

Link-Up

Newfoundland and Labrador's only Province wide newsletter by and for Mental Health Consumers

Getting the Word Out:

Labrador Needs More Services

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January 2007 brought CHANNAL an opportunity to advocate for more services in Labrador and we rose to the occasion. When a mother in Labrador spoke out on behalf of the treatment of her daughter by the RCMP we realized that her voice and the voice of many others needed to come together and sound the need for change.

There are so many things that need to be said, and so many ways that CHANNAL can speak out. We worked together and came up with the best course of action we could in order to get that word out!!! Labrador needs services!

See, there is no use pointing a finger at individuals, this is not about any one person but is about the systems that currently exist. The systems in the community need to change to accommodate individuals living with mental illness, not the other way around. Not that it is ever right to put an individual in a cold cell without clothes, bed or a blanket. However, it would have been nice if they had other options available to them, like a hospital room for the individual needing help.

There simply was no room at the inn for someone that night in the hospital. The hospital had only one bed in a safe room and that bed could not be used for various reasons. Labrador has a very high

population of individuals who need mental health services, and yet there is only one safe room. So very little is being offered to help with the needs in Labrador.

Psychiatrists are only occasionally in Goose Bay, maybe once every few weeks, if they are lucky. So what does that mean for individuals struggling with mental health issues??? It means, don't get sick or we have to send you far from home. Yep, you got it. Off they have to go to good old St. John's. They go there to get well, without family support most of the time. I mean who has the money to travel back and forth to St. John's from Labrador, much less find a place to stay during you're the time they are there supporting their family member. And if you are fortunate enough to get all that together you then need to think about how you will eat and travel back and forth to the hospital. The cost on the family of an individual sent to St. John's for treatment is incredible. There is no easy way for it to happen and phone calls are limited because of a lack of resources as well. How is this situation really beneficial to the individual?

When all is said and done, what is it that Labrador needs??? First of all they need the Island of Newfoundland to stand up and say, "Hey, see that spot just across the gulf there, they are apart

of us. They need our help!"

Newfoundlanders are known world wide as sacrificial givers, yet here we see that we are neglecting our own. Labrador needs to have a regular psychiatrist. They need more beds designated safe for individuals who have mental health issues. They need more educated professionals who know how to treat individuals with compassion.

I believe that CHANNAL is a strong voice that says we need to reach out with our voices and help each other to change the outcome for the next individual who needs a safe place when they are going through a difficult time.

Maybe nothing will change... or maybe we have sounded the alarm and the next time an individual needs help they will not have to face the same challenges as others have faced in the past.

Our voice can make a difference. Let's keep up the great work!!!

By: Karon-Ann Parsons



ANNOUNCEMENT
CHANNAL
(The Consumers' Health Awareness Network Newfoundland and Labrador)

Will Be Hosting its 2007/2008 Annual General Meeting
Date: Thursday, May 3, 2007
Time: 1:00 p.m. Island
Place: St. John's (Venue to be announced)

***All members are invited to attend, however, CHANNAL is not in a position to offer subsidy for attendance**

Letter's to the Editor

Dear Editor,

I want to thank this paper and Mr. Ed Sawdon for continuing to keep the public informed on a very important issue that is so particularly time sensitive. Once the new Mental Health Act is accepted in the House, changing it will be much more difficult.

I wonder if everyone understands why there is division in the Mental Health resource community in regard to Community Treatment Orders, or what we call CTOs. It's because these can be issued too fast to be reviewed by a committee of any kind, are intended to allow a person deemed at risk to themselves or others to be held in enforcement facilities, and can do so only by suspending all that person's rights and privileges as a Canadian citizen. That is huge, in my eyes.

To my understanding, most of those opposed to CTOs are aware that CTOs can be helpful in small coastal or

rural communities, where transportation to a health facility needs to wait until morning, or until a weather hold on air travel is lifted. But they have seen what they call abuses of this power given to front line workers such as RCMP and RNC. They worry that CTOs are used because it's easier than building better resources in our rural communities. They worry that CTOs will be used because someone doesn't understand mental illness, and need to satisfy their personal fear. They worry they will be used because neighbours want their peace and quiet at any cost.

I believe that this voice of opposition is important, and needs to be heeded. I would suggest that this voice is a call to review the proposed Mental Health Act and consider adding new positions, such as a Patient Advocate who is nominated from the non-profit mental health community, or connections with the new Mental Health Court that is now being piloted

in the St. John's region in order to provide an external consultation. Taking away someone's rights to freedom without a crime involved is a very crucial breach of our Charter of Rights and Freedoms, and should be done with the best of planning.

Now, the best answer would be to develop social strategies that would prevent the need for CTOs in the first place. And Mr. Sawdon is correct in suggesting that part of that answer is to insure universal pharmaceutical coverage. That alone would help a great deal. It's frightening when someone tells me that they won't go for help with depression because they can't afford the medication.

I hope more good citizens of this province will join this conversation. Mental Illness affects us all in a thousand ways.

Jan Dymond

Happy Valley – Goose Bay, Labrador

Dear Editor,

CHANNAL (Consumers' Health Awareness Network of Newfoundland and Labrador) is a provincial organization that exists to build and strengthen a self-help network among individuals who live with mental health issues. CHANNAL's aim is to combat isolation for those living with mental illness, to provide a forum for mental health consumer's concerns, to educate the public on issues relevant to mental health consumers and to provide advocacy, social and emotional support to mental health consumers.

We are writing in response to the NIMBY (Not In My Backyard) outcry of the community in response to the Central Health Boards plans to provide a home in Grand Falls-Windsor for those living with a mental illness. CHANNAL is in full support of this much needed housing for our fellow consumers and we are happy to read that council has lifted its stop-work order and we are encouraged that the neighbourhood and the Central Health Board will be meeting to address the communities concerns.

As was stated in the articles there is nothing to fear from those living with a mental illness. Such fears are held due to people not understanding that the face of mental illness does exist; within our community, within our families, with our friends and neighbours, and with our co-workers. This fear only serves to perpetuate stigma and discrimination towards those living with a mental illness. CHANNAL is very hopeful that this home, which is being provided for our fellow mental health consumers, will be a place of peace and contentment as they live along side of their neighbours.

Joan Edwards Karmazyn,

Chair, CHANNAL Board of Directors

Dear Editor,

KUDOS to Mr. Ed Sawdon in his effort to advocate for a national and provincial Pharmacare program for all of us. I fully support and agree with his and others call for a national Pharmacare system!

Pharmacare is extremely important for the elderly, as a lot of them have to make the difficult decision between food and crucial medication because of the high cost of prescriptions drugs and supplies, including oxygen.

My Mother has to rent an oxygen machine every month. She has to dig into what meager bit of money she has. So basically she has to rob from Peter to pay Paul. It's a very sad situation that a lot of people are forced to live in. Either my mother pays for her oxygen to live or eat and die. Tell me! Is that fair? I don't think so!

Yours Truly

Cathy Collins, St. John's NL

Pharmacare program would benefit health consumers

Originally run in the Sunday Telegram, Sunday, January 28, 2007

Dear Editor:

As a member of CHANNAL (Consumers Health Awareness Network Newfoundland & Labrador) St. John's region, I have to comment on Geoff Chaulk's letter "New mental health act is a step in the right direction" "Use of community treatment orders should enhance quality of life," The Telegram, January 7, 2007.

Geoff Chaulk's letter is very well written and he does articulate the position that he and the provincial CMHA-NL holds towards the new Mental Health Act, and what seems to be the controversial issue of CTOs or Community Treatment Orders.

The point that another CHANNAL member and myself made to the CBC reporter Cecil Hare after Health and Community Services Tom Osborne's & CMHA's announcement is that other mental health stakeholders, such as CHANNAL, and others were not included in the Health & Community Services - CMHA-NL "Loop." In my opinion this press announcement was a combined Government - CMHA affair, which gave us CHANNAL members rather short notice about such a press release, and the inability to consult with mental Health consumers, about the MHA on a local, regional and province-wide level. WE were disadvantaged by the simple fact that We really didn't have time to read about the final MHA draft prior to Minister Osborne's announcement.

Verdict is not in yet

As far as CTOs are concern the jury is still out. There may be very positive features to the new Community Treatment Orders, only time will tell, and if there are problems or imperfections in the implementation of the new CTOs then it would be my hope that the Government will rectify the situation ASAP!

The CMHA-NL Executive Director, G. Chaulk makes a good point "that the mental health of the population and, in

particular those with serious mental illness, is best served by starting with good public policy and funding of related community mental health services and supports. The intricately linked social determinants of health such as income and housing should also be taken into account" Good point but I fail to see Mr. Chaulk mentioning Pharmacare. I am sure he knows (and if he doesn't he should) that in the Province of British Columbia that there is a Special Prescription Drug Plan for their Mental Health Consumers! And, in the three Northern Territories; Yukon, NWT & Nunavut, Non-native and Métis residents (who have no drug plan) with psychiatric illnesses such as psychosis, depression, bipolar and anxiety receive prescription drug coverage under their Extended Health Benefits Chronic Disease Program. Unfortunately, not all Newfoundland & Labrador Mental Health Consumers, such as myself, do not have any public or private drug coverage nor are we eligible for any in this province! So lets say the CTOs forces certain psychiatric out-patients to take their medications, what good would the CTO be if the patient/consumer does not have drug coverage or Provincial Drug card and cannot afford his/her medications?

What good would the CTO be if the patient/consumer does not have drug coverage or Provincial Drug card and cannot afford his/her medications?

As a resident of Newfoundland & Labrador, I firmly believe that having a Universal Pharmacare Program will certainly reduce our province's poverty rates and make our society a healthier one (Both Mentally & Physically)!

A missed opportunity

The other point that Geoff Chaulk makes is this: "With time and funding, the gov

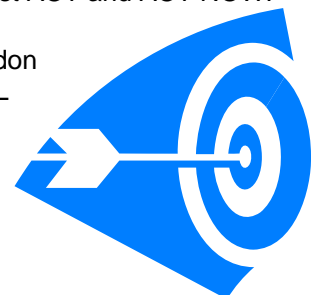
ernment will have an increased ability to address the service and support needs of our population."

I beg to differ! With the Federal Government's 2006 **\$13 BILLION DOLLAR PLUS SURPLUS**, I believe Ottawa and the Provinces & Territories missed a Golden Opportunity to enhance and improve our public health care services, including Mental Health care and PHARMACARE, and Social and Housing Programs for all Canadian Health Consumers!!!

Chaulk makes it known that he has been invited and participated in numerous Federal and Provincial Mental Health Studies, including the Kirby Senate Committee, Mental Health Strategy, Poverty Reduction Strategy and the recent Mental Health Act consultations. I attended and participated in numerous government studies too! The way I see it, is that both levels of Governments; Federal and Provincial can find themselves millions upon millions of our taxpayer dollars in having the Romano Report, the Mental Health Strategy, Poverty Reduction Strategy, Red Tape Reduction Strategy, CMHA-NL-Health Canada "Everyone Counts's" Project, the Kirby Senate Committee, End Exclusion and so on, but our public institutions cannot seem to find the monies to help Canadians and Newfoundlanders and Labradorians who need the help the most!

We can keep having Government studies upon studies upon studies, but what most people want to see is Positive improvements in our Social and Health care "Safety Net" so no one will fall through the "cracks! In short, Governments must ACT and ACT NOW!

Edward Sawdon
St. John's, NL



Success of new act depends on community support

Originally ran in the Sunday Telegram on Sunday, February 11, 2007 By Heather Pollett of CMHA

Dear Editor:

As policy analyst for the Canadian Mental Health Association (CMHA), Newfoundland and Labrador division, I feel that Edward Sawdon's Telegram Forum submission in the Jan. 28 edition, headlined "Pharmacare program would benefit health consumers," requires clarification.

Sawdon claimed mental-health consumers were not given adequate time to provide input on the changes to the Mental Health Care and Treatment Act, and Consumer Health Awareness Network Newfoundland and Labrador (CHANNAL) and other stakeholders were not included "in the loop". I have recently confirmed that, along with CMHA, representatives from CHANNAL and Schizophrenia Society of Newfoundland and Labrador were at the table during stakeholder meeting throughout the policy development process and were given the opportunity to review the draft legislation.

Important consumer involvement was and continues to be an important part of the collaborative planning process, as consumer expertise is intrinsic to building and shaping a better mental-health system in our province.

As Geoff Chaulk, executive director of CMHA, expressed in his Telegram Forum submission on Jan. 7, entitled "new mental health act is a step in the right direction." our position on the amendment to the act regarding community treatment orders (CTOs) is that the necessary supports and services must be available in the community in order for a CTO to be successful. This includes psychiatric medications, which is a necessary treatment for many people with serious mental illness. Without treatment, the illness could lead a person to cause harm to himself or herself or to

another, or to deteriorate physically and mentally.

Because the individual who has been issued a CTO must be capable of complying with the requirements set out in the order's treatment plan, as the legislation states that the services the person requires in order to reside in the community, which include treatments such as medication, exist in the community, are available to the person and will be provided.

Currently, individuals with mental illnesses who qualify for income support are eligible to receive a drug card which covered the total cost of their medications through the Newfoundland and Labrador Prescription Drug Program (NLPDP).

... not everyone with mental illness receives income support and for those without insurance, the cost of medication can be a significant

NOT AVAILIABLE TO ALL

However, not everyone with mental illness receives income support and for those without insurance, the cost of medication can be a significant financial burden. As part of the Poverty Reduction Strategy, the provincial government recently expanded the NLPDP and introduced the Low Income Drug Program which will provide better access to residents who have low income, do not have insurance coverage and would not otherwise be eligible for a drug card; this program was launched on Jan. 31. Residents who apply and are eligible will, depending in level of income, have a portion of their medication covered by this plan. This will co-pay between 20 to 70 per cent of the cost.

Sawdon raised some excellent points about access to prescription drug coverage for people with mental illness and meaningful participation of mental-health consumers in policy development. Access and collaboration are two important components of the policy directions laid out in the provincial government's mental-health and

addictions-policy framework, Working Together for Mental Health, while the government is taking steps to reduce poverty and provide coverage for medications, there is still much work to be done.

The relationship between mental illness and poverty is still a very real and troubling one, a sad legacy born out of a history of ignorance and fear. Marginalization and discrimination have led to inadequate mental-health services, low income and poor housing which, in turn, reinforce stigma and stereotypes, exacerbate symptoms and prolong suffering, posing a substantial barrier to recovery. But there is hope-these are all current areas of policy research I mental health, many of which I read about each day. In time, and with government support and funding the goal is to be able to definitively address the specific issues affecting all Newfoundlanders and Labradoreans with mental illness in their communities.

In order for a CTO to be successful, it is crucial to take into account and then make available what a person with serious mental illness needs in order to live in the community. This is the reason CMHA's support of the amendment. Outside of mental-health treatment and services, people living with mental illness ha the same need for income, housing, social support and community inclusion as everyone else.

Success of CTOs will not only be measured in terms of decreased hospitalizations or reduction in severity of symptoms, but by the degree to which both the individual and the community itself benefits from the reintegration of one of its residents. A chance for recovery is something each and every Newfoundlander and Labradorean deserves.

A CHANNAL member advocates for a province-wide Public Drug Plan!



Since April 2006, I have received several responses from Federal and Provincial politicians from across Canada, especially Federal Health Minister, Tony Clement: Hon. Peter

Stoffer Mp (Sackville-Eastern Shore); Alberta Health Minister, Iris Evans, former Manitoba Health Minister, Tim Sale; Former New Brunswick Health Minister, Brad Green; Nova Scotia Health Minister, Chris d'Entremont; Ontario Progressive-Conservative Opposition Leader, John Troy; Quebec Finance Minister, Micheal Audet's Office; Alberta MLA, Laurie Blakeman (Edmonton Centre); New Brunswick MLA, Brenda Fowlie (Kennebecasis); and Ontario NDP MPP Andrea Horwath's Office (Hamilton East), MPP Kim Craitor (Niageria Falls) and MPP Jeff Leal (Peterborough).

NATIONAL PHARACEUTICAL STRATEGY

During the early part of July 2006, Canada's 13 Provincial & Territorial Health Ministers met in Fredericton, New Brunswick about the National Pharmaceutical Strategy Process Report. All 13 Health Ministers agreed with the NPS Process Report recommendations of Catastrophic Drug Coverage, National Drug Formulary and Coverage of Drugs used in treating rare diseases. The host minister, ex-New Brunswick Health Minister, Brad Green comments: 'As you may be aware, Ministers of Heath received a progress report on the National Pharmaceutical Strategy (NPS) in July and recommended specific action as next steps in the development and implementation of coverage for catastrophic drug cost by conducting further design and cost analysis.

Premiers also received an update on NPS process and gave direction to continue to work on the key elements of the strategy with a special focus in catastrophic drug coverage. In addition, Premiers urged the Federal Government to continue to work with provinces and territories to develop and implement the National Pharmaceutical Strategy.

Through this Strategy, we are working toward the goal of ensuring that no Canadian suffers undue financial hardship in accessing needed drug therapies."

"Further stakeholder consultations are expected as the NPS moves forward....."

The Federal Government was not at this important conference, though Federal Health Minister, Tony Clement participated by teleconference with his provincial and territorial counterparts.. Despite the full provincial and territorial support, the federal government failed to commit themselves to a national drug program! The Federal Health Minister, Tony Clement, indicated to me that NPS warranted further study:

"Further stakeholder consultations are expected as the NPS moves forward....."

Also, it is unfortunate that the Federal Government missed a "Golden Opportunity" to invest a portion of the hugh 13 billion dollar surplus towards a National Pharmacare Program and to improve our country's Medicare system! Clement's parliamentary colleagues, Prime Minster Harper, Finance Minister Jim Flaherty, etc. used our whole surplus towards the Debt! I guess Health Care (including "wait-time guarantees") is not one of their top priorities?

NORTHWEST TERRITORIES

The Government of the Northwest Territories has three major Drug/Extended Health Plans for some of the 42 944 people who inhabit the 1 171 918 square kilometers of the Northwest Territories! The three Health Plans include : Métis Health Benefits; Extended Health Benefits for Seniors and Extended Health Benefits for Specified Diseases. Some residents in NWT already have Prescription Drug Benefits through other Public or Private Insurance Plans. The NWT's Native Indians & Inuit are covered under Health Canada's First Nations and Inuit Health Programs.

Northwest Territories' Department of Health and Social Services contracts Alberta Blue Cross to administer their Government Drug, Medical Supplies and Equipment Plans. Also, by doing so, the Northwest Territories is the second Canadian jurisdiction, that I know of, who's Drug, Medical Supplies and Equipment Benefits are publicly funded, but privately administered (Alberta being the first). The Northwest Territories is also the first Canadian jurisdiction to have its Benefits package administered outside its territorial boundaries. However, residents can obtain application forms or information from the NWT Department of Health & Social Services offices in Inuvik.

EXPLANATION OF THE NORTHWEST TERRITORIES BENEFIT PLANS:

MÉTIS HEALTH BENEFITS

Northwest Territories is the only jurisdiction in Canada that provides a Drug and other extended medical benefits, such as dental, prescription eyeglass, medical transportation and medical supplies and equipment to all its Métis residents. The Métis Health Benefit Program (MHB) provides similar coverage to Health Canada's First Nations and Inuit "Non-Insured Health Benefits", but with full coverage.

THE SENIORS BENEFIT PROGRAM

This program provides Extended Health Benefits to Métis and Non-Native residents who are 60 years of age or older . In order to be eligible for both the Senior and the Specified Diseases Programs, residents have to have NWT (Medicare) Health Care Plan; must be a permanent resident in the Northwest Territories and must be Non-Native or Métis. This program provides up to 100% coverage for Prescription Drugs that are listed in the NWT Drug Listing. Eligible Seniors and those in the Specified Disease Plans are also entitled to other medical benefits, such as dental , prescription eyeglasses, medical transportation, and medical supplies and equipment. For drugs that are not covered in the NWT Drug Listing, a physician or pharmacist can submit a special request form to Alberta Blue Cross for special authorization.

EXTENDED HEALTH BENEFITS FOR SPECIFIED DISEASES

Like the Yukon's Chronic Disease Program, this program is made available for Non-Native and Métis residents who are experiencing "a Specified Disease condition". This conditions include but are not limited too: Alcohol Dependency, AIDS/HIV, Alzheimer's, Asthma, Cancer, Psychosis, Congenital Heart Disease, Crohn's, Ulcerative Colitis, Diabetes, Cystic Fibrosis, Epilepsy, Hypertension, MS, Muscular Dystrophy, Osteoarthritis, Psoriasis, Spina Bifida, Schizophrenia and Tuberculosis.

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Devices, Hearing Aids, Telephone Aids, Mobility Aids (including Walkers and Wheelchairs), Diabetic Supplies and Pressure Garments, Bandages and Dressings,

NUNAVUT

Nunavut is the largest and newest of the territories of Canada. It was separated officially from the Northwest Territories on April 1, 1999.

The Government of Nunavut has 4 extended Health Benefits Plans, including Drug Coverage, for the some 30 782 residents who happen to live in the vast 1 936 113 square kilometers of land!

The Native Indians and Inuit population is covered under the Federal Government's (Health Canada) Non-Insured Health Benefits (NIHB) Program. However, Nunavut's Extended Health Benefits covers Non-Native and Métis people who are being treated for a chronic illness or condition listed under the EHB program or who have no other private or public drug coverage or are over the age of sixty and hold the Nunavut Health (Medicare) Care.

EXPLANATION OF THE HEALTH PLANS OFFERED TO RESIDENTS OF NUNAVUT

FULL COVERAGE PLAN



This plan provides coverage for individuals who do not have other private or public insurance coverage. Eligible residents receive a pharmacy card which they can use at any pharmacy in Nunavut or selected pharmacies in in Yellowknife, NWT.

For those people who purchased their own medications outside of Nunavut (with the exception of Yellowknife, NWT) must pay for the medications first themselves and later seek reimbursement from the EHB Department. Like the Yukon, Alberta and Manitoba, Nunavut covers out territory/province drug costs.

ADDITIONAL ASSISTNACE PLAN (ADA)

This plan provides additional coverage for individuals who already have partial coverage, usually 80%, under their employer private group coverage. Actually, most employer insurance plans do not cover the

full costs of prescription drugs. The general rule is that medications costs must be covered under the employer insurance first, then ADA will cover the remaining cost. Usually the EHB program is the payer as a last resort, meaning that a person must access their employer insurance first before they are able to seek assistance from the EHB programs.

SENIOR'S PLAN

This plan works the same way the Full Coverage and Additional Assistance Plans. Seniors with a employer insurance plan must use that plan first and the government Senior's Plan, which will pay the remaining costs. Seniors without any other insurance coverage qualify for full coverage.

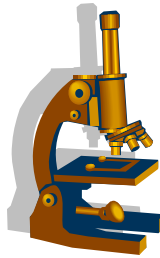
CHRONIC DISEASES PROGRAM

Like the Yukon and Northwest Territories, Nunavut has a similar plan where the Extended Health Benefits covers individuals living with chronic medical conditions/diseases. This includes, but is not limited to the following: Alcohol Dependency, Alzheimer's, Asthma, Cancer, Cerebral Palsy, Obstructive Lung Disease, Psychosis, Urinary Tract Disease, Congenital Heart Disease, Cystic Fibrosis, Crohn's, Ulcerative Colitis, Diabetes, Drug Dependency, Down's Syndrome, Epilepsy, Gastroesophageal Reflex Disease (GERD), Hepatitis C, AIDS/HIV, Bipolar, Depression, Anxiety Disorders, Hypertension, MS, Muscular Dystrophy, Osteoarthritis, Parkinson's Disease, Sleep Apnea, Psoriasis, Spina Bifida, Stroke, Spinal Cord Injuries, Tuberculosis and Schizophrenia.

There are other health benefits available under the Extended Health Program-airfare transportation assistance, accommodations and meal assistance and coverage for medical supplies and equipment such as: Ostomy Supplies, Incontinence and Catheter Supplies, Diabetic Supplies, Prosthetic Appliances and Mobility Aids. The Seniors Program also includes prescription eyeglasses and dental Coverage. Extended health benefits is administered by Nunavut's Health Insurance Programs. Department of Health & Social Services in Rankin Inlet, NU.

Like most of Canada, Northwest Territories and Nunavut appear to more medical/disability benefits for its Métis and Non-Native people that we do here in Newfoundland and Labrador. Despite modest improvements to our province's government prescription Drug Plan, Newfoundland and Labrador has a lot of catching up to do when it comes to having an universal program, like the one that already exists in most other Canadian jurisdictions!

Edward Sawdon
St. John's, Newfoundland
sawdon_edward@yahoo.com



Quotes

By: Jane Wagner

- The way I see it - the world is a mess. Why can't I accept that? My room is a mess and I've learned to live with that.
- You know what happens when a person gets angry? First, your face gets like a fist. Then your heart gets like a bunch of bees that fly up and sting you in the front of the brain. Your eyes are like two dark clouds looking for trouble. And then you have bad weather in your body
- Childhood is the leading cause of stress amongst kids.
- Here is something people say that I don't like; What do you want to be when you grow up? As if what I am right now is not good enough.
- My Mom says that I have to be more positive, and I say that Life has to be more positive too, or it isn't going to work.
- The moment I learned to tell time, I began to arrive late to everything
- The hardest thing about being a kid is knowing you have your whole life ahead of you.

JOAN'S JOURNAL: ALONG THE INDEPENDENCE ROAD



Hello to my dear fellow CHANNAL members,

As I write this article I am thinking of the 'Independence Road' that we have been on, I have to say that it has been a very enlightening and challenging one! We have now been operating and living as an independent organization since July of 2006 and I have to express that I continue to hold a passion for CHANNAL that leaves me inspired and grateful for what we have accomplished together.

All of us have come through some challenges over the past few months that have served to give us many opportunities to grow as individuals as well as an organization. We have worked together utilizing the media on two occasions to fight injustice towards those who live with mental illness and we have been heard. We have worked together to stand up to bullying within CHANNAL, by taking action in order to send the message to all of our members as well as the community that CHANNAL is a safe place and that zero tolerance is practiced in terms of these kinds of behaviours. Feedback which we received regarding the Boards action on this matter spoke to respect and understanding.

Also in December CHANNAL's Executive Director's position changed and CHANNAL is now under the watch of Karon-Ann Parsons whom I would like to say thank you to for taking on this very challenging role as the current E.D. (Acting). I as well wish our former E.D. all the best in his future endeavors.

In the area of community partnering CHANNAL continues to seek to build strong partnerships at all levels and in all areas that provide mental health services throughout the province, in order to have our psychiatric survivors voice at the table. I encourage those members within CHANNAL to continue to get involved as advocates for themselves as well as for others and to contact their Regional Coordinator to discuss how they can become involved.

On the organizational and governance fronts we have implemented our CHANNAL Policy and Procedure manual, and we are currently busy planning our first AGM to be held in early May 2007. Please watch for your invitation to participate which will include of course your nominating and voting on of our new Board of Directors for 2007/2008.

I would like to say that even though our 'Independence Road' remains very busy and challenging it also remains very inspiring and energizing for me especially as I meet and work with my fellow CHANNAL members along this much loved road. As I close my submission to the Link Up I would like to share with you a very enlightening speech written by Nelson Mandela, President of South Africa. The following is a portion of his inaugural speech of 1993:

'Our deepest fear is not that we are inadequate. Our deepest fear is that we are powerful beyond measure. It is our light, not our darkness, that most frightens us. We ask ourselves, who am I to be brilliant, gorgeous, talented, fabulous? Actually, who are you not to be? You are a child of God; your playing small doesn't serve the world. There is nothing enlightening about shrinking so that other people won't feel insecure around you. We were born to make manifest the glory of God that is within us. It's not just in some of us; it's in everyone. And as we let our light shine, we unconsciously give other people permission to do the same. As we are liberated from our own fear, our presence automatically liberates others.'

Love & Light from Joan Edwards-Karmazyn,
Chair, CHANNAL Board of Directors



Western Regional Update

By: Pat Summers (Regional Coordinator, Western Region, CHANNAL)

Our Anxiety and Depression Self-help Group had a Christmas Potluck supper and it all went very well. We have six or seven regular members attend and had lots of food for all.

We have had good attendance the last couple of months of 6-10 people. We never missed a meeting over Christmas or New Years as our meetings are on Friday evening at 7pm.

We are planning to a few movies in the new year and some more barbeques this summer.

Eastern Regional Update

By: Lorna Garland (Eastern Regional Coordinator, CHANNAL)

There is not much new here....we have 2 new groups in the works.....Bay Robert's and Whitbourne.

Central Regional Update

By: Paula Barker (Regional Coordinator, Central Region, CHANNAL)

All is well here in Grand Falls-Windsor except for some non-indulging incidence, NIMBY. Our group members are steady. We are currently working on the project True Colors. We are amused by our outcome. We had a Women's only meeting of SAD (Seasonal Affective Disorder)



Lorna Garland & Brent Parsons Christmas 2006

St. John's Regional Update

By: Nicole Tupper (St. John's Regional Coordinator, CHANNAL)

It has been a very busy few months in the St. John's Region. September was spent with myself settling into my new position and large amount of planning for Mental Illness Awareness Week. All the hard work paid off as we partook in the Mental Illness Awareness Week Proclamation at St. John's City Hall, with SSNL and CMHA. On October 2nd and then on October 6th we hosted a Mental Illness Awareness Week Open House, which had a wonderful turn out (approximately 15 people including CHANNAL members and non-profit sector professionals)

On October 5th we launched our 4th weekly support group (Open Doors). During October 2 members attended a Mapping and Visioning Workshop for the Community Partnership Project through Stella Burry Community Services. The Community Partnership Project's

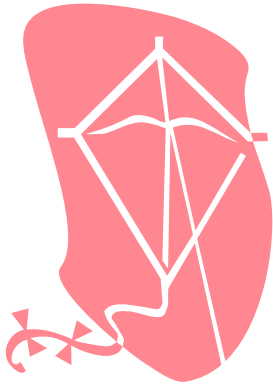
goal is to unite all community based services for mental health consumers in St. John's.

In November 2 members took part in the Women's Risk of Homelessness Conference put on by the Marguerite's Place Advisory Committee. The Marguerite's Place Advisory Committee is a project of the St. John's Status of Women's Council, in which they are opening an emergency shelter/transitional housing/long term housing facility for female mental health consumers. This facility is named Marguerite's Place in honour of Marguerite Dyson, a 51 year old women, who was brutally murdered by her ex-partner in November 1996. The projected opening for this facility is July 2009. Later on in the month 3 members attended a Recovery Conference put on by SSNL.

In December 2 members attended Health Minister Tom Osborne's press conference on the Mental Health Care and Treatment Act. Two members also attended Finance Minister Loyola Sullivan's pre-budget consultation. Later on in the month 5 members attended an information session put on by the Department of Health and Community Services about the changes to the Health Information Act that is being worked on right now in the province. I attended the Grand Opening of the Stella Burry Community Services Rawlins Cross Development (it was absolutely Beautiful!) We had a lady start her work term through Stella Burry Community Services with us during December as well; she will be with us for 6 months. We had a wonderful Christmas party; during which one of our members did a Blacklight Theater performance. At the party 6 members received Christmas bags filled with personal care items and a Dominion gift certificate. I thank my in-laws for these donations.

Over the past 4 months I have become involved as a CHANNAL Rep on two community committees; the Community Partnership Project and Marguerite's Place Advisory Committee. CHANNAL has also given 10 presentations and have had a number of articles/interviews with the media. So like I said before, it has been a busy few months!

HELP ME GROW (MESSAGE FROM A CHILD)



Please...

**Be consistent with me,
Then I can trust your words and actions.**

**Comfort me when I'm scared, hurt or sad,
Then I'll know that I'm okay
Even when I'm not feeling strong or happy.**

**Take responsibility for all your feelings and actions,
Then I also won't blame others,
And I'll take responsibility for my life.**

**Communicate what you feel hurt or frightened about
when you are angry with me,
Then I'll feel I'm a good person, and I'll learn
How to constructively deal with my feelings.**

**Tell me clearly and specifically what you want,
Then I can hear you and I'll also know how to
Communicate my needs in a positive way.**

**Express to me that I'm okay
Even when my words or behaviour may not be,
Then I can learn from my mistakes
And have high self-esteem.**

**Balance your life between work and play,
Then I can believe that I can grow up,
Be responsible and still have fun.**

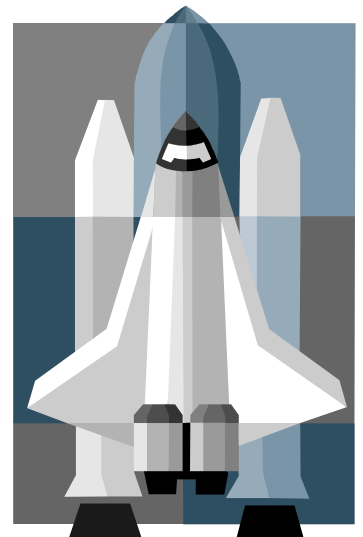
**Remember what you wanted when you were my age,
Then you'll better understand my needs and interests.**

**Understand and accept me,
I may be different from you and I'm okay.**

**Treat me as an individual,
Then I'll know that I can be my unique self.**

**Hug me and tell me that you care about me,
Then I'll feel lovable and express caring to others.**

Thank you for hearing me, I LOVE YOU!



Announcements

Lorna Garland (Eastern) Nov. 3

Emily Broderick (Eastern) Nov. 18

Birthdays

Cathy Collins (St. John's) Nov. 21

Stephanie Leyte (St. John's) Nov. 21

Renee Newell (St. John's) Jan. 6

Nicole Tupper (St. John's) March 5

****Correction: Rick Parsons in the Summer 2006 issue under Birthdays should have been Brent Parsons)**

Upcoming Events

National Volunteer Appreciation Week

April 15, 2007-April 21, 2007

****Some appreciation activities will take place at the AGM, others may be held in individual regions during the week**

National Mental Health Week

May 6, 2007-May 12, 2007

Contributors

Paula Barker, Cathy Collins, Jan Dymond, Joan Edwards-Karmazyn, Lorna Garland, David Palmer, Karon-Ann Parsons, Heather Pollett, Edward Sawdon, Pat Summers and Nicole Tupper

We need your help!!

The Link Up Committee is currently accepting articles for their Retro issue to be released at the AGM. Do you have a memory of CHANNEL that you would like to reflect upon??? Is there an article that you would like to be re-run???

Please send all articles and ideas to channallinkup@yahoo.ca or mail them to:

Link up committee
152 Water Street, Suite 301
St. John's, Newfoundland
A1C 1A9

Submission Deadline is: 5pm April 10, 2007

Disclaimer

The opinions and statements made in this publication do not necessarily reflect those of the Link Up committee, CHANNEL membership or the organization as a whole.

All pictures that are submitted to the Link-Up may be used in a future issues of the Link-Up or on the CHANNEL website. The Link-Up committee will do its best to contact the individuals prior to their pictures being published.

If you are in need of someone to speak to please call the Mental Health Crisis Line at 737-4668 (St. John's Area) or 1-877-737-3668 (Toll free any where in Newfoundland and Labrador)

THE ANNUAL GENERAL MEETING IS COMING
Thursday May 3, 2007....
Have you registered your membership yet???

By registering your membership by April 1, 2007 you will be able to vote for the first elected CHANNEL Board of Directors....

Included in this issue of the Link Up is a membership form for you to register your membership. Fill it out and return it to your local Regional Coordinator or Mail it to:

CHANNEL Provincial Office
c/o Karon-Ann Parsons
3 Second Ave
Deer Lake, NL
A8A 1A7

Who is Karon-Ann Parsons????

Interview Questions prepared by a CHANNAL St. John's member for Link-Up Reporter (LR)

LR: What do you feel will be the most significant challenge as E.D. to overcome?

KAP: Currently, I feel that the most significant challenge for CHANNAL is uniting the membership. Before CHANNAL can really take its place the membership needs to feel connected. When I look at CHANNAL I see that we have 7 regions but they don't seem to be walking towards their common goal together. I believe that once we are united and are walking toward the vision of CHANNAL together there will be a voice so loud for the consumer that it will be more noticed than it ever has before.

Having said this I believe that we will also see less turn over of our volunteers because we will be supporting one another when times get tough for us. There will be less of this "out in the middle of no where and no one really cares" feeling that I am hearing about so often and we will all grow and become more than we ever thought possible.

LR: In the capacity of E.D. you are to a large degree somewhat of a role model, what will be or is your personal motto?

KAP: You may think that this is funny, but my life motto has always been the same. That is "Do unto other what you would have them do unto you." I think so often in this life we react towards people in a way that they have treated us, I try to make the choice to act, talk and do toward people in a way that I would want to be treated.

This is not always an easy task. But it is my ideal goal. I think that if I can maintain this in my life that people around me will know that I value them even if at any given time they do not value me.

LR: Recruitment/retention of membership/volunteers has been an issue in CHANNAL for sometime, what steps will you have to address this concern.

KAP: My goal as ED (Acting), as well as my life's goal, is just about the same. Volunteers and members work very hard for any given organization for several reasons, but mainly it is because they believe in the vision or mandate of that organization.

I believe that there are several reasons why people walk away from membership/volunteering. They are as follows:

- a They feel unappreciated
- b They feel that their thoughts are not valued
- c They feel that they have no way to express their thoughts or needs within the organization

Steps I have started to take toward these points are:

- a. I make it a practice to tell people I am truly grateful for all the work they do on behalf of CHANNAL. I think that people often believe that it is a known fact that a volunteer's work is valued. But I can assure you that I have done a great deal of volunteer work in my lifetime and it sometimes gets so hard that you throw your hands up in the air and walk away. When someone knows that they are appreciated for what they offer, that individual is willing to work harder and will stay because they know that their contribution counts for something.
- b. I make it a practice to always listen; I don't just hear people I actively listen. Sometimes if I am faced with a particularly difficult situation I will ask the individual to write me a letter so I can respond to their specific needs. This does not always mean that I agree with someone. What it means is that everyone has a right to his or her thoughts and needs and I want to respect that always.
- c. I am currently in the process of coming up with ways for members to express themselves (and for the record anyone with ideas about this please feel free to pass them along). I think that every member should have a way to express his or her thoughts and ideas. Within CHANNAL there are many ways in which to do this, but I am not sure that members know how or the way in which this can be done. One of my goals is to get that information to the membership so they know how to do this. For example, we now have the Policy and Procedure Manual that outlines some ways this can be done. I am hoping in the near future there will be other ways given to the membership for this.

Continued Page 10

LR: With regards to resources what's the most significant resource CHANNAL has?

KAP: The most significant resource CHANNAL has is the membership. Without individuals willing to stand up and speak there really would be no CHANNAL. I believe that we have the opportunity to change the world's view of mental health and if we stand united nothing can really get in our way.

LR: What are your long and short term dreams for CHANNAL?

KAP: Wow, that is an interesting question. My short term goal is to create an atmosphere within CHANNAL where everyone feels they have a place in which they feel

1. They belong
2. They are honored to say they are a part of the organization

I want to give every member all the tools that they need to be able to contribute to this organization using the gifts they currently have and the opportunity to find new gifts to offer within a safe environment.

Long term, well maybe my long term goal is a bit idealistic. I believe that every human being once given the truth and knowledge will always make the right choice. I would like to see that stigma is obliterated from the country. I think that mental health is not just the concern of the few but a concern of every person who walks the face of the earth. So I believe that anyone willing to step up and say I have faced, I am facing, and I am living with mental health issues, will be accepted and helped by those around them.

I guess what I am saying is that I believe that CHANNAL has the ability to change the way people think by showing them the truth, being the voice of the consumer to the degree that everyone stands still and listens when a member of this organization speaks, because they know we know what we are talking about.

LR: Currently how would you describe CHANNAL's glass? Half full? Half Empty? Or Neither?

KAP: I see CHANNAL's glass half full. There are opportunities everywhere for CHANNAL. In my opinion I cannot name another organization with all of the talent and gifts that this one has. I have had the privilege to meet so many volunteers that are extremely passionate about CHANNAL. They are willing to work toward the goals and objectives tirelessly. I must say that CHANNAL has so much potential. I look forward to seeing this organization grow and become all that it was intended to become.

LR: What is your most valued possession on this planet? Why?

KAP: I chose to answer this question for a very significant reason. I often look at the world around me and I wonder what people really think is valuable? I mean, you see so many individuals working their life away, thinking that money is the most precious thing and once they have that then they have everything. But in reality the most valuable gift that anyone has is his or her TIME.

Time is the one thing that once given you can never get it back. When someone stops by my desk to talk or takes time out of their day to do something for me I think that is the most precious gift in the world. When I receive a gift I think about the time an individual I took to get it and give it.

Whenever I offer to do something you better believe that I believe in what I am doing because I have to give the most precious thing I have, my time. I try always to be conscious of the amount of time people give me and as ED of CHANNAL I realize that so many people give their time, most above and beyond any expectations that could be placed on them. For that I am inspired. This organization is and can be something truly spectacular just because people are willing to give of their time.

Now I would like to take a moment and say thank you for allowing me the opportunity to share a few of my thoughts with you all. For every person who helps CHANNAL and indirectly or directly helps the Board of Directors and myself, I thank you. Without you CHANNAL just wouldn't be the same.

Meet the Newest RC to join the CHANNAL Network

Interview Questions prepared by Ed Sawdon (ES), Editor and Chief of the Link-Up

ES: What is your name and what region are you from?

NT: My name is Nicole Tupper and I am the St. John's Regional Coordinator.

ES: Where are you from and where do you live?

NT: I moved to St. John's in February 2000 from Halifax, Nova Scotia. I then moved to Mt. Pearl in April 2003 and that is where I presently reside.

ES: When did you get involved with CHANNAL?

NT: I first got involved with CHANNAL in the winter of 2001, after what I call my "fall from grace". I moved here with a grandson of a high profile Newfoundland family and when our engagement ended in January 2001 I was left alone and extremely suicidal. After a suicide attempt, that resulted in hospitalization, my psychiatrist suggested that I try going to CHANNAL for peer support.

ES: What strengths do you bring to CHANNAL?

NT: I believe the main strength I bring to CHANNAL is not actually a strength at all, it is actually a belief. And that belief is that every person who has ever experienced a mental health difficulty, whether it is a diagnosis of a mental illness or it is someone who has struggled with a mental health issue for just one day of their life, has the RIGHT to become healthy and stay healthy. They have the right to support each and every day to continue with this no matter what and continue on their PERSONAL road to recovery!!! I believe that both the professional community (which I have spent a long time working in) and the non-professional community (that I now work in) have the RESPONSIBILITY to assist each and every person with this!

ES: What do you think are the key benefits to being a CHANNAL member?

NT: I believe the main benefit of being a CHANNAL member is to be able to avail of peer support. I believe that peer support is a crucial part of staying healthy and recovering, I believe this because it is a well known fact that no one identifies better to a situation than someone who has been through it.

ES: What do you think are the most important issues in our province today?

NT: I think the most important mental health issue today is the lack of support for persons to be able to move on in their recovery. These things include, but are not limited to: affordable, quality housing, and community support. I would run out of space if I mentioned all of the injustices! I feel not all professionals believe that everyone has the right to recover.

When it comes to affordable housing the main issues include the need for an increase in disability (CPP for instance) and Income Support living allowance and a much needed increase in the minimum wage. Then once these things increase there needs to be laws, such as rent control enacted to prevent the cost of living from increasing. It is counterproductive if the cost of living increases every time the living allowance and minimum wage increases. The reason I put this at the top of my list is because I truly believe without the proper home to live in you are not able to go forward in your recovery; as a safe, warm, and affordable place to call home is the basis of everything.

Another large issue is the lack of funding to support mental health consumers to live in their own homes in the community. It is one thing to say that you are in support of persons with mental health difficulties, or any other issue that requires a person to have extra supports to be able to live in the community, however there needs to be a focus on when deinstitutionalizing persons living with these issues that if there is no support in the community then people are only going to become unwell again and end up hospitalized. I think we need to have more community supports like CHANNAL, CMHA, SSNL, and the Pottle Center, for peer support and public awareness. More organizations like Stella Burry who are helping persons in all aspects of their recovery, including housing (supportive and independent living) as well as employment.

The last issue that I would like to speak to is the increasing need to get all professionals, mental health and non mental health, to believe that EVERYONE has the right to be healthy. The professionals need to understand that they all play an important part in this. There are many wonderful professionals in our society but unfortunately there are still professionals that write people off. They forget about the consumer and do not believe that they have the right to recover. I would like to leave you with something that was told to me by my social worker: "I can only do so much, I can help you as long as you are willing to accept help. However, if you choose not to accept the help then there is nothing I can do, or at least not at this exact moment. But one thing I want you to know is that you are worth all the time, resources and energy it takes to help you with your recovery." Now, you could say this is all fluff and when push comes to shove she would not stand by this. I can tell you that this is not true because over the course of time I have been working with her and she has done this for me. She has backed away but before doing so she made it clear that if and when I was ready to continue with the services that she provides she would be there for me. Thank you Cindy!! I think more professionals should be like you!!!

The Not In My Backyard Debate

By Jan Dymond (reprinted with Authors Permission)

There is something that happened in a town this province that has me feeling a bunch of emotions; none of them good ones.

As I go on, some of you might guess the town I'm talking about. It was in the news just before Christmas this year. But the town's name is just a detail. The yucky truth is that it could take place in any community-and in any province. The sad thing is it could even happen in Labrador, though I am praying it won't.

It's a case of NIMBY or Not-In-My-BackYard. Have you heard the term before? We use it to describe a neighborhood who gets their knickers in a knot because someone they don't understand is moving next door.

We saw tons of NIMBY while building women's shelters. People were afraid angry men would come and disturb their peace, As it turned out, being in an unfamiliar neighborhood keep a lid on most men.

And oh my, has anyone seen the stink some raise when a half way house of some sort wants to be built? Especially for someone who is trying to clear up their wreckage of a past and needs a chance to learn to have a different life.

Well, the situation that got my goat was about a new residence for people living with mental illness. Maybe because I do too. This support system is for two people at a time who need a little help building a life to be proud of.

I guess nobody warned the neighborhood they were coming. I don't know why the neighborhood would need warning. The statistics say they won't be the first people living with mental illness to live amongst them.

It seems the neighbors' have grand imagination, and decided that their children might be in danger of some sort. They got together, put two and two together, and promptly came up with five. And then they marched themselves down to the Town Council.

"There's a bunch of construction at this certain address. Do they have permits?"

We heard they're crazy people. We don't want them there. Get rid of them or we will take to the streets."

Instead of telling them to grow up and go home, the Town Council checked their records, saw there wasn't any permits for the address, and before checking further they issued a Stop Work order, Can you imagine?

Well, the next day the Town Council was filled in by the government that the work didn't require any permits, and they had cancelled that ridiculous order.

Imagine. What if that was me? What if my spouse and I decided to move into that neighborhood? I have spent my life dealing with Depression, as my mother did and my daughter does. Should I warn my neighbors before signing the bottom line? Should they have the right to stop me?

Now, I'm sure some if them would say they are responsible parents and what if the residents were homicidal maniacs or such.. First, it's ridiculous to think that the government would let homicidal maniacs run free if there was a choice. Second, the number of people living with a mental illness who are also homicidal maniacs is tiny teeny weenie.

At first thought, the neighborhood's insistence that they should have been consulted before a decision was made might sound reasonable. But why? Is there as assumption that the neighborhood has a say in the matter?

I heard on the news that now the neighborhood want some kind of information package put together. Well, someone better do something to fill those silly heads with new understandings. But I think they should all be ashamed of themselves for even needing education on this issue.

Where have they been the last few decades? The media has been full of information about mental illness. Not just the news, but documentaries, commercials, journals, and entire books are all over the place. I know people who have been educating the public about mental illness and the people who live with it for years and years. Whose fault is it if an entire neighborhood ignored all that?

Just think what I would be like if that as soon as that neighborhood heard who was moving in next door, they started planning a welcome party

If they are really trying to be good parents, they'd recognize that there is a real good chance some of their children will be diagnosed with mental illness someday. Why are they teaching those kids that they will be shunned? Why are they not teaching those kids how to support those in their neighborhood who need next understanding? Or that it's okay to need help?

Just think what I would be like if that as soon as that neighborhood heard who was moving in next door, they started planning a welcome party. What of they showed up at the door with smiles and offers to help? What if every time a resident walked out the door, they were greeted with a nod and a wave?

It won't be long before there are more residences like that being built in Labrador, with any luck at all. Can I suggest y'all start thinking about that now? I'd hate to see that kind of ignorance happening to our own people.

And as for those NIMBY neighbors in that town; nay I remind them that there's all kind of help for Paranoia these days.



Keep the Women's College Hospital Open!

By Ed Sawdon.....originally ran in the Ontario Hospital Association's "Hospital News" March 1997

Dear Editor,

As a patient, I would like to inform the Harris government that I oppose their Health Services Restructuring Commission's (HSRC) decision to close down the Women's College Hospital (WCH).

My family doctor is at WCH. My general surgeon is at WCH. My cardiologist is at WCH. My psychiatrist is at WCH. My dermatologist is at WCH. My gastroenterologist is at WCH. My respiratory disease specialist is at WCH. My dietician is at WCH.

I received exceptional service from the doctors and nurses at WCH. I received outstanding service there. On one or more occasions, I was treated by their Urgent Care Center, Radiology, Intensive Care Unit, Hospital Chaplaincy, Anesthetists, Respiratory Therapists, Physiotherapists, and so on. Their care is superb.

But it is unfortunate and regrettable that the HSRC want to do away with a good health care institution by announcing that it will be closing, with many of its services heading to Sunnybrook Health Science Centre (a mega-hospital?)

Tell me, Premier Harris, Health Minister Wilson and all the Conservative MPPs, where will all these caregivers be when I need them? Almost all the services I use at WCH will disappear.

I am one of 53 000 patients who use the family practice unit at WCH. Most of these 53 000 people live and work in Metro Toronto. Moreover, WCH's specialists not only have patients in the Greater Toronto region, but from all over Ontario. Where are we all to go now?

As a man, I recognize that WCH is rated by the World Health Organization as the top hospital in the western hemisphere for women's health. Why would Premier Harris, Health Minister Wilson, and others, do away with a hospital that represents women on the regional, provincial, national and international level?

I have personally benefited from the Ricky Kane Schacter Dermatology Centre at WCH. It's an outstanding centre of its kind in Canada. Patients from all over Ontario come for treatment there. So where will all these patients do now?

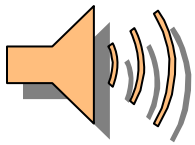
For several years, I have been helped by an outstanding surgeon and when I was hospitalized, received excellent care from the general surgery ward and the surgical unit.

Premier Harris, Jim Wilson, and others, I like WCH. I like the doctors I have at WCH and I am a "Friend of Women's College Hospital!"

So do the right thing and reverse the HSRC's decision to close down this hospital. Keep it open and allow men and women everywhere to benefit health wise from many of WCH services.

TIMELESS FRIENDS

Time is the most precious gift you can give a friend
 Cherish the minutes, and the hours and years will take care of themselves
 The time to be happy is now
 Memories of childhood friends soften the grown-up heart
 Friendship is like two beautiful clocks keeping time
 When a friend asks, there is no tomorrow...no later, only now.
 Time is nature's way of keeping everything from happening at once,
 Anytime is the right time to spend a moment with a friend
 Take time to laugh with a friend...it is the music of the soul
 Happy are the friends who have not lost their childlike hearts
 A lifetime of happy memories begins with an hour of happy moments
 Timeless friends share their past, embrace their future
 And live in the moment



My Outrage

By Jan Dymond (Melville-Goose Bay Regional Coordinator)

Published with permission of author

I was hoping to not do a rant again, I hate being at odds with the world. But sometimes a bit of news crosses my path, and I react strongly, and I think I would be wrong to ignore it.

It is about the case of a woman in Nain who was held in a jail cell for two days in a position of unwarranted humiliation.

I need to begin by saying my piece to her. "I'm so sorry this happened. I'm so sorry I live in a world where anyone would have to endure such a thing."

I am a woman. As I listened to the CBC news about all of this I instantly went empathetic. Not sympathetic, which would mean feeling sorry for her in a detached way; but empathic, as in feeling her experience as if it happened to me.

Do I need to describe what I felt? Does she? Can't you? Are there words of what it would feel like to be a woman in a box without clothes with foreign eyes on you? Who does that to another Canadian?

Now, I'm not going to heap the responsibility for this one on any one person. Creating scapegoats for injustices is a good way to ignore the bigger problem. Besides, I have a problem with hearing one officer being named after the internal investigation. Was that officer the one on duty all 48 hours? Did no one else know this was happening?

And I'm not going to say it's a problem with the RCMP. That's not fair. I've seen situations like this before in other legal systems, though not for decades. If it's not just happening here, it's a problem with society in general. It's an indication that the system is not up to spec and needs to change.

However, I do need to admonish Insp. Greg Bursey for saying what he considered an apology. One of the most important inclusions in a sincere apology is the recognition of the impact of a negative action on the victim. Beginning with "I'm sorry she felt that she was mistreated in any way" as quoted in CBC/NL email digest on January 3, 2007 doesn't satisfy my expectations of a healthy apology.

The Inspector was standing in front of the media to admit a mistake was made. There's no question a mistake was made. That's what he was there to say. Of course she felt she was mistreated. And she was absolutely right to feel that way. Anyone would feel that way.

Maybe he should try that one again, because I really don't doubt that he is apologetic. I think he just chose words that were more about his agency than the victim. May I offer "I'm sorry she was mistreated that way. It won't happen again." And maybe it should be said to her directly instead of through a microphone and maybe in front of her community.

In the meantime, as a member of the nation that employs the RCMP, I hope the young woman who suffered such indignity and dehumanization hears that I am so sorry this happened. I hope she will someday realize that I, and most of us, would never have allowed this if we knew.

There are so many alternative solutions that come to my mind.

Why wasn't someone assigned to her full time? If I knew of someone who was feeling suicidal, I wouldn't be leaving them in depressing solitude. Not just to keep an eye on them, but to let them know they aren't alone.

Why aren't there special outfits available? Surely to heavens someone somewhere has developed a body covering that can't be turned into a rope.

I've been taught that ideations of suicide are a mental health issue. They are a cry for attention. Sad that some people have to go that far to ask for help, but there you are. So, why was the Health System able to refuse her care? (essentially isn't that what happened??) and leave a person dealing with mental health issues in the hands of a correctional system? Please don't tell me it's a budget thing!

Were community partners consulted? I doubt Labrador Legal Services, the Women's Center or even Witness/Victim office would have condoned the first decision. I know the organization I'm a member of, CHANNAL, would have eagerly tried to help.

But it is done. It cannot be changed. That's the hard lesson of history; the most you can hope for is a change in the future.

And is there any? Is there any change being promised for the future people who soon will be coming into the same situation?

I know the RCMP will do a bit of in-service education. And I know our Health system will be brainstorming for alternative response protocols.

But has anyone mentioned this to Premier Danny? He had a moment to put himself in that woman's shoes and see the need for a decent resource. For a place to safely keep women incarcerated when necessary. For a mental health system that doesn't have to say no to the vulnerable.

Or is this just going to be chalked up to another sad story coming out of Labrador???

Editor's Note: After this article was written the RCMP Regional Supervisor flew to see the victim and apologized whole heartedly.

Focus Group — Housing for Psychiatric Survivors

April 18, 2007

7-9pm

Come out and have a say!

CHANNAL St. John's Regional Office

152 Water St. Suite 302, St. John's

Please contact Nicole Tupper at 753-7710

and let her know that you will be there!!!

Poetry Corner

Aggravations

Afternoons are best of all-
Good people getting together
God, knows I am not as small as
"Rainy people" weather
As we congregate with friends
Very often dear
A smile, we give, to make amends
Turn a smile, and remove the fear
Intensity of feeling wants
Our life goes on with all of this pain
Never mind there are always gains
By: *David Palmer*
July 29, 2006

Pettiness

Well so begins another day
While the weather is not so good
I thank our God each time I pray
That I'm in this neighborhood

When I look at the big picture
Of Iraq and Sudanese
I'd rather there was snow and slush
At least my mind is at ease.

We really are so fortunate
That we live in Newfoundland
And most gripe about the weather
They just don't understand

Is it because we are so isolated?
Don't we know they are so deprived?
Or is it that we just don't care
Just as long as we're alive?

By: *David Palmer*
May 15, 2005

Respect for Life

When life becomes too difficult for me, what are some of the things I can do to make life a pleasure to live?

Many books could be written on things to do to improve my life situation. Remain cool, take a clear focus on places where I can get help. From family, but maybe too personal and out of my problems.

Maybe I cannot call a friend. I can't tell my problems to a friend because she could tell my problems to others. It is better to call the hospital, the crisis line, or your pastor can talk to you and give advice to help with your problems.

You have the option of going to your local hospital emergency room. Let the receptionist know how sick you are and a nurse will soon call you and talk to you about your problems. She will have you seen by the doctor on duty. There is no reason to remain at home and try to end your life.

You can't have a second chance if you do not deal with your problems and get help from the spiritual or medical people who are so kind and caring.

As a member of CHANNAL I had to get help many times over the past forty years....I hope to enjoy another forty or sixty years of life. Life is a joy in good times and in bad times; sickness. I offer up the joys and the sorrows for my family and other intentions, one of them being respect for life and world peace.

I have taken medication for my illness, depression, other times I am too happy. This is also a big problem as I must keep my feet on the ground. This is another time when I must see a doctor, a medication must be changed again. How could I not enjoy and respect my life?

Anonymous

CHNANAL Provincial Office

Executive Director (Acting) : Karon-Ann Parsons
 152 Water Street, Suite 301
 St. John's, NL
 A1C 1A9
 Phone: 753-5111
 Toll Free: 1-877-753-5111
 Email: channal@nl.rogers.com

St. John's Region

Support Groups meet at the St. John's regional Self-Help Centre which is located on the 3rd floor of 152 Water St., St. John's

An elevator and stairway both provide easy access.

Regional Coordinator: Nicole Tupper
 Phone: 753-7710
 Email: channalstjohns@nl.rogers.com

Monday

Bipolar Disorder Support Group
 7:00pm— 9:00pm

Tuesday

Depression and Anxiety Support Group
 7:00pm—9:00pm

Wednesday

Women's Thoughts Talk (New Group)
 Call for Group start up date and time

Saturday

Social Saturdays
 2:00pm—4:00pm
 Please Call for information on what's happening

Eastern Region

Regional Coordinator: Lorna Garland
 Phone: (709) 596-1287
 Email: lornag@persona.ca

Trinity Conception Self-Help (formerly Harbour Grace)

Meets the 2nd Wednesday of each month at Health and Community Services in Harbour Grace from 1:00pm — 3:00pm. For further information please call Lorna

Burin Self-Help

Meets regularly, Please contact Doreen at (709) 891-1540 for the next scheduled meeting.



Central Region

Regional Coordinator: Paula Barker
 Phone: (709) 489-4719
 Email: centralregionchannal@yahoo.com

Grand Falls-Windsor

We meet the 1st and 3rd Wednesday of every month.
 Please call for more information.

Western Region

Regional Coordinator: Pat Summers
 Phone: (709) 638-4919
 Email: channalwest@nl.rogers.com

Corner Brook

Anxiety and Depression Support Group
 Meets Friday's from 7:00pm-9:00pm at 20 Brook St.
 Please call for more information.
 Call Pat about the Laughter Club!

Lake Melville-Goose Bay Region

Regional Coordinator: Jan Dymond
 Phone: (709) 896-0349
 Email: jan.dymond@nf.sympatico.ca
 Call for a meeting schedule

Labrador City — Labrador West Region

Labrador City—Regional Coordinator Needed

If you would like to volunteer to lead a support group in this area Please contact the Provincial Executive Director (Acting) Karon-Ann Parsons Toll free at 1-877-753-5111

Grenfell-Labrador South Region

Regional Coordinator: Violet Strugnell (Port Hope Simpson)
 Phone: (709) 960-0250
 Email: violet_strugnell4@hotmail.com

Port Hope Simpson

Self-Help Coping with Recovered Emotions, Grief and Loss
 For more information and for meeting schedule please call Violet Strugnell at (709) 960-0266