EMPOWERMENT REPORT

(The Newsletter of the Empowerment Council)

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Standing Up for Advocacy

By Lucy Costa

Never underestimate the power of people to make change. This is a short summary of how a number of people came together over the hot month of July to fight for better advocacy for people who use mental health services.

The role of advocacy in the psychiatric system is often taken for granted. We assume the psychiatric hospitals are all about medicine, treatment and care but hospitals are also legal spaces. Documents such as the *Mental Health Act, Substitute Decisions Act* and even the *Charter of Rights and Freedom* play a role when patients lose their liberty or privileges in hospital. Organizations that act as watch dogs to protect and strengthen the rights of patients **is** essential and can save money in future litigation costs. Advocacy organizations need to have as much independence as possible to report freely on systemic problems and abuses. However, this past summer in a strange and negligent twist, three decades of fighting for decent advocacy almost took a step backwards.

The Psychiatric Patient Advocate Office was created in 1983 in response to the need for independent advocacy for psychiatric patients. The Psychiatric Patient Advocate Office (PPAO) is different than the Empowerment Council (EC) because the PPAO provide 'one to one' advocacy and rights advice to in-patients while the Empowerment Council does systemic advocacy looking at wider problems in the system and trying to address them at committee, legal or governmental levels.

This summer, without forewarning, the Ministry of Health decided to shift the services of the PPAO out of the Ministry and towards a mental health organisation. On June 28th, 2011 the Assistant Deputy Minister Patricia Li's office sent out a memo declaring that the Psychiatric Patient Advocate office was to be divested (transferred) to the Canadian Mental Health Association-Ontario (CMHA-ON). The CMHA-ON is an organization that does not do direct service but develops public policy and does health promotion work. However, the CMHA "branches" *do* provide mental health services such as ACT teams, CTO's and case management.

While both CMHA-ON and the Ministry insisted there was no conflict of interest in transferring an advocacy organization under the brand name of a mental health service delivery organization, many did not agree. Immediately, after the government's announcement a Coalition to fight for an Independent Psychiatric Patient Advocacy office was formed bringing together consumer/survivors, university professors and programs, lawyers and individuals. The Coalition began to post letters of support, news, updates and names of supporters. A Facebook page was also formed to give people an opportunity to share feedback.

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Commission for the Review of Social Assistance

By Tucker Gordon

On the 24th of August, the EC had the Commission for the Review of Social Assistance come to CAMH for a focus group with clients. We hit our registration capacity, and while not everyone was able to make it out, we had four groups running simultaneously, giving feedback to either the staff of the Commission or to the Commissioners themselves.

The Review is the first one since 1998 that looks at social assistance and supports as a whole. This means, instead of looking at just Ontario Works, or just the Ontario Disability Support Program, they are looking at both of them together. They are also open to considering other supports that should be made available to all low income Ontarians. These are things such as the Universal Child Benefit and the GST/ HST rebate cheques.

The Commission is currently focusing on five broad areas. They are:

1) Reasonable Expectations and Necessary Supports to Employment
2) Appropriate Benefit Structure
3) Easier to Understand
4) Viable over the Long Term
5) An Integrated Ontario Position on Income Security

With the feedback they received from their first round of consults, they are going to be writing a second paper, which will contain proposed solutions. Then there will be a second round of consults about these options. This second round is happening in December of this year. After the second round of consults, they will be presenting a final paper with their recommendations to the provincial government in June of 2012.
The feedback from clients was substantial; summarized in 8 pages of single spaced bullet points of issues, weaknesses, and suggestions for improvement. There is no gobbledygook in what clients provided.

From my own vantage point, I was surprised by the level of engagement with the Commissioners at the end of the focus group. At that time, the participants were able to ask questions of the Commissioners, a turning of the tables so to speak. My experience with these kinds of events at other places has been there's about 5-10 minutes of questions for wrap up and that's all. I severely underestimated the amount of questions clients had about accountability, what the goals are, and what could be expected to happen from this review. It was inspiring to see so many people passionate about this issue.

If there is interest from clients, we will try inviting the commission back for the second round of feedback.

For more info, the Commission's website is http://www.socialassistancereview.ca.

Save the Date

EC 10TH ANNIVERSARY CELEBRATION

JANUARY 26, 2012

Treating Trauma as Trivial *By Jennifer Chambers*

Trauma is an overwhelming presence in the lives of most people who come (or are brought) to the mental health and addiction systems. If you have been abused, you are very likely to have an addiction (Bryer et al., 1984; Rose 1991). Most people in mental health facilities are survivors of abuse (Cusack et al., 2003; Firsten, 1991; Rose, 1991; Weaver et al., 1994).

There is a stronger evidence of an association of mental health problems and addiction with abuse and trauma than there is with any defect of the brain. As there is evidence that traumatic stress alters the brain (LeDoux, 1996), when unusual features of the brain are found, it must be asked what is cause, and what effect?

It would seem that logically, any prevention and treatment of addiction and mental distress should be rooted in addressing trauma and abuse. Are they?

No. Mental health services rarely ever ask about trauma or abuse, or offer supports that teach people how to cope with that experience (Firsten, 1991; Frueh et al., 2001; Weaver et al., 1994). Addiction services have done better, most likely as a result of having a strong history of self help. If you are considered "seriously mentally ill" your chance of getting any help with your traumatic life experience is close to none (Bryer et al 1987, Grubaugh et al, 2011).

What is being paid attention to instead? Why? Who benefits and who loses from how the system operates right now? How can we change the system to offer trauma informed care for all clients?

I would welcome hearing from you about your own thoughts and experiences with trauma and the mental health system. Send to jennifer_chambers@camh.net.

This article has many footnotes to counteract the idea that mentioning nonmedical sources of people's distress is personal opinion and not scientifically valid.

Bryer, J, et al. (1987). Childhood Sexual and Physical Abuse as Factors in Adult Psychiatric Illness. *American Journal of Psychiatry, 144(11),* 1426-1430

Firsten, T. (1991). Violence in the Lives of Women on Psychiatric Wards". *Canadian Women Studies, 11* (4), 45-48

Frueh, B.C. et al. (2001). Improving Public Mental Health Services for Trauma Victims in South Carolina. *Psychiatric Services,* 52, 812-814

Grubaugh, A., et al. (2011). Trauma Exposure and Posttraumatic Stress Disorder in Adults with Severe Mental Illness: A Critical Review. *Clinical Psychology Review, 31* (6) 883-889

Le Doux (1996), *The Emotional Brain*, New York, NY: Simon and Schuster

Rose, S. (1991). Acknowledging Abuse Backgrounds of Intensive Case Management Clients. *Community Mental Health Journal,* 27 (4), 255-263

Weaver, P. et al. (1994). Adult Survivors of Childhood Sexual Abuse; Survivors Disclosure and Nurse Therapists Response. *Journal of Psychosocial Nursing,* 32(12) 19-25

Standing Up for Advocacy (*continued*)

A month later, on July 29th, a second memo went out - this time from Minister of Health Deborah Matthews. She wrote:

"I now realize that implementing this change requires greater conversation and consultation, and, as a result, we will not move forward at this time with the current plan."

Never underestimate the power of people to make change.

This was a major victory but soon it will be time to organize after the October provincial election when the issue of where the PPAO office should sit will no doubt re-emerge. Consider this: young people have the independent Child and Youth Advocate; prison inmates have the Ombudsman. The time is now. Psychiatric patients also deserve strong independent advocacy.

For more information on this project, visit: www.cippao.com

Please contact us if you want to say something about how advocacy has been important or even life-saving for you. Send to lucy_costa@camh.net.

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*