

REASONS FOR HOPE



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MANITOBA SCHIZOPHRENIA SOCIETY NEWSLETTER

A Champion of Hope: Jane Burpee

As MSS celebrates 30 years of supporting those affected by schizophrenia, Jane Burpee is celebrating 10 years working with MSS as Public Education Coordinator. The MSS team is celebrating not only Jane's decade long service, but also her passion and commitment to improving the lives of those affected by mental illness. Executive Director Chris Summerville recently interviewed Jane for this edition of Reasons For Hope newsletter.



Jane Burpee

Chris: Jane you have been a blessing and encouragement to so many living with schizophrenia and psychosis. What drives your passion?

Jane: The admiration I have for the people I serve, and the rewards of being in a position where I can take time to listen, and hopefully, help those living with schizophrenia or psychosis are what truly make this a wonderful job.

Chris: Describe your career before coming to MSS.

Jane: I trained as an Occupational Therapist in England, beginning my career in physical medicine specializing in the areas of spinal injury and orthopedic disabilities. I came to Winnipeg in 1967 where I spent five years at the Winnipeg Rehabilitation Hospital. I took time off to have my children, and during this time gained my Manitoba Child Care license, and worked in Nursery and Day Care. I returned to OT - this time in Mental Health, and spent 20 years at the Selkirk Mental Health Centre. During this time I also worked with children in the Lord Selkirk School Division.

Then to MSS. The best job of all!!

Chris: What are the biggest changes you have seen when it comes to working with people with schizophrenia?

Jane: I am most impressed that those living with schizophrenia are now able to be in the driver's seat rather than remaining a passenger. With strength and determination, people are taking valuable leadership roles and becoming the educators. This is positive change and long overdue.

Chris: What do you think about the Recovery Model?

Jane: In my opinion the Recovery Model is plain common sense. When we take time to see the whole person instead of an intangible illness, then our attitude helps those people to realize their talents, their joys, their goals. It is the belief in HOPE that is the catalyst.

Chris: Drama plays a role in your life. Tell us about your acting career and how it plays into your work at MSS?

Jane: I have enjoyed theatre since I was 14 years old. Over the year, my involvement has included acting, directing, teaching and operating my own puppet theatre. I have performed in two productions at the Manitoba Theatre Centre Main Stage, and many Fringe Festivals. Working with the drama group at MSS for the past four years has been a gift. The joy of sharing creative ideas with each other gives a feeling of freedom. Friendships and trust have developed and many risks taken to overcome obstacles. From this comes strength and confidence to say "I did it!"

Chris: As coordinator what does your work at MSS involve?

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CELEBRATING
30 Years

A Champion of Hope: Jane Burpee continued from front page

Jane: Education and awareness are the key components of my work, which includes:

- 1) "HearingVoices that are Distressing" Workshop (with superb volunteers),
- 2) "Name That Feeling" group for children who have a family member with a mental illness,
- 3) Presentations on schizophrenia, psychosis and recovery to anyone in the community. (I am often accompanied by someone with lived experience to tell their story, which is invaluable for any audience.),
- 4) Coordination of current literature available for visitors, and sending out information packages as requested,
- 5) Setting up the MSS display at conferences, and,
- 6) Receiving inquiries for assistance over the phone, who along with the many people come to MSS seeking information.

Chris: You have a special joy in working with Name That Feeling. What is it and what do you hope for these children?

Jane: "Name that Feeling" is a unique program for

children 7 years and up, who have a family member with a mental illness (any illness). The joy I feel comes from seeing children form friendships and the realization that they are not alone. I am often in awe as I listen to them helping each other with wisdom beyond their years. I am honoured that parents/guardians will entrust their children to our care during the seven sessions. My hope for these children is that they will be richer in knowledge and understanding about mental illness, and be able to enjoy their childhood to the fullest.

Chris: Many ask me, "Is it true you are Ace Burpee's mother?" What's that like!

Jane: He's my son, and I love him to pieces! I especially admire his integrity in all he does, and the huge amount of time, outside the radio, that he dedicates to his community.

Chris: If there was one thing that you would like the public to understand about schizophrenia, what would that be?

Jane: That there is HOPE. Recovery is possible. Understandable fear of the unknown can be overcome by knowledge and supports. ■

Films as Conversation Pieces

Recently, Stan Rossowski started Cinesanity, a monthly series that screens films portraying individuals living with mental illness or addictions. The screenings are free and open to the public. Held on the fourth Monday of each month, Cinesanity is sponsored by the Manitoba Schizophrenia Society and Micah House, the Catholic Centre for Social Justice. It is open to the general public.

Cinesanity kicked off the New Year with a screening of the film "Heavy". Ironically, "Heavy", the fifth film in the series, was chosen because of its lighter subject matter:

"It was time for a change of pace", said Mr. Rossowski. He explained that the previous films dealt with more weighty subject matter, like schizophrenia and cocaine addiction. Heavy depicts the life of a young man, Victor, played by Pruitt Taylor Vince, who suffers from an undefined personality disorder. Victor works as a cook in a diner owned by his mother Dolly, played by Shelley Winters. Many of the characters in the film suffer from their own tribulations, but things change when Callie, played by Liv Tyler, becomes a waitress at the diner. Her uplifting presence casts a ray of hope on the group of compromised individuals.

Other than the themes of mental illness and addictions, hope is the common thread that ties together the films shown in Cinesanity. "Each film we show has a positive outcome," Rossowski said. He hopes that by screening films with optimistic endings, people will see that people with mental illness and addictions can recover.

Having had personal experience with depression and alcohol addiction, Rossowski decided to use his insights to inform others through the film program.

"Cinesanity is a very humble, early effort on my part to help educate people about addictions and mental illness and possibly, in time, to build a community of individuals who can bring various perspectives to the subject of mental wellness," he said.

Film's ability to bring people together and expose them to different perspectives on mental illness and addiction is precisely why Rossowski chose the medium for his efforts.

"Film, either fiction or documentary, has a great ability to draw an audience into its reality because you are immersed in the scenario, and you're living and breathing in that world," he said.

Each Cinesanity screening is followed by a discussion, which Rossowski said sometimes leads to sharing personal experiences, while encouraging networking and a sense of community among those present.

Cinesanity began in September 2008 and is scheduled to continue through to June 2009. Come June, Rossowski hopes to renew the program and possibly make it a weekly event.

For more information contact Stan at sar@mts.net ■

Talking to your family and friends about schizophrenia

Schizophrenia is one of the most serious of all mental health problems. Although the Latin term “schizo” means a break or split, schizophrenia has nothing to do with split or multiple personalities. Rather, in schizophrenia, the split is between the person and the real world. More than with any other mental health problem, people with schizophrenia seem to be disconnected from the world, seeing and hearing things that aren't there, controlled by false delusions, and appearing or uncaring of what other people think.

Schizophrenia, unfortunately, is a common problem. In Canada, an estimated one percent of adults have schizophrenia – more than a quarter of a million Canadians. Despite the common nature of the problem, its cause is not entirely known. It is thought there is a genetic component, as schizophrenia is more likely to develop in a person if it is found in the family. Environmental factors play a role: many people with schizophrenia undergo a major stress, loss or illness before becoming ill. Changes in neurotransmitters (the chemicals in the brain that allow nerve messages to flow) are probably a factor. However, the occurrence of schizophrenia is still largely a random event; it is an illness that simply develops for no obvious reason.

Schizophrenia usually develops in young adults between the ages of 15 and 30, with men and women affected equally. Unfortunately, schizophrenia does not go away. Once it develops, most people may have declines in their ability to work, interact with other people, and care for themselves in day-to-day life. Some people will show symptoms similar to schizophrenia, then get better and return to normal or near-normal functioning – this is usually described as a brief psychotic episode, rather than schizophrenia.

What are the symptoms of schizophrenia?

The symptoms of schizophrenia are usually divided into two groups, termed positive and negative symptoms. Positive symptoms are those found in people with schizophrenia, but not in other people. These include hallucinations (usually hearing voices that are not there, voices that criticize or condemn); delusions (false beliefs, often about a threat or persecution); paranoia; inappropriate behaviour; disorganized or incoherent speech. Negative symptoms refer to feelings or actions that are lost by people with schizophrenia. For instance, most people with schizophrenia may lose ambition, have less energy or enthusiasm, withdraw from social contact, and show less emotion (referred to as flattening of affect). Negative symptoms often become more of a problem in people who have had schizophrenia for years.

How is schizophrenia diagnosed?

No laboratory test can diagnose schizophrenia. Instead, the diagnosis is based on the typical symptoms that have been described above, occurring over a period of at least six months. Similar symptoms can occur due to drugs (such as LSD), or rarely other medical problems (such as a brain tumor). But careful questioning, examination and, if necessary, other tests, will help rule out these possibilities.

How is schizophrenia treated?

Prior to the 1950s, there was no effective treatment for schizophrenia. Most people with the disorder needed to stay in chronic psychiatric hospitals for their safety and for the safety of others, and had to suffer with horribly distressing symptoms. However, in 1952, the first effective antipsychotic drug, chlorpromazine, was developed. These medications allowed certain patients to improve sufficiently to leave hospital and live in the community. Long-term treatment with medication was necessary, and is still crucial, to prevent symptoms from returning and to allow the person to remain stable. Some of these medications can be given by injection in a form that lasts for weeks, so that the person with schizophrenia does not need to remember to take a daily medication.

While these medications, now referred to as first-generation antipsychotic drugs, are still widely used and still very effective, many newer medications have been discovered. Referred to as atypical agents, or novel antipsychotic agents, these newer medications generally have fewer side effects, so they are more pleasant to take. As well, the atypical agents tend to be more effective than the earlier drugs for negative symptoms such as social withdrawal and relationship difficulties.

Psychosocial rehabilitation, cognitive therapy, peer support, community supports and services and family education are all as important in helping the person with schizophrenia in their recovery journey.

What can I do to help someone with schizophrenia?

There is an enormous amount you can do. People with schizophrenia may have trouble caring for themselves and the caring support of someone close can make a huge difference. Assistance in adhering to medication is important. Discussing personal goals will help normalize the experience of schizophrenia.

Schizophrenia can interfere with work performance. Many people with schizophrenia will benefit from regular employment in some sort of supportive environment. The help of a mental health worker or community support group can be invaluable in organizing such work and providing structured opportunities to interact with other people.

For most people who have schizophrenia, taking a prescribed medication regularly is crucial to their ongoing health. The lack of ambition and reduced capacity for self-care that are characteristic of schizophrenia, unfortunately, make this a real problem. Your support and encouragement can make a difference.

It is important to maintain hope. Most people with schizophrenia can recover a quality of life with adequate support. Recovery is learning to live beyond the limitations of the illness with meaning and purpose.

Continued on page 5

Province Marks 10 Years of Fighting Poverty With New Strategy Called “ALL ABOARD”

Vision Sets Goals for Affordable Housing, Training, Jobs and Healthy Families

A poverty-reduction strategy called ALL Aboard, based on an annual investment of more than \$744 million including \$212 million of new investments, will focus on long-term solutions to help low income Manitobans.

“Everything we do as a government, from budgeting to social policy decisions, is weighed for its ability to reduce poverty and increase the inclusion of low-income Manitobans in all aspects of community life,” Finance Minister Greg Selinger said. “Many groundbreaking initiatives, such as Closing the Gap, Neighbourhoods Alive!, Healthy Child Manitoba, Family Choices, the Manitoba Hydro Northern Training and Employment Initiative, and Rewarding Work, have made a real difference in the lives of Manitobans. We intend to build on this success with ALL Aboard.”

“During the past 10 years, Manitoba has achieved significant success in reducing poverty,” Housing Minister Gord Mackintosh said. “Given the current global economic challenges, it makes sense to build on this work and strengthen the programs and initiatives currently in place.

The ministers said poverty is about more than a lack of money alone; it is a combination of problems that keep people from participating in the economy or in society. In recognition of this complexity, ALL Aboard has four priorities: to create more affordable housing, strengthen training and income supports, enhance child development, and ease access to coordinated services and programs.

Initiatives fall under these pillars:

Safe, affordable housing in supportive communities:

- an expanded HOMEWorks! program,*
- a new vision for Manitoba Housing,*
- a new homeless and mental-health housing strategy,
- Manitoba Shelter Benefit enhancements,*
- more Lighthouses,*
- a SafetyAid expansion for low income seniors,* and
- an expanded Neighbourhoods Alive! program.

Education, jobs and income support:

- a graduation rate initiative including a new northern Aboriginal Youth Internship program;*
- stronger post-secondary education access initiatives through Bright Futures;
- a new strategy for people with disabilities;*
- Rebound, Manitoba’s back to work action plan;*
- new Rewarding Work Initiatives including mental-health support and recreational opportunities pilots;*
- a minimum wage increase in October 2009;
- property and personal tax credit increases and an increase in the low-income threshold;
- the Manitoba Saves! asset building program; and

Strong, healthy families:

- new family resource centres in community schools,*
- a Healthy Foods action fund,*
- a new family-enhancement stream in child welfare,* and
- more affordable, quality child care.*

Accessible, coordinated services:

- ServiceLink, a new navigation strategy to help Manitobans access benefits and services;*
- MYTEAM, a youth transition employment assistance program to help youth aging out of child welfare;* and
- the new Career Development Gateway, providing single-window access to help people develop their careers.

To kick-start the strategy, the province is simultaneously launching a HOMEWorks! homeless strategy with a focus on mental-health housing.

The impact of ALL Aboard will be strengthened by a growing economy and strong partnerships, the ministers said. These partnerships will include the federal and municipal governments, business and community groups, First Nations, Métis and all Manitobans.

Implementation, progress and annual public reporting will be overseen by a new interdepartmental working group co-chaired by Manitoba Finance and Manitoba Family Services and Housing, reporting to a Ministers’ Poverty Reduction and Social Inclusion Committee.

* Full announcement pending ■

Special Support Groups & Workshops in Winnipeg

- 1) **Family Support Group** – for families and friends of those experiencing schizophrenia, schizoaffective disorder, and psychosis. **Every fourth Tuesday of every month.** From 7:00p.m. to 9:00p.m. Next Date: Tuesday, June 23, 2009
- 2) **Eight Stages of Healing** – Workshop for families, friends and caregivers. **Meet weekly starting: Tuesday, September 15, 2009.** From 7:00p.m. to 9:00p.m. Ending: Tuesday, November 3, 2009. **Call 786-1616 to register**
- 3) **Strengthening Families Together** – Education for families & friends. **Meet weekly starting: Wednesday, September 16, 2009.** From 7:00p.m. to 9:00p.m. Ending: Wednesday, November 4, 2009. **Call 786-1616 to register**

Province Launches Homeless Strategy With Focus on Mental-Health Housing Up to 2,000 Manitobans to Benefit from 285 More Mental-health Housing Units, 600 to Benefit from New Portable Housing Benefit: Ministers

A new strategy to reduce and prevent homelessness will connect homeless people and those with mental-health challenges to stable, secure housing and support services.

“The foundation of healthy living is good housing. But stable housing often requires outreach to connect vulnerable Manitobans to housing with services to support individuals in their tenancy and mental-health recovery. This housing-first approach will make a real difference,” said Healthy Living Minister Kerri Irvin-Ross.

The HOMEWorks! homeless strategy includes the following new initiatives:

Emergency Shelters

- 100 homeless shelter beds added.
- Emergency homeless shelter standards introduced – Guidelines developed in consultation with shelters are being concluded to ensure that quality, consistent and safe services are provided at Manitoba’s five emergency homeless shelters to support both shelter users and staff in the delivery of supervised emergency homeless shelter services.
- The Salvation Army Service Co-ordination Project – Manitoba Family Services and Housing is working with the Salvation Army and its partner, the Winnipeg Regional Health Authority, to permanently house long-term shelter users with supports.
- Cold weather shelter strategy – Based on the experiences of providing emergency homeless shelter in one of the world’s coldest major cities, a protocol was developed by the Winnipeg shelters to serve 80 additional people.

Outreach

- Homeless outreach team – To reduce the number of homeless individuals, seven new outreach workers based at community agencies will link as many as 300 people a year to housing, social and health services in four communities (Winnipeg, Brandon, Thompson and The Pas).
- Province joins Project Breakaway – The capacity of this Winnipeg Police Services initiative to work with chronic users of police, health and social services will be doubled through provincial funding for a coordinator and an outreach worker based at the Main Street Project

Housing with Services

- 285 more mental-health housing units with supports – Integrated housing options ranging from independent living with supports to 24-hour supportive housing units will be funded including:

- 50 privately owned or converted Manitoba Housing units redeveloped into permanent housing with supports,
- 30 units with on-site supports for individuals with persistent mental illness,
- 40 units in downtown Winnipeg converted to housing with supports for individuals who are chronically homeless,
- 74 additional Canadian Mental Health Association integrated housing units including units at Brandon’s Massey Building,
- our Manitoba Housing units converted into interim housing for youth with support from Resource Assistance for Youth (RaY), and
- 87 existing units at Madison Lodge to receive enhanced support services.
- Portable housing benefit – 600 low-income Manitobans with mental-health challenges and an unstable housing situation will receive a rent subsidy of up to \$200 per month to access a broader range of private housing, as well as housing supports provided by eight support workers in communities across Manitoba.
- Manitoba Housing Wellness initiative – 760 tenants will receive supports from the expansion of the Community Wellness Initiative (CWI) to 14 sites within and outside Winnipeg from five Manitoba Housing sites in Winnipeg. The expansion includes enhanced services with the addition of 11 housing and mental-health support workers.

Prevention

- Homeless prevention summit – A long-term prevention strategy will be based on a summit to be held this fall.

The strategy will be enhanced and complemented this fall when the Mental Health Commission of Canada (MHCC) begins an \$18-million, four-year demonstration project providing housing with services for up to 300 Aboriginal people in Winnipeg who are homeless and living with mental illness. ■

Talking to your family and friends about schizophrenia - continued from page 3

Helping people with schizophrenia to stay as healthy as possible takes a team – family, friends, healthcare professionals, support groups – working together, over the long term. A positive outcome - helping a person with schizophrenia remain stable and to live and function in the community - makes the effort worthwhile.

(Adapted from: <http://www.pfizer.ca/english/your%20health/schizophrenia/default.asp?s=1>) ■

The 13th Annual Iris Gala Evening

The 13th Annual Iris Gala Evening was held on May 9th with 225 guests in attendance. Our guests enjoyed a fabulous dinner in the beautiful rural setting at The Gates on Roblin. The evening was hosted by CJOB reporter Richard Cloutier. Our special guest speaker was Judge Ted Ormston, Chair of the Advisory Committee for Mental Health and the Law, Mental Health Commission of Canada. Also in attendance was the Honourable Kerri Irvin-Ross, Minister responsible for Healthy Living who brought greetings on behalf of the provincial government.

The 2009 Awards were presented to:

Iris Award – Richard Cloutier, CJOB Radio

In honour of his passionate advocacy through the media for enhanced mental health services.

Journey of Hope Award - Jean & Gerald Stople

In honour of their exemplary role model as advocates for and avid supporters of the Manitoba Schizophrenia Society.

Journey of Hope Award – Billy Bob Denoyer

In honour of his exemplary role model as an advocate for and avid supporter of the recovery model within the mental health movement.

Corporate Achievement Award – Trane Canada Inc. – Winnipeg

In recognition of their philosophy, dedication and support for those living with mental illness.

Volunteer Service Award – Margaret Fentum

In honour of her outstanding volunteer contribution and support of the Manitoba Schizophrenia Society.

The night was capped off with the sounds of the Ron Paley Orchestra as many guests danced the night away.

Thank you to all our sponsors and supporters. And a special thank you to all the volunteers who dedicated their time to make the evening a huge success.

Upcoming Events



Manitoba Schizophrenia Society ANNUAL GENERAL MEETING

Wednesday, June 24th, 2009
Norwood Hotel, 112 Marion Street

12:00 Noon – 1:15p.m.

Guest Speaker:
Marie O'Neill
Associate Deputy Minister
Primary Care & Healthy Living

*“Meaningful Community Participation at
Selkirk Mental Health Centre”*

No cost. Donations Accepted
RSVP to Viola at 786-1616 by June 19th, 2009

Upcoming MSS Fundraisers:

18th Annual Golf for People with Schizophrenia Tournament

on Monday, June 22, 2009

at Southwood Golf & Country Club.

To register contact Loreen at 786-1616.

19th Annual Journey of Hope Walk

on Saturday, September 12, 2009.

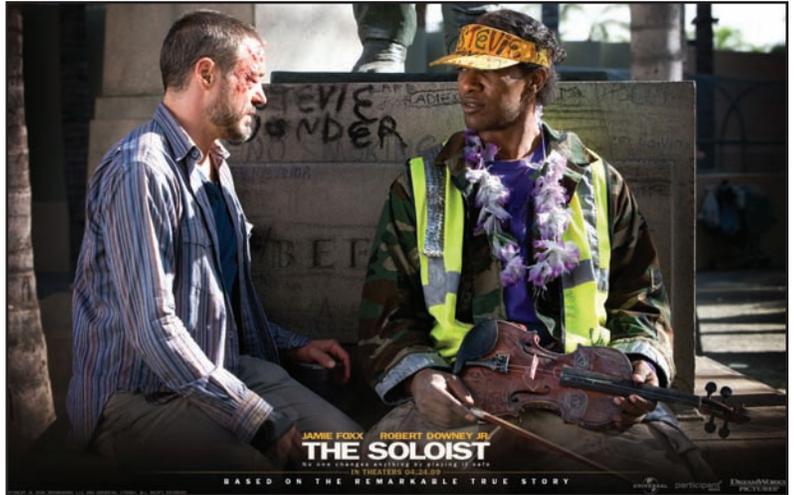
Location: Assiniboine Park Duck Pond.

Call 786-1616 for more information.

From Solo to Symphony: The Music of Hope and Community

I hate reading most of the books and viewing most of the movies that portray people with schizophrenia. Historically they seem to be negative and focus on the illness rather than the person. They often type cast people with schizophrenia and promote continued misunderstanding and hopelessness around one of the most serious mental illness. The concept of recovery is never or at least rarely mentioned while the emphasis seems to be solely on pessimism, coercion and on medication “compliance.”

But the book and movie by the same name, *The Soloist*, are remarkably refreshing and inspiring. In the movie Robert Downey Jr. stars as Steve Lopez, a columnist for the Los Angeles Times. Jamie Foxx is Nathaniel Ayers, a homeless, mentally ill street musician and Julliard dropout. Steve meets Nathaniel. The journalist becomes quite taken with him, and begins writing columns about his unusual story. Lopez finds his life forever changed because of Nathaniel's patience, hopefulness, intervention and advocacy.



The story is full of surprises. Lopez meets Dr. Mark Ragins a psychiatrist who is a strong proponent of the Recovery Model which emphasizes self-determination, choice hope and empowerment. Although I have not been successful in getting Dr. Ragins to a schizophrenia conference in Canada due to his busy schedule, I do continue to read his articles on the transforming philosophy of recovery at http://www.village-isa.org/Village%20Writings/writings_hp.htm . His booklet Road to Recovery is must reading for all who wish to have an empowering relationship with those living with mental illness. <http://www.village-isa.org/Ragins%20Papers/Road%20to%20Recovery.htm> .

While *The Soloist* has real weight, nuance, and complexity, it captures not only the complicated aspects of schizophrenia, but also the individual uniqueness of the person with schizophrenia and the differing philosophies of “treatment.” In the story there is the theme of the humble shaming the proud who think they have all the answers. We learn it is not only about what Nathaniel does for Steve, but also about what Steve does for Nathaniel. “It's a meditation on the power of friendship, but also a look at the nature of exploitation, the importance of choice, and the challenges of fidelity.” Gradually Nathaniel recovers a quality of life, even without the use of medication to this day.

The movie *The Soloist* is still playing across Canada. Go see it. Even better, read the book! The word “solo” means, “Without anybody else or anything else.” That's how many people living with schizophrenia feel. This redemptive story moves from a solo of isolation, to a duet of friendship, to a symphony of community support.

Some of the questions the book and movie provoke are:

How do Steve and Nathaniel benefit equally from their friendship? Is it a mutual thing, or is one character exploiting the other?

Do Steve and Nathaniel undergo any kind of change throughout their relationship? If so, how are they changed?

What all is Nathaniel recovering from? What helps and what hinders his recovery process?

What are the strengths of the Recovery Model? Why do many family members and professionals fear the Model?

How does the story challenge some of our preconceived assumptions about schizophrenia, people with schizophrenia, quality of life, and recovery?

To view Nathaniel and Steve and some of Nathaniel's musical ability see:

<http://www.youtube.com/watch?v=IMMaZCeZO58&feature=channel>

<http://www.youtube.com/watch?v=v7ovt3vSfI8>

<http://www.youtube.com/watch?v=q9B7nOYIFt4&feature=related>

http://www.filmsnmovies.com/video/1909/the_soloist_nathaniel_ayers_jr_and_steve_lopez_interview/

Chris Summerville, a mental health advocate and community activist, is the CEO of the Schizophrenia Society of Canada, Executive Director of the Manitoba Schizophrenia Society and a Board Member of the Mental Health Commission of Canada ■

Schizophrenia Services Around the Province

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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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Manitoba Schizophrenia Society Membership & Donation Form

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: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Signature: _____ Date: _____

I am: Mother Father Sibling
Consumer Service Provider Other
I am renewing my membership

Members receive the MSS newsletter, Reasons for Hope and the Schizophrenia Society of Canada (SSC) Bulletin.

Please make cheques payable to:

MSS
100 - 4 Fort Street
Winnipeg, Manitoba R3C 1C4