

REASONS FOR HOPE



VOLUME 22, NUMBER 2, Spring 2010

MANITOBA SCHIZOPHRENIA SOCIETY NEWSLETTER

Your Recovery Journey by Chris Summerville



"Don't tell me recovery is not evidence based! I am the evidence." (Woman with a mental illness)... I love this quote! While there is no one definition that all can agree on, recovery is all about hope, the hope that people can live lives of quality and dignity in spite of the limitations that come with mental illness.

For years it was thought that mental illnesses like schizophrenia were "kiss-of-death diagnoses". Life was over: All hope evaporated. But, that is no longer the case: we now have numerous long-term studies that indicate that up to two-thirds of people with mental illness can and do recover.

Recovery can have many different meanings. Some people will have one episode of psychosis or schizophrenia and their recovery is much like that of a person recovering from a heart attack; though they are vulnerable, they may never have another episode again. For others, the recovery, or recovering process, is much longer, perhaps even life-long. There may be intermittent relapses with mental illnesses like schizophrenia and bipolar disorder. Like people who live with asthma, people with schizophrenia can live a life of quality and purpose, but must pay special attention to self-care and managing their illness.

Unfortunately, there also are some people who experience unremitting mental illness, and they seem to be beyond recovery. I understand this: one of my brothers lives with schizophrenia and another with bipolar disorder. Such illnesses can be unremitting when people can't access recovery-oriented mental health services and systems. But we must still hope they can experience recovery.

Dr. Larry Davidson, professor of psychiatry at Yale University, says that recovery means learning how to live outside the mental illness rather than inside it. To live inside the mental illness is to be lost in its downward spiral. Living outside schizophrenia is about reclaiming your life. It is about self-determination, choice, hope and empowerment.

Many who experience prolonged mental illness are not only recovering from the mental illness, but are also recovering from the losses associated

with the illness, and from the stigma and discrimination associated with it: loss of friends, income, safe and affordable housing, vocational and recreational opportunities, health, and hope of recovery. We need to address the social injustices and lack of full citizenship opportunities experienced by people who live with mental illnesses.

Experts who work with young people experiencing early psychosis have said that recovery can be seen from three dimensions: personal, social, and illness-related. (Windell, D., et al., 2008)

- Personal recovery is about acceptance and regaining purpose and meaning in life as you come to terms with mental illness
- Social recovery is about living a safe, full, and dignified life in the community with appropriate supports and services
- Illness recovery is self-management and using your own "personal medicine" (Deegan, P. 2005), for example stress management, support groups, meditation, or yoga, as well as pharmaceutical medication.

In *Your Recovery Journey*, we look at and discuss five topics.

- What is recovery?
- Quality of life
- Self-management
- Medication as a tool for recovery
- Moving forward: personal action planning

One of the best remembered television series from the 1950s was a show called "This Is Your Life", broadcast from 1952 to 1961. The program was based on a simple principle: each guest was surprised with a presentation of his or her life. Well, this is your life. You didn't ask for a mental illness. But a recovery journey is part of your life, too. It's a journey of meaning, management, and medication. We hope this resource helps you live life outside mental illness.

People who have experienced mental illness tell us recovery is possible. They say life can be lived beyond the illness.

The motto of Home Depot is "You can do it. We can help". While this is great for the "handyman", it's also something that is most applicable to those living with a mental illness. The job of mental [continued on page 2](#)

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Your Journey to Recovery continued...

health service providers, family, and friends is to create environments in which recovery can take place. Only you can do the work of recovery. But we can help.

I've written this article to our readers who are consumers, those with lived experience with mental illness. May this resource, Your Recovery Journey, inspire you; may your recovery be as much a reality as your mental illness. Contact any of the MSS staff to find out how to join a Your Recovery Journey Workshop. Well, this is your life. Your journey of recovery!

Chris Summerville, D. Min., CPRP

Executive Director, Manitoba Schizophrenia Society ■

"We all have something to recover from, whether it is mental illness, addiction, physical disability, loss of loved ones, victimization or loneliness... Recovery creates a community that all can take part in as it erases the distinctions of position, age, skin colour, religion, language and education, and joins us in our common humanity."

(Sowers, W. 2007)

"Your Recovery Journey" is a valuable resource for those affected by mental illness who are looking for hopeful tools to assist them in their recovery. Recovery is a practical concept. It works in real life, with real people. I know this from first-hand experience.

A member of my family suffered from severe depression. Following an attempted suicide, with professional and spiritual help and medication, my sister was able to recover sufficiently to graduate from university and enjoy a meaningful and productive life for many years.

The national mental health strategy, which the Mental Health Commission of Canada is developing, will have as its cornerstone the principle of recovery.

(Michael Kirby, Chair, Mental Health Commission of Canada)



Kim Heidinger

MSS and My Recovery Journey

This article was written by Kim Heidinger, Outreach Worker for MSS in the North and South Eastman Regions since 2007.

"Have I mentioned I love my job with MSS?" That's something my colleagues hear me say often. It has become a light-hearted joke. "Yes, Kim, you've told us many times and it shows how much you love your job."

I started my work with MSS in January 2007, taking on a term position for someone on maternity leave. At the time, I was on a medical leave from my career as an elementary teacher due to serious clinical depression, anxiety and burn out. I had signed up for a Cognitive Behaviour course with the Mood Disorders Association of Manitoba. I had found their ad in our local paper and decided this is what I needed to once again work on recovery. (I had "crashed" before in 1999 with the same diagnoses.) I had also done a lot of reading about depression to educate myself. I needed to know what had happened to me because I had never known anyone who had a clinical depression and it wasn't a topic of conversation with family or friends.

My doctor, who took a special interest in mental health issues, worked with me to find the right antidepressant, listening to my concerns about side effects and educating me about the different medications available. I was lucky enough to find the right medication for me after only two attempts.

So, I was on my way.... taking the Cognitive Behaviour course, taking my medication as prescribed, educating myself, consulting with my doctor and the best part, and most importantly, I had full support and love from my spouse. Great recovery plan! But, there was a piece missing. I wanted to

return to a meaningful career and didn't know if I could cope with the stresses of teaching any longer.

In the midst of the Cognitive Behaviour course, the facilitator handed me a paper, a job offer from the Manitoba Schizophrenia Society. He said, "Kim, you really should take a look at this. I think you would be really good at this kind of work."

I didn't know anything about schizophrenia! I had known of one person in my lifetime with the diagnosis but had no idea what it actually was! I discussed the possibility of taking the job with my spouse and decided that going for an interview wouldn't hurt. Why not? Well, obviously, I got the job and now, three-and-a-half years later, I've realized how much this job played a role in filling the missing piece of my recovery.

It has been my privilege to watch and assist with the growth and recovery of several people who live with schizophrenia. One of the things I have learned is that recovery is different for every person. Recovery can mean finding a boyfriend or girlfriend, working or volunteering at a job you love, meeting good friends who accept you as you are, meeting regularly with doctors and mental health workers, learning to cook healthy meals and finding a healthy spiritual community. My executive director, Chris Summerville, will tell you this is called Bio-Psycho-Social-Rehabilitation. And of course he is right, but simply put it is enjoying and appreciating your own life.

And now, with the release of our new MSS program, Your Recovery Journey, I am excited to facilitate the course and observe as more people take steps on their own journey of recovery. ■

My Recovery Journey by Your Recovery Journey Co-Facilitator

I myself have experienced limitations associated with mental illness, including having experienced stigma and ignorance regarding my physical condition (schizophrenia and depression). The reason why I chose to co-facilitate the Your Recovery Journey group is because I am a developmental service worker student, and I am the first person that was referred to the early psychosis program when it first started back in 2006.

The premise of the Your Recovery Journey program is that people with mental illness who have recovered, facilitate the group and help the participants in their recovery journey. Being a disability advocate and having an illness I felt as if it was my duty to help people that have an illness!

Your Recovery Journey is all about finding our way out of the illness and having a starting point that will inspire us, give us choices, and allow us to actively participate and explore many aspects of recovery. Things such as finding your own unique way of recovering, learning about quality of life, self management, medication (just a very small part of recovery, sometimes medication is not needed!), and discovering a personal action plan, will ultimately put the damn illness in its place! The program is completely free to anyone; however, it is not limited to only psychosis, it can also be used to inspire anyone that is affected by any mental illness - that's why I love this program. It will help anyone and everyone have a clear and concise starting point.

Of course, we do tell the participants that every person is fully responsible for his or her own recovery journey, and fully encourage the people to become educated about their illness and participate to the best of their ability. There is no incorrect way of recovering; this program is all about choice and opinion!

This is all our journey and we will break down the walls of adversity; put the illness in its place, stand up and not be passive or not make a small noise in the dark. We are and we will be the proof, recovery is possible! Will you take our hand in the dark? Let's recover together and fight stigma associated with mental illness. Remember you are not alone in this fight; your recovery is possible; it's your choice. Let's recover together!

I am me.

*In all the world, there is no one else like me.
There are persons who have some parts like me, but no one adds up exactly like me.
Therefore, everything that comes out of me is authentically mine because I alone chose it.*

*I own everything about me
My body, including everything it does;
My mind, including all its thoughts and ideas;
My eyes, including the images of all they behold;
My feelings, whatever they may be—
Anger, joy, frustration, love, disappointment, excitement;
My mouth, and all the words that come out of it—
Polite, sweet or rough, correct or incorrect;
My voice — loud or soft;
And all my actions, whether they be to others or to myself.*

*I own my fantasies, my dreams, my hopes, my fears.
I own all my triumphs and successes, all my failures and mistakes.*

Because I own all of me, I can become intimately acquainted with me. By so doing, I can love me and be friendly with me in all my parts. I can then make it possible for all of me to work in my best interests.

I know there are aspects about myself that puzzle me, and other aspects that I do not know. But as long as I am friendly and loving to myself, I can courageously and hopefully look for the solutions to the puzzles and for ways to find out more about me.

However I look and sound, whatever I say and do, and whatever I think and feel at a given moment in time is me.

*This is authentic and represents where I am at that moment in time.
When I review later how I looked and sounded, what I said and did, and how I thought and felt, some parts may turn out to be unfitting.*

I can discard that which is unfitting, and keep that which proved fitting.and invent something new for that which I discarded.

I can see, hear, feel, think, say and do.

I have the tools to survive, to be close to others, to be productive, and to make sense and order out of the world of people and things outside of me.

I own me, and therefore, I can engineer me.

I am me. And I am okay.

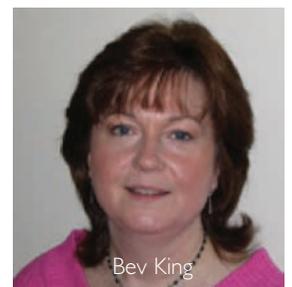
By Virginia Satir ■

One Reason I Enjoy my Role as an MSS Outreach Worker By Bev King

I grew up with mental illness in my birth family, and I understand what it feels like to be a family member trying to help someone cope with the challenges while looking after my own needs. I speak openly about my experiences when I do educational presentations and when talking one-on-one with family members. As a result of my early experiences, I have never had to deal with feelings of stigma within myself. I am able to accept people with their illness very easily, because I have lived with and loved people who have mental illness and the challenges that come with it.

In the sharing, I feel both the helper and the helped. Does it get better than that!

Bev King, MSS Outreach Worker for the Interlake Region ■



Bev King

Upcoming Events

19th Annual Golf for Schizophrenia Tournament

Monday, June 21, 2010
Southwood Golf and Country Club



2010 Annual General Meeting

July 6, 2010
Norwood Hotel

Please register with Sangeetha at 786-1616



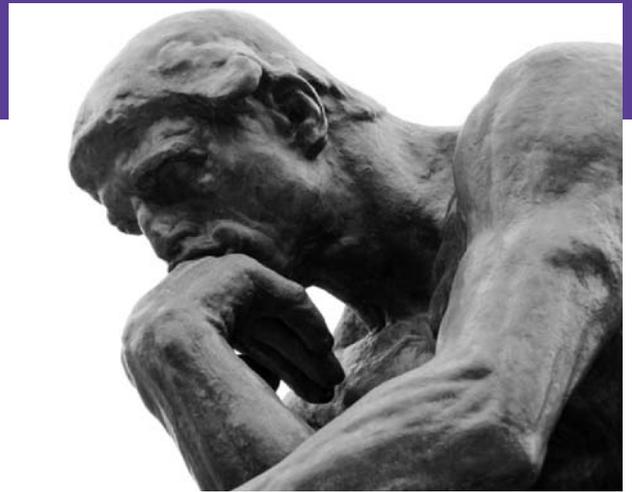
20th Annual Journey of Hope Walk

Saturday, September 11, 2010
Location to be announced



For information on any of the above events, contact the MSS office at 786-1616
or email: specialevents@mss.mb.ca

Think About It



- Mental illness is as common as other physical illnesses. So why the continuing stigma?
- Mental illness affects a person's emotions, behavior, ability to think clearly, and relationships to others (at school, work, social and family interactions). So why not take it seriously?
- One in every five Canadians will have a mental health disorder at some point in their lives. So what is your community/ workplace/ church doing to address these problems?
- One in 100 people will have some form of schizophrenia in their lifetime. So why do we make these people the butt of jokes?
- One in 10 children suffer from a serious emotional disturbance. So why don't parents and teachers practice "early intervention" in getting help?
- Twice as many women as men suffer from major depression each year. So what services and help are available to women and their specific needs?
- Four of the 10 leading causes of disability are mental disorders: schizophrenia, depression, bipolar disorder and obsessive-compulsive disorder. So why are there not more work place programs to assist employees with mental health problems?
- Major depression is the leading cause of disability. So why do half of those with depression not seek help?
- Anxiety disorders affect up to 13% of the population. So how can anxiety interfere with one's life?
- 15% of all adults who have a mental illness also experience a co-occurring alcohol or substance use/ abuse. So which do you treat first?
- Suicide is the third leading cause of death among 15 to 24 year olds. So why is it so hard to talk about suicide?

Chris Summerville D.Min., CPRP
Executive Director
Manitoba Schizophrenia Society

Schizophrenia Services Around the Province

Manitoba Schizophrenia Society Inc.

100 - 4 Fort Street
Winnipeg, MB R3C 1C4
Phone: 1(204)786-1616
Fax: 1(204)783-4898
Website: www.mss.mb.ca
Email: info@mss.mb.ca
Toll Free: 1-800-263-5545

Regional Services

Burntwood

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

Central

309 Main St. Box #129,
Winkler, MB R6W 4A4
Phone: 1(204)362-3027
Fax: 1(204)325-8742
msscentral@mts.net

Norman

Box #3372, The Pas, MB R9A 1R9
Phone: 1(204)623-7346
Fax: 1(204)623-5528
mssnor@mts.net

North & South Eastman

21 Loewen Blvd.
Steinbach, MB R5G 1X5
Phone: 1(204)371-0824
Fax: 1(204)346-0423
eastmanmss@mts.net

Interlake

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

Brandon & Assiniboine

Box #817 Souris, MB R0K 2C0
Phone: 1(204)483-4054
Fax: 1(204)483-5065
da_beetle@hotmail.com

Parkland

112 6th Ave. NE
Dauphin, MB R7N 0W6
Phone/Fax: 1(204)638-0433
tjshew@mts.net

SMHC

825 Manitoba Ave., Box 9600,
Selkirk, MB R1A 2B5
Phone: 1(204)482-3810
ext. 416
Fax: 1(204)886-3821
selfhelp_smhc@mts.net

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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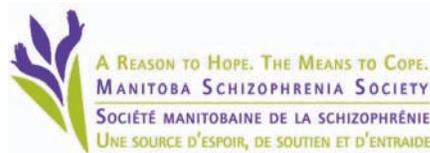
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Donate to MSS monthly! – For more information on how you can become a monthly partner with MSS call 786-1616.

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MSS is a registered non-profit organization. Charitable donation #88938 3998 RR0001

Single, \$15 Family, \$25 Corporate, \$50

Donation: \$ _____

Visa/MC # : _____ Expiry Date: _____

Name: _____ Telephone: _____

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City: _____ Province: _____ Postal Code: _____

Signature: _____ Date: _____

I am: Mother Father Sibling
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I am renewing my membership

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