

Voice of HOPE

PATIENT/CLIENT & FAMILY COUNCIL

Free

JUNE 2015

Free

Please take one!

VOLUME 8, ISSUE 4

Please take one!

From the Editor	2
Council Corner	3
Youth Drop-in	
The Peanut Gallery	4
Jacki Nadon	
The Peanut Gallery con't	5
Jacki Nadon	
Transition to Independence	6
Process	
Youth Have Rights	7
Individual Rights &	8
Freedoms (Dr. K)	
Individual Rights &	9
Freedoms con't	
Next Door Transitional	10
Lodge	
Human Rights Art Project	11
Beanie's Blog	12
Peer-Led Workshops	13
Jack.org	
LGBT Facts & Figures	14
LGBT Youth Connection	15
It Happened in Canada	16
Mother Teresa	
Bi-Polar: My Silent Partner	17
Malala	
Accreditation Canada Visit	18
Gaining Autonomy &	
Medication Management	
Family Mental Health	19
Initiative	
Youth Resources	20

“Are you okay?”

It is a simple question and an important one! Sometimes, the simple recognition that something seems “off” or a friend isn’t quite “themselves” opens the door to helping a friend in need.

Few have it as tough as our youth in today’s world. The fast paced environment and social networks made up of “tweets” and “emoticons” leaves so many without that personal, one-on-one connection. A friend putting their arm around you and stating, “It’s going to be alright. I am here for you” is a fleeing trend sidelined by

heads down and absorption in technical and abbreviated speak.

No one is saying that social media and social networks should be demonized. Indeed an awful amount of good has come of today’s generation thinking outside the box and touring our world forward in innovation. But nothing, NOTHING equals looking into someone’s eyes and



relaying, “I am here. I hear you. We’ll get through this...together.”



Save a Friend....Not a Friendship!!!

Never be afraid to give your friend a call, pay a visit, or send them a Facebook message to let them know you are concerned, and offer to help connect them with any extra support needed.

**Recovery from Mental Illness and/or Addictions is Possible!
Not only is it Possible...it is LIKELY**

Patient/Client & Family Council Mission:

to nurture hope and discovery by supporting the recovery journey of people affected by mental health and/or addiction challenges.



We are located at
Waypoint Centre for
Mental Health Care
500 Church Street
Penetanguishene Ontario
L9M 1G3
705 549-3181 Ext 2180
1-877-341-4729
ptcouncil@waypointcentre.ca



Dianne Stringer, Editor

From the Editor...

We revisit YOUTH and Mental Health in this edition of the Voice of HOPE in an effort to examine the many complexities and hope for young folks experiencing mental distress.

Jacki Nadon writes an excellent self-portrait that is as honest as it is compelling.

The Transition to Independence Process (TIP) gives practical direction to service providers to guide young folks towards a self-determined, confident journey to young adulthood.

The rights of young people are not dismissed and youth are reminded that if something doesn't feel fair, maybe it is not right. Youth, just as any Canadian citizen have rights and a voice. Read more about this on page 7.

Dr. Karagianis, as always, leaves us with some food for thought that reminds us that the enemy is the illness, not the person.

The Next Door is a place that offers comfort and safety for local homeless youth and youth in crisis in North Simcoe.

Beanie returns to offer her canine insight to the high-spirited nature and needs she shares with our younger generation.

Family support is often a necessary ingredient to developing the character and sense of safety and love in the world for budding adults and Tara Maxwell from the Family Mental Health Initiative shares the resources the organization she represents has to offer.

"The Jack Project" representatives will be coming to Waypoint to share how they are working to transform the way everyone, particularly younger folks, think about mental health at the Waypoint Annual General Meeting to be held on June 4th. (1:30 pm in Atrium Gymnasium at Waypoint)

The Lesbian, Gay, Bi-sexual and Transgendered (LGBT) community has evolved into a dynamic and safe zone to express one's sexual and relationship preference and some facts and figures are presented along with resources for young people exploring their relational preferences.

A young girl named Agnes Gonxha Bojaxhuni grows up to be

considered for sainthood which reminds us all that every human has the potential of being someone great....whether that is a kind friend, a noted political leader, a great mom or dad, or simply a person one can be proud of. The possibilities of who we can emerge into are endless.

Another living person of great courage and fortitude is Malala Yousafzai, the young girl who despite the very real threat of the Taliban banishment of girls receiving an education, spoke out on behalf of her peers to advocate for the human right for ALL persons to receive an education and continues on, despite an assassination attempt that came close to taking her life. Malala's advocacy has since grown into an international movement. The power of one young girl. Imagine that!

Carol Lambie addresses patients, clients and family members about the upcoming Accreditation process at Waypoint on page 16.



The World Health Organization defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." The many facets of youth mental health in today's society are much too vast to cover in one edition of the Voice of HOPE. I hope we have covered some main themes and that our readers will link up with the resources listed throughout the newsletter as they relate to any particular issue.

Remember, help IS just a phone call away and the motto, "Save a friend, not a friendship" is probably one of the most profound statements and practice anyone with a friend in need, could offer.



"I have been impressed with the urgency of doing. Knowing is not enough; we must apply. Being willing is not enough; we must do." Leonardo de Vinci

Council Corner....

Yvette Brook, PCFC Executive Director

So, what's happening at the Council these days? Ask me that question in the hallway and I'd likely be able to hold a lengthy one-sided conversation on what the Patient/Client & Family Council is involved in at the moment. However being asked to write a quarterly piece for the Voice of Hope newsletter...well, that appears to be a little more challenging for me but we'll give it a shot. I've been the Executive Director for just over a year now and I'm still learning about and appreciating the scope of work that the Council had done, prior to that time. So with that in mind, I'd like to use my first foray into article writing to talk about the Patient/Client & Family Council in general (& perhaps debunk a couple of myths along the way) and get to specifics in future Voice of Hope editions.

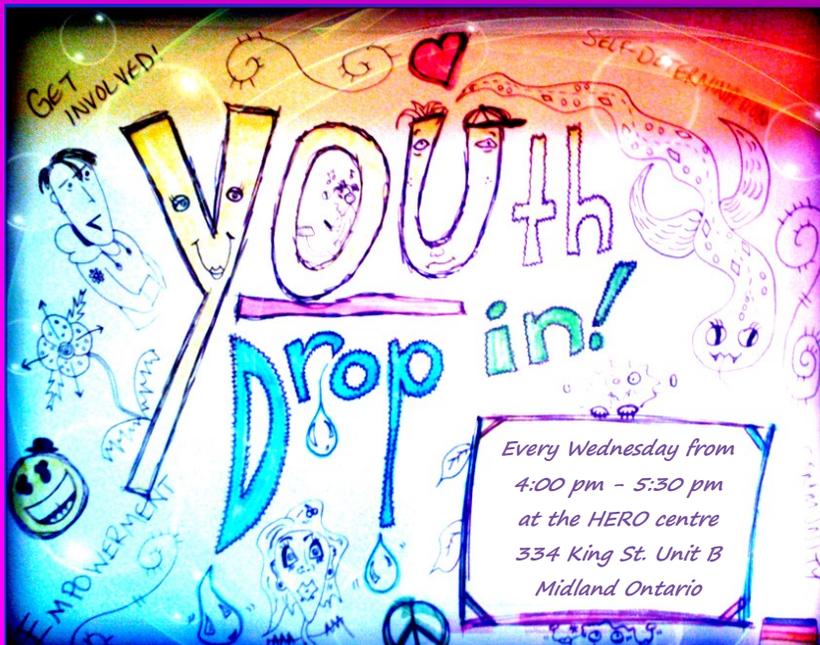
The Patient/Client & Family (PCFC or The Council, as it's often called) is a separate non-profit organization that has been involved at Waypoint for over 20 years. Everyone that is a part of the Council has been a consumer of the Mental Health system, either for themselves or with a close family member. The PCFC has a governing Board of Directors, 3 full time staff, 10 part time staff and several volunteers at this time. Our vision is clear... **"A Mental Health community, guided by the experience of its users, where everyone is supported to cope, heal and thrive beyond Mental Illness"**.

Sharing our 'personal experience' is at the heart of what we do. Our experiences are varied....inpatient/outpatient, forensic/non forensic, Regional/Provincial, Waypoint/other hospitals, youth, addictions...you get the picture. But what links us together is that we've all faced some pretty tough challenges in life and have come out the other side, wanting to help others in similar

situations. Our personal experiences are crucial but what's often not realized, is that we also bring a variety of professional experiences to the table...PSW/DSW, BA, HCA, Addiction Counseling, Health & Safety certifications, Microsoft trainer... just to mention some of the post-secondary education floating around the Council. After all, a mental illness is just one facet of our lives.

Our role here encompasses supporting clients and family members directly; consulting our clients at every opportunity to gather their perspective, and bringing those perspectives, along with our own lived experiences of the Mental Health System, to Waypoint (and often beyond) to advocate for change and a culture of recovery and healing. We provide formal Peer Support services to Waypoint and Community agencies, run workshops/education series and represent clients/family on a variety of Waypoint committees and task groups (20+ at last count). Beyond Waypoint, representatives from our Council can be found on the Ontario Association of Patient Councils (Chair), the Ontario Family Caregivers Advisory Network, Ontario Mental Health & Addictions Alliance, Ontario Peer Development Initiative (Directors and trainers) and providing input into a variety of regional and provincial MH practices. Quite a lot for a small non-profit organization and a great sign of the increasing value placed on the personal experiences of consumers of Mental Health Services.

I am excited about our positive working relationship with Waypoint and the strides we can make. The increasing recognition of the importance of Patient/Family Engagement and the slow but steady move to a recovery focused MH&A service province wide is music to the ears of service users. I look forward to future collaborations, opportunities and partnerships.



Youth engagement

is not a tool for service providers.
It's a movement, a culture.

By youth, for youth.

This is about you!

Get behind the scenes, make
meaningful decisions, make a
difference, be the voice of today.

We've heard you:

Loud & Clear!

For ages 16 and over

For more information, contact:
youthdropin@waypointcentre.ca



anymore. There were times when they weren't so bad. And if I'd only had pleasant voices, I'm not sure I would have wanted to medicate them away.

In hospital, I grew the courage to admit that I had racing, rapidly cycling thoughts, ones that I didn't think were mine; the doctor finally teased out that I was hearing voices. I got on anti-psychotic meds that made them all quieter, more distant as they faded. Now, I don't hear them at all.

I had to re-learn how to think. I'd been trying to repress my thoughts so that the rotten voices had nothing to hold against me. I'd been trying to hide behind the ringing in my ears. I'd tried to avoid responding to their taunts. I'd been struggling to stop my looping thoughts and change them to something that I wanted to hear. I had been re-training my mind to think only at a primal level. Through intense mental self-discipline, I'd stopped being able to be free and open with myself.

Then once they were gone, I thought, that doesn't mean they can't hear me. I wondered; what if some of my thoughts are being put there by the voices? I judged some thoughts as being stupid or embarrassing because I'd gotten used to having an audience. My most troubling thoughts played on repeat, looping over and over to fill the silence. My self-talk became very negative. But it was better than the constant chatter from the "peanut gallery".

It took time and another medication change, but I am at a point where I can think without over-analyzing. I can comfortably have honest, private thoughts without fear that everyone around me can hear them. I may still feel like I have no secrets. At moments, I may still feel observed, but it doesn't affect my

Coming back from the trauma of crisis into a world full of renewed possibility has given me a calling, to be a sort of guide for young people, many of whom are much like I was at 24; ambitious, adventurous individuals with plenty of potential. I want to show folks who might be hitting roadblocks as they transition to adulthood that there is hope, that things improve, and that we can dream big and reach for the stars against all odds. So, I'm trying to lead by example.

day to day life because there is no real evidence that anyone has access to my internal life. With conscious effort, my self-talk has become more positive. I have become more self-aware. I see things from a unique perspective. The world is a bit more magical.

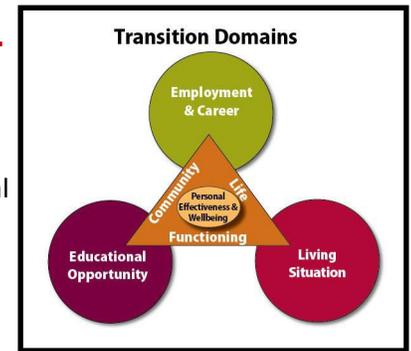
These days, I'm speaking at local high schools about my mental breakdown and recovery journey, with a group of peers. I have TIP training, (Transition to Independence Process) which enables me to help emerging adults with Emotional and Behavioural Difficulties (EBD) by meeting them where they're at. I sit on a committee for Transitional Age Youth (TAY) at Waypoint. In partnership with Waypoint, TAY, the HERO Centre and the Patient/Client and Family

Council, I am piloting a drop-in program for ages 16+ that focuses on youth-driven goals. I am working closely with young adults as a peer supporter, hoping my lived experience can validate and humanize the experiences of my youth peers. And best of all, I am happy to be feeling well enough to shine some light on recovery for those who are ready to make the leap from struggling with their experiences to discovering wellness.



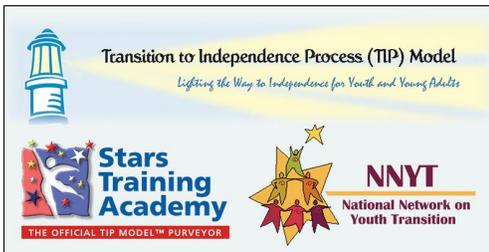
Felix, Michael, Jacki, Robert

TRANSITION TO INDEPENDENCE PROCESS (TIP) MODEL FOR TRANSITION AGE YOUTH IN SIMCOE/MUSKOKA



The Transition period for youth and young adults struggling with emotional/behavioral difficulties is full with unique barriers that put this particular population at significant and greater risk of failing in school, getting involved with correctional authorities or dependent on social services. The young person ends up in real trouble because on top of everything there is a lack of coordinated services for children's mental health, adult mental health, education, substance abuse treatment.

TIP is an evidence-supported model for youth that gives service providers real usable tools to help support youth transition to a successful adulthood across five transition domains (housing, education, community, well-being, and career). Such tools as decision making, future planning, Prevention planning. Due to its focus on these domains, it is well suited for service providers in child and youth mental health, as well as in child welfare, youth justice, developmental services, and education. It provides a common language and framework for working with youth that unites the many sectors of services that are out there to support emerging adults.



As such, a critical component of the implementation process was the development of structures and processes with all community partners to promote long-term sustainability of the model encouraging community participation and collaboration. Some examples of these structures include the following:

TIP MODEL GUIDELINES:

1. Engage young people through relationship development, person-centered planning, and a focus on their futures;
2. Tailor services and supports to be accessible, coordinated, linguistically and culturally sensitive, appealing, non-stigmatizing, and developmentally-appropriate - and building on strengths to enable the young people to pursue their goals across relevant transition domains;
3. Acknowledge and develop personal choice and social responsibility with young people;
4. Ensure a safety-net of support by involving a young person's parents, family members, and other informal and formal key players;
5. Enhance young persons' competencies to assist them in achieving greater self-sufficiency and confidence;
6. Maintain an outcome focus in the TAY system at the young person, program, and community levels;
7. Involve young people, parents, and other community partners in the TAY system at the practice, program, and community levels.

TIP model was selected to meet the need to have a coordinated system for youth. Collaborative approaches have the potential to transform the mental health system by creating linkages for youth whose needs extend beyond the mental health sector.

For more information about TIP Model training or the TAY SoS Partnership, please contact Celeste Lalonde (celeste.lalonde@camh.ca) at Ruth Cameron (ruthcameron@waypointcentre.ca)

The National Network on Youth Transition for behavioural Health is the official purveyors of the TIP Model. For more information on the TIP Model, please visit www.tipstars.org

YOUTH HAVE RIGHTS

If something doesn't feel **FAIR**, maybe it's not **RIGHT!**

You can call the ADVOCATE'S OFFICE!

PHONE: 1-800-263-2841 (toll free)
416-325-5669 (in Toronto)

TTY: 416-325-2648

FAX: 416-325-5681

Email: advocacy@provincialadvocate.on.ca

Website: www.provincialadvocate.on.ca

Office of the Provincial Advocate
for Children and Youth
401 Bay Street, Suite 2200
Toronto M7A 0A6



Youth Have the Right to...

- ✓ Be and feel safe;
- ✓ Be treated fairly no matter your race, sex, culture, religion, abilities, or sexual orientation;
- ✓ Have a say about what happens to you and express your thoughts and feelings;
- ✓ Be properly fed, clothed and cared for;
- ✓ Go to school and have an education;
- ✓ Receive medical and dental care;
- ✓ Participate in social and recreational activities;
- ✓ Participate in your religion and culture and speak your language;
- ✓ An interpreter if you are not being understood because of language or abilities;
- ✓ Reasonable privacy;
- ✓ Know and understand the rules, responsibilities and consequences;
- ✓ Talk privately with the Advocacy Office or your lawyer;
- ✓ Be told how to contact the Advocacy Office.

If you are 12 or older, YOU ALSO HAVE THE RIGHT TO:

- ✓ Know if a decision is being made about you in court so that you can go there when it happens;
- ✓ Ask to have a review or an appeal in your placement;
- ✓ Help make your plan of care.

If you are a young person charged with a criminal offence, YOU HAVE THE RIGHT TO:

- ✓ Know why you are being arrested;
- ✓ Call a lawyer AND a parent or adult you trust;
- ✓ Call your lawyer as needed;
- ✓ Have a lawyer represent you;
- ✓ Ask for a Reintegration Leave (a day or weekend pass);
- ✓ Ask the Custody Review Board to review certain decisions regarding your care.



James Karagianis MD
FRCPC
 Psychiatrist in Chief
 Waypoint Centre
 Associate Professor
 of Psychiatry,
 University of Toronto

What Constitutes Individual Rights & Freedoms

Recently we have heard that Vincent Li is now eligible for community living. He has already been having unsupervised day passes out in the community. As readers may recall, Mr. Li was hospitalized for treatment for schizophrenia after

responding to hallucinations and delusions while on a bus. He was not convicted for the death of a fellow bus passenger in 2008, but was found not criminally responsible due to mental disorder (NCR). The NCR finding was on March 9, 2009.

It is hard to believe this event happened over 6 years ago. I guess this is because every time it comes up in the news, we see the same photo of Mr. Li going back to the time it happened. The gruesome descriptions bring back emotional memories as if it happened yesterday. The public remains polarized on this matter. By polarized, I mean widely divergent viewpoints. This divergence includes recent changes to legislation giving victims a bigger role in hearings to determine readiness for release. Some say he should be deported back to China. Some say the victim's family are the only ones getting punished in this case, as if punishment has a role in managing mental illness. Others are trying to use more rationality and less emotion in their comments.

According to recent news reports, Mr. Li is profoundly remorseful for what happened and is determined to continue to take his medications. He is still required by court order to take medications. He has been completely compliant with treatment and has had an excellent response, with no signs of residual psychosis.

Statistically speaking, those people with a violent crime who go through the forensic system have a very low rate of reoffending, around 1%. This should be contrasted with the success rate of the criminal justice system, the punishment approach, with over 70% being arrested again within 3 years. I can't think of any intervention in medicine with a better success rate than that.

About 300,000 people in Canada live with some form of schizophrenia. Most of them will never commit a crime. But for those few that do, our forensic system is well equipped to help them, when they are agreeable to take treatment.

However, we do still have a problem and that is when we have patients who are too unwell to have their freedom, but still are allowed to refuse to take medication. Some patients who are incapable of consenting to take treatment, because of their illness, will appeal and ask for a hearing to review this finding. Under current law, these patients cannot be given involuntary treatment while waiting for their appeal. The appeal may take many months to be heard, and often there are further delays. These ill patients are a problem for the system. When refusing treatment, they have a higher chance of committing assaults in hospital, or ending up in seclusion or in restraints because of aggressive behaviour. This puts the safety of staff and other patients at risk. The reason they are allowed to avoid treatment is the principle of protection of individual autonomy and liberty, guaranteed in the Charter of Rights and Freedoms. Unfortunately, in many cases, all this does is protect the illness which is impairing the person's freedom in the first place.

We need to work together to balance the protection of individual freedom, the rights of others to be safe, and the right to be treated, even when a patient

does not recognize illness is present (anosognosia). The case of Mr. Li forces us to confront our desires to make sure that severe mental illness gets treated, while maximizing individual freedom and public safety. When a person has a chance to get out and resume a relatively normal life, there is a reason to work towards that. When a person has no hope and will be in hospital all his life, or even for many years with no logical reason for each extra year, that person has nothing left to lose and in my view can become even more dangerous.

That said, I DO believe that there should be better supervision of those who are unconditionally released after an NCR verdict. An unconditional release means they do not even have to see a psychiatrist again. In Ontario, Community Treatment Orders are by the consent of the patient, and if they are not consenting, and not acutely dangerous, they cannot be brought back into the hospital because of something that happened 10 years ago. I think there should be involuntary treatment orders for certain cases.

But even more importantly, we need better primary prevention, more access to psychiatry when people are sick and asking for help. Continuing to reduce the stigma will help. Family doctors need to be able to recognize signs of mental illness, and to get a referral to a psychiatrist without waiting too long. Although at Waypoint we have been increasing our numbers of psychiatrists, we still need more in this area. My own part time private practice is essentially full. I could work 24 hours a day and still not have time to see everyone. We need to open more spots in medical schools, and make psychiatry more attractive as a career option, and make this beautiful Georgian Bay area even more attractive for physicians to establish a practice here. If you have ideas, let me know. Contact me here at Waypoint, or leave a comment on the Dr. K Psychiatry Facebook page.

Visit Dr. K's Facebook page at:
<http://www.facebook.com/Dr.KPsychiatry>



Link to Winnipeg Free Press interview with Vince Li:

<http://www.winnipegfreepress.com/local/shining-light-on-mental-illness-152943455.html>

The Voice of HOPE is your vehicle to express and share your stories of survival, resilience, humour and HOPE. We especially want to hear from mental health and addiction consumers, and their families about how, in the face of adversity, they've flourished, stumbled and got back up.

Send your comments about this publication, your stories, poems, helpful tips, etc. to:
Dianne Stringer, Editor Voice of HOPE
c/o Patient/Client & Family Council

500 Church Street, (Room Atrium 1090)
Penetanguishene ON L9M 1G3
dstringer@waypointcentre.ca
(Tele: 705-549-3181 Ext. 2751)

Sudoku Puzzle

Sudoku is easy to play and the rules are simple. Fill in the blanks so that each row, each column, and each of the nine 3x3 grids contain one instance of each of the numbers 1 through 9.

Answer on page 19

		5		2				
1						4	6	
2				1			8	
3		2					1	9
		8			3			
				5	7			
5		3		6		2		
		7		2		9		6
			8		5			

The Next Door Transitional Lodge... Youth in crisis now have a safe place to call home

Dianne Stringer, Editor

'Your smile is our reward'

I am greeted by an effervescent young woman with stylish hair and a kind and welcoming smile which tells me right away....this is a safe place. Krista Bell wouldn't have it any other way. "We've already shared moments that will be remembered a lifetime" Krista stated.

Kids rely on this being their home....a home where their differences are embraced, not snuffed out. Home has not always been kind to the young men and women who cross the threshold of The Next Door looking for a warm bed, a hearty meal, some life guidance and perhaps a friendship or two. Peer residents share in all house chores, adhere to a curfew, share smiles and laughter, celebrations, and offer each other compassion and empathy during the rough days. Working toward positive change and setting reachable goals keeps the climate humming.

Staffed by qualified and caring volunteers, **The Next Door** is not a group home nor an institution of any sort. Youth each come here willingly and wanting to make changes for their future. Located in a discrete house in Midland Ontario, it offers a safe home with basic needs such as food, clothes if needed, basic life skills, medical needs if required, referrals within the community and lodging for up to one year along with other comforts of home.

For more information on **The Next Door**, or to make a referral or donation, call them at 705-526-8879 or visit their website at <http://teentransitional.wix.com/the-next-door-teen>



Criteria for residency:

- ★ Youth must be 16 - 24 years of age;
- ★ Youth must be attending school, work, or an acceptable day program
- ★ Youth must successfully complete the intake interview.
- ★ Youth must be substance-free or have addictions controlled;
- ★ Youth must have medical and/or psychiatric conditions controlled;
- ★ Youth must be willing and motivated to participate in The Next Door program and follow all program criteria and rules;
- ★ Youth must be willing to contribute a rent portion per month to The Next Door from their available funds.

Youth Homelessness is a Real Problem...

- ⇒ In 2013, research reported that 20% of Canada's homeless population was youth;
- ⇒ The causes and consequences of youth homelessness are distinct from those that afflict adults;
- ⇒ Many homeless youth come from homes experiencing family conflict including abusive situations, disruptions to school and family life, neglect and poverty;
- ⇒ Many of these youth are in the midst of adolescent development and lack the life skills and experience required to live life independently.



Human Rights Mural in Downtown Midland



Local Mural Artist Ruth Hurdle is mentoring local teens as they produce a Human Rights Mural in downtown Midland. The mural is being done in partnership with Amnesty International's Toronto project titled "Urban Canvas".

Amnesty International's Declaration of Human Rights has 30 Articles and the goal of the project is to have a mural painted for every one of the 30 Articles. This is the first mural being painted outside of the GTA.

The mural is a final project for local

teens who have been part of Quest Art School + Gallery's Teen Art Locker drop in program which meets Fridays after school since September 2014.

The mural is located on Bourgeois Lane on the back wall of Tripp's Paint and Decorating and is 10'x30'.

This mural is being produced in partnership with Amnesty International, Quest Art School + Gallery and is sponsored by RBC Foundation, Midas Auto Service and Tripp's Paint and Decorating.

For further information you can contact Ruth Hurdle at ruthpaints@rogers.com

The theme for this mural is "Article 12: No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, nor to attacks upon his honour and reputation".



SOMETHING TO THINK ABOUT...

Angry people tend to rely on cognitive shortcuts — easy rules of thumb — rather than on more systematic reasoning. They're also quick to blame individuals, rather than aspects of a situation, for problems. (Harvard Business Review)

You have **BRAINS** in your **HEAD**.
You have **FEET** in your **SHOES**.
You can **STEER** yourself any **DIRECTION** you **CHOOSE**.

~ Dr. Seuss

The Family Stew.com

By: Chato B. Stewart



strengthen your relationships

Mental Health Humor ©2014 Terms of use: \$5 Donation blog/website w/link to my site. Free to share on any social media. (Do not Edit)

Visit Chato's Blog Site at:

<http://blogs.psychcentral.com/humor/about/>



Beanie's Blog

In this blog it is important to note that I am a dog and writing this based on my own doggie experiences as a spirited pup with a tendency towards disturbing and destructive behavior. It is not a prescribed remedy for diagnosed illnesses. I would just like to share some ideas that I have on the topic.

To begin, there are two areas that I believe require certain stimuli to affect me in a positive vs a negative way. My mind and my body. Both of these need exercise of some fashion. Without it I am a pup with nothing to do and nowhere to go. When this happens, trouble is sure to follow.

First, lets explore the effect no exercise vs exercise has on the body. Exercise burns energy. Without exercise, excess energy must be used, but with no real focus, destructive and disturbing behavior can be the result (I was obsessed with digging at the gold grass that doesn't really grow but carpets our living room).

Exercising my body (like walking or chasing squirrels) helps to maintain a healthy weight and tires me out sufficient enough that I require more sleeps (and get a more restful sleep). When I don't get enough exercise I gain weight, get sick more often (like the flu and colds) and my coordination suffers. BTW, before I was getting enough exercise my vet said I was 1.5lbs overweight. I liked to think of it as playfully plump but in all honesty, now that I've lost it, I feel so much better about myself. Which leads me to...

Exercising the mind. Focusing on something I enjoy (catching chipmunks, birds, moths, rocks) provides me pleasure and happiness which increases

endorphin levels (the good stuff...better than any extracurricular treats or biscuits I've ever had). With no focus or target goal, boredom results and I look for anything to fill the void. What I find to do may not be positive but may end up getting me into trouble as my behavior becomes negative.

Boredom is always a problem in puppies with my tendencies. It can lead to fixations, anxiety (example : separation anxiety), compulsions and more. For example, as a spirited pup, when my mum would leave, I'd be left at home. Alone. Big house, weird noises, no one to talk to or play with. I began to pull all the toilet paper off the rolls which lead to chewing shoes (silver stilettos were my fav). And this upset my mum. Suddenly one day, this elusive magic green ball that giggles when I touch it appeared as soon as my mum left. Finally, something to keep me occupied. To talk to me (kinda). But it always disappears when my mum returns. (I don't even think sheez aware it exists. Kind of like loch Ness or the infamous but elusive closet hippo) But it always comes back.

Anyway, now I exercise both my mind and my body and it helps keep me out of trouble.

As I barked before, I am a spirited pup with a tendency towards disturbing and destructive behavior. How I've dealt with my issues through exercise and focus on something positive is from a dog's perspective. It is not meant as a therapeutic cure all. But I will add this, when in doubt, there's always the giggle ball. Try it, it might work for you too.



The Patient/Client & Family Council is proud to present
Peer-led Workshops
every Tuesday evening at Outpatient Services

in Midland located at 1156 St. Andrews Drive in Midland
 (adjacent to Georgian Bay General Hospital)

For more information, call 705 549-3181 Ext. 2180

Workshops include

What is Mental Health Recovery?

Motivation

Wellness Recovery Action Planning

Peer-Zone workshops & MUCH more!!!!



jack.org

Waypoint's Board of Directors invites you to join them as they welcome Jack.org's Erin Hodgson as the keynote speaker at the hospital's Annual General Meeting (AGM) on June 4, 2015 (1:30 pm).

Jack.org (formerly The Jack Project) is the only national network of young leaders transforming the way we think about mental health. Jack.org is a Canadian charitable organization founded as the legacy of Jack Windeler, an 18 year old first year student at Queen's University who tragically and unexpectedly died by suicide in 2010. Jack's dad - Eric Windeler - started a grassroots movement with the help of family, friends, and supporters dedicated to starting conversations about mental health and preventing youth suicide.

Today, five years later, this movement has grown in incredible ways. Student leaders in the nationwide Jack.org network are taking action to change attitudes and promote mental health and well-being.

"We know that young people between 15 and 24 are more likely to experience mental illness and/or substance use disorder than any other age group," said Carol Lambie, Waypoint President and CEO. "Sharing the

message of organizations like Jack.org helps demolish stigma and inspire and empower young people to build a world where there is no more silence."

"We hope that bringing Jack.org to Penetanguishene will encourage youth, parents and all ages to join us this year," said Betty Valentine, Waypoint Board Chair. "Our AGM is also a great opportunity to celebrate our accomplishments over the past year and showcase the commitment of our staff, volunteers and partners to improve the lives of the people we serve."

"Sharing the message of organizations like Jack.org helps demolish stigma and inspire and empower young people to build a world where there is no more silence," says Carol Lambie, Waypoint President and CEO.

The event begins on June 4th with refreshments at 1 p.m. in the Atrium Gymnasium, 500 Church St., Penetanguishene. Please RSVP to <http://fluidsurveys.com/surveys/heather-FWr/waypoint-agm-2015/> or 705-549-3181 ext. 2073.



Although lesbian, gay, bisexual and trans (LGBT) people are as diverse as the general Canadian population in their experiences of mental health and well-being, they face higher risks for some mental health issues due to the effects of discrimination and the social determinants of health.

Facts and Figures

LGBT people face:

- ▲ Higher rates of depression, anxiety, obsessive-compulsive and phobic disorders, suicidality, self-harm, and substance use among LGBT people
- ▲ Double the risk for post-traumatic stress disorder (PTSD) than heterosexual people
- ▲ LGBT youth and trans people face increased risk. For example:
 - ⇒ LGBT youth face approximately 14 times the risk of suicide and substance abuse than heterosexual peers
 - ⇒ 77% of trans respondents in an Ontario-based survey had seriously considered suicide and 45% had attempted suicide
 - ⇒ Trans youth and those who had experienced physical or sexual assault were found to be at greatest risk
- ▲ There is also evidence that LGBT people are at higher risk for substance use issues than the general population
- ▲ Some research suggests that use of alcohol, tobacco and other substances may be 2 to 4 times higher among LGBT people than heterosexual people
- ▲ A Toronto-based study found significantly higher rates of smoking among LGBT adults (36%) than other adults (17%)
- ▲ American studies report higher rates of alcohol-related problems among lesbian and bisexual women than other women



Promoting Positive Mental Health and Wellbeing

Key factors for positive mental health and wellbeing for LGBT individuals include:

- ▲ Support from family and friends, particularly for youth
- ▲ Supportive workplaces and neighbourhoods
- ▲ Low levels of internalized homophobia (homophobia adopted by the LGBT person themselves which can be fostered and supported through identification or community building with other LGBT individuals)
- ▲ Experiencing positive responses to coming out
- ▲ Addressing the social determinants of health

(Rainbow Health Ontario & CMHA Ontario)

Simcoe Pride

To create a safe and inclusive Simcoe County that support LGBT community members through services, activities and events.

www.SimcoePride.com

Lesbian Gay Bi Trans Youthline

www.youthline.ca

Toll Free: 1-800-268-9688

Instant Messaging: askus@youthline.ca

Confidential, free, and non-judgmental peer support

Sunday – Friday: 4:00-9:30

It Gets Better

<http://www.itgetsbetter.org/>

The It Gets Better Project was created to show young LGBT people the levels of happiness, potential, and positivity their lives will reach – if they can just get through their teen years. The It Gets Better Project wants to remind teenagers in the LGBT community that they are not alone — and it WILL get better.

Rainbow Health Ontario

www.rainbowhealthontario.ca

Rainbow Health Ontario is a province-wide program designed to improve access to services and to promote the health of Ontario's lesbian, gay, bisexual and trans communities.

The Trevor Project

www.thetrevorproject.org

The Trevor Project is an organization that provides crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, and questioning youth.



You Can Play Project

www.youcanplayproject.org

You Can Play is dedicated to ensuring equality, respect and safety for all athletes, without regard to sexual orientation.

Muskoka Pride

To provide visibility of and positive inclusion for the LGBTQA community of Muskoka through planning and hosting pride events throughout the community.

www.MuskokaPride.com

Positive Space Campaign

www.positivespace.utoronto.ca

The University's Positive Space Campaign is a ground-breaking program that identifies safer and more inclusive spaces for lesbian, gay, bisexual, transgender, transsexual, intersexed, queer, questioning and Two-Spirited (LGBTTIQQ2S) students, staff, faculty, alumni and allies at the University of Toronto.

The 519

Toronto-based community centre. The 519 is a meeting place and focus for its vital and varied downtown Toronto community. Within a supportive environment, it responds to community issues and needs by supplying the resources and opportunities to foster self-determination. It is committed to principles of accessibility, voluntarism, individual dignity and value, participation and celebration.

www.the519.org

PFLAG Canada

www.pflagcanada.ca

Toll Free: 1-888-530-6777 (English)

Toll Free French Support Line: 1-888-530-6483

PFLAG Canada is Canada's only national organization that helps all Canadians who are struggling with issues of sexual orientation and gender identity. PFLAG Canada supports, educates and provides resources to parents, families, friends and colleagues with questions or concerns, 24 hours a day, 7 days a week

LGBT Youth Connection

The LGBT Youth Connection is a drop-in and social space for LGBT Youth ages 16-23. Groups currently take place in Barrie and Orillia. Groups are a place for youth to connect with each other and to community. There is also the LGBT Youth Connection JUNIOR group for youth aged 15 or younger.

Our goal is to provide opportunities for lesbian, gay, bisexual, and trans* youth to get together in a relaxed



social space and to access resources and support on LGBT topics/issues. In addition to the drop-ins, the group also holds special events for youth, which include such things as tea parties, picnics, cooking classes, movie nights, education presentations, guest speakers, and more!

The LGBT Youth Connection is an open group that is guided by the interests and imaginations of the youth involved. It is facilitated by supportive adults. For more information or for one-on-one support contact Katie Mobbs by emailing her at youth@acsc.ca, calling at (705) 722-6778 ext. 107, or texting at (705)-715-2198.



Michael Silvio

It Happened In Canada....

June, July, August



June 24, 1497 - John Cabot claims New World territory (either Newfoundland or Cape Breton Island) for England.

June 27, 1980 – “O Canada” is officially adopted as Canada's national anthem.

July 1, 1867 - Dominion of Canada comes into being. Sir John A. Macdonald sworn in as prime minister.

July 12, 1836 - Canada's first railway, the Champlain and St. Lawrence, starts service between La Prairie and Saint-Jean, Que.

July 24, 1534 - Jacques Cartier, on the Gaspé Peninsula, claims the area for France.

August 16, 1784 - Province of New Brunswick formed.

August 27, 1953 – Alex Zivojinovic, better known as Alex Lifeson of the music group “Rush”, born in Fernie, British Columbia.

Source: www.canadahistory.com

“People are often unreasonable and self-centred.

Forgive them anyway.

If you are kind, people may accuse you of ulterior motives.

Be kind anyway.

If you are honest, people may cheat you.

Be honest anyway.

If you find happiness, people may be jealous.

Be happy anyway.

The good you do today may be forgotten

tomorrow.

Do good anyway.

Give the world the best you have and it may never be enough.

Give your best anyway.

For you see, in the end, it is between you and God.

It was never between you and them anyway.”



1910—1997

Mother Teresa

The Child Who May Become a Saint



Agnes Gonxha Bojaxhiu was born circa August 26, 1910, growing up in the Christian home of Nicola and Drana Bojaxhiu in Skopje, Macedonia, in the former Yugoslavia. After the death of her father when she was only 8 years old, she became very close to her mother who instilled in the young girl the importance of taking care of others.

Mother Teresa lived her life in the service of others, sacrificing all material things and becoming known, perhaps, as the world’s greatest humanitarian of our era. There is a very active movement to declare the ascension of Mother Teresa of Calcutta to a Saint.

For more information on this fascinating life, visit

<http://www.motherteresa.org/layout.html>

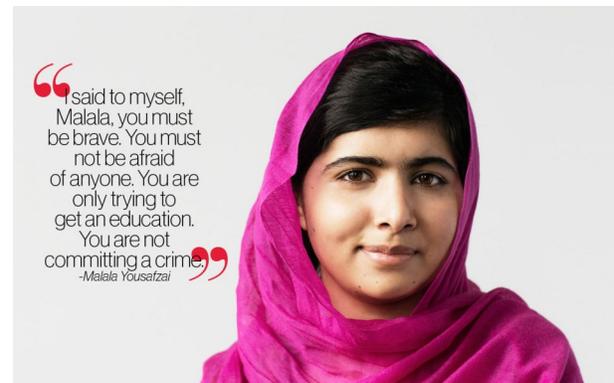
Bi- Polar: My Silent Partner by Angel Lee

Taste your own medicine.
 Then it becomes illegal or locked.
 I need this off my chest.
 Drop all authority and live up.
 This is a no holds bar.
 I went down a wrong, scary path
 That have left so many scars.
 For them I hold masks.
 The pain reaches the stars and back.
 When my mind is healed,
 And can take the cast off.
 I am going to show you.
 And rise up to the top.
 All this imagination from
 Your inspiration held up in a capsule.
 Doctor had Lithium prescribed.
 Some of us you cannot hide.
 I am home from the hospital.
 Not being able to work.
 I am struggling to provide and survive.
 Have so much expected.
 I'm so tired, yet I keep striving.
 Figuring out and playing with
 Is showing my mental deterioration
 One I am trying to heal
 With all these writings and creations.
 Through failure and experience,
 College education in health care.
 So much knowledge.
 I am now working for a better tomorrow.
 I want authorization.
 I need more college.
 I wrote two books, while being treated
 And monitored.
 The two became three and three became one.

Malala Yousafzai was born on July 12, 1997, in Mingora, Pakistan. As a child, she became an advocate for girls' education, which resulted in the Taliban issuing a death threat against her.

"How dare the Taliban take away my basic right to education?"

On October 9, 2012, a gunman shot Malala when she was traveling home from school. She survived, and has continued to speak out on the importance of education. She was nominated for a Nobel Peace Prize in 2013. In 2014, she was nominated again and won, becoming the youngest person to receive the Nobel Peace Prize.



"If I win Nobel Peace Prize, it would be a great opportunity for me, but if I don't get it, it's not important because my goal is not to get Nobel Peace Prize, my goal is to get peace and my goal is to see the education of every child."

Malala Yousafzai

The General Store Hours:

Monday thru Friday

12:30 pm - 2:00 pm

Located in the Market Square (Administration Bldg)

Call the store at Ext. 2240

Free Clothing Coupon

Good for one piece of donated clothing from the General Store

Limit: One coupon per customer per quarterly issue

Expires August 30, 2015

Please sign Coupon

Name: _____

Date: _____

Accreditation Information for Patients, Clients and Families

A Message from Carol Lambie

Waypoint Centre for Mental Health Care President & CEO

Every four years, Waypoint Centre for Mental Health Care undergoes a peer review process, called a survey, by Accreditation Canada that measures our programs, services, policies and procedures according to national standards of excellence. It is the policy of Waypoint, consistent with our Mission and Values, that we participate in this process, and that full accreditation status be maintained.

During the survey, four accreditation surveyors: Patrick Griffith, Linda Thompson, Beverley Clarke and Dr. Rajender Kumar will be at Waypoint. They will be visiting many areas throughout the hospital and meeting with staff and patients. It will be business as usual and they will want to see how things operate on a normal day.

During their visits, they may want to speak with you. They will be interested in hearing what you have to say about your experience as a patient, client or family member of a patient Waypoint. Some questions they may ask are:

- **How do you feel about communications at Waypoint?**
- **If you have a concern, do you know who to speak to?**
- **What do you think about patient safety at Waypoint?**
- **How do you feel staff support your concerns/complaints?**



**ACCREDITATION
CANADA**
Better Quality. Better Health.

Waypoint

CENTRE for MENTAL HEALTH CARE
CENTRE de SOINS de SANTÉ MENTALE

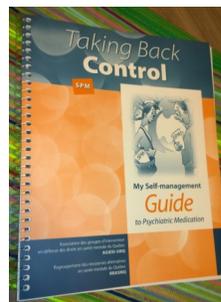
*Waypoint's next survey
will take place from
June 8 - 11, 2015.*

If you have any further questions about the Accreditation process, please speak with someone from your treatment team.

Quebecoise GAM pioneer, facilitator and psychiatric survivor, Celine Cyr (MSW), joined the PCFC Peer Support and Office team in April. GAM is an approach that can be used to help others create their own plan for their use of psychiatric medication. Gaining Autonomy & Medication Management (GAM) is about:

- Learning and understanding psychiatric medication and its effects on all aspects of a person's life
- Creating spaces of open dialogue around one's needs and preferences with respect to medication
- It's about making decisions, self-advocacy, engaging external supports, limiting risks and taking charge

GAM bypasses the debate 'for or against' medication and shifts the focus instead on the subjective quality of life of the person who is taking the medication.



Members of our Peer Support Team and Office Staff joined Céline Cyr for an introduction to Gaining Autonomy & Medication Management (GAM) in April 2015



For 16 years **Family Mental Health Initiative of Simcoe County** has been providing education and support to family members and friends of persons experiencing mental health difficulties in Simcoe County. Are you looking for support? Looking for information on mental illness? Looking to connect with others who live with mental illness in their family?

4 in 5 Canadians are indirectly affected by mental illness through family, friends, colleagues and neighbours.

Family Mental Health Initiative of Simcoe County provides education through:

- Community presentations
- Psycho-educational programs
- Printed material

Monthly you may receive information to your inbox when you subscribe online for our “#FamilyMatters E-Notices” at www.fmhi.ca; the e-notices contain information about mental illness and mental wellness topics.

There are opportunities for you to meet other family members and friends who know a person living with mental health difficulties at:

- Community awareness events where you can socialize and connect,
- Psycho-educational programs where the same group of family members and friends attend weekly, this provides opportunities to get to know others better in a learning environment.

You may also receive support and not leave the comfort of your home. At your request, FMHI will mail or email to you information on mental illness and related topics (see "Resources" in the menu bar for the order form online).

If you are looking for additional services and resources available, please check out our list of organizations online (see “Links” in the menu bar online)

Check out FMHI's social media, Facebook, Twitter @FMHISC and Pinterest, where additional articles, news reports and notices of events and programs are posted.

What you read on one site is different from the others, you may like us or follow us to stay informed and connected. Links to social media are easily found from our website

www.fmhi.ca

Please feel free to call 705-725-0363

or email Tara Maxwell, Coordinator

tmaxwell@cmhastartalking.ca

or visit us online at www.fmhi.ca

Answer to Sudoku Puzzle found on page 9

6	8	5	7	4	2	3	9	1
1	7	9	5	3	8	4	6	2
2	3	4	6	9	1	5	8	7
3	5	2	4	8	6	7	1	9
7	9	8	2	1	3	6	4	5
4	6	1	9	5	7	8	2	3
5	4	3	1	6	9	2	7	8
8	1	7	3	2	4	9	5	6
9	2	6	8	7	5	1	3	4



The views, opinions & articles herein do not necessarily reflect those of the Patient/Client & Family Council, its staff or volunteers or Waypoint Centre for Mental Health Care.

We reserve the right to not print any material we feel inappropriate.

Any information should not be considered medical advice and you should contact your health care provider if you have any concerns or issues.

The Patient/Client & Family Council is grateful to Waypoint Centre for Mental Health Care for providing financial support for the publication and distribution of the Voice of HOPE

Listen to Me,
I am a person
Respect Me
Include Me
Keep Me Safe

Waypoint
CENTRE for MENTAL HEALTH CARE
CENTRE de SOINS de SANTÉ MENTALE

Youth Telephone (705):

A.A., Al-Anon, Al-Teen 526-3305
Catholic Family Central Intake..... 726-2503
Children's Aid Society 526-9341
CMHA of Simcoe County 725-5491
Community REACH..... 528-6999
Family Mental Health Initiative.... 725-0363
Kid's Help Phone 1 800-668-6868
Kinark Central Intake.... 1-888-454-6275
Next Door Lodge 526-8879
NS Walk-in Counsel Clinic 1-888-726-2503
Rape Crisis Line 1-800-987-0799
Transitional Aged Youth (TAY) 526-0567

Resources

211 is here to help you find the right community and social services.



Ask us about:

- Health services and supports
- Financial and social assistance
- Housing and utility help
- Children and youth services
- Food assistance and meal programs
- Seniors' services and home care
- Government program assistance
- Parenting and family programs
- Disability support programs
- Newcomer services
- Volunteer organizations

And much more

When you don't know where to turn, turn to 211.



Youth Websites:

Catholic Family Services of Simcoe County

www.cfssc.ca

Children's Mental Health Ontario

www.kidsmentalhealth.ca

CMHA of Simcoe County

www.cmha-mhassc.ca

Kids Help Phone

www.kidshelpphone.ca

Kinark Child and Family Services

www.kinark.on.ca

Mind Your Mind

www.mindyourmind.ca

North Simcoe Walk-in Counselling Clinic

<http://nsmwalkincounselling.ca/>

Teen Mental Health

www.teenmentalhealth.org

The Jack Project

www.jack.org

Youth Connect

www.youthconnect.ca

The Groove

The first Monday evening
of every month

HERO centre at 334 King Street,

Unit B in Midland Ontario

a night of refreshments, snacks,
poetry, song, and comedy!

For more information on attending or being a part of the entertainment crew, contact Melissa Moreau, Recreation Therapist at 705 549-3181 Ext. 2230



Canadian Mental Health Association Simcoe County
Mental Health Crisis Line

705-728-5044

1-888-893-8333

7 days a week, 24 hours a day

Interested in publishing your poem, quote, article or upcoming event in our newsletter?

Please contact the Editor, Dianne Stringer

Phone: (705) 549-3181 EXT. 275 | Email: dstringer@waypointcentre.ca

at the Patient/Client & Family Council: Room AT-1090 at 500 Church Street, Penetanguishene, Ontario L9M 1G3

The Voice of HOPE Newsletter June 2015 —Brought to you by the Patient/Client & Family Council—Penetanguishene Ontario Canada