



Wellness and Recovery Newsletter

Volume 3 Issue 1 March 2008



Community
Resource
Connections

of Toronto

Welcome to the Wellness and Recovery Newsletter

Welcome to a new issue of the Wellness and Recovery Newsletter, as it enters its third year of publication. Thank you to all our readers for your interest in the Newsletter, and especially to those who responded to the recent reader survey.

Thanks to Julia Joseph, University of Toronto Social Work student who is doing a placement with the Health Promotion Program at CRCT, we now have a cumulative Table of Contents which lists every article which has appeared in the Wellness and Recovery Newsletter since the beginning, along with a brief description of each article. This will make it easier to find things in past issues. The Table of Contents has been posted on CRCT's web site; to locate it, just follow the directions given in the 'How to Subscribe' section of every issue of the Newsletter.

This issue begins with an article by Mandi Luis, describing her experience wrestling with depression on the job. She highlights the many things which people experiencing depression on the job need to know, but quite often don't find out about until too late.

The next article in this issue is by Mel Starkman, writing about the Psychiatric Survivor Archives of Toronto (PSAT). Mel states that, "PSAT is particularly interested in combating stigma in all its forms and in building values to enable survivors to assert their proper place in the full citizenship of our country."

Finally, I have contributed a book review of "The How of Happiness: A Scientific Approach to Getting the Life You Want," by Sonja Lyubomirsky. This book describes in detail how to take advantage of some of the findings of recent research in the field of positive psychology.

–G. Dewar

What I Wish I Knew: A snapshot of my experience with mental illness at work...

Seven years ago I was a successful employee at a large financial organization, and if depression hadn't hit me, I would now be retired with benefits and a 32-year unblemished record of outstanding achievement.

But depression did hit me, and it hit hard. I underwent an 11-month struggle before I realized that I was experiencing depression. During that time, a number of personal life challenges erupted which compounded the stressors at work. My confidence ebbed day by day – I was suffering. As a result the quality of my work also suffered. I lost a career that I loved.

I now know that with the proper information and support, my career did not have to be a casualty of depression. I believe I could have remained employed and avoided the financial impact and trauma of losing my job.

Depression looks different for each of us.

Perhaps you are unable to start projects, focus on tasks, or meet deadlines – and people are noticing.

Perhaps you are obsessed with details, or everything seems like a blur.

Perhaps you are worried about your lack of productivity, and feel guilty about letting your team down.

Perhaps you are irritable with colleagues, and feel like they're ganging up on you.

Perhaps you feel overwhelmed, guilty, frightened, and pressured – and see your self-confidence slipping away.

Perhaps you feel powerless to voice your needs because you can't seem to determine what they are.

Perhaps you wish to have time off, but you've used up all your sick days and short term disability, and the paperwork to apply for long term disability overwhelms you.

Perhaps you are concerned about losing your income if you go on long term disability.

Perhaps you are worried about losing your job because you are experiencing depression.

I needed to know that I was at risk for depression.

Within four months I went through the loss of a significant relationship, had a near death experience and ongoing serious family trouble, started a new senior position with a high degree of responsibility and stress. *I wish I had known that grief, personal stress and work stress increased my risk of developing depression.*

I needed to know that I was ill, not weak.

I started to lose my memory and was often confused at work. My job included gathering information and writing analysis reports. I could gather the information but could not turn the information into a report. My self confidence decreased day by day with increasing panic. I felt guilty, stupid and ashamed, like there was something wrong with me. *I wish I had known that my confusion, feelings of despair and hopelessness were symptoms of depression.*

I needed balanced information about treatment.

My doctor prescribed an antidepressant medication and said I had to be on it for the rest of my life. My doctor presented medication as my only option. The medication took away my energy, made me sleep sometimes for 23 hours a day. Taking medication as the only option did not match my personal philosophy about treating illness. Since I have always believed that optimal health is achieved when people are actively involved in their own health and wellness, I needed balanced information about other forms of treatment, alternative therapies and information resources. *I wish I had understood my treatment options and understood that my road to recovery was unique to me and my illness.*

I needed to know that depression would impact every area of my life.

My experience with depression affected my relationships, my daily routines, my physical well-being, my ability to be productive at work and my sense of purpose and meaning. It took over every area of my life in a torrent of hopelessness. *I wish I had had more information to share with my family and friends.*

I needed help earlier

After 11 months of struggling, I finally told my manager that I was having trouble coping, and it was suggested I use the services of the Employee Assistance Program (EAP). *I wish that I, my colleagues, my subordinates, or my manager had noticed that I was struggling. I wish someone had suggested assistance.*

I needed to know I was not the only one that had experienced this.

I felt isolated at work, I was not understood and stopped sharing my thoughts. I started to disengage and my productivity declined. *I wish I had had someone to talk to at work who had themselves experienced depression.*

I needed to be valued at work.

Although I was struggling at work, I had contributed 25 years of my life to the organization and had been extremely successful. Past performance was totally discounted and current performance was highlighted. *I wish that my problems had been looked at in context of my highly successful work history.*

I needed to know that it was okay to ask for my manager's help.

I had been taught not to bring my problems to work, so for 11 months I struggled and didn't say anything to my manager about what I was going through in my life outside work. I believed that I was being a good employee by dealing with my life issues on my own. If I had seen my manager as a contributor to my wellbeing and productivity, I would have engaged her much earlier. I believe things would have turned out much differently. *I wish I had known that life stressors outside of work can create a need for accommodation at work, and that my employer could have been a major contributor in my recovery.*

I needed the people at my workplace to listen.

As I gained greater acceptance of what was happening to me, I wanted to talk about it at work so that we could seek solutions together. I was told that workplace policies advised against this, since what I wanted to share was seen as confidential and outside of the workplace. I felt frustrated and alienated because I felt that sharing was important to my recovery. *I wish that workplace policies could have been based on the principles of recovery which include: people can and do recover, self-direct my own recovery, be able to provide input to my own treatment options, be given the education to make decisions based on my needs and goals, be able to take responsibility for my own recovery based on my own philosophy and values.*

I needed ongoing support at work.

Being referred to EAP was not enough to improve things at work. Work processes continued as before, and my manager did not inquire as to what I needed to do my job. *I wish that my manager had known how to work with employees who are in distress.*

I needed my benefits to cover more than six sessions of therapy.

Through my Employee Assistance Program (EAP) I was referred for psychotherapy, but my benefits only covered six sessions. This was not enough time to establish trust with my therapist, identify my issues and begin to address them. *I wish that my benefit package had been designed to meet the therapy needs of people with depression.*

I needed organizational support during the discussions with my subordinates, colleagues and supervisors about my recovery.

When I returned after six months on short term disability, I felt intimidated, confused and frightened during the negotiation meetings I was required to attend. Driven by fear of losing my income, I made decisions without support, good judgment, and knowledge, and benefit of the accommodation process. *I wish I had moral support and information so I could make better choices.*

I needed to return to work gradually using a process of accommodation to help me ramp up to full time.

I was entitled to have my job adjusted as part of the recovery process so that I could gradually resume full time employment. I didn't know how to state my needs, and thought that I had to be

agreeable and accepting of the accommodations being offered, even though it didn't work for me. *I wish that I had known about job accommodation.*

I needed information, support and adequate time to consider options.

While making this decision I was not well and was incapable of understanding my options. I accepted a severance package because I wasn't properly informed about my rights to receive long term disability insurance. *I wish that the organization could have supported or provided an advocate for me.*

I needed to know that it can take a long time to recover from depression.

With each doctor and therapy appointment, I kept thinking that things would quickly get better and I would bounce back to being me. I had no idea that it could take a long time to recover effectively from the effects of depression. *I wish I had known that recovery can take months or years.*

As a peer, I use my story to help others who are experiencing mental health problems in the workplace...

What I discovered is that recovery is a process based on continual growth, occasional setbacks, and learning from experience. My recovery encompassed my whole life, including my mind, body, spirit and community. My hope is that you will explore the recovery process fully - while you are still employed.

Mandi Luis is a certified Peer Support Specialist and Career Consultant. Her focus is on facilitating a successful Return to Work process that is in the best interests of both the employee and employer. For more information about Peer Support or to talk to Mandi please call or email: (905) 639-4525 Email: mjconcepts@cogeco.ca

The above article by Mandi Luis first appeared on the web site of Mental Health Works at http://www.mentalhealthworks.ca/articles/snapshot_of_depression.asp, and is being reprinted with permission. The article has been edited down to fit the space available; if you have web access, visit the unedited version of the article online as it includes many related resource tips.

Psychiatric Survivors Archives of Toronto

An idea considered as far back as 1981 in Canada began to come to fruition in January of 2001 when a few visionary people began to give serious consideration to the creation of a repository for the numerous records being created by the psychiatric survivors of the mental health system however they self-identified. As well as records of individuals, there were many and varied organizations that were developing that reflected the interest, advocacy and communication among groups and individuals. There was a recognition on a grassroots level that while much of the material produced was giving voice to a large, previously, unrecognized, culturally identifiable segment of society, no effort was being made to centrally collect and house these materials. Being that many of the documents that could record the history and development of psychiatric survivors were ephemeral in nature, the rich heritage of people who had been through

the mental health system stood to be lost to future researchers and historians as well as those exposed to the mental health system.

There was also the recognition that what research had been done on our movement has largely ignored certain political, social and economic factors implicit in our history and development. As well as developing our own voices we needed a repository that would gather material reflecting on these and giving our own people a place to do research even if they had to develop the skills to do so. Mainstream historians, social science researchers, journalists and mental health professionals would have to apply to us for permission to use what promises to be a very rich resource tool to be mined.

There are many myths about mental illness which have dogged the footsteps of the psychiatrized. To alleviate these myths would go a long way toward the raising of consciousness of consumer/survivors such that they could facilitate their own recovery first in an episodic manner at least, then in the full blown realization that they were liberated to become whatever they chose to become. Those who live in the shadow of those myths, such as those myths about violence or the inability to recover or the unquestioned efficacy of some modalities of treatment need to hear from those who have been caught up in the system itself. Decisions about our lives need to include our involvement. Nothing about us without us. That brings up the whole question of advocacy and where do we draw the line between taking cognizance of the divisive issues that mark the landscape of mental health and our mandate as a cultural institution with a charitable status raising public and private money to underwrite our activities or publicize our views as a non-profit incorporated body. For instance: is it justifiable to fight labeling and stigma, and what are the parameters of such an effort?

The vision of PSAT is to document the rich heritage of psychiatric survivors. Our mission is to collect, preserve, organize and make available for research this material in any of the varied formats it is found. Among our goals is to raise the consciousness of survivors themselves to a level of self-regard and self-knowledge of the value of their lives and those of their peers and empower themselves outside the context of a paternalistic system which often tells them how to direct their lives. By documenting the valued lives of persons and the organizations they have built to foster their means and ends, PSAT is particularly interested in combating stigma in all its forms and in building values to enable survivors to assert their proper place in the full citizenship of our country. We further wish to raise the consciousness of the public, the media, governmental bodies at all levels, and mental health practitioners, to the issues that effect us. All this activity fosters the recovery process of consumer/survivors from the process of becoming more aware of their history and identity, to participating in events succouring that identity.

As part of our advocacy and activism we have engendered a number of activities that speak to issues that relate to self-identified concerns. For instance through publicity we have shed light on the history of the patient built walls of the asylums of the past and have shown how lives of patients were more useful to society, even taken advantage of, as against the prevailing public perception that a stay in a hospital was only custodial. Rather than being a charge on the public purse the inmates saved the government of the day money and it has been argued that in the onset of the industrial organization of the economy social control mechanisms were evident in the populating of the asylums. Before the 1850s, it was largely families that looked after their kin if they became disturbed or could not meet the exigencies of life. In the following periods illness became the metaphor of approach and this is being argued by a new breed of social historians.

Think of what will happen when the inheritors of those inmates have a chance to look at the record through the lens of their own experience.

It is particularly notable that at the Centre for Addiction and Mental Health in Toronto the input of patient labour to the building of the walls has been publicly recognized in publicity about the redevelopment of the Centre. This has largely come about thanks to the efforts of PSAT and it is hoped that in the redevelopment much more historical information will be divulged reflecting alternate perspectives on the lives of patients in the past and have some impact on the present and future. Again it is the inmates that are the focus of concern in the institutions and studies of their lives and culture would fill many significant gaps in the historical record.

Another important step taken by PSAT reflecting a world wide phenomenon in the survivor movement is the refurbishing of inmate cemeteries from the abject neglect they have usually fallen into. It is doubly tragic that lives that were marginalized and discounted in life are neglected and unceremoniously dealt with after their passing if the inmates did not have families looking after their concerns. In a cemetery at the corner of Evans and Horner in Etobicoke 1,511 forgotten people are buried, most without a visible marker and in an uncared-for facility without even a group memorial or signpost to mark their place for those who pass by to know. These are composed of people who were patients of Mimico Insane Asylum, Lakeshore Psychiatric Hospital between 1890 to 1974 – people who have been forgotten due to the prejudice against those who have a psychiatric history.

Another activity we are very much involved in is the mounting of exhibits. At PSAT's Open House we had an exhibit of some of the rare materials from our collection, books, posters, radio scripts, reports, minutes and other material going back to the 1960s which reflect the growth and development of the survivor movement world wide. Much interest was shown by the appreciative attendees of the ceremonial occasion officially opening our facility.

We also contributed to the exhibit that was put on by The Market Gallery in Toronto from March 6 to June 20, 2004, "The Provincial Asylums in Toronto and Mimico: Reflections on Social and Architectural History." This exhibit was partnered by the Toronto Region Conservancy and the Centre for Addictions and Mental Health and our effort was much appreciated as we gained credibility as an organization and were given voice with our choice of content. The exhibit won an Award of Merit in the Media Category at the 31st Annual Heritage Toronto Awards. The award citation partially states the "exhibit also explored the patients' perspective of mental institutions through hand-written documents and artwork."

At this time we are avidly looking for more storage space and look forward to the support of interested consumer/survivors and general public. – Mel Starkman

PSAT (Psychiatric Survivor Archives of Toronto)
Open to researchers by appointment only: call 416-760-4780 or contact
www.psychiatricsurvivorarchives.com
Office @ Sound Times Support Services, 280 Parliament St., Toronto
Storage and Study Room: Gerstein Crisis Centre, 100 Charles St. E., Toronto

Book Review- “The How of Happiness: A Scientific Approach to Getting the Life You Want” by Sonja Lyubomirsky, Ph.D.

Hardcover, Penguin Press, New York, 2008, www.thehowofhappiness.com. Available in bookstores, and as a Penguin Audiobook.

This book is the very best summary I have come across of the most recent findings in positive psychology, and especially on how these findings can be used in practice to improve one's quality of life. This is basically a self-help book, designed to be used by the lay reader without help from mental health professionals. The author is a professor of psychology at the University of California, Riverside, who has made a career out of researching what makes people happy.

According to the author, "Studies show that 50% of individual differences in happiness are determined by genes, 10% by life circumstances [eg. rich or poor, healthy or unhealthy, married or divorced], and 40% by our intentional activities." (pp. 20-22). In "The How of Happiness," Dr. Lyubomirsky lists and explains many "intentional activities" which the reader can use to increase happiness.

The book focuses on a number of different general areas through which you can increase your level of happiness (eg. practicing gratitude and positive thinking, living in the present, managing stress, hardship, and trauma), and then subdivides these into a variety of techniques (such as writing letters of gratitude, cultivating optimism, developing strategies for coping) which you can use. Each technique receives plenty of explanation, and the author also summarizes the research underlying the technique and includes examples of the technique in use.

The author admits in the foreword to the book that on the surface, techniques to increase happiness can seem on the surface "hokey....trivial at best and corny at worst." However, on reading the author's extensive, systematic explanation on the techniques studied by happiness research, one has to admit that this book definitely has substance.

Most helpful is a questionnaire which helps you to determine which happiness-increasing techniques best fit your style and would thus work best for you. There is a cross-index which suggests other techniques you might find would work for you if you have success with a particular technique. Additionally, there is another questionnaire which you can fill out periodically to observe if the methods you are using are actually having an effect on your level of happiness.

How does positive psychology help people who have depression? Dr. Lyubomirsky provides a lengthy postscript to her book which defines depression, describes the most effective treatments for it, and explains how techniques for increasing happiness can help (as well as explaining their limits). She notes that there are even some formal types of psychotherapy, such as well-being therapy, hope therapy, and personal growth therapy, which “aim to increase well-being rather than only to relieve symptoms.”

Finally, I see an important connection between the study of happiness, and the mental health recovery concept. Some people manage to do better than “just” recovering from their mental health issues – they enter a state of “thriving.” This state may be described as, after a mental health setback such as a period of disability due to of depression, not just returning to the previous state but actually attaining a state which surpasses the person’s state prior to the

setback. Techniques designed specifically to increase one's subjective well-being may be the recipe needed to thrive. In that regard, this book can help. G. D.

One of our readers suggested that we pass along the link to this online full-text article, from the British Medical Journal, which may be of interest to other readers. The title of the article is "Involving users in the delivery and evaluation of mental health services: systematic review" <http://www.bmj.com/cgi/content/full/325/7375/1265>

How to Subscribe to the Wellness and Recovery Newsletter

The Wellness and Recovery Newsletter is available by Canada Post and by email. To subscribe, contact the C/S Info Centre by phone at 416 595-2882 or by email at csinfo@camh.net. The Newsletter is published quarterly, ie. four times a year. Subscriptions are free.

This Newsletter is a joint effort by the Consumer/Survivor Information Resource Centre of Toronto and the Health Promotion Program of Community Resource Connections of Toronto (CRCT). The C/S Info Centre has for many years published its Bulletin which twice a month brings information of interest to consumers and stakeholders in the mental health system. CRCT works to encourage wellness and recovery of consumers through its Health Promotion Program, Community Support Program, Hostel Outreach Program, COPE Program, and Mental Health Court Support Program. Visit CRCT's web site at www.crct.org for information about its programs as well as current information about mental health-related resources, news and events.

Current and past issues of the Wellness and Recovery Newsletter, as well as a Cumulative Table of Contents, are available on CRCT's web site: www.crct.org. Just enter 'Wellness and Recovery Newsletter' (without the quotes) in the site-wide search box at the top of any page on CRCT's web site. Feel free to photocopy, post and otherwise distribute copies of the Wellness and Recovery Newsletter. Usually it is alright to further reproduce individual articles from the newsletter for nonprofit purposes, but please be sure to include the acknowledgement for the original source of the article.

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The Leadership Project and the International Network Toward Alternatives and Recovery presents

International **RECOVERY** Perspectives:

Action on Alternatives

Critical and creative exploration of leading edge approaches in Mental Health Recovery

Hart House – University of Toronto – Toronto, Ontario

The conference will include these workshops:

- First Admission: Treatment or Trauma?
- Psychotherapy and Extreme States of Distress
- Subjective Experiences of Psychosis
- Diversity and Mental Health: Margins to Mainstream
- Critical Psychiatry – Promoting/Developing Alternatives
- Trialogue Experience: Consequences for Daily Practice
- Creating Public-Funded Peer-Run Alternatives
- The Icarus Project
- Family and Community Roles in Alternatives
- Peers in the Workplace: Realizing the Potential
- Peer Leadership and Ownership of Research
- Indigenous Healing as a Self-Recovery Method
- Soteria – A Model for Recovery Communities
- Tuning Into and Making Meaning out of Madness
- How Do We Work Together for Mutual Recovery
- Natural Teams
- Surviving, Thriving, Giving Back!
- Alternatives and Recovery Beyond Psychiatry
- The Alternative Potential of Non-Psychiatric Services
- Harm Reduction Guide: Coming Off Psychiatric Drugs
- Gaining Autonomy with Medication (GAM)

and others ...

The **PSY'COZY'UM**, a free **Consumer/Survivor only** Pre-Conference Day on the 4th of June 2008 at the May Robison Auditorium, for more information e-mail heinz_klein@hotmail.com

For more information and a full Registration Package contact: Brian McKinnon at bmckinnon@iprimus.ca or 416 285 7996 extension 227

Cost \$ 300.00

The following international speakers will present:

Paddy **McGowan** (Ireland)
Dr. Philip **Thomas** (UK)
Peter **Lehmann** (GER)
Dr. Johan **Cullberg** (SWE)
Dan **Taylor** (Ghana)
Bhargavi **Davar** (India)
Salma **Yasmeen** (UK)
Dr. Peter **Stastny** (USA)
Norma **Friedman** (USA)
David **Cameron** PhD (Ireland)
Jim **Gottstein** LLB (USA)
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Will **Hall** (USA)
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Anne Marie **DiGiacomo** (USA)

Community Resource Connections of Toronto, Alternatives and the Family Outreach and Response Program are sponsoring this conference.