7 Optimisms and 7 Challenges in the Mental Health Movement
By Chris Summerville

In my 18 years as the longest serving executive director of any of the provincial schizophrenia societies across Canada, I have seen many changes. In this short article I wish to list seven things I am optimistic about as concerns the mental health field and movement, as well as the challenges to each.

First, if you are going to develop a serious mental illness like schizophrenia, this is the best day to do so! Now that might sound "crazy"! But we know more than ever before about what helps people not only to experience fewer symptoms, but to enjoy a better quality of life. Early intervention is key. The prognosis or outlook is better with early treatment and help. With the better medications, Cognitive Behaviour Therapy for psychosis, psychiatric rehabilitation and adequate community supports and services, people are able to experience less relapse and rehospitalization. The challenge: Reducing social prejudice and the stigma that is the number one reason why people do not get help or get help sooner rather than later.

Second, Canada now has a national Mental Health Strategy released this past year. As a country we have finally recognized formally that we have a broken mental health system. In many places there is not even a system! With implementation of the strategy Canada can address the disparities, inequalities and inequities from coast to coast to coast. Our current system is underfunded, poorly coordinated, fragmented and not recovery-oriented. Best practice tells us that the mental health system goes beyond the mental health sector to include all health, housing, education, and the justice system. The challenge: To get federal and provincial buy-in to increase funding from 7% to 9% over the next decade to enhance our mental health services.

Third, we now have a national organization committed to be a catalyst for generating a social movement to create the political will to do the right thing. Partners for Mental Health is chaired by former senator Michael Kirby. We have seen social movements develop in support for those living with AIDS and breast cancer. Partners seeks to transform the way Canadians of all ages think about and act towards people living with a mental health problem. The challenge: Mobilizing grassroots community action teams to do for mental health what the pink ribbon did for breast cancer.

Fourth, we are beginning to recognize the role of employing peer support workers. Such a person is an individual with lived experience of mental illness who is trained to use his or her experience of illness and recovery to provide hope and mutual support to others with a mental health problem. Peer support workers are the fastest growing part of the mental health workforce in England. It is one way of transforming a mental health system to become recovery-oriented. The peer may be a "consumer" or a "family member." They serve as mentors and role models in voicing and brokering the needs of the client. The challenge: For collaborative mental health service providers to embrace the concept and role of peer support workers.

Fifth, we are finally beginning to take seriously the recovery paradigm movement. It is here to stay! Recovery is more than symptom reduction; it is helping people get their lives back with measures of quality and reintegration into the community.

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MYTH: Reframing Mental Illness as a ‘Brain Disease’ Reduces Stigma

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PEOPLE living with mental illness often describe the associated stigma as being more debilitating than the illness itself. Stigma involves the labelling and stereotyping of persons living with mental illness as being “different” or having “undesirable” characteristics. Those who experience stigma face discrimination as well as a loss of status and power to change their situation. Stigma in mental health has a long and storied past, and we don’t have to look too far back in Canada’s history to find a time when a diagnosis of mental illness meant being sent away and locked up for life. Removing people from the community in this way contributed greatly to stigma, as the public came to associate all mental illness with its most extreme forms, labelling the diagnosed as crazy, mad, or lunatics. Unfortunately, this stigma remains a problem to this day.

As the discipline of psychiatry (literally, the medical treatment of the mind) matured, an understanding of the biological elements of some mental illnesses began to take hold. Starting in the 1950s, medications were developed that could help to alleviate the symptoms of some mental illnesses. It was thought a biological understanding would reduce stigma, since it’s not fair to blame someone for a diagnosis of a disease that’s beyond their control.

Despite good intentions, evidence actually shows that anti-stigma campaigns emphasize the biological nature of mental illness have not been effective, and have often made the problem worse.

A DISEASE LIKE ANY OTHER?

Various anti-stigma initiatives have advocated for an understanding of mental illness as a biological process: “a disease like any other”. During the late 1990s, both the Canadian Mental Health Association and the National Alliance on Mental Illness in the United States, framed mental illnesses as brain disorders in their anti-stigma campaigns.

A U.S. study showed that although the public adopted a more biological conception of mental illness in 2006 as compared to 1996, the changes in attitude were not associated with reduced stigma. Although knowledge about mental illness increased over that period, attitudes of intolerance worsened. A German investigation came to similar conclusions, finding an increase in the desire for social distance from people with schizophrenia in 2001 as compared to 1990, coincident with increasing public acceptance of the biological causes of mental illness.

So why aren’t mental illnesses diseases like any other? The evidence shows us that while the public may assign less blame to individuals for their biologically-determined mental illness, the very idea that their actions may be beyond their conscious control can create fear of their unpredictability and thus the perception that those with mental illnesses are dangerous, leading to avoidance. Biological explanations can also instill an ‘us vs. them’ attitude, defining individuals with mental illness as fundamentally different. For example, a 2008 survey of Canadians found that:

• 42% would no longer socialize with a friend diagnosed with mental illness;
• 55% wouldn’t marry someone who suffered from mental illness;
• 25% were afraid of being around someone who suffers from mental illness; and
• 50% would not tell friends or coworkers that a family member was suffering from mental illness.

Similarly, mental illnesses are seen as less responsive to treatment and more persistent and serious when framed as biological diseases. This framing may suggest that people with mental illnesses will never recover, which contributes to stigmatizing attitudes.

IT’S NOT THE BIO-BIO-BIO MODEL

So how do we work towards reducing the stigma of mental illness? Despite the recent emphasis on the biological model, research continues to support a bio-psycho-social model, where varied environmental factors interact with life experience and genetic susceptibility to result in mental illness. Science is broadening our understanding of the significant interaction between genes and the environment, demonstrating that many environmental variables, such as one’s early childhood environment, play a large role in determining how genes are expressed.

Additionally, factors such as chronic stress, living in an urban area, immigration, traumatic life events, and illicit drug use all can increase one’s vulnerability to mental illness. Presenting mental illness in the context of these psychological and social stressors normalizes symptoms, creating a healthier public perception of mental illness. A good example of this in practice is how the Canadian Forces frame mental illness, which refers to depression and post-traumatic stress resulting from war as mental “wounds” and operational stress injuries. The international literature also shows that contact-based education—which involves individuals with lived experience of mental illness sharing their personal stories of illness, stigma and recovery—is one of the most promising practices for reducing stigma.

This story is based on an article by Dr. Joanna Cheek. This award was co-sponsored by the Mental Health Commission of Canada. Dr. Cheek is a 5th year psychiatry resident at the University of British Columbia, training in Victoria, BC.
Sharing Our Stories
Recovery based stories of living well with mental illness
By Kim Heidinger, MSS Outreach Worker for the Eastman Region

THE Sharing our Stories program is a group of individuals willing and prepared to educate their communities about a variety of mental health problems by sharing their experiences of recovery from mental illness. The program is coordinated by Eastman community mental health partners: Manitoba Schizophrenia Society, Anxiety Disorders Association of Manitoba, Mood Disorders Association of Manitoba and Eden East Positive Living Program.

Presenters share their stories of recovery from mental health problems such as: anxiety, depression, post traumatic stress disorder, schizophrenia, bipolar disorder, and thoughts of suicide. As well, many presenters share anecdotes of the stigma they have experienced due to their mental illness. Increasingly, research is proving that contact with someone with mental illness is the best way to reduce the stigma associated with mental health problems.

According to the document, From Discrimination to Social Inclusion: A review of the literature on anti-stigma initiatives in mental health, Queensland Alliance, Australia, October 2009:

Direct contact (with people with mental illness) is consistently identified as the most effective means of producing long-lasting and sustained improvement in public attitudes. Positive emotional contact increases empathy, understanding and pro-social behaviour. Ironically, given the high prevalence of mental health problems within the population (1 in 5 Canadians, 1 in 4 Manitobans), we are in constant contact with people who have mental health problems.

Positive personal contact is a critical means of changing negative beliefs. Stories that touch the heart and mind of the listener increase positive emotional connection. Stories have a long-lasting effect when they describe the challenges encountered; discrimination faced; ways difficulties were overcome; what helps and when hope and optimism of recovery are key messages.

“This is exactly what we are doing with our SOS Program!” states Kim Heidinger, coordinator of the SOS program in the South Eastman region. Several SOS presenters shared their stories at 2 separate events in February, one in a local church and the other to a group of South Eastman Health employees. Both events received positive comments and encouragement from audience members. Here is some of the feedback received:

“I really appreciated all of the speakers. I found the talks very well done and informative, very personal and at the same time very encouraging and enlightening. I learned a lot and would like to hear more of these kinds of stories, I think they are important. Thank you to all of the presenters!” J.R.

I appreciated the presentation very much. The stigma needs to be whittled away at. Everybody needs to hear it, especially that person listening who might be thinking “That’s me”. D.

If you would like to book the SOS speakers please contact Kim at 204-371-0824 or eastmanmss@mts.net. Each and every one of the speakers is passionate about sharing their story and message of hope.

Your mental health matters. Recovery is possible!

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It is not power over, but power with patients while emphasizing strengths rather than deficits and pathology. The recovery movement is a global movement. It is not about maintaining the traditional medical model, but a renewed emphasis upon body, mind and spirit in the context of family and community. Recovery is living beyond the limitations of mental illness. The challenge: Leaders to develop policies that will lead to systems transformation.

Six, a human rights lens is finally beginning to be applied to those disabled by mental illness. Canada has signed the United Nations Declaration on the Rights of Persons with Disabilities. It is the first internationally binding instrument which expressly applies to people who have a disability due to living with a mental illness. As someone said, “How can we have recovery when we don’t have human rights?” Social exclusion and self-stigma and the disability that result from lack of or failed social policies lead to discrimination and injustices like lack of safe, affordable housing. The challenge: The need for Canada to create a monitoring and reporting group as stated by the Convention.

Seven, I am optimistic for what we are learning from the fields of epigenetics and neuroplasticity. Epigenetics is the study of factors that control gene expression. Gene expression is controlled by chemical factors that are influenced by environmental factors. We now know for certain that it is not a matter of Nature vs. Nurture. Very few diseases are purely genetic in origin, as in the case of autism. Neuroplasticity is the brain’s ability to change and rewire itself after assault or injury. Another way of saying this is that the brain is malleable, not static. It has the lifelong ability to form new neural connections to compensate for injury, disease and/or changes in environments. These fields will revolutionize our understanding of the brain and result in tremendous research outcomes. The challenge: To stop pitting the neurosciences against the social sciences and vise versa, but to marry the two. These are exciting and encouraging days in the mental health field/movement. Much has been learned. We are learning more and more about the brain, recovery, the role of social determinants of health and patient empowerment. We all have an invested interest in mental health. We all have a family member, friend, fellow worker or neighbour we know who lives with a mental health problem. And chances are you might just be that family member, friend, worker, or neighbour!
THE Manitoba Schizophrenia Society’s 16th Annual Iris Gala took place on Saturday May 12th, 2012 at The Gates on Roblin.

Guests were first treated to a reception where they sipped on champagne and nibbled on hors d’oeuvres on the deck while enjoying the beautiful weather. Dinner was served at seven. The food was exquisite as always.

The Danny Kramer Event Band came on at 9 o’clock with a mix of hits that got people off their chairs and dancing till midnight.

This year, Scotiabank had showed their support by coming in as an Event Sponsor. “Scotiabank is to be congratulated for recognizing that mental health at the workplace is the business of business. It is in the economic interest of employers to work actively to improve the mental wellbeing of their employees. By Scotiabank’s support of the Manitoba Schizophrenia Society’s Iris Gala it is sending a message that mental health issues are the business of all Canadians, and that mental health cannot be allowed to remain the orphan of the health care system.” said MSS Executive Director, Chris Summerville.

We have also received tremendous support from the community, particularly local businesses who donated fabulous Silent Auction prizes. The highlight was the Winnipeg Jets autographed Zach Bogosian Jersey.

Our Special guests were: Sharon Blady, MLA for Kirkfield Park, Fran Schellenberg executive director Regional Policy & Programs Mental Health and Spiritual Health Care at Manitoba Health.

Special thanks to our Master of Ceremonies, Richard Cloutier of CJOB 68, Michelle Desrosiers from Scotiabank (Event Sponsor), The Grant Family (Gold Sponsor), Albert El Tassi from Peerless Garments, Dr. Frances Edye of Dr. Frances Edye Medical Corp. and Dr. Shalom Coodin of Pactwise Team Solutions Inc. (Bronze Sponsors).

For more pictures of the Gala, visit our Facebook page.

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TOP CANVASSER Ray Berg for collecting over $2800 in pledges!
LAST summer, I was introduced to Carmela Fabros and Kristine Cajorao through a friend. They were both free for the summer and looking for volunteer opportunities. It was the busiest time of the year at the office as we were managing donations and administration of both the provincial and national offices. Carmela and Kristine were a perfect fit for the office as they were warm and friendly and eager to take on new challenges. Their first challenge was to learn how to maneuver through our fundraising software. With a comprehensive cheat sheet and a quick tutorial, they were both ready to dive into data entry and processing donations. Both tasks required concentration, attention to detail and speed, which were skills that Carmela and Kristine definitely possessed. Within a few months they were ready to help out with other tasks around the office like bulk mailing and reception duties. Carmela who is an Inter-disciplinary Linguistics student at the University of Winnipeg was also good at editing documents so she had participated in editing the latest edition of Rays of Hope, a book published by the Schizophrenia Society of Canada. Kristine who is taking her Pharmacy Technician course at Herzing College said volunteering with MSS has taught her valuable skills like multitasking, time management and working as a team. Carmela on the other hand says volunteering for us has been an eye opener. “I used to think that working in an office was easy but after I started volunteering I discovered just how much there is to do. Volunteering also helped me to have an open mind. Before I became a volunteer, I really had no idea what Schizophrenia was. I still have a lot to learn about this illness but having an open mind has helped me make friends and enabled me to feel comfortable around people with mental illness,” said Carmela. Both volunteers said that they are more aware of the programs and activities run by MSS and the role we play in educating the community about schizophrenia and psychosis.

A support group for young people (15-30 yrs) living with psychosis, schizophrenia or schizo-affective disorder.

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Room A, FACES 100-4 Fort Street
Contact: Viola 204-786-1616

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Manitoba Schizophrenia Society is a consumer focused, family sensitive mental health self help organization whose mission is to improve the quality of life for those affected by schizophrenia, psychosis and co-occurring disorders, through education and peer support.

Reasons for Hope is the official newsletter for the Society. It is published quarterly. Submissions are invited. Opinions set forth in this newsletter are not necessarily those of the Society or its members. Reprinting of articles is permitted with the proviso the Society is given appropriate credit.

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