

# UPDATE



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## WELCOME TO THE FIRST EDITION!

Welcome to the first edition of The Self Help Alliance Update, the newsletter of the Self Help Alliance.

We hope you will enjoy reading what we have to offer. Our desire for the newsletter is to provide updates on what members of The Self Help Alliance are and will be doing. We also hope to provide a source of information about current issues in mental health and their impact on consumers and the commu-



nity. In this first issue we have updates on the Kirby Commission, and the class action lawsuit against the makers of Zyprexa. We have included

brief updates on activities at the Self Help Recovery Centres, new groups at the Mood Disorders Association and some highlights of upcoming activities.

Let us know what you think. There are articles relating to recovery as well as some general news articles. We hope to be able to provide information that will be appealing and informative.

## Who Is The Self Help Alliance?

The Self Help Alliance is a partnership between four consumer-survivor organizations in Waterloo Region, and in the counties of Wellington and Dufferin. The organizations involved are: Waterloo Region Self Help (WRSH), which includes Opening New Doors and the Waterloo Initiative for Supportive Housing, Cambridge Active Self Help (CASH), Wellington-Dufferin Self Help (WDSH), and The Mood Disorders Association Waterloo Region (MDAWR).

In 2003, these organizations decided to form an unique partnership. Each of the organizations felt that by pooling their collective resources they could better meet the needs of consumer-survivors in Waterloo Region and Wellington and Dufferin Counties.

The move towards a partnership was aided by the fact that the four organizations shared

common beliefs and values.

By coming together to share resources and staff, The Self Help Alliance has been able to develop an unique and dynamic approach to providing services.

Along with the facilitators that are in each of the program sites, there are four shared staff positions that provide resources, support and information to each of the organizations.

The four shared positions are an Executive Director, an Advocacy Coordinator, a Self Help Resource Centre Coordinator, and a Personal Development Coordinator. The four shared staff oversee the development and implementation of the organization's programs.

The activities of the Self Help Alliance are rooted in the values of self help, peer support and mutual aid.



# News About The Self Help Alliance

## OPENING NEW DOORS: BUILDING INCLUSIVE COMMUNITIES

“Barb Fowke’s fingers gently leafed through the collection of stories, her life stories, on the table. With each new page came a memory, a sense of purpose, and hope in what has been a difficult life. Then Barb flipped the page to one of her favourite poems:

*I need a friend  
I need to reach out to people  
But I need to feel that they reach out to me.”*

(from the book *My Heart is Full – Life Stories – an Opening New Doors Project*).

Opening New Doors (OND) is an organization that dedicates its time and energies towards creating an understanding, welcoming community where people with different needs, abilities and challenges can participate in many ways. One of the ways OND achieves this is through the sharing of ones’ life stories.



OND also creates change by providing the opportunity for individuals to come together once a month at a People Helping People meeting. This self help group is working toward: helping people speak out about what they want and need, helping people become a part of the community, and helping the community to become more welcoming. This group meets the first Thursday of each month.

OND also provides meaningful and experiential educational opportunities for the community. “We do not just use words, we help others see from our eyes. That is how change happens!” (Barb Fowke). Such sessions are: Rights and Responsibilities Workshop Series, How to become a Self Advocate, Reaching Out to Your Community, and Person-Centred Planning, to name a few.

Opening New Doors plays a valuable role in creating change so everyone in our community has a friend, can reach out to others and can feel that others are reaching out to them.

For more information about Opening New Doors contact:  
Amanda Elliott  
519-570-4595 ext. 226

## MDAWR OFFERS NEW GROUPS!

The Mood Disorders Association Waterloo Region (MDAWR) has for quite some time been a source of information and support for those individuals coping with a mood disorder.

Amongst the activities that MDAWR offers are, regular support group meetings, a monthly educational meeting, and a small resource library.

For several years, the MDAWR has offered a support group for those coping with depression and anxiety held on Tuesday evenings from 7:00 pm until 8:30 pm.

There is a meeting for those coping with Bi-Polar disorder held on Thursday evenings from 7:00 pm until 8:30 pm.

In response to inquiries from the



community, three new groups have been started.

On Wednesday afternoons a group for those coping with a Mood Disorder and a substance abuse issue has been started. The group meets from 2:00 pm until 3:30 pm.

There is now a support group for women called Sisters. The group meets on the first, second and fourth Wednesday of the month

from 7:00 pm to 8:30 pm.

Finally there is a new support group for caregivers and friends of those with a mood disorder.

The group is called Supporting the Supporter and it meets on the first and third Thursday of the month from 7:00 pm until 8:30 pm.

The Education Series that the Association offers is held on the third Wednesday of each month from 7:00 pm until 8:30 pm.

All of the meetings mentioned take place at the Benton Building, 67 King Street East in Kitchener.

If you require more information about the Mood Disorders Association, contact Nora Whittington at 519-884-5455.

*Peer Support  
helps you  
realize that  
you are not  
alone.*



# Self Help Recovery News

## Care for the Soul

### How to Add Depth and Meaning to Your Everyday Life

by Thomas Moore

Excerpt from the Illustrated Edition (an edited version)

Harper Collins, 1998.

Chapter 1: Honouring Symptoms as a Voice of the Soul

Care Versus Cure, pp. 22-24

Ancient psychology rooted in a very different ground from modern therapeutic thinking, held that the fate and character of each of us is born in mystery, that our individuality is so profound and so hidden that it takes more than a lifetime for identity to emerge. Renaissance doctors said that the essence of each person originates as a star in the heavens. How different this is from the modern view that a person is what he makes himself to be.

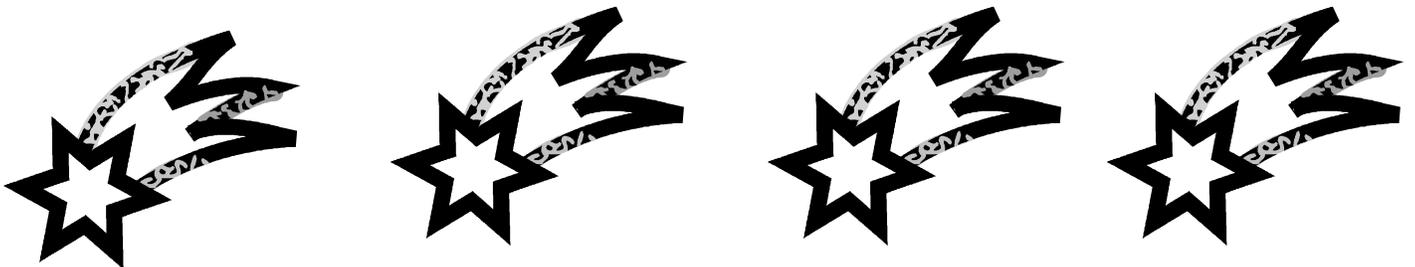
Care of the soul, looking back with special regard to ancient psychologies for insight and guidance, goes beyond the secular mythology of the self and recovers a sense of the sacredness of each individual life. This sacred quality is not just value--all lives are important. It is the unfathomable mystery that is the very seed and heart of each individual. Shallow therapeutic manipulations aimed at restoring normality or tuning a life according to standards reduces--shrinks--that profound mystery to the pale dimensions of a social common denominator referred to as the adjusted personality. Care of the soul sees another reality altogether. It appreciates the mystery of human suffering and does not offer the illusion of a problem-free life. It sees every fall into ignorance and confusion as an opportunity to discover that the beast residing at the centre of the labyrinth is also an angel. The uniqueness of a person is made up of the insane and twisted as much as it is of the rational and normal. To approach this paradoxical point of tension where adjustment and abnormality meet is to move closer to the realization of our mystery-filled, star-born nature.

Obviously, care of the soul requires a different language from that of therapy and academic psychology. Like alchemy, it is an art and therefore can only be expressed in poetic images. Mythology, the fine arts, religions of the world, and dreams provide this priceless imagery by which the soul's mysteries are simultaneously revealed and contained. For guidance we can also turn to many different experts, especially to poetic-minded soul searchers such as the ancient mythographers and tragedians, Renaissance doctors, Romantic poets, and our modern depth psychologists, who respect the mystery of human life and who resist the secularization of experience. It takes a broad vision to know that a piece of the sky and a chunk of the earth lie lodged in the heart of every human being, and that if we are going to care for that heart we will have to know the sky and earth as well as human behaviour.

The Greeks told the story of the Minotaur, the bull-headed flesh-eating man who lived in the centre of the labyrinth. He was a threatening beast, and yet his name was Asterion--Star. I often think of this paradox as I sit with someone with tears in her eyes, searching for some way to deal with a death, a divorce, or a depression. It is a beast, this thing that stirs in the core of her being, but it is also the star of her innermost nature. We have to care for this suffering with extreme reverence so that, in our fear and anger at the beast, we do not overlook the star.

"The test of our progress is not whether we add more to the abundance of those who have much; it is whether we provide enough for those who have too little."

-Franklin D Roosevelt



# Self Help Recovery News

## Helping Your Body Beat Stress

Although we all talk about stress, it often isn't clear what stress is really about. Many people consider stress to be something that happens to them, an event such as an injury or a promotion. Others think that stress is what happens to our bodies, minds and behaviours in response to an event (e.g. heart pounding, anxiety, or nail biting). While stress does involve events and our response to them, these are not the most important factors. Our thoughts about the situations in which we find ourselves are the critical factor. When something happens to us, we automatically evaluate the situation mentally. We decide if it is threatening to us, how we need to deal with the situation, and what skills we can use. If we decide that the demands of the situation outweigh the skills we have, then we label the situation as "stressful" and react with the classic "stress response". If we decide that our coping skills outweigh the demands of the situation, then we don't see it as "stressful". Your body is naturally equipped to deal with a certain amount of stress. But if stress increases and your reserves are low, stress can have a bigger impact. Building up your defenses is a "long-term" plan for reducing stress. It will also improve your overall health and give you more en-

ergy.

To help prepare your body to deal with stress:

- Make sure you are getting enough sleep. Most people need 7-8 hours per night. If possible, get extra sleep before and during periods of increased stress.
- Eat a balanced, nutritious



diet. Good nutrition can improve your ability to handle stress by keeping your immune system strong.

- Avoid using caffeine, cigarettes, or alcohol as a way of dealing with stress.

Along with the above ideas, you may need to try several techniques before finding one that works best for you. Here are a few things that can help reduce stress:

- Yoga or Tai Chi.
- Regular physical activity, try to exercise for at least thirty minutes most days of the week.
- Meditation and deep

breathing exercises.

- Taking part in a favourite hobby, such as gardening, dancing, reading, or listening to music.

Stress often comes when we feel that "things are out of control." Particularly in today's fast paced world, we often do not take time out to relax and enjoy our friends and families. When we are pulled in too many directions, or if we are trying to fit thirty hours of work into an eight hour day, we are bound to feel anxious and stressed out.

It's easy to relax when you're not feeling stressed. It takes a special effort to learn how to relax in a stressful situation. There is no "right way" to relax that works for everyone. Most people use a combination of methods, and find that different situations call for different ways of dealing with stress.

The most important thing to keep in mind is to find activities that you enjoy and to try to do something "nice" for yourself each and every day!

Information for this article was taken from:  
[www.mediresource.com](http://www.mediresource.com)  
[sympatico.msn.ca](http://sympatico.msn.ca)

*"Take a deep breath  
and count backwards  
from 10! This too  
shall pass!"*



# Self Help Recovery News

## How Caffeine Affects A Person With Panic Disorder

That caffeine isn't the most recommended thing to consume if you are a panic sufferer isn't big news to most of us, but if you've ever wondered exactly why, well, maybe this page can offer you some answers.

Caffeine is hidden everywhere, it seems. Sure, you think that if you drink decaf coffee, you'll be safe...but how about that candy bar you had with lunch? How about that cold medicine you took before bed the other night? Well, no matter the amount of caffeine it contained, a person with a panic disorder would benefit from avoiding it altogether.

If you give a PD sufferer caffeine, it can (and usually does) trigger a panic attack. 50% of PD sufferers have panicky feelings after consuming four cups (6oz each) of coffee. Non-sufferers will get panicky too, but not without a much higher consumption.

A person with a panic disorder is so hypersensitive to the feelings inside of their body, and even just ingesting two cups of coffee will bring about a "buzz", enough to make a sufferer wonder why their heart is beating faster, why they are warmer, (thus bringing about the "OH NO!!! A heart attack!! feeling which turns into a full blown panic attack). Caffeine surely can increase

your chances of having a panic attack; however you don't have panic disorder JUST due to the fact that you've ingested caffeine in your lifetime.

**WHAT DOES CAFFEINE DO TO ME?**  
When you ingest caffeine in any form, it affects your adrenal glands. Yes, that is where adrenaline comes from in your body. The caffeine will raise the level of adrenaline in your system, and if you consume enough of it, you can exhaust those glands.

When your adrenal glands are exhausted, they can no longer properly respond to stress. They no longer will release enough adrenaline into your system.

So, let's say that your adrenal glands aren't working properly. Doesn't sound like a bad thing for a panic sufferer, does it?

Well, in fact, it is. So, what else can happen to you because of that, you might be asking. Well, there are several things...

- Weakened Immune Response
- Panic Attacks

There is a chemical in your brain called "adenosine". It normally acts as a natural tranquilizer or sedative, but caffeine interferes with it.

Several studies have been conducted on a chemical known as lactate, which, when injected into a non panic disorder sufferer,

does nothing, but when injected into a panic sufferer, it will produce a panic attack. Caffeine raises the level of lactate in a persons system, thereby increasing the probability of a panic attack.

In conclusion, it would make sense for a person with an anxiety related disorder to avoid caffeine, or limit its use in their lives. If you are currently drinking extreme amounts of coffee, it might be best to consult with your doctor about how to cut back on it without enduring intense headaches, nausea, vomiting, or other withdrawal symptoms. The average person can easily cut back on their coffee, tea and soda consumption slowly, perhaps over a period of two weeks or so, without any serious affects.

Do everything that you can to overcome your panic disorder...decaf isn't so bad! Following is a list of some of the caffeine contents of certain foods, drinks, and medications. If you've been avoiding chocolate milk for five years, but know that you are able to consume half of a pot of decaf coffee, well....I'm sorry for you! Take a look at this chart...

By Elizabeth Stafford  
<http://www.bellatango.com>

Coffee	Regular 6 oz cup (drip method)	105 mgs per serving
	Instant coffee	60
	Espresso	50
	Decaf 6 oz cup (drip method)	2
	Decaf instant	2
Tea	Hot or Cold	15 to 35
Sodas	Mountain Dew	55
	Colas	35 to 50
	Dr. Pepper Types	35 to 50
Chocolate	1 oz Unsweetened (baking)	60
	Sweet, semi-sweet, milk, dark (1 oz)	10 to 20
	Cocoa Powder, 1 tablespoon	10
	Chocolate milk, 8 oz	10
	Hot cocoa , 8 oz	5
Medicines	Excedrin	65
	N-Doz Max.	200
	Vivarin	200
	Aspirin	0

# News From All Over

## SUIT FILED AGAINST ELI LILLY

In early 2005, a class action suit was filed against Eli Lilly, the makers of the anti-psychotic drug Zyprexa.

The suit filed in Ontario on behalf of a woman and her partner alleges that use of Zyprexa (Olanzapine) can lead to Type 2 Diabetes or other serious metabolic disorders such as ketosis (a serious complication of diabetes) and pancreatitis (inflammation of the kidneys).

The suit indicates that Eli-Lilly knowingly suppressed information about and



The suit is currently in process

downplayed the harmful and serious side effects of Zyprexa.

Warnings about the potentially harmful side effects have been raised prior to this lawsuit being filed.

In 2001, a research team at

Duke University Medical Centre discovered a link between Zyprexa and diabetes. Subsequent studies have further demonstrated that a link does exist.

In 2003, the FDA required that all atypical anti-psychotics carry a warning label informing patients of the link between these drugs and diabetes.

Earlier this year, Eli Lilly agreed to pay out almost 700 million dollars to settle outstanding lawsuits about Zyprexa.

Eli Lilly contends that Zyprexa is safe and its benefits outweighs its risks.

*“Eli Lilly has all ready paid out close to 700 million dollars to settle claims in the United States that were related to the alleged side effects related to Zyprexa.”*

## KIRBY COMMISSION TO RELEASE REPORT SOON

For the past two years or so Senator Michael Kirby has been chairing a Senate Committee examining the mental health care system in Canada.

After several months of hearings and deputations, the committee released a three volume report outlining what it had heard. The report also made some recommendations on what needs to happen to

make the system responsive to the needs of consumers, families and communities.

The release of the report has been followed by a series of live consultations held across the country. The live consultations provided the opportunity for a broader involvement of consumers and others.

Over the summer, the Com-

mission has been compiling the information that was gathered from the consultations. There was also an opportunity for individuals to provide input to the committee by means of an on-line questionnaire.

The committee is planning to release its final report sometime in early 2006.

(Compiled by Allan Strong)

*“The Kirby Commission has heard from literally hundreds of people as it has traveled across Canada.”*

## Upcoming Events and Friendly Reminders

- Ever thought about learning more about peer support and self help? Have an idea for a support group? If you have an idea for a group or want to learn more about peer support, call Al Strong at 519-766-4315 ext. 244.
- Have an issue? Need an answer to your questions about ODSP, Landlord Tenant issues or matters relating to the Mental Health Act? Paul Reeve the Advocacy Coordinator can work with you to find answers to your questions. If you have an issue that needs to be resolved, Paul can work with you to try to find a solution. Paul can be reached at 519-766-4315 ext. 232.
- We will be on the Web soon! We have had a web-site developer working with us to develop a web-site that will provide a web presence for The Self Help Alliance and each of the organizations (WRSH, CASH, MDAWR and WDSH). We are very excited about this. We will be able to put our newsletter and other “stuff” on the web page. Keep tuned for this!

# Member Contributions

## Mental Illness As A Gift

**M**ental illness is viewed in various cultures in different ways. In our culture it is viewed as a disease, an incurable, disabling disease. We are either perceived as raging maniacs capable of all manner of aggression, or as simpletons incapable of even the most menial of tasks. Neither of these is accurate of course, but somewhere within these views there is some truth, not nice, but there.

The fact is that mental illness rarely occurs permanently, but rather a fluctuating occurrence that comes and goes. These periods of disorder leave us weakened and vulnerable for a while but they are not usually prolonged or permanent. Some can use medications while others cannot; it is a sad fact that some of us don't respond to any medication. What happens during our periods of disturbance we all understand and it's not easy or fun. I've often said that con-

sumers as a group are perhaps the strongest in society. No one else wants to even think about the pain and suffering we have endured.

There is something else however I wanted to talk about and that is what we achieve from our illnesses. I find I have become more human than I was before. I like people more than I did before. Perhaps also I have looked at the abyss most people dread, have gone over the edge and swam like hell to the other side, tired but able to climb out. But what have I seen on that journey across the abyss? Is it hallucinations, is it delusions, or is it a new view of reality and what is going on about me? I believe I have experienced all of the above and it has taken quite a while to sort through them. The results I write about.

I think perhaps it is not a time to think of ourselves as being cursed, but gifted as some cultures do. Maybe we might find as ways to express not just our pain and

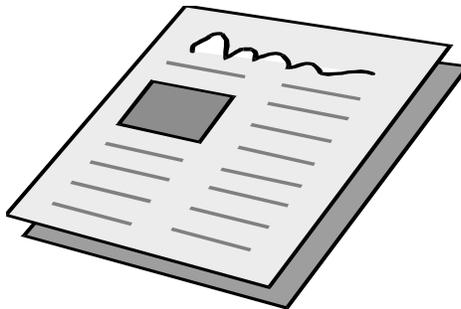
sometimes our anguish, but to look to the other side of our experiences. Is there a possibility that one day we might find the gifts our illness can bring us as well as the pain? I hope so, and I hope I live to see it.

This article is by Ed Hughes. Ed is an outgoing member of the Board of Directors of WRSH. Ed has also been an active volunteer in the community and is an outspoken advocate for consumers.

## Help Us Name The Newsletter

**W**hat's in a name? Shakespeare once said that, "*...a rose by any other name would still smell as sweet...*".

We are not out to re-name any roses, or any other flower for that matter. However we do need a catchy, hip, urbane name for the Self Help Alliance Newsletter. Yes, the very newsletter you are now reading. We figured that "The Self Help Alliance Update" just doesn't cut it. So dear reader, we are turning to you for help in coming up with a handle for our newsletter. Names that are already taken don't count. That means; "*The Star, The Globe and Mail, The Record, etc.*" are out. Try to



think of something that not only describes the newsletter, but also describes what the Self Help Alliance is about, that is peer support, recovery, community, advocacy and living a full and complete life. Let your imagination run wild, but not too

wild. The deadline for submissions for "The Name Newsletter Contest" will be Friday March 31, 2006. The contest is open to members of CASH, WRSH, WDSH, and MDAWR. Submit your suggestion on a piece of paper, with your name and contact information to any of the Self Help Alliance staff. The winning name will be decided by a panel of yet to be named judges. In the event of a tie, the winning entry will be drawn from a hat. Good luck and get those thinking caps on! Your newsletter needs you!

If you require more information or if you have any questions contact Allan Strong at 519-766-4315 ext. 244.



The Self Help Alliance  
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We will soon be  
on the web!  
[www.self-help.ca](http://www.self-help.ca)

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The views expressed are  
those of the author's and do  
not necessarily reflect those  
of The Self Help Alliance.

## STUFF TO MAKE YOU LAUGH

**Have you ever wondered:**

- Why are a "wise man" and a "wise guy" opposites?
- Why is it called "black ice" when ice actually does not have any colour?
- How did they get the caramel into the Caramilk bar?
- Why are there personal flotation devices under plane seats instead of parachutes?
- Have you ever imagined a world with no hypothetical situations?
- Why doctors call what they do a practice?
- Why the sun lightens our hair, but darkens our skin?
- If buttered toast always lands butter-side down, and a cat always lands on its feet, what would happen if you tied a piece of buttered toast on the back of a cat?
- Why do you park in a driveway and drive in a parkway?
- Why is it called a bill ?, and not a Frank or a Ted?
- Can you put toothpaste back into the tube?
- What type of person spends their time coming up with stuff like this?
- Why you are reading this when you really think it's not that funny?



"I was irrevocably betrothed to laughter, the sound of which has always seemed to me to be the most civilized music in the world."

- Peter Ustinov (1921 - 2004)

## Calling All Writers!



Do you have a story, an essay, some poetry or something you would like to share with the readers of our newsletter? Well then, we want to hear from you!

Submit your work at CASH, WRSH, MDAWR and WDSH (That would be Carrie at CASH, Amanda at WRSH, Nora at MDAWR, Debbie at WDSH-Orangeville, and Karen at WDSH-Guelph).

Ideally submissions should be between 500 and 750 words (approximately 1 typewritten page). The number of submissions by one person is not limited, however, the number of submissions in each newsletter will be limited by space limitations. So, get those poems, essays and stories that have been cluttering up your desk to us! Submissions deemed not suitable for the newsletter will not be published.