



# Wellness and Recovery Newsletter

**Volume 3 Issue 4 January 2009**



Community  
Resource  
Connections  

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of Toronto

## **Welcome to the Wellness and Recovery Newsletter**

Once again it is our pleasure to bring to you a new issue of the Wellness and Recovery Newsletter. We hope that you find it helpful and informative.

This issue of the Newsletter begins with an excellent article by Mary Ann Baynton. She is the Director of Mental Health Works, an initiative that helps organizations to manage their duty to accommodate employees experiencing mental disabilities such as depression or anxiety in the workplace. I was really impressed with the suggestions for self-care in this article, and requested permission to reprint it in our Newsletter.

The next article is written by Krista MacKinnon of the Leadership Project in Toronto. It proposes a Recovery/Advocacy Network. Such a network would move forward the recovery agenda on a systemic basis. She also provides an email through which interested organizations can become involved in this initiative.

M. Kay has kindly written her story of recovery for this issue of the Newsletter. It is helpful to note the community programs, as well as informal resources such as her friends and social network, that she has drawn on in her story.

We are including in this newsletter the flyer for a Feb. 18<sup>th</sup> Gaining Autonomy With Medication (GAM) workshop, which is being made available by the Leadership Project.

Finally, I ran into something called “quote therapy” on the internet. I have taken a try at it and have included in this issue several pages of miscellaneous quotes about mental health, mental illness, psychiatry, etc. Hope you find this to be worthwhile food for thought.

As always, we appreciate feedback from you, our readers.

- G. Dewar

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## **Beyond workplace accommodation: self care at work**

*This article has been reprinted with permission from Moods magazine's Fall 2008 issue.*

By Mary Ann Baynton, MSW, RSW

I have the privilege of working with individuals who are returning to work after a leave related to mental health. In these situations the employer is bound to accommodate any existing disability related to a mental disorder such as depression or anxiety. These accommodations often include changes in the way instructions are given, a graduated return to full time hours, an agreement about the way feedback about performance will be handled and solutions to reduce absenteeism by improving workplace support on more challenging days. These are all very important to both parties in order to continue a mutually beneficial working relationship, but they are often not enough to sustain long-term success. The missing link is the employee's own commitment to self care both at work and away from work. Our process is to support the employee to consider approaches to self care that will enable them to remain balanced and well to the maximum extent possible. This is less about productivity and more about personal well-being. Of course, the two are completely linked, but if we only approach it from a work or task related perspective, we miss the opportunity for real success.

What I have found fascinating is the unique and varied approaches to self-care that people have shared with me over the years. I know that what works for one person may not work for another and so I am sharing each of these ideas with you so that you can pick and choose what you think may resonate with your own sense of well-being. These approaches were all developed by individuals with mental illnesses, but are things that may also work for anyone who is experiencing stress, burn out or a temporary mental health concern.

Some approaches to self care

- Yoga—this tends to quiet the mind while strengthening the body
- Meditation—not everyone seems to have success with this, but an approach called Mindfulness Meditation, which does not require you to “stop thinking,” has shown measurable success
- Nature—many people describe going for walk in a natural setting as soothing and centering
- Gardening—another approach that takes your mind off your troubles for a time
- Exercise—this of course is completely linked to wellness, but is more challenging in the depths of mental health issues such as depression—if you can do it, you will benefit
- Diet—this also is unique to the individual. A healthy diet is always good, but some describe the elimination of certain foods (i.e. sugar, wheat, red meat) as particularly relevant to their mental health.

- Sleeping—we all know that 7-8 hours is preferable, but some people have found that as long as they wake up naturally (without an alarm), they can do a good 8 hours of work afterward. If your job allows this flexibility, it may work for you.
- Spirituality—there are many paths to get in touch with your inner spirit. Whatever allows you to stop the incessant chatter in your mind and focus on something outside of the ego, can be helpful.
- Wearing a bracelet—you may have seen this recently on television. People wear bracelets to remind themselves to stop or challenge negative thoughts. Shame and self-criticism are very damaging to good mental health and whatever helps you to reduce this is good.
- Cutting the lawn—or other activities that allow your mind to rest while engaging your body. This applies to hobbies, chores or activities that you find pleasant or at least neutral.
- Breathing—much more than most people know our well-being is connected to our ability to take in oxygen well. A few deep breathes in times of stress or anxiety can do wonders and regularly breathing deeply can keep us more alert and energized.
- Smiling—some clients actually contracted to smile “even on a bad day” because they knew that no matter how bad the depression made them feel, smiling had the potential of reducing the impact on themselves and others. Studies show that the brain interprets a smile, even a fake one, as a positive thing. Just remember that this is a voluntary decision and not something we would demand of someone suffering with a mental illness.
- Lighting—natural light has the greatest positive effect on our mental health, but for some, turning off fluorescent lights and replacing them with full spectrum or indirect lighting made them feel better.
- Self-talk—using the techniques taught in cognitive behavioural therapy, many clients found that learning to stop negative self talk and challenging thoughts that were disturbing was a skill set that was invaluable.
- Choosing behaviours that help to avoid hindering behaviours—another skill set that can be developed through the use of cognitive behavioural therapy is how to choose behaviours that reduce negative consequences. Some clients committed to avoiding raising their voice unnecessarily, slamming doors, or other behaviours that resulted in negative reactions from others. They chose instead to find new ways of processing frustration or anger.
- Avoiding addictive substances—one person would call ahead when traveling and ask the hotel to remove all alcohol from the bar fridge in the room prior to her arrival. Others have asked to be excused from organizational functions that include alcohol.
- Developing a plan to deal with emotional crisis—having someone that your employer can contact to help you, knowing that you can leave your workplace for up to 10 minutes

when required or having a quiet place to go to when necessary can reduce anxiety about what you will do if you have a problem.

- Considering the perspective of others—this is helpful when other people seem to trigger reactions in you. By committing to taking time to consider why they may have decided to say or do something can help you to understand that it is usually more about meeting their own needs and much less often about you. Although their words or behaviours may still annoy you, it is less of a threat when you consider that they may have been motivated by their own unmet needs or fears.
- Dedicating one hour daily—(can be 10 minutes at a time) to something that you know is good for your mental health.

If you have other approaches that work for you in terms of self care, well-being and good mental health, please share them with us at [info@moodsmag.com](mailto:info@moodsmag.com) and we will share them with our readers. .

Mary Ann Baynton is the Director of Mental Health Works, an initiative that helps organizations to manage their duty to accommodate employees experiencing mental disabilities such as depression or anxiety in the workplace.

Moods magazine is a Canadian national publication directed at consumers. This educational tool covers topics related to mental health and healthy living with an emphasis on prevention (<http://www.moodsmag.com>).

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### **A Proposal for a Recovery/Advocacy Network by Krista MacKinnon (for the Leadership Project)**

If you ask any mental health organization, they are likely to say they operate from a recovery perspective. What does that really mean? How do they know? As individual workers, as organizations, and as an entire mental health system, how do we know?

In Ontario and Canada, most mental health systems are similarly identifying themselves as ‘recovery-oriented’. Yet, other than the value of making a positive and well-intentioned statement what does that really mean?

As mental health organizations and as a system where is the analysis and action in respect of this claim?

If the validity of these claims were to be tested, we would see evidence in recovery-oriented services in the ways in which they show their commitment to choice and autonomy regarding treatment options. We’d see no coercion in treatment, increased psychiatric survivor representation and employment on Boards and committees, and more peer support. We’d see staff recovery education

training (including WRAP Wellness and Recovery Action Planning and Peer Support training) in place and adequately funded.

Currently, many Ontario organizations are moving in respect of these goals and program changes, but progress is uneven and sketchy. It seems as though the will is there, but there are no incentives, and little inter-agency discussion about shared goals and standards, and the process gets stuck in the mud. But, at least there is progress; and there is even progress at the system/policy level.

We know countries like New Zealand have taken concrete steps and adopted a national recovery approach. New Zealand created criteria for measuring recovery validity, and produced documents like “Recovery Competencies For Mental Health Workers”. They also employed people with the lived experience of mental distress and psychiatric labeling to inform public policy and act as agents of change.

At this point Canada is the only G8 country without a national strategy for dealing with mental health distress. There is light at the end of the tunnel though. Finally, in 2007 Canada developed the National Mental Health Commission to do just that - to plan and develop a unifying vision for mental health service delivery. Now the Commission tells us that they want to hear from the mental health community about what is required to enact a national recovery service framework. Here is our chance!

In Toronto, we have many agencies that say they are recovery oriented. If we band together we can deliver a clear and direct message to the Commission about the importance of the recovery approach. If we work together we can advocate for less coercion, and more options for support and treatment. We can convey to them the importance of recovery not just as an individual journey but as a national strategic framework for service delivery. In so doing we can also support one another in deepening our practice and furthering the recovery agenda.

We need more support for alternatives, we need more choices, we need less stigma, and we need a healing culture that promotes recovery. It is time that we work together to advance this cause at both micro and macro levels of service delivery.

Creating a Network for Recovery Invested Services

### **1. Why a Network?**

- Learn from each other and promote the recovery agenda from a systemic perspective
- To share what we are doing and learn about what others are doing
- To identify recovery-oriented services in the GTA in order to refer people to their services
- To find out where recovery programs like Voices from the Street, Photo-voice, Pathways to Recovery, GAM, Peer Support groups, open WRAP groups, facilitator training and family recovery education are happening

## **2. Possible projects could include:**

- Developing a standardized accreditation process
- Developing curriculum
- Designing program evaluation tools that include recovery based outcomes
- Developing staff competencies
- Identifying how our work can connect with the Mental Health Commission and the LHIN agenda

Stay tuned for a date, time and location to meet and discuss this proposal. In the meantime, if you are interested, please email [recoveryinvestedservices@gmail.com](mailto:recoveryinvestedservices@gmail.com).

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## **MY STORY**

By M. Kay

It started in 1984 and 1987 when I was involved in two serious car crashes and became physically and mentally injured. I went from doctor to doctor and hospital to hospital to no avail.

In 1992, I ended up in a Salvation Army shelter for women. At one point, I realized that I had a mental illness (post traumatic stress disorder). I approached one of the staff, and she took me to St. Joseph's Hospital. At that time I had a severe mental collapse.

Over the years I was going through the hospital "revolving door syndrome". One day, my psychiatrist asked me if I would be interested in being involved in a more intensive support system. I agreed and seven years ago joined an ACTT (Assertive Community Treatment Team) program. This was a true beginning of my recovery process.

I believe that recovery doesn't have a beginning and an end. It is a process, and one in which I will continually watch my progress and keep an eye out for myself to make sure I deal with warning signs which are undermining my health.

So I had a psychiatrist, family doctor and the ACTT program as my support system. With ACTT, I could enlist their support when I was in trouble. Over the years, I learned to be more independent, and developed an internal support system.

My recovery process included accessing community resources. Friends and Advocates, Our Place, Gathering Spot, Houselink and many friends over the years.

I am now in a position to "give back" to the community in terms of volunteering my time to be an informal peer support and fundraiser. I also do quite a bit of baking and the baked goods are sold to raise money for drop-in activities including trips.

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## “Quote Therapy”

The feeling of being valuable - 'I am a valuable person'- is essential to mental health and is a cornerstone of self-discipline.

M.Scott Peck  
(quotemonk.com)

Mental illness is nothing to be ashamed of, but stigma and bias shame us all."

Bill Clinton  
(changingthepresent.org)

During depression the world disappears. Language itself. One has nothing to say. Nothing. No small talk, no anecdotes. Nothing can be risked on the board of talk. Because the inner voice is so urgent in its own discourse: How shall I live? How shall I manage the future? Why should I go on?"

Kate Millett  
(changingthepresent.org)

Psychiatry is to neurology what astrology is to astronomy.

Source Unknown

There is a great deal of pain in life and perhaps the only pain that can be avoided is the pain that comes from trying to avoid pain.

--R.D. Laing  
(psych-net.com)

Sometimes we reach the boiling point before we realize that the stove is on.

Become aware of your feelings - keep your eye on the stove.

--Karen Dougherty  
(psych-net.com)

Involuntary mental hospitalization is like slavery. Refining the standards for commitment is like prettifying the slave plantations. The problem is not how to improve commitment, but how to abolish it.

Thomas Szasz  
(nonstopenglish.com)

Canst thou not minister to a mind diseased, pluck from the memory a rooted sorrow, raze out the written troubles of the brain, and with some sweet oblivious antidote cleanse the fraught bosom of that perilous stuff which weighs upon the heart?

William Shakespeare  
(nonstopenglish.com)

[Psychoanalysis] is not the only way to resolve inner conflicts. Life itself still remains a very effective therapist.

Karen Horney  
(quotegarden.com)

A vigorous five-mile walk will do more good for an unhappy but otherwise healthy adult than all the medicine and psychology in the world.

Paul Dudley White  
(quotegarden.com)

I think the future of psychotherapy and psychology is in the school system. We need to teach every child how to rarely seriously disturb himself or herself and how to overcome disturbance when it occurs.

Albert Ellis  
(brainyquote.com)

No shepherd and one herd! Everybody wants the same, everybody is the same: whoever feels different goes voluntarily into a madhouse."

~ Nietzsche, 1892/1966, *Thus Spoke Zarathustra* (W. Kaufmann, Trans.), p. 18  
(existential-therapy.com)

Self-awareness or self-consciousness can lead to the enlarging of consciousness. It can lead to the expansion of control of one's life. Self-awareness involves the capacity of not only looking back, but also looking ahead. Self-awareness is not only a gift, but it is a responsibility.

~ Mufti James Hannush

"The Development of the Self in the Light of the Existential-Humanistic Psychology of Rollo May"

In *Review of Existential Psychology and Psychiatry*, Volume 24, 1999, pp. 75-76  
(existential-therapy.com)

Insanity is often the logic of an accurate mind overtasked.

Oliver Wendel Homes, Sr.  
(enotes.com)

Nothing defines the quality of life in a community more clearly than people who regard themselves, or whom the consensus chooses to regard, as mentally unwell.

Renata Adler, (enotes.com)

# GAINING AUTONOMY WITH MEDICATION (GAM)

Work with Celine Cyr on a one day Train the Trainer Workshop



**Date:** Wed. Feb. 18th, 2009

**Time:** 9:30-4:00

**Location:** Family Outreach and  
Response Program  
901 King Street West 500A

**Cost:** \$75 Survivors and family  
members. \$125 Mental Health Work-  
ers.

**Food:** Lunch and materials provided.

Self-Management of Psychiatric Medication is something survivors have been doing alone with very little support for a long time. An alternative mental health coalition in Quebec has created a resource guide and a training program (GAM) that offers essential support to survivors who are seeking to self-navigate the medication maze.

The GAM model is about learning and understanding medication and its effects on all aspects of a person's life. It is about questioning one's needs and preferences with respect to medication. It is about making decisions, self-advocacy, taking risks and taking charge. The ultimate goal of this process is to achieve a more satisfying quality of life.

Quebecois facilitator, Celine Cyr, will share a method which you can use to help others to create their own plan for their use of psychiatric medication. She will also outline the steps that can be taken to reduce or get off of medication if the person is interested in exploring this direction.

This workshop is aimed at psychiatric survivors who are actively working in the field and who have opportunities to apply this learning within their own communities. However, this information/training program is also useful for families, professionals and allies. Space is limited to 20 people.

**RSVP by Jan. 31, 2009 to Leslie Morris at 416 482-4103 ex. 227  
or Brian McKinnon at 416 285-7996 ex. 227**

Sponsored By The Leadership Project

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## How to Subscribe to the Wellness and Recovery Newsletter

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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](http://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](http://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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