 we were happy to launch the first addition of this manual, with funding support from the Trillium Foundation. With great response and feedback from the community, we were able to create this second edition with updates and additions. A special thanks to Bonnie Atkinson, Heather Bickle, Jan de Boer, Krista Bull, and Denise Gould for making this second edition possible.



***We would like to thank the following sponsors who have contributed through financial donations.***



Canadian Mental  
Health Association Durham  

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Corporate Services

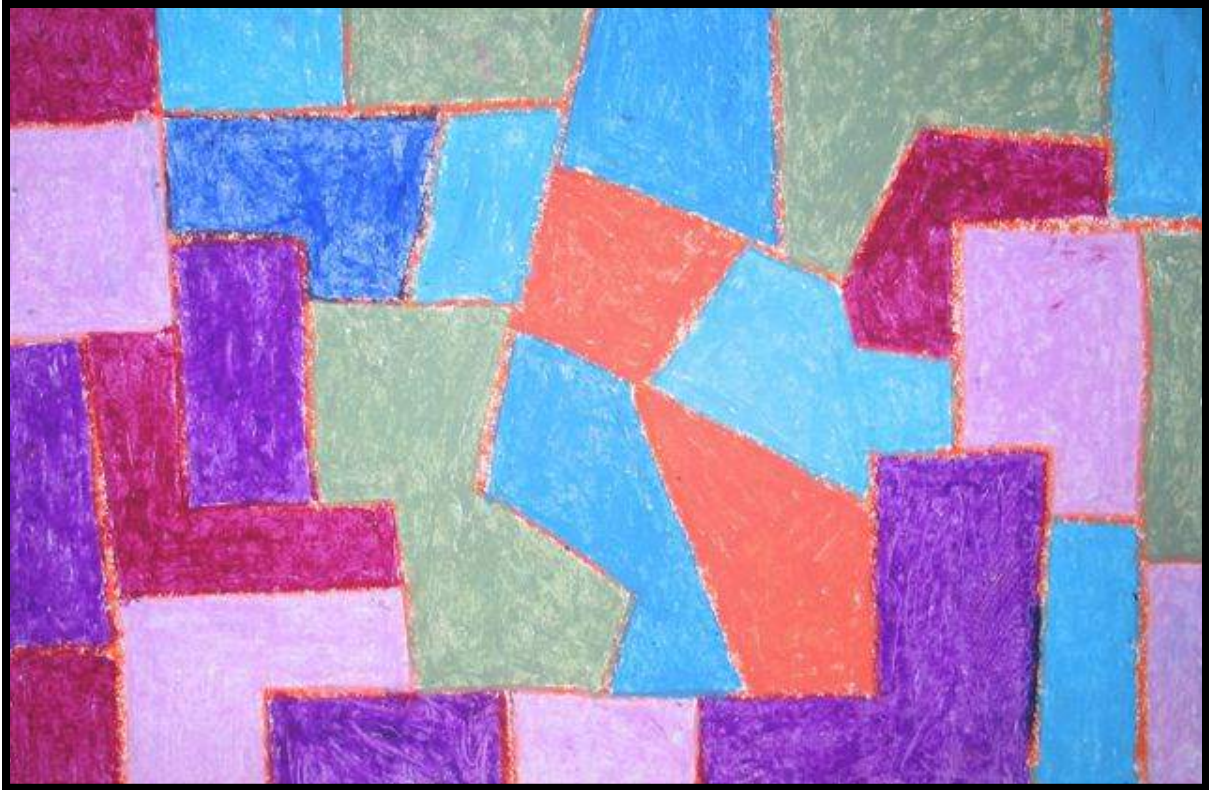


Direct Energy™



ONTARIO **POWER**  
GENERATION





Artist: S.C. James

## ***COPING WITH CRISIS***

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



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

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

In this chapter we will discuss mental health crisis so families will be 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 someone you love 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 so that if you aren't around, someone else will still be able to find it.
- ♦ A list of ways to behave that will help to create calm in a stressful situation, such as speaking in a soft voice, keeping your body language subdued and reducing the amount of noise or extra stimulus in the environment if possible.

### **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
- ♦ Appearing unresponsive, severely depressed and/or unable to care for themselves
- ♦ Acting or talking in ways that may lead to harm (to themselves or others)
- ♦ Suicidal plans or thoughts being expressed

*"If possible, you want to try and avoid calling the police or hospitalization. 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*** for yourself, for the individual who is struggling with mental illness and for the rest of the family. 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 past. Get help sooner rather than later. If possible, you want to avoid the stress and trauma that can be involved in hospitalization, which can sometimes seem like the only option in the midst of a full-blown crisis. It is very unusual for someone to become suddenly and severely ill—the process of relapse usually takes about a week. **Keep your eyes open.**

### **Crisis Toolbox Tips**

- ◆ Don't shout, threaten or criticize - use a calm voice.
- ◆ Reduce the amount of noise in the environment.
- ◆ Ask the person what they feel would be helpful- what do they need or want right now?
- ◆ Try not to challenge what the person is saying or experiencing. Don't say things like "it's not that bad", or "I don't see why you're so upset". Think about how you would want to be treated.
- ◆ Have a list of any medications the person should be taking, so if you have to go to the hospital you can make the staff there aware. This should be on the person's **health information sheet (see page 14)**.
- ◆ 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.

### **Our other tools:**

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## ***Preparing for a Crisis***

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

**Crisis Planning** can be immensely helpful. Develop a Wellness Plan during a period of stable mental health, so that if the person goes into crisis, there is already something in place. Have the person document what actions they would, and would not want taken in a crisis situation, ways they can help themselves and resources they can access (such as a Distress centre/or Crisis Line).

A **Wellness Plan** can be created once a person is involved with the mental health system and is seeing a worker or psychiatrist. A plan can also be created with the local Crisis Services support team at Durham Mental Health Services. A plan can be created over the phone or once a person has received a visit from the mobile team. A copy will be entered into the Crisis Services data base, in the event that the person needs to access services from Durham Mental Health Services in the future.

Encourage the individual to share their wellness plan with their family and other supports.

### **Example items to include in a Wellness Plan**

What I can do to stay well \_\_\_\_\_

What happens when I am not well \_\_\_\_\_

What others and I can do \_\_\_\_\_

Who I can tell \_\_\_\_\_

What helps me to feel better again \_\_\_\_\_

### **WHO TO CALL IN A CRISIS**

- ♦ **Durham Mental Health Services - Crisis Access Linkage Line** 905.666.0483 or 1.800.742.1890
- ♦ **Ontario Shores Centre for Mental Health Sciences**  
1.800.263.2679
- ♦ **Distress Centre Durham**  
905.430.2522 or 1.800.452.0688
- ♦ **Police, Ambulance, Fire** 911
- ♦ **Durham Health Connection Line**  
1.800.841.2729 Mon – Fri 9 am to 6 pm
- ♦ **Rouge Valley Ajax and Pickering** 905.683.2320
- ♦ **Rouge Valley Centenary:** 416.284.8131
- ♦ **Lakeridge Health Bowmanville** 905.623.3331
- ♦ **Lakeridge Health Oshawa** 905.576.8711
- ♦ **Lakeridge Health Port Perry** 905.985.7321
- ♦ **TeleHealth Ontario** 1.866.797.0000
- ♦ **Your Family Doctor, Trusted family or friends**

### ***Calling the Distress Centre***

The Distress Centre can be a resource during times of crisis but also in times of calm when you need information. For family members, friends or individuals experiencing mental health issues, it is there when you need to talk to someone. Volunteers at the Distress Centre receive extensive training and provide emotional support, crisis support, referrals and information to callers. The line is open 24 hours, 7 days a week.

### **Things to Remember About the Distress Centre**

- ♦ 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 and give you information about resources you can access for yourself.
- ♦ You can call every day if you need to, or every couple of months; whenever you need the service it will be there.

### **Openers for calling the Distress Centre or 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 my 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 Centre or Crisis 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.

Your call 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. If you have a crisis plan on file, sometimes it can help that the person on the other end of the line knows what you have been through, who you are, and how you cope.

## ***Calling the Crisis Line***

### **Durham Mental Health Services: Crisis Access Linkage Line (CALL)**

Durham Mental Health Services offers a range of crisis supports to assist individuals who are experiencing a personal or situational crisis. The service is free and confidential. The services offered include:

- **Telephone support:** Available toll free, 24 hours per day, to support any individual in crisis and/or their supports.
- **Mobile team:** A community visit can be arranged by calling the team. This can provide support in the individual's preferred environment. Follow up support, linkages and referral to other community supports, are also available.
- **Crisis Beds:** Short-term stay in the Crisis Beds is available for individuals who are experiencing a crisis and are in need of individualized support in a safe, supportive setting away from their present situation.
- **Mental Health Safe Beds:** This program provides short-term residential crisis beds for individuals living with mental health problems, who are in contact with the justice system. The program offers a safe alternative (where appropriate) to incarceration or hospitalization.
- **Mobile Crisis Intervention Team (MCIT):** In partnership with Durham Regional Police and Durham Mental Health Services (DMHS) the MCIT provides an enhanced mobile crisis team consisting of a police officer and a mental health nurse. Outreach and follow-up are provided by a Case Manager in conjunction with the DMHS crisis team. Access only through DMHS Call Line (1-800-742-1890). Or, in situations when imminent risk to self or others is present, contact 911.
- **Child and Youth Crisis Response:** Durham residents can call and access support for children and youth who are in crisis. Through a partnership with Kinark, Frontenac and Chimo, Durham Mental Health Services offers linkages to the specialized services of youth workers who can respond to residents of Durham Region, under 16 years of age.

### **SIGNS OF SUICIDE RISK**

- ♦ Talking about dying or saying final goodbyes
- ♦ Discussion of a plan, wish or intention to die
- ♦ Giving away possessions, taking out insurance, writing a will or other preparations for death
- ♦ A sudden and unexpected change in mood or behaviour—it could be extreme either way (hopelessness or euphoria)

**IF THE PERSON WON'T  
ACCEPT HELP AND SAYS THEY WILL  
COMMIT SUICIDE  
CALL 911**

### **Tips for dealing with a potentially life-threatening crisis situation**

- ♦ 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.
- ♦ If possible, remove person to a safer area away from harmful objects.
- ♦ Make yourself aware of police roles under the *Mental Health Act* before something happens (refer to page 179).

## ***Crisis and the Risk of Suicide***

People who talk about suicide usually do not 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 may hear voices telling them they should die.

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

**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 act on their plan at least until a specified time (maybe 2 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.

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. Studies indicate that approximately 90% of people who die by suicide have a diagnosable mental illness. People diagnosed with schizophrenia and mood disorders are at particularly high risk, especially if they are not receiving treatment or formal support.

**Remember: take any mention of suicide seriously and discuss it openly.** Once the person is calm, talk about calling Crisis Services, The Distress Centre and/or their family doctor to explore available options. This could make the process of hospital admission or further involvement with the mental health system feel more within the person's control. Thoughts of suicide can stem partly from feelings of helplessness and hopelessness. As much as is possible and safe, it is best not to take away the persons right to make their own health care decisions.

## **CONTACTS AND RESOURCES (CRISIS):**

### ***Durham Mental Health Services- Crisis Access Linkage Line (CALL)***

905.666.0483 or 1.800.742.1890

### ***Distress Centre Durham***

905.430.2522 or 1.800.452.0688

### ***Pinewood Centre (addiction support)***

1.888.881.8878 (24 hr)

905.723.8195

### ***Kids Help Line***

1.800.668.6868

### ***Assaulted Women's Help line***

1.866.863.0511

### ***Mood Disorders Association of Ontario***

Support line Mon-Fri (9:30 –5:00 pm)

1.888. 486.8236

### ***Mental Health Helpline***

1.866.531.2600

### ***TeleHealth Ontario***

1.866.797.0000

### ***Oshawa Durham Rape Crisis Centre***

905.668.9200 (24 hr)

[www.durhamrapecrisiscentre.com](http://www.durhamrapecrisiscentre.com)

## ***CONTACTS AND RESOURCES: (CRISIS)*** **Hospitals**

### ***LAKERIDGE HEALTH CORPORATION***

[www.lakeridgehealth.on.ca](http://www.lakeridgehealth.on.ca)

#### **Lakeridge Health Oshawa**

1 Hospital Court, Oshawa, ON L1G 2B9 905.576.8711

#### **Lakeridge Health Bowmanville**

47 Liberty Street, Bowmanville, ON L1C 2N4 905.623.3331

#### **Lakeridge Health Port Perry**

451 Paxton Street, Port Perry, ON L9L 1A8 905.985.7321

### ***ROUGE VALLEY HEALTH SYSTEM***

[www.rougevalley.ca](http://www.rougevalley.ca)

#### **Rouge Valley Ajax / Pickering**

580 Harwood Avenue, L1S 2J4, 905.683.2320

#### **Rouge Valley Centenary**

2867 Ellesmere Road, Toronto ON M1E 4B9 416.284.8131

### ***ONTARIO SHORES CENTRE FOR MENTAL HEALTH SCIENCES***

[www.ontarioshores.ca](http://www.ontarioshores.ca)

700 Gordon St. L1N 5S9

Day: 905.430.4055 or 1.800.341.6323

Crisis: 1.800.263.2679 (24 hour)

Intake (service inquiries): 1.877.767.9642

### ***MARKHAM STOUFFVILLE HOSPITAL***

[www.msh.on.ca](http://www.msh.on.ca)

#### **Markham Site**

381 Church Street PO Box 1800, L3P 7P3 905.472.7000 TTY: 905.472.7585

#### **Uxbridge Site**

4 Campbell Drive, PO Box 5003 L9P 1S4 905.852.9771



Title of work: Meeting you  
Artist: Natalie K Simpson

## ***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 Durham Region 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 Legal Issues Chapter.*



### **There are three main hospital systems in Durham Region:**

- ♦ Lakeridge Health Corporation  
Oshawa, Whitby, Bowmanville, Port Perry
- ♦ Rouge Valley Health System  
Ajax/ Pickering, Centenary (Scarborough)
- ♦ Ontario Shores Centre for Mental Health Sciences

Note: Uxbridge is affiliated with Markham Stouffville Hospital

## ***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 in-patient 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 doctor/psychiatrist must determine whether or not the person is at risk of harming themselves or others.*

## ***Starting at the Emergency Room***

When you arrive at the ER Department the amount of time you wait will depend on your specific needs and how busy the ER Department is. The ER Physician will meet with you and will need to clear you medically in order for you to be seen by the Crisis Team. The Crisis Team will meet with you to discuss your situation. The worker may discuss your problems with a Psychiatrist. If required the Psychiatrist will meet with you and together a decision will be made as to the next steps. In the absence of on-site mental health crisis services, an emergency department can access Crisis resources from other sites and receive consultation and assistance.

After the doctor and/or Crisis Team have made their assessments there are two different steps.

1. They may send the individual back home with emergency medication and refer him or her to appropriate follow up support within the community. (i.e. family doctor).
2. They may determine that you are at risk of hurting yourself, others; and/or, you are experiencing psychiatric symptoms related to a mental health condition, that may affect your safety and well-being. In this case hospital admission is directed. You may agree with that and volunteer to be admitted. Otherwise a form 1 may be completed recommending that you are admitted into hospital for up to 72 hours, for a psychiatric assessment. *(For more information see page 179 in the chapter Legal Issues).*

## ***At the Hospital***

The mandate of the hospital is acute care. That means if you are admitted to the mental health department the intent is to stabilize and once this is established discharge will follow. A person might spend time in a closely supervised area if there are safety concerns. In this area, access is restricted and there may be limits on what you can bring depending on your situation and conditions. A person may be admitted or transferred to a more open area of the department when conditions and any safety concerns allow for this. Patients may be able to leave the area for a certain period via scheduled fresh air breaks providing they communicate their intended whereabouts with the treatment team and have permission to do so. Rooms are semi private.

During the day the mental health treatment team consults regularly with the patient. This could include a psychiatrist, a mental health nurse or a social worker. Depending on the person's identified needs a referral can be made to a particular community program (i.e. addiction, housing) and representatives of these services are available on site on certain days and they will meet with the patient to discuss the patients' issues and plans.

There are also opportunities to participate in treatment groups that take place in the hospital that are facilitated by a psychiatrist or other professionals. These groups are educational and often have a skill building focus such as stress management and assertiveness.

A social worker is available to assist the patient with needs that would help him/her in returning to the community.

Patients that require intensive and prolonged treatment are referred to Ontario Shores.

## ***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 groups, and visits with the doctors, meeting other 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, assuming the individual gives consent. 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.

*"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."*

### **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. First of all, **be polite and respectful**. They know it is a stressful experience and can empathize with your feelings. Try to be calm while you persist until your questions are answered.

#### **Ask for what you need.**

Families can request meetings with doctors and nurses, and can also call and provide information about the individual. Ask to schedule some time with a doctor or nurse to get questions answered or to speak about particular issues. Like all workplaces, it is busy and staff have a lot of things to tend to.

#### **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 humour and view them as people who can become allies.

## ***Lakeridge Health Bowmanville and Port Perry***

Lakeridge Health Bowmanville and Port Perry both have 24 hour emergency service. However Bowmanville and Port Perry have no psychiatric inpatient beds or dedicated mental health services.

Individuals go through a triage process and it may be determined that further assessment or consultation needs to take place. This service is called a ***Mental Health Liaison Service***. The *liaison* might facilitate hospital admission. It is also possible that the individual, following an assessment, will be referred to his/her community resources for follow up.

## ***Lakeridge Health Oshawa's Mental Health Program***

This location provides assessment, diagnosis and short-term treatment for those suffering from mental illness. Generally this includes those who have or appear to have clinical depression, anxiety disorders, schizophrenia, bipolar disorder or other psychiatric conditions. The program serves adults and children. The program offers the following services:

- ◆ Inpatient unit (3 areas: Voluntary, Stepdown, Intensive care)
- ◆ A crisis intervention team, which sees individuals who come in via the emergency room
- ◆ An outpatient day treatment program
- ◆ An eating disorders clinic
- ◆ An early psychosis intervention clinic
- ◆ Outpatient psychiatrist services
- ◆ An Interact community mental health program

The program serves Durham Region, with the exception of the westernmost end of the region, which is served by the Ajax-Pickering Site of the Rouge Valley Health System.

*"When my son experienced his last and most severe psychotic episode I had no knowledge whatsoever of how to best 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."*

## ***Rouge Valley Health System***

### **Rouge Valley Ajax/Pickering**

- ◆ Crisis Services are available for assessment, treatment and referrals. There are no inpatient beds. An individual that is assessed as needing admittance will be transported to Rouge Valley Centenary in Scarborough
- ◆ Assertive Community Treatment Team (ACT)
- ◆ Day programming for individuals that need support following a hospital discharge
- ◆ Day treatment for individuals and group treatment
- ◆ Outpatient services such as individual consults (psychiatrists, social worker, mental health nurse) and group programs
- ◆ Clozapine Clinic

### **Rouge Valley Centenary (Scarborough)**

- ◆ Serving the communities of East Toronto and West Durham
- ◆ Crisis services 24 hours a day, 7 days a week
- ◆ Inpatient bed unit
- ◆ Outpatient services for children/adolescents and adults
- ◆ Day treatment/Day hospital programs
- ◆ Referrals to follow up care to Durham community hospitals or mental health agencies
- ◆ Clozapine Clinic
- ◆ Medical/Psychiatric inpatient unit
- ◆ Geriatric services

*“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.”*

## ***ONTARIO SHORES CENTRE FOR MENTAL HEALTH SCIENCES***

Ontario Shores Centre for Mental Health Sciences (Ontario Shores) is a public hospital providing a range of specialized assessment and treatment services to those living with complex and serious mental illness. Ontario Shores offers programs and services designed to provide treatment as teams work with patients and families throughout their journey of recovery. Assessment and crisis services are provided, as well as consultation and education.

### **Adolescents**

Ontario Shores Adolescent Program provides programs and services to young people, 12 to 17. Services include inpatient and outpatient services, youth case management, day treatment, Secondary School Education Program and a Mood and Anxiety Program.

### **Adults**

Ontario Shores provides specialized assessment and treatment services to adults (18-64) living with complex and serious mental illnesses through inpatient units and numerous outpatient services.

### **Seniors**

Inpatient units for seniors with mental illness and/or memory disorders and an outpatient Memory Clinic and Mood Clinic.

### **Specialized Services**

- ◆ Neuropsychiatry Rehabilitation Service (inpatient and outpatient)
- ◆ Dual Diagnosis Service – an inpatient unit for individuals with mental illness who are developmentally challenged and show signs of significant behavioural challenges. Outpatient consultation services also available.
- ◆ Young Adults Inpatient Program for young adults age 18 – 30
- ◆ Vocational and Education Services

### **Outpatient Services**

Ontario Shores offers a range of outpatient services including Women's Clinic, Prompt Care Clinic, Metabolic and Weight Management Clinic, Borderline Personality Self-Regulation Clinic and Mood Disorder, Psychosis and General Psychiatry Consultation Service

### **Forensics**

The Forensic Program provides assessment, treatment, rehabilitation and community reintegration services to patients who have come in contact with the law.

## ***Personal Health Information Privacy Act***

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

**Express Consent** is explicit and direct and may be given verbally, in writing or electronically. **Implied Consent** is inferred from surrounding circumstances that the individual would reasonably agree to the collection, use or disclosure of the information. A health care worker may rely on implied consent within the circle of care for the purpose of providing direct health care. Family and others involved in support may be considered part of the circle of care unless the patient expresses otherwise. Implied consent may not be used if the person has expressly withheld or withdrawn consent.

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

In order for the family to receive **specific** (i.e. 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. This document was formerly called the Form 14, but now each facility has their own form to comply with the Personal Health Information Privacy Act (PHIPA).

## ***CONTACTS AND RESOURCES: (Hospital)***

### **LAKERIDGE HEALTH CORPORATION**

[www.lakeridgehealth.on.ca](http://www.lakeridgehealth.on.ca)

#### **Lakeridge Health Oshawa**

1 Hospital Court, Oshawa, ON L1G 2B9 905.576.8711

#### **Lakeridge Health Bowmanville**

47 Liberty Street, Bowmanville, ON L1C 2N4 905.623.3331

#### **Lakeridge Health Port Perry**

451 Paxton Street, Port Perry, ON L9L 1A8 905.985.7321

### **ROUGE VALLEY HEALTH SYSTEM**

[www.rougevalley.ca](http://www.rougevalley.ca)

#### **Rouge Valley Ajax / Pickering**

580 Harwood Avenue, L1S 2J4, 905.683.2320

#### **Rouge Valley Centenary**

2867 Ellesmere Road, Toronto ON M1E 4B9 416.284.8131

### **ONTARIO SHORES CENTRE FOR MENTAL HEALTH SCIENCES**

[www.ontarioshores.ca](http://www.ontarioshores.ca)

700 Gordon St. L1N 5S9

Day: 905.430.4055 or 1.800.341.6323

Crisis: 1.800.263.2679 (24 hour)

Intake (service inquires): 1.877.767.9642

### **MARKHAM STOUFFVILLE HOSPITAL**

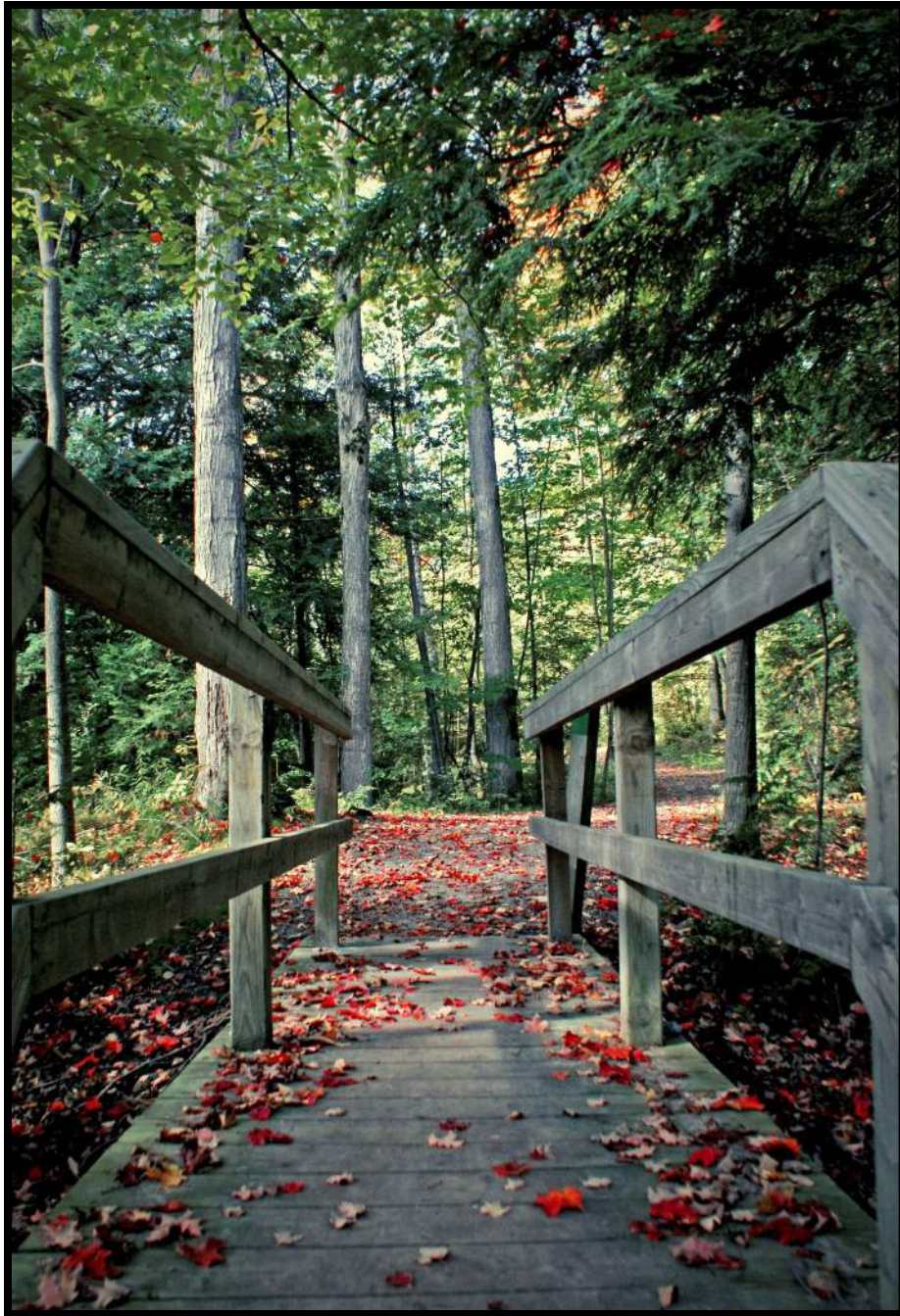
[www.msh.on.ca](http://www.msh.on.ca)

#### **Markham Site**

381 Church Street PO Box 1800, L3P 7P3 905.472.7000 TTY: 905.472.7585

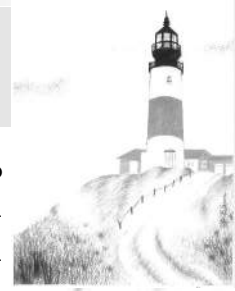
#### **Uxbridge Site**

4 Campbell Drive, PO Box 5003 L9P 1S4 905.852.9771



Artist: Steve Godin

## 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.**

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 family members may feel.

*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.*

## ***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.

*"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."*

## **Stereotypes of Violence and Mental Illness**

- ◆ 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 may 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.

## ***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, even with children. Getting the family some counselling may be helpful. 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 doctor to identify patterns.
- ◆ Always treat the person with the dignity and respect they deserve.
- ◆ Make a list of questions as they occur to you, so that you are prepared to ask the doctor for the information you need.
- ◆ Be prepared to deal with inappropriate behaviour and to set some clear but supportive boundaries for such behaviour to minimize disruption to the family.
- ◆ If you are uncertain about a diagnosis or treatment, get a second opinion and keep asking questions.
- ◆ Keep a list of important phone numbers, including the family doctor. If there are children in the family, make arrangements with someone to take care of them if there is an emergency.
- ◆ If hospitalization is necessary, try to persuade the individual to go voluntarily- making threats and yelling will likely aggravate the situation. Gently express your concerns.

## ***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 long-standing myth that families are to blame for this issue or that bad parenting can cause schizophrenia: **this is NOT true**. The truth is, as of yet we don't clearly know what the cause or causes are.

Schizophrenia affects about an equal number of men and women, but usually men's symptoms appear earlier in life, so diagnosis may happen earlier as well. Most commonly, symptoms in men start to appear in the late teens or early twenties; often for women it may not be until late twenties or early thirties. It can also develop in children before puberty and shares many of the same symptoms as 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 anti-psychotic 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 Medication and Other treatment options*).

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

### **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.

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.**

Schizophrenia may not be definitely diagnosed until more serious (acute symptoms) appear. This can happen all of a sudden or after a gradual build up of symptoms (gradual onset). When the person is experiencing acute symptoms of schizophrenia, they may need to be hospitalized and are often referred to as “psychotic”, or going through an episode of psychosis. It can be distressing to hear those words referring to yourself or your loved one. Again, the more aware you are of what goes into a diagnosis, the better able you will be to deal with a crisis or with health care professionals.

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

### **Warning Signs of Schizophrenia**

- ♦ 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

## ***Acute (or 'positive') Symptoms of Schizophrenia***

Acute symptoms (sometimes called “positive symptoms”) 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.

- ◆ 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

## ***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 can not be verified as such.

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

Doctors 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.

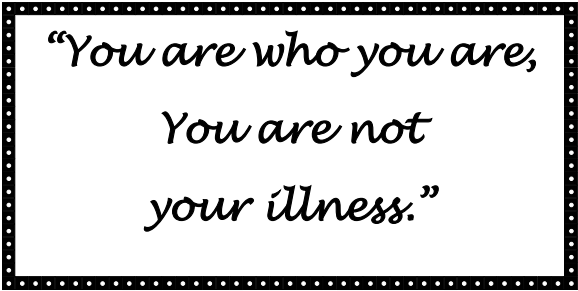
- ◆ Encourage the person gently to seek some help if their feelings seem to continue for more than two weeks and are affecting their life.
- ◆ Help them get an appointment with a doctor and go with them if they think it will help. Sometimes the hardest part is actually talking about it with professionals.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

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

## ***Understanding Bipolar Disorder (Manic Depression)***

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

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.



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

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

Any person can develop bipolar disorder. However, studies indicate that highly creative, sensitive people, those tending to be perfectionists and high achievers, have a higher prevalence of bipolar disorder. A person's genetics, personality and/or stresses in the environment (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.

## ***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 simple 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
- Get the support you need for yourself; it can be very stressful, especially for a spouse to support someone who refuses to recognize their illness or get outside help.

*“When my daughter was diagnosed with Bipolar Disorder, we were in an ominous and scary place. From reaching out and receiving community education and support, we had such an eye opener. My daughter is now clean, sober, on medication and stabilized. I am knowledgeable for the signs of a change in her symptoms. I know what to do and can take charge.”*

## **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, may hear voices or have delusional thoughts

## Understanding Anxiety Disorders

The term 'anxiety disorders' refers to a group of mental health issues that include panic disorders, phobias and obsessive compulsive disorders. 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 out early on.

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

**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.

**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.

### 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.

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

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

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

### **Common 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

### ***Ways to be Supportive When Someone has an Anxiety Disorder***

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

#### **Common Compulsions (rituals)**

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

## ***Hoarding and Mental Health***

Hoarding is a complex disorder that is made up of three connected problems:

- 1) collecting too many items
- 2) difficulty getting rid of items, and
- 3) problems with organization.

These problems can lead to significant amounts of clutter which can severely limit the use of living spaces, pose safety and/or health risks, and result in significant distress and/or impairment in day-to-day living. In the homes of people who are compulsive hoarders, the countertops, sinks, stoves, desks, stairways and virtually all other surfaces are usually stacked with stuff.

### ***Why are people engaging in this behavior?***

People who hoard typically save items because they believe these items will be needed or have value in the future. A person also may hoard items that he or she feels have important emotional significance — serving as a reminder of happier times, for example, or representing beloved people or pets. People who hoard may report feeling safer when surrounded by the things they save.

### ***Treatment and how to be supportive***

Treatment of hoarding is often a challenge that meets with mixed success. For one thing, many people who hoard don't recognize the negative impact of hoarding on their lives or don't believe they need treatment. This is especially true if their possessions or animals offer comfort. And people whose animals or possessions are taken away will often quickly collect more to help fulfill emotional needs.

But intensive treatment can help people who hoard understand their compulsions and live safer, more enjoyable lives. Professional treatment usually involves psychotherapy and possible the use of medication.

### **If you have a loved one who has problems with hoarding, here are some tips that may be helpful:**

- ♦ Do engage with your loved one to get help. E.g. "I'm worried about you." "How can I be helpful?"
- ♦ Do praise and reinforce any positives. E.g. "I notice that you've cleared your couch."
- ♦ Do acknowledge the emotions behind some of the possessions, and validate those feelings.
- ♦ Don't use negative comments to try to shame or embarrass the other person into stopping hoarding, as this tends to make the person defensive and less likely to listen to you.
- ♦ Don't lecture or tell the person what to do, unless you have built up enough trust. If the person who hoards is actively asking, "Please help me to stop hoarding".

## 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 doctor 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
- ◆ 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

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

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

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

### **Addictive Behaviours**

**Addictive behaviours, other than drug use, are compulsive behaviours, such as gambling or over-eating, 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, and depression.**

## ***Ways to be supportive when Someone 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. Meal times can be a source of conflict that can carry over into other areas and relationships.
- ◆ Once they are getting professional support, avoid getting into discussions or arguments about weight or food behaviours.
- ◆ Family therapy is often a very good idea; if that is not possible, try to get the support you need to manage your emotional and physical health.
- ◆ Regardless of how you feel about their weight or behaviour, verbally and physically express your unconditional love for your struggling family member.
- ◆ As a role model, do not diet or encourage food-restricting behaviours and do not make comments—positive or negative—about their appearance.

## ***Understanding Personality Disorder***

Someone diagnosed with a personality disorder generally has difficulty in dealing with relationships and social situations, handling emotions and thoughts. They also tend to have trouble understanding how or why his or her behaviour is causing problems and they find it hard to change to suit different situations. Various types of Personality Disorders have been identified and grouped into clusters.

Cluster A disorders are referred to as odd or eccentric and include:

- ◆ Paranoid personality disorder
- ◆ Schizoid personality disorder
- ◆ Schizotypal Personality Disorder

Cluster B disorders are defined as dramatic, emotional or erratic disorders and includes:

- ◆ Antisocial Personality Disorder
- ◆ Borderline Personality Disorder
- ◆ Histrionic Personality Disorder
- ◆ Narcissistic Personality Disorder

Cluster C are anxious or fearful disorders and includes:

- ◆ Avoidant Personality Disorder
- ◆ Dependent Personality Disorder
- ◆ Obsessive-compulsive Personality Disorder

### **Personality Disorder**

The term "Personality Disorders" refers to a group of mental health issues that have been described as "an enduring pattern of inner experience and behaviour that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time and leads to clinically significant distress or impairment."

## ***Borderline Personality Disorder***

**Borderline Personality Disorder** (BPD) is one of the more common personality disorders; being diagnosed in about 1 out of 100 people. People living with BPD have difficulty regulating or handling their emotions or controlling their impulses. They are highly sensitive to what is going on around them and can react with intense emotions to small changes in their environment. People with BPD have been described as living with constant emotional pain and the symptoms of BPD are a result of their efforts to cope with this pain. This difficulty with handling emotion is the core of BPD.

## ***Managing Borderline Personality Disorder***

There are a number of approaches for treatment of BPD. Two major approaches are cognitive behavioural therapy (CBT), which focuses on the present and on changing negative thoughts and behaviours, and psychodynamic therapy, which focuses on early relationships and inner conflicts. Treatment may be offered either individually or in a group. Family treatment is another mode of treatment that engages the whole family and works on relationships and interactions between family members.

Medication has a role in the treatment of many serious mental health problems. Though there is no specific medication for BPD, medication may be prescribed to reduce the impact of specific symptoms of the disorder. For example, medication may be prescribed to reduce depression or psychotic-like symptoms such as paranoia. Medication can also be helpful to the person with BPD by providing a period of time when their symptoms are reduced. This allows them to focus on learning new skills to manage their behaviours with the goal of discontinuing medication when they are able to self-manage. Though medication can reduce the severity of symptoms, medication does not cure BPD and medication is not appropriate for everyone with this diagnosis.

### **Some common symptoms displayed by a person with BPD**

- ◆ intense but short-lived bouts of anger, depression or anxiety
- ◆ emptiness associated with loneliness and neediness
- ◆ paranoid thoughts and dissociative states in which the mind or psyche “shuts off”
- ◆ painful thoughts
- ◆ self-image that can change depending on whom the person is with; this can make it difficult for the affected person to pursue long-term goals
- ◆ impulsive and harmful behaviours such as substance abuse, overeating, gambling or high-risk sexual behaviours
- ◆ non-suicidal self-injury such as cutting, burning with a cigarette or overdose that can bring relief from intense emotional pain (onset usually in early adolescence); up to 75 per cent of people with BPD self-injure one or more times
- ◆ suicide (about 10 per cent of people with BPD take their own lives)
- ◆ intense fear of being alone or of being abandoned
- ◆ agitation with even brief separation from family, friends or therapist (because of difficulty to feel emotionally connected to someone who is not there)
- ◆ impulsive and emotionally volatile behaviours
- ◆ stormy interpersonal relationships with attitudes to others that can shift from idealization to anger and dislike (a result of black and white thinking that perceives people as all good or all bad).

## **CONTACTS AND RESOURCES (Understanding Diagnosis):**

Some people receive a diagnosis from their family physician, others from a psychiatrist. It might take several appointments before a diagnosis can be reached or it can occur during a hospital or treatment centre stay. Many clinical psychologists are also qualified to assess and diagnose, but cannot prescribe medications as physicians can. The following are some resources you can use to find out more about a certain diagnosis. Many resources listed in the resource section of the chapter "Medication and other treatment options" can provide information about diagnosis. For more information on support for Addictive Behaviours see contacts and resources in Concurrent Diagnosis.

### ***Durham Mental Health Services***

Information and education, referral services. Psychiatric support for DMHS clients.  
519 Brock Street South, Whitby L1N 4K8 905.666.0831  
[www.dmhs.ca](http://www.dmhs.ca)

### ***Canadian Mental Health Association Durham***

Information and education, referral services (not clinical assessments)  
60 Bond Street West Oshawa 905.436.8760  
[www.durham.cmha.ca](http://www.durham.cmha.ca)

### ***Websites:***

***Anxiety Disorders Association of Canada*** [www.anxietycanada.ca](http://www.anxietycanada.ca)

***Centre for Addiction and Mental Health*** [www.camh.net](http://www.camh.net)

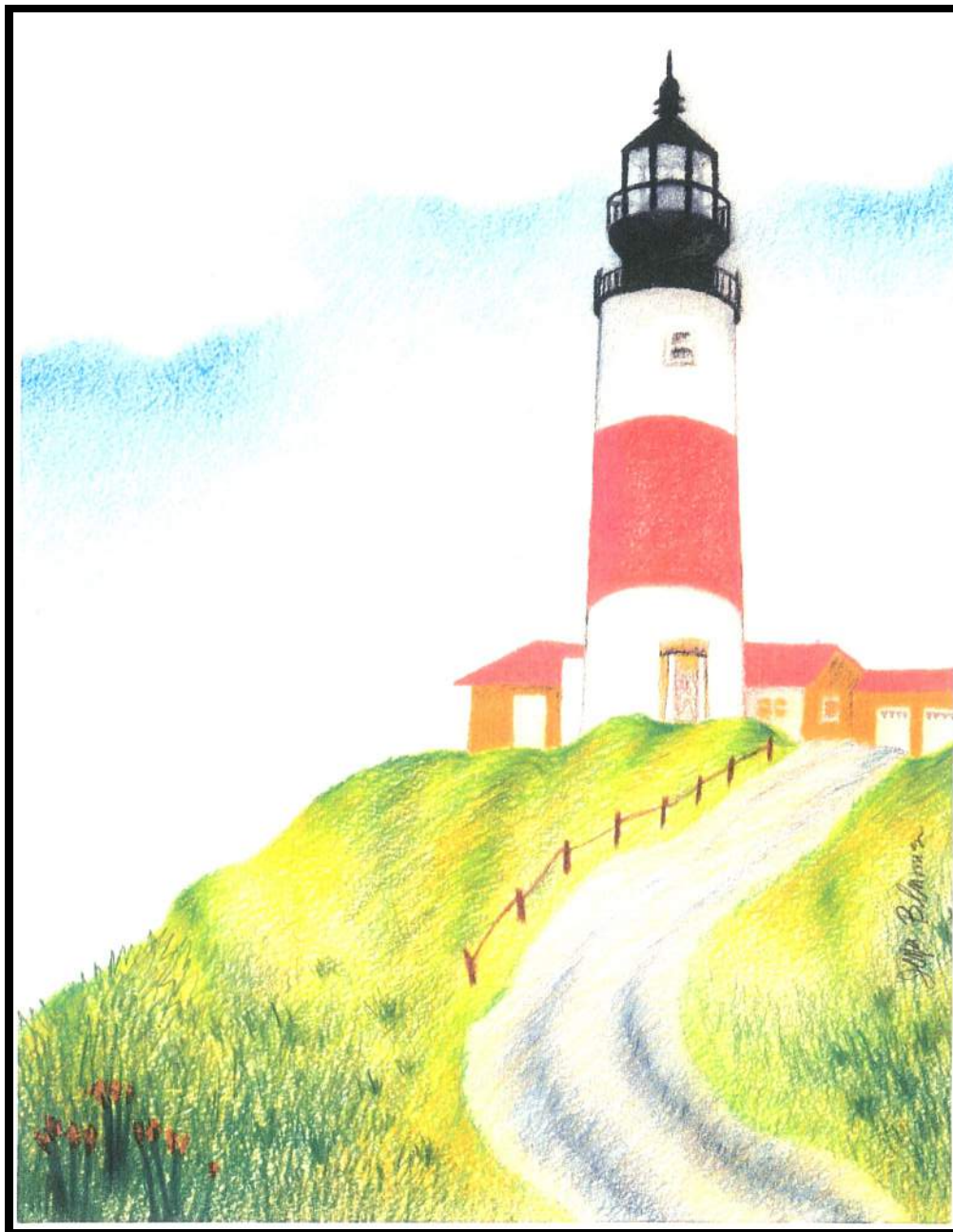
***Internet Mental Health*** [www.mentalhealth.com](http://www.mentalhealth.com)

***Ontario OCD Network*** [www.ocdontario.org](http://www.ocdontario.org)

***Schizophrenia Society of Ontario*** [www.schizophrenia.on.ca](http://www.schizophrenia.on.ca)

***The Mood Disorders Association of Ontario*** [www.mooddisorders.on.ca](http://www.mooddisorders.on.ca)

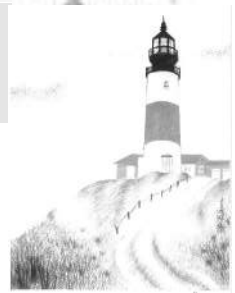
***YOUR NOTES***



Title of work: Lighthouse of Hope

Artist: Iliya Blanus

## ***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 stabilize these conditions, to improve the person's current quality of life, and to help make plans for the future.

**Dementia** is an umbrella term for a condition where a person increasingly loses general mental abilities, including the ability to exercise judgment, think and remember. Changes in personality may also occur. The frequency of dementia increases with age. The number of 85 year-olds diagnosed with dementia is 3 times that of 65-75 year-olds. However depression can look a lot like dementia because severe depression can also cause memory loss, confusion and personality change. Many older adults experience depression due to loss of loved ones and because of other major changes in their lives. When diagnosed, depression is very treatable.

### ***Understanding Depression in Older Adults***

As we grow older we may experience a variety of life stressors that can contribute to depression. For example, some people have trouble making the transition from full time productive careers to retirement. Also a serious illness in a lifelong friend or spouse, can add tremendous caretaking responsibilities, and create much sadness. There could be a loss of a loved one and other losses like independence, home, jobs and financial security. The extent to which we cope with losses successfully may be the extent to which depression stays away.

As well, as we age we may experience a lack of mobility (either due to physical illness or loss of driving privileges) which can result in social isolation and loneliness. Also some older people find themselves losing control over the simplest decisions in their lives. All these factors can lead to depression. Therefore, if a depressed mood continues for some time, either following a loss or trauma, or for no apparent reason, you may be suffering from clinical depression.

### ***What causes depression in Older Adults?***

- ♦ Genetics: Depression can be hereditary
- ♦ Physical illness or changes in physical functioning can also cause depression
- ♦ Chemical imbalances in the brain caused by strokes or the aging process
- ♦ Certain medications, or mixes of medication, can contribute to depression
- ♦ Losses: probably the biggest contributor to depression. Older adults continually experience losses; spouses, friends, relatives, pets, homes, status, jobs, financial security, independence and autonomy
- ♦ Loss of Youth and vitality: in our culture, a high value is placed on youth and vitality and productivity. Older Adults may feel “used up” and non productive
- ♦ Negativity: people who have generally been negative and pessimistic most of their lives are prone to depression

### ***How to recognize depression in Seniors***

Many signs and symptoms of depression in Older Adults are the same as described for general Clinical depression (pg 40). They affect every aspect of a person’s life, including energy, appetite, sleep, interest in work, hobbies and relationships. We will mention a few:

- ♦ Unexplained or aggravated aches and pains that don’t respond to medical treatment
- ♦ Feelings of hopelessness
- ♦ Anxiety and worries
- ♦ Memory problems
- ♦ Lack of motivation and energy
- ♦ Slowed movement and speech
- ♦ Irritability
- ♦ Loss of interest in socializing and hobbies
- ♦ Neglected personal care (skipping meals, forgetting meds, neglecting personal hygiene)

While depression and sadness might seem to go hand in hand, many depressed seniors don’t acknowledge feelings of sadness. They may complain instead of low motivation, a lack of energy, or of physical problems. In fact, physical complaints, such as arthritis pain or headaches that have gotten worse, are often a predominant symptom of depression in the elderly. *Unfortunately, too many depressed seniors fail to recognize the symptoms of depression for what they are, or get the help they need.* There are many reasons depression in older adults is so often overlooked:

- ♦ Seniors may assume to have good reasons to be down or that depression is just part of aging
- ♦ Seniors may be isolated-which itself can lead to depression, with few around to notice distress
- ♦ Seniors may not realize that their physical complaints are signs of depression
- ♦ Seniors may be reluctant to talk about their feelings or ask for help

If a loss has recently been experienced, the above mentioned feelings may be part of a normal grief reaction. But if the feelings persist beyond 3 months, with no lifting mood, one may need psychological treatment.

## ***Depression in Seniors: Treatment and Strategies***

One of the challenges to getting help for clinical depression can be a person's attitude. Many people think that depression will go away by itself, or that they're too old to get help, or that getting help is a sign of weakness or moral failing. **Depression is treatable.**

Before reaching out to a mental health professional there are things the individual can do themselves. Or a family member or caregiver could encourage. Older adults, who are depressed, will often tell their caregivers things they would never tell, or have never told anyone else. Thus they need the emotional support from their caregivers.

Suggest and encourage some of the following:

- ◆ Physical activity: walk, chores, stairs
- ◆ Interact with people
- ◆ Get out in the world
- ◆ Participate in activities that are enjoyable
- ◆ Hobbies or volunteer
- ◆ Take care of a pet
- ◆ Learn a new skill
- ◆ Look for opportunities
- ◆ Healthy diet
- ◆ Check out your local Senior Citizen Centre for activities

Depression treatment is just as effective in older adults as it is for younger people. Often the depression is a result of a difficult life situation or challenge and any treatment plan should address that issue. If loneliness is at the root of depression, medication alone is not going to cure the problem. In addition, any medical issue complicating the depression needs to be addressed. There are 2 forms of treatment:

- ◆ Antidepressant medication
- ◆ Counselling and therapy (Supportive counselling, support groups or individual therapy)

Studies have found that therapy works just as well as medication in relieving mild to moderate depression. Therapy also addresses the underlying causes of depression.

## Seniors and Loss

Losing someone or something can cause a person many difficult emotions. Loss can be very painful, leading to many feelings including shock, guilt and anger. Grieving a loss can be extremely overwhelming

Grief can occur naturally after a loss. Grief is part of the emotional process experienced after the loss of a loved one, but may also occur from:

- ♦ Loss of a friendship
- ♦ Death of a pet
- ♦ Loss of health
- ♦ Loss of safety after a trauma
- ♦ A loved ones serious illness
- ♦ Loss of financial stability

## Support

Support from others can be a way to work through your grief. Support can be found from friends and family, from faith, from a support group or from seeking professional support from a therapist or counselor. Refer to Caregivers chapter for more information.

## 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 areas
- ♦ 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

## ***The Diagnosis for Alzheimer's***

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

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

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

**Psychiatric and Psychological Assessment:** Psychiatric evaluations can be useful to help exclude possibilities like depression which may cause symptoms that are similar to Alzheimer's disease. (See page 58)

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

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

## ***Treatment Strategies for Alzheimer's***

Although there is no cure for Alzheimer's, 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.

As Alzheimer's disease progresses the chemical messenger glutamate leaks out of nerve cells and is reabsorbed at levels that are toxic to the cell. Medication is available that blocks the absorption of glutamate. This is the first drug therapy approved for individuals whose symptoms are moderate to severe. Although there is no cure for the disease, those who respond to medication can experience improvements in their quality of life that may last years. People respond differently to treatments and not everyone will respond to the medications.

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 record for you to take to your doctor.

### **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 Stage and Living Well programs with the Alzheimer's Society of Durham.

### **Day Programs**

Day programs are social and recreational programs designed to provide physical, mental and social stimulation for participants and relief for care-givers. 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) (*See Contacts & Resources at the end of the chapter*).

## Do's and Don'ts When Communicating With Someone With Alzheimer's Disease

### DO:

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

**Constantly reassure them that everything is OK.**

### DO:

- ♦ **Be patient.** Wait and allow the person time to respond.
- ♦ **Respond to the emotion in their 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.

### 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.

## ***MedicAlert Safely Home***

The Alzheimer Society has partnered with the Canadian MedicAlert Foundation to improve the Safely Home program, incorporating the best features of both Safely Home and MedicAlert services. MedicAlert Safely Home is a nationwide program designed to help identify the person who is lost and assist in a safe return home. Members can purchase an engraved identification (over 100 styles of IDs available including bracelets, necklaces, watches and more), which allows police and emergency responders to quickly identify the person who has wandered and bring the family back together. Call **1-855-581-3794** to register or visit online **[medicalert.ca/safelyhome](http://medicalert.ca/safelyhome)**

## ***The Psychogeriatric Community Support Program***

The Psychogeriatric Community Support program (PCSP) is a program offered by Ontario Shores Centre for Mental Health Sciences (Ontario Shores), Community Care Durham, with case management from CMHA Durham. Assessment and consultation services are provided by the nurse clinician and psychiatrist.

*"There are only four types of people in the world: those who have been caregivers, those who are caregivers, those who will be caregivers and those who need care"*

*~ Rosalynn Carter*

## ***Alzheimer Society of Durham Region***

The Alzheimer Society of Durham Region offers a variety of programs and services to improve the quality of life for people with Alzheimer's disease or a related dementia and their care partners. Services include individual support, group support, public education, resource library, Safely Home and Caregiver workshops. Support groups take place in Pickering, Ajax, Oshawa, Whitby, Bowmanville, and Uxbridge. Satellite offices in Port Perry and Beaverton hold individually arranged meetings.

## ***Community Care Durham (CCD)***

CCD provides Home Support Services, Respite (Caregiver relief) and Mental Health Services (COPE Mental Health) to adults and their caregivers who have needs related to aging, physical and/or mental health. Services are provided free of charge or for a minimal fee, and are administered through locations across Durham Region. Two programs of particular interest are Home At Last (HAL), where clients are assisted in settling in their homes safely and comfortably after a hospital stay, and Access to Primary Care Services (APCS) where assistance is provided to frail, elderly adults who are unable to attend primary healthcare appointments due to transportation limitations or unavailable caregiver support. For information on their services, please visit [www.communitycaredurham.on.ca](http://www.communitycaredurham.on.ca).

## ***Senior Citizen Centres***

Senior Citizens Centres provide opportunities for healthy active living and provide services such as recreational, educational, special events, wellness, transportation, meals, peer mentoring and caregiver support and adult day programs. Programs and services vary per location. In larger communities (i.e. Oshawa) a wider variety of activities is available with a higher frequency than in smaller communities.

## **CONTACTS AND RESOURCES (Older Adults):**

### ***Alzheimer Society of Durham Region (ASDR)***

Oshawa Executive Centre, Oshawa Centre  
419 King St. West, Suite 207, Oshawa, On. L1J 2K5  
Tel: 905.576.2567 or 1.888.301.1106  
[www.alzheimer.ca/durham](http://www.alzheimer.ca/durham)

### ***Community Care Durham (CCD)***

Administration Office  
16100 Old Simcoe Rd.  
Port Perry, On. L9L 1P3  
Tel: 905.985.0150 ext. 230 or 239  
[www.communitycaredurham.on.ca](http://www.communitycaredurham.on.ca)

### ***Central East Community Care Access Centre (CCAC)***

Assists people with access to government –funded home care services and links people to local community support service agencies.  
Head Office: 920 Champlain Crt.  
Whitby, On L1W 6K9  
Tel: 905.430.3308 or 1.800.263.3899  
[www.ce.ccac-ont.ca](http://www.ce.ccac-ont.ca)

### ***Victorian Order of Nurses, Durham Branch***

Mental health case management, volunteer visiting program, SMART Seniors In Home Exercise Program, other health services  
Telephone: 905.571.3151  
Toll Free: 1.800.263.7970. After Hours: 1.800.743.6255

### ***Senior Citizen Centres and Services***

Oshawa: 4 locations: John St. W., Northview Branch, Conant Branch and Legends Centre (905) 576-6712 [www.oscc.ca](http://www.oscc.ca)  
Whitby: Whitby Senior Activity Centre: 905.668.1424  
Bowmanville: Clarington Older Adults Association: 905.697.2856  
Uxbridge: Seniors Community Centre: 905.852.7401  
Ajax: Senior Citizens Friendship Club: 905.686.1573  
Pickering Village Seniors Centre: 905.683.8460

### ***Ontario Shores Centre for Mental Health Sciences: Geriatric and Neuropsychiatry Program***

Psychogeriatric services include assessment, diagnosis, treatment and rehabilitation services for individuals 65 years of age with serious age related mental illness. Including are services to individuals under the age of 65, with age-related dementia and for individuals with acquired brain injuries.

*Inpatient Services:* Geriatric Psychiatry Unit and the Geriatric Dementia Unit.

*Outpatient services:* OTN consultations, Psychiatry Resource Consultants, Seniors Memory Clinic, Huntington's Clinic, Integrated Psychogeriatric Outreach Program, Neuropsychiatry outpatient, Geriatric Psychiatry Outreach, Seniors Mood Clinic.

Contact: For information regarding access to patient programs and services please call Central Intake, Monday to Friday, 8:30 a.m. to 4:30 p.m. at 1.877.767.9642.

### ***Psychogeriatric Support: Ontario Shores and Community Care Durham***

905.666.4836 or 1.866.748.0774

### **Additional websites and phone lines:**

#### **Advocacy Centre for the Elderly**

[www.advocacycentreelderly.org](http://www.advocacycentreelderly.org)

#### **Durham Elder Abuse Network**

[www.durhamelderabusenetwork.ca](http://www.durhamelderabusenetwork.ca)

(905) 579-3313

#### **Ontario Network for the Prevention of Elder Abuse**

[www.onpea.org](http://www.onpea.org)

1-866-299-1011

#### **Seniors Mental Health**

[www.seniorsmentalhealth.ca](http://www.seniorsmentalhealth.ca)

#### **Alzheimer Society of Canada**

[www.alzheimer.ca](http://www.alzheimer.ca)

1-800-616-8816

## ***Day Programs for Senior Citizens***

### ***Community Care Durham***

Staff and trained volunteers provide a safe and comfortable setting for clients to enjoy a wide array of therapeutic, social and recreational programs, and at the same time provide a break for family caregivers.

Adult Day Programs are available in Pickering (905.420.5010 x 223), Clarington (905.697.7231), Uxbridge (905.852.7222), and Whitby (905.668.4863).

There is a fee for the Adult Day Program.

Application: Community Care Access Centre: 1.800.263.3877 or 905.430.3308

### ***City of Oshawa: Oshawa Senior Citizen Centre Day Programs***

The Oshawa Senior Citizens Centre operates three Adult Day Programs

John Street Branch: Mon-Sat

Northview Branch: Mon-Fri

Conant Branch: Mon-Fri

Staff and volunteers provide recreation and social interaction for individuals who require extra support, in a safe and friendly environment. Hot nutritional meals are served at midday and transportation services are available. Also access to additional services such as; medical services, wellness clinics, foot care, health seminars, peer mentoring, income tax and special events is available.

Application through CCAC: 1.800.263.3877 or 905.430.3308 or 905.576.6712

[www.oscc.ca](http://www.oscc.ca)

### ***Regional Municipality of Durham***

Recreational and social opportunities for frail and /or cognitively impaired elderly or adults with disabilities (Monday through Friday). All sites are secure and can accommodate clients that have a tendency to wander. Programs are offered in 3 locations:

Beaverton: At Lakeview Manor (Wed and Fri)

Port Perry: At Lakeview Manor (Mon, Tue, Thurs).

Oshawa: At Hillsdale Estates (Mon – Fri)

Application through CCAC: 1.800.263.3877 or 905.430.3308

### ***Canadian Mental Health Association Durham***

Daytime services for older adults that provide opportunities and activities for individuals who are recovering from mental illness (Mon – Fri, 9:00 am – 2:00pm)  
Programs take place in Oshawa (Bond and Centre) and include activities such as Art and Crafts, Music, Discussions and information Sharing, Community and recreational

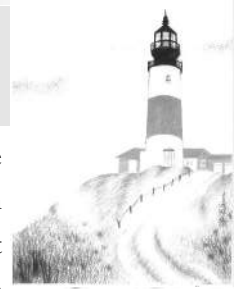
[illegible]



Title of work: Watering Hole

Artist: A Crips

## ***CHILDREN AND YOUTH***



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

### ***Durham Children's Mental Health Services***

When the challenges of life with children and teens become exceptional, one call can start your family on the path to positive change. The Child Youth and Family Program (CYFP) at Lakeridge Health Oshawa can be a great start. The Child Youth and Family Program (CYFP) is an outpatient hospital-based mental health service for families who are managing a child or adolescent's acute mental health issues. They provide services to children, youth and adolescents aged 5 to 18 who reside in the Durham Region, such as inpatient and urgent care, assessment and treatment groups. A referral from a GP is necessary.

***Children and youth who require immediate support should go to the Emergency Department of their local hospital.***

## ***Children and Anxiety***

Parents and families recognize that all children experience typical fears and anxieties. Typical anxiety in children is usually specific to a situation and time-limited. But, for about 20 percent of youth, their fears and anxieties are much more problematic. For these children and adolescents, their fears and anxieties are out of proportion to the situation, cause them considerable distress, last over a period of time and interfere with their daily lives. **Anxiety is now the most common childhood mental health problem.** Left untreated, excessive anxiety places a child at risk for additional mental health difficulties, particularly depression.

Fortunately, anxiety problems in children and adolescents respond very well to treatment. Currently, one of the most effective treatment approaches is called cognitive-behavioral therapy (CBT). Anxiety has many faces, rather than one presentation. Symptoms and signs of anxiety vary from child to child, and from diagnosis to diagnosis. If you have any concerns about your child's anxiety, there are several steps you can take. It is always helpful to discuss your concerns with your family doctor and or/pediatrician, who may suggest a referral to a medical specialist, such as a child psychiatrist or developmental pediatrician. Your doctor may suggest counseling or therapy from a mental health professional, such as a psychologist or social worker.

### **Common Signs of Anxiety**

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

However, you do not need a referral from a medical doctor to see a mental health professional and can contact them on your own. The actual diagnosis of an anxiety disorder is made by a medical doctor or a registered psychologist or psychological associate.

### ***School Resources***

When families suspect an issue with their child often their first step is to connect with the school and talk with the child's teacher or possibly another support staff. The teachers can make arrangements for a social worker from the school board to meet with the family and with the child in question.

A referral can be made by the school or the social worker for the child to see another school board professional (i.e. psychologist, speech therapist) or to other community resources who can provide more specialized and intense assessment or support. It is also possible for the family to contact their school board directly.

School boards have various programs and resources that assist children who have to deal with loss through death, divorce or separation.

#### **Durham District School Board:**

905.666.5500 1.800.265.3968

#### **Durham Catholic School Board:**

905.576.6150 1.877.482.0722

#### **Kawartha Pine Ridge District School**

**Board:** 705.742.9773 1.877.741.4577

#### **Peterborough, Victoria, Northumberland and Clarington Catholic School Board**

705.748.4861 1.800.461.8009

### ***What is so stressful about being a youth***

- ♦ Trouble at home
- ♦ Change in family dynamics (i.e. new baby, older sibling moves out, Mom or Dad lost their job)
- ♦ Change of schools
- ♦ Difficulties at school
- ♦ Bullied at school
- ♦ Relationship break-up
- ♦ Social struggles
- ♦ Balancing school, work, social life, and family relationships
- ♦ Facing an environment that encourages drugs, alcohol, and sex
- ♦ The natural separation from parents
- ♦ Dating
- ♦ Learning to accept themselves with or without talents and abilities
- ♦ Getting good grades for college/university
- ♦ Getting a part-time job
- ♦ Choosing a college/university
- ♦ Choosing a career

## ***Understanding Youth and Mental Illness***

Many psychiatric illnesses that are commonly seen in adults surface during adolescence. Although not directly linked, there is a strong disposition for mental illness within families. Family awareness, early identification and prevention are often the first to effective treatment. Relatives and friends can play a key role in identifying and treating a teen with a mental illness, and often family members themselves need help and support.

### ***Where to go for help and how***

Teens are most likely to tell a friend about concerns that they have regarding symptoms of a mental illness. Unfortunately, a friend might be a great listener but might not be the best person to get help. You can be a better friend by looking for signs and symptoms of mental illnesses and helping someone you know reach out to some of the following people.

- family doctor or pediatrician
- teen health clinic
- school counsellor or teacher
- parent and other family member
- psychologist
- psychiatrist
- social worker
- help line
- emergency department

### ***Warning Signs & Clues for Youth Mental Illness***

Parents, teachers and friends are usually the first to recognize that an adolescent may be having significant problems with emotions or behaviour. The following signs in your teen, student, brother, sister, classmate or friend might indicate that a psychiatric evaluation will be useful.

- ♦ marked drop in school performance
- ♦ increase in absenteeism
- ♦ excessive use of alcohol and/or drugs
- ♦ marked changes in sleeping and/or eating habits
- ♦ many physical complaints (headaches, stomach aches)
- ♦ aggressive or non-aggressive consistent violations of rights of others: opposition to authority, truancy, thefts, vandalism, etc.
- ♦ withdrawal from friends, family and regular activities
- ♦ sustained, prolonged negative mood and attitude
- ♦ thoughts of death
- ♦ frequent outbursts of anger and rage
- ♦ low energy level
- ♦ poor concentration or complaints of boredom
- ♦ loss of enjoyment in what used to be favorite activities
- ♦ unusual neglect of personal appearance
- ♦ intense fear of becoming obese with no relationship to actual body weight
- ♦ uncharacteristic delinquent, thrill seeking or promiscuous behaviour
- ♦ marked personality change
- ♦ comments about "feeling rotten inside", wanting "to end things", and "no longer being a problem for others soon"
- ♦ Hitting or bullying other children
- ♦ Trying to injure self (self-injury/ self-harm)
- ♦ Worrying constantly

## ***Understanding Youth, Depression & Suicide***

Many teens feel down and blue at times, but for some these feelings do not seem to go away but are there day and night. Adolescence is a time of dramatic change. The journey from child to adult can be complex and challenging. Young people often feel tremendous pressure to succeed at school, at home and in social groups. At the same time, they lack the life experience that lets them know that difficult situations will not last forever. They often don't believe anybody can help them and they feel helpless, alone, unloved and hopeless within their situation. They believe that these feelings will last forever and that nobody can help them. And they can't see that if they can manage to cope with life stressors a brighter future might be just around the corner.

Suicide can appear to be an impulsive act. But it's a complicated process, and a person may think about it for some time before taking action. It's estimated that 8 out of 10 people who attempt suicide or die by suicide hinted or made mention of their plans. Often these warnings are directed at a friend. Suicide is about escape. Someone who thinks seriously about suicide is experiencing pain that is so crushing, they feel only death will stop it.

### ***Suicide is a permanent solution to a temporary problem***

Other risk factors are a diagnosis of depression or other psychiatric disorders and a diagnosis of terminal and chronic illness. Family history of suicide plays a role, as well as a history of abuse (sexual, verbal, physical, emotional). It could be right to be concerned if somebody's behavior is out of character.

#### ***Facts about youth depression and suicide***

- ♦ Suicide is the second leading cause of death among Canadian youth, after accidents
- ♦ 5% of male youth and 12% of female youth, age 12-19, have experienced a major depressive episode
- ♦ It is estimated that 10-20% of Canadian youth are affected by mental illness.
- ♦ In Canada, only 1 out of 5 children who need mental health services receives them
- ♦ The majority of people who commit suicide have a mental or substance related disorder

## ***Signs and Clues for Youth Depression***

The following signs are clues that could indicate that a youth is considering suicide (See also warning signs Youth and Mental Illness):

- ◆ Sudden change in behavior, irregular sleeping patterns
- ◆ Withdrawal from friends, activities, sports, school, or job
- ◆ Lack of interest
- ◆ Increased use of alcohol and other drugs
- ◆ Recent loss of a friend, family member or parent or losses like losing a job or divorce.
- ◆ Conflicting feelings or a sense of shame about being gay or straight
- ◆ Mood swings, emotional outbursts, high level of irritability or aggression
- ◆ Feeling of hopelessness
- ◆ Preoccupation with death, giving away valued possessions
- ◆ Statements about death and suicide: e.g. “No one cares if I live or die”. “I hate life”. “I just can’t take it anymore”.
- ◆ Making a plan of increased risk taking
- ◆ Writing or drawing about suicide (i.e. diary), talking about suicide or making a suicide plan
- ◆ A previous suicide attempt or attempt to self injury
- ◆ Giving away prized possessions, saying good-bye, writing a will, writing farewell letters
- ◆ “Hero worship” of people who died by suicide.

## ***How do you Help Somebody with Suicidal Thoughts***

Unfortunately, many of these signs go unrecognized. It is always best to communicate openly with a loved one who has one or more of these behaviors, especially if they are unusual for that person. (e.g. “I’ve noticed you’re spending a lot of time alone lately, is something bothering you?”)

Really listen to them without judging. Find ways to break through the silence and secrecy. Ask them if they have plans or have made prior attempts. Help them find ways to lessen the pain. Help find positive possibilities in their future. Guide them to other sources of help as soon as possible, such as a counselor or other trusted adult or a community crisis line. Don’t avoid the subject, bringing it up is one of the most helpful things somebody can do. Remind them that things can get better.

The most important thing is to communicate with the suicidal person and remind them that you care and things can get better. Youth that are contemplating suicide are not unwilling to seek help. Even the most severely depressed person has mixed feelings about death. Most suicidal people don’t want death; they want the pain to go away.

## ***CONTACTS AND RESOURCES: (Children and Youth )***

### ***The Child Youth and Family Program Lakeridge Health Oshawa***

The Child Youth and Family Program (CYFP) is a hospital-based outpatient service for families and children (5 to 18 years) who are managing a child or adolescent's acute mental health issues.

905.576.8711 ext. 4345

[www.lakeridgehealth.on.ca](http://www.lakeridgehealth.on.ca)

### ***Durham Amaze: Early Psychosis Intervention Program (EPI)***

Outpatient services through Lakeridge Health for individuals 14-34 years of age.

Expertise in the early intervention of first episode psychosis is provided in the community. Services include education and therapy (individual, family, group).

905.576.8711. Ext. 6029

### ***Kinark Child and Family Services***

Kinark Child and Family Services is a children's mental health organization that provides help to children, youth and families. They provide programs such as; individual and family counselling, crisis services and residential treatment. Whitby, ON

1.888.454.6275

[www.kinark.on.ca](http://www.kinark.on.ca)

### ***Frontenac Youth Services***

Frontenac Youth Services provides services for children ages 12 to 18. Services include; assessments, residential day treatment, aftercare, community services, intensive/crisis, individual, family and group therapy.

1.888.454.6275

[www.frontenacyouthservices.org](http://www.frontenacyouthservices.org)

### ***Durham Mental Health Services***

Services include family support, crisis services, and youth court support.

905.666.0831

[www.dmhs.ca](http://www.dmhs.ca)

### ***Family Services Durham***

Family Services Durham provides individual or family counselling to all of Durham.

Fee for service might apply. 1.866.840.6697

[www.region.durham.on.ca](http://www.region.durham.on.ca)

***Durham Children's Aid Society***

Durham Children's Aid Society is responsible for providing child protection services to children under the age of 16 and their families. They provide assessment and referral services as well as residential care.

905.433.1551 1.800.461.8140

[www.durhamcas.ca](http://www.durhamcas.ca)

***Chimo Youth and Family Services***

Children, youth and families are provided with programs in North Durham such as central intake, crisis help, residential and day treatment for children aged 2 to 17 years. Lindsay, ON

1.888.454.6275

[www.chimoyouth.ca](http://www.chimoyouth.ca)

***Resources for Exceptional Children and Youth***

Provides programs for children/youth & adolescents, ages 0 – 18 years who have special needs. Programs include intake, coordination services, consultation, community residential placement and referrals.

1.800.968.0066

[www.rfecydurham.org](http://www.rfecydurham.org)

***Grandview Children's Centre***

Grandview Children's Centre offers services to children and young adults (0- 18) with physical and communication disabilities. Services offered: medical services, audiology, speech-language pathology, occupational therapy, physiotherapy, family support for emotional difficulties.

1.800.304.6180 x2225 [www.grandviewcc.ca](http://www.grandviewcc.ca)

***Canadian Mental Health Association Durham***

Services include a trustee program in partnership with Ontario Works for adolescents aged 16 to 18, housing and case management.

Phone 905.436.8760

[www.durham.cmha.ca](http://www.durham.cmha.ca)

***Pinewood Centre***

Pinewood provides clinical and consultative services regarding children and youth who experience both substance abuse and mental health issues at the same time. Self referral. 1.888.881.8878 [www.pinewoodcentre.org](http://www.pinewoodcentre.org)

***Catholic Family Services***

Programs offered; individual, couple and family counselling, violence against women as well as children exposed to violence programs. Fee for service might apply. These services are non denominational.

Oshawa : 905.725.3513

Ajax : 905.428.1984

Port Perry : 905.985.4221

1.877.282.8932 [www.cfsdurham.com](http://www.cfsdurham.com)

***Community Health Centre***

Community Health Centres offer programs including: health issues, child care, early childhood development, youth recreation, and women's wellness. All programs are free. Oshawa: 905.723.0036 [www.ochc.ca](http://www.ochc.ca) Cannington (Brock): 705.432.3322

***Ontario Shores Centre for Mental Health Sciences***

Ontario Shores Adolescent Program provides young people, 12 to 17, with an inpatient, outpatient and day treatment services.

877.767.9642 [www.ontarioshores.ca](http://www.ontarioshores.ca)

***John Howard Society of Durham Region***

The John Howard Society of Durham Region (JHS) provides programs for adolescents. Services include; counselling, employment, literacy, housing, eviction prevention, harm reduction, youth transition program. Most services are free.

In Bowmanville: CASS (Community Alternative for School Suspension) and FireHouse Youth Centre recreational drop in Tues-Fri 3-8pm

Ajax 905.427.8165

Whitby 905.668.8847

Oshawa 905.579.8482

Bowmanville 905.623.6814

[www.jhsdurham.on.ca](http://www.jhsdurham.on.ca)

***Durham Youth Housing @ Support Services (Ajax)***

Support services for youth at-risk and homeless youth. Services include shelter, advocacy, life skills education, other.

905.239.9377

[www.durhamyouth.com](http://www.durhamyouth.com)

***The Youth Centre***

The Youth Centre provides services for teens (13-19) living in Ajax and Pickering. Services include: medical and counselling services, health promotion programs.

Ajax 905.428.1212

[www.theyouthcentre.ca](http://www.theyouthcentre.ca)

## ***ADDITIONAL RESOURCES:***

### ***Mental Health and High school manual***

[www.cmha.ca/highschool](http://www.cmha.ca/highschool)

### ***Kids Help Phone***

1.800.668.6868 [www.kidshelpphone.ca](http://www.kidshelpphone.ca)

### ***Children's Mental Health Ontario***

1.888.234.7054

[http://www.kidsmentalhealth.ca/resources/parent\\_resources.php](http://www.kidsmentalhealth.ca/resources/parent_resources.php)

### ***Durham Region Child & Youth Crisis Response Services***

1.800.742.1890 or 905.666.0483

### ***Durham Central Intake (one stop shop for all mental health/youth services)***

1.888. 454.6275

### ***Rainbow/Spectrum School Based Programs***

905.683.5230 or 905.576.6150 (loss and divorce)

### ***Simcoe Hall Settlement House (loss and divorce)***

905. 728.7525 <http://www.simcoehall.com/index.asp>

### ***Parents for Children's Mental Health***

A parents run organization that provides a voice for children and families who face challenges of mental health problems in Ontario.

416.220.0742 [www.pcmh.ca](http://www.pcmh.ca)

### ***The Refuge (Oshawa)***

Christian based youth support centre providing groups, meals and a place to go.  
905.404.2420

### ***Mind your Mind***

A website for youth offering information, resources and tools to help manage stress , crisis and mental health problems.

[www.mindyourmind.ca](http://www.mindyourmind.ca)

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Title of work: Infinite Peace

Artist: Norm Belyea

# ***DUAL DIAGNOSIS***

## ***Understanding Dual Diagnosis***

Mental illness does not always occur on its own. Some individuals also live with a developmental disability. 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 particular state of functioning that begins in childhood before the age of 18 years and is characterized by limitations in both intelligence and adaptive skills. In order to be classified as having a dual diagnosis, the following criteria must be satisfied: A) An IQ equal or less than 70 (second percentile or lower), B) Evidence of limitations in adaptive functioning must occur in two or more of the following areas; communication, home living, community use, health and safety, leisure, self care, social skills and work. C) Age of onset is 18 years of age or younger. A person with a dual diagnosis has been diagnosed with a developmental disability in addition to a mental illness and/or challenging behaviors. Examples of developmental challenges include Down Syndrome, Cerebral Palsy, Prader-Willi Syndrome and Autism Spectrum Disorder. Common mental health problems have already been discussed in the chapter *Understanding Diagnoses*.



## ***Identifying Dual Diagnosis***

Dual diagnosis may not be identified right away. The developmental challenge or the mental health diagnosis could be diagnosed first. For this reason, the individual can enter the dual diagnosis network either through the mental health system or the developmental disability sector.

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

## ***Developmental Disability System***

A person diagnosed with a developmental disability accesses services through this sector. 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 their family doctor. The doctor can refer them to a psychiatrist for diagnosis and treatment.

## ***Mental Health System***

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 two options:

1. Talk to their mental health worker about linking up with the Developmental Disability system, and about providing therapy and caregiver support where needed.
2. Talk to their family physician.

## **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.

### **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 behaviours and teach skills used in everyday life.

Studies have shown that between 0.8% - 1% of the population has a developmental disability. For Durham Region, that translates into 5,612 people (2008). Of these individuals, it is estimated that approximately 30%, approximately 1680 people, will also have a mental illness.

## ***The Dual Diagnosis Committee***

The Durham Dual Diagnosis Committee exists to ensure that persons with a Dual Diagnosis and their caregivers will have access to a continuum of support services within the Durham Region. This will be accomplished by:

- ◆ Providing a forum for sharing information on new services and initiative.
- ◆ Identifying service and resource gaps.
- ◆ Advocating for the enhancement of existing services and the establishment of new services.
- ◆ Identifying and collaborating on training and education needs required by professionals, caregivers and people with a dual diagnosis.

Members consist of developmental service and mental health organizations in Durham Region. The committee has also created a Durham Region Dual Diagnosis Resource Guide for People with a Dual Diagnosis (*see Contacts and Resources at the end of the chapter*).

*In Canada, the term **dual diagnosis** 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. In the United States, they term 'dual diagnosis' to refer to this condition.*

## **CONTACTS AND RESOURCES: (Dual Diagnosis)**

### ***Developmental Services Ontario (DSO)***

Since July 2011 access to developmental services in Ontario are centralized. This access point is where people with developmental disabilities and their caregivers can learn about developmental services and supports. There are nine agencies across Ontario to serve you. For the Durham residents the Central East Region applies to them. The following services are provided:

- Eligibility: To find out if you can apply for services and supports funded by Ontario's Ministry of Community and Social Services. DSO staff will provide information about what documentation is needed.
  - Application: DSO staff will assist in filling out application forms. They can provide information about services and supports in a particular community.
  - Information about service availability. DSO staff will communicate if and when services are or become available,
  - Linkage: DSO will connect applicants with services and supports in the community.
- For details on each step of the process, please contact DSO in your area.

1.800.277.2121     [www.dsocentraleast@yssn.ca](mailto:www.dsocentraleast@yssn.ca)

### ***Durham Region Dual Diagnosis Committee***

To access the Durham Region Dual Diagnosis Resource Guide:

[www.naddontario.org](http://www.naddontario.org) Click Resources.

### ***Durham Mental Health Services***

Specialized Case Management, Crisis Response Program  
95 Bayly Street, West, Suite 406, Ajax, Ontario, L1S 7K8  
905.683.9124 ex. 227

[www.dmhs.ca](http://www.dmhs.ca)

### ***Ontario Shores Centre for Mental Health Sciences***

Inpatient (10- bed) Dual Diagnosis Service unit as well as an Outpatient Dual Diagnosis and Consultation Service.

877.767.9642     [www.ontarioshores.ca](http://www.ontarioshores.ca)

***Durham Family Network***

Exists to bring families together to support one another in a variety of ways.

Unit 20– 850 King Street West, Oshawa, ON, L1J 8N5

905.436.2500 ext. 2222 or

toll free 1.800.500.2850 ext 2222

[www.durhamfamilynetwork.com](http://www.durhamfamilynetwork.com)

***Resources for Exceptional Children and Youth***

Assists families to enhance their children's participation in their community, and support the family to advocate for services they require.

865 Westney Road, Ajax, ON, L1S 3M4

905.427.8862 or toll free 1.800.968.0066

[www.rfecydurham.com/highres.htm](http://www.rfecydurham.com/highres.htm)

***Kerry's Place Autism Services***

Committed to enhancing the quality of life of individuals with Autism Spectrum Disorder through innovative personalized supports, expertise, collaboration and advocacy.

1077 Boundary Rd, Suite 208 Oshawa, ON, L1J 8P8

905.579.2720 ext 21

[www.kerrysplace.org](http://www.kerrysplace.org)

***Lakeridge Community Support Services***

Treatment, education and evaluation research services to those with a diagnosis of developmental disability or Autism Spectrum Disorder

900 Hopkins St, Unit 8, Whitby, ON L1N 6A9

905.666.9688

[www.lrcss.com](http://www.lrcss.com)

***Canadian Mental Health Association Durham***

Will accept Dual Diagnosis clients in their services (Housing and Case Management, Rehabilitation Services) when mental health is the primary diagnosis.

60 Bond St. W. Oshawa 905.436.8760

***National Association For The Dually Diagnosed (NADD)***

To receive the NADD newsletter, send \$10.00 and your name and address to :  
Habilitative Network

c/o Plaza 69 Postal Outlet 1935 Paris St., Box 21020 Sudbury, ON, P3E 6G6

[www.naddontario.org](http://www.naddontario.org)

**Grandview Children's Centre**

Offers programs and services for children with special needs.

[www.grtc.ca](http://www.grtc.ca)

- ◆ Oshawa 600 Townline Rd., S, L1H 7K6  
905.728.1673 or toll free 1.800.304.6180
- ◆ Ajax 570 Westney Road South, L1S 6V5  
905.619.6551
- ◆ Port Perry 451 Paxton Street, L9L 1L9  
905.985.7321 ext. 5568

**Participation House:** has several life-skills programs and art and music therapy groups. Fee for services may apply. 905.579.5267 extension 204 or [www.phdurham.com](http://www.phdurham.com)

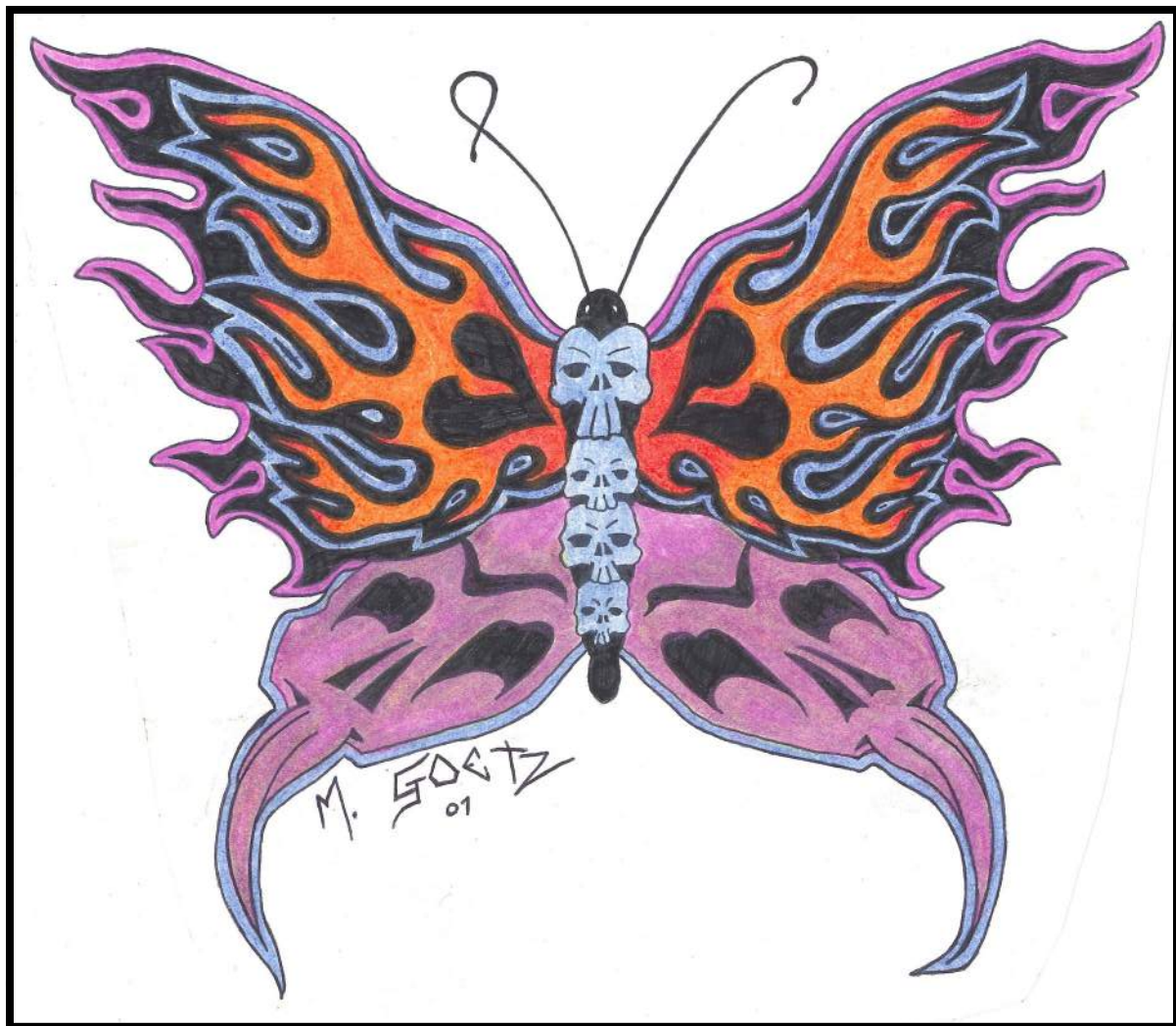
**Tania's Place:** day program (Fee for services) 905.686.9432 [www.taniasplace.ca](http://www.taniasplace.ca)

**Sunrise Youth Group:** day program (Fee for services) 905.438.9910  
[www.sunriseyouthgroup.ca](http://www.sunriseyouthgroup.ca)

**WEBSITES:**

**Ministry of Community and Social Services (Developmental Services)**  
[www.mcscs.gov.on.ca/CFCS/en/programs/SCS/DevelopmentalServices/default.htm](http://www.mcscs.gov.on.ca/CFCS/en/programs/SCS/DevelopmentalServices/default.htm)

This image shows a blank sheet of white paper designed for taking notes. At the top, there is a dark gray horizontal bar. Below this bar, the words "YOUR NOTES" are written in a bold, black, italicized serif font. The rest of the page is filled with light gray horizontal lines, providing space for writing.



Title of work: Disturbed Exile

Artist: M. Goetz

## ***UNDERSTANDING CONCURRENT DIAGNOSIS***



Individuals are diagnosed with a concurrent disorder when they are living with both a mental health illness and a substance use problem. Sometimes mental health problems lead to the substance use problem, but the problem may be present first and lead to the mental health issue. Treatment for mental health and substance use problems should go hand in hand. Coping and treatment strategies have been discussed in the chapter *Medication and Other Treatment Options*, therefore the primary focus in this section will be on substance use concerns.

### ***Substance Abuse and Substance Dependence***

**Substance abuse** is a pattern of drug and alcohol use that may result in negative consequences such as relationship issues, legal problems, health concerns, financial issues or failure to meet social, work or school obligations.

**Substance dependence** is commonly known as addiction and has both behavioural, psychological 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 an individual has overdosed don't hesitate, call 911.

#### **Some examples of addictive behaviours:**

- ◆ Excess gambling
- ◆ Sexual obsessions
- ◆ Eating disorders
- ◆ Excessive shopping
- ◆ Cutting, self-abuse

*See page 50 for more  
information*

Substance dependence disorders occur in all populations and are more frequently seen in men between the ages of 20 – 50. There are early warning signs that a dependence on alcohol and/or drugs may be developing. Dependence on a substance often occurs gradually, typically beginning with using substances at external events (BBQ, birthdays, holidays) and progressing to internal needs such as to cope with feelings such as anger, grief, loneliness, anxiety, sadness or desire, to relax, sleep or to increase energy.

When the motivation to use a substance is an internal need, the risk of dependence increases to the point where habits form around the opportunity to use/ drink and personal values shift in order to support continued substance use (e.g. spending money on substances instead of paying bills, time away from family, breaking promises, etc.)

It is important for families to be aware of some of the following signs and to seek help before severe issues related to substance use occur:

- ◆ Changes in attitude with others
- ◆ Changes in mood
- ◆ 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
- ◆ Avoidance of family and spending more time alone in isolation
- ◆ Reduced or cancelled social, occupational or recreational activities
- ◆ Much time obtaining the substance, using the substance or recovering from its effects

*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 doctor will:

- ◆ Perform a physical exam
- ◆ Do Laboratory Tests
- ◆ Obtain medical and family history
- ◆ Give screening questionnaires

## **Treatment**

Ontario's addiction service system offers a range of services throughout the province. These services include:

- ◆ System entry (inquiry contact, intake, screening)
- ◆ Initial assessment/treatment planning
- ◆ Case management
- ◆ Community treatment
- ◆ Community medical/psychiatric treatment
- ◆ Community day/evening treatment
- ◆ Residential treatment
- ◆ Residential medical psychiatric treatment
- ◆ Residential supportive treatment
- ◆ Community withdrawal management
- ◆ Residential withdrawal management

System entry, assessment/treatment planning, and case management services are available in every region in Ontario. These services can refer clients to appropriate addiction services anywhere in Ontario, even if those services are not available locally. For example, if a person needs short-term, intensive residential treatment, their local service provider can arrange this.

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 can access treatment in several ways:

- ♦ They can decide for themselves that they need help and seek support by calling Connex Ontario Health Services Information ( [www.connexontario.ca](http://www.connexontario.ca) or 1.800.565.8603).
- ♦ 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 **Pinewood Centre**
- ♦ They may be placed on a **Form 1** at the hospital and be transferred to Pinewood.

*"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"*

### ***Additional Treatment Considerations***

- ♦ Substance use problems exist on a continuum of severity and dependence and not all clients will choose a goal of abstinence .
- ♦ There is a broad range of services available which address each clients identified goal, from information, education, and early intervention to a goal of reduction or abstinence.
- ♦ When physical dependence has developed, an individual may decide that they need to stop their use. As the body withdraws from the presence of the substance, physical symptoms may occur such as severe headaches, nausea, tremors, chills, and vomiting. Medications can be given to lessen some symptoms. Withdrawal typically takes about a week , but for some drugs such as heroin or cocaine, it may takes months.

#### **Role of the Family in Treatment**

- ♦ Become educated about the mental illness and addiction.
- ♦ Attend counselling, support groups.

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

## If Abstinence is the Goal

If a client chooses abstinence as a goal, they may opt to completely withdraw from the substance, particularly if physical tolerance or dependence has developed. Withdrawal management supports may be provided in many ways:

- From home, called “**Community Withdrawal Services**”; where the individual’s symptoms are monitored by a supportive person in the client’s home with frequent scheduled support from the Withdrawal Management Service (often women with children will use this option)
- “**Non-medical Residential Withdrawal Management**” in which the person resides in the Withdrawal Management Service. The client will have medical clearance and they may be sent to the Emergency room if their wellbeing deteriorates. Clients may still take medication to ease withdrawal while in Withdrawal Management but it is not prescribed by staff on site. (average length of stay is from 3 – 5 days, depending upon the substance and severity of withdrawal symptoms)
- “**Medical Withdrawal Management**” where the person’s withdrawal is managed in a medical setting and monitored and supported by medication to ease withdrawal symptoms;
- “**Tapering**” withdrawal plan in which the individual slowly reduces their use of prescription medication which is arranged and monitored by a medical doctor (e.g. this is often used when a person is taking 30 Tylenol 1’s per day - this may be replaced by Tylenol 3’s to reduce the levels of Acetaminophen and slowly taper down from there; or if someone is using cannabis or alcohol to manage anxiety they may be placed on Clonazepam or Lorazepam then their dosage is slowly reduced.)

## ***Stages of Change Model***

This concept deals with a person’s motivation to change and is often applied in addiction counselling. It focuses on stages that the person is likely to go through.

**Pre-contemplation:** Not aware and not acknowledging that there is a problem, unwilling to change

**Contemplation:** Acknowledging that there is a problem but not yet ready to make any change

**Preparation/ Determination:** Getting ready to change

**Action/ Willpower:** Changing the behaviour

**Maintenance:** Maintaining the behaviour change

**Relapse:** Returning to old behaviours

### **What is Harm Reduction?**

Harm reduction generally refers to various non-judgmental policies and programs that are geared towards diminishing harmful consequences associated with high-risk behaviours. The spectrum of strategies ranges from safer use, to managed use, to abstinence.

Some widely known harm reduction strategies include, Needle exchange Programs, Methadone Maintenance Treatment, Outreach and Education for High-Risk Populations, HIV and sexually transmitted disease screening and Safe Sex Education.

The purpose of these strategies is to focus on how to reduce the harmful effects of drugs as well as the use of the drug itself. Through these principles, Harm Reduction has been known to supply people with safe resources, knowledge and support that people need in order to enhance skills, build on strengths and gain a sense of confidence.

### **METHADONE**

Methadone is used to treat opioid drug addictions, such as Heroin, OxyContin, Codeine, Dilaudid, Morphine, Percocet and others. It is prescribed by a doctor and dispensed by a pharmacist. When taken as prescribed, methadone is safe. It does not get a person high, but it does stop opioid withdrawal for a full day. A person who does not have to worry about withdrawal can find time to do things like go to school or work.

The cost of methadone is less than \$10.00 a day. If you have an Ontario Drug Benefit card or a company drug plan methadone is covered.

## ***Pinewood Centre***

Pinewood Centre, is part of the Mental Health and Pinewood Centre Program of Lakeridge Health. In collaboration with their community partners, Pinewood Centre provides a continuum of services to people experiencing alcohol, drug and gambling related concerns. Pinewood Centre has 6 locations throughout Durham: Community Treamnet offices in Ajax, Oshawa, Port Perry and Bowmanville; Destiny Manor, a 3 week residential and day treatment program for women in Whitby; and Residential and Community Withdrawal Management Services in Oshawa, a 24-hour telephone support service and 7 day/week Walk-in Support.

### **Community Treatment**

Community Treatment services are located throughout Durham Region and provide a variety of services for youth and adults who are concerned about their own substance use, concurrent mental health, and problem gambling and for family members. Clients may contact any office to book an assessment. Each client is assigned an individual case manager who provides ongoing assessment, referral to treatment services; linking, advocacy, and treatment planning. Treatment services are available to clients who have a variety of treatment goals. Programs are primarily provided in a group format and range from educational programs, early change skills-base programs; abstinence-based group therapy; and maintenance support groups. Individual support and collaboration with other services is provided.

### **Withdrawal Management Program (previously called detoxification)**

Withdrawal Management Services provides support to males and females 16 years of age or older on a community-based or residential basis. The average length of stay is 3-4 days, but this may vary according to needs and circumstances. The Withdrawal Management Services are also able to accommodate admissions for those who are on a methadone maintenance program and for those requiring a tapering program for prescription drugs.

**Destiny Manor**

Offers both residential and day treatment options for women aged 16 years and over with substance abuse issues. The residential program offers women individual counselling and group therapy through a variety of treatment approaches (education, discussion, creative expression, psychodrama, etc). The majority of women attending the program are striving for abstinence, but harm reduction goals are also accepted.

**Problem Gambling**

Pinewood Centre approaches the treatment of gambling concerns from a Harm Reduction perspective. Based on this perspective, counselling is provided for treatment goals of risk reduction and abstinence. Pinewood Centre offers a variety of gambling counselling services specific to individual needs, including individual, group and couple support.

**P.A.S.S (Pinewood Addiction Support Services)**

This walk in service is particularly unique to Pinewood Centre and offers all clients the option of immediate counselling without an appointment. This service is only available at 300 Centre St. in Oshawa. St. It is frequently used while people are awaiting an Assessment or other addiction services. This service acts as an entry point to treatment and as a bridge to other programs. The service is open from 9:00 am to 5:00 pm seven days a week for drop in. Telephone support is available 7 days a week, 24 hours a day. The program includes cocaine-specific groups, auricular acupuncture, and Pineloft— a program for those with concurrent disorders, and a daily life skills workshop.

**Youth & Parent Services**

Pinewood Centre's Community Treatment Services offers support for youth who may have substance use, concurrent disorder, and/or problem gambling concerns or those youth who are concerned about a family member's issue. Services include assessment, individual case management, psycho-educational and process/ discussion groups. The Parents Support Group is 8 sessions, and includes education and support.

### **Umbrellas Program for Pregnant and Parenting Young Children**

Pinewood Center offers specialized services for pregnant women and those parenting children under 6 years of age, who are experiencing substance concerns. Specialized services include financial assistance with childcare and transportation costs; fast-tracking into all pinewood services, and linkages and referrals with other prenatal services and community resources.

### **Methadone Service**

This program strives to meet the individual needs of people with opioid dependence (pain killers such as codeine, percocet and oxycodone). This specialized program offers counselling services for clients that identify opioid dependence, need help for accessing methadone maintenance treatment, or are enrolled in methadone maintenance treatment already.

*"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."*

*"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."*

## ***Relapse***

Relapse is considered a part of the change process because it is difficult to anticipate all the triggers associated with substance use and to develop all the coping strategies to address unexpected crisis and set-backs in life. Relapse may be considered opportunities to refine or learn additional/ new coping strategies and to assist in planning for those unexpected life challenges.

*“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 Communication***

- ◆ 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.
- ◆ Treatment should not be the only topic of conversation.

## ***Family Responses to Alcohol & Substance Abuse***

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

### **What is enabling?**

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

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

### **Tips for Coping with Recovery from an Addiction**

- ♦ Tell your friends about your decision to end your habit, so 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.

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

## ***What is Detachment?***

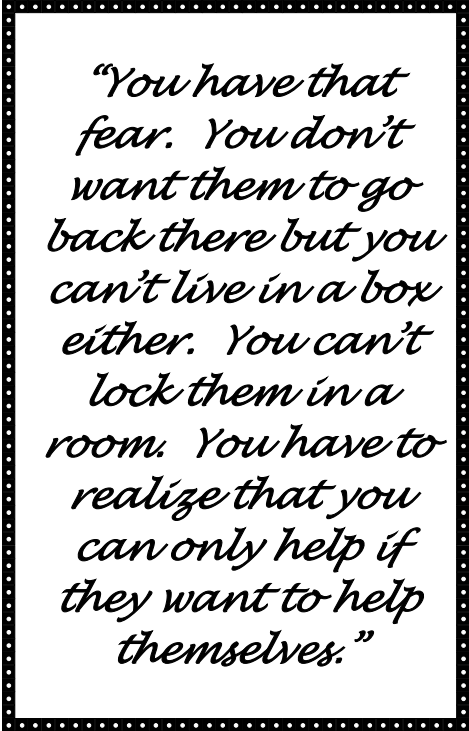
Detachment is the ability to live one's own life, not a life centered on someone or something else. Detachment with love means being able to separate oneself from the problem while still being able to love the person. It takes hard work and practice- but is well worth working for.

Remember the 3 C's:

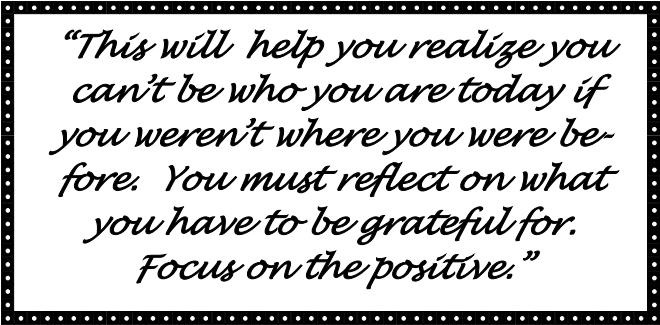
- ◆ You didn't cause the problem
- ◆ You can't control anyone else's behavior
- ◆ You can't cure the problem

**How can you detach?**

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



*"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."*



*"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."*

## ***CONTACTS AND RESOURCES:*** (Concurrent Disorder)

### ***Connex Ontario Health Services Information***

See page 158 for more information

Drug and Alcohol Helpline 1.800.565.8603

Mental Health Helpline 1.800.531.2600

Ontario Problem Gambling Helpline 1.800.230.3505

[www.connexontario.ca](http://www.connexontario.ca)

### ***Lakeridge Health Oshawa: Pinewood Centre***

Provides a wide variety of services for people experiencing alcohol, drug and gambling related concerns.

24 hour hotline: 905.723.8195 or 1.888.881.8878

Oshawa: 905.571.3344 Bowmanville: 905.697.2746

Ajax: 905.683.5950 Port Perry: 905.985.4721

### ***Lakeridge Health Oshawa: Destiny Manor***

Residential and therapeutic counselling (one-on-one and group) for women with substance abuse problems. 1.800.825.6325 905.668.1858

### ***Lakeridge Health: Eating Disorders Program***

Outpatient services with a multi-disciplinary format that specializes in the assessment and treatment of Eating Disorders. Group, family and individual therapy for adolescents (11-18) and adults (18 and over).

905.576.8711 Ext 4622

### ***Canadian Mental Health Association Durham***

Provides a range of responsive programs and services.

905.436.8760 [www.durham.cmha.ca](http://www.durham.cmha.ca)

### ***Durham Mental Health Services***

Mental Health Services include crisis support

905.666.0831 [www.dmhs.ca](http://www.dmhs.ca)

***Alcoholics Anonymous (AA)***

Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. For meeting information and locations.

1.800.921.3555 [www.aaoshawa.ca](http://www.aaoshawa.ca)

***Al-Anon and Ala teen Family Groups***

The Al-Anon Family Groups are a fellowship of relatives and friends of alcoholics who share their experience, strength, and hope in order to solve their common problems. We believe alcoholism is a family illness and that changed attitudes can aid recovery.

1.888.425.2666 <http://www.al-anonfamilygroups.org>

***Narcotics Anonymous (NA)***

Members share their successes and challenges in overcoming active addiction and living drug-free, productive lives through the application of the principles contained within the Twelve Steps and Twelve Traditions of NA.

1.888.696.8956 [www.orscna.org/english](http://www.orscna.org/english)

***Overeaters Anonymous***

A group for individuals who are recovering from compulsive overeating. A 12-step program for compulsive overeaters, "food addicts" and people with eating disorders, modeled on Alcoholics Anonymous

1.866.221.5061 [www.aaontario.org](http://www.aaontario.org)

***John Howard Society (JHS)***

Harm Reduction services such as needle exchanges, safe drug use injection and information about safe sex. Services also include individual and group counseling, vocational and housing support and addiction counseling.

905.579.8482 [www.johnhoward.ca/](http://www.johnhoward.ca/)

***Renasant Treatment Centres***

Residential Treatment Program for people with substance abuse problems. Substance abuse counselling available.

1.866.232.1212 [www.renascent.ca/](http://www.renascent.ca/)

***Aids Committee of Durham Region***

Provides support and counselling for those infected and affected with HIV/AIDS and their friends and families.

905.576.1445 1.877.361.8750 [www.aidsdurham.com](http://www.aidsdurham.com)

***First Step Methadone Clinic***

Oshawa: 905.720.0506

***Serenity Group 12 Step Recovery***

A 12 step recovery program for dealing with addictions of all types  
905.428.9431

***Ontario Community Outreach Program for Eating Disorders***

[www.ocoped.ca](http://www.ocoped.ca)

***Durham Region Health Department Smoking Cessation***

Smokers Helpline: 1.877.513.5333 [www.smokers.helpline.ca](http://www.smokers.helpline.ca)

Quit smoking groups: [www.region.durham.on.ca](http://www.region.durham.on.ca)

905.666-6241 1.800.841.2729

Youth Centre: Support and quit smoking resources for 13-19 and young parents.

905.428.1212 [www.theyouthcentre.ca](http://www.theyouthcentre.ca)



Title of work: Community  
Artist: Wendy Mutton

# *CULTURAL DIVERSITY*

Mental illness does not make racial or cultural distinctions. Anyone can be affected.



## ***Ethno-Cultural Issues***

As a newcomer to Canada, starting life here is an exciting prospect, but it can also be 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.

*"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."*

*"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 room for the other culture too."*

## ***Cultural Beliefs About Mental Health***

Different cultures may 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 help. Since many cultures view the individual as a reflection of the family, family participation in treatment is especially useful and enlightening.

It may be very difficult to push past a lifetime of cultural beliefs about mental illness. The idea of 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. People with mental health concerns can benefit from a wide variety of services. You can include other resources in the recovery process. Finding resources and supports that fit with your diverse/ cultural needs may enhance whatever the mental health system is doing. For example, services directed at youth, First Nations healing traditions, Eastern meditation, or art therapy may be very helpful. Finding peers who share your concerns as well as your cultural perspective can be a great source of information and insight into strategies that work for diverse populations.

### **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.

## ***Dealing With Language Barriers At The Doctor's Office***

It can be very frustrating and lonely when you can't communicate well in English. 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 doctor, it is vital that you can communicate clearly and accurately. Otherwise, if your doctor 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 doctor's appointments. This could be a family member, friend, neighbour or a professional interpreter obtained through the Community Development Council Durham or through the Community Health Centre.

### **Community Development Council Durham**

The Community Development Council Durham (CDCD) offers a wide range of free, confidential, culturally sensitive services to immigrants throughout the Durham Region.

**The Orientation Program** serves permanent residents, convention refugees and live-in caregivers who are new to Canada. This program provides newcomers with a place to find accurate information about settling in Canada. The services are accessible in over 15 languages with the opportunity to interact with an interpreter.

**The Newcomer Settlement Program** helps newcomers to fully engage in the social, economic, political and cultural aspects of Canadian living.

The CDCD also has a **Community Connections Program** that matches newcomers (19 years and over) with Canadian volunteer hosts who offer orientation to their local areas and moral support for newcomers in their transition to Canada.

*"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."*

*"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 here for help."*

### ***Post-Traumatic Stress Disorder***

Newcomers arriving in Canada may experience posttraumatic 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 or natural disasters. Symptoms include:

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

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

## ***Coping With Post-Traumatic Stress Disorder***

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. Some positive coping strategies include:

- **Learning about PTSD** and trauma.
- **Talking to someone else for support** such as your doctor, counsellor, support group, friend or relative.
- **Trying various relaxation techniques** such as deep breathing and muscle relaxation.

### **DON'T:**

- **Use alcohol or drugs** to forget or escape your memories.
- **Isolate yourself.**
- **Let anger destroy your relationships.**
- **Avoid thinking about your trauma or avoid getting help.**

## ***Diversity Issues***

Diversity addresses issues of difference. The diversity of identifying characteristics includes one's race, culture, language, faith/religion, gender, sexual identity and orientation, family status, ability, socio-economic status, refugee/ immigrant status, age and other relevant life experiences such as homelessness, mental health issues and addictions. It also includes literacy level, education level, legal history, and membership of Aboriginal heritage, residential context, e.g. urban, sub-urban, and rural etc. The number of people living with other diversity attributes are significant in the Durham Region. Accessibility to main stream health services that are sensitive to diversity can be accomplished through local, provincial or nationwide resources. A number of them are included in the resource list and can be the starting point of further service navigation.

## ***CONTACTS AND RESOURCES: Cultural Diversity***

### ***Community Development Council Durham***

Offers Immigrant Settlement Programs  
458 Fairall St unit #4, Ajax On. L1S 1R6  
Tel: 905.686.2661 or 289.482.1037  
[www.cdcd.org](http://www.cdcd.org)

- Orientation Program
- Community Connections Program

### ***Durham Catholic District School Board Continuing and Alternative Education***

ESL (English as a Second Language) services for landed immigrants, Canadian citizens and refugees. The ESL (English as a Second language) program enables students to develop skills in listening, speaking, reading and writing. The program is offered in Ajax, Whitby and Oshawa.  
To register call 905.683.7713

### ***Durham Continuing Education***

A variety of courses are offered including English language instruction.  
Location in Oshawa and Pickering  
To register call 905.436.3211, Toll free: 1.800.408.9619

### ***Multilingual Community Interpreter Services (MCIS)***

Through language certified, insured, interpreters, MCIS provides high quality interpretation/translation services in 96 languages.  
There is a fee for this service.  
1.888.236.8311  
Interpretation service to assist victims of domestic violence  
24 hour Domestic Violence Emergency Line: 416.422.5984

***The Multicultural Council of Oshawa Durham***

The organization promotes cultural diversity and assists all Canadians to learn more about each other through seminars and ethno-cultural events.

905.436.9863

***Canada Immigration Centre, Oshawa Office***

Facilitates the admission of immigrants to Canada. Contact only through website

[www.immigration.gc.ca/guides](http://www.immigration.gc.ca/guides)

***Community Health Care Centres***

Community Health care Centres deliver primary health care that is integrated with other social and health service partners. They are especially important for people who encounter access barriers like culture, ethnicity, geographical location, language, literacy, poverty, physical disability and race.

Oshawa Community Health Centre: 115 Grassmere Avenue, 905.723.0036

Brock Community Health Centre: 1 Cameron Street E, Cannington. 705.432.3322

***Women's Multicultural Resource and Counseling Centre of Durham***

This organization which is mainly dedicated to the eradication of violence against women, children and youth, provide various services (i.e. crisis, referrals, counselling and support groups) to immigrant and refugee women.

905.427.7849 or 1.877.454.4035

[www.wmrcddurham.com](http://www.wmrcddurham.com)

***John Howard Society (JHS)***

JHS offers job connect and continuing education assistance, life skills improvement services, housing assistance, anger management counselling and support groups for "DADS" .

Ajax: 136 Commercial Ave., Tel. 905.427.8165

Whitby: 114 Dundas St. E Unit #200, Tel. 905.666.8847

Oshawa: 75 Richmond Street W., Tel. 905.579.8482

Bowmanville: 132 Church Street, Tel. 905.623.6814

***Simcoe Hall Settlement House***

A resource centre assisting child and families affected by poverty. Food bank services, clothing (winter), counseling, referrals to community services and children's programs are offered. 905.728.7525

***Mississaugas of Scugog Island First Nation***

*Health & Resource Centre (Port Perry)*

Tel. 905.985-.826 1.877.688.0988

[www.scugogfirstnation.com](http://www.scugogfirstnation.com)

***Durham Community Immigration Portal***

Resource information for new Canadians

[www.durhamimmigration.ca](http://www.durhamimmigration.ca)

***Service Oshawa***

Customer service in more than 170 languages

905.436.3311 or visit at 50 Centre Street S. (Oshawa)

***Prideline Durham***

LGBT telephone helpline service: 1.855.777.7433 (6:00 pm -10:00 pm)

1.800.452.0688 for other hours: (distress centre)

***PFLAG Durham Region/Oshawa***

Organized to help families understand gender issues

905.231.0533 or 1.800.530.6777 x 533

[www.pflagdurhamregion.com](http://www.pflagdurhamregion.com)

***Aids Committee of Durham Region***

905.576.1445 or 1.877.361.8750

[www.aidsdurham.org](http://www.aidsdurham.org)

***Canadian Institute for the Blind (CNIB) Durham Region***

Programs and services to clients with low or no vision

905.436.0887 or 1.800.563.0887

CNIB National office: 1.800.563.2642

[www.cnib.ca](http://www.cnib.ca)

***Durham Deaf Services***

905.579.3328

[www.durhamdeaf.org](http://www.durhamdeaf.org)

***Canadian Hearing Society***

1.877.347.3427

[www.chs.ca](http://www.chs.ca)

***Literacy Network of Durham Region***

905.725.4786 or 1.800.263.0993

[www.lindr.on.ca](http://www.lindr.on.ca)

**Websites (New Canadians):**

***National Alliance on Mental Illness-Multicultural Action Centre***

[www.nami.org](http://www.nami.org)

***Cultural Profiles Project***

Provides cultural profiles of 105 different countries

[www.cp.pc.ca](http://www.cp.pc.ca)

***Centre for Addictions and Mental Health***

Fact sheets on mental health and mental health issues in 16 languages

[www.camh.org](http://www.camh.org)

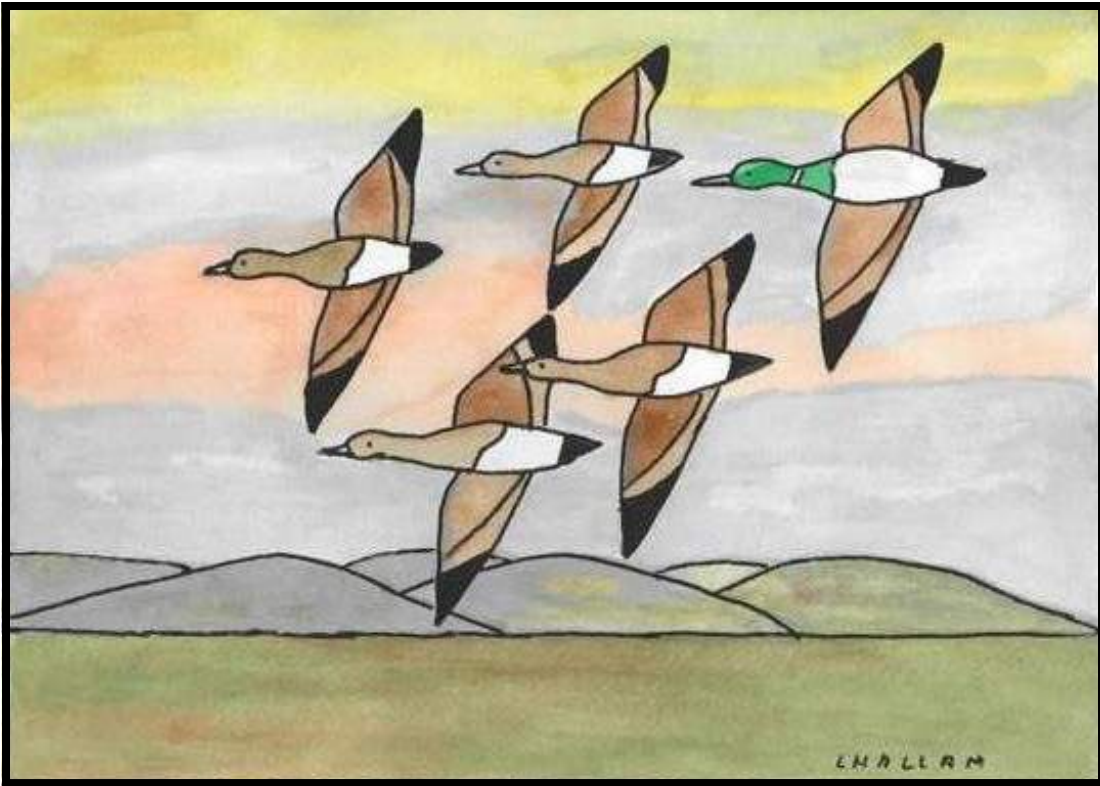
***Assaulted Women's Helpline***

Toll Free: 1.866.863.0511

[www.awhl.org](http://www.awhl.org)

***Canadian Mental Health Association - Ontario***

[www.cmha.ca](http://www.cmha.ca) (Link shop CMHA, multi-language brochures about mental health)



Artist: L. Hallam

## ***MEDICATION AND OTHER TREATMENT OPTIONS***



Medication is often 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 compliments or replaces medication. More information about some community-based programs are listed in *Approaches to Recovery chapter*.

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 the interesting and sometimes surprising ways people have facilitated their own recovery.

We will start with a discussion of medication because, despite alternatives, some people need medication to become stable enough to then start exploring other avenues. There is nothing wrong with that at all. It is important to know as much as you can about the medication that 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.

Side effects often go along with medications. 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 s/he is not willing to do that, you may want to consider looking for another health care professional to assist you.

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

## ***Understanding Medication***

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

### **SIDE EFFECTS:**

Side effects vary greatly between people. Not everyone will have the same reactions to medications and there is usually no way to know ahead of time.

Side effects are dependent on other medications a person is on, the dosage and how their body reacts. Side effects do not always develop right away, so it is important to be aware of them, even after taking a prescription for a period of time.

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

It is important to tell the doctor and pharmacist about any other medications: over-the-counter, herbal, vitamins/supplements, illegal drugs or homeopathic remedies one may be taking. One may not know how these things could interact with medication. The doctor should be continually monitoring the medication, and any side effects noticed. Blood tests will determine that the liver (the organ that processes substances in your body) and other organs are functioning properly.

## ***Going off Medication***

**Talk to the doctor first!** Usually there has to be a process of ‘weaning’ off any drug to prevent uncomfortable and potentially harmful withdrawal symptoms. If one does suddenly stop taking medications, within a day or two one 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.

## QUESTIONS TO ASK ABOUT ALL MEDICATIONS:

- What are the long-term effects ?
- What might some of the side effects be and how can they be dealt with?
- 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?
- How long will I be taking 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'."*

## Why use Medication

The general theory is that the brain uses chemicals (Neurotransmitters) to control our emotions and perceptions. The various mental disorders, such as Depression, are a result of chemical imbalance. Various drugs work on a particular brain chemical in part of the brain. The medications work by re-balancing the chemicals.

## MAIN GROUPS OF MEDICATIONS:

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

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

**Mood Stabilizers:** These are prescribed for bipolar disorder and other affective disorders. They work by balancing the extremes in the person's mood. Sometimes they are also used in those with seizure disorders.

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

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

## COMMON SIDE EFFECTS OF PSYCHOTROPIC DRUGS:

- ♦ 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.

### ***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 must be made aware of any medication you are 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 you switch doctors, or communities.

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

## ***Understanding Non-Adherence***

### **WHAT IS (NON)-ADHERENCE?**

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 **‘adherent’**. As a parent, spouse, sibling or friend, adherence 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-adherence*. 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 adherence 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 work. 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.

People who are just coming to terms with their mental illness are more likely to be non-adherent. 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. Work in shorter time frames. For example, focusing on medications for a trial of 3 months, then evaluating how they are doing. Some may take even longer to notice a major change.

Adherence 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 adherence. The people most likely to become non-adherent are those who feel they have nothing to lose. If you do have something to lose – employment, housing, relationships, education etc., you are less likely to risk those things by being non-adherent and stopping treatment.

A healthy lifestyle is also important. Eating well and daily physical activity will help maintain a healthy body image and ward off weight gain associated with most medications.

### **Tips for Dealing with Non-Adherence**

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-adherence.

- ♦ Make an agreement with the person about their medications.
- ♦ Utilize the pharmacy that offers complex packaging (example Blister Packs);
- ♦ 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.

## ***Understanding Therapy***

Most literature will tell you that the best results for treatment and recovery from mental illness involves medication and some type of therapy (as well as community-based support). There are many different approaches to therapy and different kinds of professionals who deliver those services according to 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 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 therapy or programs into your recovery plan .

### **Family doctors/General Practitioners:**

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

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

### **Pharmacists:**

Pharmacists are a very important and accessible resource. They are medication experts. They can explain: what medication are used for and how they work, common side effects, strategies to manage side effects and other options that may be available.

### **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.

### **Questions to Ask when Choosing a Therapist or Counsellor**

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

### **How to Find a Counsellor/Therapist in the Community**

You have several options:

- ♦ Access a community agency (fees often geared-to-income),
- ♦ Use your Employee Assistance Program (free but often time limited),
- ♦ Use your health benefits to help pay for a private practitioner (may be limits on coverage),
- ♦ Find out if your local hospital/health centre offers outpatient/community counselling,
- ♦ Seek counselling through your faith organization if applicable (i.e. church, temple, mosque)
- ♦ Use personal funds to pay for a private practitioner (i.e. psychologist, clinical social worker)

*If you choose to use a private practitioner:*

- ♦ Ask family, friends, co-workers, your family doctor, etc. for referrals and information
- ♦ Look on the internet or in the yellow pages
- ♦ Use a directory, referral service, or network (Some possible networks and services are listed at the end of the chapter.

## ***Common Approaches to Therapy***

Therapy can be on a long or short-term basis. Generally, longer-term therapy is less structured than short-term (6-8 sessions) and the client may have more flexibility in talking about what they want to discuss. There are a variety of different approaches to therapy, which are quite different from one another. The most common forms of psychotherapy are:

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

**Interpersonal Therapy:** This type focuses on how our well-being is affected by our relationships with others. It shows 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.

**Supportive Therapy:** This involves the provision of support and advice during difficult times. The focus is usually on the current situation in the person's life rather than the past. The idea is to support the person in sorting through what is currently happening with them.

**Solution Focused Brief Therapy (also Solution Focused Therapy or Brief Therapy):** Here the focus is on what a client wants to achieve through therapy rather than on the problems that make them seek help. It invites the client to envision their preferred future. Therapist and client then start making moves towards it.

## ***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 designed to help people suffering with a severe and persistent mental illness who would otherwise need to be in a mental health facility. This model is used across Ontario, other parts of Canada, the United States and around the world. ACTT services are carried out by community based inter-disciplinary teams in order to facilitate individuals living in their community while receiving the treatment, support, medication and monitoring that they need to live successfully with their mental illness (See resource section).

There are 3 ACT teams in the Durham Region. For information and referral contact these agencies for assessment and possible services.

### **Acceptance Criteria For Service:**

Priority is given to adults with schizophrenia, other psychotic disorders (e.g., schizoaffective disorder), or bipolar disorder.

The person is unable to function independently in the community due to their mental illness particularly in the areas of self care, productivity and maintaining a safe living environment.

The person has a high number of admissions to or time spent in hospital or they may have been incarcerated as a result of their illness.

The person has an inability to participate in traditional office based services.

The person requires intensive services to maintain treatment, rehabilitation or recovery and support in the community.

### **Key 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
- ♦ Vocational/Educational/Recreational support
- ♦ Advocacy

## ***Understanding Alternative or Complimentary Therapies 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.

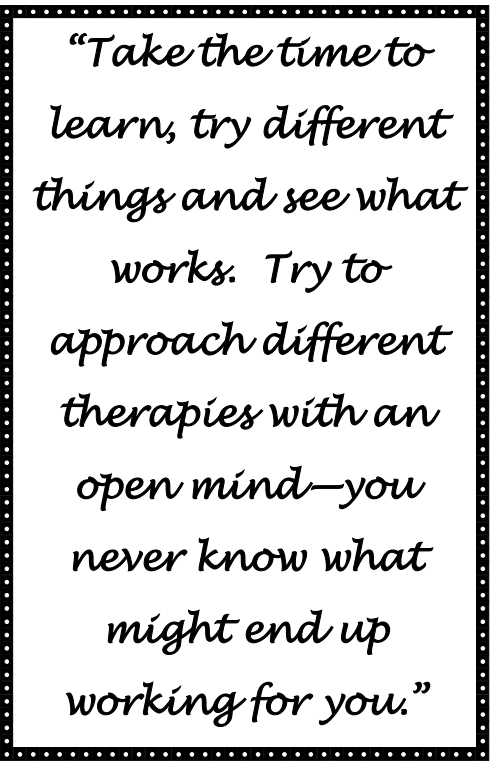
Alternative approaches usually focus more on prevention than reactive treatment, and tend to take a more holistic approach to a person. So, instead of focusing only on a chemical imbalance in brain chemistry, an alternative practitioner would be looking at the mind, body and spirit of the person to address 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.

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.



*“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.”*

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, 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 chapter*.

### **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.

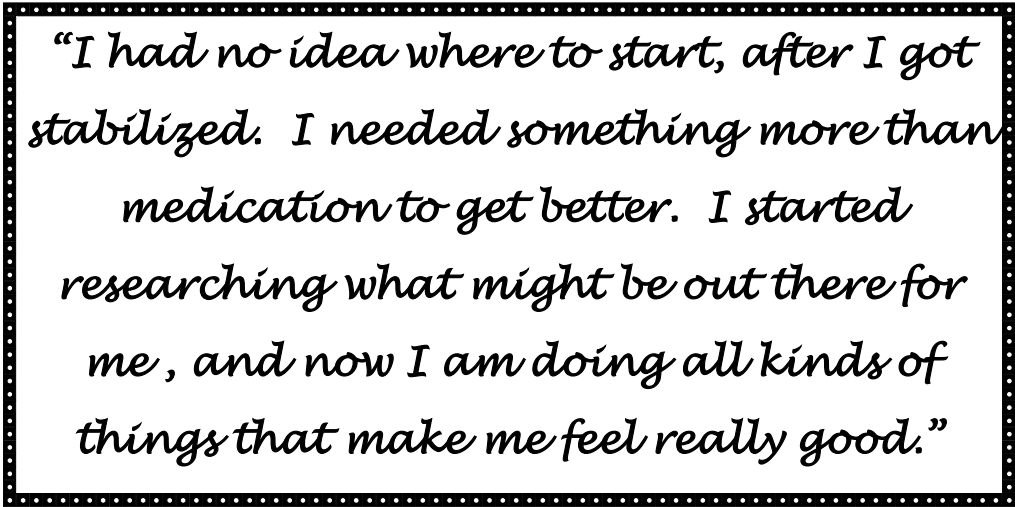
There is a great deal of research that suggests that food and nutrition plays a huge role in our overall well-being. The healthier your body is, the more able you will be to deal with difficult circumstances.

### **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.



*“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.”*

## **CONTACTS AND RESOURCES: (Medication and other treatment options)**

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

The internet can be a good source of information about specific medications and other treatments. There are many good websites with information about treatments, ranging from more general to specific, although information should be verified by qualified medical professional.

Hospitals also offer various inpatient/outpatient Day Treatment/Therapy Programs and Groups. For more information, refer to *Approaches To Recovery and At The Hospital* chapters, under contacts and resources sections, in this resource guide. One may also access their local health care centre/clinic for assistance in finding therapy, counselling or treatment supports in their community.

### ***Durham ACT (Ontario Shores Centre for Mental Health Sciences)***

Whitby Mall, West Tower 202-1615 Dundas Street E, L1N 2L1 905.432.4121

### ***Canadian Mental Health Association Durham - ACT***

60 Bond Street West, Oshawa, ON L1G 1A5 905.436.8760 [www.durham.cmha.ca](http://www.durham.cmha.ca)

### ***Canadian Mental Health Association Durham Nurse Practitioner-Led Clinic***

60 Bond Street West, Oshawa, ON L1G 1A5 905.436.9945 [www.durham.cmha.ca](http://www.durham.cmha.ca)

### ***Rouge Valley ACT***

1400 Bayly Street Unit 11 A/B, Pickering, ON L1W 3R2 905.831.8326

### ***Provincial Website:***

[www.ontarioactassociation.com](http://www.ontarioactassociation.com)

## **CONTACTS AND RESOURCES: (Counselling/Therapy)**

### ***Catholic Family Services of Durham***

Service Durham Region. Sliding scale fees for service. Fees vary by program. Self referrals accepted. Individual, couple, family and group counselling; Various group programs, including Family Life Education. Services are non denominational.

[www.cfsdurham.com](http://www.cfsdurham.com)

#### **Ajax**

MacKenzie Plaza, Unit 22-250 Bayly Street West, L1S 3V4 905.428.1984

#### **Oshawa**

115 Simcoe St S., 1<sup>st</sup> Floor, Oshawa, ON L1H 4G7 1.877.282.8932

#### **Port Perry**

169 North Street, Port Perry, ON L9L 1B7 905.985.4221

#### **Uxbridge**

70 Toronto Street North, Uxbridge, ON 289.314.8514

### ***Creative Psychotherapy Clinic***

Provides individual, couple, group and family psychotherapy. Intensive, psychodynamic therapy. No fees for service. Referral process requires a referral from a physician.

213 Byron St S.,

Whitby, ON L1N 4P7

905.666.7253 [www.greenzoneliving.ca](http://www.greenzoneliving.ca)

### ***John Howard Society of Durham Region***

Service Durham Region. Sliding scale fees apply for some services. Fees vary by program. Self referrals and referrals from various professionals are accepted. Individual and group counselling on a confidential basis, by qualified professionals.

[www.jhsdurham.on.ca](http://www.jhsdurham.on.ca)

**Oshawa (Main Office)** 75 Richmond Street West, L1G 1E3 905.579.8482

**Ajax:** 136 Commercial Ave. L1S 2H5 905.427.8165

**Bowmanville:** 132 Church St. L1C 1T5 905.623.6814

**Whitby:** 114 Dundas St.E. #200 L1N 2H7 905.666.8847

***Family Services Durham***

Services within Durham Region with sliding scale fees that vary by program. Self referrals accepted. Individual, couple, family and group counselling; Various group programs, including Family Life Education.

[www.region.durham.ca](http://www.region.durham.ca)

**Ajax**

Suite 103-339 Westney Rd, South, L1S 7J6 (Head/Satellite Office) 905.683.3451

**Bowmanville/Clarington**

234 King St, East, Bowmanville, ON, L1C 1P5 905.697.3400

**Oshawa**

505 Wentworth St, West, Oshawa, ON, L1J 6G5 905.434.5855

**Port Perry**

169 North St., Port Perry, ON L9L 1B7 905.985.7665

**Sunderland (Brock)**

135 Albert St, South, Sunderland, ON L0C 1H0 705.357.2241

**Uxbridge**

Suite 301-2 Campbell Drive, Uxbridge, ON L9P 1H6 905.852.7690

**Whitby**

605 Rossland Rd E, L1N 6A3 (Head Office) 905.666.6240 1.866.840.6697

***Interact Community Mental Health Program (Lakeridge Health)***

Offering group psychotherapy programs, and individual therapy as an alternative to group therapy and/or an adjunct to group therapy. A range of specialized programs includes men's and women's anger groups, self esteem and relaxation training.

1615 Dundas Street East, Whitby Mall, Lang Tower, 2<sup>nd</sup> Floor Suite W214  
Whitby, ON L1N 2L1, 905.576.8711 Ext 6029

***Oshawa Community Health Centre***

Serves children, adolescents, adults, couples and families. Individual, Couple, and Family Counselling/Therapy. In addition to face-to-face and phone contact with the client, therapy also includes client advocacy, consultation, and collaboration with other service providers (i.e. the judicial system, CAS, etc.) A wide range of programs including: Groups focusing on health issues such as early childhood development, youth recreation, women's wellness, diabetes education and counselling. All programs are free, and staffed by a qualified team of professionals.

[www.ochc.ca](http://www.ochc.ca)

115 Grassmere Avenue Oshawa, ON L1H 3X7

905.723.0036

***Brock Community Health Centre***

Provides a range of community based health services through various health professionals and support staff

[www.brockchc.ca](http://www.brockchc.ca)

1 Cameron Street E, Cannington ON 705.432.3322

***Salvation Army Community and Family Services*****Ajax****Hope Community Care Centre & Church Office:**

35 King's Crescent, Ajax, ON, L1S 2L8 905.426.4347

Counselling [info@hope-communitychurch.com](mailto:info@hope-communitychurch.com)

**Oshawa**

45 King Street East, L1H 1B2 905.723.7422

Service Oshawa. Serves children, adolescents, adults, couples and families. Individual, marriage & family counselling. Anger management program (adults/teens). Marginal fees apply for the counselling and anger management.

**Whitby**

607 Palace St, L1N 6S5 905.430.3454

Service Whitby. Serve children, adolescents, adults, couples and families. Free parking. Individual & family counselling. Anger Management and Positive Life Skills, offered either one on one, or in a group.

### **Additional Websites:**

***Body Mind Spirit Directory-Ontario, Canada***

[www.bodymindspiritdirectory.org/Canada-Ontario.html](http://www.bodymindspiritdirectory.org/Canada-Ontario.html)

***Canadian Association of Naturopathic Doctors***

[www.naturopathicassoc.ca](http://www.naturopathicassoc.ca)

***Canadian Complementary Medicine Society***

[www.ccmadoctors.ca](http://www.ccmadoctors.ca)

***Canadian Reiki Association***

[www.reiki.ca](http://www.reiki.ca)

***College of Traditional Chinese Medicine & Pharmacology Canada***

[www.ctcmpc.com](http://www.ctcmpc.com)

***Consumer Health Organization of Canada***

[www.consumerhealth.org/home.cfm](http://www.consumerhealth.org/home.cfm)

***Friends of Alternative and Complementary Therapies Society***

[www.thefacts.org](http://www.thefacts.org)

***Health Professionals Directory***

[www.healthprofs.com](http://www.healthprofs.com)

***Ontario College of Reflexology***

[www.orthomed.org](http://www.orthomed.org)

***Shiatsu School of Canada***

[www.shiatsucanada.com](http://www.shiatsucanada.com)

***Spiritual Healings.com***

[www.spiritualhealings.com](http://www.spiritualhealings.com)

***Taoist Tai Chi Society***

[www.taoist.org](http://www.taoist.org)

This website includes Canadian and international branches. To search for local branches, click on "find classes and events in your community", select Canada and search for the local city/province.

***Therapeutic Touch Network of Ontario***

[www.therapeutictouchontario.org](http://www.therapeutictouchontario.org)

***Ontario Psychological Association***

To find a local psychologist click on referral source.

1.800.268.0069 [www.psych.on.ca](http://www.psych.on.ca)

***Centre for Addiction and Mental Health***

[www.camh.net](http://www.camh.net)

***Health Canada***

[www.hc-sc.gc.ca/hl-vs/mental](http://www.hc-sc.gc.ca/hl-vs/mental)

***EHealth Ontario***

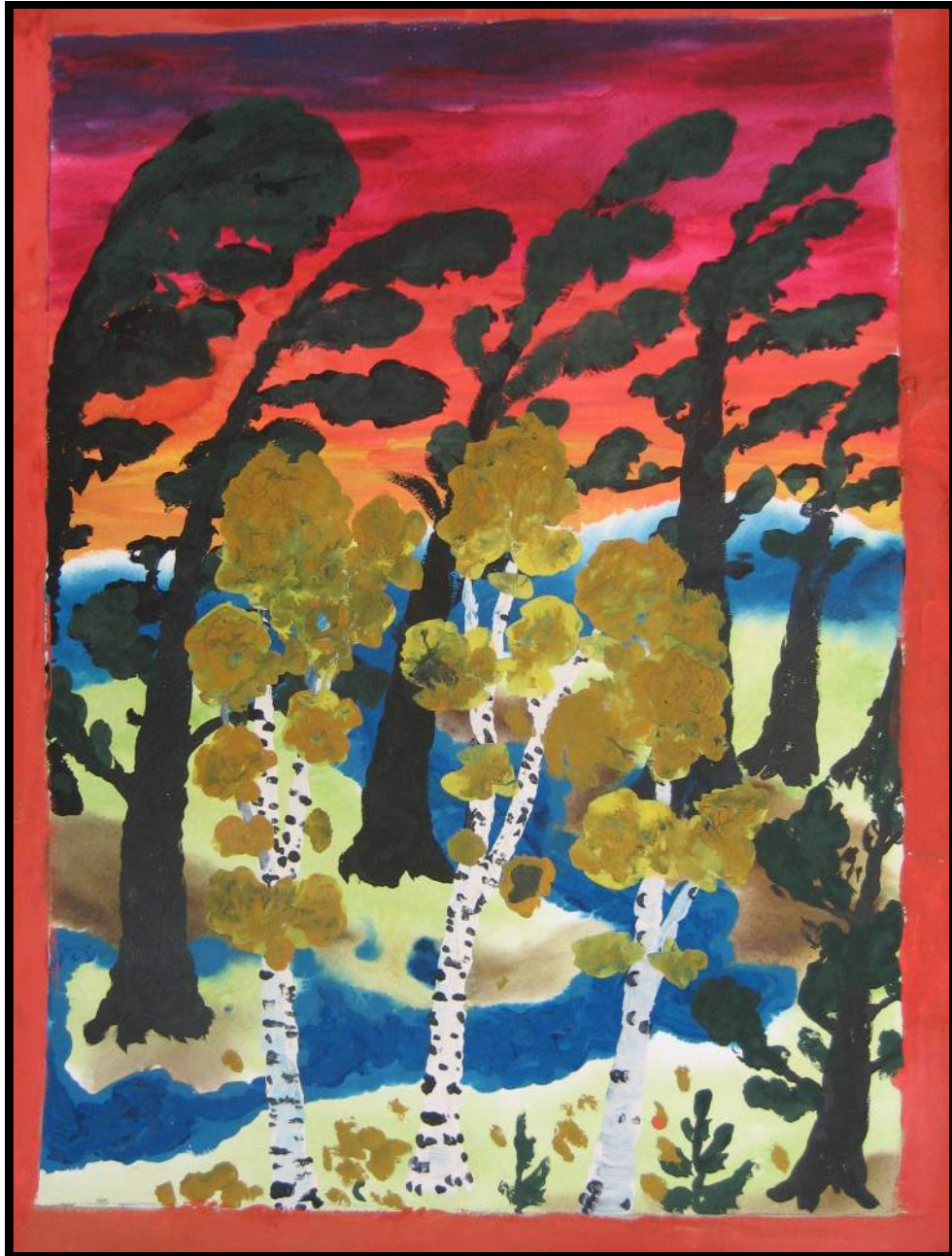
[www.ehealthontario.on.ca](http://www.ehealthontario.on.ca)

***Ontario Psychotherapy and Counseling Referral Network***

416.920.9355

<http://referrals.psychotherapyandcounseling.ca>

This image shows a blank sheet of white paper designed for taking notes. At the top, there is a dark gray horizontal bar. Below this bar, the words "YOUR NOTES" are written in a bold, black, italicized serif font. The rest of the page is filled with thin, light gray horizontal lines, providing space for writing.



Artist: Arthur Z.

## ***APPROACHES TO RECOVERY***



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

It is important to remember that a person 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. The person may like to enhance social connections, 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 one grows beyond the catastrophic effects of mental illness."*

## ***The Family's role in Recovery***

The family plays a very important role in a person's recovery. The person may be taking some of their cues from the family regarding 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 activities that lead to recovery and the development of community connections.
- ◆ Work cooperatively with the person on a recovery plan, helping them to prioritize goals.
- ◆ 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 a 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."***

## **MY PERSONAL BILL OF RIGHTS:**

**I have the right to ask for what I want.**

**I have the right to say no to requests or demands I can't meet.**

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

**I have the right to change my mind.**

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

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

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

**I have the right to determine my own priorities.**

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

**I have the right to expect honesty from others.**

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

**I have the right to be uniquely myself.**

**I have the right to feel scared and say, "I'm afraid".**

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

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

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

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

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

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

**I have the right to be in a safe, 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.**

## ***Creative and Experiential Programs***

There are many interesting creative programs available in the community and people with mental illness have often used them to assist with the recovery process. Sometimes people with mental illness end up feeling disconnected from their passions, talents and abilities due to hospitalizations and the emphasis on diagnosis, medication regimes and illness. The idea here is to get people actively participating in expressing themselves and building confidence and encouraging social connections along the way. Could participation in any of the following be of interest to your family member? Consider how these activities might work in combination with other aspects of their therapy.

- ◆ Horticultural Clubs
- ◆ Art Classes (life drawing, oil painting, sculpting, pottery, water colours, ceramics)
- ◆ Quilting, Knitting or Needlepoint Club
- ◆ Community Theatre Group
- ◆ Photography Lessons
- ◆ Dancing Troupe
- ◆ Choir, Band or Piano Lessons
- ◆ Cooking School
- ◆ Amateur Writing Guild

There is no limit to the ways one can express themselves artistically. People who have been involved in these types of activities as a part of their recovery report very powerful experiences of “tapping into their inner voice.” It could be the beginning of feeling like a “whole person” again. We all have gifts and talents and when one is dealing with a mental illness, sometimes those abilities have been disregarded or neglected. Families can play a huge role in encouraging the person to think creatively, get motivated and reconnect with their expressive side.

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

## ***Ideas- What's out there for me?***

- ♦ Take a cooking class
- ♦ Join a book club
- ♦ Go to the Volunteer 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
- ♦ Take a non-credit interest course through continuing or adult education

### **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."

## ***What's in a word? Language and Recovery***

Reframing 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 those 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.”*

## ***Factors for Successful Recovery***

There are a number of factors that play a role in successful recovery from a mental illness.

**Family Relationships:** Family education and emotional support have been shown to decrease the rate of relapse, build resilience and facilitate recovery. Stressful and unsupportive family relationships can 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, support and 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 decision. Not only does drug and alcohol use negatively affect the way medication works in the body, it also is demotivating, physically destructive and mentally destabilizing. You have enough to deal with; using drugs or alcohol will not make it easier.

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

*~ Patricia Deegan, author, advocate and consumer/survivor*

**Prompt Treatment:** Doctors tell us 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.

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

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

**Social Skills:** Sometimes a mental 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 counselling or assistance, but also skills development, family participation, career or education counselling and self help groups.

*"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".*

## ***Self-Help***

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, supporting each other to create positive change. 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.

### **COMMUNITY CARE DURHAM (COPE MENTAL HEALTH)**

COPE offices exist all throughout the Durham Region and offer groups. Group topics may vary at any one time. Some common groups offered by COPE:

#### **♦ Coping and Wellness Group**

Members are encouraged to apply problem-solving and coping skills with the assistance of the facilitators. Group member encouragement and emotional support is an important emphasis. Clients with mental health, emotional and adjustment challenges are welcome to these open and continuous groups.

#### **♦ Anxiety Support Group**

Members are encouraged to apply problem solving and coping skills with the assistance of facilitators. Group member encouragement and emotional support is an important emphasis.

#### **♦ Anxiety and/or Depression Support Groups**

Clients are expected to focus on problem-solving model and committed to group discussion. Members of this group must have symptoms and history of depression as a result of grief or loss, interpersonal conflict, and/or difficulty adapting to a new role, or adjusting to a change in life.

♦ **Social Recreation Group**

Activities are planned by the members and facilitators, and may take place in the community or at the meeting location.

♦ **Mood Maintenance Group**

This is a symptom management and relapse prevention group with a focus on understanding the personal characteristics and risk factors for bipolar disorder, clinical depression and other mental illnesses.

### **DISTRESS CENTRE DURHAM**

♦ **Suicide Survivor support Group**

Those individuals whose lives have been impacted by the loss of a loved one to suicide are referred to as “survivors”. Trained staff and a Peer survivor facilitate all groups. This is an 8 week closed Support Group for individuals grieving the loss of someone who died of suicide. The focus of the support group is to better understand the uniqueness of the grief associated with suicide.

### **JOHN HOWARD SOCIETY**

John Howard Society (JHS) is active in four Durham Region locations providing services in many areas which help individuals and families and youth improve life skills and quality of life. Many programs are free, a sliding fee scale is available. Some groups they provide:

- ♦ DAD’s Support: helps fathers gain skills they need to nurture their children
- ♦ Anger Management

### **DURHAM HOSPICE**

Community, volunteer based organization providing care to clients and families facing life threatening illness. They offer various supportive, non-medical services free of charge. The service enables clients to live life as fully as possible in their own homes. They also provide caregiver relief, family support and bereavement support groups.

## **SALVATION ARMY**

The Salvation Army is the largest non-governmental direct provider of social services in Canada and serves in 400 communities across the country. There are Salvation Army locations throughout Durham. Each location may offer a range of group support. Contact each location to discuss programs available.

### ***12 Step Self- Help Groups***

#### **Alcoholics Anonymous (AA)**

Alcoholics Anonymous® is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership; they are self-supporting through their own contributions. AA is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy, neither endorses nor opposes any causes. Their primary purpose is to stay sober and help other alcoholics to achieve sobriety.

#### **Narcotics Anonymous (NA)**

NA is a nonprofit fellowship or society of men and women for whom drugs had become a major problem. The groups consist of recovering addicts who meet regularly to help each other stay clean. This is a program of complete abstinence from all drugs. There is only one requirement for membership, the desire to stop using.

#### **Emotions Anonymous (EA)**

Emotions Anonymous is a twelve-step organization, similar to Alcoholics Anonymous. The fellowship is composed of people who come together in weekly meetings for the purpose of working toward recovery from emotional difficulties. EA members are from many walks of life and are of diverse ages, economic status, social and educational backgrounds. The only requirement for membership is a desire to become well emotionally.

## ***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. Some require a great deal of time and commitment, others are very casual. You can also volunteer to help 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.

## ***Consumer Support Initiatives***

### **CMHA DURHAM REHABILITATION SERVICES AND PEER SUPPORT**

Rehabilitation Peer Support case managers are under the umbrella of CMHA Durham's Rehabilitation Services and is an integral part of service delivery. Peer support is provided through various activities and services, such as peer facilitated groups, peer supported programming (i.e. day programs in Oshawa and Bowmanville, older adults day program), peer facilitated community visiting, recreational activities and brief case management.

### **DURHAM MENTAL HEALTH SERVICES**

DMHS believes that individuals with lived experience of mental illness can vitally contribute to client support and community education. The DMHS Peer Support program provides practical, emotional, and educational support to individuals who experience mental health problems. In addition, it works in the community to raise awareness of mental illness, provide education, and coordinate Peer Support programming with other organizations across Ontario's Central East region.

GROUP & INDIVIDUAL SUPPORT: Setting recovery goals, Life-skills training and coaching, Psychoeducational programming, Social networking and support, Linkage to services

COMMUNITY SUPPORT: Education, System coordination, Peer Support program development

The Consumer-Peer Support Specialist relationship can promote resilience and help buffer stressors or adversity. Consumers benefit from the empathy and encouragement that a person who has lived their struggles can offer. It is support "by peers for peers" – a positive, hopeful, and equal relationship that promotes health, dignity, self-acceptance, and progress towards recovery.

## ***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 about influencing outcomes and achieving results which will positively impact you or a group of individuals with a similar issue.

Individual advocacy and systems advocacy are similar. Both 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 life easier for the affected population.

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

*"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: (Recovery)**

### ***Community Care Durham (COPE Mental Health)***

#### **Ajax/Pickering office:**

1420 Bayly St, Unit 6, Pickering, ON, L1W 3R4 905.837.0017 ext. 229

#### **Brock Office:**

1 Cameron St E, PO Box 176 , Cannington, L0E 1E0 705.432.2900, ext. 232

#### **Clarington Office:**

2440 Hwy. 2, Unit 1, Bowmanville, ON L1C 0K6 905.623.4123

#### **Whitby Office:**

20 Sunray Street Unit 5 Whitby, ON L1N 8Y3 905.668.6223, ext. 227

#### **Uxbridge Office:**

75 Marietta St Unit #1, Uxbridge, ON L9P 1K7 905.852.7445 ext. 24

#### **Oshawa Office:**

20 Sunray Street Unit 6 Whitby L1N 8Y3 905.666.0689

#### **Scugog Office:**

16100 Old Simcoe Rd Port Perry, On L9L 1P3 905.985.8461, ext. 225

### ***John Howard Society of Durham Region***

**Ajax:** 136 Commercial Avenue Ajax, ON L1S 2H5 Tel. 905.427.8165

**Bowmanville:** 132 Church Street Bowmanville, ON L1C 1T5 Tel. 905.623.6814

**Oshawa (Main Office):** 75 Richmond St. West L1G 1E3 Tel. 905.579.8482

**Whitby:** 114 Dundas St E Unit #200 Whitby, ON L1N 2H7 Tel. 905.666.8847

[www.jhsdurham.on.ca](http://www.jhsdurham.on.ca)

### ***Salvation Army***

#### **House of Hope Ajax & Pickering**

37 King's Cres Ajax, ON L1S 2L8 905.427.7123

#### **Oshawa Community and Family Services**

45 King St E Oshawa, ON L1H 1B2 905.723.7422

#### **Uxbridge Family Service**

35 Toronto St N Uxbridge, ON L9P 1E6 905.852.0090

#### **Whitby Family Services**

607 Palace St Whitby, ON L1N 6S5 905.430.3454

#### **Bowmanville Community And Family Services**

75 Liberty St S Bowmanville, ON L1C 2N8 905.623.2185

***Distress Centre Durham***

306 Brock St, N Whitby ON L1N 4H7 905.430.3511

***Mood Disorder Association of Ontario (Ajax branch)***

New Depression, Anxiety, and Caregiver Support Groups  
905.426.4347

***Durham Hospice***

1650 Dundas St E, Suite 201 Whitby, ON L1N 2K8  
Phone: 905.240.4522 Toll-free: 1.877.668.9414  
[www.durhamhospice.com](http://www.durhamhospice.com)

***Durham Mental Health Services, Peer Support Services***

[www.dmhs.ca](http://www.dmhs.ca) 905.666.0831

***Canadian Mental Health Association Durham,***

Community Wellness Services: Peer services  
60 Bond St. W, Oshawa, ON L1G 1A5 905.436.8760

***Alcoholics Anonymous A A***

Lakeshore Intergroup - 124 Wilson Road South, Unit 102 Oshawa, ON L1H 6C1  
24-Hour Telephone Answering Service: 905.728.1020  
[www.aaoshawa.org](http://www.aaoshawa.org)

***Narcotics Anonymous NA***

Central Lake Ontario Area of Narcotics Anonymous  
PO Box 54060, 8 King Street, Oshawa, ON, L1H 1A9  
Toll-free phone: 1.877.369.2227  
[www.cloana.org](http://www.cloana.org)

***Emotions Anonymous EA***

c/o Muriel Doucette 751 Gaspe Ave Oshawa, ON L1J 1C8  
Phone: 905.723.2035 E-mail: [murieldoucette@rogers.com](mailto:murieldoucette@rogers.com)

***Schizophrenia Society of Ontario (SSO)***

Peterborough/ Durham Region Family Support Services  
1.800.449.6367

**ConnexOntario Health Services Information**

[www.connexontario.ca](http://www.connexontario.ca)

ConnexOntario is a corporation funded by Ontario's Ministry of Health and Long-Term Care. It operates three comprehensive health service information databases that are accessible over the internet or by phone:

**Drug and Alcohol Registry of Treatment (DART)**

Provides information & referral to alcohol and drug services.

1-800-565-8603 [www.dart.on.ca](http://www.dart.on.ca)

**The Ontario Problem Gambling Helpline (OPGH)**

A province-wide information and referral service with interpretation available in more than 140 languages. If Gambling is affecting your life, calling the Ontario Problem Gambling Helpline can be the first step towards a solution.

1-800-230-3505 or [www.opgh.on.ca](http://www.opgh.on.ca)

**Mental Health Service Information Ontario**

Mental Health Service information (MHSIO) provides comprehensive information about mental health services and support across Ontario. Calling 24/7 and a professional information and referral specialist will be able to help. Start by getting clear information about mental health services and supports that will assist you or someone you care about to get help. The call is free, confidential and anonymous.

1-866-531-2600 or [www.mhsio.on.ca](http://www.mhsio.on.ca)

**Volunteering website resources:**

[www.charityvillage.com/cvnet/volunteer.aspx](http://www.charityvillage.com/cvnet/volunteer.aspx)

[www.myvolunteerpage.com](http://www.myvolunteerpage.com)

## ***YOUR NOTES***



Artist: Denise Gagnon

# ***PHYSICAL & EMOTIONAL WELLBEING***

## ***Impact Physical Illness on Mental Health***



The impact of physical illness on one's mental health has received limited attention and discussion. In fact, few people in the general population even consider the role that physical illness plays in mental health. For example, when you get a cold, you may be a little irritable. Most of us would attribute the irritability to not feeling well.

However, it goes a little deeper than that. Sometimes when we don't feel well due to a simple cold we may feel a little blue. Things that would not otherwise be a big deal in our lives become a little larger. We do not respond or react as we normally would.

Fortunately, the cold does not last long, and we get back to being “normal.” But what if you develop a long term illness, or even a fatal illness? How does that affect your mental health? It affects every area of your life, including personal relationships, social interactions, work, and even religious beliefs and spirituality. With such illnesses, it isn't even so much a question of feeling unwell physically. It is a question of not feeling well mentally.

Naturally, when confronted with long-term illnesses, no matter how mild or serious, we experience a range of emotions, such as anger, worry, and sadness. The biggest concerns, from a mental health standpoint, are depression and anxiety. It is not at all uncommon for someone who is suffering from a long-term physical ailment to experience either of these conditions. They are, however, often overlooked and left untreated by health care providers.

When you notice signs of depression and anxiety you need to let your doctor know. These days, doctors are more aware of how physical ailments affect mental health. They are on the lookout for signs of anxiety or depression in their patients. However, for the most part, your doctor will not be aware that a problem exists if you are not open and honest with him/her about your feelings and what is going on in your life. Don't try to go it alone and do not assume it will pass.

## ***Physical Activity and Mental Well-being (Wellness)***

The importance of exercise and wellness has been demonstrated by its impact on disease such as coronary heart disease, obesity and diabetes.

However there is evidence that exercise can be therapeutic in cases of depression and anxiety and that physical activity can be seen as a means of upgrading life quality. We now know that exercise promotes health, enhances self-esteem, improves mood states, reduces anxiety, enhances resilience to stress, and improves sleep.

Research suggests that moderate regular exercise should be considered as a viable means of treating depression and anxiety and improving mental well-being. And exercise is simple and inexpensive.

Participation in *leisure and recreational activities* improves a person's physical and mental health. It can also create opportunities for social networking. Leisure and recreation are both crucial components of a balanced healthy life style.

### **What works, what is helpful?**

- ♦ Get real: take small steps, set and achieve reachable goals, it works motivating.
- ♦ Get committed: say "I will \_\_\_\_" If you say "I'll try\_\_\_\_" the goals might not be right for you.
- ♦ Give up 'shoulds', follow your own feel good story
- ♦ Get assertive: Set a priority for yourself that is good for you
- ♦ Reward yourself: celebrate small successes. It's all about feeling good and keeping yourself going.
- ♦ Remind yourself: Add new (desired) behaviors to your to do list
- ♦ Seek support: Buddy up with friend or family, join support groups.

Also be aware that change doesn't happen in one step. Rather people tend to progress through different stages on their way to successful change. And each person will progress through the stages at their own rate.

*"Though no one can go back  
and make a brand new start,  
anyone can start from now  
and make a  
brand new ending"*

## ***Understanding Metabolic Syndrome/ Cardio Vascular Disease***

People with mental health problems are generally less active and more sedentary than the general population. To combat their mental illness they are often prescribed anti-psychotic medications that are sedating and lead to reduced physical activity. Smoking and poor eating habits are also risk factors. These can lead to significant weight gain and risk of long term health conditions such as diabetes, heart disease and high blood pressure.

Most find it hard to start with a lifestyle change, like starting an exercise program or eating healthier. But by reading and learning about metabolic risk factors and gaining knowledge and awareness you have a first positive step towards a healthier lifestyle. However improved knowledge does not necessarily lead to behavior change. The next step is to develop an action plan for change and DO IT. Once you realize the value of changing (i.e. starting to exercise twice a week) is greater than the difficulty of changing, you will continue with this new behavior.

***Metabolic syndrome*** is a group of risk factors for heart disease. You may have metabolic syndrome if you are overweight and have high blood pressure and high levels of sugar and fats in your blood.

Lack of exercise, smoking, a high calorie and saturated fat diet contributes to Metabolic Syndrome. You can lower your risk of metabolic syndrome and the associated risks by changing some of your lifestyle habits such as:

- ♦ Quitting smoking
- ♦ Eating healthier
- ♦ Participating in physical activity or exercise.
- ♦ Stress management
- ♦ Relaxation
- ♦ Limit alcohol intake

### ***Steps to building a healthier lifestyle***

- ◆ You need to see the value in feeling good and healthy. Startling as it may seem, some people who have never been reasonably fit, may not know what good health feels like.
- ◆ Make time for yourself. It may be difficult as people exist at a frantic pace but finding time is important.
- ◆ Get a good night's rest. It's easier to engage in an exercise program if you don't feel tired. Physical activity helps increase energy during the day and improves sleep at night.
- ◆ Get support. The positive feedback, encouragement, and understanding from others are needed to move ahead. Self rewarding only goes so far.
- ◆ Set realistic goals. A person that sets realistic goals for themselves will get encouraged once they have been met.
- ◆ Get knowledge. And get into a routine that gives results in order to continue with a weight management program or an exercise program.
- ◆ Eat at home in order to withstand the temptation of all the fast and convenience food.
- ◆ Be resilient in addressing stress in your life. You need to have strength in order to start to live healthier.
- ◆ Set yourself a purpose. Motivate yourselves and don't accept a bad health status.
- ◆ Be confident. Belief in yourselves that you can change.
- ◆ Prepare yourself and be aware that changes might take time before you notice them.

### ***Facts & Statistics***

People in the mental health population are at greater risk of developing metabolic syndrome and other chronic diseases. Evidence shows that:

- ◆ 30% of people with diabetes are thought to also have a mental illness such as depression or anxiety, and people with anxiety are up to six times more likely to die of coronary heart disease.
- ◆ The use of antipsychotic medications has been associated with metabolic syndrome side effects including weight gain, sedating effects leading to sedentary lifestyles, and susceptibility of type 2 diabetes.
- ◆ While metabolic syndrome is itself considered a serious health risk, the risk of developing coronary heart disease and stroke is 3-5 times higher in individuals with metabolic syndrome.
- ◆ The incidence of type 2 diabetes is at least 3 times higher in people with schizophrenia than in the general population.
- ◆ Individuals with mental health diagnoses are from 25-70% more likely to be treated for obesity, diabetes, hypertension, and metabolic syndrome than the general population.
- ◆ Rates of smoking are 2-4 times higher among people with psychiatric disorders and substance abuse disorders.

### **Sleeping Tips:**

- ♦ Nicotine, Alcohol. Caffeine. Do not use 2-3 hours before bedtime.
- ♦ Exercise a few times a week. Avoid exercise 3-4 hours before bedtime.
- ♦ Nighttime slumber: try to avoid daytime naps.
- ♦ Bed comfort: Room to stretch, comfortable pillow, mattress and sheets
- ♦ Routine: Get up and go to bed at the same time (to set your internal clock)
- ♦ Light meals: Eat lightly or nothing at all before going to bed.
- ♦ People with diabetes should eat a light snack before going to sleep (banana, oatmeal).
- ♦ Liquids: Avoid drinking liquids (i.e. water) 2-3 hours before bedtime. Alcohol will cause poor quality sleep
- ♦ Try to get rid of or deal with things that make you worry.
- ♦ Don't go to bed unless you are sleepy
- ♦ If you are not asleep after 20 minutes, then get out of bed and try again in 30 minutes.
- ♦ Make your bedroom quiet, dark and a little cool.
- ♦ Don't read, write, eat, watch TV, talk on the phone, or play cards in bed.

### **Sleep and Mental Health**

- ♦ Sleep is very important for good health. Studies show that not getting enough sleep or getting poor quality sleep on a regular basis increases the risk of having high blood pressure, heart disease, obesity, and other medical conditions.
- ♦ We need sleep to think clearly, react quickly, and create memories. Skimping on sleep has a price. You are more likely to make bad decisions and take more risks. It will also slow your response time.
- ♦ Sleep also affects our mood. Insufficient sleep can make us irritable and is linked to poor behavior and trouble with relationships, especially among children and teens. People who chronically lack sleep are also more likely to become depressed. Studies also show that with a good night's sleep people are able to do challenging tasks better.
- ♦ Sleep is cumulative; if you lose sleep one day, you feel it next. If you miss adequate sleep several days in a row, you build up a 'sleep deficit'
- ♦ Adults need about 7-8 hours of sleep each day.

## ***Smoking Cessation and Support***

Within hours of stopping cigarettes, your body starts to recover from the effects of nicotine and tobacco additives. Blood pressure, heart rate, and body temperature- all of which are elevated because of the nicotine in cigarettes- return to healthier levels. Your lung capacity increases and the bronchial tubes relax, making breathing easier. Poisonous carbon monoxide in your blood decreases, allowing the blood to carry more oxygen.

Smoking cessation is one of the most important actions that can impact your health in many good ways. There are a number of resources available for smoking cessation through Public Health or your health care practitioner.

## ***Stress Management & Relaxation***

Stress management and relaxation aren't just "nice things to do" or luxuries. They are vital to understand and actively do if you want to improve your health and energy levels. Stress has mental and physical elements. Understanding what stress is, how it affects your health and life style and learning the basic steps to managing stress are important first steps toward getting positive results.

*"I have learned that despite my mental health illness I too have rights concerning my physical health, people comment on how much better I seem"*

*"After receiving help with improving my physical fitness it has helped me in my everyday life as I am now daily motivated to get up and face the world"*

## **CONTACTS AND RESOURCES (Physical & Emotional Wellbeing):**

This guidebook will not list all the medical care services that are available in the Durham Region. Please contact your own doctor or clinic as a starting point for specialized programs and services. We have included resources that have programs and services other than just medical. For smoking cessation resources see resources in the Concurrent Disorder chapter.

### ***Oshawa Community Health Centres***

Various programs, including diabetic support and weight management programs.  
Oshawa: 905.723.0036 [www.ochc.ca](http://www.ochc.ca)

### ***Brock Community Health Centre***

Provides a range of community based health services through various health professionals and support staff [www.brockchc.ca](http://www.brockchc.ca)  
1 Cameron Street E, Cannington ON 705.432.3322

### ***Metabolic & Weight management Clinic (Ontario Shores Centre for Mental Health Sciences)***

Specialized resources that offer weight management and lifestyle programs, medical and nursing care. Services are offered on site as well as in other locations in the Durham region. 877.767.9642

### ***Durham Health Connection Line***

Health information line staffed by public health nurses.  
905.666.6241 1.800.841.2729 Mon-Fri 9am– 6pm

### ***Online Healthcare Resource Ontario*** [www.ontariodoctordirectory.ca](http://www.ontariodoctordirectory.ca)

### ***Smoking Helpline*** 1.877.513.5333 [www.smokers.helpline.ca](http://www.smokers.helpline.ca)

### ***Overeaters Anonymous*** 1.800.221.5061 [www.oaontario.org](http://www.oaontario.org)



Title of work: Tie— Dye Fantasy

Artist: Margaret Franklin

# ***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 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. Helping the individual move from illness to recovery is an apprehensive time.

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

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

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

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

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

## ***Understanding Caregiver Stress***

Being a caregiver can be rewarding in many ways. You may feel that your efforts are making a real difference in the individual's life. On the other hand, care giving can soon become an overwhelming task. 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," 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, depressed, lonely or emotionally drained

*"Care giving is not just about caring for someone, and taking care of their needs. Care giving is caring about someone. And caregivers need help. To be strong and avoid burnout, one must be supported. To make difficult decisions, one must be trusted. To make realistic judgments, one must have realistic options. To care for themselves, caregivers must have reassurances that their loved ones are also receiving the best care possible."*

## 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 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 how to support you.
3. **Create a strong support network** – This may include friends, family or community 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 counselling 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, explore respite options in your community.
9. **Relax** – Try stress management and relaxation techniques such as yoga, meditation or massage.
10. **Stay involved** – Maintain your hobbies and interests. Stay in touch with your family and friends so you don't start to feel isolated. You will find strength to go on with your care.

## ***Coping with Grief When a Loved One has a Mental Illness***

Learning that a family member has a mental illness can be a devastating experience. Most people will feel a sense of shock and sadness that will take some time to work through. A diagnosis may necessitate a shift in expectations, goals and plans – at least for the immediate future. This can make people feel that their dreams for the loved one have been lost and can lead to a grieving period.

In 1969, Dr. Elisabeth Kubler-Ross authored a book “*On Death and Dying*” in which she proposed that during the grieving process people typically move through five stages. Denial, Anger, Depression, Bargaining and Acceptance were originally described as stages one goes through after a diagnosis of a terminal illness, but Kubler-Ross and others have since applied this model to other types of grieving.

Depending on how long it has taken to get a reliable diagnosis, some people will actually feel a sense of relief because it helps them to begin to understand what has been going on. Also “naming the problem” enables them to separate the illness from the person. Often the news follows a period of extreme turmoil, during which the loved one’s behaviour is unusual, scary or hard to comprehend - and having a diagnosis provides some guidance for treatment and leads to hope for recovery.

There is no right or wrong way to deal with the grief and sadness that comes with diagnosis – but there are healthy ways to cope with the pain. This may be a good time to get involved with a community mental health agency that provides education and support to families and caregivers. Learning about the treatment and services that are available and connecting with others who have adjusted to their own situations can help a family move forward together - with optimism, resiliency and strength.

## ***Community Care Access Centres (CCACs)***

Whether mental health is involved or not, the loved one you are supporting may need additional care for physical issues. 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. They work with the individual's personal support network, which may include a psychiatrist and case manager 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 eligibility. Eligibility occurs if:

- Individual has valid health card number
- Home is suitable for providing care
- Individual is unable to access services elsewhere

*" Nobody thinks they will become a family caregiver. One day you are a son or daughter, occasionally helping your parents. Seemingly overnight you become a case manager, disease specialist, chauffeur, researcher, care advocate, all in support of an aging parent. How did it happen?"*

Case managers make the arrangements to put services in place, do reassessments 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 the individual is 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 will be covered for what will not be covered.

## ***Support and Family Education Programs***

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

**Durham Mental Health Services (DMHS)** offers support to families and caregivers through weekly support groups. The goal is to reduce stress by providing an opportunity to develop a system of support and to gain knowledge regarding mental illness, coping strategies and community resources. There are also monthly family education nights with guest speakers and /or group facilitators who share on a variety of topics. Community partners are co-facilitating these sessions. Support is also available for one-to-one situations to assist with practical and emotional aspects of being a caregiver. This support is available to any concerned caregiver, regardless of where you are in the process of being diagnosed. Your family member does not require an official or final diagnosis in order for you to access these services.

**The Alzheimer Society of Durham Region** is an organization that employs trained professionals with expertise in dementia and elder care. Various services are being offered at several locations such as caregiver support groups, education workshops, information sharing evenings and community visits for individual situations. Whether the diagnosis is unknown, recent or longstanding, friends and family members can seek information and support regarding Alzheimer Disease or related dementia.

## **CONTACTS AND RESOURCES: (Caregivers)**

### ***Alzheimer Society of Durham Region***

Information, support, public information, support groups, Caregiver workshops  
905.576.2567 1.888.301.1106  
[www.alzheimer.durham.com](http://www.alzheimer.durham.com)

### ***Central East Community Care Access Centre***

Information and referral and coordination of:  
Personal support, nursing, social work, adult day program, occupational therapy.  
905.430.3308 1.800.263.3877 [www.ce.ccac.ont.ca](http://www.ce.ccac.ont.ca)

### ***Community Care Durham (COPE Mental Health Services)***

10 week course (Spring/ Fall) "Strengthening Families Together", monthly support group meetings, Caregiver Wellness and Recovery Support Group  
905.623.4123 (Clarington)  
[www.communitycaredurham.on.ca](http://www.communitycaredurham.on.ca)

### ***Oshawa Senior Citizens Centres***

Adult day programs and other caregiver support through peer mentoring and twice yearly educational sessions  
Call: 905.576.6712 [www.oscc.ca](http://www.oscc.ca)

### ***Durham Mental Health Services***

Family Support Program which offers support to the family members of a person with mental illness. Support and advocacy services through individual support and through scheduled peer support group meetings.  
or 905.448.0453 ext 3256 or 905.666.0831 [www.dmhs.ca](http://www.dmhs.ca)

### ***Durham Hospice***

Community, volunteer based organization providing care to clients and families facing threatening illness.  
905.430.4522 (Whitby) 905.852.4461 (Uxbridge)  
Toll Free: 1.877.668.9414  
[www.infodurhamhospice.com](http://www.infodurhamhospice.com)

### ***Pinewood Centre***

Parent and adult family support group, 6-8 week sessions, 3– 4 times a year  
Oshawa Centre 905.571.3344 1.888.881.8878

**Ontario Shores Centre for Mental Health Sciences**

Family Resource Centre: A place to share knowledge, connect with other families and access resources and support. Mon-Fri: 1-3 pm

For more information call: 905.430.4055 [www.ontarioshores.ca](http://www.ontarioshores.ca)

**Region of Durham: Family services**

Professional counselling services for individuals and families (Fee for service might apply). Programs are provided in several locations in Durham Region.

1.888.840.6697 [www.region.durham.on.ca](http://www.region.durham.on.ca)

**Nar-Anon Family Groups of Ontario**

12-step program for family and friends of persons who have problems with narcotic addiction.

1.877.239.0096 [www.naranonontario.com](http://www.naranonontario.com)

**Al Anon and Ala Teen Family Groups**

Self-help recovery program for friends and family of persons suffering from problems with alcohol. Participants receive support from each other to solve common problems.

1.800.921.3555 905.728.1020 (Oshawa office, 24 hour answering service)  
[www.aaoshowa.org](http://www.aaoshowa.org)

**Websites and phone lines:**

**The Canadian Caregiver Association** [www.cca-acaf.ca](http://www.cca-acaf.ca)

**The Schizophrenia Society (Durham)**

[www.schizophrenia.on.ca](http://www.schizophrenia.on.ca)

705.748.6711 (Ext. 308) Peterborough office 1.800.263.5545 (Canada)

**Caregiver Network Inc.** [www.caregiver.on.ca](http://www.caregiver.on.ca)

**How to Care** [www.howtocare.com](http://www.howtocare.com)

**Distress Centre Durham**

Helpline: (905) 430-2522 1.800.452.0688

Community Resource Centre: 905.430.3511

[www.distresscentredurham.com](http://www.distresscentredurham.com)

**Strength for Caring** [www.strengthforcaring.com](http://www.strengthforcaring.com)

## ***YOUR NOTES***



Artist: Lillian Pincombe

# ***LEGAL ISSUES***



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

## ***Become Educated About Mental Health Issues and the Legal System***

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

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

## ***An Overview of the Legislation***

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

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

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

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

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

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

You can get your own copy of the *Mental Health Act* by visiting the  
Publications Ontario website at:

<http://pubont.stores.gov.on.ca/pool/english/catalogue.asp>

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.

## ***Family Law Information Centre (FLIC) Oshawa Court House***

### ***Walk in services only***

#### ***Family Law***

Family law involves all legal issues that can be dealt with in a family court, including:

- ♦ Divorce and separation
- ♦ Child custody and access
- ♦ Support for you, your spouse and children
- ♦ Division and equalization of family property
- ♦ Treatment of a matrimonial home
- ♦ Enforcements of support payments
- ♦ Child protection and adoptions

- ♦ Assists in meeting the individual needs of clients, particularly clients who are not represented by a lawyer and are entering the family court system for the first time.
- ♦ Information and referral on alternative dispute resolution options.
- ♦ Information related to separation and divorce and available community resources.
- ♦ Provides information about court process and court forms, legal advice from an advice lawyer from Legal Aid Ontario.
- ♦ Pamphlets and publications available on separation and divorce and child protection matters, information available about family mediation services, parent information sessions.
- ♦ Written information about Family law, resources and Family Court procedures.

**Get a copy of "RIGHTS AND RESPONSIBILITIES: Mental Health and the Law" and other Ministry of Health publications related to mental health at:**  
**[www.health.gov.on.ca/english/public/pub/pub\\_menus/pub\\_mental.html](http://www.health.gov.on.ca/english/public/pub/pub_menus/pub_mental.html)**

## ***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. **General Power of Attorney for Property** is a legal document that lets the attorney manage your finances and property only while you are mentally capable. This type of Power of attorney is usually used in business or if you need somebody to look after your finances and property while you are away for an extended period of time.
3. **Continuing Power of Attorney for Property** lets an appointed attorney go on as acting for you if you become mentally incapable of managing your property and/or financial affairs.

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 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 Assessment***

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

1. **Voluntary** - the individual and doctor both feel that admission is necessary.
2. **Involuntary or Informal** - the doctor decides the individual should be admitted and signs a Form 3.
3. **Court order** - given to a person who the judge feels may not be fit to stand trial or are criminally responsible for an act.
4. **Police involvement** - police who bring the individual to a facility must stay with the individual until the facility decides whether or not to admit them.

## ***Understanding Admission***

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

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

## **Some Questions To Ask The Doctor About Involuntary Status**

- ♦ Why did you sign the Form 3 or Form 4?
- ♦ Who do you think will be harmed if 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 Doctor's Decision to Keep You as an Involuntary Patient, There are Two Options***

**The first option** is to arrange to meet with your doctor to talk about your involuntary status. At this time you can ask why you have been given involuntary status and whether or not the doctor 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 doctor must let the patient see and copy any documents that will be used as evidence in the hearing. The doctor can withhold parts of the clinical record from the patient, but must apply to the Board to do that.

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

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

## ***Understanding Community Treatment Orders (CTO's)***

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

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

The treatment and supervision required by CTO must be available in the community. All parties mentioned in the Community Treatment Plan will participate in a team conference prior to a CTO coming in effect. The person issued a CTO may be assigned a substitute decision maker (SDM) if deemed incapable of making decisions regarding health. Before a CTO becomes effective, a Rights Advisor will be consulted by the person issued a CTO and their SDM. They have the right to appeal to the Consent and Capacity Board about having a SDM and about the CTO itself.

There is an automatic review by the Consent and Capacity Board after a CTO is renewed for a second time and for every second renewal after that point. A CTO will expire six months after it is issued, unless renewed or terminated by a physician. If the person with the mental illness does not comply with the CTO, the physician can order a Form 46 for them to be returned to hospital for a psychiatric assessment.

### ***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 to 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 (NCR) due to mental illness can be detained at a psychiatric facility or released subject to conditions, such as reporting to a psychiatric facility for monitoring. The *Ontario Review Board* under the Criminal Code is responsible for making decisions about the custody and conditional discharge of people with mental illness who have committed a crime.

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

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

- ◆ There are significant disparities between regions in the supports and processes available for someone involved with both the legal and mental health system (I.e. Court Diversion programs are not consistently available throughout Ontario)
- ◆ 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.

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

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

**Order for Examination by a Justice of the Peace:** Anyone can ask a Justice of the peace to sign an Order for Examination (Form 2) which allows the police to 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. (See also page 174)

**Police Officer's Authority under the *Mental Health Act*:** 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.

## ***Understanding Rights Advice for Psychiatric Patients***

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

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

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

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

## **Families and Information-sharing**

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

## ***Understanding the Use of Restraint***

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

**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).

## ***Understanding Form 2***

As a caregiver it is possible that it becomes difficult to live with somebody because of their mental health and the behaviors that are a result of that. Or you are worried about condition of the individual him/ herself. The individual might refuse to go to a psychiatric facility for examination. The caregiver (i.e. parents) has the option to go to the justice of the peace (JoP) and get a signed form that directs the individual to go for examination (Form 2). In order for the JoP to sign this form the caregiver needs to prove that this examination is beneficial and needed. A number of health and safety criteria need to be considered before such a form is signed by a JoP and evidence has to be provided. See [www.qsos.ca/mha.html](http://www.qsos.ca/mha.html) for details.

With this agreement the caregiver can call the police and have the individual brought to a psychiatric facility for an examination.

**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.**

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

| FORM # | FORM NAME                                                                                                                    | SECTION OF MHA | WHO SIGNS                                                                                                                           |
|--------|------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------|
| 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                                                                                                               |
| 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                                                                                      |

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

## ***Durham Mental Health Services Justice Programs***

### **Mental Health Court Support**

This program assists adults with mental health problems who find themselves in conflict with the criminal justice system. A Court Support Worker assesses each referral received, determines what services might be helpful, and assists the client in linking with those services. Consultation, education, advocacy and linkage to other supports are also available to family members.

### **Youth Mental Health Court Support**

A Court Support Worker, experienced working with the children and youth, is available to provide youth up to 18 with court support (including diversion) and linkage to appropriate community services.

### **Court Diversion**

Court Diversion is a pre-trial procedure where the Crown Counsel decides not to prosecute if the accused agrees to a treatment plan to address his or her particular needs. This program is for low risk offenders and participation is voluntary. A Court Support Worker provides consultation and advice to the Crown Attorney's Office on cases referred for disposition and diversion, and develop a treatment plan for the diversion.

**Pre-Charge Diversion** is a program provided to individuals with mental health issues who have been identified by police as appropriate for being diverted before being charged for a criminal offence. The individual works with Durham Regional Police Services, a court Support Worker and a Case Manager. The program is for non-violent criminal offence or disturbance related offences. The program is voluntary.

## ***Canadian Mental Health Association Durham Criminal Justice Case Management***

The Forensic Case Management Program of the Canadian Mental Health Association Durham:

- Provides intensive case management to mentally disordered offenders.
- Assists with court appearances, probation, parole, statutory release and long-term supervisory orders.
- Facilitates in the prevention of clients from re-offending and breaks the cycle away from the criminal justice system.

## **CONTACTS AND RESOURCES: (Legal)**

### ***Legal Aid Ontario***

Provides equal access to justice for low income people, financial circumstance and the nature of need must be assessed. Deals only with matters covered under the Legal Aid Act.

1.800.668.8258

### ***Durham Community Legal Clinic***

Legal advice or representation on a variety of legal topics including mental health issues.

111 Simcoe St. N. L1G 4S4 Oshawa, ON

905.728.7321 1.888.297.2202

[www.durhamcommunitylegalclinic.ca](http://www.durhamcommunitylegalclinic.ca)

### ***Durham Family Court Clinic***

Extensive expertise in issues pertaining to separation and divorce, child welfare and youth in conflict with the law matters. Assessment and family mediation are also available.

44 Richmond St W, Ste 201 Oshawa, ON L1G 1C7

905.436.6754

### ***Durham Mental Health Services: Court support office***

150 Bond Street East Oshawa, Ontario L1G 0Z2

905.743.9384

### ***Canadian Mental Health Association Durham***

#### ***Criminal Justice Case Management***

60 Bond St W Oshawa, ON L1G 1A5

905.436.8760

### ***John Howard Society of Durham Region: Pardon Assistance***

905.579.8482

[www.jhsdurham.on.ca](http://www.jhsdurham.on.ca)

**Canadian Mental Health Association Durham: CTO Office**

60 Bond St W Oshawa, ON L1G 1A5  
905.436.8760 ext.296

**Anti-Poverty Advocates**

[www.povnet.org](http://www.povnet.org)

Brows PovNet for news, online resources, applications, links, and government information by region.

**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

**ARCH (A legal Resource Center for Persons with Disabilities)**

425 Bloor St. E. Suite 110 Toronto, ON  
416.482.8255 1.866.482.2724

[www.archdisabilitylaw.ca](http://www.archdisabilitylaw.ca)

**Legal Line**

Legal Line is strictly a legal information resource on a variety of topics and categories. It does not offer any legal advice. If you seek advice, call a lawyer service.

416.929.6011 ext. 725

[www.legalline.ca](http://www.legalline.ca)

**Durham Regional Crime Stoppers Inc.**

International, crime solving program which functions as a community based partnership made up of the public, news media and the police.

Encourages the public to report criminal activity to Crime Stoppers which shares the information with police.

905.436.8477– 24 hours 1.800.222.8477– 24 hours

**Community Justice Alternatives of Durham Region**

Victim Offender Reconciliation Program, Community Service Order programs, Community Mediation Program, workshops to youth, Adult Justice Committee (AJC) program.

905.683.8615

[www.cjadurham.org](http://www.cjadurham.org)

***Family Law Information Centre***

Provincial Courthouse Oshawa  
150 Bond Street East, Oshawa Ontario L1G 0A2V  
905.579.1988

***The Psychiatric Patient Advocate office***

1.800.578.2343 [www.ppao.gov.on.ca](http://www.ppao.gov.on.ca)

***Office of the Public Guardian and Trustee (Guardian Investigations)***

1.800.366.0335

***Ministry of the Attorney General***

1.800.518.7901

***Capacity Assessment Office***

1.866.521.1033

***Consent and Capacity Board***

1.866.777.7391

***Information and Privacy Commissioner***

1.800.387.0073

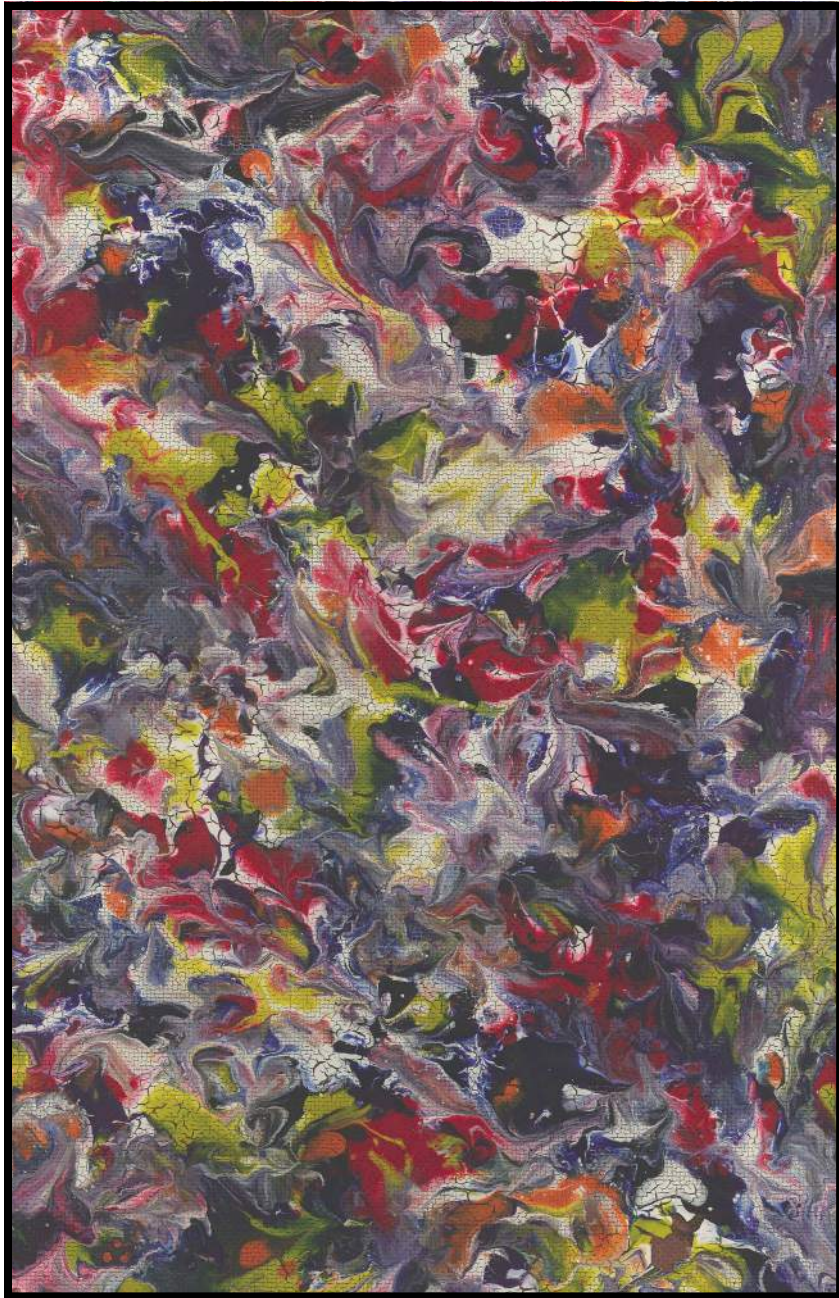
***Schizophrenia Society of Ontario Justice and Mental Health Program***

1.800.449.6367

***Justice of the Peace (Form 2)***

905.430.4414





Title of work: The Sea of Love  
Artist: Eddy Reid

## ***INCOME AND BASIC NEEDS***

Facing the prospect of being unable to work and earn an income for an uncertain 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 experiences mental illness. Like anything else, navigating the legal and financial world 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 because of physical disability. Mental illness that prevents a person from generating income is considered a physical disability. ODSP is a last-resort financial option for people who are expected to be functionally disabled in terms of employment for at least one year. Because ODSP is designed as a last-resort benefit, an individual must have exhausted all other forms of financial support, like Employment Insurance (EI), CPP Disability, and individual savings down to a maximum of \$5,000 left in savings, before becoming eligible.

### ***How Do You Become Eligible for ODSP?***

Often a person's physician/psychiatrist or support 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. The decision for approval is made by a tribunal that looks primarily at the professional's recommendation. It can easily take three months or more for a decision to be made on an ODSP application.

During the application process, you are eligible for Ontario Works benefits as long as you meet criteria for that benefit program. Ontario Works is another last-resort financial support program and again you must have exhausted all other forms of financial support, including personal savings.

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

**To apply online, or learn more information go to:**

**[www.mcass.gov.on.ca](http://www.mcass.gov.on.ca)**

### **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 a 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?***

ODSP payments can be received by cheque or deposited directly into a bank account. In many cases, monthly payments for housing can be paid by ODSP directly to the landlord, eliminating the necessity for the individual to make payments. This arrangement is made through one's individual ODSP worker. ODSP provides a variety of financial supports:

- ◆ Shelter Allowance
- ◆ Basic Needs
- ◆ Drug Coverage
- ◆ Dental Coverage
- ◆ Start up allowance (upon moving)
- ◆ Special needs allowance for diet
- ◆ Transportation Allowance

For a complete list and detailed information, contact your local ODSP office or visit their website (see resources at the end of this chapter).

### ***How Much Money/Equity Can You Have While Receiving ODSP?***

An individual can have a maximum of \$5000 in savings, including RRSP's and insurance policies. If the individual has a spouse or common-law partner, the limit rises to \$7500. A single person receiving ODSP support can receive a maximum of \$5000 in any 12 month period in the form of gifts without any penalty or reduction of benefits. Certain types of trust 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.

### ***Working While on ODSP***

Individuals can supplement their ODSP payments with wages. Individuals will keep wages up to a certain amount, before ODSP income is garnished. Contact your local ODSP office for specifics. Individuals that are able to re-enter the workplace full-time and earn enough to be ineligible for ODSP, have one year before they are removed from the program. If one becomes unable to work within the first year of full-time employment, ODSP benefits are automatically reinstated. Individuals working full-time and ineligible for ODSP can still apply to maintain drug card benefits if their medications costs are high.

## How Do I Apply for ODSP?

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 doctor.
2. **Activities of Daily Living Report** (there is a list of who can fill this out on the front of the form).
3. **Medical Consent Form**, signed by the person applying, so that their doctor and other health care professionals can release health 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.

## 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, your benefits could be cut off and getting back on is no easy task!
- ♦ If you stop working you must tell ODSP or they will claw back your ODSP payments according to your previous earning rate.
- ♦ Income adjustments with ODSP can take a long time (sometimes up to 6 months) so file changes right away.
- ♦ Notify your ODSP worker of any changes.

*"It's the contacts  
you help the person  
make that are  
really important.  
You're building the  
bridge for them.  
You are the bridge."*

## History of the Henson Trust

The Henson Trust has its origins in the city of Guelph. In the early 1980's, Leonard Henson had a daughter named Audrey. Audrey had a developmental disability and 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 her assets would exceed the allowable limits 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 he could leave his estate to his daughter, without interfering with her entitlement to government supports. He conferred with a number of legal experts and advocacy organizations and 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, while 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. Since her assets now exceeded 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 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 on ODSP now have a means to leave assets for their child in their will, without disqualifying them from receiving the ODSP payments to which they would otherwise be entitled.**

### ***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 doctor or other social service agencies such as Children's Aid, the police, hospitals and churches. Many community services are available at no cost. Some services that do cost money offer a sliding scale to help individuals with low incomes afford the services. To meet the costs of treatment, as well as other necessities such as rent, food and utilities, you will need an effective budget.

#### **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/Furniture** – Obtaining new clothes doesn't have to be expensive. Many food banks and churches have programs that give out free clothing, or you can go to places such as second-hand stores.
- ♦ **Transportation** – 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.
- ♦ **Child Care** – Child care can be expensive, so ask your mental health worker about arranging for co-op daycare.

## ***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. 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.

**OHIP does NOT cover medication costs. To receive drug benefits, you must apply to either the Ontario Drug Benefit Program (ODB) or the Trillium Drug Plan (TDP).**

## ***Ontario Drug Benefit (ODB) Program***

Operated 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 doctor 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 benefit year starts on August 1 and ends on July 31 of the following year.

## ***Trillium Drug Plan***

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

Eligibility for the TDP includes:

- 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

You must pay a deductible based on your household income in four installments, starting on August 1<sup>st</sup> of the program year. The benefit year runs from August 1<sup>st</sup> to July 31<sup>st</sup> of the following year. Each time you buy an approved drug, you will pay a \$2 dispensing fee per prescription.

## ***Coping With the Emotional Impact 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, 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 library, 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 to your community can be very therapeutic.
- ♦ **Stress** – Learn 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 regularly. Don't let it build up.
- ♦ **Depression** - See your doctor, join a support group.

## ***Registered Disability Savings Plan (RDSP)***

The RDSP is a long-term savings plan for Canadians with disabilities who are under 60 years of age. If you are eligible for the Disability Tax Credit (see above), you are eligible for an RDSP. The federal Government will match any money you put into the account, to a maximum of \$3500 per year (currently). The Government will also pay a bond to eligible modest or low-income Canadians. To open an RDSP account and apply for the grant and bond, contact one of the participating financial organizations listed under “Where do I get it”:

[www.rdsp.com](http://www.rdsp.com) Or call Service Canada for more information: 1.800.622.6232

*For additional information and assistance you may contact the Canadian Disability Corporation (i.e. eligibility assessment)*

1.866.920.4360 or [www.canadadisability.ca](http://www.canadadisability.ca)

## ***Disability Tax Credit***

The Disability Tax Credit is a non-refundable federal tax credit that can be used by persons with disabilities to reduce their income. The purpose of the Disability Tax Credit is to help with additional costs related to living and working with a disability. An eligible individual would have faced impairment in physical and mental functions that lasted, or is expected to last, at least 12 continuous months. To apply: Part A of Form 2201 is completed by individuals who have a severe and prolonged impairment in physical or mental functioning. Part B is completed by a qualified practitioner whom can “certify the effects of impairment”. For more information: Canada Revenue Agency: 1.800.959.8281 [www.cra-arc.gc.ca](http://www.cra-arc.gc.ca)

## **Contacts and Resources (Income & Basic Needs):**

### ***Ministry of Community and Social Services***

Ontario Disability Support Program, Income and Employment Supports  
850 King Street West, Oshawa L1J 2L5  
905.665.1030 or 1.800.722.1196 TDD.TTY 905.665.1053  
[www.mcsc.gov.on.ca](http://www.mcsc.gov.on.ca)

### ***Region of Durham Social Services: Income Support***

Oshawa: 505 Wentworth St. W, L1J 6G5  
Ajax: 140 Commercial Ave. L1S 2H5 905.428.7400  
Uxbridge: 2 Campbell Dr. #305 L9P1H5 905.852.4566  
Whitby: 605 Rossland Rd. East 905.666.6239  
General Inquires & Application Information :1.877.678.6333

### ***Credit Counselling Service of Durham Region***

Confidential, unbiased financial counselling, debt repayment plans based on the ability to pay. Alternatives to bankruptcy, teach budget planning, consumer education on the wise use of credit.  
905.579.1951 or 1.877.579.3328 106-172 King St, E, Oshawa, ON L1H 8R4  
[www.ccsdurhamregion.com](http://www.ccsdurhamregion.com)

### ***Share the Warmth***

A cashless charity which does not give money directly to applicants but converts energy for those in need. 905.686.2661

### ***Healthy Smiles***

Durham Region Health Department: Free dental care for youth 17 and under, with no dental coverage, in low income families.  
1.866.853.1326 ext 3157 or 905.723.1365

***Saint Vincent's Kitchen***

Provides low cost meals to the needy of Durham Region

Office: 905.434.7543      Kitchen: 905.433.4006

51 King Street E, Oshawa, ON L1H 1B4

***The Refuge***

Youth drop in centre serves breakfast and lunch for high risk/homeless youth 16 to 24 years of age.

905.404.2420      300 Court St. Oshawa, ON L1H 4X3

[www.refugeoutreach.com](http://www.refugeoutreach.com)

***Gate 3:16 Outreach Centre***

Drop in centre for homeless. Counselling, emergency food and clothing.

905.432.5316      394 Simcoe St. S Oshawa

[www.gate316.org](http://www.gate316.org)

***ODSP Support / Activism***

[http://home.cogeco.ca/~mmdilts/odsp\\_letters.htm](http://home.cogeco.ca/~mmdilts/odsp_letters.htm)

***Trillium Drug Plan***

TDP application kits are available at:

[www.health.gov.on.ca/english/public/pub/drugs/trillium.html](http://www.health.gov.on.ca/english/public/pub/drugs/trillium.html)

1.800.575.5386      1.800.268.1154      or at your local pharmacy

***Youth@bilities***

[youthabilities.com/splash.asp](http://youthabilities.com/splash.asp)

## **Food Banks:**

### ***Beaverton:***

- ♦ **Brock Community Food Bank** 523 Simcoe St. Beaverton, ON 1.877.406.8723

### ***Clarington:***

- ♦ **Clarington East Food Bank** 87 Mill St. N #2 Newcastle, ON 905.987.1418
- ♦ **Salvation Army** 75 Liberty St. S Bowmanville, ON 905.623.2185

### ***Claremont:***

- ♦ **Claremont United Church** 5052 Old Brock Rd. Claremont, ON 905.649.1363

### ***Port Perry:***

- ♦ **Operation Scugog Food Bank** 593 Alma St. Port Perry, ON 905.985.7271

### ***Uxbridge:***

- ♦ **Loaves and Fishes** 40B Toronto St. S Uxbridge, ON 905.852.6262
- ♦ **Salvation Army** 35 Toronto St. N Uxbridge, ON 905.852.0090

### ***Whitby:***

- ♦ **Salvation Army** 607 Palace Street #1,2 Whitby, ON 905.430.3454

### ***Ajax:***

- ♦ **Salvation Army** 37 Kings Crescent Ajax, ON 905.427.7123

### ***Pickering:***

- ♦ **St. Paul's On The Hill** 1537 Pickering Parkway Pickering, ON 905.839.9537

### ***Oshawa:***

- ♦ **Seventh Day Adventists** 1170 King St. S Oshawa, ON 905.433.8800
- ♦ **Simcoe Hall Settlement House** 387 Simcoe St. S Oshawa, ON 905.728.7525
- ♦ **St. Peter's Anglican Church** 1175 Cedar Street Oshawa, ON 905.728.8080
- ♦ **Salvation Army** 45 King St. E Oshawa, ON 905.723.7422

### ***Feed The Need Durham***

[www.ftnd.ca/foodbanks.1.php](http://www.ftnd.ca/foodbanks.1.php)



Artist: Stev

## ***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.

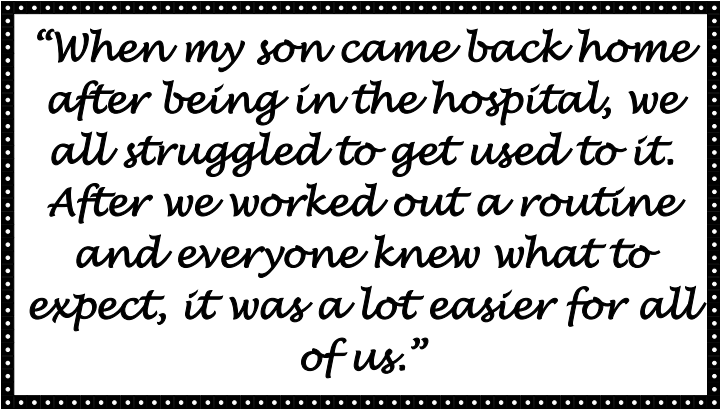
There are different housing options, depending on finances and levels of support required. After release from hospital or when an individual wants to live more independently and explore options in the community, a support worker may talk to the individual and/or family about what they would like to do.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

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

*"I 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 We 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.



*“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.”*

### **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 and Other Treatment Options*”) especially at the beginning of treatment.

**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, counselling, 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.**

### ***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?

*"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."*

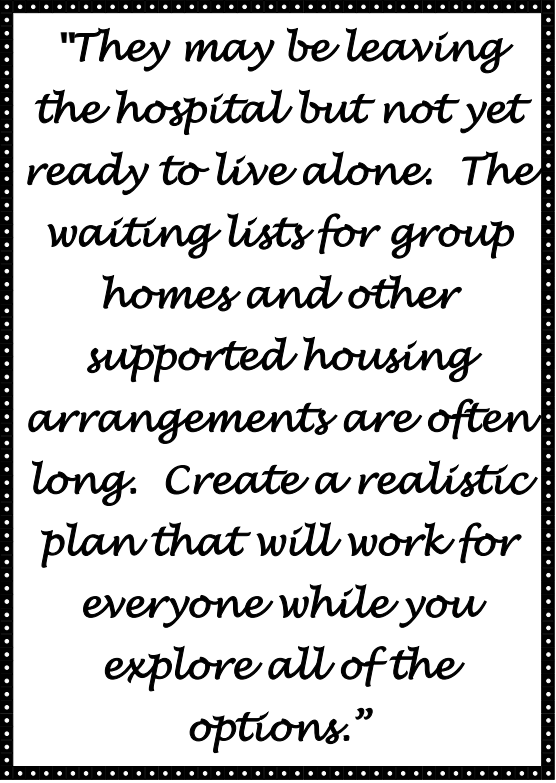
## ***Types of Housing Arrangements That Should be Explored***

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 *Income and Basic Needs chapter*). There are often long waiting lists and criteria will vary. Applications go through your local municipality.

**3. Supportive Housing** is housing where there are support workers in the home who work for the housing provider. Support varies



*"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."*

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. Eligibility criteria is based on each housing provider. Most supportive housing situations involve shared living space, with individual or shared rooms and a common living and kitchen space.

**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 counselling. In most situations, support and housing are an integrated service.

**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)**

### ***Canadian Mental Health Association Durham***

Housing and case management services for people with chronic and persistent mental health difficulties. Housing options include group living accommodations and single, subsidized housing units. Support emphasizes affordable and safe housing while promoting individual growth and quality of life.

60 Bond St. W. Oshawa, ON, L1G 1A5 905.436.8760 [www.durham.cmha.ca](http://www.durham.cmha.ca)

### ***Durham Mental Health Services***

DMHS offers a range of housing options to people with serious mental health problems who wish to live in the community. Individuals can progress through housing programs that have various levels of structure and support (High, medium, minimal support). Support through case management services is available for individuals living independently.

519 Brock St. S, Whitby, ON 905.666.0831 [www.dmhs.ca](http://www.dmhs.ca)

### ***Region of Durham: Housing services***

Processes and coordinates rent geared to income housing assistance for families, singles, couples and senior citizens 60 and over.

- 605 Rossland Rd.E. Whitby, ON L1N 6A3

905.666.6222 or 1.800.372.1102

- Durham Region Non-profit Housing Corporation

28 A Albert St. Oshawa, On L1H 8S5 905.436.6610

### ***Emergency and Supportive Housing:***

#### ***Cornerstone Community Association Durham Inc.***

For males 16 years and up with limited income and who have minimal family or other supports. Beds available ranging from emergency short term stays, transitional use, offenders returning into the community, rent geared to income apartments and 2 bedroom apartments for shared accommodations.

133 Simcoe St. S, Oshawa, ON L1H 4G8

905.433.0254

### ***North Durham Homelessness Prevention***

Helps individuals and families access services: eviction prevention, housing search assistance, advocacy and support for basic need, landlord registry for North Durham

1.877.406.8723 [www.durham.ca](http://www.durham.ca)

***Muslim Welfare Home for Needy Women and Children***

Emergency Hostel and Shelter for Women and Children 905.665.0424

[www.muslimwelfarecentre.com](http://www.muslimwelfarecentre.com)

***Durham Youth Housing and Support Services (Joanne's House)***

10 bed emergency shelter for youth, drop-in, shower and washroom facilities, clothing. Meals, food cupboard, assists youth in finding permanent housing, assistance obtaining benefits and advocacy negotiating social service system. Access to telephone and internet.

82 Kings Cres Ajax, ON L1S 2M6

905.239.9477

***Denise House—Sedna Women's Shelter and Support Services Inc.***

24 hour crisis intervention, emergency accommodation, supportive counselling, children's support program, information and referral, outreach support, housing support, transitional assistance, child witness groups.

905.728.7311

Toll free: 1.800.263.3725

[www.thedenisehouse.com](http://www.thedenisehouse.com)

***Herizon House—Ajax/Pickering Women's Centre***

Free and confidential services to women who are living in an abusive relationship, provides women with access to resources and support services. Emergency shelter to women and children fleeing abuse, promotes public awareness.

905.426.1064 Toll free: 1.866.437.4066

[www.herizonhouse.com](http://www.herizonhouse.com)

***Bethesda House Shelter and Community Outreach Services***

Services for women with or without children fleeing abuse.

Counselling services, 24 hour hotline.

905.623.6050 Toll Free: 1.800.388.3397

[www.bethesdahouse.ca](http://www.bethesdahouse.ca)

***YWCA Durham***

Community based housing services for women, children and youth.

33 McGrigor St. Oshawa, ON. L1H 1X8 905.576.6356 [www.ywcadurham.org](http://www.ywcadurham.org)

**Y's Wish:** Shelter for Abused Women and Children. 15 bed emergency shelter for women who are fleeing abusive situations. 905.576.2997 or 1.888.576.2997

**Second Stage Housing:** 33 bed transitional housing program for women without children who have left a shelter and are striving to gain independence. A referral is necessary from a community shelter or service. Support services provided (i.e. counseling, job coaching). 905.576.6356

**Supportive Housing Program:** A rent geared to income apartment building with 40 units available for single women and female lead families. 905.728.5227

**Interim Housing Program:** shared accommodations for single women who have experienced homelessness. 905.728.5227

***North House***

Supportive services to individuals and families who are facing housing challenges in the Townships Brock, Scugog and Uxbridge.

705.426.1150 (Beaverton office)

[www.northhouse.ca](http://www.northhouse.ca)

***Haydon Youth Services***

Residential treatment and care for emotionally/behaviorally disturbed male and female youth

220 Gibb St Oshawa, ON L1J 1Y7

905.571.0731 1.877.642.9366

[www.haydonyouthservices.com](http://www.haydonyouthservices.com)

***Residential Tenancies Act***

[www.ontariotenants.ca/law/act.phtml](http://www.ontariotenants.ca/law/act.phtml)

***Landlord & Tenant Board******(Formerly Ontario Rental and Housing Tribunal)***

Resolves disputes between residential landlords and tenants by providing public education, mediation and adjudication services.

416.645.8080 or 1.888.332.3234

[www.orht.gov.on.ca](http://www.orht.gov.on.ca)

***Housing Help Durham***

Landlord Registry: Rental housing registry service for landlords with rooms, apartments or houses to rent and prospective tenants. The emphasis is on low cost, affordable housing, referrals to landlords, referrals to other housing outreach programs.

458 Fairall St. Unit #4 , Ajax, ON L1S 1R6

905.686.2661

[www.cdcd.org](http://www.cdcd.org)

***John Howard Society***

Housing Support- Assists people with finding permanent, adequate and affordable housing. Eviction prevention, landlord and tenant education . Maintains a registry of landlords with rental space available. Residential Program- designed to develop independent living skills in person aged 15 and over.

75 Richmond St W, Oshawa, ON L1G 1E3

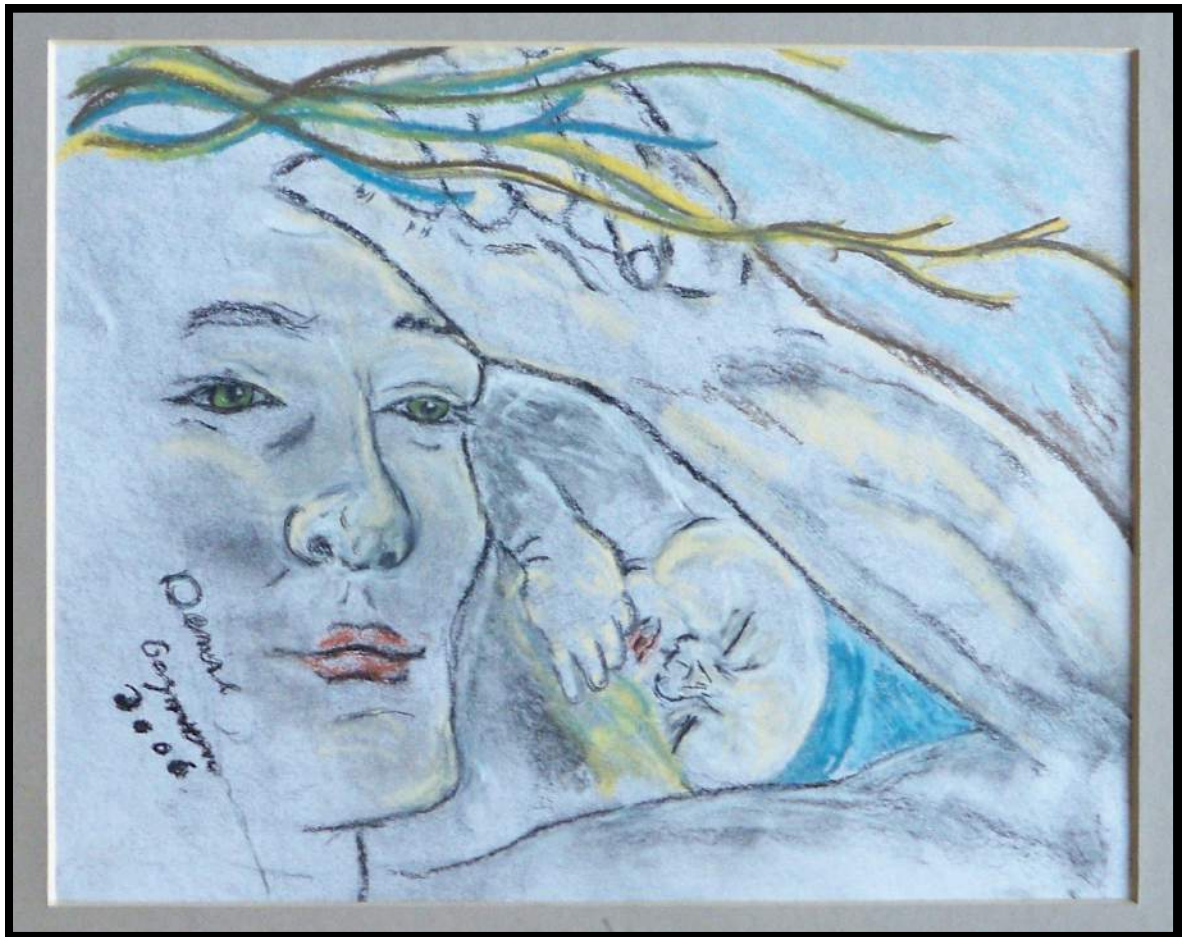
905.579.8482

[www.jhsdurham.on.ca](http://www.jhsdurham.on.ca)

***Ontario Shores Centre for Mental Health Sciences:  
Homes for Special Care***

Ontario Shores operates the Homes for Special Care (HSC) program on behalf of the Ontario Ministry of Health and Long- Term Care. HSC are available to persons 18 years and older, have a severe and persistent mental illness that is currently stable, need 24 hour supervision and agree to the terms of cooperative living.

For information call Central Intake: 1.877.767.9642



Artist: Denise Gagnon

## ***EDUCATION & EMPLOYMENT***

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



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

It is possible to complete a high school diploma online by taking **Independent Learning Courses** (once called correspondence courses). **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. Study guides are available before the test from local high school offices. A GED has the same value as a high school diploma and is accepted by many industries in place of a high school diploma.

# EDUCATION

## **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
- ♦ Build your child's confidence and optimism
- ♦ Develop your child's self-reliance
- ♦ Develop appropriate assertiveness and social skills in your child
- ♦ Teach your child relaxation skills

## **SCHOOLS**

As a first step, it is critical for parents and students 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.

## ***Strategies for Coping with Mental Health Issues at School***

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

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

## EDUCATION—HIGH SCHOOL

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

### ***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.

**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.**

## 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.

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

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

### Some Thoughts about Disclosure

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

## EDUCATION— UPGRADING

### Literacy and upgrading in the Durham Region

The Literacy Network of Durham Region is often the first step when an individual wants to improve his or her language or mathematics skills. It will provide you with information on how and where to get literacy schooling. There are several organizations that will provide literacy and non-credit upgrading. Each of these programs has their own structure and targets a certain level of academic achievement. Following an application and acceptance, an assessment of literacy level will take place. The following organizations are main providers for literacy services:

- ◆ Literacy Council of Durham: an intense, one on one service for first and second level where students are challenged to set goals for themselves (Oshawa location).
- ◆ Durham District School Board: Various programs to improve skills and gain confidence (E.A Lovell Continuing Education Centre)
- ◆ The Durham Catholic District Board: Classes and programs for High School preparation. Oshawa and Ajax location.
- ◆ John Howard Society: Non-credit upgrading and academic skills enhancement for persons 18 or older with flexible scheduling. Also provides basic computer education. Oshawa and Bowmanville locations.
- ◆ Durham College: Assisting students with temporary or permanent disabilities to prepare for getting secondary schools credits. Services also cover rural areas in North Durham.

When a satisfying level of literacy has been established the student can pursue credit education (High School) through the two main school boards: Durham District School Board (Continuing Education) and the Durham Catholic School Board (Continuing & Alternative Education Centre). High School credits can also be achieved through Durham's Alternative Secondary School (DASS) 17-20 years). Durham College provides various programs to earn High School credits (ACE program).

## ***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 doctor 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 counselling 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.

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.

### **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 university 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 Disability Office at the school as soon as possible in the school year. 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.

### **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 doctor, 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.

### **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.
- ◆ Amount of support available

## **COMMON ACADEMIC ACCOMMODATIONS:**

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

### **Is it a good time to go back to school?**

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

## ***Managing Your Illness at 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 with your ability to manage the illness.
- ♦ Don't panic if you have a bad day; be patient and forgiving with yourself.

### **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?

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

## **CONTACTS AND RESOURCES: (Education)**

### ***Continuing & Alternative Education Centre's-Durham Catholic District School Board***

[www.con-ed.ca](http://www.con-ed.ca)

#### **Oshawa Campus**

692 King Street East, Oshawa, ON, L1H1G5 905.438.0570

#### **Ajax-Pickering Campus**

314 Harwood Ave. South, Suite 206, Ajax, ON, L1S2J1 905.683.7713

### ***Durham Continuing Education– Durham District School Board***

Main Office: 120 Centre Street, South, Oshawa, ON, L1H4A3

905.436.3211

[www.dce.ca](http://www.dce.ca)

### ***University of Ontario Institute of Technology/Durham College Center for Students with Disabilities (REACH program)***

905.721.3123

### ***Literacy Network of Durham Region***

850 King St. W, Suite 20 Oshawa, ON L1J 8N5

1.800.263.0993

[www.lindr.on.ca](http://www.lindr.on.ca)

### ***John Howard Society-Adult Upgrading***

A free service for persons age 19 or older who want to improve their reading, writing or math skills. At Bowmanville and Oshawa location.

Main Office: 75 Richmond St. West L1G 1E3

Tel. 905.579.8482

[www.johnsocietydurham.on.ca](http://www.johnsocietydurham.on.ca)

### ***Adaptive Technology Resource Centre (Univ. of Toronto)***

An online resource that compares various software programs and adaptive technologies available.

[www.utoronto.ca/atrc](http://www.utoronto.ca/atrc)

### ***Association of Canada's Colleges and Universities***

"Everything you've ever wanted to know about Canadian Colleges & Universities" including program searches, scholarships, other resources etc.

[www.aucc.ca](http://www.aucc.ca)

***LEAP (Learning, Earning and Parenting Program)***

Helps young parents (ages 16-21) who are receiving Ontario Works, finish high school and find employment. Contact Durham Region Social Services Department 1.877.678.6333

***Canada's Campus Connection***

Allows you to check out courses available through distance education at colleges and universities across Canada.

[www.campusconnection.ca](http://www.campusconnection.ca)

***CanLearn***

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](http://www.canlearn.ca)

***National Education of Disabled Students (NEADS)***

Provides a searchable directory of disability services at Canadian colleges & universities, including contact information for Disability Service offices

[www.neads.ca](http://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](http://www.cmha.ca/youreducation)

***Literacy Council of Durham Region***

Literacy, numeracy, and essential skills program.

115 Simcoe St. S Oshawa ON

905.434.5441

***Durham Alternative Secondary School (DASS)***

Educational programs and course for youth 16 - 20 who may have challenges with regular high school settings.

Oshawa: 905.579.1990

Pickering: 905.839.2913

Sunderland: 705.357.2797

## 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 *Income & Basic Needs* 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.

### ***Goal Setting and Figuring out What You Want***

There are a number of employment support 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 **Contacts and Resources** at the end of the chapter*). Thinking about your goals can help with focusing your energy and perhaps re-evaluating what is important in your life.

*“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.”*

## 12 JOB SEARCH TRUTHS:

- ◆ Everyone has problems but most overcome them with creativity, resourcefulness and effort.
- ◆ Some things are just out of 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.
- ◆ Set goals and expectations.
- ◆ Make use of any available opportunity as a starting point.
- ◆ You cannot re-write 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.
- ◆ Volunteering can be a start in the development of skills that are relevant to future employment.

## 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: (**S**pecific, **M**easurable, **A**ttainable, **R**ealistic, **T**angible with a target date)
- ◆ Write it down! Have something on paper to solidify and reinforce what 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 culture, it may help you make that decision.

| <b>DISCLOSURE BENEFITS</b>                                                                                                    | <b>DISCLOSURE RISKS</b>                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Being entitled to workplace accommodations or benefits requires one to disclose one's related disability or health condition. | 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.                                            | <b>Other possible risks for you?</b>                                                                                                                         |
| You may need to explain gaps in your resume (though this can be done without disclosure of a mental illness).                 |                                                                                                                                                              |

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

## ***If You DO Disclose to an Employer***

If you decide to disclose, you can do it during the interview, before you start the job or anytime during your employment. ***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 (doctor, 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 of the many successful people with mental illness :** *Buzz Aldrin, Jim Carrey, John Cleese, Natalie Cole, Joseph Conrad, Patty Duke, Ludvig Von Beethoven, Margaret Trudeau Kemper, Winston Churchill, Rodney Dangerfield, Carley Simon, Charles Dickens, Ron Ellis, F.Scott Fitzgerald, Margo Kidder, Victor Hugo, Abraham Lincoln, Martin Luther King, Chantal Kreviazuk, 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. Sometimes those options already exist as policy for the organization and you may not even have to raise it as an issue.

*“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, head phones to block out loud noise, etc.
- ◆ Modifying work space or changing location so it is quieter, fewer distractions.
- ◆ Allowing an employee to work at home. This option has become more accepted through virtual office.
- ◆ 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.
- ◆ Continue to work with the employer to ensure that the accommodation remains effective and to check in with how you are doing.

## **CONTACTS AND RESOURCES: (Employment)**

### ***Service Canada***

Employment insurance and related benefits, access to job bank website.  
Ajax Office 274 Mackenzie Avenue , suite 200 Ajax, ON L1S 2E9  
Oshawa Office Midtown Mall 200 John St W, Unit C6, L1J 2B4  
1.800.206.7218

### ***Durham Region Unemployment Network (DREN)***

Refers individuals to employment, service, education/training and community support member agencies available in Durham. Provides individuals and members, opportunities to attend Job Developer Meetings and Network Meetings. Offers a Job Posting Service, advocates for change in service delivery, policy and funding and promotes member agencies through community outreach.

60 Bond St, W– 8th Floor, Oshawa L1G 1A5, 905.720.1777

[www.dren.org](http://www.dren.org)

## **Employment Resource Centres/ Unemployment Help Centres**

### **Ajax**

#### **Northern Lights Vocational Services**

250 Bayly St. West Unit 19, L1S 3V4  
905.426.8337

### **Oshawa**

#### **John Howard Society of Durham Region**

75 Richmond St W, L1G 1E3  
905.579.8482

#### **Durham Region Unemployed Help Centre**

Oshawa: 272 King St E, L1H 1C8  
905.579.1821

#### **Career and Development Employment Services (Durham College)**

Oshawa Site: 2000 Simcoe St. N, L1H 7L7  
905.721.3093

### **Whitby**

#### **John Howard Society of Durham Region**

Whitby Resource Centre: Unit 200 - 114 Dundas St E, L1N 2H7  
905.666.8847

#### **YMCA Durham Employment**

Whitby: 905.427.7670

**Port Perry**

**Career and Development Employment Services (Durham College)**

**Port Perry Site:** 116 Water St, L9L 1R2

905.985.1441

**Brock (Beaverton)**

**Community Employment Resource Centre (Durham College)**

397 Simcoe St. Beaverton, L0K 1A0

705.426.1587

**Bowmanville**

**Career and Development Employment Services (Durham College)**

**Bowmanville Site:** 23 Scugog St, L1C 3H7

905.721.3093

**Northern Lights Vocational Services**

1403 King St East, Unit #6 L1C 3H7

905.436.2957

**Pickering**

**Durham Region Unemployed Help Centre**

Pickering: 1400 Bayly Street, Unit 12 , L1W 3R2

905.420.4010

YMCA Durham Employment

Pickering Site: 1550 Kingston Rd. Unit 16, L1V 1C3

905.427.7670

**Uxbridge**

**Career and Development Employment Services (Durham College)**

Uxbridge Site: 2 Campbell Dr, Ste 201, L9P 1H6

905.852.7848 ext 27

***HRSDC Job Bank***

[www.jobbank.gc.ca](http://www.jobbank.gc.ca)

***Ontario Works Employment Resource Centre: Durham Regional Social Services Department***

Provides Ontario Works clients with a comfortable environment to work in and assistance with reaching the goal of getting back to work. Includes case planners, groups, workshops, employment placement. Employment counselling and supportive services.

Mid Town Mall 200 John St. W Upper Level L1J 2B4 Oshawa ON

905.432.2929

***Canadian Mental Health Association Durham***

Community Wellness Services provide opportunities for individuals with mental health issues to enhance their educational, vocational and life skills (day program).

Employment support includes Small Business Initiative.

60 Bond Street West, L1G 1A5 Oshawa

905.436.8760

***Ontario Shores Centre for Mental Health Sciences Vocational Services***

Services include skills training and employment opportunities to help enhance social job skills.

905.430.4055

***Meta Vocational Services***

Employment support services for all disabilities.

15 Thicksen Rd N, Unit 6 Whitby, ON L1N 8W7

905.725.0087 1-866.794.4677

[www.metavocational.com](http://www.metavocational.com)

***Watton Employment Service INC.***

105 Consumers Dr. Bldg #2, Whitby

1.888.348.8854

***Community Living Oshawa/ Clarington***

Services for people with intellectual disabilities

947 Adelaide Ave East, Oshawa

905.718.0774

***Avocation Employment Alliance of Durham***

Services for job seekers with disabilities.

115 Simcoe St S. 2nd Floor, Oshawa

725-2796

1.888.304.6918

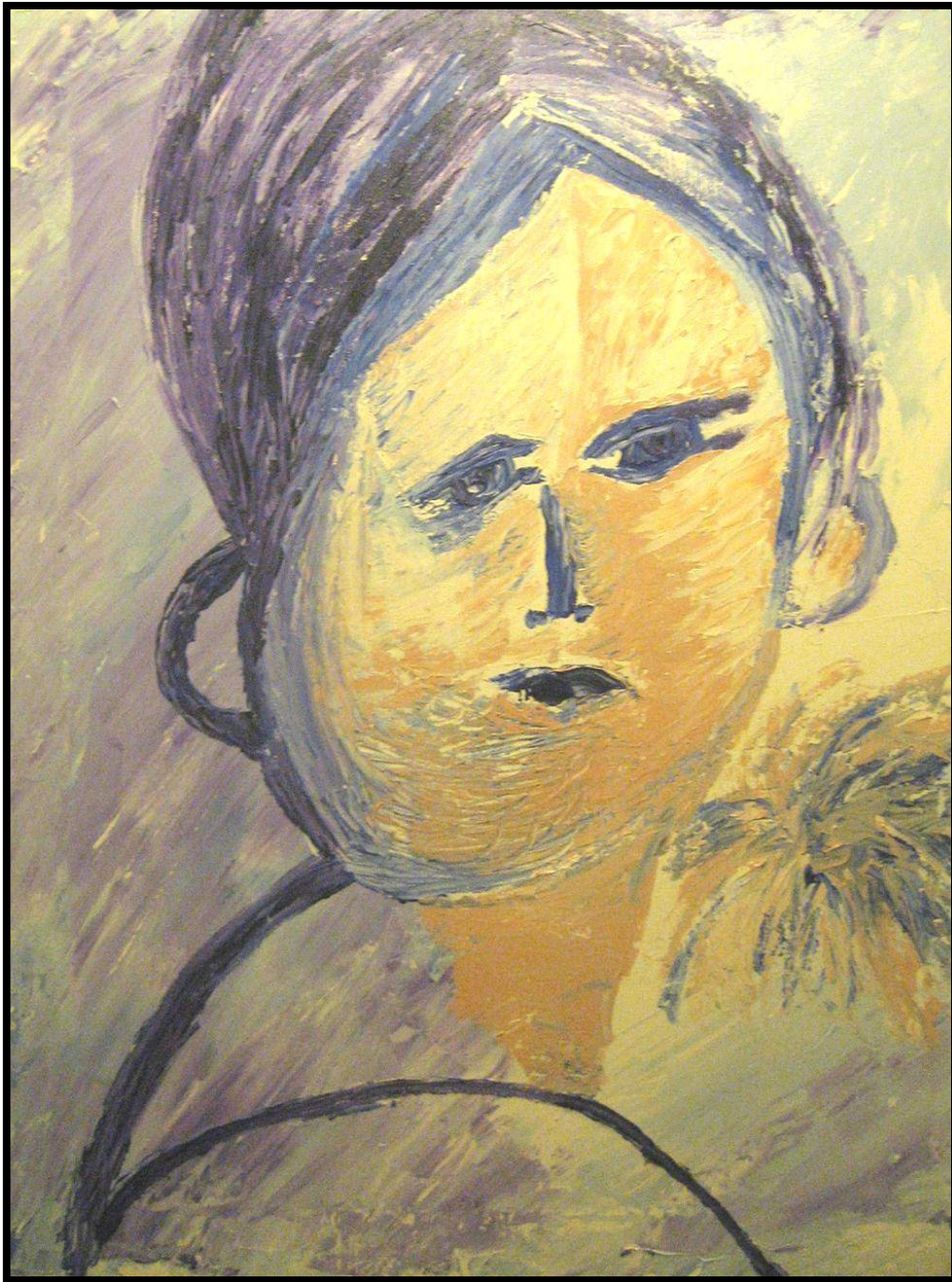
***Job Quest***

Services for all disabilities groups within the Beaverton and North Durham areas.

397 Simcoe Street, Beaverton L0K 1A0

705.878.5627





Artist: Deborah Noiles

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Artist: Jeffrey Kim

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## ***YOUR NOTES***