



# EMPOWERMENT REPORT

(The Newsletter of the Empowerment Council)

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## DEATH IN RESTRAINTS

By Jennifer Chambers

Jeffrey James died at CAMH in 2005 after five days in restraints. An inquest – an official inquiry meant to prevent future deaths – was held regarding his death last fall. The Empowerment Council had standing at this inquest to represent clients. It emerged at the inquest that during the five days Jeffrey was restrained he had little opportunity to move and none to walk. This contributed to his death. An external consultation that was supposed to take place was never done; a restraint order was renewed without seeing him.

CAMH had a policy on Least Restraint that was developed in consultation with clients. It was not always followed.

In the time leading up to being restrained, Jeffrey was on a ward of the Law and Mental Health Program. He was there for over a month without being connected to any programs to help him.

The EC introduced recommendations through testimony, cross-examinations and a submission of our own recommendations that were ultimately accepted, including such recommendations as:

- ◆ Alternative methods and least restrictive care should be a priority.
- ◆ Assessments of either release from restraint or the physical health of clients in physical restraints should be performed by an MD, in person, at least every 24 hours.
- ◆ All clients in restraint ambulate (walk around) for at least 15 minutes every 8 hours when the

treating team feels it can be safely accomplished. (The EC had a different wording based on the belief that safety is always possible.)

- ◆ All psychiatric and schedule 1 facilities in Ontario should ensure that an individual plan of care and treatment be established as soon as is practicable.
- ◆ The Coroners Office will call an inquest into any death of a person who dies in mechanical restraint. (The EC wants inquests into deaths during any kind of restraint, but that was not the topic of this inquest so it was not adopted.)



CAMH is taking the Inquest Recommendations seriously and are meeting with the EC and others to change their Restraint Policy and the means of ensuring staff know about the policy and follow it.

In the mean time, we must beware of the dangers of chemical restraint or over drugging, which can also be very dangerous and unfortunately could be encouraged by another one of the adopted recommendations (one which the EC opposes).

Overall the Empowerment Council introduced more than 55 of the 66 recommendations resulting from the inquest, including over 30 sub-recommendations.\*

We hope that these recommendations will save lives at hospitals throughout Ontario.

\* *The EC will soon post a full set of the James Inquest recommendations on our website.*

## KNOW YOUR RIGHTS

### *Informed Consent*

Did you know that before you get any treatment you are supposed to receive all of the following information, in order to decide whether or not you want the treatment? It is in the CAMH Bill of Client Rights and for the most part, it is also the law. If you have not been given the information, ask for it – it is your right.

Feel free to let us know how it goes; we would like to hear from you!

Every client and substitute decision maker or appointed representative has the right to information, including written information on request, about:

- 1) The perceived problem, diagnosis or condition.
- 2) The treatment that is proposed.
- 3) An explanation of the alternative options/treatments, including no treatment.
- 4) An assessment of the benefits, risks (short term and long term), side effects, and costs of these options.
- 5) Additional medication related information such as drug interactions, dosages, and withdrawal effects.
- 6) The results of tests and procedures.

## MAD ABOUT RIGHTS

*By Lucy Costa*

This past October, the Queen Street Site of the Empowerment Council launched an eight-week educational series called “Mad about Rights”. This short course covered some basic topics for clients and psychiatric survivors in advocacy and mental health law.

Karen, one of the students in the course said, *“I have found this course very interesting and helpful. It is so important for people to be able to advocate on their behalf within the system, or to know where to get help. Learning about our rights is a crucial first step.”*

The sessions required that students show up to all classes, do weekly homework assignments and offer their own insights and knowledge. Topics that were discussed included: mental health law, the Charter of Rights and Freedoms, important activists in the psychiatric survivor/consumer community, prejudices in the law and media and the creation of patient rights documents such as the CAMH Bill of Client Rights. This course was developed to ensure more people in our community could learn about mental health law and important legal cases. Many people in our community still don’t know what their rights are

within the mental health system and so it is important we find ways to keep talking about how to use the law as an advocacy tool for ourselves.

For example, student Michael W. states, *“It’s important to take Empowerment Council classes to learn how the mental health system works in conjunction with the law or the Charter of Rights. In addition, all clients or people that are under the mental health system should know that when under the Ontario Review Board they cannot be kept unless they prove that you are a danger to society.”*

Responding to why learning about rights is important, Mark G., another student, notes, *“To me the main reason that advocacy exists is to lend a voice to the more vulnerable of the population. Used with purposeful determination and clarified direction, it becomes a powerful tool in the employment of those who may need it the most. It reminds me of an old proverb. You can feed a person, or teach them to fish. I imagine the same applies to advocacy”.*

“Mad about Rights” will begin a new session in late spring 2009. If you are interested, please contact Lucy Costa at 416 535- 8501, Ext. 3013.



## Who is Really Violent?

By Jennifer Chambers

Did you notice an ad outside the CAMH Queen Street site of a woman with a black eye? It read:

*“No More Excuses. CAMH must protect its staff from violence. It’s the law.”*

It was part of a campaign by OPSEU, the Ontario Public Service Employees Union.

The EC contacted the union to point out that the poster gave the public the impression that clients of CAMH were regularly punching staff in the eye. Their reply was that we were mistaken to assume they were referring to clients, that some of the violence was staff to staff. We nonetheless stated that the issue was not what we thought or what OPSEU intended, but rather what the public believed. The message they got was that clients of CAMH are a scary, dangerous group of people. The EC held two community meetings about the issue. People were outraged. The media covered the story. Some OPSEU members were also upset about the ad - union members also use mental health and addiction services.

To their credit, OPSEU withdrew the ad, and offered to fund a poster by the EC to counteract the effects of their ad on public attitudes. We consulted with our community, and are designing the ad. It will be posted on the street and on the EC website. Stay tuned!

Sadly, the myth of the violent mental patient is big business in our society. It sells movies, books and papers, and politicians and health care workers have used it to their advantage. The reality is that we are much more likely to be hurt than we are to cause harm. Many of us are survivors of abuse with personal experience of how violent people can be! This is why the millions of dollars now being spent fighting “stigma” against our community should be going to members of our community. We are (ironically perhaps) more in touch with the reality of our lives than those who would profit from caring for us.

*Check us out!*

**WWW.EMPOWERMENTCOUNCIL.CA**

## Introducing

*My name is David Wong and I am the new Addiction Advocacy worker at the Empowerment Council.*

*I'm here in this position to be “all about the clients”. I want to find out your needs so I can help enhance/improve the addiction system in the near future. At the moment, I am learning about CAMH and CAMH clients. Soon, I will be giving out a survey to find out what you think of addiction programs. I'm delighted to join the EC and am looking forward to getting to know many EC members.*

*Before coming here, I worked and volunteered at organizations advocating for accessible AIDS treatment and those assisting newcomers to Canada, youth, seniors and people with disabilities.*

*Like everyone with the EC, I also have my own story. Two years ago I was feeling alone, depressed, hopeless and shameful. My world was dark and I was addicted to crystal meth. I lost what was important to me before I realized that I needed to do something different in order to live. The process was ridiculously hard but I am determined to quit drugs because that is what I want. Now I have begun my new life.*

*I can be reached by email: david\_wong@camh.net or by phone 416-535-8501 x 7007. Feel free to contact me to tell me of your experience at CAMH and share what you want to keep or change here.*

# Student Placement - Learning at the Empowerment Council

By Jenna Reid

My name is Jenna Reid, and I have been hanging out at the Empowerment Council (at the Queen Street Site) since the beginning of October. Although I have had the chance to meet and talk with some of you, there are still a lot of members that I have not yet met. So, I'm going to take the opportunity to introduce myself to you in this newsletter, and let you know a little bit about why I am here.

I am a 4<sup>th</sup> year social work student at the University of Ryerson. As part of my school program I get to take part in a placement, which means I spend time at an agency learning what it is like to work there. I will be here at the Empowerment Council until the end of April.

So, you might be thinking, why the Empowerment Council? As a person who has been labeled by mental health professionals, it was difficult for me to find a placement that was the right fit. I felt I constantly had to be careful about people finding

out that I am "Mad", because people often don't see that as a positive thing. Madness is only usually understood as a negative experience. I prefer to refer to myself as "Mad" because it is a term that I have chosen for myself. It is not a diagnosis that a doctor has given me like depressed or bipolar. In the past, people used to use the term "Mad" in a negative way. Choosing the term "Mad" makes me feel powerful because it lets me know that I can be in control of what words are used to describe me.



Being at the Empowerment Council is great because here people don't treat me badly because of my "Madness" and I can learn about and take part in advocacy and activism. To me, learning about advocacy and activism is important because it is another way that I can feel powerful as a "Mad" person. By learning about advocacy and activism, I can learn how to make a difference when people are being treated badly because they have psychiatric diagnoses.

## EMPOWERMENT COUNCIL GENERAL MEMBERSHIP FORM

**EC Statement of Purpose:** *To conduct system wide advocacy on behalf of clients.*

### CONTACT INFORMATION: (Please Print Clearly)

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Postal code \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

I have used mental health and/or addiction services (*check those that apply*):

*College Street site* \_\_\_\_\_ *Queen Street site* \_\_\_\_\_ *Other: Mental Health* \_\_\_\_\_

*Russell Street site* \_\_\_\_\_ *White Squirrel Way site* \_\_\_\_\_ *Other: Addiction* \_\_\_\_\_

**I support the purpose of the Empowerment Council:**

Signature \_\_\_\_\_

Send to: Empowerment Council 33 Russell Street, Room 2008, Toronto, ON M5S 2S1  
*You can also fill out a membership form online at our website: [www.empowermentcouncil.ca](http://www.empowermentcouncil.ca)*