

## **EMPOWERMENT REPORT**

(The Newsletter of the Empowerment Council)

Volume 4, No. 3 Spring 2012

### Notes and Quotes: Empowerment Council Members and Allies Celebrate Our 10<sup>th</sup> Anniversary

Close to a hundred people gathered on January 26th at the Queen Street site of the Centre for Addiction and Mental Health to celebrate the 10th Anniversary of the creation of the Empowerment Council (EC). A series of speakers reflected on the positive impact of the work done over the last ten years by the EC in collaboration with CAMH and other organizations dedicated to improving the lives of those with mental health and addiction issues.

"Empowerment is a way of describing revolution



that does not alarm people. For a tiny organization, we have made a significant difference. We advocate for conditions in which a person can thrive, because there is nothing good about being well

adjusted to a sick society. We offer our appreciation to CAMH for the integrity they show in supporting an independent client voice, and in doing so, creating a model for client-hospital relations."

Jennifer Chambers, EC Coordinator

"Thank you for the value that you bring to the

organisation as a whole and the mental health care system. It is about asking the questions - you listen and you hear and you respond with meaning and substance and I can't tell you how much value that brings to me and the degree of integrity it



Catherine Zahn, CEO, CAMH

brings to the way I approach the organisation and make decisions."

Jane Paterson, Deputy Chief Professional Services, CAMH: "People came willingly but sceptically to the table. (The Bill of Client Rights) was like birthing an elephant, but we were committed to it being more than a motherhood statement. It has been quite a journey, and we're all better for it."

"I enjoy being crazy - some of the best things in life come from crazy people." *Beamer Smith* 



Beamer Smith, EC Chair, Susan Pigott, CAMH EVP Communications, Susan Gapka, EC Chair

Justice Ted Ormston, Chair of the Consent and Capacity Board: "The EC has been the bedrock of many things that we do; at the CCB we listen to what you say. At the Mental Health Commission of Canada. where I am Chair of the Law and Mental Health Committee, we have stood on the shoulders of the EC. You are so well respected throughout this country."

"The EC is not a sad picture of people weighed down with disability, it is people who triumphed despite disability. My profession makes a modest contribution. You make a much greater contribution."



Justice Ian Binnie, Retired Justice of the Supreme Court of Canada:

Mike Frederico, Deputy Chief, Toronto Police Services: "I make a distinction between what is legal and what is just. Legal is 'what are the processes that have to be followed:'. What is just, is what the Empowerment Council concerns itself with. I am very grateful for the work of the Empowerment Council because it helps us do our job better."



Jeremiah Bach,
Peer Support Worker,
CAMH: "Systemic
advocacy we think of as
a very active process, as
always doing something,
and the EC has done a
lot of things. But we
don't always think of
what is left over from all
that work, how all that
work turns into

knowledge that permeates different places."

Theresa Claxton-Wali, Chair of the Ontario
Association of Patient Councils: "We want to thank
you for your advocacy for voice and choice. The
work the EC does is not easy. I want to remind
everybody that the work the EC does goes beyond
the walls of CAMH, beyond the province and
beyond Canada. The EC is actually changing the
world. The work of systemic advocacy is not always
valued. We value and respect the work that you do.
Thank you for moving us from oppression to hope."

Linda Chamberlain,
Past EC Board
Member,
Extraordinary
Person

We do care, We do work together,

I love all of ya!



## Commission for the Review of Social Assistance Response to the 2<sup>nd</sup> Discussion Paper

By Tucker Gordon

(The full discussion paper can be found online at <a href="http://www.socialassistancereview.ca/commission-publications">http://www.socialassistancereview.ca/commission-publications</a>).

The discussion paper is broken down into six chapters. The titles are followed by a brief description of topics that are discussed and are the source of the questions the Commission asks. A very brief summary of the EC's current stance on each issue, which we are still modifying, follows the description in italics.

# **Ch.1 Reasonable Expectations and Necessary Supports to Employment**

This discusses: how to increase the effectiveness of services; service integration; if and how they should screen for disability and barriers to employment; and what the relationship should be between the Province, municipalities, and First Nations in the delivery of services.

We felt that ways to improve effectiveness include better integration and centralization of services; easier transferring districts; including services for helping with life skills training; training focused on transferable skills; a blend of group and individual options; and a publicly available list of what is offered. When it comes to screening, we cautiously support it, but only if it is not used to filter someone out of employment support, and with the recognition that some disabilities are episodic. We also think that employment needs should not be addressed separately from other needs, rather that they should be handled together, as our other areas of life can be barriers to employment. In regards to the relationship between different levels of government, our criteria for the model is that it should be one that maximizes integration and centralization of services, provides as much autonomy as possible to First Nations and municipalities.

#### Ch. 2 Appropriate Benefit Structure



This discusses: how rates and clawbacks/deductions should be determined; the extension of some benefits to all low-income Ontarians (ex. housing benefit, drug coverage); incentives for

working; whether these rules should be different for people with disabilities; and how to reduce the complexity of rules about determination of rates.

We lean toward the mixed-basket-measure as the measure used to set basic rates, as it is available for multiple regions, and reflects the varying costs in different regions. To this could be added child-care costs, disability related costs and other needs. We also support extending drug benefits and the creation of a housing benefit for all low-income Ontarians. This would remove a disincentive for employment, and with more people being able to afford a private rental property, would take pressure off the government to build more social housing. We are still working on how to trim rules, and what the implications of a different system entirely delivering services to people with what the government considers "severe disabilities".

#### Ch. 3 Easier to Understand

This discusses: how they system should monitor people (surveillance vs. audit-based); what is an acceptable level of risk; how to trim rules; and manage assets.

We support an audit-based approach, over a surveillance based one. We are still working on an acceptable level of risk, however, since the estimated fraud rate is between 1-3% (for regular taxes it's 20+%) and a poverty rate of 13.1% (2009), the greater risk is people being unable to meet their needs, rather than people misusing the system. We are still working on the detail of what the asset cap should be, what we would recommend be exempt from it, as well as suggestions for rule trimming.

#### Ch. 4 Viable Over the Long Term

This discusses: three potential models for the provincial, municipal, First Nations relationship, as well as asking for other options; and who should

deliver the Temporary Care Allowance (TCA) and the Assistance for Children with Severe Disabilities (ACSD).

We leaned towards the second model, which had the greatest integration of employment services with social assistance, and allowed autonomy for municipalities and First Nations to customize service delivery to meet community needs, with the caveat that the province must ensure that certain basic services are consistently offered. In regards to delivering the TCA and the ACSD, our opinion so far is that it should be delivered by whomever is most able to make it accessible to those who need it.

# Ch. 5 An Integrated Ontario Position on Income Security

This discusses: what stance the province should take with the federal government about income security; and issues within provincial programs and regulations (ex. Rent-Geared-to-Income calculations which don't take into account OW/ODSP clawbacks),

We are still fleshing this out. One example of our recommendations though include pointing out the negative interactions between CPP-D and ODSP.

#### Ch. 6 First Nations and Social Assistance

This discusses: clarifying and modifying the responses to the above questions for First Nations to further account for unique challenges and strengths of those communities; and what stance the province should take with the federal government in regards to issues related to social assistance and First Nations.

We do not have any substantive input to provide for this chapter. What we have said is that we support any stance that the Commission takes that is based on the responses of the First Nations, and furthers goals of autonomy for and capacity building within those communities, both in administration and in flexibility of offering (similar to what municipalities have) to the level that each First Nations community wants. We also state that capacity building should not be constrained exclusively to skills development, but also has to consider providing support to provide the necessary infrastructure required to provide services effectively.

Would you like to learn more about the Empowerment Council? Check out our website at <a href="www.empowermentcouncil.ca">www.empowermentcouncil.ca</a> and fill out our membership form online.

### **Empowerment Council Call for Volunteers**

By Shirley Lukane (Volunteer with the Empowerment Council)

On December 9, 2004 the Bill of Client Rights was passed by CAMH. This Bill was created through consultation with clients, staff and members of other community organizations and led by the Empowerment Council. Consumers, psychiatric survivors, clients were key in the creation of the Bill.



Volunteers make a difference and can influence change. Sometimes we assume that an issue that has direct personal impact is the only reason to get involved in the mental health community, however this is not necessarily the case. A person may want to volunteer simply to help others in a similar situation and that personal experience may have a common root that can be applied to a widely diverse population. It is actually more than just telling your own story; it is, in fact, finding and connecting your own story with everyone else's. That perspective does not mean that your story is not

important. It is, even more so because it is part of the bigger story. In my story (as many have experienced), I was told by the out-patient resident that I wouldn't be able to return to work. After being involved with a consumer/survivor support group, I updated my resume and after a few interviews I actually found employment that paid quite well. I also realized I was not an isolated 'case'. I found out later, after doing volunteer work, that I actually had acquired great writing skills (something I didn't believe I had, and wanted so much!) and it's opened a few more doors.

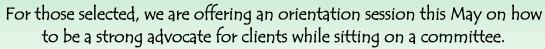
Volunteering in a meaningful way can lead to developing a whole new range of skills, such as expressing ideas. While this may seem to be an overwhelming task, clarity and understanding can be achieved through a common sharing of your values and those the Empowerment Council offers.

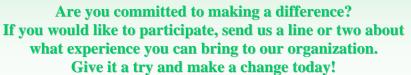
#### CALLING ALL VOLUNTEERS

The Empowerment Council (EC) is seeking CAMH mental health clients who would like to promote the Bill of Rights on CAMH program and centre-wide committees.



- > Speak up, as a representative of the EC, about the client perspective.
- Meet regularly with the EC to keep us informed about client concerns in every program at the centre.





For more information contact Lucy Costa at 416-535-8501, Ext. 3013 / lucy\_costa@camh.net



