EMPOWERMENT REPORT

(The Newsletter of the Empowerment Council)

What is Violence?

***By** Jennifer Chambers, Empowerment Council Coordinator*

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CAMH has been in the news lately, getting a lot of attention on the subject of staff safety. Nobody wants violence happening here, but what do we mean by "violence"? "Violence" can mean something different to different people – such as those with power and those without it. For instance, why aren't conditions of extreme poverty, causing hunger and homelessness discussed as "violence"? What is violence in the experience of clients of CAMH? From a client perspective, the right to be done no harm includes respect for people's rights and liberties.

When interviewing clients about their experience of abuse in psychiatric institutions, I found that for some clients, procedures that are legal in the mental health system can feel like abuse, especially if coercion was involved or if consent was given without adequate information about risks. For a few clients, rights violations and even criminal abuse can seem acceptable because they believe it is what they deserve - sometimes because they felt it benefited them, sometimes because they had always been told that punishment is no more than they deserve.

There is violence that can happen anywhere when someone lashes out, in any work place or residence, and CAMH is both of those things. What this issue of harm occurring at CAMH does NOT mean is that people with mental health issues are any more prone to violence than anyone else (with rare exceptions). However, one must consider that any group of people jammed into a limited space with a bunch of strangers, often with little access to fresh air or exercise, already having a tough time, and often there against their will, are going to be very stressed. It's a natural response, and being in a hospital does not suspend a person's basic human needs.

The best way to address clients' struggle with their needs not being met is to find a way to meet them. Research indicates, in fact, that meeting clients' self-identified needs leads to better outcomes than meeting service providers' ideas of what client needs might be.

The EC has been advocating for more programming that meets client-identified needs.

The need for counseling for abuse and other trauma is paramount, even more urgent in an environment where so many factors can trigger trauma in survivors, and most mental health and addiction clients are found to be trauma survivors. Health care funding in Ontario results in almost no available therapy for people who can't afford to spend an average of $100 an hour

outside the hospital; inside the hospital there is very little therapy to address abuse and other trauma. Thanks to some of us who have been persistent voices on the topic, there is an effort to have trauma *informed* care at CAMH. Trauma informed care does not provide supports to address trauma, it is about being sensitive to how trauma can affect how people express themselves, and finding ways to avoid triggering people who are survivors (again a majority of clients). This can be helpful to avoid further traumatization, but therapy specifically designed to address abuse and trauma issues is what many clients need – both in CAMH and in the community.

The EC has been working with CAMH Education for several years on a curriculum for staff that centers on creating a safe, respectful, trauma-informed environment. It includes staff taking care of their own emotional state, accepting client emotions as natural and healing rather than a cause for alarm, using de-escalation techniques instead of restraints, using an alternatives toolkit geared to the individual client rather than a dose of heavy medication or isolation. It reflects much of what clients have said they want staff to understand. Some of this education has already been delivered, some is ready to be piloted soon.

This education supports and is supported by a policy that aspires to eliminate restraint use. This policy was influenced by recommendations made by the EC and adopted by CAMH. From the perspective of a client on the receiving end, restraints and excessive isolation are violence. For this reason we need to safely do everything possible to avoid their use.

Clients' unmet need for more programming of all kinds has been greatest during evenings and weekends, when there is often nothing for clients to do. The combination of boredom, restriction and stress is never good. The EC has been raising this concern for many years. We appreciate that CAMH is taking action on this front. Evening programming has begun and will expand, hopefully, to be followed by weekend programs. WRAP (Wellness Recovery Action Plan), an empowering client centred approach to self care, has been expanded already and will be part of the further program expansion as well.

EC has been advocating for client needs, particularly therapy for trauma survival, and evening and weekend programming, for many years. (We also hope extended programming includes access to fresh air and exercise.) Creating an environment of respect, where clients' self-identified needs are addressed, benefits everyone. Arbitrary rules and exercise of authority maddens everyone, but is most difficult of all when a person is unable to escape it. What we all want and need to feel safe are the fundamental necessities of life, our basic rights and freedoms, and some mutual compassion.

Making Complaints About the Police

By Tucker Gordon, Systemic Advocate in Addictions

There are many reasons why someone would want to file a complaint against the police, but then doesn't follow through with it. One reason is a lack of understanding about where to go to make the complaint or the belief that you need to go to your local precinct in order to file a complaint.

Currently, there are two main ways to file a complaint. For what are considered "less serious" complaints a person may go to any station, or may file with the OIPRD [Office of the Independent Police Review Directorate]. For complaints that are more serious, you would definitely contact the OIPRD.

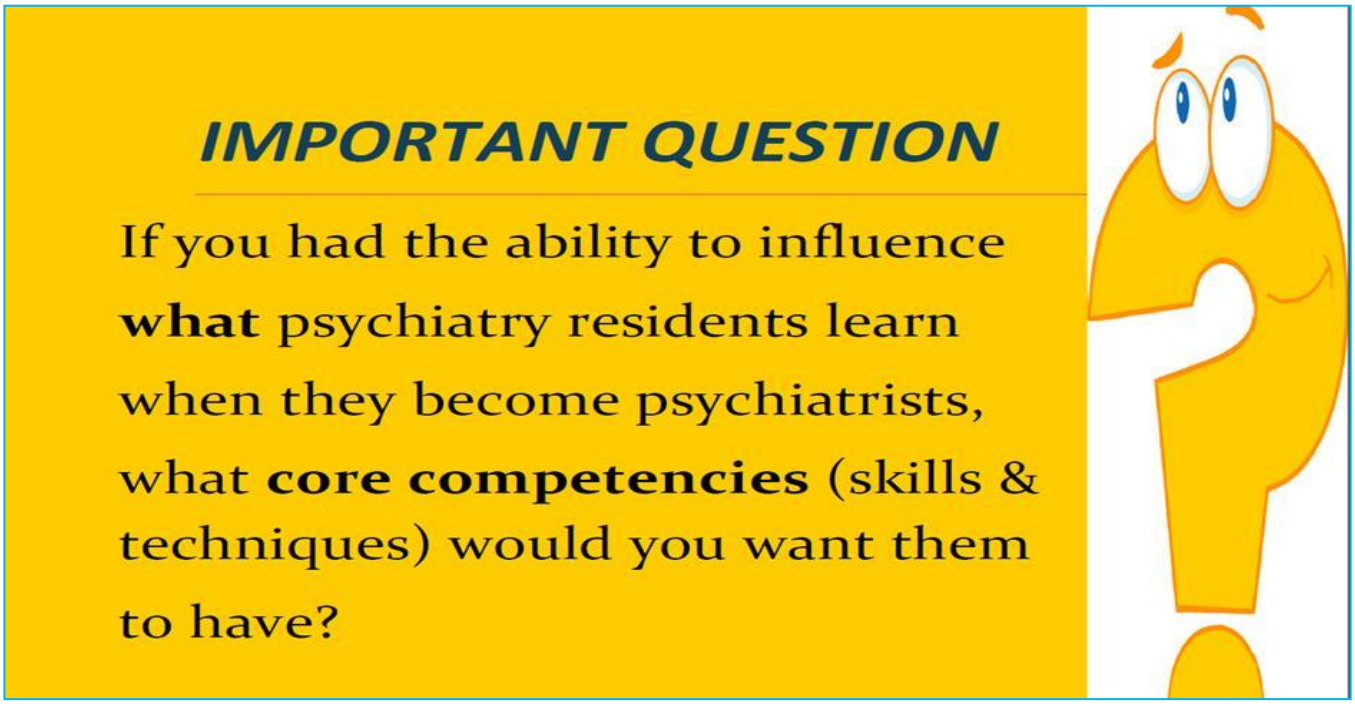
The OIPRD is a civilian body, separate from any police force and separate from the SIU [Special Investigations Unit]. The SIU is contacted by the police, whenever someone is seriously injured or killed by police. The OIPRD is contacted by non-police, and they can take complaints on the whole range of police actions. The complaints to the OIPRD can be done online or printed and mailed in.

The OIPRD then investigates the complaint; however, they do not make the final decision as to whether an officer faces consequences for their actions. They investigate the complaint, including overseeing officers investigating the complaint. If they don't think it's being handled properly, they have the authority to alter how the investigation is being done. They determine whether the complaint is valid, or whether there is enough evidence to move forward with an officer facing an internal hearing.

If there is, then the complaint is forwarded to the Chief of that police service, who arranges a discipline hearing, including the selection of who will be the "judge". The OIPRD does not handle the hearing. Once the hearing is done, the outcome is posted on the OIPRD website.

This does raise the issue of how well police are being held accountable, because even though the investigation and whether to proceed to a discipline hearing are independent of the police department, the original hearing itself is not.

An appeal however, is independent. It is handled by the OCPC [Ontario Civilian Police Commission], which is who you would contact about appealing a hearing decision. The OCPC also handles complaints against police chiefs and police boards.



The Department of Psychiatry is redesigning the way it educates psychiatrists so that it will be based on compentencies (this will be a long process). What skills would you want residents to learn when going through their education?
How would you evaluate that they had acquired these skills?
Let us know at (416) 535-8501 Ext. 33013 or email lucy.costa@camh.ca

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*** ____ ***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**

Or fill out a membership form online at our website: *www.empowermentcouncil.ca*