

An information newsletter about Mental Health and Addiction Services in Waterloo, Wellington and Dufferin

# The Updater

## Crisis Line Numbers

Wellington,  
Dufferin  
519-821-0140  
or toll free  
1-877-822-0140

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Waterloo Region  
519-744-1813  
or toll free  
1-866-366-4566

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## Welcome

Recovery is the Focus!

Welcome to the expanded issue of The Updater. We are excited that the Program Advisory Committee (PAC) facilitation group endorse this newsletter to be expanded from crisis services in our area, to all mental health and addiction services. This quarterly newsletter will have themes with this first issue focusing on the recovery model in mental health and addiction services.

Content is targeted to the service provider group but focuses on information which can be made available to consumers and families. People who receive the Updater are encouraged to

forward it to relevant individuals and staff within their organizations.

Jessie Baynham, Editor, Crisis Line Supervisor, Wellington-Dufferin

## Recovery Values & Principles in the Mental Health & Addiction Service System

The Waterloo, Wellington Support Coordination Management Committee has adopted “Recovery Values and Principles in the Mental Health and Addiction Service System”. This document, developed by the Self-Help Alliance of Waterloo Wellington-Dufferin, takes as its premise a belief in the

ability of an individual to recover, and expounds the values of empowerment, hope, self-determination, the elimination of prejudice and discrimination, and meaningful choice for individuals during the recovery process.



Source: Kathy Briggs, Executive Director, Self Help Alliance

**Recovery Beliefs and Values**  
A belief that recovery is possible. There is a belief in a person’s ability to recover and that there is hope about the future. Recovery is about meeting and accepting a person for where he/she is at and at the pace in which he/she will move forward. An individual’s greatest strength is who they are.



# Vision & Mission for Intensive Case Management Services

Submitted By: Karen Byars,  
Regional Support Worker, Waterloo Wellington  
Support Coordination Management Committee

## Vision

A society where those who have mental health and addiction issues can live in the community as full citizens with complete rights and responsibilities.

## Mission

Partner agencies are committed individually and collectively to the development of a recovery-directed system that:

- Assists people to achieve their personal recovery goals;
- Provides services that are designed to meet individuals' needs, are environmentally and culturally relevant and diverse, and are well coordinated and easily accessible;
- Includes consumers in the planning, implementation,

and evaluation of the mental health and addiction system;

- Emphasizes outcomes both for consumers and for their families and support networks;
- Is guided by evidence-based best practices, and committed to evaluation and quality improvement; and
- Engages family and support networks and the community in general to support individuals in their recovery.

The Committee also adopted "Recovery Values and Principles in the Mental Health and Addiction Service System", This document, developed by the Self-Help Alliance of Waterloo Wellington Dufferin, takes as its premise a belief in the ability of an individual to recover, and expounds the

values of empowerment, hope, self-determination, the elimination of prejudice and discrimination, and meaningful choice for individuals during the recovery process.

In late 2005, the Ministry of Health and Long Term Care (MOHLTC) announced new funding for Intensive Case Management services in Waterloo-Wellington-Dufferin. As the flow-through agency for this funding, the Community Mental Health Clinic was directed by the MOHLTC to establish a collaborative process among potential providers of this service to develop an allocation plan.

The providers were instructed to adhere as closely as possible to the then recently released "Intensive Case Management Service Standards" (May, 2005).

Membership consists of a representative from:

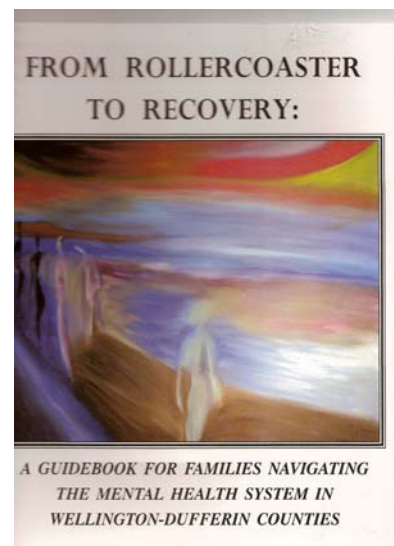
- Cambridge Memorial Hospital
- Canadian Mental Health Association
- Community Mental Health Clinic
- Grand River Hospital
- Homewood Health Centre
- Self Help Alliance
- Waterloo Regional Homes for Mental Health Inc.
- St. Joseph's Health Care, London: Waterloo Regional ACTT

## From Rollercoaster to Recovery: A guidebook for families navigating the mental health system in Wellington-Dufferin Counties, 2nd Edition

Cost: \$12.00

Available at: The Bookshelf,  
(downtown Guelph) or through  
The Family Mental Health Network,  
Box 714 Guelph, N1H 6L3

The new 2nd edition was completed as of September 2006.



# Gaining Control Over Problem Gambling

Submitted By: Noella Taylor,  
St. Mary's Counselling Service

Gambling in Canada has grown at an unprecedented rate over the last decade and is an increasingly popular recreational activity. For some people, gambling may become a serious problem that affects all aspects of their lives. In Ontario, 4.8 per cent of adults (449,000 people) have moderate or severe gambling problems.

The cost of problem gambling is difficult to quantify, but it can affect communities in many ways. The community is usually called upon to cover related costs such as, health care, problem gambling treatment, bankruptcy losses, civil and criminal court proceedings as well as increased policing, incarceration and security. The harm it can cause to families and workplaces is also part of its broader impact on the community.

Like most people who develop a gambling problem, an individual may have tried to cut down or stop many times. It is hard to change problem gambling on one's own. Counselling can help motivate individuals to find long-term solutions to their problems. Through counselling, individuals can assess the seriousness of their situation and consider ways to restore balance in their life. Some people don't want to stop gambling. They just want it to cause less harm. Other people know that they must stop gambling completely. The decision to change gambling behaviour

or to quit gambling completely is determined by the individual. A counsellor helps the individual to achieve whatever goals he or she set for themselves toward making positive change. Counselling teaches control over gambling by identifying triggers (things that make one want to keep gambling). If a person knows the warning signs, he or she can take action.

Recovery from problem gambling often includes addressing financial crises and teaching ways to protect gamblers and their families from further financial harm. An important part of recovery is healing relationships that may have been affected by the actions of the problem gambler and learning skills to restore trust, improve communication and resolve conflict. Counselling teaches people how to reduce gambling urges and stay in control by: 1. Learning how to change the behaviour; 2. Change thinking about gambling; 3. Learning how to deal with feelings; and 4. Looking at ways to avoid relapse and learning from a relapse so it doesn't happen again. Gambling problems often develop when a person loses balance in their life. Finding a balance often includes: creating a healthy routine, accessing support, coping adaptively with stress, emotion management and replacing the gambling with truly rewarding activities. Recovering from problem gambling means finding hope

and taking the opportunity to deal with underlying problems that may have gone unaddressed. Examples of underlying problems can include: health problems, family stress, depression, anxiety, physical and emotional abuse, grief and a sense of loss of purpose in life.

People with gambling problems often access services for health, social, emotional, marital or financial concerns well before seeking counselling for a gambling problem. Shame, embarrassment or fear of disclosure may keep people who gamble from revealing the true nature of their problems. Mental health and addiction service providers as well as related service partners such as police, lawyers and trustees are in a position to identify people who may be experiencing problems with gambling, support their efforts to change and connect them with resources for problem gambling. Helping professionals may choose to make it routine practice to talk about gambling with every person seeking their assistance.

Helping professionals can link clients to appropriate problem gambling support. In Waterloo Region, St. Mary's Counselling Service (519-745-2585), an outpatient program of St. Mary's General Hospital, offers free, confidential



counselling for individuals wanting to take control of their gambling.

In Wellington – Dufferin Counties, Homewood Community Addiction Services (CADS) (519-836-5733), offers free, confidential services for individuals wanting to address problem gambling. Both agencies offer supportive counselling for family members of problem gamblers and consultation for professionals in the community. Educational workshops for staff and service consumers are also available free of charge. For the name of agencies offering counselling to address problem gambling in other areas, please contact the Ontario Problem Gambling Helpline (1-888-230-3505).

# Recovery Resources



The Self Help Alliance is a partnership between four consumer-survivor organizations in Waterloo Region, and in the counties of Wellington and Dufferin  
Head Office: 5420 Hwy. 6 N, R. . R. #5  
Guelph, On, N1H 6J2  
Tel: 519-766-4315 Fax: 519-766-9211  
[www.selfhelp.on.ca](http://www.selfhelp.on.ca)



13 Water Street North Cambridge, ON N1R 3B2  
Tel: 519.623.6024 Fax: 519.623.1924  
Email: [general@cambridgeactiveselfhelp.ca](mailto:general@cambridgeactiveselfhelp.ca)



67 King Street East, 2<sup>nd</sup> Floor Kitchener, ON N2G 2K4  
Tel: 519.884.5455 Fax: 519.570.2801  
Email: [general@mdawr.ca](mailto:general@mdawr.ca)



67 King Street East, 2<sup>nd</sup> Floor Kitchener, ON N2G 2K4  
Tel: 519.570.4595 Fax: 519.570.2801  
Email: [general@wrsh.ca](mailto:general@wrsh.ca)



24 Douglas Street, Guelph, ON N1H 2S9  
Tel: 519.763.4014 Fax: 519.763-1588  
Email: [guelph@peersupport.ca](mailto:guelph@peersupport.ca)

5 Faulkner Street, Orangeville, ON L9W 2G2  
Tel: 519.940.4811 Fax: 519.940-4812  
Email: [orangeville@peersupport.ca](mailto:orangeville@peersupport.ca)

## Mental Health Counselors and Family Health Team

Submitted By: Upper Grand Family Health Team



The Upper Grand Family Health Team, a group of over 20 family physicians in Fergus, Elora, Hillsburgh, and Arthur are in the process of hiring the remaining mental health counselors, and hope to have everyone in place by the beginning of the New Year. The counselors will be seeing patients of the family practice right in the physicians' offices and

providing mental health assessments and treatment services to those who have mild to moderate mental health issues. Counselors will also see individuals who are experiencing 'problems in living', such as marital problems, family issues, and substance use. This is not a crisis service and patients must be referred by their family physician, who is a

member of the health team. This is a new initiative sponsored by the Ministry of Health and its purpose is to ease the waiting times at other community services and to address problems when they begin, thereby preventing a more serious episode.

## Recovery— Fishing for a Lifetime

Submitted By: Deborah Deforest, Self Help Recovery Coordinator

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*“recovery which enables choice is the wave of the future?”*

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Have you ever heard that those who are given fish will eat for a day, while those who are taught to fish will eat for a lifetime? Education is the fundamental right of all human beings. Without it there would be no personal growth. Education in Self Help and Recovery is also a part of growth, not just for those with mental health issues, but for all.

I have had the opportunity to be touched by the stories and struggles of people who experience mental health issues. Ever ready to “tell their stories”, like a badge of honour glinting in the midday sun, they are articulate, directed, and visionary. Some however, are lost in a sea of guilt and recovery surrender. Not being taught to catch fish, they wander aimlessly, searching for someone to take their hand and show them their journey, rather than creating their own. Their fate,

seemingly etched in glass, being destined to wander in a state of bemusement, without any sense of direction. It is for those that I feel the most.

If education is the fundamental right of all, then how and where did our mental health system fail in empowerment and purpose? It has been the experience of many consumer / survivors (survivors in the sense that they have not enabled the system to make them a statistic and be governed by echelon, but rather by internal guidance), to struggle endlessly with those who feel that empowerment and esteem were dangerous for them to embrace, thus not having the rudimentary right of choice. Recovery, hope, and choice are not gifts given by others, but entitlements.

Recovery which enables choice, is the wave of the future. From the beginning of mankind’s existence, faith and hope have been irrevocably

woven into the fibers of the human psyche. Without hope, there can be no growth, change or progression. Without the innate human need to feel inherently civic, we would be no better than automatons.

Thrive we must, and so it is through research and policies that the mental health system is evolving. More importantly, it is through peer support and self help philosophy that courageous men and women are leading the change for a better tomorrow, having been able to bring about once again that sense of hope for ourselves and for each other. We are all in a very large ocean moving toward the same goal - our continued survival and growth. May our children learn rousing things from our experiences, all the while making sure we teach them to fish, not to live for the day, but to learn to live for a lifetime.

## Waterloo, Wellington, Dufferin Regional Crisis Committee Updates

Submitted By: Elly Harder, Regional  
Crisis Coordinator  
Waterloo, Wellington, Dufferin

Following the summer hiatus, the Committee has focused on a number of key areas:

- The team from our research project is nearing completion of the literature review and the logic model development. The Committee has worked intensively with the research team in our October and November meetings. The target for completion of the evaluation framework is the end of December 2006.
- An evaluation of the Service Resolution pilot project was completed and presented to the Committee at our September meeting. The Committee agreed to extend

the project to coincide with the duration of the research evaluation project (March 31, 2008). Forty (40) referrals were received for service resolution of flexible funding support in the first 6 months.

- We completed a priority-setting exercise in our July meeting – *Springboard to Future Improvements* – and have set targets in key areas for action.
- A working group is established to develop LHIN-wide public relations materials and activities including a brochure and a website.
- Another working group is developing a strategy for peer and family roles in crisis

response. The group will develop common understanding of how to maintain recovery principles in crisis response.

- We continue to work on developing protocols to coordinate and integrate our crisis services. Agreements are either signed or well underway amongst the mobile teams, hospitals and police across Waterloo Regional and Wellington/Dufferin Counties. Our planning and evaluation/research activities are being coordinated and aligned with other mental health initiatives.

*“The goal of recovery is not to get mainstreamed. We don’t want to be mainstreamed. We say let the mainstream become a wide stream that has room for all of us and leaves no one stranded on the fringes.*

*The goal of the recovery process is not to become normal. The goal is to embrace our human vocation of becoming more deeply, more fully human. The goal is not normalized. The goal is to become the unique, awesome, never-to-be repeated human being that we are called to be”.*

Source: Patricia Deegan, Ph.D.  
“Recovery as a Journey of the Heart” (Psychiatric Rehabilitation Journal,  
Winter 1996, Vol. 19, No.3)

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*Article submissions can be forwarded to Karen Byars at kbyars@cmhcgwd.on.ca. A call for article submission outlining the theme as determined by the PAC Facilitation group will be sent 2-3 weeks prior to the email distribution target date. Suitable material such as articles of interest, new issues, important notices, changes in service, current research initiatives, coming events/conferences, etc, will be identified and submitted to the editor(s) for inclusion. The editor(s) will edit for spelling, grammar and format but will not be ultimately responsible for content errors and will not significantly alter submissions unless otherwise notified.*

**Coming soon!**  
[www.crisislinks.ca](http://www.crisislinks.ca)

**This newsletter was made possible by the  
Waterloo, Wellington, Dufferin  
Mental Health & Addictions Planning and  
Advisory Committee**

## Building Blocks of Recovery

Source: Pat Deegan, Ph.D. (2003)

### Person's Role

- ⇒ Personal power
- ⇒ Personal knowledge
- ⇒ Personal responsibility
- ⇒ Focus on the person in the context of their life
- ⇒ Self-determination

### Professional's Role

- ⇒ Shared power
- ⇒ Exchange of information
- ⇒ Shared decision-making
- ⇒ Co-investigator
- ⇒ Professional as consultant on person's journey

***“Consumers and professionals who accept the dictionary definitions of recovery—to regain normal strength, poise or status—may resist the very possibility of recovery because they see it as an unrealistic expectation. However, it is important to remember that recovery is not synonymous with cure.”***

What is Recovery?

A Conceptual Model and Explication  
Nora Jacobson, Ph.D., Dianne Greenley,  
MSW., J.D.

### Choice and Recovery

**In the recovery model, the person is an active agent who:**

- ⇒ Is responsible for their actions
- ⇒ Can grow and change
- ⇒ Is not determined by biology or genetics
- ⇒ Is not determined by personal history and can make a “new-story”

