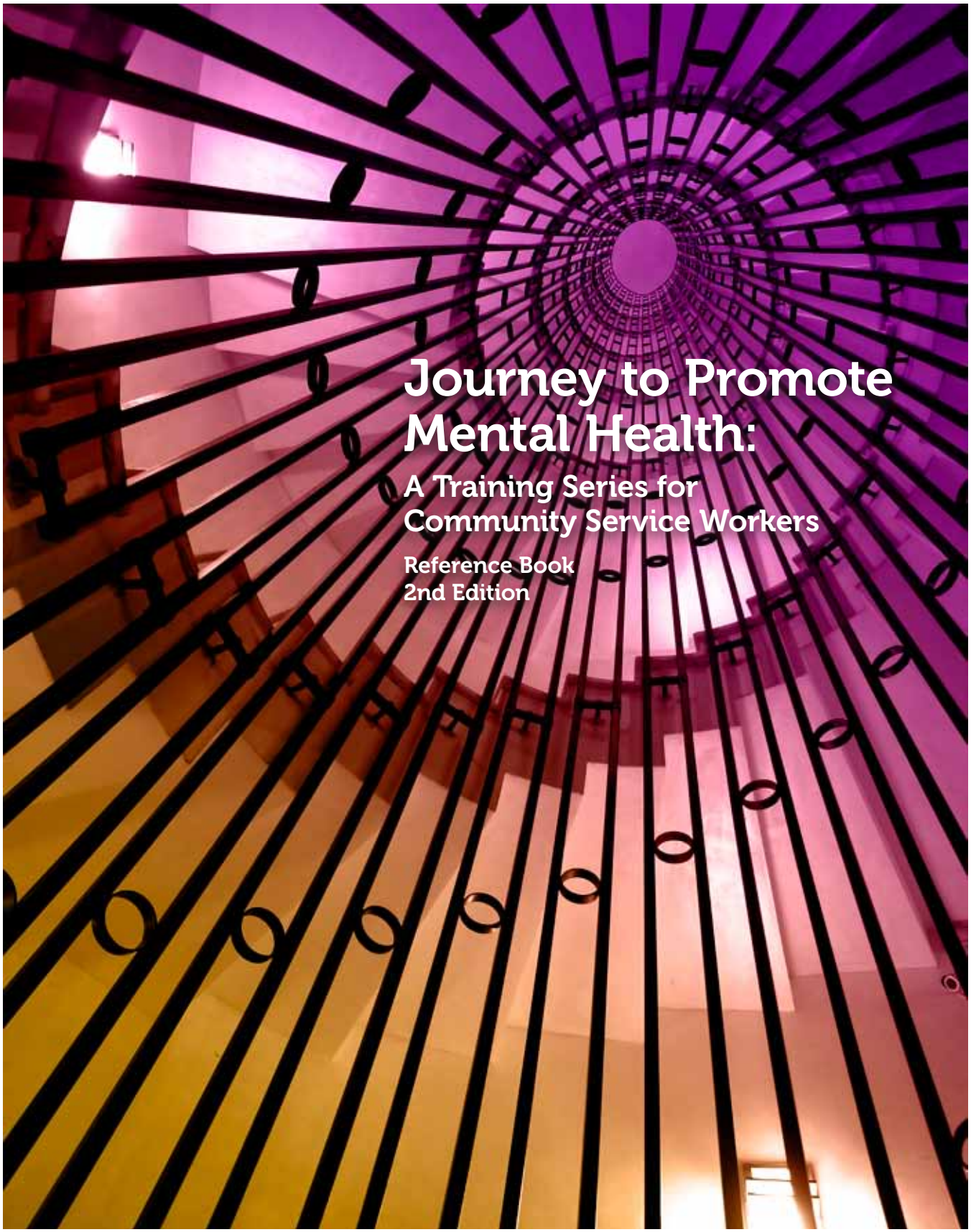

Journey to Promote Mental Health:

A Training Series for Community Service Workers

Reference Book
2nd Edition

HONG FOOK MENTAL HEALTH ASSOCIATION

OCASI
Ontario Council of Agencies Serving Immigrants

Funded by:
Citizenship and Immigration Canada

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Every effort has been made to ensure that credits accurately comply with information supplied. We apologize for any inaccuracies that may have occurred and will resolve inaccurate or missing information in a subsequent reprinting of the handbook.

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Journey to Promote Mental Health and its companion Training Series were introduced in 2007, developed in response to requests from front-line staff working with immigrants and refugees. The staff recognized that there is a need to address the mental health needs of individuals they serve.

We thank the many participants of the 36 Training Series held to date. The project has connected with 831 individuals from settlement services and other social service sectors across Ontario. We continually review and upgrade the training curriculum with input from participants. This second edition of the Reference Book has been enriched with their suggestions.

Our appreciation also goes to:

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April 2012

Dedicated to those who believe in promoting mental health for all

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Introduction

Understanding mental health and accepting mental illness are the two key objectives of *Journey to Promote Mental Health*. They tie in with the Vision of Hong Fook Mental Health Association.

We firmly believe that settlement is a health issue, and the migration process is one of the major stressors that influence the mental health of immigrants and refugees. Newcomers face unique challenges that may increase their risk of developing mental health difficulties. It is important that settlement and health services work hand in hand to ensure the smooth adaptation of newcomers to our country.

Influenced by society's understanding of mental health, and the stigma attached to mental illness, newcomers are often reluctant to seek help when faced with mental health issues. This is compounded with other huge barriers to early identification and intervention: the challenge of accessing services and a lack of appropriate support in the early stages of individuals' mental illness.

Settlement services are often the first entry point for immigrants and refugees to the host society. Front-line staff are often charged with the task of helping individuals understand the mental health challenges they may face in connection with their settlement issues. It is important that settlement services staff are equipped with knowledge of mental health and have the capacity to detect early signs related to mental health issues. This will strengthen their ability to connect individuals with the appropriate services and support.

The goal of *Journey to Promote Mental Health* is to enhance the knowledge and capacity of front-line settlement services staff and other community service workers who serve newcomers, with a Health Equity approach within the Holistic Health framework. This framework includes the principles of empowerment and capacity building; diversity and cultural competence; wellness and recovery; and community participation.

Through interactive educational workshops, the project aims to achieve the following outcomes:

- Increased knowledge of mental health issues and migration
- Increased awareness of the significance of early identification of mental health issues and coping strategies
- Enhanced knowledge about the mental health system and services
- Increased knowledge of a culturally competent approach
- Increased awareness of self-care for service providers

This six-chapter Reference Book highlights the key concepts and messages delivered in the two-day *Journey to Promote Mental Health* workshops and provides related references. The book does not cover all training materials and should be regarded as a reference only. It is most effective when used in conjunction with the latest resources and references.

This Reference Book was developed specifically for participants of the Training Series, as a guide for continuing their growth and learning, both as people and as service providers. We hope that the Training Series and this Reference Book will inspire you as you embark on your Journey to Promote Mental Health.

Chapter 1
Understanding Mental Health

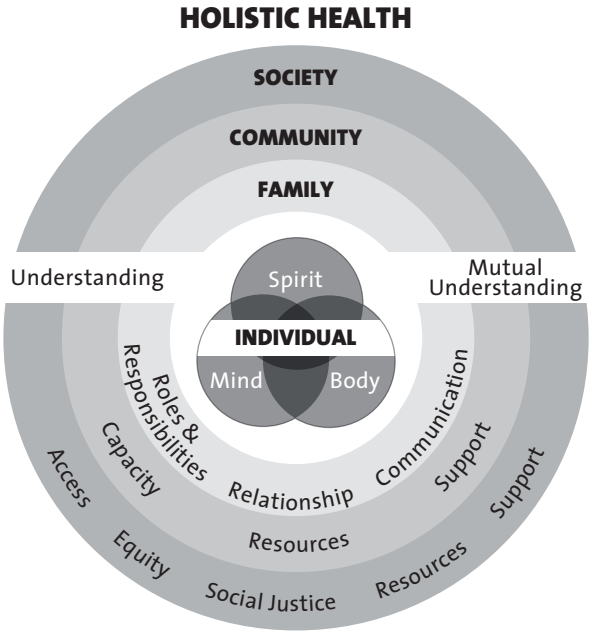
1.1 Understanding mental health in the context of holistic health

Before we discuss mental health, it is important to look at the general concept of health and the factors that contribute to its maintenance or its deterioration.

The World Health Organization (WHO) defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." This definition hasn't changed since 1948, but the WHO elaborated on it at the first International Conference on Health Promotion, held in 1986. This conference recognized that "health is...seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities... health is created and lived by people within the settings of their everyday life; where they learn, work, play and love" (WHO, 1986). While this has not been formally adopted, the WHO recognizes that health is about finding a balance. An individual needs to have available resources to find balance and achieve well-being.

These definitions are critical in that they define health in a holistic way, suggesting the mutual influence and interdependence of physical, mental and social aspects. They also acknowledge that health is determined not only by our individual biological endowment or lifestyle factors, but also by cultural, social, environmental and political factors. Access, equity and social justice play important roles in health promotion, and they have a significant impact on the health of individuals and the community.

What emerges, then, is a holistic picture of the individual as a whole person, including his or her physical, mental, emotional and spiritual states, along with the social factors that contribute to health.



Source: Women's holistic health peer leadership training manual, p. 37. Hong Fook Mental Health Association (March 2002).

WHAT SOCIAL FACTORS CONTRIBUTE TO THE HEALTH AND WELL-BEING OF INDIVIDUALS?

Many people believe that lifestyle choices and biological or genetic factors are the main determinants of an individual's health and well-being. While biological or genetic factors do play a role (e.g., congenital heart disease, diseases that people are born with), and lifestyle choices also have a major influence (e.g., exercise and dietary choices), there are also other factors that significantly influence their health and well-being. These social, economic and environmental factors are collectively called "social determinants of health."

1.2 Social determinants of health

In the past, it was believed that illnesses were the result of a person's biological make-up combined with negative lifestyle choices (OCDPA, 2008). Now, we understand that health is much more complex than that, and health-care professionals are better recognizing the factors that help prevent illness and contribute to a healthy life.

In 2003, a WHO report stated, "The greatest share of health problems is attributable to the social conditions in which people live and work, referred to as the social determinants of health" (Wilkinson et al., 2003, The Commission on Social Determinants of Health: Tackling the Social Roots of Health Inequities).

The Public Health Agency of Canada (PHAC) has a list of social determinants. These factors affect health and work together to create the whole person.

1. Income and Social Status
In this society, money is needed for food, shelter, recreation and transportation, to name just a few. An individual who earns a lower income will find it more challenging to obtain nutritious food and a healthy lifestyle than an individual with a higher income. Studies have found that immigrants often earn lower incomes than Canadian-born individuals. Other studies have shown a strong connection between income and health, and that those who have more wealth live longer and tend to be healthier.

2. Social Support Networks
During times of difficulty, people often look to family and friends for support. For immigrants who have left friends and family behind, finding support can be a challenge. Feelings of loneliness and isolation can affect their well-being. A welcoming host society would make a positive difference in their adaptation process.

3. Education and Literacy
A higher level of education provides more job opportunities and increases the likelihood of having a satisfactory job. New immigrants whose education credentials are not recognized in Canada may be at higher risk of unsuitable jobs, unsafe work conditions and unequal pay.

4. Employment/Working Conditions
Employment is not only a key source of income; it also gives us a sense of purpose and fulfillment. Unemployment and underemployment contribute to lower self-esteem, frustration, anger and depression, all of which have an impact on health.

5. Social Environments
Support comes from family and friends, but also the community at large. The attitudes and values of society impact how welcome new immigrants feel in their new home. One's social environment can include family, friends, co-workers and peers from the community.

6. Physical Environments
The surrounding environment creates feelings of safety and belonging. An example of a safe physical environment is housing that is clean, liveable, affordable and permanent. Newcomers may have difficulty if they do not have the employment, income, resources and references to obtain adequate housing. Also, living in an environment that does not support a physically active lifestyle (for example, no community centre or gym, a lack of sidewalks or street lights, a high level of violence, etc.) can negatively affect health.

7. Personal Health Practices and Coping Skills
When challenging situations arise, taking positive actions can help us prevent disease, develop self-reliance, solve problems and make choices that enhance health (PHAC, 2003). However, the environment can influence our choices. For example, recent immigrants may not practise self-care (such as exercising) because they are focused on providing food and shelter for their family.

8. Healthy Child Development
Children are affected by their surroundings, as stated by the Public Health Agency of Canada: "New evidence on the effects of early experiences on brain development, school readiness and health in later life has sparked a

growing consensus about early child development as a powerful determinant of health in its own right" (PHAC, 2003). Newcomers to Canada may face challenges in supporting healthy childhood development. These can include parents' language barriers, which may prevent them from accessing resources, and difficulty providing a nutritious diet due to low income.

9. Biology and Genetic Endowment

An individual's biological make-up is important to his or her health. While the other determinants also play a role in overall health, an individual may still be afflicted with certain illnesses or challenges due to his or her genetic endowment and biological make-up.

10. Health Services

To maintain good health, it is important to have access to services that help prevent physical and mental illness and treat problems when they arise. This can be difficult for people new to the country, who may be unable to speak the language and/or unaware of where to find information. For example, people may have trouble finding a family doctor.

11. Gender

Gender has an impact on how we view tasks and roles in society. New immigrants may face difficulties if what they experience in Canada does not fit the gender roles and expectations learned in their home country. For example, familial conflicts may arise if a wife finds a job and earns money to support the family while her husband, the family's traditional breadwinner, struggles to find work.

12. Culture

Feeling included in society creates a sense of belonging and can have a major impact on our health and well-being. Individuals from a different country and culture may face challenges such as finding culturally appropriate services and health care (OCDPA, 2008) (PHAC, 2003).

An individual's health is impacted by each of these determinants, and the determinants can impact each other. Often, a challenge that appears to be affected by one determinant can be traced to another.

For more information regarding each determinant, visit the Public Health Agency of Canada website (http://www.phac-aspc.gc.ca/ph-sp/determinants/determinants-eng.php#social) or the Ontario Chronic Disease Prevention Alliance website (http://www.ocdpa.on.ca/OCDPA/docs/PrimertoAction2-EN.pdf).

WHAT CONTRIBUTES TO HEALTH INEQUITIES AND SOCIAL INJUSTICE?

Much research has shown that the life chances and health status of individuals differ greatly depending on where we are born and raised. A person born in Canada, Japan or Sweden will likely live longer than 80 years, whereas people born in India have a life expectancy of 63 years. In several African countries, the life expectancy is less than 50 years (Commission on the Social Determinants of Health, 2008). While the differences between countries are substantial, there are also notable differences within countries.

Differences in health status for different groups of people are called health inequities. Health inequities are avoidable. They can be a result of policies that favour the "haves" over the "have-nots" by distributing power, income, goods and services in ways that favour those in privileged positions while limiting the access of marginalized groups. Social policies that are biased in favour of certain groups within a population can be considered a source of social injustice.

Social injustice can be reversed by reducing health inequities between and within countries, through the creation of policies that promote the equitable distribution of power and resources among the various groups within a population (Commission on the Social Determinants of Health, 2008). For example, an individual's ability to access resources and services crucial for overall health and well-being will have an impact on his or her health outcome.

Language difficulties prohibit many newcomers from accessing the health and social services of many large mainstream organizations. As a result, they have less access to services and resources

than those able to fully communicate in English. A negative consequence is the worsening of the health of immigrant individuals and families.

To improve access to services and resources, culturally and linguistically appropriate services should be made more readily available to newcomer groups. All service providers should also be held accountable if they provide inequitable access to their services and programs.

1.3 The continuum of mental health and the 4 P's

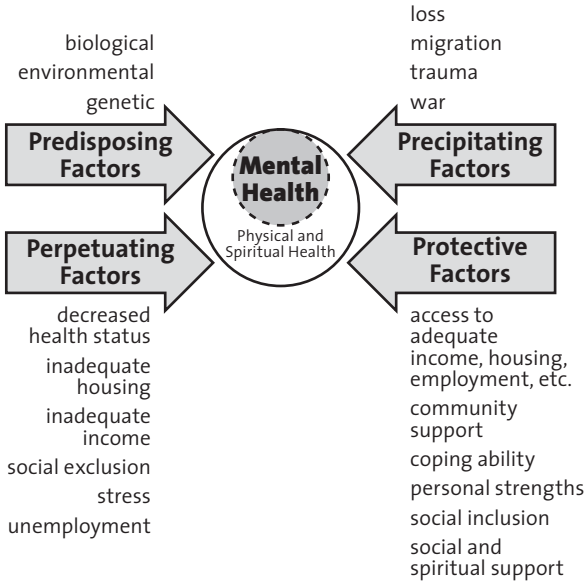
Some people assume that mental illness happens overnight – a person is healthy one day and wakes up the next day with a mental illness. Research and experience show that the development of mental illness is neither straightforward nor sudden.

Many people also associate "mental health" with mental illness. In fact, mental health is an important part of our overall health. In the context of holistic health, mental health is about striking a balance in the physical, mental, spiritual, social and economic aspects of our lives. Reaching a balance is a unique experience for each individual (Hong Fook Resource Manual for Families Members and Caregivers, 2008).

Mental health can be looked at in terms of a continuum from wellness to illness, rather than discrete states. An individual's mental health may swing along the continuum towards either end, depending on the different health determinants, stressors and life circumstances that he or she faces at a certain time. We should look not only at preventing or managing mental illness, but also at promoting wellness.

WHAT ARE THE 4 P'S OF MENTAL HEALTH?

Different factors have an impact on mental health. A simple model, the 4 P's of mental health (Fung, 2003), can be used to understand the various ways these factors work to push an individual back and forth along the mental health continuum.



Source: Wong JP. (June 2006). Intersecting sexuality, gender, race and citizenship: Mental health issues faced by immigrants and refugees living with HIV/AIDS. Oral presentation at From Access to Equity: A Think Tank on Policies, Programs and Research Issues Facing Immigrant and Refugee PHAs, Toronto, Ontario.

Predisposing factors are factors that an individual is born with, including biological and genetic make-up. Some individuals may be more predisposed to particular mental health difficulties due to their genetic inheritance. For example, studies have shown that people who have a sibling with schizophrenia are more likely to develop schizophrenia than the general population. This suggests a genetic pathway to certain mental illnesses; however, there are other factors that affect mental health other than genetic makeup.

Some of the non-biological factors that affect mental health may come from an individual's external environment. A person might lose his or her job, experience the death of a spouse, live in a country with a civil war, witness violence and death, and so forth. Such events can cause great distress and even trauma. These are the **precipitating factors** that trigger the onset of mental health problems.

Perpetuating factors are characteristics or conditions that perpetuate or prolong an individual's negative mental health status. They include systemic barriers

that can lead to inequitable access to services and resources. For example, racial bias and discrimination can contribute to poor physical and mental health among racial/ethnic minority populations. Studies show that these populations also experience a higher rate of other negative life events, such as victimization, abuse and trauma. (Elbogen et al., 2009).

Protective factors are strengths and resources that protect an individual's mental health. Examples include spiritual beliefs and social support. Although not conclusive, some research findings suggest a link between spirituality and well-being, which may operate through family ties (Primm et al., 2010). Research also indicates that social support from the community, neighbourhood and family decreases emotional distress and the need for formal treatment (Primm et al., 2010). Thus, these informal support networks can be seen as coping mechanisms in dealing with mental health difficulties. Service providers can play a key role in introducing service users to community and neighbourhood activities. Religious or spiritual resources can also be seen as sources of support.

1.4 Service providers' self-awareness – concepts and perceptions of mental health

While acquiring knowledge of mental health is important, one crucial aspect that must be addressed is service providers' own self-awareness. Different factors influence how service providers interpret the circumstances and challenges faced by individuals they serve, as well as how knowledge and skills are translated into practice. These include gender, class, race, ethnicity, religion, age, sexual orientation, etc.

Although there are many systemic barriers preventing individuals from accessing appropriate mental health services, one of the greatest barriers to care can be service providers. In fact, research shows that mental health providers can have discriminative attitudes towards individuals living with mental illness (Arvaniti et al., 2009). Some studies even show that mental health professionals can hold negative stereotypes and behave in a socially discriminatory manner towards individuals living with mental illness, as much as or even more than the general population (Arvaniti et al., 2009).

These findings are critical because such behaviours and attitudes from service providers may lead to an unwillingness to offer services, overestimation of threat level, excessive physical constraints, and over-sedation (Arvaniti et al., 2009). In addition to blocking access to critical services, service providers' negative attitudes and perceptions of people with mental health issues can actually lead to inadequate and improper care that can put people at risk.

Thus, it is critical that all service providers reflect on their own assumptions, perceptions, biases and attitudes towards mental health and mental illnesses, as well as towards the people they serve.

- How comfortable am I about serving individuals who are different from me?
- How comfortable am I about providing one-on-one services to an individual living with a mental illness?
- What are my assumptions about mental health and mental illness?
- What are my assumptions about people living with a mental illness?
- What are my assumptions about immigrants and refugees from different countries?
- Where do these assumptions come from?
- How do my assumptions, perceptions and biases influence my provision of care? Do they limit the service options that I offer? Do they lead me to make particular references over others?
- Having recognized my assumptions and biases, what steps do I need to take in order to serve my clients effectively?

Self-awareness and self-reflection play an important role in preventing service providers from imposing their own thoughts and feelings on individuals they serve.

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Chapter 2
Life After Migration

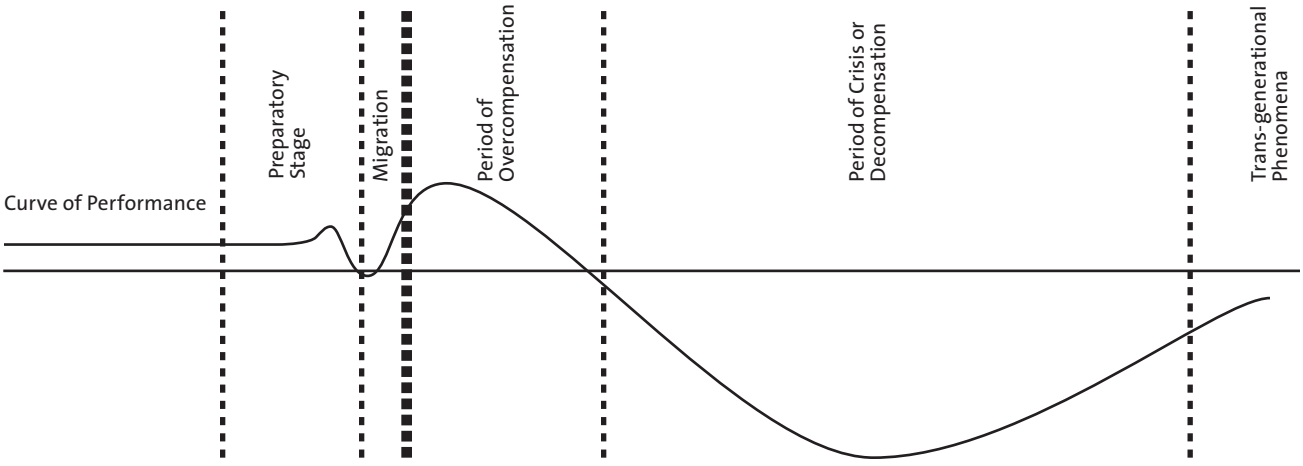
2.1 The migration process: how does it affect our overall health and mental health?

When addressing the health needs of immigrants and refugees, service providers must understand the role that the migration process plays.

This is a typical "curve of performance" experienced by individuals in the migration process. Note that there is no time frame for this cycle, and the pattern could repeat within an individual's life cycle and experiences. Each person has a unique pattern, and each stage may generate new coping mechanisms and create different types of conflicts within the family.

- During the preparation stage, it is common for an "up and down curve" to appear as individuals are excited about the possibilities of living in a new country. It can be an exciting but overwhelming experience at the same time. New roles among family members, related to the migration, may be formed at this stage.
- For many, the act of migration takes only a few hours or days. But for others, such as individuals displaced by war, it is a prolonged process. Each family approaches migration in a different way, e.g., one uproots everything before leaving, with no plans or hopes to return, while another moves with the intention of visiting or moving back one day.
- After migration, an individual's first priority is to survive in the new country, which requires adjusting to the climate, a new school or job, etc. During this overcompensation period, family members often put aside their differences and conflicts to focus on these vital tasks.
- Next comes the period of crisis or decompensation. The family starts to adapt to its new reality, which may cause clashes between family members. Some families stay at this stage and may never feel that they fully belong to or can participate meaningfully in Canadian society. Others

MIGRATION AND STRESS



Source: Sluzki CE. (1979). Migration and Family Conflict, 18(4), Family Process.

adapt according to individual experiences.

- During the post-settlement period, families may experience various forms of transgenerational conflict between the first- and second-generation migrants. This is often due to the different pace of the adaptive process of the first generation compared to their children, who can assimilate much faster into their surroundings. Often, the younger generations have trouble understanding or agreeing with their parents' value systems and mores from the home country.

The migration process brings with it a lot of changes and therefore can be a source of great stress. This can have an impact on an individual's health. In their new country, migrants may be unfamiliar with the language, customs, geography and so forth. These changes can be positive or negative, with one factor being the attitude and environment of the host country (Primm et al., 2010).

Migration is an individualized experience. Depending on a variety of factors, including the country of origin and the political and economic situation there, migration may be voluntary or involuntary. Studies show that when it is voluntary, there is a stronger sense of control in making the migration decision; however, when it is involuntary, the acculturation process may be very difficult, as the migrant may have been separated from family, friends and surroundings he or she did not wish to leave.

In extreme circumstances such as war, migration is not by choice. Individuals are forced to flee their country to survive. These migrants are called "refugees" because they seek refuge in another country.

While members of a family may face the same or similar stressors together, there are many other stressors that individuals may face based on their life stage. For example:

Children and adolescents: Many are expected to act as interpreters for their parents, while also adjusting to a new school system and trying to make friends.
Adults: Adults must cope with challenges in finding adequate employment and affordable housing, and establishing a new support network.

Older adults: Challenges might include coping with illness or disability, and loneliness if they do not have family or friends around.

CHALLENGES IN LIFE AFTER MIGRATION

Whether migration is voluntary or involuntary, immigrants and refugees are faced with different barriers that make it difficult for them to participate meaningfully in society. These include language limitations, requirements for local work experience, unrecognized educational credentials and other challenges. There is evidence to suggest that racial/ethnic minorities experience low socioeconomic status disproportionately in terms of income, occupation and education (Primm et al., 2010). Racial/ethnic minorities are overrepresented among people who are poor, institutionalized or homeless (Primm et al., 2010). Unfortunately, being marginalized has been significantly associated with mental illness. Living in poverty is associated with increased risk for mental, physical and substance use disorders (Primm et al., 2010).

Poverty, or lack of access to employment and a steady source of income (both critical social determinants of health), can lead to difficulty in accessing other resources and services, such as housing, healthy foods, a safe and clean environment, etc. Substandard housing and a lack of infrastructure in poor urban neighbourhoods where many racial/ethnic minority groups live have led to communities that are disenfranchised, with diminished social networks (Gomez, 2005).

Recent studies have found that recent immigrants present healthier characteristics and are in better health overall compared to immigrants who have lived in Canada long-term and the Canadian-born population. Over time, however, recent immigrants' health will deteriorate. This is known as the "Healthy Immigrant Effect." Factors such as social exclusion, underemployment and poverty contribute to this pattern. Understanding how these factors affect health is crucial because immigrants represent the largest component of Canada's population growth.

ADDED CHALLENGES FACED BY REFUGEES

Researchers who study forced migration and the impact it has on the health of refugee populations have discovered that refugees experience higher levels of stress and social difficulties than other migrant populations (Schweitzer et al., 2006). Studies also indicate that refugees experience greater emotional distress and high levels of post-traumatic stress, anxiety, depression and, to a lesser extent, other mental health difficulties including psychosomatic disorders, grief-related disorders and crisis of meaning (Schweitzer et al., 2006).

These findings are not surprising, as refugees are often exposed to human rights violations, torture and systematic violence prior to their migration. These pre-migration experiences are generally found to be cumulative, not merely single events. Such prolonged traumatic experiences can pose challenges to an individual's sense of empowerment, identity and meaning in life (Schweitzer et al., 2006). Steel and colleagues (2002) found that refugees who reported three or more trauma categories had an eight-fold increased risk of developing a mental illness, and those who reported one or more trauma categories had twice the risk, compared to those who had experienced no exposure to trauma after 10 years of resettlement.

WHY SHOULD WE CARE ABOUT THE DISADVANTAGES OF MARGINALIZED POPULATIONS?

The disadvantages faced by racial/ethnic and other marginalized populations reflect inequity and are avoidable. While some assume that poverty in pockets of society is part of a natural social order, this is simply not true. In fact, much research shows that there are tremendous health benefits for everyone in a society when power and resources are distributed more equitably (Primm et al., 2010). When the health and social situation of the poorest and most marginalized groups are addressed, there is a positive shift in the health of the entire population.

2.2 Identifying strategies and resources for changes and coping

Resilience, or the capacity to recover from adverse situations, is often achieved through the positive effect of protective factors, which buffer negative social determinants (mentioned in the previous section on the 4 P's of mental health). Resilience has been shown to maintain an individual's mental health even when he or she is facing poor socioeconomic circumstances (Primm et al., 2010). Religious participation, volunteerism and neighbourhood collaborations have also been identified as protective factors that strengthen resilience among racial/ethnic minority populations (Primm et al., 2010).

Research indicates that social support is the key. A person's self-concept and sense of meaning in life emerge from interactions and identification with family and cultural systems (Schweitzer et al., 2006). For migrants and refugees, social support, particularly perceived social support from their own ethnic community, has been shown to play an important role in predicting mental health outcomes (Schweitzer et al., 2006). More specifically, social support is particularly important in determining psychological well-being (Schweitzer et al., 2006). For instance, in the Australian refugee study, social support from the presence of family and others within their ethnic community proved to be significant determinants of individuals' mental health functioning, whereas social support from the wider Australian community did not make such an impact on the mental health of the refugees (Schweitzer et al., 2006).

2.3 Putting concepts into practice when serving clients

WHAT DOES THIS MEAN FOR SERVICE PROVIDERS?

At an individual level

It is important that service providers take the time and care to find out more about clients' pre- and post-migration situations and circumstances. What type of migrant is the client: voluntary or forced? What is his or her current family situation? What is he or she

having difficulty adjusting to? What psychosocial factors are affecting his or her ability to adjust?

At a programming level
Service providers can start by identifying existing social support networks that the migrant or refugee service user can connect to and/or utilize as a resource. Service providers can also play an important role in encouraging migrant and refugee service users to connect with social support networks within their own communities.

If little is available because the community is new or under-resourced, service providers can create programs and services based on the needs of the community, with the aim of facilitating social support networks for these groups in the process. Service providers may also wish to advocate for more resources for communities that do not have many resources to facilitate the growth of social support networks.

While helping people to participate meaningfully in their communities after migration, service providers can also provide education to newcomers on how different health determinants have an impact on their lives, and keep them informed of policies and resource distribution so that they can advocate for themselves.

At an organizational level
With different health determinants affecting their clients, service providers can explore partnerships with other agencies across sectors to help individuals cope after migration.

At a system level
In the context of holistic health, mental health in the settlement process is not a private matter but a social issue. Service providers need to know about policies and advocate for systemic changes in addressing social inequities and health disparities.

While attempts are made to address social inequities and identify stressors and ways of coping, it is important to note that each individual has a unique migration experience. What works for one person may not work for another; there is no one formula that fits all when addressing challenges. It is essential to keep an open mind when working in partnership with an individual to explore what the migration experience means to him or her, and to find coping strategies that work based on his or her strengths.

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Chapter 3
Myths and Facts About Mental Health and Mental Illness

Part A: Demystifying Mental Illness

3A.1 Common myths about mental illness

When thinking about individuals living with a mental illness, or about mental health and illness in general, many people have strong pre-existing ideas or concepts that may not be true. The following are common myths about mental illness, followed by explanations:

Myth 1: Mental illness is a weakness of character.
There are many forms of mental illnesses. One in every five people will develop a mental illness in their lifetime. Mental illness is a form of illness that affects the body, mind, emotions and spirit just like other illnesses, such as heart problems, diabetes, asthma or cancer. Both genetic/biological factors and social-environmental factors play a role in the onset of a mental illness. It is not, therefore, a sign of a character flaw or weakness. People cannot just "snap out of it." Individuals who suffer from mental illness can benefit from treatment and support, which help them to recover so that they can live life to their full potential.

Myth 2: Individuals with mental illness are dumb.
As a whole, individuals living with a mental illness do not have below-average intelligence when compared to the general population. In fact, many people living with a mental illness have been noted to have above-average intelligence. A notably famous "genius" is John Forbes Nash, Jr., the great Princeton University economist and mathematician whose life was portrayed in the movie *A Beautiful Mind*. Although he struggled with symptoms of schizophrenia, he continued to develop important economic theories. Closer to home, individuals who have opened up about having a mental illness include James Bartleman, former lieutenant-governor of Ontario; Roméo Dallaire, a senator and retired lieutenant-general of the Canadian military; and actor Jim Carrey.

Some mental illnesses, such as schizophrenia, can decrease an individual's cognitive abilities, slowly changing the way he or she thinks and behaves. This is particularly true when a person is not treated, which allows the illness to do more damage to the brain over time. Therefore, it is crucial to seek proper help as early as possible.

Myth 3: Individuals with mental illness are violent and therefore dangerous.
The relationship between mental illness and violence has been the subject of ongoing research for the past 20 years. While some individuals with some mental illnesses can be at risk of violent behaviour, the rate of violence for people with mental illness as a whole is no greater than that of the general population. Studies show that people with severe mental illness have more reason to fear violence; they report being victims of violent crime at a rate more than 11 times that of the general population (Corrigan et al., 2004). It has not been proven that mental illness, in and of itself, leads to acts of violence (Elbogan et al., 2009). Very often, it is when they are provoked that individuals with mental illness may resort to violence as a means of self-defense.

Certain mental illnesses, when untreated and the individuals suffer from false beliefs and have less

control over their behaviour, and especially when they are intoxicated with substances, are associated with more violence. These underlying factors need to be distinguished so that we do not label all people with mental illness as potentially more violent.

Myth 4: Mental illness is contagious.
Mental illness cannot be transferred from one person to another by touch or through the air. As covered in the previous chapter, the onset of mental illness arises from both biological and socio-environmental factors. While there is no known exact causal pathway of mental illness, it is clear that it is not contagious like the common cold.

3A.2 Understanding mental illness

GENERAL BACKGROUND

There is a growing awareness of the importance of wellness and staying physically and mentally healthy. However, mental illness is still considered an "invisible burden" that does not receive much attention (Canadian Public Policy, 2005), despite the fact that one in five, or 20%, of Canadians will develop a mental illness in their lifetime (Kirby, 2004). For children and adolescents, the overall prevalence is 15% (Arboleda-Florez, 2005).

Mental illness is a medical condition that affects an individual's thinking, mood and behaviour. Statistics Canada indicates that almost half of Canadians suffering from a mental illness will not receive necessary services and care (Canadian Alliance on Mental Health and Mental Illness, 2006).

Mental illness is treatable and recovery is possible. However, left untreated, individuals with mental illness suffer poor quality of life, losses in relationships and personal developments, unemployment and other life setbacks. In very serious cases, they are at high risk for suicide. Close to 4,000 people commit suicide in Canada every year, and it is the most common cause of death among those aged 15 to 24 years old (Canadian Alliance on Mental Health and Mental Illness, 2006). The researcher, Moscicki (1999), found that more than 90% of people who commit suicide have a diagnosable mental illness.

Until recently, Canada was the only G8 country that did not have a national mental health strategy in place. In 2007, the Canadian government finally funded the creation of the Mental Health Commission of Canada, an arm's-length organization whose purpose is to create a national mental health strategy. Despite this progress, the lack of adequate attention and resources allocated to mental health issues is an ongoing problem. We hope to draw attention to this so that more people will be aware and advocate for change.

WHAT TYPES OF MENTAL ILLNESS ARE THERE?

There are many forms of mental illness, often grouped in categories depending on their symptoms. We are providing a brief overview of some categories along with information on common illnesses. We also discuss other issues that are growing in our society, including dementia, drugs and addictions, and suicide.

Psychotic Disorders
People with psychotic disorders experience psychosis or have psychotic episodes (with symptoms such as hallucinations or delusions, or thoughts and beliefs that are out of touch with reality) (Mental Health Commission, 2011). A number of disorders fall under this category, including schizophrenia, schizoaffective disorder and substance-induced psychosis.

Schizophrenia is a form of psychotic disorder. It occurs in all societies and is the most persistent and disabling of the major mental illnesses. One in 100 people will develop schizophrenia. It affects men and women almost equally. Usually, the onset of schizophrenia occurs between the ages of 16 and 30 (World Fellowship of Schizophrenia website, February 2010). Early symptoms of schizophrenia are sometimes mistaken for typical signs of teenage rebellious behaviours.

People with schizophrenia usually display two types of symptoms: positive and negative.

Positive symptoms

("positive" means "extra" or "added")

- Delusions: fixed, false beliefs that are firmly held by the individual (e.g., a person believes that someone is following and monitoring him, or that newspaper articles or the TV is talking about him specifically)
- Hallucinations: false sensory perceptions with no real external stimuli (e.g., hearing voices no one else can hear, seeing things no one else can see, feelings of being touched when no one is around, etc.)

Negative symptoms

("negative" means "lacking" or "a deficit")

- Lack of emotional response
- Less talkative than normal
- Lack of motivation or interest
- Lack of interest in socializing

Mood Disorders

Everyone feels sad or happy at different times – these are normal feelings to experience when reacting to situations or events. People who have mood disorders experience moods with greater intensity and longer than most people normally would (CMHA, 2012). There are different types of mood disorders. The one we will discuss is depression.

Depression can be described as a sad, despairing mood that lasts more than two weeks and impairs a person's performance at work or at school and in social relationships. Individuals with depression have difficulty raising their mood on their own.

Major depression occurs in 10% to 25% of women – almost twice as often as it does in men (CAMH Depression Fact Sheet, retrieved on April 22, 2012). This may be related to various hormonal factors, such as menopause, giving birth, etc. (CAMH website, retrieved in February 2010). Signs of depression may begin at any age, but the average age is between 20 and 40 (Hong Fook, 2005).

People with depressive disorders have a majority of these symptoms:

- Significant changes in appetite and weight, usually a decrease in both
- Sleep problems – either too much or too little, and usually an inability to sleep well
- Loss of interest and pleasure in work, hobbies and people, including family and friends
- Feelings of uselessness and hopelessness
- Excessive guilt
- Loss of energy – feeling too tired to do anything
- Slowed thinking, forgetfulness and trouble concentrating and making decisions
- About two-thirds of individuals with depression think of suicide – the risk of suicide with depression is 10% (Hong Fook, 2005)

Anxiety Disorders

There are many anxiety disorders, such as panic attack disorder, generalized anxiety, obsessive compulsive disorders, etc.

Post-traumatic stress disorder (PTSD) is also a type of anxiety disorder. Produced by having encountered an extraordinarily stressful or traumatic event, PTSD is a re-experiencing of this event through flashbacks, nightmares and other life-changing symptoms such as avoidance, hypervigilance, irritability and depression. PTSD occurs in 10% or more of people who have encountered a traumatic event, and it can occur at any time during a person's life, including childhood. A delay in the onset of PTSD after trauma can vary from as little as one week to as long as one year or more (Hong Fook, 2005).

Some signs of PTSD are:

- Difficulty falling or staying asleep
- Unwanted thoughts, memories, dreams or images of the traumatic event
- Acting and feeling like the traumatic event is happening again
- Extreme vigilance – feeling watchful all the time and being easily startled
- Extreme distress when something reminds the person of the event

Dementia

"Dementia" is the term used for a group of disorders caused by the degeneration of brain cells. Dementias can be reversible (accompanied by another illness or disease that can be treated) or irreversible (Alzheimer's Society, 2010, p. 10). There are different types of dementia, including Alzheimer's disease, vascular dementia, Lewy body dementia and frontotemporal dementia.

One in 11 Canadians over 65 has dementia (Alzheimer's Society, 2010). In 2010, more than 500,000 Canadians were living with dementia. This number is expected to grow with the first set of baby boomers who turned 65 in 2011 (Alzheimer's Society website, 2011). After age 65, the risk of dementia doubles every five years (Alzheimer's Society website, 2011).

Without intervention, it is estimated that by 2038, there will be 250,000 new cases of dementia in people over 65 every year, which is 2.5 times more than in 2008 (Alzheimer's Society, 2010, p.10).

Alzheimer's disease

The most common form of dementia is Alzheimer's disease, affecting 63% of those with dementia (Alzheimer's Society, 2010, p.3). It is a progressive, irreversible illness, and while there have been some advances in research, there is not yet a cure. Common symptoms include disorientation of time and place, memory loss, behavioural and mood changes, language difficulties, forgetting familiar tasks, and poor judgment. Early diagnosis can help slow down the illness's effects, but Alzheimer's can be difficult to diagnose. Someone forgetting his or her regularly scheduled appointment or how to get home from the convenience store can be brushed off as "being tired" or "having a senior moment," and it may take a while for a problem to be perceived.

Receiving a diagnosis of Alzheimer's is very stressful for the patient and his or her family. Education about the disease and preparing for the future can help those affected to stay in control of how they wish to receive their care if they are unable to express themselves in the future. Maintaining physical and mental activity, having a healthy support system, visiting the doctor, and taking prescribed medication can potentially help delay the effects of Alzheimer's.

Resources regarding dementia

Alzheimer's Society
http://www.alzheimer.ca
A Canadian not-for-profit organization working to improve the quality of life of Canadians affected by Alzheimer's disease and other dementias. It is the largest organization of its type, with locations in every province and over 150 communities.

The Globe and Mail: Dementia
http://www.theglobeandmail.com/life/health/dementia/
A section in *The Globe and Mail* with information regarding dementia.

Yee Hong Centre for Geriatric Care
http://www.yeehong.com/centre/publications.php
The largest not-for-profit long-term care provider in Canada offering culturally appropriate geriatric care. Resources are available in Chinese and English.

Veterans Affairs Canada
http://www.veterans.gc.ca/eng/health/dementia
Basic information regarding dementia.

Dual diagnosis

Ontario's Ministry of Health and Long-Term Care and the Ministry of Community and Social Services jointly defined individuals with a dual diagnosis as "adults 18 years of age and older with both a developmental disability and mental health needs" (2008). These individuals require treatment and interventions geared towards their specialized needs. Both ministries have recognized the need for collaboration between health and social services. While some responsibilities are shared, others are split clearly:

> Community-based mental health services and supports include: counselling and treatment, 24-hour crisis response including short-term crisis residential beds, Assertive Community Treatment Teams

(ACTTs) and consumer/survivor/family initiatives. Developmental services include: residential, community participation and respite supports, case management, and specialized community supports (2008).

It is estimated that 2.25% of the general population of Ontario has a developmental disability, and within that number, 38% have a dual diagnosis (Psychiatric Patient Advocate Office, 2003). These numbers are difficult to define due to different studies using different criteria when identifying developmental disabilities and mental health issues (CMHA, 2012). CMHA has also recognized that while the total number of individuals with a dual diagnosis is difficult to determine, individuals with developmental disabilities are more likely to develop mental health issues than the general population (2012). Also note that "dual diagnosis" is used in the United States and some parts of Canada to describe individuals facing substance abuse and mental illness. In Ontario, we use the term "concurrent disorders." This will be described later in this chapter.

Drugs and addictions

Substance use often has no repercussions at first. People start using for various reasons, including experimentation, a desire for social acceptance, to treat an illness or injury with prescription medication, or to relax and/or feel good. Substance use becomes a problem when there are physical, mental, social, legal and/or financial consequences, but an individual is unable to stop usage (Mental Health Commission, 2011).

Having an addiction is a dependence, whether it be physical or psychological (CAMH, 2010). When someone is physically dependent on a substance, his or her body needs it in order to continue functioning. If the person is unable to have the substance, he or she experiences symptoms of withdrawal. Even common substances such as caffeine can cause this; others include nicotine, alcohol and painkillers/opioids.

With psychological dependence, an individual's body may not go into physical withdrawal without the substance, but he or she feels the need to have it, and senses that he or she cannot function without it. Drugs/substances that can cause this include alcohol and nicotine, and especially stimulants such as cocaine and amphetamines. With many substances, there is a clear overlap of physical and psychological dependence.

When someone starts using a substance (whether it be caffeine, alcohol, cocaine, medication or other types of drugs), he or she may feel capable of handling the usage and staying in control. No one plans on becoming addicted (CAMH, 2010).

While there is no exact known cause of addiction, there are risk factors that can increase one's chances of becoming addicted. Often, substance use/experimentation starts in youth; the risk factors for this age group are:

- Alcohol or drug problems among family members
- Poor school performance
- Poverty
- Family conflicts, chaos
- Stress
- Having friends who drink or use other drugs
- Not fitting in socially
- Emotional, physical or sexual abuse
- Experiencing discrimination or oppression

(CAMH, 2012)

One study done in 2002 found that 2.6% of Canadians were dependent on alcohol, and less than 1% were dependent on illegal drugs (CAMH, 2010). While using substances is common in Canada, it is difficult to determine accurate numbers of those addicted because people may not be willing to report their usage if they are using illegal substances or are in denial (Government of Canada, 2006).

Concurrent disorders

"Concurrent disorders" means that someone is dealing with a psychiatric illness and a substance use disorder and/or a gambling disorder simultaneously (CAMH, 2010. Retrieved Jan. 10, 2012). Concurrent disorders can present themselves in different ways. One person may have a gambling issue and depression, while another is

facing schizophrenia and cannabis use. Both are seen as having concurrent disorders, but their treatment will differ (CAMH, 2010. Retrieved Jan. 10, 2012).

Gambling

The Government of Canada describes gambling as when "an individual takes the chance of losing something of value (such as money or possessions) when the outcome of winning is determined mostly by chance" (2006, p. 118). Similar to being addicted to drugs or alcohol, gambling is a problem when:

- It gets in the way of work, school or other activities
- It harms an individual's mental or physical health
- It hurts an individual financially
- It damages an individual's reputation
- It causes problems with an individual's family or friends
- An individual spends more and more time and money chasing after his or her losses, and to get the same level of excitement

(Problem Gambling Institute of Ontario, 2012)

Due to stigma, fear and embarrassment, problem gambling is largely underreported and is often a hidden disorder (Government of Canada, 2006). It has been reported that 4.8% of Ontarians have a moderate or severe gambling problem, and an additional 9.6% are "at risk" for problem gambling (Problem Gambling Institute of Ontario, 2012). Men and women are equally likely to gamble, but men tend to spend more money (Problem Gambling Institute of Ontario, 2012). Mood Disorders of Canada reported that according to the 2002 Statistics Canada Canadian Community Health Survey, 1.2 million adult Canadians (one in 20) were at risk of experiencing problem gambling or were already problem gamblers.

3A.3 Stigma and its effects

WHAT IS STIGMA?

Stigma is the use of negative labels to identify a person. Many people who suffer from mental illness are reluctant to seek help. Often, those who do seek assistance find there are not enough resources available. There is a large gap between the need for treatment of mental disorders and the services available (WHO, 2003). Undoubtedly, one of the reasons for this is related to the stigma surrounding mental illness. According to the World Health Organization, stigma and the resulting discrimination experienced by people with a mental illness can be more destructive than the illness itself. Indeed, stigma has a negative impact on the recovery of individuals living with mental illness, their ability to access services, the type of treatment and level of support received, and acceptance by the community.

The connection between stigma and discrimination typically involves a process:
1) Labelling or stereotyping
2) Developing prejudice
3) Practising discrimination

WHAT IS THE IMPACT OF STIGMA ON INDIVIDUALS WITH A MENTAL ILLNESS?

Due to stigma, people with a mental illness are often the targets of discrimination, prejudice, violence and victimization in the workplace, at school and in their communities. Evidence shows that individuals with mental illness are systematically denied equal participation in society, services, opportunities and productive employment (WHO, 2001).

In Canada, studies show that the number of people with mental illness who come into conflict with the justice system is increasing at the rate of about 10% a year, although the number of those considered violent is actually declining (CMHA, Citizens for Mental Health, 2004).

As mentioned earlier, one of the obstacles facing individuals with mental illness is finding productive employment. A major problem is that the longer a person has not had a job, the less likely it is that he or she will ever resume a productive work life. Statistics show that after six months on disability, an individual has a 50% probability of returning to work; this is reduced to 20% after one year, and to 10% after two years (Ontario Medical Association, 2002).

In terms of homelessness, approximately 66% of homeless people have a lifetime diagnosis of mental illness, which is two to three times greater than the general population. Some 75% of homeless people with mental illness also have substance abuse disorders. One year prior to becoming homeless, 6% of homeless people were in a psychiatric institution, and 20% received services for substance abuse (Kirby et al., 2004).

DO INDIVIDUALS INTERNALIZE STIGMA?

Unfortunately, one of the most destructive effects of stigma for individuals living with a mental illness is self-stigmatization: they turn against themselves because they are members of a stigmatized group (Watson, A.C. et al., 2007). Studies have shown that stigmatizing stereotypes can be so strong that people who have been stigmatized and discriminated against start to internalize and believe the negative labels. People who believe that others devalue and reject individuals with mental illness likely fear that this will happen to them personally. If the negative stereotypes become part of their worldview, this can have negative consequences (Kirby et al., 2004). For instance, because they expect and fear rejection, people with mental illness who have been hospitalized may act less confidently, be more defensive, or simply avoid socializing altogether (Link, B.G. et al., 1999).

Thus, because of stigma combined with discrimination, prejudice and systemic exclusion from participation in society, individuals with mental illness face an uphill battle in their journey to recovery.

3A.4 Prevention and early identification

WHAT ARE THE EARLY SIGNS THAT SOMEONE MIGHT BE EXPERIENCING MENTAL HEALTH DIFFICULTIES?

It is always best to treat people during the early stages of mental illness, as treatment outcomes tend to be better. As such, it is important to be aware of signs and symptoms that may point to mental health difficulties.

Aside from the symptoms of the specific illnesses described earlier, general early signs may include the following (this is not an exhaustive list):

- Physical fatigue and low energy
- Restlessness
- Racing thoughts
- Poor concentration
- Insomnia
- Panic attacks
- Loss of appetite
- Weight gain or loss
- Physical symptoms, such as headaches and stomachaches
- Anger
- Feelings of sadness
- Crying easily
- Changes in relationships with family members or peers
- Loss of interest or motivation in school or work

WHAT OTHER ASPECTS ARE INVOLVED IN THE PREVENTION AND EARLY IDENTIFICATION OF MENTAL ILLNESS?

It is important to equip ourselves and our communities with knowledge of mental health in the context of holistic health. In other words, it is important to be aware of and raise awareness about the various factors (genetic, social, environmental, cultural and political) that affect mental health. It also means being aware of the interdependence of an individual's physical, mental, emotional and spiritual health.

Prevention can occur at the individual level, through the development of coping strategies to become resilient against stressors. Prevention can also happen at the organizational and systemic levels. This may mean becoming aware of policies that may act unfairly against particular populations by restricting their access to opportunities, resources and services, and then working towards change with others similarly affected. If symptoms are detected despite preventative actions, it is important to make appropriate referrals to mental health professionals who can then start working with individuals to find treatment options so they may start their journey of recovery.

3A.5 Suicide

Someone who is contemplating suicide is often feeling despair, loneliness and a sense of hopelessness. Each year, 3,500 to 4,000 Canadians die from suicide (Mental Health Commission, 2011). The number it affects is far greater and includes families, friends and co-workers. The Canadian Mental Health Association states "there are many circumstances which can contribute to someone's decision to end his/her life, but a person's feelings about those circumstances are more important than the circumstances themselves" (2012). It is important to address these feelings and to decrease the stigma surrounding the seeking of help for suicidal feelings. There is a growing need to make it okay to talk about suicide and to help people understand how to help someone who has risk factors or is showing warning signs.

Statistics about suicide

- 13.4% of Canadians over age 15 have thought seriously about suicide.
- Suicide is one of the top 10 causes of death in Canada.
- Up to 15% of individuals with severe major depressive disorder will die by suicide.
- More women than men attempt suicide, but suicide rates for men are 3.5 times higher.
- The risk for suicide is high after a person with a mood disorder is discharged from a hospital; this heightened risk lasts at least one year. The risk of suicide is also higher after an individual starts treatment.

(Mental Health Commission, 2011)

Warning signs

These are some warning signs a person may exhibit if he or she is thinking about suicide:

- Talks about committing suicide
- Preoccupied with death and dying
- Shows signs of depression
- Has trouble eating and sleeping
- Exhibits drastic changes in behaviour
- Takes unnecessary risks
- Loses interest in his or her personal appearance
- Withdraws from friends and/or social activities
- Loses interest in hobbies, work, school, etc.
- Prepares for death by making a will and final arrangements

(Compiled from training materials from Dr. Kenneth Fung at Hong Fook Mental Health Association (June 2004) – "Preventing Suicide," Canadian Mental Health Association, http://www.cmha.ca)

HOW TO ASK ABOUT SUICIDE

Ask about suicide

- Talk to them to see how they are feeling.
- Ask if they are thinking about suicide or have a plan to carry it out. Asking about it will not make them more suicidal. It is a sign that you care, that you recognize the seriousness of their thoughts and feelings, and that you are ready to talk to them.
- Ask if they have attempted any suicidal behaviour before. Those who have are at greater risk of suicide. If they have, see if they need extra support or any resources that have helped in the past.
- Ask about their supports. Help them recognize who is able to support them and what resources they can turn to.

Create a plan for safety

- Help them create a plan to stay safe: making sure they do not have the means to commit suicide, that they agree not to commit suicide for a period of time, and that they have accessible and trustworthy resources (emergency number, crisis line number, health care professional, etc).
- Listen to them non-judgmentally and stay with them if needed.
- If you believe they are in immediate danger, call 911 for professional emergency help right away.
- Make sure you are safe. If you are at risk of being harmed, stay away and call for help.

(Adapted from Mental Health Commission, 2011)

Suicide can be preventable. While there are warning signs and risk factors, there are times one may not display them. We try to do our best with the knowledge we have. It is not our fault if someone commits suicide. If you do notice warning signs, please take them seriously and address the situation.

Resources regarding suicide

Centre for Suicide Prevention
http://www.suicideinfo.ca
A Canadian non-profit organization with resources on suicide and suicidal behaviour. It provides workshops including ASIST (Applied Suicide Intervention Skills Training).

LivingWorks Education Inc.
http://www.livingworks.net
An organization that provides training courses on how to intervene when someone is suicidal.

Canadian Association for Suicide Prevention
http://www.suicideprevention.ca
Suicide prevention information, including links and phone numbers for crisis centres across Canada.

Canadian Mental Health Association
http://www.cmha.ca/bins/content_page.asp?cid=3-101&lang=1
Information about suicide.

3A.6 Treatment approaches

WHAT ARE SOME TREATMENT OPTIONS FOR PEOPLE WITH MENTAL ILLNESS?

There are different options to treat mental illness. Individuals who have mental health issues should seek assessment and ongoing consultation from their family doctor or other health professionals before they develop and decide on a treatment plan. It is usually most effective when mental illness is treated with medication along with psychosocial support and other relevant therapies.

Psychiatric medications
Many people are reluctant to take medication because they fear that it could cause severe and numerous side effects that might disrupt their daily lives. Others worry that the medication could be addictive and that they have to take them for life. However, each person may react differently to medications, and the severity of side effects also varies. Thus, it is essential to take medications as directed and to seek ongoing consultation from medical doctors.

Electro-convulsive therapy (ECT)
ECT is one of the most effective treatment options for people who are suffering from severe depression and/or mania, especially when medications are not effective. The commonly identified side effect of ECT is temporary loss of memory for a short duration.

Complementary and alternative treatments
Many people explore complementary and alternative treatment options during their journey of recovery. They might consult herbalists or different health practitioners and try various alternative treatments. It is very important that they consult their medical doctors before they adopt any additional treatment options, and they should not alter the dosage of their medication or change their current treatment plan on their own.

Other forms of treatment and psychosocial support
While medical treatment is important, there are other forms of treatment and psychosocial support that can play an important role in a person's recovery.

Don't forget the two simplest and cheapest methods: regular exercise and quality sleep can go a long way in contributing to better mental and physical health.

Numerous researchers have confirmed that psychosocial support is a crucial and effective element in facilitating recovery. Identifying and connecting appropriate forms of support or programs for people with mental health issues help generate hope, and thus lead to a better and more positive recovery journey.

The following are examples of supports and programs (this is not an exhaustive list):

- **Community support**: An example is case management services, which involves the provision of supportive counselling and linking individuals with community resources and advocacy.
- **Group support**: There are different types of groups that promote learning and mutual support. Their focus may include peer support, education, interests or skill development.
- **Day programs and vocational programs**: Day programs and vocational programs: These help individuals enhance their life skills, self-esteem, social skills and/or work skills through structural and educational activities. They can also help participants build structure into their lives.
- **Psychotherapy**: Through talking, psychotherapy helps individuals identify their problems, address their feelings, explore problem-solving strategies and modify their coping skills. This type of therapy can be done in a one-on-one or group format.

As each individual is unique, there is no single formula or treatment approach that suits everyone. It is crucial that we maintain healthy living practices and a positive attitude. It is equally important to continue updating our knowledge on mental health and illnesses, and to be open to different treatment options that can help people enhance their coping skills and better manage their symptoms.

Part B: The Recovery Approach and Its Application

3B.1 What is recovery and what are its underlying principles?

WHAT IS RECOVERY?

Recovery for individuals living with mental illness has been defined as the "personal experience of the individual as he or she moves out of illness into health and wholeness" (White et al., 2004).

It has been described as a journey or process, rather than a fixed state, to highlight its dynamic nature as the individual moves towards hope, meaningful existence, purpose and wellness. Luecht and colleague (2006) include symptom remission and functional elements such as cognition, social functioning and quality of life as part of recovery.

The Mental Health Commission of Canada (2009, p. 8) defines recovery as "...a journey of healing that builds on individual, family, cultural and community strengths, and enables people living with mental health problems and illnesses to lead meaningful lives in the community, despite any limitations imposed by their condition."

WHERE DID THE CONCEPT OF RECOVERY BEGIN?

In the mental health system, "consumers" refers to individuals living with mental health challenges. The recovery model originated from both the consumer movement and professional rehabilitation initiatives (Warner, 2009). Consumer activists reinforced the drive towards empowerment, hope, collaboration, and recognition of human rights (Warner, 2009). Rehabilitation professionals, on the other hand, recognized the value of work and a sense of community in the lives of individuals living with a mental illness. These included social and environmental factors that worked positively to assist people living with mental illness to achieve their optimal functioning.

The model refers both to the subjective experiences of hope, healing, empowerment and interpersonal support experienced by people with mental illness, their caregivers and service providers (Warner, 2009). It also refers to the creation of recovery-oriented services that encourage a positive culture of healing and support for human rights.

Out of the recovery model comes a renewed interest in fighting the stigma of mental illness and educating users about illness management. Also, there is renewed interest in providing services in which decisions about treatment are made in collaboration with the consumer. Consumer-run or consumer-driven services that offer advocacy, mentoring and peer support via such mechanisms as consumer-run "warm lines" (peer-to-peer supportive chat lines) and drop-in centres are also products of the recovery model (Warner, 2009).

WHAT ARE THE UNDERLYING PRINCIPLES AND FACTORS RELATED TO RECOVERY?

Empowerment

One of the key principles underlying the recovery model is the empowerment of the consumer. Empowerment includes a readiness to make changes and to take responsibility for one's own wellness. An individual living with mental illness would thereby develop a sense of control over his or her illness and life.

One reason empowerment is key to the recovery process is that many people living with mental illness feel disempowered as a result of involuntary confinement, paternalistic treatment, and their own acceptance of the negative stereotypes of individuals with mental illness (Warner, 2009). People with mental illness may accept and conform to an image of worthlessness and incapacity, and thereby adopt a disabled or passive role in life (Warner, 2009). This was shown to be true in an early study in which individuals who accepted they had mental illness had lower self-esteem and less of a sense of control over their lives (Warner, 2009). As a result, symptoms are prolonged, thus making the individual dependent on service providers and others as internalized stigma reduces the person's sense of empowerment and functioning.

Hope

Hope is another key principle underlying the recovery model. Similar to empowerment, hope is an internalized process that promotes well-being – a process in which an individual living with mental illness believes that he or she is not defined by the illness and that recovery and a fulfilling life are possible. Central to this is the acknowledgement that each person has his or her own strengths and resources to build a life worth living.

Capacity building and participation

Equipped with a sense of hope and empowered with self-determination to take control of their illness, individuals can move towards building their capacity to deal with their illness. This includes gaining knowledge about their particular illness and treatment options available to them. It also includes actively participating in the treatment process by making informed decisions about which treatment options to pursue.

Mutual support and social support

Hendryx and colleagues (2009) note that participation in a meaningful social life is one of the major goals for many individuals working towards recovery. Mezinna et al. (2006) suggest that the role of social support in recovery is not just to build more social ties but also to develop a social life with meaning, which may include participation in community activities. In fact, Corrigan and Phelan (2004) found that recovery was related to both social network size and perception of network satisfaction. In other words, recovery improved with greater social network size and network satisfaction. In another study more specific to symptoms of mental illness, researchers found that in a sample of 4,878 individuals with a mental illness tracked over time, those with low social support had increased chances of having a mental illness episode, and decreased chances of recovery (Pevalin et al., 2003).

Employment

Employment promotes recovery. This is not surprising since having meaningful employment is a natural adult activity as well as a source of identity. With

employment comes increased income, expanded social contacts, a sense of meaning in life and an enhanced self-image. Unemployment comes with the risk of alienation, apathy, substance abuse, physical illness and isolation (Warner, 2009).

When consumers participated in an effective vocational or job program or had paid employment, they experienced reduced psychiatric hospital admissions, reduced health-care costs, and decreased positive and negative symptoms of psychosis. Not surprisingly, successful work programs were found to lead to increased quality of life, improved self-esteem, enhanced functioning and an expanded social network.

Interestingly, a common concern of mental health professionals – that consumers with mental illness may become more disturbed under the stress of working – has not been proven. In fact, hospital admissions, symptoms and suicide attempts did not increase when patients were involved in effective work rehabilitation initiatives (all Bond et al., 2001; Burns et al., 2008).

3B.2 Application of the recovery approach

Utilizing a strength-based approach to working with individuals with mental illness is important. It is critical to recognize that everyone has their own strengths and resources, even individuals with serious mental illness, and that everyone has hopes and desires in life regardless of their circumstances. In doing so, service providers could help facilitate an individual's decision to continue seeking treatments and supports.

By recognizing that individuals have strengths along with the right to self-determination in their own lives, service providers can help re-orient services towards a more collaborative approach when working with consumers. This includes having consumers participate actively in developing goals, seeking resources to build their knowledge base, seeking and weighing different treatment options, and making decisions around which treatments to pursue.

3B.3 Self-management

As the recovery movement grows, there are more self-help strategies coming forth to help people work with their own mental health issues and illnesses hands-on. One such example is the Wellness Recovery Action Plan (WRAP) program. WRAP is a structured plan created by Mary Ellen Copeland. Suffering from chronic conditions and mental illness, she wanted to know how people dealt with these types of conditions on a daily basis. Unable to find any information from professionals, she started putting together notes on her own. She presented this information at a conference, and it was so well received that a group was created, with similar-minded people searching for the same answers. They worked together and created WRAP. Initially meant for individuals with mental illness to help in their recovery process, it is now promoted as a daily recovery tool for anyone struggling with any conditions or who wishes to stay healthy.

WHAT IS WRAP?

The Wellness Recovery Action Plan is a plan to help people recognize uncomfortable feelings and symptoms, and through a structured plan, have responses in place to reduce, modify or eliminate these symptoms. Having a plan helps people feel more prepared to deal with difficult situations, and to know what they need if these types of situations come up. The plan includes a system for times when an individual is unwell and cannot take care of him- or herself. The plan has set instructions on how the person wishes to be treated and cared for by others during these times.

KEY CONCEPTS OF RECOVERY

During WRAP's development, it was discovered that there are many components of recovery for people with mental health issues. These are a few concepts that came up repeatedly as areas that people viewed as key to one's recovery. Understanding and believing in these concepts are important to WRAP and the recovery process.

- **Hope** – finding out what gives one hope
- **Personal responsibility** – taking responsibility and control over one's life
- **Education** – learning about oneself and educating ourselves on different topics
- **Self-advocacy** – speaking up for oneself and understanding our rights
- **Support** – giving and receiving support, and understanding what type of support is needed and from whom

Self-management tip
Consider creating a list of hobbies you enjoy or activities you do or wish to try. Have this list ready whenever you are feeling unwell or unsure of what to do. This can help decrease feelings of sadness or loneliness.

Self-management tip
Make a list of people you see as supporters in your life. They can be family members, friends, colleagues, health care workers, etc. If you find yourself needing someone to talk to or turn to for advice, these people in your life can provide a friendly ear and a helping hand when needed.

(Adapted from Mary Ellen Copeland, *Facilitator Training Manual: Mental Health Recovery including Wellness Recovery Action Plan Curriculum*)

3B.4 The continuum of service approach in facilitating recovery

Beyond the individual level, the recovery process includes meeting consumers' needs to access multiple determinants of health, such as meaningful employment, social support networks, safe and affordable housing, appropriate health services and so forth. As such, in walking alongside consumers in their recovery process, it is important to apply a continuum of service approach that goes beyond just looking at treatments such as medication and/or counselling. Relevant services will also include those that promote wellness and meaningful participation in the community.

As stigma is one of the biggest barriers to recovery, ongoing education and promotion of mental health must be part of the overall work in the facilitation of recovery. Direct consumer participation in educational and anti-stigma work can be an effective means to combat negative stereotypes of mental illness and be part of individuals' empowerment process. Aside from education, peer support groups and social recreational activities where mutual support can be given and received are also critical aspects of the continuum of services.

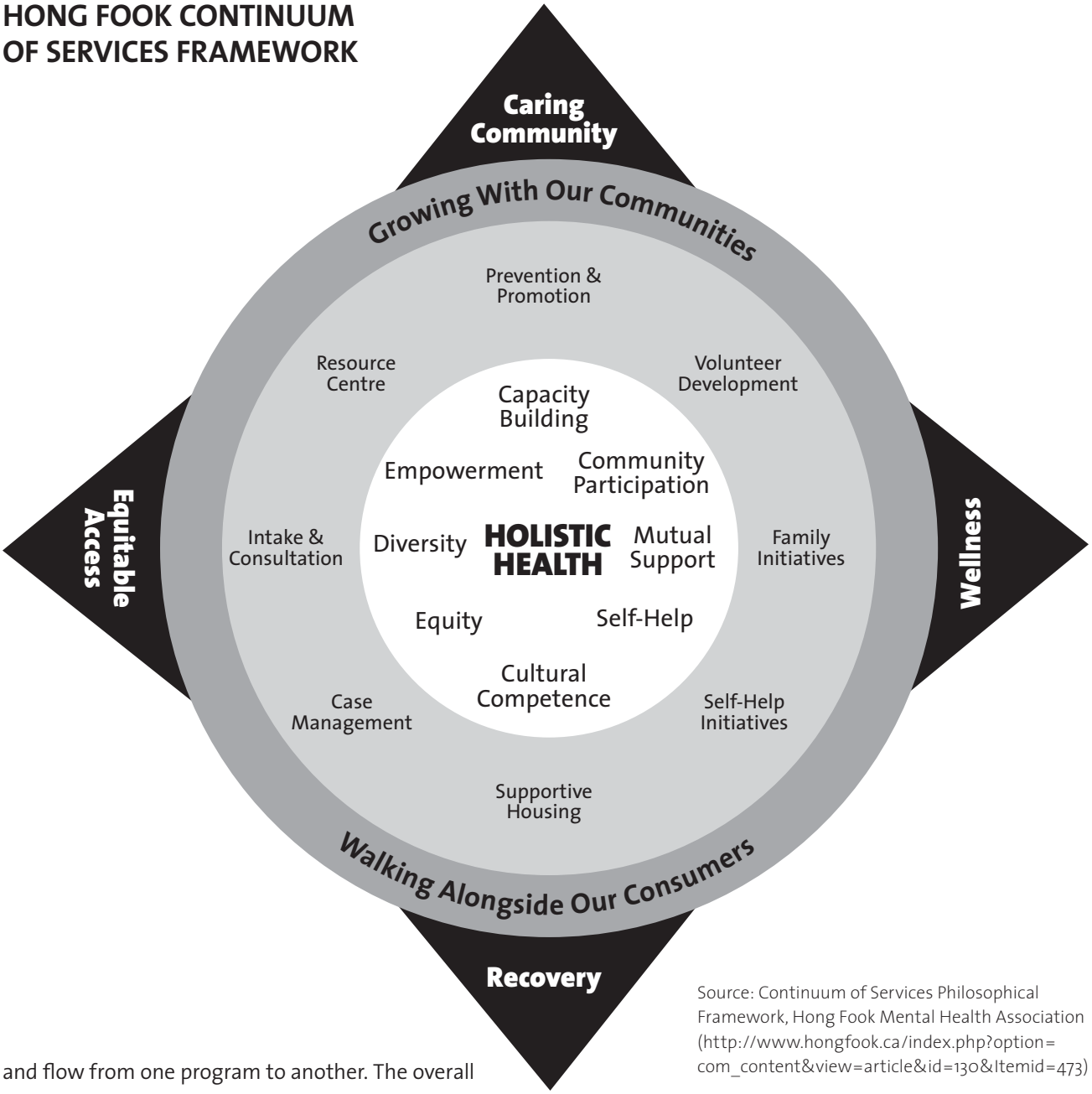
SERVICE EXAMPLE

The following illustrates the continuum of services framework adopted by Hong Fook Mental Health Association in Toronto.

This service framework, laid out in the form of a compass, upholds enhancing an individual's quality of life with an emphasis on caring, equity, wellness and recovery as the central goal. The values and principles in the inner circle guide the development of the continuum of services that is shown in the second circle of the compass.

The array of programs and services ranges from promotion of wellness to intervention of illness. Individuals may enter these programs at any point

HONG FOOK CONTINUUM OF SERVICES FRAMEWORK



Source: Continuum of Services Philosophical Framework, Hong Fook Mental Health Association (http://www.hongfook.ca/index.php?option=com_content&view=article&id=130&Itemid=473)

and flow from one program to another. The overall goal is to move beyond the provision of "piecemeal solutions" by building the capacities of individuals and communities to promote and sustain wellness. "Walking alongside the consumers" as a support is the key.

The continuum of services also aims to make access to services easier and promote service continuity. It provides the language capacity to serve the agency's target communities. It allows room for individuals to access services according to their needs, which may vary at different times in their journey of recovery.

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Chapter 4
An Inclusive Approach: Providing Effective Support for Clients

4.1 Issues and challenges

In Chapter 1, we discussed health determinants and health inequities. Health Canada studies have shown that immigrants are often healthier than the general Canadian population when they first arrive, but their health declines over time. A Statistics Canada report shows that 31.4% of members of racialized groups in Toronto are in the low-income category, compared to only 17.3% of the general Canadian-born population. And children of recent immigrants are particularly affected, with a child poverty rate of 47%, compared to 17% for all children in Ontario (Statistics Canada, 2001). In 2006, an estimated 24.9% of all Canadian households spent 30% or more of their income on shelter. Some may do so by choice, but the majority may be at risk of experiencing problems related to housing affordability (Census Canada, 2006).

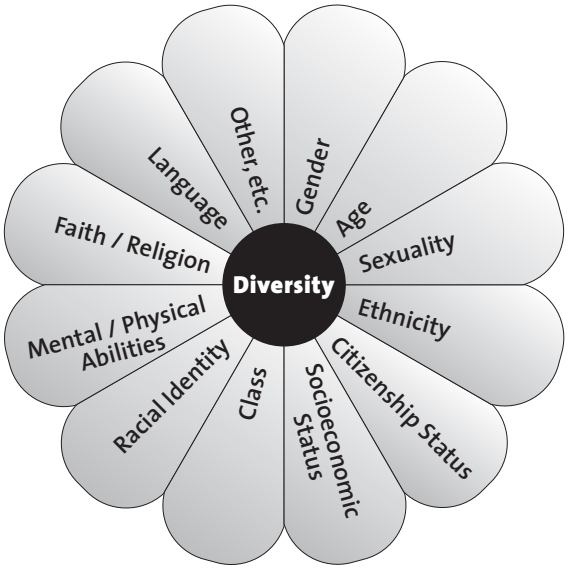
The consequence of the unfairness in our policies and discriminative practices in our society is a variation in lifestyle and health outcomes among people in different socioeconomic circumstances. The *Drummond Report* (2012) found that immigrants in Ontario tend to have higher education levels than the Canadian-born population. In 2010, 76% of immigrants aged 25 to 54 who had lived in Canada five years or less had a post-secondary certificate, diploma or university degree, compared to 65% of Canadian-born Ontarians in the same age group. However, research for the Labour Force Survey showed that, in the same year, the average weekly wages of immigrants in this age group were 23.9% lower than those of their Canadian-born counterparts; in 2006, it was 20.6% (*Drummond Report*, 2012, Chapter 10: Immigrants).

It is essential that we adopt an inclusive approach in addressing inequities at both the policy and practice levels. In this chapter, we explore principles and practices that policy makers and practitioners can consider to address the issues.

4.2 Principles of inclusive practice

What can be done to break down the systemic barriers that further marginalize and discriminate against different populations?

INDIVIDUALS ARE DIVERSE



The Diversity Flower has been adapted from the Power Flower. (Source: Arnold R, Burke B, James C, Martin D, Thomas B. (1991). *Educating for a Change*, Toronto, Ontario: Between The Lines.)

RECOGNITION OF DIVERSITY

To start with, we can all recognize and value differences. It is important to understand the concept of diversity. Diversity goes beyond language and race. The diagram above lays out the components we need to consider.

With diversity in mind, we need to recognize that all individuals bring with them differences in their worldview, and this certainly influences how health and health needs are defined and perceived. Different or diverse viewpoints often bring about fresh perspectives, which can enhance and enrich processes and relationships. Individuals also carry with them different strengths, and it is important that we build on these differences in strengths.

This is applicable when we work with individuals living with mental illness. While they may have a mental illness, that illness does not make the whole of their identity, and thus should not define who they are or what they are able to do. Individuals with mental illness have strengths, wishes and hopes like the rest of us do. And they may, in fact, bring an enriched viewpoint from their lived experience with their illness. Thus it is important not to discriminate against people because they are different, and to be more open to the possibility of learning from their worldview and various lived experiences.

The Mental Health Commission of Canada indicated that the new mental health system should be culturally safe and be able to respond to the diverse needs of Canadians. A culturally safe service environment is one in which people feel it is safe to express themselves and deal with problems without fear of judgment. In order for this to happen, service providers need to communicate and practise in a way that takes into account the social, political, linguistic and spiritual realities of individuals seeking our support while working in partnership with them (Mental Health Commission of Canada, 2009).

COMMITMENT TO SOCIAL JUSTICE

Another principle to guide action around breaking down systemic and discriminatory barriers is committing to strive for social justice. This means not accepting the status quo, and recognizing that marginalization and social exclusion of particular groups are avoidable and largely due to unfair policies and practices. In recognizing the role of unfair policies and practices, it is important to strive to address and change systemic barriers that prevent groups of people from participating meaningfully in society and lead to harmful consequences and detrimental health outcomes.

Canadians are among the healthiest people in the world; however, some groups of Canadians are not as healthy as others due to disparities. Health disparities still happen throughout the nation and are not randomly distributed – they are linked to gender, education, income and other markers of disadvantage or inequality of opportunity. Secondly, health disparities are major burdens for individuals and groups, creating injustices and barriers to social, cultural and economic participation. Health disparities also lead to greater costs for the health care system, as people with a low income are more likely to be ill or injured, and more severely so, than people with a higher income. Health disparities also create an unequal society and a burden on the economy, and create inconsistency within Canadian values (Public Health, 2005).

4.3 Working towards an effective approach in supporting our clients

4.31 Critical self-awareness

Often, service providers take on a "helper's" role and start to diagnose or analyze the clients and their situations. It is crucial that we step back and reflect on ourselves first. Where are we at with our clients? What are our own values, assumptions and biases, and how do they affect our feelings about and perceptions of our clients, and our attitude towards them? Do we believe in labels and stereotypes, and

what are they? What are our comfort zones? What are our own strengths and blind spots? Without self-reflection, we are not being fair to our clients, and this may result in ineffective support for them.

4.32 Effective communication

Effective support requires more than professional knowledge and compassion. Service providers need to be mindful about communication with our clients. Effective communication is an important part of building rapport and trust.

Active listening

One of the key components of effective communication is active listening, which has five key elements:

1. **Pay attention:** Give the speaker your undivided attention and acknowledge the message. Recognize that non-verbal communication also "speaks" loudly.
   - Look at the speaker.
   - Put aside distracting thoughts.
   - Avoid being distracted by environmental factors.
   - "Listen" to the speaker's body language.
   - Refrain from side conversations when listening in a group setting.
2. **Show that you are listening:** Use your own body language and gestures to convey your attention.
   - Nod occasionally.
   - Smile and use other facial expressions.
   - Note your posture and make sure it is open and inviting.
3. **Provide feedback:** Our personal filters and beliefs can distort what we hear. As listeners, our role is to understand what is being said.
   - Reflect what has been said by paraphrasing: "What I am hearing is..." and "Sounds like you are saying..." are great ways to reflect back.
   - Ask questions to clarify certain points. Try "What do you mean when you say..." or "Is this what you mean?"
   - Summarize the speaker's comments periodically.
   - Defer judgment. Don't interrupt with counter-arguments; allow the speaker to finish.
4. **Respond appropriately:** Active listening is a model for respect and understanding.
   - Be candid, open and honest in your response.
   - Assert your opinions respectfully.

Remind yourself frequently that your goal is to truly hear what the other person is saying. Set aside other thoughts and concentrate on the listening.

4.33 The strength-based approach

The strength-based approach attempts to understand clients in terms of their strength. This involves systematically examining survival skills, abilities, knowledge, resources and desires that can be used in some way to help meet client goals. Research indicates that a strength-based perspective influences both the well-being and the coping of people with mental illness.

Clients come to us with their challenges and problems. It is crucial to take a broader view and identify their strengths and build on them when addressing challenges that may not have immediate solutions.

4.34 Actively engaging our clients

Service providers need to be mindful that we are not running our clients' lives. The fact that a person has mental health issues does not take away their right to make decisions for themselves. We need to learn from

our clients and actively engage them, at their own pace, in identifying the types of support that they are ready for. We need to work with and not for our clients in building a plan that works for them. Setting contracts and limits with clients without properly engaging them will lead to a power struggle between us and the clients.

4.35 Working in partnership with other agencies

In partnering with other agencies, there is a sharing of resources, including professional expertise and knowledge, that can be mutually complementary in supporting our clients. We are aware of the value of having a continuum of service in the holistic health context. Segregated services limit the continuity and choices of services for clients. Developing partnerships enhances the quality of service provision and offers clients a wider array of service options.

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Chapter 5
Mental Health System and Community Resources

5.1 Introduction to the health care system

Canada's publicly funded health care system can be described as an interlocking set of 10 provincial and three territorial health insurance plans. Our health care system provides access to universal, comprehensive coverage for medically necessary hospital and physician services (Health Canada, 2010).

THE ROLE OF HEALTH CANADA

The federal government, the 10 provinces and the three territories have key roles to play in the health care system. Health Canada is the federal department responsible for helping Canadians maintain and improve their health while respecting individual choices and circumstances. Among other activities, Health Canada's responsibilities for health care include setting and administering national principles for the health care system through the Canada Health Act and delivering health care services to specific groups (e.g., First Nations and Inuit). Working in partnership with provinces and territories, Health Canada also supports the health care system through initiatives in areas such as health human resources planning, adoption of new technologies, and primary health care delivery. (Retrieved from http://www.hc-sc.gc.ca, February 2010.)

The mental health system is one part of the health care system in Canada. And, having recognized that mental health is a serious issue, the federal government created and funded the Mental Health Commission of Canada, which was incorporated as a non-profit organization in March 2007. Previously, Canada was the only G8 country lacking a national mental health strategy.

The commission is a national body, not a federal one that operates at arm's length from the government. Two of its key responsibilities were to develop a mental health strategy for Canada and improve the health and social outcomes of people living with mental illness. In 2009, the release of *Toward Recovery and Well-Being: A Framework for a Mental Health Strategy for Canada* marked the completion of the first phase. It contains a vision with seven goals, and it serves as a framework in reforming the mental health system. It has become an important reference point for mental health policy and practice across Canada. (Retrieved and adapted from http://www.mentalhealthcommission.ca, February 2012.)

In Ontario, the Ministry of Health and Long-Term Care (MOHLTC) is responsible for providing leadership and strategic direction for the health care system in Ontario, planning and guiding resources (MOHLTC, 2010). In 2006, the Government of Ontario legislated and created 14 Local Health Integration Networks (LHINs) throughout the province. They are responsible for overseeing the administration of health care services and programs. Each LHIN provides funding to health care providers within its area. Together with health care providers and community members, LHINs identify, plan, integrate and fund local health care priorities. Mental health services and programs are only one aspect of what the LHINs oversee. Each LHIN is responsible for drawing up service

agreements with each service provider within its geographic area and ensuring that the agreed-upon services are provided appropriately and responsibly.

5.2 Some highlights of Ontario's mental health system

In June 2011, Ontario's Ministry of Health and Long-Term Care announced its release of a comprehensive mental health and addictions strategy, *Open Minds, Healthy Minds*, which vows to create more coordinated, responsive, client-centred mental health and addictions services throughout the province. To view the full report, please visit http://www.health.gov.on.ca/english/public/pub/mental/pdf/open_minds_healthy_minds_en.pdf

In the 2011-2012 budget, the Ontario government allocated funding for this initiative and will continue to do so, with funding rising to $93 million a year by 2013-14 (48). Unfortunately, the budget offers no new, additional funding for adult mental health. (Retrieved from http://opseu.org/notices/overview-2011-2012-budget.htm, February 2012.)

5.21 Legislation relevant to Ontario's mental health system

(Adapted from *Understanding, Support and Self-care: A Resource Manual for Family Members and Caregivers*, Hong Fook Mental Health Association, 2008.)

In Ontario, there are a few key pieces of legislation in the health care system that affect the provision of treatment:

- Mental Health Act
- Health Care Consent Act
- Substitute Decisions Act
- Personal Health Information Protection Act (PHIPA)

The Mental Health Act sets out provisions of when and how people with mental illness can, and under which circumstances, be detained for assessment and treatment involuntarily. The Act also includes provisions pertaining to property/financial management for people who become mentally incapable of making their own financial decisions.

The Health Care Consent Act governs how treatment decisions are made. Except for certain emergency situations, all treatment requires informed, capable and voluntary consent. If an individual is mentally competent to make decisions to consent, he or she makes the decision to accept treatment. If the individual is not capable, a Substitute Decision Maker (SDM) will make decisions on his or her behalf. Of note is that when the individual is declared incompetent to consent to treatment, "rights advice" must be given. This means that the individual is advised of his or her right to appeal the doctor's decision on his or her competence to consent to treatment. Except in an emergency, treatment may not begin if the individual has indicated his or her intention to appeal the doctor's decision.

The Substitute Decisions Act governs provisions pertaining to substitute decisions, guardianship and powers of attorney. A power of attorney is a legal document in which an individual gives another person the authority to make decisions on his or her behalf if he or she becomes mentally incapable. There are two types of power of attorney: one is for personal care and the other is for property.

The Personal Health Information Protection Act (PHIPA) governs the conditions for releasing health information and the protection of confidentiality. The fact that someone is a close relative of an individual does not give that person the right to access the health information of that individual – consent must be obtained.

5.22 Where does a person get psychiatric assessment and/or treatment?

When someone displays signs of mental health difficulties, it may be time for that person to seek support and/or treatment. In Ontario, various options exist along the continuum of care. There are community psychiatrists who see people on an outpatient basis. Referrals are often through family doctors. Some

community mental health programs can also connect individuals with psychiatrists. There are also Assertive Community Treatment Teams (ACTTs), which consist of multidisciplinary staff who provide psychiatric treatment to individuals with chronic and serious mental illness who can benefit from intensive, ongoing community support. Hospital treatment is also available when an individual needs inpatient care at times of crisis or when close monitoring is needed for medication adjustment. There are facilities that specialize in mental health and addiction, such as the Centre for Addiction and Mental Health (CAMH) and the Ontario Shores Centre for Mental Health Sciences (formerly the Whitby Mental Health Centre). There are also psychiatric units within general hospitals that provide inpatient psychiatric treatments.

5.23 How is a psychiatric assessment/ admission to hospital facilitated when the person does not want treatment?

Under the Mental Health Act, there are three avenues to facilitate an individual's psychiatric assessment at a hospital if he or she will not go voluntarily.

- By order of a medical doctor (who does not have to be a psychiatrist) through issuing a Form 1, which authorizes the individual to be sent to a hospital for an assessment and kept at the facility for up to 72 hours for such an assessment. Within that time, the attending doctor must decide whether there are adequate grounds to keep the individual for involuntary admission if he or she refuses to be admitted voluntarily, or if the individual can be discharged. In order for a medical doctor to issue a Form 1, he or she must have examined the individual in the past seven days.
- By order of a Justice of the Peace through a Form 2, which authorizes the individual to be sent to the hospital for a doctor to make an assessment. The process that follows is the same as in Form 1.
- By a police officer acting on his or her own authority under the Mental Health Act. An individual can be taken to the hospital for assessment if the officer believes that he or she poses a safety risk to himself or herself and/or others.

These are the grounds for consideration when applying one of the above measures:

- Threats to cause bodily harm to self
- Attempts to cause bodily harm to self
- Behaviour that is violent toward another person
- Behaviour that causes another person to fear bodily harm
- Lack of competence to care for self
- Serious physical impairment of self
- Substantial mental deterioration
- Substantial physical deterioration

There must be evidence that an involuntary assessment is necessary. For example, when was the person threatening to kill himself? What did he do or say he would do in his attempt to kill himself? Family members may also be asked about the person's history, including the number of suicide attempts, aggression toward others, hospital admissions and non-compliance. Human rights are taken seriously, and it is important that there is concrete evidence that the individual meets the above ground(s) for involuntary assessment.

INVOLUNTARY HOSPITAL ADMISSIONS

Assessment does not guarantee hospital admission and treatment. The medical doctor must assess whether there are adequate grounds according to the list above. Family members sometimes think that the individual will be able to stay in the hospital for treatment. Frustration can occur when there are unrealistic expectations or misunderstandings of the legislation. There are certain processes that must take place and conditions that must be met as part of the legal provisions under the Mental Health Act.

After the initial assessment, if involuntary admission is necessary, a Form 3 (Certificate of Involuntary Admission) is issued. It is valid for up to two weeks. Whether the individual will stay in the hospital involuntarily after the Form 3 expires will depend on the doctor's assessment. It is also possible that under a Form 3, upon the psychiatrist's assessment, the individual could be discharged if he or she improves enough. The doctor

can also change the admission status to voluntary when the grounds for an involuntary stay no longer apply.

INDIVIDUALS' ENTITLEMENT TO RIGHTS ADVICE

The offer of rights advice to individuals during their involuntary admission ties into protecting their rights. Balancing rights and the benefits of treatment is always challenging. The doctor must comply with the legal requirement even if a family member has concerns. The individual always has the right to challenge and appeal the doctor's decision to admit him or her.

COMMUNITY TREATMENT ORDERS (CTOS)

A community treatment order (CTO) is issued to compel treatment for people with a serious mental illness in the community. It contains a contract with a specific treatment program that is signed by physicians. This treatment program is community-based with supervision that is less restrictive to the person than being detained in a hospital. However, it requires clients' consent beforehand.

5.3 Playing a role at the broader system level

Here are some suggestions on how you or your organization can become involved:

- Pay attention to what is going on in the broader systems/sectors because they are not exclusive of one another.
- Consider cross-sector collaboration with others in your work, as we know that various determinants (under the portfolios of different sectors) affect the mental health of individuals.
- Become informed, voice your concerns and encourage your clients to become involved by providing their opinions on issues that will affect them. For example, learn about and get involved in LHIN consultations and the Mental Health Commission of Canada's roundtable discussions.
- Educate and advocate for individuals we serve regarding their rights.
- Advocate for equitable access to health and social services.
- Become involved in the decision-making processes of the systems by joining councils and committees of a LHIN or at the municipal, provincial or federal level.

5.4 Overview of community resources

(Adapted from *Understanding, Support and Self-care: A Resource Manual for Family Members and Caregivers,* Hong Fook Mental Health Association, 2008.)

In Ontario, various options exist along the continuum of care. Psychiatric treatment from hospitals, outpatient psychiatrists and community treatment teams are only part of the continuum of care. There are community mental health organizations that provide

W.I.S.H.

1. **Wellness**
   Exploring services that go beyond illness but promote wellness.

2. **Integrated service approach**
   Exploring resources that help integrate the person into the community and not merely looking at mental health services. For example, the person could volunteer in a community agency or join programs in a community centre.

3. **Strengths**
   Exploring services/programs that enable the person to build on his or her strengths.

4. **Holistic health**
   Exploring resources within the context of holistic health.

a range of services, including prevention and mental health promotion programs, intake and assessment, case management, supportive housing, vocational programs, consumer-led businesses and peer support programs, family support programs and many others.

It is important to note that making referrals to community resources goes beyond giving addresses and phone numbers to individuals, or completing referral forms for them. Each individual is unique and may have different needs for services. There are a few principles (WISH) to consider when mobilizing resources for those who seek help.

SOME KEY CATEGORIES OF COMMUNITY RESOURCES

The following highlights a few key categories of community resources. Please note that the list is not exhaustive. Not all social and health services are included. Also, many services are provided only in English, and culture and language differences may make them difficult to use.

Community information and referrals for mental health and addiction services
Many regions have telephone services that provide information on a wide range of community, social, health and government services. Services are free and confidential.

One key province-wide service is ConnexOntario, which provides information and referrals to alcohol and drug, gambling, and mental health services for people in Ontario. Visit http://www.connexontario.ca or call:

- 1-800-565-8603 for the Drug and Alcohol Registry of Treatment (DART)
- 1-888-230-3505 for The Ontario Problem Gambling Helpline (OPGH)
- 1-866-531-2600 for Mental Health Service Information Ontario

Financial assistance
When an individual loses his or her work capacity due to illness and experiences financial hardship as a result, he or she can apply to government financial support programs, which include:

- **Ontario Works**
  This program is delivered by municipalities. It provides financial and employment assistance to people in temporary and emergency financial need. Call your local office or visit the Ministry of Community and Social Services website at http://www.mcss.gov.on.ca.

- **Ontario Disability Support Program (ODSP), the Ministry of Community and Social Services**
  This provides longer-term financial assistance to individuals with longer-term health/disability issues. Call your local office or visit the ministry's website at http://www.mcss.gov.on.ca.

- **Employment Insurance (EI) Sickness Benefits, Human Resources and Development Canada (HRDC)**
  This provides income support to those who are off work due to sickness and have made contributions to EI. Conditions apply. For more information, call 1-800-206-7218.

- **The Income Security Program: Canada Pension Plan (CPP) Disability Benefits**
  This is available to people who have made the required contribution to CPP and whose disability prevents them from working at any job on a regular basis. Call 1-800-277-9914.

- **Trillium Drug Program**
  This is for Ontario residents who have a valid Ontario Health Card and high prescription drug costs relative to their net household income. Call 1-800-575-5386 or visit the Trillium Drug Program website at http://www.health.gov.on.ca/english/public/pub/drugs/trillium.html. Application forms may be available at drugstores.

Psychiatrists
Individuals who need a psychiatric assessment and follow-up treatment can be referred to a psychiatrist by their family doctor or a general practitioner.

Assertive Community Treatment Teams (ACTTs)
ACTTs provide intensive community treatment and support services for people with serious mental illness.

Home care
Community Care Access Centres (CCACs) are access points to health and community support services, such as visiting nurses, personal support and occupational therapy, to help people live independently or transition to long-term care. To find the CCAC in your area, visit http://www.ccac-ont.ca.

Crisis intervention services
In crisis situations, individuals and families can approach services such as distress lines, crisis centres and mobile crisis programs in their region as available and appropriate.

Housing services
There are housing programs with different levels of support that cater to the different needs and functioning levels of individuals. These may include independent housing; low to medium supportive housing that provides independent housing units or co-op housing with case management services or support staff on or off site; group homes with on-site staff who provide life skills training; and boarding homes with meals and 24-hour staffing. (This list is not exhaustive.)

Case management services
Case management services provide one-on-one support to individuals with mental health problems who live in the community, to facilitate recovery by empowering them to work on identified needs and goals. Services may include psychosocial assessment, coordination of resources, advocacy, supportive counselling on coping, and education on illness. To determine if a person is eligible, his or her diagnosis, duration of illness and disability as a result of the illness are considered.

Psychosocial rehabilitation programs with educational and/or vocational components
These programs facilitate recovery by providing a daytime structure for the individual. They focus on enhancing participants' social, vocational and other life skills.

Self-help programs
Self-help programs are run or driven by individuals living with mental illness. These programs allow people dealing with similar issues to help themselves and each other. Thus, they are sometimes called peer support groups or programs. There are various self-help programs throughout the province. Examples are drop-in centres where individuals can visit any time in an informal manner (i.e., without an appointment) to socialize, participate in educational or recreational activities, or just hang out.

Family support programs
Family support programs offer mutual support groups, workshops, resource materials and other services to help families learn about mental illness, the mental health system, community resources and coping strategies. Some programs also assist with advocacy.

Ethno-racial mental health programs
There are two community mental health organizations in the Greater Toronto Area that focus on serving ethno-racial populations:

- **Across Boundaries**
  http://www.acrossboundaries.ca

- **Hong Fook Mental Health Association**
  http://www.hongfook.ca

Other key national and provincial organizations

- **Local Health Integration Networks**
  http://www.lhins.on.ca

- **Mental Health Commission of Canada**
  http://www.mentalhealthcommission.ca

- **Ontario Federation of Community Mental Health and Addiction Programs**
  http://www.ofcmhap.on.ca

- **Canadian Mental Health Association**
  http://www.ontario.cmha.ca

(Adapted from *Understanding, Support and Self-care: A Resource Manual for Family Members and Caregivers*. Hong Fook Mental Health Association, 2008.)

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Chapter 6
Self-care for Service Providers

6.1 What is self-care?

Often, workers in the social and health service fields tend to focus on caring for others and may forget about their own needs. Self-care involves being aware of and taking care of our own needs, feelings and stresses. It sounds easy to think about taking care of ourselves, yet it is extremely difficult to master the skills. They do not come naturally; for most of us, learning them involves taking an active part in nurturing ourselves.

6.2 Why is self-care so critical?

It is said that despite advances in modern technology, people are working longer hours than ever. In the social services and community sectors, a heavy workload and the stress of dealing with people's complex problems can be emotionally draining. This can affect a person's home life, adding even more pressure. Employees who have no sense of control over their situation are known to be less motivated to participate in health-promoting activities, and employees who are working many overtime hours do not have time to devote to exercise and positive health behaviours (Wellergize website, 2010).

Not only does stress affect our capacity to offer support to others effectively, but it also affects our physical and mental health. This makes self-care important, as it promotes our own well-being, balances our needs, and helps us avoid "burnout." It also helps improve our quality of life and build effective and healthy relationships with others.

6.3 Practising self-care

Our health is influenced by individual, environmental and social factors. While we cannot control all of these factors, we can develop holistic health practices that cultivate positive emotions and reduce the impact of stress. Each of us is unique, with individual preferences. In the context of holistic health, self-care involves the following aspects: body, mind, spirit and social. Here are some pointers for consideration:

Holistic health practice
Holistic health practice is a set of strategies that help to slow down the body's hyper-reactions to stress. They allow bodily systems to recover, and they promote positive emotions, which counter negative emotions and keep individuals well. Individuals can undertake this process on their own or in a group.

Employer/peer support
Working in isolation can further aggravate work pressure. Peer support can help alleviate work stress. Teamwork has proven to be an effective mode of support. It reduces isolation and offers shared responsibilities – two heads are better than one. More importantly, it builds confidence and expertise among team members. Working together also creates a supportive environment. Examples include having subcommittees to work on self-care activities during work hours.

Family support
In most cultures and societies, family is the focal point of life in general. While family members may be the cause of conflict and stress, they can also be a source of strong support, as well as the intimate care and love that help sustain us through difficulties and strengthen our resiliency.

Social network

Work brings us satisfaction, but it can also cause stress and put many demands upon us. Having a strong social support network helps us regain our strength and courage when we need to bounce back. People in our social network can also provide practical support (e.g., help with chores, share resources, etc.) and opportunities to have fun together.

HOLISTIC HEALTH PRACTICE TIPS*

1. **Quiet time:** Quiet time helps to calm our mind and allows us to recover from stress, e.g., take a long bath, read a book, listen to music, etc.

2. **Deep breathing:** Deep breathing calms the body and mind, improves circulation and increases our capacity to deal with stress.

3. **Exercise and stretching:** Regular exercise improves our physical endurance and increases oxygen, blood flow and nourishment to the brain and body. Stretching increases the flexibility of muscles and tendons, and the mobility of joints.

4. **Healthy eating:** Avoid or reduce the intake of caffeine, alcohol, nicotine, illicit drugs, fat, salt, sugar, and spicy, acidic and fried foods. Caffeine makes our blood vessels constrict and may lead to migraines and high blood pressure; spicy and acidic foods irritate the digestive system; and alcohol and drugs may worsen depression. Drink at least eight glasses of water each day. Eat a balanced diet of grain products, vegetables and fruits, milk products and meat or alternatives. Healthy eating helps the immune system and repairs our cells. (Refer to Canada's Food Guide to Healthy Eating, http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php.)

5. **Progressive muscle relaxation:** The tensing and relaxing of specific muscles help release tension, increase blood flow and bring oxygen to tired muscles.

6. **Meditation:** Meditation quiets the mind through an active process of focusing on our breathing, music or an object. Meditation increases our mindfulness – the non-judgmental awareness of the present moment. It also decreases our stress hormones, relaxes our muscles, improves our brain function and enhances the health of our body, mind and spirit.

7. **Positive reframing:** Negative emotions and too much stress make it easy for us to lose perspective. Learning to see the positive aspects of every situation helps reduce stress.

8. **Affirmation:** Positive affirmation can be used to counteract negative thoughts. When used with other holistic health strategies, affirmation can contribute to positive emotions and build our self-confidence.

9. **Laughter and play:** Do not forget to have fun. Explore and engage in activities you enjoy. Humour, laughter and playtime can promote health.

*Adapted from *Embracing Our Body, Mind & Spirit: Holistic Health Promotion for Women, Community Workshop Manual (For Women Peer Leaders)* and Hong Fook Mental Health Association, May 2002, pp. 31-32 (Strategies that promote positive emotions and reduce stress).

6.4 Balancing self-care and client care

As part of the journey in promoting mental health, service providers need to "practise what they preach," meaning that we need to take care of our own health needs.

A myth surrounding self-care is that it is tantamount to a display of selfishness. Most people do not feel comfortable about focusing on their own needs. We were raised to attend to others' needs before thinking about ourselves. Also, in this age of multi-tasking, everyone is stretched to the limit, and no one has time to focus on self-care. However, research has shown that unmet needs usually lead to stress, and stress is linked to numerous illnesses. It is only when we are able to take care of ourselves first that we have the energy and well-being to attend to others' needs. Dedicating ourselves to self-care is as important as dedicating ourselves to client care. The two are complementary.

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HONG FOOK MENTAL HEALTH ASSOCIATION

About Hong Fook Mental Health Association

Vision

A multicultural community that understands mental health and accepts mental illness.

Mission & Mandate

Hong Fook Mental Health Association works with Asian communities to keep people mentally healthy and manage mental illness from recovery to wellness, through promotion and prevention, treatment, capacity building and advocacy.

Core Values

- Equity
- Diversity
- Empowerment
- Capacity building
- Cultural competency
- Self-help and mutual help

Service Values

- Accessible
- Accountable
- Collaborative
- Integrated
- Innovative
- Responsive

Hong Fook Mental Health Association was incorporated in 1982. Currently, we are the only ethno-cultural community mental health agency in the Greater Toronto Area serving the Cambodian, Chinese (Cantonese-speaking Chinese, Mandarin-speaking Chinese from Mainland China and Taiwan), Korean and Vietnamese communities with a Continuum of Services ranging from wellness to recovery from illness. Our mandate is to work towards empowering individuals from the target communities to attain ethno-racial equity in the mental health system and to achieve optimal mental health status through a Continuum of Services.

We have been a member agency of United Way Toronto since 1994 with programs focusing on wellness and health promotion. We are being recognized for our expertise and experiences in working with newcomers in addressing their mental health issues. For the past 30 years, we have provided ongoing consultation and training on subjects related to cultural competency, health equity and mental health to the communities, partner agencies, organizations, hospitals and funders, and we have experience in running conferences on mental health and diversity-related themes.

For more information, please contact us at:

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Website: www.hongfook.ca

HONG FOOK MENTAL HEALTH ASSOCIATION

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HONG FOOK 30th ANNIVERSARY

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