EMPOWERMENT REPORT

(The Newsletter of the Empowerment Council)

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COPS: Coming to a Living Room Near You?

By Jennifer Chambers, Empowerment Council Coordinator

Where are the police when you don't want them? If you have mental health and/or substance use issues, "they're here!" all too often. In fairness, the police also think it would be better if other people responded when someone is in crisis. However, here you are and here they are. Now what?

The answer to that question is something we've been working on for the last 15 years. When with the Queen Street Patients Council (QSPC) I arranged with the Toronto Police Service to start an education program in which the police heard directly from people who'd had mental health services about what we thought of encounters with police – good and bad. For the QSPC, I facilitated our standing at the Edmond Yu inquest. We were the first organization of consumer/survivors to get standing at an inquest in Ontario. The Empowerment Council has carried on this inquest work, the only such group in Canada that regularly works to "speak for the dead on behalf of the living" by being at inquests. When someone with mental health issues dies in an encounter with police, we testify and ask questions from the point of view of the people who could be killed if we don't get it right. We make recommendations for change that every jury has accepted. Has it made a difference?

Here are some of the things we have accomplished through recommendations we made at inquests:

We initiated the education of all the uniformed officers in Toronto by people who have received mental health services. *We finished the training in 2002. Between 2002 and 2010 there was one person with mental health issues who died in an encounter with police. From 2010 to 2012 four Emotionally Disturbed Persons (police language) have died.*

More than once we successfully supported additional funding for the Gerstein Centre, a non-medical model crisis centre. *More beds were created.*

At the Vass inquest we negotiated with Toronto police and the board the creation of a standing committee looking at the intersection of police and matters related to mental health. *That committee now exists and has opposed the expanded use of tasers.*

At the recent inquest into the deaths of Jardin, Klibingaitis and Eligon, most of the recommendations originated with the Empowerment Council. Some examples: more police training by people with direct experience of the mental health system; police not automatically handcuffing people transported in the police car; police speaking reassuringly to Emotionally Disturbed Persons with a weapon instead of just yelling; training that emphasizes communication and de-escalation over force in every possible situation. *Stand by to see what happens with these or better yet, write the Toronto Police Services Board or your local paper to say you support the recommendations from the JKE inquest.* (They are posted on our website www.empowermentcouncil.ca).

In the last year the Toronto Police Service has worked with us and Voices from the Street to create educational videos for the police about the people who they know as "Emotionally Disturbed Persons" (EDPs). These are being shown to the entire police service as part of their annual training. *We don't think it is as good as meeting people in person, but it is a*

chance for them to learn more about the real people behind the labels.

The Toronto police go on about 20,000 mental health related calls a year. We hear many different things about these calls. Some go very well, when officers are kind and helpful. Some do not go well, when officers are rude and do not listen. People have been helped to get what they need. People have been tasered. In a very few cases, but still too many, people have lost their lives. We have accomplished a lot. We need to do more.

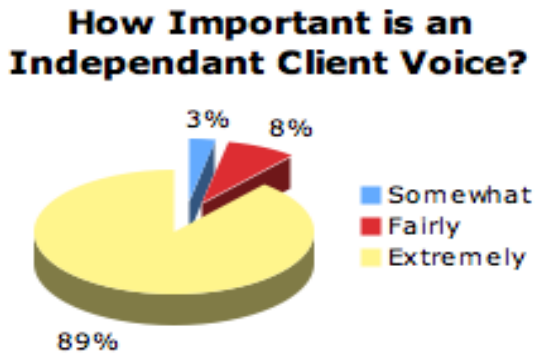
The EC can continue to do the best work if you let us know about your experience(s) with police (or what you've witnessed.) We can't address individual issues – for that contact the Office of the Independent Police Review Director (416-246-7071, website: *www.oiprd.on.ca*). However, it would be helpful for us just to hear your story. Feel free to contact us: 416-535-8501 #34022 or by email at jennifer.chambers@camh.ca.

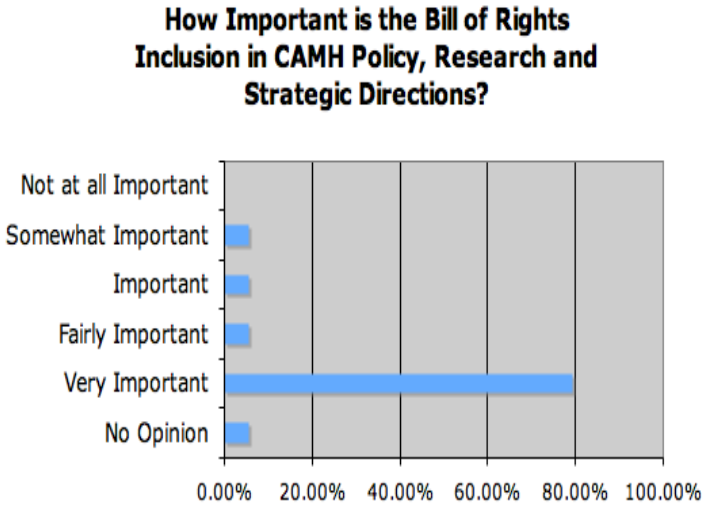
Patient Inclusion Survey: An Overview

By Lucy Costa, Systemic Advocate in Mental Health

Earlier this year, the Empowerment Council conducted a brief survey with clients (online and in person) to find out how their voice was being included within CAMH. Among the responses received, almost 85% of clients had participated on a committee or taken part in a focus group or project where client feedback was solicited, either at CAMH or elsewhere. Approximately two thirds of those who had participated felt it was a positive experience.

All clients surveyed thought an Independant Client Voice was a necessary factor for meaningful inclusion of client feedback. This comment from one participant sums up the issue, "*Others, who 'mean well' often have agendas and biases that are different from what I hear clients talking about when we talk about our goals and how the system needs to change. They often reformat our goals and change them/water them down so that they aren't at all what we want or need. We know what we need and what we want and we need to be able to argue for that without influence from other groups who would tell us what is "reasonable" or "possible" or how the "system works". Independence is key to making the changes we need."*





Clients are also in agreement that the Bill of Rights is an important element of be included in CAMH's planning and work process. The two rights considered most crucial for inclusion were the Right to be Treated with Respect (31.4%) and the Right to Make an Informed Choice and Give Informed Consent to Treatment (25.7%).

Unfortunately, 67.7% said "No" when asked if they felt their voice had power and was listened to at CAMH. When asked if CAMH does enough to include the client voice in their decision making process, 83.3% of respondents said "No", so work is needed in those areas.

For a complete look at the survey questions and comments, please see the EC website.

SURVEY COMMENTS RECOMMENDING PRIORITY AREAS FOR CAMH

- **Follow up** with clients who have gone through the addiction program, and have some **after care** programs for **continued support** for people in communities outside Toronto.
- Provide additional **resources** to the **Empowerment Council**.
- Truly **listen** to clients and take **positive action**, do not engage in **tokenism.**
- CAMH clinicians are now asked to assess a patient's **"overall level of functioning".** Staff must be sure not to make **assumptions** and **generalizations** about what a patient is like as a person in general, in their everyday lives outside of the therapeutic and/or hospital setting. Clinicians only see their patients in a **limited setting**, so they need to keep that in mind.
- Clinicians should be aware that for a patient, just being **observed** and **evaluated** is **uncomfortable** in and of itself. Therapeutic settings can be **oppressive** and **confining places**, especially when people are **labelled** with a **"behaviour problem"** and receiving behaviour **treatment models**. All patients, especially **trauma survivors** labelled with personality disorders, need to be **included more** in their own **evaluations** of themselves, and how they interact and engage with the world outside of hospital settings and doctor's appointments.
- **Vulnerable** and **misunderstood** patients are often **mislabelled** as "lacking insight" and well meaning mental health professionals end up taking their patient's **rights** and **power** away by making **decisions** for them. The patient's **voice** matters and staff should ensure that their patients have been **accurately heard** and **understood**. Specific examples are:
  1. Patients being **present** during **shift change** when the new nurse gets a summary from the old nurse. (This is something that is done at **St. Michael's Hospital.**)
  2. Patients get to read their **discharge summaries**, to ensure that they have been **accurately assessed** and will receive **appropriate treatment and aftercare**, either from another CAMH program, or in their communities. (Currently done in the Woman's In-Patient Unit: needs to occur center wide.)
  3. There needs to be more of a **continuity of care**, so that clinicians and patients spend more time together creating and finalizing aftercare plans - specifically for **housing**. So many times, patients are **discharged** into **homelessness** or **inadequate housing**, thus resulting into **a re-admission**, especially for **Women trauma survivors**.
- **Helping** clients through different types of **transitions** in their lives.
- **Educating** ALL staff on the **Client Bill of Rights**. Not just its existence, but its contents, and how it can be brought into the **everyday work** of all staff.
- Clients should be **consulted** with on a **larger scale**. If the clients feel **respected**, understand their **treatment plan**, and see their **rights upheld**, their health is more likely to improve.
- **Real inclusion,** not what is there now.
- **Peer** support .
- Improvement of **hearings** so that the **liberties** of patients are **respected**. A better **understanding** of the phenomenology of mental illness and the politics of being **oppressively institutionalized**.

CAMH: NOW TOBACCO FREE

By Tucker Gordon, Systemic Advocate in Addictions

If you've been to the property in the past month or so, you'll have seen the new signs declaring CAMH Tobacco Free. It was already smoke free, so you may be wondering, "What's the difference?" Here's what the changes may mean for you as this roll out goes forward. If you are a client using out-patient services, not much has changed. Like the staff, to whom this policy also applies, you can no longer smoke in Shaw Park. Tobacco products (which include e-cigarettes) must not be visible on your person. This means that those of us who smoke must be more aware of the times we tuck one behind our ear, or pull one out enroute to Queen or Ossington, as this is technically against policy.

For clients receiving in-patient services, the changes are more substantial. Regardless of the program you are in, you will no longer be able to keep tobacco on you, or access it while an in-patient. If you enter the program with tobacco on you, it will be taken. At this point, I believe the plan is to operate similar to the Medical Withdrawal Unit, which means taking the tobacco product and returning it once the person leaves the in-patient program.

If you are an in-patient, Nicotine Replacement Therapy (NRT) is supposed to be made available to you, whether you want to quit or reduce. It is meant to prevent the onset of withdrawal in these cases. The search policy has also been updated to include tobacco products. For clients who identify as Aboriginal, an exemption is in place for culturally and spiritually related uses of tobacco under the guidance of Aboriginal Services. This exists even if the program you are in is not directly under Aboriginal Services.

Still being sorted out are the consequences if someone is found to have broken the tobacco-free policy. This policy is currently under "soft launch" which means that while the policy is in place, they are still working on informing people of it, so the consequences for now are someone telling you about the policy. It is due to be fully in effect by the end of April when everything has been finalized.

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