

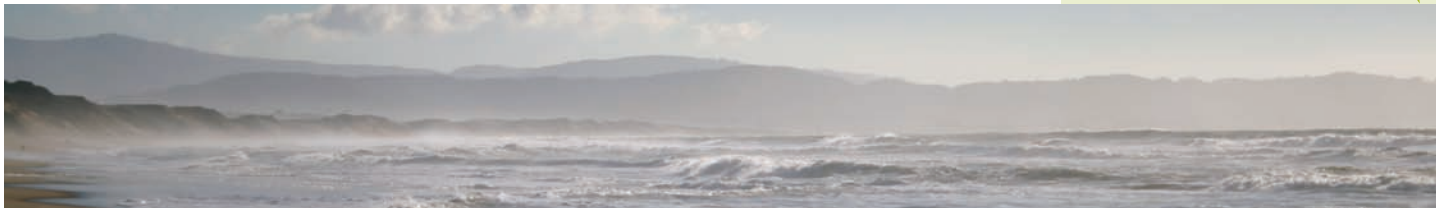
# A future with hope



VOLUME 16, ISSUE 6, Winter 2008

SCHIZOPHRENIA SOCIETY OF CANADA NEWSLETTER

## Preparing for the Next Era



Annual General Meetings are not usually noted for their stimulating content nor do they often attract a sold out audience – that was no different at this year's SSC meeting held in Ottawa during Mental Illness Awareness Week

SSC has not gone "underground" since becoming a virtual organization, with our national office operating out of Winnipeg at the Manitoba Schizophrenia Society. You can find a copy of the Annual Report for the fiscal year of April 1, 2007 to March 31, 2008 on the SSC website at <http://www.schizophrenia.ca/SSCAAnnualReport08.pdf>.

Our three day meetings surrounding the AGM on October 6, 7 and 8 were dedicated to the Schizophrenia Society of Canada AGM, strengthening provincial relations with the SSC, and unveiling the Quality of Life Survey Report and the "Your Recovery Journey." You can read about these two initiatives elsewhere in the newsletter.

I was impressed by how we focused on the power of healthy strategic partnerships in our day long meeting on the Quality of Life Survey Report and the "Your Recovery Journey." The audience included leaders from the Canadian

Alliance on Mental Illness and Mental Health organizations, including representatives from medicine, psychiatry, psychology, social work, occupational therapy, senior's mental health, consumer groups such as Mood Disorders Society of Canada, National Network for Mental Health, and Autism Society of Canada.

All were seated at tables in the room side by side with members of SSC and our provincial societies and with representatives from the Mental Health Commission of Canada. Together we heard about initiatives that tackle stigma and discrimination, that broaden our understanding about what constitutes quality of life for people with schizophrenia and their families that will give people valuable tools to help them on their recovery journey.

The audience's interest in these initiatives was palpable – the discussions were lively and positive. It was a wonderful context in which to celebrate our 2008 SSC award winners at the luncheon and to hear from Michael Kirby about the intentions of the Mental Health Commission one year into its mandate.

As I was heading home from Ottawa I wished all the SSC membership could

have been there – it was a healing experience for an organization that developed largely out of the efforts of illness traumatized families. Many lives have been affected by schizophrenia and the weaknesses that it has exposed in our health system and social supports require tackling systemic problems.

With our new mission and our clarified mandate we are ourselves on a recovery journey – for the schizophrenia movement the next era can feel less isolated, our advocacy efforts more powerful, our membership more inclusive. We desire that all people affected by schizophrenia and psychosis have every opportunity to live a fulfilling life – let's see that dream become a reality!

*Dr. Pam Forsythe,  
President* ■



Dr. Pam Forsythe

### Inside

Report from SSC CEO .....	2
Launch of New resource on Recovery .....	4
Quality of Life Results .....	5
Putting Recovery at the Heart of All We Do ..	6
AGM Wrap-Up .....	7
Executive Committee, Board of Directors and Staff .....	8



**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.**

Return Undeliverable Canadian Addresses to:

Schizophrenia Society of Canada  
P.O. Box 3528 M.I.P.  
Markham, ON L3R 6G8

Canadian Publications Agreement # 40010752

Registration # 1855379



Chris Summerville

## Report from SSC CEO, Chris Summerville

In October, The Schizophrenia Society of Canada held its Annual General Meeting in Ottawa. As Chief Executive Officer of SSC, I made a presentation to those in attendance.

Following are some excerpts from my report:

Our most recent fiscal year, April 1, 2007 to March 31, 2008 was a unique and exciting one; a year highlighted by transition and progress. In our ongoing efforts to live out our powerful new mission statement that actively focuses on the hope and right for improved quality of life for individuals affected by mental illness and their families, SSC took a hard, thorough look at how its operations could best serve those affected by schizophrenia and psychosis.

Having been appointed as Interim CEO of the SSC in February of 2007, I was given the challenge to analyze and evaluate the effectiveness of the organization from a business management perspective. Among the tasks and challenges that were presented were:

- To assist in unveiling the new mission statement: What does it mean and how do we interpret and implement it?
- Positioning for the announcement and implementation of the Mental Health Commission of Canada: What will be the SSC's advocacy role towards the MHCC?
- Moving the Federation of schizophrenia societies to the next level: What are our roles and responsibilities as Federation members for the greater good of our movement?
- Encouraging Board development as it related to governance and the supportive role it plays as a member of the Federation: What is the role or mandate of the SSC within the Federation?

Here are some of the key highlights from the past 12 months:

### Business and Organizational Development Consultant

With the closing of the Markham office and the search for an SSC Chief Executive Officer, the Executive Committee and the SSC Board conceived an opportunity to re-invent the schizophrenia movement in Canada, and solve a number of challenges and organizational development issues at the same time. In October 2007, we contracted with Tim Feher to assist the SSC with business and organizational development. It has been a pleasure and rewarding experience to learn from Tim's expertise. With Tim's help we have formulated an organizational and business strategy, which is not only acceptable, but at times inspiring to the SSC Board.

### 2007 International Conference – Lighting the Path: Hope in Action

Last September, a conference was held in Toronto in collaboration with the SSC, the Schizophrenia Society of Ontario and the World Fellowship of Schizophrenia and Allied Disorders. It successfully brought together families, consumers, mental health practitioners and community leaders to

share ideas, research and stories. Lighting the Path: Hope in Action was an extensive 3-day program, which focused on our shared dedication to deliver a brighter future for those living with schizophrenia; promoting research and better treatment solutions, and the action we must take to end discrimination.

### Plain Language Treatment Guidelines for Schizophrenia Project

The SSC was able to produce a "user friendly" version of the Clinical Guidelines for the treatment of schizophrenia by the Canadian Psychiatric Association (CPA). The funding for this project came from Health Canada – Surveillance Division and the CPA.

### Access to Treatment Options

The Public Policy and Advocacy Committee, working with Ryan Clarke created the "Development of an Access to Medications Chart" to assist provincial societies in advocating for complete access to all antipsychotic medications.

### Advocacy Took Kit

This advocacy tool kit was developed as a cooperative effort between the Schizophrenia Society of Canada and Advocacy Solutions. The purpose of the Schizophrenia Society of Canada Advocacy Tool Kit is to provide people living with mental illness, caregivers and supporters with some basic information to assist in their advocacy and media efforts. This tool kit can be found on the SSC web site.

### Canadian Alliance on Mental Illness and Mental Health (CAMIMH)

The core purpose of CAMIMH is to put mental illness and mental health on the national health and social policy agendas. CAMIMH has been highly effective in forging collaborative national leadership on mental illness and mental health policy through four pillars of public education, research, data collection and reporting, and policy frameworks. The SSC is one of the 21 national organization members of CAMIMH,

Our President, Dr. Pam Forsythe and I were contributors to the four-year Mental Health Literacy Project of CAMIMH. The Mental Health Literacy (MHL) project is the first of its kind in Canada, funded by Health Canada under the Population Health Fund (PHFN) as a response to the Chronic Disease - Integrated Approaches to Chronic Disease funding priority.



## Strengthening Families Together

With the assistance of Catherine Willinsky, the third edition of Strengthening Families Together was released in the spring. The updated resource, the product of collaboration between SSC and the SSO, reflects a tone of hope and recovery. The content addresses the needs of all families and friends who are coping with psychotic illness, whether a first episode of psychosis or a diagnosis of schizophrenia.

The new program builds on the strengths of the earlier editions while reflecting a shift in focus from illness management to recovery. This approach is based on the solid evidence of effectiveness of early intervention, and grounded in the growing body of literature on recovery.

Program resources now include a Facilitator's manual, PowerPoint presentation, and Participant handouts. The entire program is available for viewing (and can be downloaded) on the SSC website.

## Your Recovery Journey

After "negotiations" with Janssen-Ortho, the SSC accepted a contract to develop a training module addressing the role of medication adherence and the recovery process.

This project has resulted in the development of training material to be facilitated by consumers and family members within peer support groups and early psychosis intervention clinics. Emphasis will be on medication adherence, obstacles to adherence, recovery process, quality of life, and reaching one's personal goals

## Concurrent Disorders

This was the final year of the Concurrent Disorders project, which had a goal to make clear, accessible information available about schizophrenia and substance use to consumers, families and service providers. The project culminated in the launch of the website [www.schizophreniaandsubstanceuse.ca](http://www.schizophreniaandsubstanceuse.ca), along with a number of print publications.

The publications (which are available as downloads from the website and also as print publications by contacting [info@schizophrenia.ca](mailto:info@schizophrenia.ca)) include a booklet series with resources for youth, consumers, family members, and service providers, as well as a discussion paper and evaluation tool.

## 2Violet Film Project

The Schizophrenia Society of Canada was pleased to announce its involvement in, and support of The Violet Bloom Campaign created and designed by Toronto film writer/director/producer Silvia Kovatchev. Dedicated toward raising awareness about suicide prevention, the Campaign is designed to support the work of the Schizophrenia Society of Canada, along with Kids Help Phone, the National Network for Mental Health, and Active Minds in their efforts to better educate people about suicide prevention and create the necessary educational materials used by these organizations in their work.

The highlight of the Campaign was the production of a film entitled: 2Violet, a story about the unusual relationship that Nona, an actress with schizophrenia, and her teenage daughter, Violet - an aspiring writer - have

with Sal, an independent filmmaker. The story intertwines reality with the realities of mental illness and an artist's imagination, which are often indistinguishable as they form an endless continuum. All these realities are driven by different forms of love.

## Quality of Life Survey

For the purposes of gaining a better awareness and understanding of how constituents associated with the SSC understand the new mission statement, the Public Policy and Advocacy Committee of the SSC launched a Quality of Life Survey in March. Neasa Martin and Associates will be conducting this survey in the current fiscal year. The results will be used for advocacy purposes as the SSC develops public policy that assists in fulfilling its mission statement.

## Conclusion/ Mental Health Commission of Canada

Finally, not specifically SSC work (but hopefully profiles SSC!), I am honoured to serve as one of the 11 non-governmental members of the Board of Directors of the Mental Health Commission of Canada. Be assured that I do speak directly and uniquely to the needs of family members and natural supports as to the immediate and long term mental health services for those with schizophrenia and psychosis. I was also asked to chair the Committee of Consumers on the board and the advisory committees. As well I serve on a committee that is not part of the MHCC that is looking at establishing a neuroscience brain research foundation: The Mind and Brain Foundation chaired by Michael Kirby. ■



# Schizophrenia Society of Canada announces the launch of new resource on recovery

Earlier this year, Chris Summerville, CEO of the Schizophrenia Society of Canada announced the launch of a new resource, “Your Recovery Journey: Meaning, Management and Medication”. The resource (including a facilitator manual, video presentation and participant workbook) forms the basis for a recovery-oriented peer support workshop. It is based on a philosophy of hope, drawing on the experiences of people with mental illness who are well and doing the things they want with their lives.

The resources were developed with the help of a team of people with mental illness, family members and service providers, with funding support from Janssen-Ortho Inc.

The program is designed to help all people with mental illness who are looking for support and who want to experience recovery. Using a variety of formats, including presentation, interactive exercises, personal reflection and structured activities, the program guides participants towards their goals of establishing and maintaining wellness.

The program builds on the momentum of the recovery movement and is grounded in the evidence of effectiveness of a recovery model for improving the quality of life of people living with mental illness and for their families. Senator Michael Kirby, Chair of the Mental Health Commission of Canada, has commented that “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.”

The program is designed to be facilitated or co-facilitated by people who themselves have experience with mental illness and have also experienced recovery in their own lives. This “hope in action” approach is a fundamental principle of the program.

Through free interactive weekly sessions, participants are able to:

- explore the many aspects of recovery, including personal goals
- share knowledge and tools for taking responsibility for one’s wellness and stability
- learn about self-help techniques for managing and reducing symptoms
- learn about using medication as a tool for recovery
- plan their recovery journey

Working with the provincial schizophrenia societies, a roll out of the program will take place in 2009 with a number of “train the trainer” workshops being offered across the country.

For additional information contact Chris Summerville at 1-204-786-1616.

The program material for Your Recovery Journey is available through the Schizophrenia Society of Canada website ([www.schizophrenia.ca](http://www.schizophrenia.ca)), but its use is not limited to SSC affiliates,” says Mr. Summerville. “We welcome mental health partners, including early-intervention clinics, in-patient and outpatient programs, PACT teams and self-help organizations to offer the workshop and use the materials provided.” ■

“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 of the Mental Health Commission of Canada*



# Quality of Life As defined by people living with schizophrenia & their families...

*Written for the Schizophrenia Society of Canada by Neasa Martin,*

The Schizophrenia Society of Canada (SSC), and its provincial societies, underwent a strategic planning process in 2007 to review and revise the Society's mission statement. Through this shared process we re-focused our efforts "on improving the quality of life for those affected by schizophrenia and psychosis through education, support programs, public education and research". Our new mission reinforces the idea that people are more than their illness opening up broader ways for the Society to support people as they move towards recovery. The Board and staff of the Schizophrenia Society of Canada are proud to lead this Quality of Life Survey, which helps us capture the voice of people living with schizophrenia and those that care for them in defining what quality of life truly means. This will help us re-double our efforts to provide focused education, meaningful support.

With the establishment of the Mental Health Commission of Canada we are at an exciting juncture with greater visibility and action being taken to address mental health issues. We have a real opportunity to re-think how we can best improve the quality of life for people living with mental illness. What we have learned through this survey focuses our efforts and strengthens our legitimacy in advocating for changes that bring mental health services and government social policies and programs into closer alignment of what our members feel is important. Promoting hope, optimism and a belief in recovery will be core to our message.

This project would not have succeeded without the help of many people. We thank all of those who participated in the survey and focus groups and shared their time, stories, frustrations and optimism – without their help this work would not have been possible. The SSC Quality of Life Project Management Committee included: Chris Summerville, Florence Budden, Judy McKenzie, Pamela Forsythe and Ryan Clarke. Thanks goes to the leadership of the provincial and regional Schizophrenia Societies for distributing the survey and encouraging people to contribute. Special thanks to Odette Beaudoin for facilitating the Quebec Focus Group, Florence Budden for hosting the St. John's NL focus group, Karen Bayker, CAMH's 'With Haste Program' and Cheryl Lindsay, CRCT for hosting focus groups in Toronto, Michele Misurelli and Dwight Costello, for coordinating the Alberta focus groups. A particularly heartfelt thanks goes out to Michele and all the members of the *Unsung Heroes* and Partnership Program for their warm welcome and open support. Thanks to Rob Sargalis for his research expertise and ongoing support, Lucie Joyal for her French translation services and analytical skills and Kelly Coram for coming to the rescue once again in processing late arriving data.

This project was made possible through the generous support of the Schizophrenia Society of Canada Foundation.

## Purpose of the study

The purpose of the study was to:

- Explore the issue of quality of life from the perspective of people living with schizophrenia (and related disorders) and their families / caregivers.

- Identify self-defined critical elements contributing to quality of life.
- Compare the experiences of people living with schizophrenia and their family / caregivers regarding QOL to understand the similarities and differences.
- Identify the role the Schizophrenia Societies play in increasing QOL and key messages consumers and caregivers want conveyed to its members, the public, policy planners and the media regarding QOL.

Background: The SSC has recently re-defined its mission to "improve the quality of life of those affected by schizophrenia and psychosis through education, support programs, public education and research". But what does improving QOL mean? How QOL is measured is the subject of some debate. Numerous tools have been developed in the mental health field as funders are demanding evidence-based out-come measures to justify ongoing funding for research and treatment services. QOL measures often relate to patient care and clinical interventions focusing on increasing compliance, psychopathology and symptom reduction. More attention is now being paid to the use of self-report strategies recognizing QOL is a subjective experience. However, these scales are often developed based on clinical measures meaningful to the researcher.

This survey is intended to listen carefully to what people living with schizophrenia and their families/ caregivers report is important to their QOL to gain deeper insight into what constitutes meaningful QOL measures within the context of recovery. Through the use of survey and focus groups 1,086 people living with schizophrenia and their families shared their thoughts on what contributed to QOL and or stood as a barrier. People also shared their ideas on the direction the SSC can take to enhance their QOL.

## Summary of findings

People living with mental illness are no different from anyone else in their measure of quality of life. What they say (in ranked order) is: having meaningful paid employment, financial security, the presence of caring and accepting friends and the supportive involvement of family contributes to their QOL. They want to feel a sense of meaning, purpose, have the opportunity to help others and be contributing members of the community. Unique to living with mental illness is the importance of hope, optimism and a belief that recovery is possible. Creating a balanced and healthy life-style - free from illness, conflict and stress is seen as central to their QOL and for some is in itself a full time job. People take comfort from their spiritual beliefs and in their pursuit of pleasurable hobbies and leisure activities. For many people the support of other people living with schizophrenia helps to protect them from self-stigma and through mutual support re-claim a sense of their own competence. They want independence and self-control over important decisions regarding their health care and housing. They want to be seen as people first and foremost and not be defined by their illness. They also recognize that it is the availability of a variety of professional and

*Continued on page 7*



# Putting Recovery at the Heart of All We Do

**A** new booklet entitled, *Putting Recovery at the Heart of All We Do – What Does This Mean in Practice?* is a compilation of articles and studies from such other industry-leading publications as Concepts and Applications by Laurie Davidson, The Devon Recovery Group; and, Making Recovery A Reality, from the Sainsbury Centre for Mental Health.

In the booklet, it states that "Recovery in Practice" means, Working to values which support recovery such as:

- Hope
- Acceptance
- Mutual respect
- Diversity
- Inclusion
- Empowerment
- Choice
- Citizenship
- Person-centred
- Meaningfulness
- Partnership working
- Believing in people

Principles that support recovery include:

- Recovery is about building a meaningful and satisfying life, as defined by the person themselves, whether or not there are ongoing symptoms or problems.
- Recovery represents a movement away from focusing solely on pathology, illness and symptoms to health, strengths and wellness.
- Hope is central to recovery and can be enhanced by people discovering how they can have more active control over their lives and by seeing how others have found a way forward.
- People are encouraged to develop their skills in self care and self management in whatever way works for them. There is no 'one size fits all'.
- The helping relationship between clinicians and patients moves away from being expert/patient to mentoring, coaching or partnership on a journey of personal discovery. Clinicians are there to be 'on tap, not on top'.
- Recovery is about discovering and often re-discovering a sense of personal identity, separate from illness or disability.

- People do not often recover in isolation. Recovery is closely associated with being able to take on meaningful and satisfying social roles and participating in local communities on a basis of equality.

- Words are important. The language we use and the stories we tell have great significance to all involved. They can carry a sense of hope and possibility, or be associated with a sense of pessimism and low expectations, both of which can influence personal outcomes.

- The development of recovery-based services emphasizes the personal qualities of staff as much as their formal qualifications or professional skills. Training support and supervision aim to cultivate their capacity for hope, creativity, compassion, realism and resilience.

- Family and other supporters are often crucial to recovery and they should be included as partners wherever possible. However, peer support is central for many people in their recovery.

- There will be no more 'them and us', only 'us' - sharing struggles and challenges as part of being human.

Recovery in practice means working together to fulfill the following 10 Network Care Standards for recovery-based services:

## 1. The recovery approach

All staff have a knowledge of the recovery approach and the significance of social inclusion and are competent in using recovery skills and qualities appropriate to their work role.

## 2. Recovery outcome evaluation

All services have a regular cycle of measuring recovery outcomes embedded into routine practice, which is used to inform progressive practice and service improvement.

## 3. Coherent and effective service configuration

Services are constructed on recovery principles and delivered by teams that are managed and led to be coherent and effective contributors to the overall network.

## 4. Network partnership relationships

Network partnership relationships are characterized by good communication, clarity, consistency and respect.

## 5. Staff and service performance

All practitioners, teams and services are subject to regular performance reviews to ensure that staff are safe, appropriately qualified and equipped, and that they are supervised and supported in the requirement to deliver recovery-based practice.

## 6. The experience of networks

There is excellent customer care such that services are experienced as being supportive of individual recovery as well as receptive to personal preferences and diverse needs.

## 7. Satisfaction

There is a high level of satisfaction from those who use the services to support their recovery, their families and other supporters, and providers of related services. The general public have confidence in the services provided to their communities.

## 8. Social inclusion

All services demonstrate socially inclusive practice which is supportive of people living ordinary lives in ordinary settings and considers, in particular, peoples' needs for accommodation, occupation, education, personal relationships, money and participation in community life.

## 9. Building mental well being

All service users are supported to develop skills and strategies to achieve and maintain well being and develop resilience to stressful life experiences. Service providers and practitioners are similarly encouraged and supported to develop their health and well being.

## 10. Challenging stigma and discrimination

All services are able to engage with, and effectively respond to, issues of prejudice, stigma and discrimination. ■

# Quality of Life...continued

social services, which is critical to maintaining their independence outside of hospital and in enjoying good QOL. Access to timely and responsive care, medications -that work- and supportive professional services built on trust, respect and partnership are seen as important buffers to being overwhelmed by their illness.

However, QOL is the complex intertwining of all of these elements. What makes the QOL of people living with schizophrenia different from the rest of the community are the multiple barriers they face and challenges which they must be overcome, as a consequence of illness. The often pessimistic attitudes of family and professionals involved in their care, the social exclusion and discrimination they face within the work place, from friends, neighbours and a despairing sense of government indifference to their needs. Unemployment, housing and income insecurity, social exclusion and discrimination are corrosive to QOL. The withdrawal and judgement of family and friends is painful. The supports that could help them remain in the community and live independently are either unavailable, inaccessible or structured in a way, which focused too heavily on medication compliance not enough on the other elements of support that promote recovery.

Families and caregivers share similar needs in maintaining their own QOL. They also need to build a balanced and healthy lifestyle, which include positive and supportive friends and family to provide comfort and share care. They recognize the importance of their loved one being seen as a person beyond their illness, with strengths and abilities. They want them to be able to work, to maintain relationships, contribute to their communities and live a rich and meaningful life. They also see how the illness can make these goals impossible to realize and are frustrated by how few resources are in place to support their recovery. This is made even more difficult when alcohol and drug use is added to the mix. Families are deeply frustrated at the way the health care system fails them, the level of discrimination they feel and how unwelcome they are as partners in care. The ever-present fear of illness leaves many families preoccupied with the well-being of their loved ones. In the absence of needed services the burden of care is overwhelming carried by families who ignore their own self-care, physical, financial and emotional needs. Most families/ caregivers share a belief that recovery is possible and that hope and optimism is essential to QOL. However, families hold more pessimistic outlooks and consistently underestimate the QOL that their loved ones experience. They are saddened by the losses that people experience, are frustrated by a seeming lack of motivation and want more for them than they have. At the same time people living with schizophrenia report they are working hard to find the right balance that allows them to live successfully in the community with peace and contentment. They are finding ways to make sense of their illness, and build meaningful lives. They know that medications and professional supports and services are key to living independently and many are moving forward on their recovery journey. They appreciate the support that families provide and the burden of care. They want their families to remain involved and be patient. They also want their families to worry less and focus more on meeting their own needs.

## KEY MESSAGES FOR THE SSC

People who use the Schizophrenia Societies are very satisfied with the services provided (when available) and want to see them expanded. They also want the Societies to advocate on their behalf and promote a message that QOL should be better and is a shared concern. What is clear is that promoting hope, optimism and the pursuit of recovery goals is core to enhancing quality of life. People living with schizophrenia who have accepting and supportive friends and family, who live safely and securely in the community with an adequate income and professional supports and services which are accessible, who respectful services that foster recovery, can enjoy a good quality of life. Many are able to create meaningful and purposeful lives despite the limitations the illness may impose. Based on the survey findings the recommendations to the Schizophrenia Societies include:

- Promote hope, optimism and recovery as key messages.
- Develop recovery-oriented educational resources for people living with schizophrenia and their families.
- Address Stigma and Discrimination – through education, policies and promotion of rights.
- Promote the importance of families as partners in care.
- Align advocacy efforts to maximize QOL outcomes.
- Make employment a priority – remove barriers, build bridges.
- Emphasize friendships, family and community connections as core to QOL.
- Advocate for recovery-oriented services.
- Advocate for funding of safe, affordable, secure housing.

**A complete copy of the Survey can be found at the SSC web site:  
[www.schizophrenia.ca](http://www.schizophrenia.ca)**





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'ENTRAIDE.

**2008 – 2009 Executive Committee**

Dr. Pamela Forsythe (President)  
Jim Adamson (Director at Large)  
Rick David (Director at Large)

**2008 – 2009 Board of Directors**

Dr. Pamela Forsythe, President  
Jim Adamson, Vice President  
Judith McKenzie, Treasurer  
Rick David, Director at Large  
Dola AuCoin  
David Halikowski  
Mia Hill  
Joan Baylis  
Theresa Howe  
Odette Beaudoin  
Géralyn Dalton  
Renea Mohammed  
Gregg Reddin  
Wilma Schroeder

**Staff**

Chris Summerville Chief Executive Officer  
Catherine Willinsky Manager, National Programs and Projects

Schizophrenia Society of Canada  
4 Fort Street  
Winnipeg, MB R3C1C4  
Tel: (204) 786-1616  
Fax: (204) 783-4898  
Toll free: 1-800-263-5545  
[www.schizophrenia.ca](http://www.schizophrenia.ca)



# 2008 SSC Award Recipients

The following people or organizations received the 2008 SSC awards in Ottawa on October 7 where Michael Kirby was our keynote speaker for the Awards Luncheon.

**Bill Jeffries Family Award**

Oshoowa Doorn - Regina, Saskatchewan

**Flag of Hope Award**

Ian Pollett - St. John's, Newfoundland  
Jesse Bigelow - Toronto, Ontario

**Initiative/Program**

Reach Out Psychosis Tour - British Columbia Schizophrenia Society

**Outstanding Achievement Award**

Dr. Bill McEwan - Vancouver, British Columbia

**Michael Smith Award**

Florence Budden - St. John's, Newfoundland

**Outstanding Staff Award**

Jane Burpee – Manitoba Schizophrenia Society  
Hazel Meredith – BCSS, Victoria Chapter

**Media Award**

The Globe & Mail - Montreal, Quebec



Chris Summerville, Oshoowa Doorn (Bill Jeffries Award)



Jesse Bigelow (Flag of Hope Award)



Dr. Pam Forsythe, Florence Budden (Michael Smith Award for Schizophrenia), Judith McKenzie



Gregg Reddin, Dr. Pam Forsythe, Hazel Meredith (Outstanding Staff Award)



Anita Hopfauf, Ron Doorn, Oshoowa Doorn (Bill Jeffries Award), Odette Beaudoin