



EMPOWERMENT REPORT

(The Newsletter of the Empowerment Council)

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Becoming an Advocate for the Empowerment Council

By Lucy Costa

Many people approach the Empowerment Council wishing to volunteer or to learn more about becoming involved in the advocacy work we do at CAMH. The Empowerment Council is open to working with volunteers who have used psychiatric or addiction services. It's always great to find allies interested in lending a helping hand, but what does it mean to get involved and promote the mandate of the Empowerment Council?

Too often, we assume that getting involved means finding *the* platform we have always been looking for to address our own issues of concern. We want to share our personal experiences, good and bad about the mental health/addiction system. People sometimes say, "I want to help others just like me". However, becoming a representative on a project or committee for an extremely diverse community of people with a multitude of views about services actually means putting a hold on our own story in order to hear and make sense of a number of different opinions and views.

Enacting change also involves understanding the current climate in mental health and addiction arenas. The "system" is always subject to a number of variables such as the political party currently in government, or economics and their effect on provincial and ultimately hospital or community budgets.

Sometimes, popularized ideas also influence what we believe is supposed to be important. For example, presently discussions about "stigma" or "recovery" are commonplace in most hospital language and literature. It's important to understand and analyse what's already cooking before jumping into volunteer work and declaring what you think the menu should be.

A small group of thoughtful people could change the world. Indeed it's the only thing that ever has.
Margaret Mead

Getting involved is more than just telling your story. In fact, telling your story, depending on the situation, can be very detrimental both personally and for advocacy efforts. Writers such as Guyatri Spivak¹ have criticized the use of representatives that speak for a community and end up reproducing the very oppressive or prejudiced values that require changing. While everyone of course has a valuable story or perspective, it's only through translating that story towards a collective good, a sharing of values, that we can work towards a better definition of what people want and need. Learning how to translate that story takes time, patience and practice. A sense of humour doesn't hurt either.

If you would like to learn more and become involved in making change, join us for an information session on Wednesday, April 20th in Room 160, Queen St. site. To RSVP your spot, contact Lucy at 416-535-8501 Ext. 3013.

¹ Spivak, G. (1999) *A Critique of Postcolonial Reason*, Rutledge:London.

Message from the Chairs of the Board

*Beamer Smith
Cathie Adams*

Over the past year, the Empowerment Council (EC) has continued to work hard on a number of issues such as reducing the use of restraints at CAMH to the lowest possible level. We are involved in a study with CAMH looking at how people with a mental health or addiction issue are treated when trying to access medical care. We have joined other organizations in fighting the government's plan to have mandatory jail time for minor drug offences. You will receive many more details of our activities in our annual report coming out soon. This year is the tenth anniversary of the creation of the Empowerment Council. We will be having a celebration in June to which all EC members and clients will be invited. We hope you can come!

The Empowerment Council Board is **your** voice at CAMH. We are elected by our fellow EC members - people who have had mental health or addiction services and who have joined the council. If you have received services here at CAMH or in the community, you can join by filling out the membership form on the back page of this newsletter and sending it to our Russell street office or filling out and sending in the form online at www.empowermentcouncil.ca.

There are two people elected to the board from each of the four sections of CAMH: Queen Street, College Street, Russell Street and White Squirrel Way. There are also two spots open to people who have had support elsewhere, and represent the community at large (though in practice, they are often people who have also been to CAMH - so many of us have!). The two board Chairs represent people from the mental health side (Beamer Smith - College St. site), and the addictions side (Cathie Adams - Russell St. site). Although we come from different places, once we

are on the Board it is our responsibility to come together to make our organization work.

The Coordinator of the EC, Jennifer Chambers, reports to us on a regular basis and our other wonderful staff report to her. You may already know them: Lucy Costa - Systemic Advocate in Mental Health, Tucker Gordon - Systemic Advocate in Addictions, and Beth Jacob - Finance and Office Administrator.

As EC Chairs, we would like to take this time to thank everyone who has served on the Board this past year. Half of us will be continuing on to complete our two-year term, and half of us will have completed a term this year. You may see them running for another term at our AGM this May. Both chairs will be continuing on the board, although the executive positions (such as Chair) will be determined for the upcoming year by the new Board. Also continuing for another year are Alex Buxton representing the Queen Street site, Andrew Hudson from the White Squirrel Way site, and Susan Gapka representing the broader community of people who have had addiction services. Completing their current term as representatives are Carole King (Queen St.), Darlene Stimson (College St.) David Crockford (White Squirrel Way), Paula Yeoman (Russell St.) and Catherine Bennett (the community mental health services representative).

Heartfelt thanks to all who have dedicated their time, attention and caring to help the Empowerment Council speak out for clients about our rights and needs. Together we can be a force to be reckoned with - and that includes any one reading this who is or ever has been in mental health or addiction land! If you think the EC is something you would like to get involved with, we invite you to come to one of our upcoming site meetings to find out more about our organization, vote for your representatives or perhaps run for the board yourself!

(Conclusion: the place where you got tired of thinking.)



**AGM – Thursday, May 19, 2011
1001 Queen St. W., Training Room A**

WHY CONTRIBUTE YOUR VOICE?

By Tucker Gordon

Fortunate are those who have never had societal barriers placed in front of them due to addictions or other facets of their identity or experiences. Realistically though, independent from other sources of discrimination, many barriers exist to participating in society or exercising basic rights due to having an addiction. One example is being discharged from hospitals with little explanation or follow-up because you use or have used drugs. Another barrier can be society's dismissive attitude that "you did it to yourself", or that the only part of you that matters is your history of addiction. Perhaps it's the constant suspicion of others that you'll revert back to old patterns that you've chosen to change. Maybe it's the inability to call police or 911 to ensure your safety if you're in possession, and having to make the hard choice of calling police on a violent partner or a friend OD-ing and risking being arrested versus waiting and hoping that it will end safely without intervention. A frequent barrier is the rampant NIMBY attitude when there are attempts to provide services in a new location (NIMBY standing for Not In My Back Yard). When it comes to NIMBYism, I've never read of a hue and cry over proposed new schools or retirement facilities, but have seen plenty over low income housing, mental health or addictions services, services targeting communities who are perceived as being "dangerous" or "prone to violence" or other services that are perceived as bringing down real estate values.

We've all heard of these situations, or perhaps been in them ourselves. Yet, despite either participating in organized sessions (such as the Ontario Human Rights Commission focus group on mental health and addictions), providing feedback, filing either suggestions, compliments or complaints where we receive services, or going further and starting initiatives to address issues,

there seems to be a tendency to talk amongst ourselves rather than engaging with those outside our circle. The voices of those who have this lived experience are important to changing outcomes. This is not to say it is the only valid voice. Service providers and researchers can see overarching issues and themes from their perspective. They know the nuances of their particular service, as well as available governmental and non-governmental supports, and relevant legislation. Providers can create studies examining what works, how well it works and why. Medical researchers can design new acute withdrawal treatment, ways to reverse overdoses, or medications to help with withdrawal, such as methadone or nicotine patches.



However, when it comes down to describing the interaction between services or silos, and the cracks between them, or illuminating the details and difficulties in daily life, those pieces of information can only come from us. In reducing discrimination, we have a leading role to play. Nothing works so well at reducing discrimination as people interacting with those that have "been there". It doesn't work with everyone, and it works to different degrees, but it sure beats a generalized pamphlet. There are ways to share that experience anonymously if that works better for you, just by demonstrating through our own actions how we treat others, and how/if we judge people. So try it out. It could be as simple as letting your service provider(s) know what you'd like to see, what doesn't work, or what made all the difference to you in making it a beneficial experience. It could be volunteering or working with organizations that provide services or supports to peers, or participating in a forum. It could be any field, where you bring up that life experience when relevant. Who knows, you may find that you enjoy it!

CLIENT GOALS ON COMMITTEES

Notes from Jennifer Chambers

The Empowerment Council has held two centre wide client consultations and one Board retreat to discuss what values clients need their representatives to bring to committees. To properly represent broad based client concerns, it was agreed that clients on committees need to contribute to the following goals:

- Client dignity and self determination
- Services that meet client identified needs
- Upholding client rights
- Eliminating abuse
- Mental health and addiction services accountable to their clientele
- An independent client voice – speaking for ourselves
- Real choice in supports available to clients
- Clients making fully informed choices
- Alternatives to the medical model in understanding people, and in the services provided
- Clients treated as people not diagnoses or addictions

Every right in the CAMH Bill of Client Rights represents the experience and concerns of clients and must be upheld.

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* _____ *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