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Culture: More than where we come from

The Culture of Peer Support

By Amanda Bourassa

Usually when I think about culture, I think about my family roots - where I grew up, and what traditions we had. I also think about belief systems, values, morals, all the things that make up who I am. The more I think about culture and who I am, the more I think about my journey through recovery and the value of peer support. Peer support means so much to me. It provides me with hope, validates my experiences, makes me aware that I am not alone. Now, I think of peer support as its own culture.



Artist: **Deborah Deforest**

In the culture of peer support, we value hope. It is about finding hope and sharing that hope with others who may not see it or have not determined what their hope is. The experience of sharing removes stigma, creates a space where there is commonality, and ensures that people do not feel alone on their journey. It can be inspiring to hear someone's story and know that they made it through. Peer support can also build confidence for the person sharing as they find the strength to open up and the words to describe their own experiences.

In the culture of peer support, belonging is created. Through sharing, walls crumble and individuals see that they are not alone, that there is light. Through the feeling of belonging, we can start to build on our relationships and our community. Many people find strength in their relationships, a place where they can be who they truly are and are accepted. Peer relationships can mean a lot for someone's recovery journey, as they have someone with them through the celebrations and struggles. It can mean that there is a cheerleader at your side and that you are also a cheerleader to someone else. Peer support is about mutuality, where we are not only receiving support, but are providers of support as well.

Peer support is central to who I am, to understanding myself and to creating a bridge where I can also understand what others share with me. I have come to see that peer support can take many forms. It may be a number of people sharing a common experience, working on a common goal or coming together in a group setting.

Peer Support may mean talking with one individual in a relationship that builds over time and feels comfortable to both people. I think we need to leave our imaginations open to what peer support might look like for different people. The more we do, the more we can create an environment where peer support is valued and people are getting the support they need in the way that is most beneficial to them. This also may mean being open to other ways of looking at mental health.

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Recovery Culture

By Jeremy Marshall

Culture is how we got here, the stories we told or were told, the roads we took, the structures and artifacts we built and left behind; it is our legacy and a product of our continuing evolution. Ultimately, culture manifests itself in the communities we build together along our life's journey. Culture, like family, tribe or clan, is the tie that binds. Culture is what we are building with every step we take. Culture is constantly evolving. Cultures fade and are revived. Cultures vanish into the mists of history. Our histories, both the personal stories of individuals and the histories of societies, can all help us to put our lives into the context of an ongoing human drama. Culture is more than where we come from, it is where we are going.

In the realm of Mental Health, we as consumer survivors are part of a culture that is outside the mainstream of contemporary culture. We are called crazy, nuts and far worse. The effect of such pigeonholing makes it much harder to come to the destination of self respect/esteem that all human beings deserve. Many of my peers in this struggle for dignity would better be described as brilliant, empathetic, compassionate and intelligent. In our current culture, there is a fear of mental health issues that creates a shame and stigma, making it extremely difficult to identify with or face these problems.

Thankfully, both professionals and individuals are coming to the realization that the stigma around mental illness does nothing to promote the compassionate understanding of these real and devastating conditions. To the contrary, stigma makes matters worse for everyone. On the hopeful side we know that culture can change and, as individuals with lived experience, we have a role in this change.

There is a clinically based understanding of mental illness wherein the individuals are viewed as a bundle of symptoms to be diagnosed and managed by overworked professionals through medication (with limited support), therapy (where it can be afforded), hospitalization and limited reintegration into "normal" society. Though these treatments can offer much, there is a recovery based philosophy that allows the individual to have an active role in his or her treatment, beyond the taking of prescribed medication between trips to the doctor or hospital.

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Embracing our differences through cultures and mental health

By Iman Grewal

Growing up in a Sikh Punjabi household with a mother who was suffering from a mental illness was a difficult and yet very educational experience for the work that I am involved in now. I realized at a very young age there was something different about this special person who I called mom, but no one else in my community or family would sit down and explain to me why mom was 'different'. Gradually, we were not being invited to cultural gatherings, family friends were not coming over for tea, and phone calls from long distance relatives stopped. We were being isolated by our very own community, the same community we had worked so hard at making our own since moving from Punjab, India to Canada.

In the Sikh Punjabi culture, status is very important and is gained by being invited to social events. In our case, gossip about my mom led us to feel like outcasts, leaving my two sisters and I very disconnected and angry about our mother's condition. This was not only happening to my family, but others in our community who had loved ones or who themselves struggle with mental health. The social determinants of health when immigrating to a new country were being diminished due to my mother being 'different' and the community's lack of knowledge.



As I grew older, I was less upset with my mother's condition and more interested in finding out why and what was happening. A neighbor, whom I looked to as a mother figure, was diagnosed with Schizophrenia and yet was working, exercising and cooking, while taking care of her children wonderfully. She was also very aware of her diagnosis and taking medication; I wondered why our community did not give credit to people like this neighbor. My mother, on the other hand, refused to even speak of mental health. As I did more research, I learned that the stigma related to it was very obvious not only by the isolation from our own cultural community, but also by North American society.

People did not want to talk about it and I did not feel comfortable bringing it up in conversations. When my mother would have public outbursts, people would stare, laugh, or even make racist remarks rather than ask if we needed help. This made me embarrassed to go anywhere with my mother and I too started to isolate her from my life.

The experiences with my mother led me to work in the mental health sector. Here, I realized that many were reacting the same way towards mental health issues.

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Is Facebook good for your mental health?

By Keely Phillips

Recent studies are showing evidence that social networking internet sites may be of benefit to people experiencing mental health issues.

Our culture is going through a major shift: We are spending more time on the internet, particularly on social networking sites such as Facebook, MySpace, and Twitter. We are shifting towards a culture where emails, text messages, online chat, and social networking sites have become a large part of our social ties.

For those of us experiencing mental health, loneliness and isolation can be common experiences. Finding ways to become engaged socially and feel a part of a community are often essential parts of recovery. We look to family, friends, support groups, faith communities, recreation and increasingly the virtual world to find a sense of belonging and lessen our isolation. So how does the social phenomenon of Facebook and other social networking internet sites really impact on us?

One way to look at how Facebook and other social networking sites may be impacting us is through the concept of social capital. Social capital "refers to connections among individuals – social networks and the norms of reciprocity and trustworthiness that arise from them" (Putnam 1995). Simply put, social capital is the glue that holds our society together. Social capital is important in our lives because: "By bringing people together in formal and informal networks, social capital builds confidence and leads to increased awareness, knowledge and trust. It enables people to ... feel a greater sense of belonging" (Sharma, 2005).

Our mental health may be impacted by our social capital, and a lack of social capital may cause an increase in mental health issues in a society (McKenzie, 2002). Strong social capital can "make everyone feel connected, included and involved. It instills hope, and provides options and opportunities. This in turn empowers people to make significant contributions toward a healthy and vibrant society," (Sharma, 2005).

Recent research tells us that Facebook may enhance social capital by helping us to retain loose social ties with people. These ties provide us with resources (such as social support and information exchange) that we can utilize to enhance our well-being and may increase self esteem and life satisfaction (Valenzuela 2009). The benefits of social networking sites are not limited to young people: for older adults internet usage has also been found to enhance a sense of well-being (Shapira et al. 2007). One person describes how Facebook helped their mental health:

"My Facebook has become my 'Mental Health Soapbox'. I have noticed over the months that people have opened up about their experiences of Mental Health, there have been numerous interesting discussions around some of the news links I have posted." (Brody, 2009)

Facebook Statistics:

- 150 millions users worldwide
- Most popular activity on the worldwide web
- If Facebook were a country it would be the world's fourth largest (socialnomics.com)

There are currently over 500 mental health groups on Facebook. Many of these allow people to participate in online discussions and forums that can be a source of support and information. (Check out the Self Help Alliance Facebook page).

Despite all this positive feedback, there are critics of social networking sites. Psychologist Aric Sigman believes replacing face-to-face contact with cyber contact may lead to increased social isolation, loneliness and a negative outlook, which can then add to risks of depression (Sigman, 2009). Sigman is not alone in his ideas: "...increased use of the Internet was associated with decreased family communication and reduced size of local social circles In addition, the participants experienced increased loneliness and depression" (Sanders et al. 2000).

Some sites to check out:

- Self Help Alliance on Facebook
- www.realmentalhealth.com
- www.healthyplace.com
- www.mentalearth.com
- http://www.dailystrength.org
- www.depression-understood.org

As well, Facebook can be a forum for bullying and gossip, but a cautious and internet safety savvy person can diminish the likelihood of this occurring. Check out http://www.ehow.com/how_4685332_avoid-deal-cyber-bullying.html for great tips on how to prevent cyber bullying.

It appears from the research that social networking sites can be of help when coping with a mental health issue, if used in moderation. Too much time online (like too much of anything) can be bad for you. If you use social networking sites such as Facebook to increase your social ties and supports, then you may be adding another tool to your recovery toolbox.

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Reaching Out - Tools for Recovery

By Deborah Deforest

Insomnia

Sleepless night after sleepless night can be downright unbearable and can make managing your mental health or addiction even more difficult. Here are some things you can try at home tonight:

Get Up! I know it sounds a bit backwards, but the worst thing that you can do is to lie in bed tossing and turning. If you are unable to fall asleep after 15 to 20 minutes, get up and do a quiet activity, such as reading, watching TV, or listening to relaxing music. Then, go back to bed and try again. Just make sure what you watch or read does not wake you up even more!

Say no to naps. If you nap, you will likely have more trouble getting to sleep the next night, thereby compounding your insomnia.

Earplugs. Sometimes, insomnia is caused by being awakened repeatedly by loud noises. Often, the sleeper is not aware of what awakened them. Try sleeping in a quieter room, or wear earplugs.

Exercise. Doing cardio exercises, such as walking, cycling, jogging, or swimming, helps with sleep. If possible, avoid working out at bedtime, as exercise will get your heart rate going, making it difficult to fall asleep.

Get a comfortable bed and pillows. Sleep may elude you if your bed is too hard or too soft, or if your pillows need updating.

Do not drink alcohol. Although alcohol can make you feel drowsy and may actually put you to sleep, it has the unpleasant side effect of waking you up later on in the night with a headache, stomachache, or full bladder. In addition, once alcohol's sedative effect wears off, the rebound effect actually makes you more likely to have trouble falling back to sleep.

Cut down on caffeine. Caffeine, by its nature, stimulates your brain. Limit your coffee intake to two cups a day and stay away from caffeine after 12-noon.

Try to maintain a normal schedule. Perhaps the most important rule for people with insomnia is to keep a strict sleep-wake schedule, even on weekends. If you cannot sleep one night, get up at your usual time the next morning and do not take any naps. You may spend one day a bit tired, but it is better for your sleep habit in the long run.

Use your bedroom only for sleep and sex. No work, no eating, no television, and no arguing with your bed partner.

Do not eat close to bed time. Finish eating two or three hours before bed time.

Prepare your bedroom for sleep. The best sleep environment is one that is dark, quiet, comfortable, and cool, according to the National Sleep Foundation.

Take a hot bath. A hot bath taken two hours before bedtime is a wonderful way to relax your body for sleep. For most people, taking a bath closer to bedtime may be stimulating and may delay sleep (of course, there are always exceptions, so experiment with the timing if you need).

Establish a relaxing bedtime ritual. When mothers bathe their children or read to them every night before bedtime, they are reinforcing a signal that it is time to settle down and get ready for sleep. Establishing such a ritual may also be helpful for adults.

Evaluate your medications. Certain prescription medications can have an effect on your ability to sleep. Check with your doctor if you suspect that one of your medications is causing your insomnia.

Try a sleeping pill. You are not admitting defeat by asking your doctor for a prescription sleeping pill or by trying an over-the-counter remedy. However, most prescription pills should not be used for more than a month at a time.

Sleeping Pill Cautions: Be aware of any side effects that may be caused by sleeping pills and make sure you are comfortable with the possibility of that effect happening to you.

Make sure the sleeping pill will not conflict or interact with any other medications you may be taking.

Never take sleeping pills throughout the night. If you take them when you wake in the middle of the night, they will not have a chance to wear off, making it difficult to wake up.

Be your own sleep scientist. There is no one formula for perfect sleep -- different things work for different people. The important thing is to give everything a fair and persistent trial for at least a week or two, not just one night. It may be helpful to keep a sleep journal or notebook of what works and what does not.

There is no magic trick to treating insomnia, but hopefully one of these suggestions will help you get some rest!

(Source: <http://health.howstuffworks.com/home-remedies-for-insomnia1.htm>)



Send along your comments about a recovery tool that assisted you on your recovery journey, or a recovery related question. Please send your letters to:

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Ask Reeve

By Paul Reeve

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

A Culture of Fear?

Question

Can an agency force me to have a mental health assessment? I am receiving supports from an agency that is not related to mental health in my life. They found out that I have a history that involved mental health. I am under the care of a psychiatrist and have not experienced any problems with my mental health for over a year. The worker was concerned that I might have a problem in the future. I offered to give the worker the contact information for my psychiatrist but the agency wants an assessment by someone else. I do not want to have another assessment done and have other more important things I would prefer to focus on. What can I do?

Answer

Any agency can ask for information if it is relevant to your current issue. Whether you choose to give it is solely your decision. It is important to be sensitive to what consequences could occur: Will they treat you differently or even withdraw services? Why does the agency need the assessment, and is this requested of all people using their services? Explain why you do not want the assessment. In this case, you have an ongoing relationship with a psychiatrist and are willing to make that

information available. It is understandable that you do not want to take any time with a doctor you do not know.

Sometimes, there is discrimination on the basis of mental health. It could be one staff person's suspicion that a person *might* cause harm that prompts the request for assessment. Some people are driven by fear. We know from statistics that people with mental health issues are more likely to be victims of abuse than to be violent themselves.

It is important that you do what is right for you. I was reading *Tuesdays with Morrie* by Mitch Albom recently and found the following interesting passage:

"Well, for one thing, the culture we have does not make people feel good about themselves. We're teaching the wrong things. And you have to be strong enough to say if the culture doesn't work, don't buy it. Create your own."

It is important to take care of yourself and to speak up if you think someone has a bias or is prejudiced about people with mental health issue.

Advocating with an assertive approach will contribute to a successful resolution.

If you have advocacy questions or you would like to submit to "Ask Reeve" contact Paul Reeve, Advocacy Coordinator, directly at 519.763.4014, leave a message at 519.766.4315 ext. 232, or email reevep@self-help.ca. If you do not see your questions in print, please note Paul responds to all questions on an individual basis.

Recovery Culture

By Jeremy Marshall

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Recovery values are gaining acceptance across the board and belief is growing. They require active participation in a community of supportive peers and allows the individual being treated to make meaningful choices in his or her treatment, with the support of compassionate professionals. Recovery shines a hopeful light on the human face of mental health and takes these problems out of the shadows that have obscured them for too long.



Artist: Mikayla Goving

The recovery philosophy empowers the individual and encourages the growth of a supportive community. We are building new communities based on values of mutual respect and understanding.

We are creating a new recovery based culture that allows breathing room for dreams and hope, where formerly symptom management and deinstitutionalization were the best results we

could expect. We are replacing persecution with empowerment, despair with hope, dependence with self determination and prejudice with pride. Recovery gives us the responsibility to make meaningful choices in our lives. All of us involved in the recovery process, including family, institutions, professionals, peers and partners, can work together in a holistic approach by changing the way mental health issues are viewed and treated in our culture.

Our current culture is not static. We are creating our history with everything we do. Every step we take towards personal recovery and the elimination of prejudice/stigma is a step towards hope for the future of our community. We are changing a part of our culture, in this case, the mental health system, that badly needs changing. To know our history is valuable but to use our knowledge to affect positive change is empowering. Culture is more than where we come from, it is where we are going.

Spring is springing but not quite sprung

By Tom Moull

The snow is gone, the sun is out: Flowers bloom as spring arrives. As pretty plants begin to sprout: Imagine what you could create inside!



As we see sunshine and warmer temperatures, many look to the outdoors for vegetables or flowers. However, many of us do not have an outside space for gardening, and no opportunity to access community garden plots.

If you live in a place that has a south or west facing window or balcony, you can

still have a garden of your choice in pots! Check out your space. Do you have a place that receives about six hours of sunlight per day that can house a few plants?

All plants need to be in good soil to thrive. I buy small bags of potting soil at a grocery store or garden centre, and inexpensive large plastic pots and planter boxes. By late April or early May you will find potted plants for sale everywhere. If container gardening is new to you, choose flowers or vegetables already started. These will have been grown in a greenhouse and should have healthy and extensive roots, making them easy to transplant.

Plants for sunny spots: If you like tomatoes or peppers then you are in luck. Try mini tomatoes, but be prepared to stake and tie them up as they grow up. Simple green peppers will do well in the heat, as will pole beans, leaf lettuce and spinach.

For flowers, I like geraniums as they do well with lots of sun, tolerate dry conditions and come in a variety of colours. Pick off dead blooms to encourage more growth. There are also really neat decorative grasses that do well inside in the sun, as do marigolds, nasturtiums and petunias. Most common cooking herbs, like sage and rosemary, also tolerate drier conditions. Be sure plants are watered regularly. Vegetables like beans and spinach can be started from seeds that you buy, but there will be more seeds in one of those little envelopes than one person needs, so you may want to share with a friend.

Less than six hours of sunlight: There are lots of shade loving flowers you can try. If you have morning sun or east facing windows, some of the traditional plants for you would be impatiens, fibrous begonias, pansies or non-flowering plants like coleus.

Any plant will flower more often or produce more fruit with a small bit of fertilizer. For container gardens, your best choice is water soluble fertilizer that can be used every 2-3 waterings. For both flowers and vegetables, fertilizers mixes similar to "15-30-15" are best. If you want to promote the growth of flowers or vegetables, make sure the middle fertilizer number is higher. Too much of the first number (nitrogen) promotes green growth, which could be just what you want for growing decorative grasses.

Have fun and experiment. There is no 'perfect' way to garden; it is art as much as science – and the beauty of art is in the eye of the beholder!

Embracing our differences...

By Iman Grewal

...Continued from page 2

A good friend of mine, from the Mandarin speaking Chinese community, told me once "our people don't feel comfortable speaking of any sort of mental illness."

Through my work, I have learned that building partnerships, reciprocal relationships and providing educational opportunities to better equip mental health practitioners in understanding culturally specific meanings and customs are very important in making communities feel comfortable discussing these issues within their culture. A family Doctor is very important in a lot of cultural communities, and so they are in the greatest position to help recognize mental health and provide the appropriate cultural service links, if they are able to understand both mental health and cultural issues.

When dealing with mental health and diverse cultures, the success level is greater when done on a personal level, much like the Self Help Alliance peer to peer support approach. If people do not have someone who they can relate to on a cultural level, they will not seek help. Shame and stigma from their communities is so great that they would rather suffer in silence than admit there is a problem.

Luckily, there are individuals like the Navigators and places like the Self Help Alliance that recognize this need and provide lived experience support. I feel there is great work to be done within my own cultural community. Stigma is related to lack of knowledge, however, the presence of more cultural groups in the mental health sector is the first step in making a change in culturally linguistic communities. Embracing our differences through cultures and mental health is just the beginning to a brighter and healthier future.

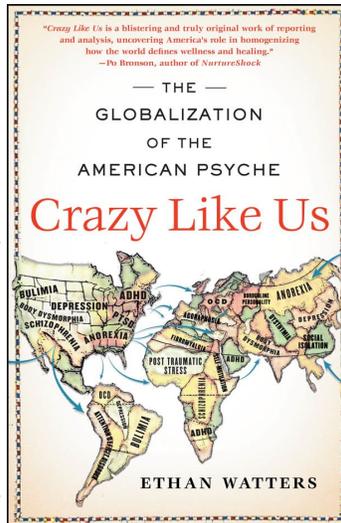
Them and US...Crazy and INTRUDERS?

By Daniela Hennebry

When we here in North America say, "I have bipolar disorder," "I have depression," or "I suffer from PTSD," we have come to know certain manifestations of these diseases will occur. Those with depression will often lose interest in activities they once enjoyed. People with anorexia frequently starve themselves because they have a distorted body image. In this neck of the woods, whatever the mental health ailment, there are certain guidelines and paths to diagnose them set by the *Diagnostic and Statistical Manual of Mental Disorders* (say that three times fast) or DSM: the 'bible' of mental health. While it may be helpful, if not the moulds for our pliable minds, in this society, the DSM formulas are spreading rapidly throughout the increasingly 'westernized' world; it is eradicating culturally specific 'symptom pools' in the mental health field.

Believe it or not, in other cultures, mental health issues are not only materialized in different ways, they are handled in different, if not more effective ways. For instance, individuals with schizophrenia in Pakistan are more likely to see ghosts than in Britain, where they are more likely to have auditory hallucinations of persecuting voices. In China, anorexia's root cause was often one that we in North America would consider more of a depressing event, like a breakup. People starve themselves because they would feel physical pain in the stomach region and stop eating as a result. Now, as China has become more westernized and our culture sensationalized, disordered eating related to body image has ballooned to "a twenty-five fold increase in cases [of anorexia]" (Watters, 28). According to Ethan Watters, author of *Crazy Like Us*, "A diagnosis, such as anorexia, that comes prepackaged with ideas and beliefs from a foreign land could easily obscure the complex realities of the individual" (Watters, 57).

How North American workers 'treat' patients when visiting foreign soil can undo centuries of traditions and rituals, replacing them with our somewhat cold and sterile clinical ways of looking at treatment. For instance, after a tsunami hit Sri Lanka in 2004, survivors were debriefed in groups of twenty five traumatized people at a time, with the goal of one hundred treated for each five hours of work (Watters, 80). To the western counselors' dismay, the patients seemed more eager to return to school than discuss their experiences. In addition, the tools used were not



helpful: "In the end, these trauma checklists simply had no ability to discover what might be culturally unique to the experience of living through horror in Sri Lanka because of their intimate familiarity with poverty, hardship and war had evolved a culture better able to integrate and give meaning to terrible events" (Watters, 87). You see, what we forget in North America is that many world disasters happen outside of the Western realm and in turn, inhabitants might be more resilient than us through traumatic times.

In places like Zanzibar, Africa, the family viewed productivity of individuals with schizophrenia "as a sign of health, but they didn't pressure [the affected] to perform chores with the assumption that they are curative...periods of troubled behavior were not greeted with expressions of concern or alarm, and neither were times of wellness celebrated. As such [the affected] felt little pressure to self-identify as someone with a permanent mental illness." (Watters, 150-151).

So, we may have cutting edge technology, the newest medications, and resources to research mental health, but I will leave you with this one tidbit of information; "Whereas over 40 percent of schizophrenics in industrialized nations were judged over time to be 'seriously impaired', only 24 percent of patients in the poorer countries ended up similarly disabled" (Watters, 137). Do they have to learn everything from us, or is there perhaps a thing or two we can learn from them?

The Culture of Peer Support

By Amanda Bourassa

...Continued from page 1

We have learned that many of the "diagnoses" or "labels" that we use for mental health issues are a westernized way of seeing things. Many other cultures define mental health differently. The more we can be open about discussing and sharing our experiences without always attaching the label, the more we can reach out to other cultures and create a common bond.

From this, I encourage you to continue to connect with others, to build on those relationships that mean a lot to you, and to know that you have an effect on others, more than you may even realize. I have learned a lot from peer support relationships. They were crucial to understanding what I was going through, getting through challenging times, and helped me to see that my experiences can be important to others as well. Through peer support, I have learned that it is okay to talk about the difficult topics, and that we need to continue to talk with each other and encourage discussions on tough subjects in order to reduce the stigma around them.

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See below for the shared staffing update since our last issue:

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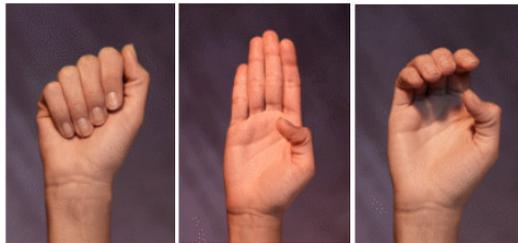
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The views expressed are those of the authors' and do not necessarily reflect those of the Self Help Alliance.

The A.B.C.'s of Life

By David D.

Always	Love
Be	Means
Curious	No
Defend	Oppression
Everybody's	Persecution
Freedom.	Question
	Reality
Give	Save
Hope	The
Into	Uniqueness.
Joyful	
Knowledge.	Valor
	Wins
	Xcitement.
	Youth
	Zealous.



News and Updates

Recovery Support Plan & Recovery Management Plan Tools Available

Visit the Self Help Alliance site near you for a training session on how to use the Recovery Support Plan and Recovery Management Plan Tools and meet others working on their own plans. You can get support to fill out your own plan and learn from one another ways to increase your quality of life, manage stress and/or mental health symptoms and other ways to promoted wellness in your life.

We Want to Hear From You!

Send along your articles, images, letters to the editor, comments or views about topics in this newsletter or other topics related to the mental health system. Please note that any items submitted may be edited for space and other needs of the "Changing Lives Newsletter."

Please send your items to:
c/o Self Help Alliance, Newsletter Editor
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