

REASONS FOR HOPE



VOLUME 20, NUMBER 1, Spring 2008

MANITOBA SCHIZOPHRENIA SOCIETY NEWSLETTER

We **ROCK!!!**

(We **R**espect, We are **O**pen, We have **C**ourage, We show **K**indness)

"Name That Feeling" is a program offered by the Manitoba Schizophrenia Society for children who have a family member with a mental illness. (This includes any mental illness, and any family member.)

Since 2002 this program has been offered to children 7 years and up. For teenagers (over 14), who don't want to join a group, individual sessions are offered.

When a family encounters a mental illness it can be overwhelming, coping with everyone's needs and providing support. Sometimes children get left out of the puzzle simply because so much energy is being directed to the person who is ill, and to navigating the mental health system. Maybe it is felt that children will not understand, or they will be too frightened if told the truth. All of this is very understandable and it is a huge load on any family to help their children through this difficult time.

"Name That Feeling" can help when the family is ready.

When Kharisma Gislason was 10 years old she attended her first "Name That Feeling" Group and she says: "I went to "Name That Feeling" and it helped me understand about "this" mental illness in my family, and to not feel bad or upset. There is a lot of information available. I would like to thank my family members for their encouragement and support in learning about mental illness, as they live it every day."



Kharisma Gislason

"Name That Feeling" is a seven week support group that offers young people the opportunity to discuss their needs and feelings as they relate to living with a family member with a mental illness. Confidentiality is a priority. If a child prefers to listen rather than share, this is respected. No reports are kept.

The sessions cover such topics as "What am I feeling?", "What is mental illness?", "Taking care of myself", "Other People's Attitudes." There is no charge for the program, and requests can be made by anyone.

Each session includes sharing, games, topic related exercises and readings, and the ever-popular snack! The program is held after school (Thursdays 5:30p.m. – 7:00p.m.) or during the day in the summer months. The groups consists of 5 to 6

participants and two facilitators. The atmosphere is more like a club than an extension of the school day, and a club name is chosen by each group.

From seven years of "Name That Feeling" evaluations, we have compiled the following:

When asked, "What is the hardest thing for you about living with mental illness in your family?" the children have said:

- I get frightened by them drinking and by different moods.
- Not understating mental illness.
- I think it's my fault.
- I get embarrassed and angry.
- I feel disappointment.
- I feel sad my parent gets tired and can't do things.
- I get scared when they yell or get in fights.
- I get frightened she'll hurt herself.

Parents and Guardians have said the following when asked: "Do you feel "Name That Feeling" has been beneficial for your child?"

- Yes, he knew he wasn't alone.
- Our child felt more understood, supported and educated and, most importantly, in touch with how she felt about her parent's illness.

continued on page 5

The MSS Annual General Meeting will be held Thursday June 26th at Norwood Hotel 12:00 noon Registration Required

In This Issue

We ROCK!!!	1
The Registered Disability Savings Plan	2
Healing a Troubled Mind Takes More Than a Pill ...	3
Kathy's Story & Return to MSS	4
More Students Embarrassed by	5
Upcoming Events	6
Eli Lilly Scholarship Applications Now Available	7
Locations/Board	Back Cover

NEW REGISTERED DISABILITY SAVINGS PLAN NOW IN EFFECT

After an 8 year campaign, the Registered Disability Savings Plan ("RDSP" or "the PLAN") is now a fact. On December 14, 2007, the RDSP received royal assent after passing third reading in both the House of Commons and the Senate.

The Registered Disability Savings Plan is a new plan that will allow funds to be invested tax-free until withdrawal. It is intended to help parents and others to save for the long-term financial security of a child with a disability. The plan structure is similar to a Registered Education Savings Plan.

Contributions to an RDSP will be eligible for the new Canada Disability Savings Grant. There is also a new Canada Disability Savings Bond for individuals with lower family net incomes. Anyone can contribute to an RDSP; however, contributions are limited to a lifetime maximum of \$200,000 in respect of the child, with no annual limit. Contributions will be permitted until the end of the year in which the child attains 59 years of age.

To establish an RDSP, the person with the disability must have qualified for a Disability Tax Credit (DTC). Individuals are encouraged to become familiar with the financial benefits of establishing eligibility for a DTC, and if applicable, an RDSP and then the substantial tax benefits available to them.

The RDSP is an historic initiative in a number of arenas:

- The First! – Canada is the first nation to address families' concern for the future by implementing a Registered Disability Savings Plan. Families and politicians in other countries such as United States, Australia and New Zealand have followed our progress and are working on their own plans.

- The Scale – The RDSP will assist as many as 700,000 Canadians with disabilities and the Federal Government has budgeted \$1.15 billion in matching Canada Disability Savings Grants and Bonds for 2008-09.
- Personal Control – The Federal Government has emphatically declared that they trust families and people with disabilities. There are no restrictions on what the RDSP can be spent on. While the Federal Government is sharing responsibility for planning for the future with the Grant and Bond, people with disabilities and their families will control the use of the funds
- Future Financial Security – Like RRSPs, the RDSP will have a significant impact on the future financial security of people with disabilities. Even modest contributions when a child is young will result in significant income flow – as much as \$20,000 to \$25,000 per year - later in life. Financial security then provides greater opportunity for people to live "good lives".
- Ripple Effects – The future impacts of the RDSP go well beyond the creation of a simple future planning tool. Provincial governments will be forced to change the asset limits for disability benefits and to eliminate claw-backs. Other reforms will also be necessary to accommodate to a new world where people with disabilities have more assets and income.

PLAN is now working with financial institutions and the federal government to ensure the RDSP is offered as a "product" in every financial institution in the country as quickly as possible.

Summary - prepared by Ken Lagasse Inc. (www.disabilitytaxcredit.ca)

Eligibility

- The beneficiary of an RDSP must be in possession of a valid Disability Tax Credit.
- The beneficiary can be a child.

Characteristics

- Applications will be possible beginning mid 2008.
- The lifetime contribution limit is \$200,000.00 with no annual limit.
- Contributions can be made until the end of the year that the beneficiary turns 59 and are non-refundable.
- Contributions can be made by the individual for whom the plan is created, family members or friends,

Taxes

- Contributions are not tax deductible.
- Income can accumulate tax free inside the RDSP.
- The RDSP can be used as an investment vehicle (with similar rules as RRSP) and investment income will accrue tax-free until it is taken out of the Plan.

- When payments are made from the Plan to the beneficiary, taxes do not need to be paid on the contributions, only on the Canada Disability Savings Grants (CDSG), or Canada Disability Savings Bonds (CDSB) (described below) and any investment income portion.

Payments to Beneficiary

- The beneficiary for whom the RDSP is created must begin withdrawing payments when they attain the age of 60.
- The payments are subject to annual limits and may be withdrawn sooner under certain permissions of the Plan.

Contributions Matched by Federal Government Grants (CDSG)

- The federal government will contribute grants of 100%, 200% or 300% to supplement contributions to an RDSP. Family income levels and amounts contributed are determining factors.
- For families with income under \$74,357 (inflation adjusted), grants are 300% for up to the first \$500 and 200% on the next \$1000. Therefore, a \$1500 contribution would mean a total of \$4500 being added to the Plan. If the family income is over \$74,357 the grant is 100% of the first \$1000.
- CDSGs are limited to a lifetime total of \$70,000 until age 49.

continued on page 5

Healing a Troubled Mind Takes More Than a Pill

By Charles Barber

Feeling depressed? No problem, pop a pill.

That's what more and more people are doing these days to quell what ails their troubled souls. The use of antidepressants has exploded in the past couple of decades, and drugs such as Prozac, Paxil and Zoloft, which didn't even exist 20 years ago, are household names, almost household staples.



And why not? The television ads make it seem so easy: An agonized man or woman stares listlessly into space or slumps on a bed or couch, holding their head in their hands. Then they take a pill and suddenly morph into a happily engaged and joyous being, back on the job or walking in a park, awash in sunshine, surrounded by grandchildren, a golden retriever nipping at their heels, while lush music plays in the background.

But recovering from mental illness is rarely that simple. I know.

As an optimistic 18-year-old freshman at Harvard in the 1980s, I found myself afflicted by indescribably disturbing and intrusive thoughts that involved repetitious words and irrational fears that I had harmed others. This assault on my mind -- diagnosed a few years later as obsessive-compulsive disorder -- led me to drop out of two colleges in as many years and made it difficult to hold down a job as a busboy.

That was the low point. After that, I began the long, arduous and at times confusing process of emotional recovery. Medication was helpful -- as was cognitive behavioral therapy, particularly early on -- but what ultimately made the difference, what really made me want to get well, was finding a sense of purpose in my new life, a life that had been reconfigured by illness.

The critical moment in my own recovery was my decision -- very unpopular at the time -- to work full-time in a group home for people with severe developmental disabilities, young men my age who could not talk. Having been given all the choices, I gravitated toward a place where there were few options. But I intuitively sensed that I would find a new path there. Indeed, I found I was good at the work, and it was therapeutic for me to "get out of my own head" and serve others.

Ultimately I returned to college, went to graduate school and have spent my career writing about and working with people with serious mental illness in shelters, prisons and halfway houses. Both my work with my clients and my own prolonged and difficult yet ultimately rewarding journey have taught me lessons about what's involved in overcoming true psychological distress -- and what isn't.

Altogether the United States accounts for about two-thirds of the global market for antidepressants. Other proven and practical approaches to managing milder forms of depression, such as diet changes, exercise or cognitive behavioral therapy, haven't received the attention they deserve in our high-tech zeal for the drugs.

Antidepressants can be highly effective, particularly for the more severe forms of depression. But when you speak to people with severe mental illness who have recovered, you learn about the reality of the process, which is rarely about a pill -- even if that pill is effective. When you interview patients about how they got better, they hardly ever cite Prozac or Zyprexa or lithium. For that matter, they rarely cite a particular doctor or therapist or treatment program. Rather, they talk about a person who was kind to them when they were really down; they talk about the child they wanted to be a good parent to; they talk about God and spirituality; they talk about something that brought them pleasure even when they were cloaked in pain. Many of these reasons to live -- the reasons to seek treatment in the first place -- are highly personal and idiosyncratic, as was mine.

As I've learned, both professionally and personally, social context is critical to recovery. In other words, there's invariably a social reason to get better. This is what has been largely overlooked by the "medical model" of treatment, which proposes that you must stabilize a person with treatment (typically drugs) before they can be put back in their social roles or environment.

Larry Davidson, a Yale researcher on recovery from severe mental illness, has examined the data and found that this model is flawed, at least in the field of mental health. "In the medical model, you take a person with a mental illness, you provide treatment in the hopes of reducing symptoms, and then they're supposed to approximate some notion of normality," he told me. "Our research shows the opposite. You take a person with a mental illness, you then reduce the discrimination and stigma against them, increase their social roles and participation, which provides them a reason to get better in the first place, and then you provide treatment and support. The issue is not so much making them normal but helping them get their lives back."

Davidson's contention is supported by the provocative finding by a number of researchers that schizophrenia outcomes are better in developing countries, where, generally speaking, patients get more support from family and society, and where ill people are less likely to be excised from their natural communities.

Another thing patients will tell you is that recovery exists, or can exist, within the context of illness. In other words, recovery doesn't mean cure. It means living with the illness, managing it and getting better within certain limitations. "I define recovery as the development of new meaning and purpose as one grows beyond the catastrophe of mental illness," says William Anthony, director of Boston University's Center for Psychiatric Rehabilitation. "My feeling is you can have episodic symptoms and still believe and feel you're recovering. It is a matter of moving beyond the debilitating phases of the illness."

The idea that recovery doesn't usually mean the removal of all symptoms is a novel and distinctly un-American way of looking at psychiatric illness, and illness in general. The fact remains, however,

continued on page 7

Kathy's Story and Return to MSS

Kathy Sing returns to MSS as Peer Support Worker at the psychiatric units of Psych health, Victoria, Grace and St. Boniface hospitals as well as Selkirk Mental Health Centre. She will be offering consultation and workshops to consumers and family members as she shares her personal story of living beyond schizophrenia.

After experiencing what I believed to be “psychic experiences”, I was diagnosed with psychosis. This occurred while I was traveling and working in Australia in 1982 at the age of 24. A year after returning home to Winnipeg I was diagnosed with schizophrenia. At that time I experienced a severe and lengthy depression after the diagnosis was made and medications started.



Kathy Sing

Eventually, I became a volunteer for the Canadian Mental Health Association and met another volunteer there who became my husband and the father of my two wonderful daughters. As a stay-at-home mom, I volunteered as a facilitator for River Heights Family Life Education Centre. Soon afterwards I was hired by the Manitoba Schizophrenia Society to deliver their recovery workshops and facilitate their peer support groups, as well as take part in public education.

While attending Red River College, over a four year period, I was able to complete the Computer Analyst Programmer certificate. I was not successful working in the field full-time due to both the stress of the position and a re-evaluation of my medications. The knowledge attained at Red River College was, and is quite valuable to me. I enjoy working with computers. More importantly, I acknowledged the fact that if I applied myself, I could learn anything.

Over the next few years I worked at various positions but returned to the mental health field when I began working for SSCOPE in 2000 as a support worker. At that time I started the Applied Counseling certificate through the University of Manitoba.

In 2001 I moved to British Columbia, where in Cranbrook, I was able to use my group skills as a peer support facilitator for the Hepatitis C Society. When the funding expired I attended the College of the Rockies and undertook the Human Service course, which I completed over two years. I did my Practicum and took a casual placement at the Kootenay Clover Clubhouse in Cranbrook and was also employed casually for a tertiary step-down unit from Riverview Hospital for the mentally ill. Next I moved to Nelson, BC where I was a casual para-educator in the public school system.

Since moving back to Winnipeg in July of 2007 I have been working in mental health for Sara Riel Inc. as a mental health support worker and now will take on employment with MSS full-time. I am now a single parent residing with my two daughters.

As a person who is experiencing recovery, I believe that those living with schizophrenia and psychosis deserve to be treated with the dignity and respect due to all human beings. I hold to a holistic perspective or philosophy of recovery. This includes: early intervention, access to various treatment options, peer support, family education, supportive family, healthy spirituality and good nutrition. I look forward to my return to MSS as a Peer Support Worker and helping to improve the quality of life for those affected by schizophrenia and psychosis. ■

MCLELLAN WINS WITH TALE OF GOOSE

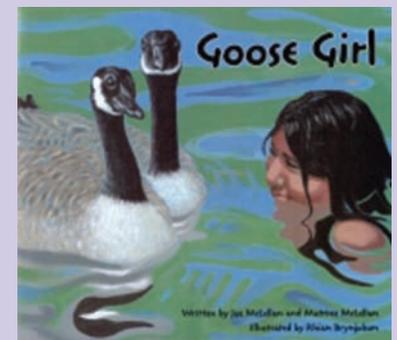
In addition to her duties as a member of the MSS Board of Directors (along with her many and varied other commitments in the community) Matrine McLellan also teams up with her husband Joe to write children's books. Their latest collaboration, *Goose Girl*, has been hailed by Winnipeg Free Press columnist Helen Norrie as one of the better children's books on the market.

The book is about Marie, a young aboriginal girl who forges a special relationship with a Canada goose on a lake near her home and is given the spirit name Niskaw (“the goose”). Marie's grandfather tells her that souls of the deceased fly with the geese to a promised land, and when the grandfather passes on, Marie asks “her goose” to carry his spirit to the promised land.

Joe McLellan is an author, educator, storyteller, and a Deacon in the Catholic Church, currently assigned to the St. John Brebeuf Community in Winnipeg, Manitoba. He also facilitates many workshops for students and teachers every year as well as preaching retreats.

He and Martine have collaborated with Winnipeg artist Rhian Brynjolson on several other children's books centering on Nanabosho, an Ojibwa trickster. They include:

- Nanabosho - Soaring Eagle and the Great Sturgeon
- Nanabosho - How the Turtle Got its Shell
- Nanabosho and the Cranberries
- Nanabosho and the Woodpecker
- Nanabosho Steals Fire
- Nanabosho & Kitchie Odjig
- Nanabosho Dances
- The Birth of Nanabosho
- Nanabosho Grants a Wish



More Students Embarrassed by Family Drug Addiction Than by Schizophrenia

A recent study entitled The Ontario Student Drug Use Survey, undertaken on behalf of the Centre for Addiction and Mental Health, suggests that more Middle School and High School students in Ontario would be more embarrassed if a family member had an addiction to drugs than if they suffered from schizophrenia. Overall, 54% of respondents stated that they would definitely or probably feel embarrassed if their friends found out that a family member was addicted to drugs. By contrast, only about 13% of students stated that they would feel embarrassed if

their friends found out that a family member had schizophrenia. There were no significant differences between males and females in the survey nor among the grades.

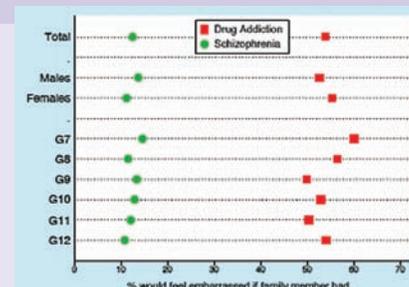


Figure 1. Percentage of Students Reporting They Would Feel Embarrassed if a Family Member Was Addicted to Drugs vs. Had Schizophrenia, by Sex and Grade, 2005 OSDUS

RDSP summary continued from Page 2

The Registered Disability Savings Plan (RDSP)

- Canada Disability Savings Bonds (CDSB) are designed for families with very low incomes. CDSBs will contribute a maximum of \$1,000 annually for 20 years to beneficiaries (or their families) whose net family income is less than \$20,883.00.
- This is not dependent on any contributions to an RDSP. For families whose income is between \$20,883 and \$37,178, the bond amount is reduced by a formula depending on actual income level.
- The lifetime limit is \$20,000 and terminates at age 49.

Repayment

- Repayment is required of CDSG, CDSB and associated investment income on those portions of an RDSP, for 10 years

preceding a payment from the Plan, if the beneficiary dies or becomes ineligible for the Disability Tax Credit.

- Contributions are required to be paid to the beneficiary or their estate.

Note: The above information is a summary only and not meant to comment or replace on the actual legislation and terms of the Plan. THE RDSP may be altered by the Federal Government before or applications are allowed.

Ken Lagasse Inc.
#395-3665 Kingsway Ave.
Vancouver, BC, V5R 5W2
604-629-1919 Toll Free: 1-866-829-4446

We ROCK!!!

continued from Front cover

- It's a place where he could talk openly about anything he wanted.
- His attitude and outlook improved vastly throughout the program.
- She is more self-confident.
- It has helped him relax and be less angry.
- Since starting the group she has slept in her own room twice now, and is becoming less anxious and feeling sick at night.

Participants in the group said the following when asked: "What did you learn from "Name That Feeling"?"

- It is not your fault or the person with the sickness.
- It is something you shouldn't be ashamed of.
- That mental illness can be treated.
- That it's not your whole life.
- That I didn't cause it.
- That you cannot cure it but you can know there's always hope.
- That it is a chemical imbalance in the brain.

- That it can happen to anyone at any time.
- That I am not alone – lots of children are living like me.
- How to look after myself – ways to cope.

What is the future for "Name That Feeling"? As the requests come in, we will accommodate them. Each seven week session is geared to the ages and specific needs of that group. Sometimes there is a gem of a surprise, such as the group that took the initiative to write a play around their situation, which was rehearsed and performed to a closed audience. We have had many requests for a "graduate group" which would be ongoing throughout the year, and this is being considered. The facilitators are very grateful to the families, children's agencies, and, of course, the children themselves, for putting their trust in the program, and for allowing us to have the privilege of working with these delightful young people.

Facilitators for "Name That Feeling" are Jane Burpee, Public Education for MSS and Sherri Matsumoto, past Outreach Worker for MSS and currently working with the Children's Program and the Voice Hearing Workshops offered by MSS.

For further information and registration please call Jane at 786-1616. If a family would like their child to meet with the facilitators prior to the decision to join the group, please call 786-1616 to make an appointment.

UPCOMING EVENTS – MARK YOUR CALENDARS

Footsteps III 2008

*Come Travel With Us Again!!
As We Embark On Another Journey!!*



The Women's Program of the Manitoba Schizophrenia Society invites you to attend a Fundraiser dinner to raise funds for the book

FOOTSTEPS III

Date: Thursday, March 27th
Time: 5:00 PM – 7:00 PM
Location: 100 - 4 Fort Street Winnipeg, Manitoba

Everyone is Welcome!!!
Space is limited so please register early.

R.S.V.P. by Thursday, March 20th, 2008 to (204)786-1616

12th Annual Iris Gala Evening

Saturday, April 12, 2008
At the Fairmont Winnipeg Hotel

Tickets: \$140.00 each
\$1,020.00 for a table of 8



*The MSS Annual
General Meeting
will be held
Thursday
June 26th
Norwood Hotel
at 12:00 noon
Registration Required*

17th Annual Golf for Schizophrenia Tournament



*Monday, June 16, 2008
Southwood Golf and Country Club*

18th Annual Journey of Hope Walk

Saturday,
September 13, 2008
Assiniboine Park
Duck Pond



*For more information on any of the above events or if you are interested in volunteering
please call the office at 786-1616.*

Healing a Troubled Mind Takes More Than a Pill

continued from page 3

that most major psychiatric illnesses are episodic but chronic. Recovery involves both coming to terms with symptoms -- one hopes in the context of their gradual moderation, but that's not always the case -- and finding a meaningful life in their midst.

For many patients, this is a decades-long process of acceptance and resolve. At the end, some patients can actually say they're glad -- within reason -- that they've experienced an illness, because it has greatly enriched their lives and their appreciation of things. We do have to be careful not to romanticize suffering, but this is nonetheless something you commonly hear from those who have found the elusive meaning in the presence of sickness.

This leads us to the final lesson I've learned: Treatment is most effective when the patient is in charge and the ultimate expert in his or her own recovery. There is evidence that when patients feel in control, the results of treatment are better. Treatment works best when the doctor or therapist acts as a kind of expert consultant. As Home Depot puts it: "You can do it, we can help."

That's what I found in my own process. That my journey was a self-directed path, one in which I saw myself as the author of my recovery rather than as a passive recipient of a pill, made all the difference. Ultimately I no longer saw myself as a patient but as a

writer, father and husband. Ultimately I found ways to use my obsessive ways adaptively. A little like Monk, the television detective who uses his OCD to solve crimes, I repurposed or redefined my illness to write and research with extra drive.

But these complex lessons about the arduous realities of attaining emotional health, as told not by doctors or companies but by patients, have received little traction in mainstream health care and the mainstream media. The negative reception isn't surprising. Listening to patients cuts against the establishment grain. We live in an age of experts, in which we like to cede control of our bodies and our being to others. Different parts of our bodies go to different experts. The ultimate expert, perhaps, is the pill. Our fervent and simple-minded belief is that the experts, and the pills, will take care of things for us.

The simultaneously inspiring and terrifying reality is that getting better -- the winding, agonizing road to stability -- is a little messier (and a lot more interesting) than we would like it to be.

Charles Barber is a lecturer in psychiatry at the Yale University School of Medicine and the author of the just-published "Comfortably Numb: How Psychiatry Is Medicating a Nation." ■

Edited

Eli Lilly Scholarship Applications Now Available



Eli Lilly Canada offers a scholarship to people diagnosed with a mental illness to help them acquire the educational and vocational skills necessary to reintegrate into society, secure jobs and regain their lives.

ELIGIBILITY REQUIREMENTS

To be eligible for consideration for the scholarship, applicants must:

- Be diagnosed with a mental illness (schizophrenia, schizoaffective disorder, bipolar disorder)
- Be receiving medical treatment for the disease, including medication and psychiatric care
- An eligible person may apply annually for the scholarship, but applications from new persons will be given higher priority
- Complete an application package that includes:
 1. The application form itself
 2. A letter (no more than three double-spaced typed pages)
 3. Recommendation forms from two references

ELIGIBLE PROGRAMS

The scholarship is designed to offer financial assistance for a wide range of educational opportunities in which students work to attain a certificate or degree from an accredited institution:

- High School equivalency programs
- Community College, Trade or Vocational School programs
- Bachelor or Graduate degrees

Non-credit, online or home study courses are not covered under the scholarship.

CRITERIA

An application will be judged based on the following criteria:

- Completion of all application requirements
- Be a resident of Manitoba
- Quality of letter – Describe your career and study goals. Experience and learning in coping with a mental illness may also be included. References and interviews may be requested.

THE AWARD PROCEDURE

The selection committee retains the right to award the scholarship prior to the commencement of studies, during the study period or upon successful completion of the course/degree.

Application deadline is June 30, 2008.

All applications and inquiries should be forwarded to:

Manitoba Schizophrenia Society
100 - 4 Fort Street, Winnipeg, MB R3C 1C4

Tel. 204-786-1616

Schizophrenia Services Around the Province

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Thompson, MB R8N 1E9
Phone: 1(204)677-6056
Fax: 1(204)677-5534
Email:
selfhelp@cmhathompson.ca

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Fax: 1(204)325-8742
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Fax: 1(204)623-5528
Email: mssnor@mts.net

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Fax: 1(204)346-0423
Email: eastmanmss@mts.net

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Fax: 1(204)346-0423
Email: eastmanmss@mts.net

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Box #101
Selkirk, MB R1A 2B1
Phone: 1(204)485-1253
Fax: 1(204)334-7880
Email: bevking@mts.net

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Box #817 Souris, MB R0K 2C0
Phone: 1(204)483-4054
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Email: da_beetle@hotmail.com

Parkland
112 6th Ave. NE
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Box #850, Teulon, MB
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Phone: 1(204)482-3810
ext. 416
Fax: 1(204)785-9901
Email: mssinterlake@mts.net
or
selfhelp_smhc@mts.net

Regional Services

Manitoba Schizophrenia Society, Inc. is a consumer focused, family sensitive mental health self help organization whose mission is to improve the quality of life for those affected by schizophrenia/psychosis and co-occurring disorders, through education, peer support and advocacy.

Reasons for Hope is the official newsletter of the Society. It is published quarterly. Submissions are invited. **Opinions set forth in this newsletter are not necessarily those of the Society or its members.** Reprinting of articles is permitted with the proviso the Society is given appropriate credit.

Editor: Chris Summerville, *Executive Director*

MANITOBA SCHIZOPHRENIA SOCIETY

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Outreach Workers

Deanna Kowalchuk	<i>Brandon & Assiniboine Regions</i>
Kim Heidinger	<i>North Eastman Region</i>
Stephanie Loewen	<i>South Eastman Region</i>
Nancy Shewchuk	<i>Norman Region</i>
Diane Findlay	<i>Central Region</i>
Tim Shewchuk	<i>Parklands Region</i>
Donna Hradowy	<i>Stony Mountain</i>
Bev King	<i>Interlake Region</i>
Sherri Squires	<i>Burntwood Region</i>



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I am: Mother Father Sibling
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Members receive the MSS newsletter, Reasons for Hope and the Schizophrenia Society of Canada (SSC) Bulletin.

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