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INSIDE THIS ISSUE:

Back to work...	2
Shame on Me	3
Ask Reeves	4
Letter to the Editor	5
Tools for Recovery	6
Words of Recovery	7
To Make You Laugh	8

In response to Canadian Medical Association Report:

Normal is But A Setting on a Dryer

Stigma of mental illness common among Canadians: report From: CBC News, August 18, 2008

Canadian attitudes toward mental illness are a cause for concern, the Canadian Medical Association said Monday in releasing its annual report card on mental health care. The group's eighth annual report surveyed Canadians to measure attitudes and experiences with the health-care system.

"This year's report card shines a harsh, and frankly unflattering, light on the attitudes we Canadians have concerning mental health," said the group's president, Dr. Brian Day, in a release. "In some ways, mental illness is the final frontier of socially-acceptable discrimination."

The Survey found:

- Almost half of Canadians, 46 per cent, think people use the term mental illness as an excuse for bad behaviour.
- One in four Canadians are fearful of being around those who suffer from serious mental illness.
- Most Canadians, 61 per cent, would be unlikely to go to a family doctor with a mental illness, and 58 per cent would shy away from hiring a lawyer, child-care worker or financial adviser with the illness.
- Half of Canadians would tell friends or coworkers that they have a family member with a mental illness, compared to 72 per cent for a diagnosis of cancer or 68 per cent for diabetes.



Image courtesy of Viktoria Major

Mental illness takes a toll in terms of sorrow, said Calgary's Fay Herrick, whose 37-year-old son has schizophrenia. "Being part of our very poorly informed culture, my sisters and brothers were not really aware of any sort of mental illness," Herrick recalled. "There was a very awkward period of time. It was tough."

Treatment options available

The findings don't surprise Carmen Wyatt of the Canadian Mental Health Association in Calgary, but she said they do trouble her. "It's just a big, big job to educate people," Wyatt said. "Most mental disorders can be treated, and most people do well with treatment."

Day said mental health issues cost the economy \$51 billion in one year—almost one-third of the total spending on health care in Canada.

Continued on page 4...

Are you thinking about going back to work...

By Tom Moull

Over the past several years I have come to learn a great deal about myself through the support I have provided to people who are choosing to follow a pathway back to the workplace. I would like to share some insights that have helped me in my work. Many of these tie in with the Self Help Alliance Recovery Values and Principles.



Some people believe they do not have the skills or aptitude to work, and this may automatically put up a roadblock for them. Elevating one's self esteem, while supported through self help organizations or other personal or group supports, is a process that one can learn, develop and practice on a daily basis. Once this process has begun, identifying your workplace goals and setting up a return to work plan to attain them follows.

All too often, people put pressure on themselves to go back to work before they are ready. The result can be that their mental health suffers and it becomes difficult to sustain a job. Therefore, it is important to know yourself well enough to understand when the time is right. This should be part of your return to work plan. Other elements of your plan could include addressing the side effects of medication you may be taking, and figuring out how to handle the anxiety some feel about returning to work.

Try to learn how you can best take care of yourself before you return. In today's workplace, this is referred to as work/life balance and involves developing self-care strategies. Many find eating healthy food or taking walks can reduce stress. Build a routine into your day that involves exercise, regular sleeping habits, relaxation and recreation.

For me, one thing I have personally found invaluable is to have a strong support network – family, friends, peers and even doctors and other professionals. Having the opportunity to discuss options for returning to work was helpful in setting realistic goals and deciding which working path to follow.

There may be more than one route for you on your return to work. Knowing yourself and good planning will help to keep you on a positive pathway.

System Advocacy

By Paul Reeve

Systems Advocacy is about working with others to create change in the way services, agencies and governments do things, and the Self Help Alliance is dedicated to improving the quality of life for people with a lived experience of mental health issues through advocacy.

The Self Help Alliance (S.H.A.) members, volunteers and staff have been and continue to be a strong collective voice that influences change in the mental health system in our region, province and country. We have set out values and principles in services that are important to people on their journey of recovery. These values and principles have been adopted by all the major mental health services in our local area, and we are playing a role in helping them align their services with them. The S.H.A. has been instrumental in leading the education of mental health workers in adopting Emerging Best Practices, which has benefited the people being served and the workers. People with lived experience are playing a more active role in deciding what and how mental health services are being



offered in our community. We have identified systemic barriers that have hindered and prevented some people from receiving services and have been able to offer suggestions for improvement in policies and practices. A few examples of this include our consultation with the Canadian Mental Health Commission, our presentation to a parliamentary committee regarding the Ontario Disability Support Program, consultation on the Ontario Privacy legislation and the Mental Health Act, as well as representing people with lived experience at local and regional planning committees. We provide input and direction as planning and evaluation occurs with service providers and governments.

Collectively we are able to identify evolving needs and suggest constructive ways of meeting these needs. We are influencing change in people's attitudes and approaches that stigmatized people with lived experience in the past. We want "nothing about us without us" and our efforts are making a difference. The need for change continues, and we hope you will join us by adding your voice to our efforts.

Shame on Me

By Keely Phillips

Shame is a very complex emotion. Feelings of shame impact on our self worth, our ability to feel pride, and our sense of self overall. Shame is not a 'bad' emotion: it can be constructive or destructive depending on how we cope. Shame is a universal emotion as we all experience it at some point in our lives.

Why do we feel shame? The answer is that shame served a strong purpose when humans lived in much smaller communities. When we lived in isolated villages of only a few hundred people, following social norms was very important. Not following social norms meant that we could be ostracized from others we depended on for our basic needs. Shame was useful to regulate behaviour and allowed us to survive in an environment when remaining connected to community was a necessity. Shame can motivate us to change and help us to learn and grow. The smoker who is shunned may feel some shame because of their habit and be more likely to quit smoking. In this case, shame can be constructive but all too often feelings of shame are destructive and paralyzing.

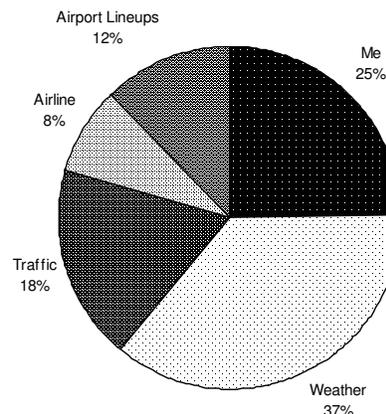
Problems with shame occur when we over-generalize. Our thoughts can turn on us very quickly when shame is present. Initially, shame starts as a feeling of "I did something bad". However, we often jump from the isolated incident to "I am a bad person," making an over-generalization. This all-or-nothing thinking combined with shame is very destructive to our self-esteem and self-confidence

Nowadays, our communities are larger, sometimes even global. Despite this, we are still measuring ourselves by the same standards we did when we lived in small villages. We still feel the need to be the best, but this is more difficult when we are comparing ourselves to the world.

So how do we know if our feelings of shame are constructive or destructive? If we are plagued by shame how can we overcome it? The tips listed below should help to determine if feelings of shame are helping us or hurting us.

Overcoming Shame

- **Positive self talk:** Put an end to those negative thoughts and negative internal dialogues. Practice positive affirmations and thought stopping.
- **Focus on the positive parts of you:** Look at yourself as a mosaic – made up of many different traits. Create a list of what makes you a good person, what you are good at and what makes you unique! Do not judge your entire self on one thing you do not do well. Stop thinking of things you do not do well as weaknesses and think of them as opportunities for growth.
- **Give yourself permission to make mistakes:** Forgive yourself for that embarrassing comment you made at a dinner party five years ago. Learn from it, and move on.
- **Ask yourself these questions:**
 - How important is this experience? Will people remember it in one month? In one year? In five years?
 - How serious would you consider the experience if it was your friend responsible and not yourself? (We often judge ourselves much harsher than we judge others).
 - Were you aware of the meaning and consequences of your actions at the time? If you were not, can you really judge yourself as if you knew what impact they would have been?
 - Were your actions a way of avoiding an even worse action (i.e. hurting someone's feelings)?
- **Try a new activity and allow yourself to look silly:** Take that belly dancing lesson, art class or learn a new language! When we learn something new, we often look a little foolish at first, but by taking small risks that challenge our comfort zone, we become more confident over time!
- **Create a responsibility pie:** Think of some instance when you felt shame, for example missing a plane to Fiji. List all the people and circumstances involved, and put yourself at the bottom of the list (For example, traffic, airport lineups, weather, yourself). Assign 'slices' of the pie to all people and circumstances involved. The bigger the responsibility in the situation the bigger piece of the pie they get. Notice how you alone are not responsible for the situation. We often assign ourselves 100% of the shame, when in reality we may only be responsible for 25% of what happened. So why feel 100% of the responsibility and shame?



References:
Greenberger D., Padesky C., Mind Over Mood.
Peluski N. Psychology Today. "No Shame on You"

Stigma of mental illness common among Canadians: report

From: CBC News, August 18, 2008

...Continued from page 1

About 60 per cent of Canadians agree the diagnosis and treatment of mental illness is underfunded, and 72 per cent agree it should be on a par with funding for diseases such as cancer and diabetes. Last year, Prime Minister Stephen Harper named 17 people to a mental health board led by retired Liberal senator Michael Kirby. The Canadian Mental Health Commission is leading a national campaign to erase the stigma of mental illness and acts as a clearing house for information on mental disorders.

\$130 million funding announcement

On Monday, Health Minister Tony Clement confirmed the federal government's \$130 million funding commitment for the commission, extending its mandate to 10 years, to 2017. Dr. Patrick J. White, head of the Canadian Psychiatric Association, welcomed the announcement, but noted mental health research receives \$65 million annually—25 per cent of the budget given to cancer research. Doctors, in particular those who work in mental health, have to take a leadership role if attitudes and treatment are going to change, White said.

In his remarks to the CMA, Kirby stressed the stigma of mental illness extends within the medical profession. An American study found half of psychiatrists would rather treat themselves in secret than have mental illness recorded in their own medical charts, he said....The annual report card telephone survey by Ipsos-Reid surveyed 1,002 Canadian adults between June 10 and 12, 2008. The sample provides a margin of error of plus or minus 3.2 per cent for the overall national findings 19 times out of 20.

We at the Self Help Alliance recognize the important role that **your voice and ideas** can have in how we combat stigma. If you would like to share your thoughts, experiences and ways you have dealt with stigma, please write us at:

c/o Self Help Alliance, Newsletter Editor
1 - 9 Wellington St., Cambridge, ON N1R 3Y4

Or Email:

govingm@self-help.ca

Ask Reeves

By: Paul Reeve

What is "Ask Reeves"? This is a Q&A column related to advocacy questions that individuals facing particular issues or barriers, as a result of experiencing mental health issues, would like addressed. The column will remain completely anonymous and the issue addressed will only be responded to by Paul.

Question

I would like to share with your readers my advocacy success story, and say Thank You to Paul for helping me with my situation.

I had been working at my job for many years, and one day the company nurse ask me to come into the office. The nurse told me that my eyes were glazed and my speech was slurred. I told them I was fine, but the nurse insisted that I go home for the day and come back the next day. I later got a call telling me that my company had determined that I was not fit to continue working and I was suspended. I do experience a mental health issue, and I use medication to help me. Some of the side effects of my medication are dry mouth and watery eyes. I went to my doctor, who wrote a note to my company explaining that I was fit and capable to work. Despite this, they refused to let me return to work. With the support of the Advocacy Coordinator, I contacted the Human Rights Commission (H.R.C.). The company was investigated and it was found that I had

been discriminated against on the basis of mental health. Although it took several months to resolve, the company was ordered to pay me for lost wages and allow me to return to my previous position.
- S.M.

Answer

Thank you for your success story S.M.

It is always good to hear about positive outcomes, especially when related to Human Rights. According to the Human Rights Code, "Every person has a right to equal treatment with respect to employment without discrimination because of race, ancestry, place of origin, colour, ...or disability" (Human Rights Code, 1, s.5 (1) 2006).

If you have advocacy questions or you would like to submit to "Ask Reeves" contact Paul Reeve, Advocacy Coordinator, directly at 519.763.4014, leave a message at 519.766.4315 ext. 232, or reevep@self-help.ca. Please note that we will only print a selected number of comments in each newsletter due to space limitations. If you do not see your questions in print, please note Paul responds to all questions on an individual basis.

Letter to the Editor

By Christopher Kuhl

I would like to talk about mental health stigma, but where do I start? The Collins English Dictionary defines the word stigma as such: 1) mark of social disgrace, 2) part of a plant that receives pollen or 3) stigmata, resembling the wounds of the crucified Christ.

Well since I am not a plant and I am not Jesus, I will assume that the intention is the noun definition 1), or the verb stigmatize.

What have you been stigmatized for? Mental illness? Alcoholism, institutionalization? Panic, or spiritual uncertainty? I am familiar with these. Or are my problems really a consequence of my own actions? I have been fortunate to have been lifted off the street and placed in the care of mental health housing. If anyone reading this is a person who put their trust in me, or money in my cup - thank you. I spent some on food, and some on alcohol: I apologize for any dishonesty.

I was talking to some friends the other day, and they asked me what I have been up to recently. "I am writing a letter to the Self Help Alliance," I replied. "What's it about," a friend said. "Stigma." "What's that?" Some people think that mental illness means your stupid or retarded. That's not true. There are many people who are diagnosed with a mental illness, such as depression, who manage to live reasonably healthy, productive lives.

That is fine and all, but what about the rest of us? What about the people who are afraid to go out of their house because they think people are laughing at them? What about the people who do not have anything to look forward to, other than smoking cigarettes, meals and sleep? What about the people who do not know how to explain to people why they are not working or in school?

I tell them I am a writer, but what if I did not have that? We have good lives, we have hope, faith and each other. I do not mean to complain. Only one in one-hundred people get diagnosed with schizophrenia. There is no magic wand I can wave to make it all better, science has not found a cure yet, but maybe some day it will.

Send along your comments or views about topics in this newsletter or other topics related to the mental health system.

Please note that we will only print a selected number of comments in each newsletter due to space limitations. Please send your letters to:

c/o Self Help Alliance, Newsletter Editor
1 - 9 Wellington St., Cambridge, ON N1R 3Y4
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Mental Health Myths

Compiled by Nicole Kameka



- **Myth:** People with mental health are dangerous and need to be locked away.
- **Fact:** Someone with mental health issues is more likely to be a victim of violence than to be a perpetrator of violence.
- **Myth:** Mental health is the result of bad parenting skills.
- **Fact:** There are many theories about what causes mental health, some of these include chemical imbalance, severe or prolonged stress, and genetic predisposition.
- **Myth:** People with mental health will never recover.
- **Fact:** Recovery is when individuals are able to work, live and learn fully in their communities. Most will achieve this.
- **Myth:** Words like psycho, crazy, wacko are always ok to use.
- **Fact:** These words can be hurtful, and are never appropriate.

- **Myth:** Mental health does not affect me.
- **Fact:** Mental illness indirectly affects all Canadians at some time through a family member, friend or colleague. 1 in 5 Canadians will personally experience a mental illness in their lifetime.

- **Myth:** No one is really depressed, they just need to snap out of it.
- **Fact:** Depression is recognized as a debilitating medical condition and must be addressed as such.
- **Myth:** Mental health is the same thing as Developmentally Delayed.
- **Fact:** They are two different situations for an individual. Developmental Delays are a limitation of intellectual capacity affecting daily living skills. Mental health is a health condition causing changes in mood and behaviour.

Reference: CHMA, Fast Facts: Mental Health/Mental Illness, http://www.cmha.ca/bins/content_page.asp?cid=6-20-23-43

Reaching Out - Tools for Recovery

By Deborah Deforest

Flashbacks

Flashbacks are considered one of the re-experiencing symptoms of Post Traumatic Stress Disorder (PTSD). In a flashback, a person may feel or act as though a traumatic event is happening again. A flashback may be temporary and some connection with the present moment may be maintained, or a person may lose all awareness of what is going on around them, being taken completely back to their traumatic event.

People with PTSD may also experience dissociation. Dissociation is an experience where a person may feel disconnected from themselves and/or their surroundings. Similar to flashbacks, dissociation may range from temporarily losing touch with things that are going on around you, similar to what happens when you daydream, to having no memories for a prolonged period of time and/or feeling as though you are outside of your body.

Both flashbacks and dissociation may occur as a result of encountering triggers, or a reminder of a traumatic event. To the extent that people are not aware of their triggers, flashbacks and dissociation can be incredibly disruptive and unpredictable events that are difficult to manage. However, you can take steps to better manage and prevent flashbacks and dissociation. These steps are described below.

Know Your Triggers

In coping with flashbacks and dissociation, prevention is key. Flashbacks and dissociation are often triggered or cued by some kind of reminder of a traumatic event. (for example, encountering certain people or going to specific places, or some other stressful experience). Therefore, it is important to identify the specific things that trigger flashbacks or dissociation.

By knowing what your triggers are, you can either try to limit your exposure to those triggers, or if that is not possible, which is often the case, you can prepare for them by devising ways to cope with your reaction to those triggers.

In addition to reducing flashbacks and dissociation, knowing your triggers may also help with other symptoms of PTSD, such as intrusive thoughts and memories of a traumatic event.

Identify Early Warning Signs

Flashbacks and dissociation may feel as though they come "out-of-the-blue." That is, they may feel unpredictable and uncontrollable. However, there are often some early signs that a person may be slipping into a flashback or a dissociative state. A person's surroundings may begin to look "fuzzy," or someone may feel as though they are separating from or losing touch with their surroundings, other people, or even oneself.



Flashbacks and dissociation are easier to prevent and cope with if you can catch them early. Therefore, it is important to try to increase your awareness of early symptoms. Next time you experience a flashback or dissociation, revisit what you were feeling and thinking just before the flashback or dissociation occurred. Try to identify as many early symptoms as possible. The more early warning signs you have, the better able you will be to prevent future flashbacks or episodes of dissociation.

Learn Grounding Techniques

As the name implies, grounding is a particular way of coping that is designed to "ground" you in the present moment. In doing so, you can retain your connection with the present moment and reduce the likelihood of slipping into a flashback or dissociation. In this way, grounding may be considered to be very similar to mindfulness.

To ground, you want to use the five senses: sound, touch, smell, taste, and sight. To connect with the here and now, you want to do something that will bring all your attention to the present moment. A couple of grounding techniques are described below and continued on page 5.

Sound: Turn on loud music

Loud, jarring music will be hard to ignore. As a result, your attention will be directed to that noise, bringing you into the present moment.

Touch: Grip a Piece of Ice

If you notice that you are slipping into a flashback or a dissociative state, hold onto a piece of ice. It will be difficult to direct your attention away from the extreme coldness of the ice, forcing you to stay in touch with the present moment.

Continued on page 7...

Send along your comments about a recovery tool that assisted you on your recovery journey, or a recovery related question. Please note that we will only print a selected number of comments in each newsletter due to space limitations.

Please send your letters to:

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1—9 Wellington St., Cambridge, ON N1R 3Y4

Or Email:

deforestd@self-help.ca

Words of Recovery

By James Sutherland

A	Z	F	R	F	U	C	P	R	O	M	I	S	E	E
G	O	A	L	R	G	C	R	G	D	S	M	S	X	T
H	N	M	Q	I	P	O	O	A	R	I	L	P	P	N
K	E	I	A	T	I	N	M	V	A	G	N	R	E	E
C	X	L	G	M	J	F	D	R	W	K	B	I	C	M
F	M	Y	A	C	H	I	E	V	E	M	E	N	T	R
R	R	F	S	B	P	D	S	X	R	O	L	G	A	E
I	P	I	P	N	B	E	I	T	F	X	I	L	T	W
E	M	E	I	E	R	N	R	W	B	Y	E	Y	I	O
N	U	V	R	N	A	C	E	V	R	H	F	T	O	P
D	Z	X	A	U	F	E	L	Q	M	J	K	S	N	M
S	T	Y	T	T	D	E	P	E	N	D	E	N	C	E
Q	P	R	I	R	S	R	S	E	C	U	R	I	T	Y
X	E	D	O	O	F	W	A	M	B	I	T	I	O	N
D	N	S	N	F	A	I	T	H	T	I	A	Q	X	P

- | | | | |
|-------------|-------------|---------|----------|
| Achievement | Dependence | Family | Reward |
| Ambition | Desire | Friends | Security |
| Aspiration | Empowerment | Fortune | Spring |
| Belief | Expectation | Goal | |
| Confidence | Faith | Promise | |

Night

By Judith Slater, 2008

Night has closed 'round
Protective, serene;
Nothing disturbs the silence
That goes deep, to the soul
And brings peace.



I do not long for day;
I love the night.
Darkness has a life of it's own
That shields the oppressed

Spirit and seeks to heal.

This night is not evil;
It is peace.
Content and love for all nature
Well within me, as the dark
Calls me to commune.



The Goddess gave us the night;
I accept it joyfully.
It is the balm, the healing ointment
That preserves our very sanity
From the jangling days.

Reaching Out - Tools for Recovery

By Deborah Deforest

... Continued from page 6

Smell: Sniff some Strong Peppermint

When you smell something strong, it is very hard to focus on anything else. In this way, smelling peppermint can bring you into the present moment, slowing down or stopping altogether a flashback or an episode of dissociation.

Taste: Bite into a Lemon

The sourness of a lemon and the strong sensation it produces in your mouth when you bite into it can force you to stay in the present moment.

Sight: Take an inventory of everything around you

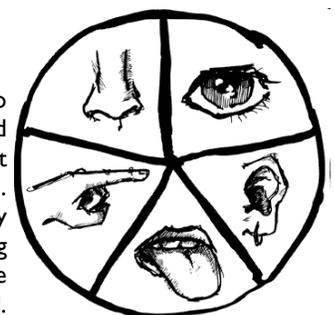
Connect with the present moment by listing everything around you. Identify all the colors you see, or count all the pieces of furniture around you. Taking an inventory of your immediate environment can directly connect you with the present moment.

Enlist the Help of Others

If you know that you may be at risk for a flashback or dissociation by going into a certain situation, bring along some trusted support. Make sure that the person you bring with you is also aware of your triggers and knows how to tell and what to do when you are entering a flashback or dissociative state.

Seek Treatment

In the end, the best way to prevent flashbacks and dissociation is to seek out treatment for your PTSD. Flashbacks and dissociation may be a sign that you are struggling to confront or cope with the traumatic event you experienced. Treatment can help with this. You can find PTSD treatment providers in your area.



Reference:
MD Junction.com
People Helping People

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The views expressed are those of the authors' and do not necessarily reflect those of the Self Help Alliance and the partner organizations.

Stuff To Make You Laugh!

THE 12 WARNING SIGNS OF GOOD HEALTH

(If several or more appear, you may rarely need to visit a doctor.)

1. Regular flare-ups of a supportive network of friends and family
2. Chronic positive expectations
3. Repeated episodes of gratitude and generosity
4. Increased appetite for physical activity
5. Marked tendency to identify and express feelings.
6. Compulsion to contribute to society
7. Lingering sensitivity to the feelings of others
8. Habitual behavior related to seeking new challenges
9. Craving for peak experiences
10. Tendency to adapt to changing conditions
11. Feelings of spiritual involvement
12. Persistent sense of humor

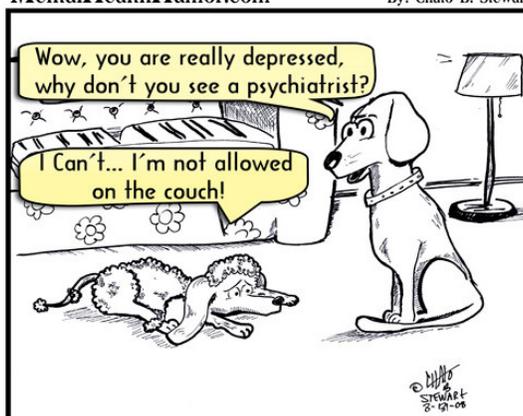


So far today I have not gossiped, lost my temper or been selfish. Now I am going to have to get out of bed!

—Dan Brazil

MentalHealthHumor.com

By: Chato B. Stewart



One time I had an out of body experience: I saw the light at the end of the tunnel and when I got there, I turned it off to save electricity.

—Dan Brazil

My mother and I attend a weekly weight-loss class together. One week our group leader told us she lives by the motto "Nothing tastes as good as thin feels." I was inspired, until Mom whispered to me, "Yes, but she's never tasted my double-fudge brownies." —reprinted from Life's Like That, 2002.

News and Updates

The Self Help Alliance is Writing a Book!

The Self Help Alliance is very proud to announce the creation of:

Finding My Way: A Personal Recovery Guide

This book is designed as a tool to help individuals in their journey of recovery and navigating the Mental Health and Addiction System. The tool-book has been written by individuals with lived experience who wish to share their stories and knowledge with others. Individuals participated in focus groups, interviews, and submitted poetry, letters, personal stories, artwork and much more.

We hope you will join us in celebrating the launch of Finding My Way: A Personal Recovery Guide. Watch for more details at the Self Help Alliance site near you.