

A future with hope



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SCHIZOPHRENIA SOCIETY OF CANADA NEWSLETTER

“A future with hope... in a year of transition”

A Message from SSC's President, Dr. Pam Forsythe

The SCC Board of Directors realizes that the closure of the SSC office in Markham, Ontario and the ongoing changes in leadership and staff represent a significant transition for the Society. While we believe this transition period will better position the organization for optimal growth and success, we wish to recognize and address the questions that these changes may have generated among some of our stakeholders, including the members of the Schizophrenia Society of Canada



Dr. Pam Forsythe

It is understandable that our members, donors, sponsors and supporters would have questions about what these changes mean for the organization, for their donations, for the programs and projects they support, etc.

To that end, we have developed some key messages that we hope provide clear and consistent information that:

- Informs our members and stakeholders about the changes underway within the organization.
- Maintains the confidence and support of our stakeholders throughout this transitional period.
- Ensures representatives of the organization are speaking with the same voice.
- Reinforces our commitment to our mission statement and to individuals and families affected by schizophrenia and psychosis.

Should you have any questions about the following information, please contact me at info@schizophrenia.ca.

Sincerely,

Dr. Pam Forsythe, *President*
Schizophrenia Society of Canada



A REASON TO HOPE. THE MEANS TO COPE.
SCHIZOPHRENIA SOCIETY OF CANADA
SOCIÉTÉ CANADIENNE DE LA SCHIZOPHRÉNIE
UNE SOURCE D'ESPOIR, DE SOUTIEN ET D'ENTRAÏDE.

When will the SSC be hiring a permanent CEO?

The Schizophrenia Society of Canada was actively involved in recruiting a Chief Executive Officer during this past summer. This process provided the national Board of Directors with an extraordinary opportunity to think strategically about the future role and direction of our collective work across Canada. The Board feels that this is a crucial time to bring the entire organization together to consult and plan business solutions for our organization, and strategic solutions for the many challenges we face as the voice for schizophrenia in Canada

While we were able to find a candidate who could help us to plan our future, we also came to the conclusion that we needed some breathing room as an organization to approach planning in a meaningful way which will produce dynamic, long term, sustainable results. Toward this end, we have come to an agreement with our final candidate, Tim Feher, to instead hire him as an Organizational Development Consultant to lead, design, facilitate and support an organizational development and strategic business planning process for the Society. Tim has served as CEO for a number of national organizations and has helped them grow. Over the next year, Tim will help us with a strategic business planning process which will produce tangible outcomes to take the Society to its next level of growth.

Chris Summerville has graciously agreed to continue on as our Interim CEO, working with Tim during this period.

Where and when will the SSC open a new office?

The lease on our existing office expired at the end of November and the office in Markham closed as of November 30, 2007.

All operations are being done through the “virtual site” located at the Manitoba Schizophrenia Society in Winnipeg under the direction of our Interim CEO Chris Summerville.

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“A future with hope... in a year of transition

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Though we had deliberated about relocating the national office to Ottawa, we believe that we should not open a new office until after our national strategic vision and plan have been developed and a permanent CEO is hired. The relocation of the SSC to Ottawa has been discussed for several years now. As a national organization, one of our primary purposes is to advocate for improved legislation, treatments and supports for individuals and families affected by schizophrenia and psychosis. Ottawa seems to be the ideal location for these efforts because it improves our opportunity to network with and build relationships with key decision makers. It is expected that the SSC will have an office up and running by this time next year.

During the next year, SSC will operate as a “virtual organization,” much like Mood Disorders Society of Canada. The “virtual office” will operate from Winnipeg at the Manitoba Schizophrenia Society. Requests by mail, email and phone will be handled by Chris along with his team at MSS. Working closely with the provincial societies, Chris will forward requests for services and supports to the province from which the request originates. Chris will engage in advocacy, fulfill media requests and work with SSC Special Projects Coordinator Catherine Willinsky, who works with SSC on a contract basis from a home office. She will continue to do so until her projects are completed by the spring of 2008, as per the terms of our agreement with her.

How can we reach the SSC?

We can always be reached at our email address: info@schizophrenia.ca. These contact points will remain the same although the office is closed in Markham. Our mailing address will remain the same but all correspondence is automatically forwarded to Chris in Winnipeg... As well, phone calls to our current existing phone number will be automatically forwarded to Winnipeg

Will you continue to fundraise and offer the same materials, programs and events?

Based upon our meeting with the Federation of Schizophrenia Societies in May 2007, the SSC will assess and choose its program and projects based on how they help us live our mission and our already-established advocacy objectives. The existing programs are being maintained right now, but we will be doing assessments on all of our work to establish priorities and to determine whether certain programs and areas might be more cost effectively and more efficiently handled by other parties.

Fund development will continue to be a significant challenge as we strive to maintain certain programs, such as the revision and reprinting of Rays of Hope and the continuation of the Strengthening Families Together Program.

Our Direct Mail Program has been successfully outsourced to the Schizophrenia Society of Alberta. SSC will benefit from the broad professional expertise and years of experience in fund raising by the staff at the Schizophrenia Society of Alberta.,

What happens to the programs that are currently being run / funded?

SSC will continue to manage and deliver its existing programs, within our financial capabilities and based on the expressed needs of our constituents. We are committed to ensuring that priority programs and resources continue to be available in the long term and will be assessing those areas in the future. Catherine Willinsky will continue as SSC Special Projects Manager working from her home in Toronto.

With the virtual office in Winnipeg and the eventual move to focus on advocacy, does that mean you won't be doing work in the areas of research and education?

SSC will continue its research and education activities. We will continue to work with the Schizophrenia Society of Canada Foundation in promoting and funding research. The SSC has a Research Committee that is continuing to look at ways of promoting research into a cure for schizophrenia by working in collaboration with several scientific research organizations.

Public education is critical to our goal of reducing stigma and assisting those affected by schizophrenia and psychosis. Working in partnership with the provincial schizophrenia societies, and within the context of work being undertaken by the Mental Health Commission of Canada, we will be engaging more extensively in mental health literacy efforts.

In adopting the new mission statement, the SSC seems to be focusing on individuals and not families. Why?

The SSC is not shifting its emphasis or its work away from families in any way. We have always been, and continue to be, fully committed to families who have loved ones with schizophrenia and psychosis and to helping them get the support and services they need to deal with the devastation that this illness can cause.

We must also recognize the other individuals and groups that are affected. Obviously, there is the individual who is living with his/her illness, who requires a full range of services and supports. And there are others – those who are not family members per se but who are very much affected by the illness – including friends, colleagues, and others who provide support to individuals, who also require services, resources and support.

The SSC strives to serve all of these individuals, and we want to ensure that our terminology, language and resources reflect all stakeholder groups, rather than focusing primarily on one or another. To accomplish that, the SSC and the provincial schizophrenia

societies very specifically and very carefully chose the wording for our new joint mission statement, which encompasses all individuals and groups impacted by the illness.

There's been more and more emphasis on recovery. What is recovery and does it take the place of treatment? What is the SSC's stand?

Recovery is the idea that many people can and do recover from mental illness to attain a quality of life that is meaningful for them. Recovery means different things to different people. It includes: controlling the symptoms of schizophrenia, living independently, having a job, having friends and social support, and a good quality of life.

For the last 25 years, the concept of recovery from mental illness has been developing. Both the Mental Health Commission of Canada and the ground-breaking work of the President's New Freedom Commission on Mental Health in the United States have stated that our mental health systems need to move towards a more recovery-oriented mental health system.

While there is no complete agreement as to what recovery is, there is agreement that it means regaining a renewed purpose and meaning in life, in spite of mental illness, regardless of its severity. All agree that such recovery cannot happen unless a wide range of treatment options are provided. These include, but are not limited to: early intervention, access to medication, psychiatric rehabilitation, psychosocial support services, enhanced community mental health services, safe and affordable housing, meaningful work, family psychosocial education, self-help and empowerment.

Recovery is not the same as being cured – individuals may continue to experience symptoms and require ongoing treatments and supports. It is an ongoing journey for individuals, families and others affected by mental illness as they strive to live the most satisfying and productive lives possible within and beyond the illness. ■



Schizophrenia Society of Canada to Launch National Strategic Business Planning Process for Renewal, Growth and Enhanced Service Outcomes

With compelling advice from our final CEO candidate the Board came to the conclusion that we really had some homework to do before hiring a CEO. The Board has come to the conclusion that we need to do some intensive strategic planning as an organization to establish a clear mandate for a new CEO, and a productive and sustainable business model in which to work.

The Board has decided to engage an Organizational Development Consultant to lead, design, facilitate and support an organizational development and strategic business planning process for the Society. Tim Feher has served as CEO for a number of national charitable organizations and has helped them grow using an approach which focuses on integrated strategic and business planning, revenue and capacity development, increased service outcomes, and creative messaging and brand positioning in the marketplace. Tim was just appointed as the CEO of the Lifesaving Society of Canada, and (with the support of his new employer) continues to consult with organizations in the non profit sector. Tim also maintains his post as part time Professor at Algonquin College where he lectures on business and organizational development for 3rd year students.

Tim will help us over the next year with our Strategic Business Planning process. The overarching objective of the process is to enhance the Society's capacity, voice, presence, mission and services to its communities and customers across Canada.

It is the Board's wish to launch this process with the full engagement of the entire organization and provincial societies.

Objectives and Products of the SSC Strategic Business Planning Process 2007/08:

1. Engage the members, stakeholders, staff, provincial and national boards in the development of a renewed, and shared, Long Term Vision for the Society. We will articulate a clear path forward through a set of measurable benchmarks and outcomes for the cause of Schizophrenia and for our organization.
2. Design an Organizational Development Plan for the Society that will serve the long term vision, and will enhance the Society's financial sustainability, management and governance structures, accountabilities, and capacity. We will develop the most efficient and productive form to fit our function.

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My Vision for the Mental Health Commission of Canada

-Chris Summerville, Interim CEO of the Schizophrenia Society of Canada

What an honour and humbling experience to be on the platform when Prime Minister Stephen Harper and Senators Kirby and Keon



Chris Summerville

announced the Board of Directors of the Mental Health Commission of Canada on August 31, 2007 in Ottawa. It is indeed an awesome responsibility to be appointed as one of the 11 non-governmental directors of the board of the Commission.

The Mental Health Commission is something for which the Schizophrenia Society of Canada has lobbied for over the past several years, given that Canada is the only G-8 country that does not have a national mental health strategy.

I believe the Commission provides an opportunity to appropriately address the years of disparity, stigma and discrimination that have negatively impacted the lives of those with mental illness. Since my appointment I have had the privilege of conducting over 40 media interviews across Canada, accepting the responsibility to give voice to the millions of Canadians who are affected by mental illness and mental health challenges.

The Board will be assisted in its work by eight advisory committees. Children and Youth; Mental Health and the Law; Seniors; Aboriginal; Workplace; Family Caregivers; Service Systems; and Science. The committees' role is to provide advice to the Board and to support the Commission in keeping it engaged with the broader stakeholder community. You can read more about the about the MHCC at: <http://www.mentalhealthcommission.ca/boardadvisory.html>

A social justice issue

Let me say that first and foremost, in advocating for enhanced mental health services for all people groups across Canada, I believe our society and leaders must see mental illness and mental health challenges, not merely as a health issue, but as a social justice issue that addresses the inequities, inequalities and injustices towards those living with mental illness (and their families), many of whom have been ghettoized, stigmatized, marginalized, and disenfranchised through systemic discrimination.

If we know what helps to prevent certain mental health problems, and if we know what helps people with mental illness to get well and stay well longer, and we do not provide these treatment options, supports and services, especially to those disabled by mental illness, then as one of the wealthiest countries in the world, it is no longer a health issue, but a human rights or civil rights issue.

The threefold task of the Commission

One of the principal tasks of the MHCC will be to undertake a 10-year anti-stigma campaign to combat social prejudice and discrimination. People aren't just recovering from mental illness, they're also recovering from the effects of stigma, discrimination and lack of full citizenship opportunities. We know we can do a much better job at mental health literacy as well as providing treatment, support and services for the one in five Canadians who will experience some type of mental health challenge in their lifetime.

Secondly, the MHCC will develop a Knowledge Exchange Centre to assist us all in working from the "same page." It will include evidenced based, effective practice models that are client based, practiced based and researched based. I trust it will incorporate promising practices from a

holistic model: a bio-psycho-social-spiritual-recovery-empowerment perspective. Obviously, it has to be user-friendly and as accessible to as many Canadians as possible.

Finally, the Commission will facilitate the discussion of a National Mental Health Strategy that addresses the disparities among provinces and territories and within each of their regions. This strategy must result in the creation of recovery-oriented mental health systems and services. I believe it must be based more on a wellness model rather than an illness model. In fact, the chair of the MHCC, Michael Kirby has stated, "Underlying the proposal to create the Commission is a vision for how to transform the organization and delivery of mental health services and supports in Canada. This vision is based on the belief that recovery is possible for people living with mental illness."

From passion to action

Part of my personal envisioned passion as a director is:

- 1) Canada will develop a recovery-oriented mental health system and services that result in a better quality of life for those living with mental illness.
- 2) The consumer voice will be heard: "Nothing about us without us." Embedded in each Advisory Committee and on the Board are consumers, people with the personal, lived experience of mental illness and mental health challenges who offer a wealth of knowledge and wisdom.
- 3) Consumers and families will be taught about and receive mental health services that are holistic in addressing body, mind, soul and spirit from a bio-psycho-social-spiritual-recovery-empowerment perspective.
- 4) Mental health promotion and prevention for children and adolescents will be a priority.

My Vision

I envision a day when people with mental illness are fully embraced with acceptance, respect, compassion, dignity and equality at all levels of society.

I envision a day when there is no more stigma around mental illness just as there is no stigma around cancer, and people living with mental illness can live lives with no fear, no shame, and no discrimination.

I envision a day when the media will self-impose a “zero tolerance” rule in the use of stigmatic language.

I envision a day when “Certified Mental Health Peer Support Specialist” will be integrated into, and fully accepted at all levels of hospital and community services.

I envision a day when “Parent Partners,” using a recovery-oriented approach will be established in community programs to work with family members in navigating the mental health maze and assisting them in their advocacy and in own recovery process.

I envision a day when diversion programs are implemented in every jurisdiction so as to demolish the largest mental health institution in our country: prisons and jails.

I envision a day when forced treatment is a thing of the past as we redouble our efforts to practice alternatives to forced treatment.

I envision a day when indigenous and racialized people (who unfortunately bear the greatest burden of mental health problems and mental illness) are listened to, embraced and valued in an inclusive manner as barriers of oppression and exclusion are torn down, while advancing the well-being of indigenous and racialized people.

I envision a day when our health care system will be less based upon a “Eurocentric medical model,” but more upon a “community model” of mind, body, soul and spirit. For what does it profit a person if he or she gains symptom relief from mental illness,

but loses his or her soul (hope, choice, meaning, purpose, full citizenship)?

I envision a day when every mental health service will address co-occurring or concurrent disorders of mental illness and substance use/abuse/misuse simultaneously as primary disorders.

I envision a day when psychological support services are fully subsidized and integrated into mental health service for the 50% of those with mental illness who have lived trauma experiences.

I envision a day when every person disabled by mental illness will be able to have safe, affordable housing in the community of their choice.

I envision a day when every doctor and nurse practitioner will be trained, comfortable and able to work with patients with mental illness.

I envision a day when health, social services, housing and other departments work in a coordinated fashion to develop “wrap-around” mental health services for those living with mental illness.

I envision a day when faith communities will address stigma and discrimination in their own congregations towards those with mental illness, thus making their churches, synagogues and mosques safe, welcoming and empathic centres of healing.

I envision a day when there will be consistent monitoring and assessment of the mental health needs of the most vulnerable in our communities: the poor, women, children, youth and seniors.

I envision a day when suicide rates are cut in half as a result of creating resilient families and communities.

I envision a day when every Employee Assistance Program will address mental illness in the workplace as a regular part of their mandate.

I envision a day when we will no longer need a Mental Health Commission of Canada.

Together, we can

With the creation of the Mental Health Commission we are in effect, ordering up the dawning of a new day in how we do and provide mental health services in our country. Perhaps, this is our “global warming challenge” as a mental health community.

Together, we have this God/Creator-given opportunity to shine the light of better and promising practices and insights into the bondage of darkness and to dispel the chaos of suffering and alienation experienced by far too many of our brothers and sister affected by mental illness.

Together, we can correct the wrongs and injustices of the past created by failed deinstitutionalization policies towards the mentally ill.

Together, we can co-heal the oppressive wounds experienced by indigenous brothers and sister of “Mother Earth.”

Together, we can create a “healthy” mental health system that enables Canadian children of today and tomorrow who will experience mental health challenges to live, love, work and play in the light of the fullness of wellness.

Together, with your continued personal advocacy efforts, we can create a social justice movement...a people movement... in our beloved country similar in passion and spirit to that which began under William Wilberforce in his fight for the abolition of slavery in England.

Together, we can do the right thing.

I welcome your continued input and expressions of concern as we move forward. Please do share with me your hopes and dreams, your ideas and suggestions regarding the three-fold mandate of the MHCC.

I can be contacted at
Chris@schizophrenia.ca ■



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Schizophrenia Society of Canada National Programs and Projects Updates November 2007

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Concurrent Disorders

The Concurrent Disorders project is now in its third and final year. With the guidance of the Advisory Panel, we are working to complete and disseminate the projects' products, including the booklets for service providers, consumers and family members, as well as the project website. We are currently working on enhancing and completing the website for its official launch in March 2008. The preliminary project website is now available for viewing at www.schizophreniaandsubstanceuse.ca. Please get in touch with Catherine Willinsky (willinskyc@schizophrenia.ca) with any comments about this preliminary site.

The final project advisory panel meeting is scheduled for February 2008, where we will be planning for a potential Phase 2 concentrating on exploring SSC's role in national knowledge translation and exchange in concurrent disorders.

Strengthening Families Together

The Strengthening Families Together resources have been updated and the new version has been made available to all provincial societies. The translation of updated program has also been completed, and the French version produced and sent out to all Societies who requested it.

SSC will shortly be disbursing the remaining implementation fund to provincial societies who are conducting SFT workshops. For further information please contact willinskyc@schizophrenia.ca.

Strengthening Families Together – Early Intervention Edition

In partnership with the Schizophrenia Society of Ontario, SSC is working on creating and piloting a family education and support program designed to meet the needs of first episode psychosis families. Building on the strengths of the SFT program, this new resource will reflect a message of hope and recovery.

The revised curriculum will be delivered to a variety of SSO staff, volunteers and early intervention workers in January of 2008, and will result in pilots in 4-6 communities across Ontario in early 2008. The final curriculum will be widely available in April 2008. ■

Schizophrenia Society of Canada to Launch National Strategic Business Planning Process continued from page 3

3. Develop a Five Year Strategic Plan, which will enable the long term vision and will enhance Society strategies for: customer service; program delivery; community building; advocacy and education; communications; partnership building; brand management; fundraising and marketplace positioning.

4. Design a Five Year Business Plan, which will enable the Organizational Development and Strategic Plans, and will enhance: revenue development; capacity growth; performance

management; integrated financial planning and budgeting across the organization; operational coordination and strategic alignment across the organization.

The national Board will be directing this process through our interim CEO Chris Summerville. Our Organizational Development Consultant will develop the various stages of the process in consultation with the President and the Board. All stakeholders of the Society will be engaged in the process and we welcome your creativity and your commitment to chart the future of our organization and the voice for Schizophrenia in Canada. ■