



**Family Mental Health  
Initiative**



# FAMILY MATTERS NEWSLETTER

**Our Mission:** To provide support through education, training and referral to the family members of those individuals with serious and persistent mental illness difficulties. This will enable those families to adequately fulfill their roles in relationship to their family member(s), the mental health system and the community.

**Notre mission :** Offrir du soutien aux membres de la famille de personnes atteintes de troubles de santé mentale graves et persistants par l'entremise de l'éducation, de la formation et de l'orientation vers les services pertinents. Ce soutien vise à permettre aux membres de la famille de bien s'acquitter de leurs rôles à l'égard des autres membres de leur famille, du système de santé mentale et de la communauté.

**Relationship Logo:** The stylized individual represents the Family Mental Health Initiative of Simcoe County. The Initiative helps families fulfill their roles in relationship to their family member(s), the mental health system and the community. The three circles are representative of these relationships. The font chosen for the lettering has a very friendly appearance due to its curved lines. The letters themselves are narrow. This gives the feeling of togetherness.

**June 2010**

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## *from the desk of the coordinator*

There's no mistaking that summer weather is here. I have just come inside from the intense heat outside. I personally enjoy this kind of weather, I am definitely a summer gal! With the summer months generally comes changes in the family groups meeting schedules. Please see page 9 for the family group summer schedules.

One change that I would like to make note of is with regards to the Collingwood Family & Friends Mental Health Support Group. The change with this group is starting August 26, 2010 from 10am - 12pm, this time will now be a drop-in for families. I recognize that not many families have two hours to stay at a group and sometimes family members, supporters and friends just want to touch base with me or get some information. If you are in the area of 12 Erie St., on the Last Thursday of each month in Collingwood please feel free to stop in and see me. I'll have the coffee and tea ready. ☺

Over the summer months if you require support and I am not in the office please contact the mental health crisis line at 705-728-5044 or 1-888-893-8333.

I hope you enjoy this edition of the newsletter. Have a safe and fabulous summer! All the best to you and your family, Tara.

### Contact us at:

151 Essa Road, Suite 202 Barrie, ON L4N 3L2  
Phone: 705-725-0363 Toll-Free: 1-800-324-3252 Fax: 705-725-5496 Website: [www.fmhi.ca](http://www.fmhi.ca)

## Mental Health Crisis Line

**1-888-893-8333**

FMHI is sponsored by the Canadian Mental Health Association, Simcoe County Branch and funded by the North Simcoe Muskoka Local Health Integration Network

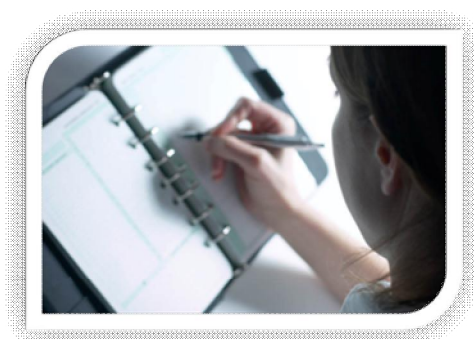
Articles, poems, stories from family members, supporters and friends are welcomed. Anonymity will be respected if requested. Guest articles reflect the opinions of the authors and do not necessarily reflect the views of FMHI. If you have questions or comments please contact the person who wrote the article. Thank you.

# Family Advocates for Mental Health

Family Advocates for Mental Health is a group of people that care for family members (broad definition) dealing with mental health and/or addiction issues. Our shared objective is to individually and collectively aid our loved ones to achieve a better quality of life and thereby enhance our own. Our vision is that in three years we will have a system that partners with professionals, clients, family, and community in the recovery journey of those with mental health and/or addiction issues. The group is in a growth phase and wants to encourage participation from others. Meetings are held on the second Tuesday of the month from 7pm to 9pm at the Krasman Centre, 10121 Yonge Street, Richmond Hill, ON. All meetings follow an informal style. If you are interested in participating or want further information, call Stephen Bradford at (905)780-0491 or 1-888-780-0724 or e-mail to [stephen.bradford@krasmancentre.com](mailto:stephen.bradford@krasmancentre.com)."

## Family Support Groups Summer Schedules

Please see page 9 for the summer schedule for the family groups in Simcoe County. Some groups will not be meeting during the summer months. If one of the groups that you attend is not meeting you are welcome to attend any of the other groups, as well, you may contact Family Mental Health Initiative or the mental health crisis line at 705-728-5044 or 1-888-893-8333.



# Mental Health Family Link

**The mission of the Mental Health Family Link program is to support families affected by mental health problems and illnesses by connecting them with peer volunteers over the telephone, in order to enhance their coping and sustain their well-being.**

## **About the Mental Health Family Link (MHFL) program**

The Mental Health Family Link (MHFL) program is the first program of its kind in Canada which serves the needs of family caregivers of individuals living with mental health problems and illnesses. The primary goal is to match caregivers with Peer Volunteers who have gone through similar experiences in their role as caregivers. The concept for the program was inspired by *CancerConnection* – a national peer support program operated by the Canadian Cancer Society. The MHFL project will be introduced for caregivers in the Toronto area in April 2010. Caregivers looking for support, or those interested in providing support as trained peer volunteers can contact the MHFL staff at the contact information below. The first training group for peer volunteers will be held in May 2010.

MHFL does the following:

- Matches a peer volunteer with a calling caregiver who is seeking support. The MHFL program is based on a model of peer support, as people who have “been there” often are able to provide great support to others in need.
- Facilitates the sharing of information and support between family caregivers so they can better manage the impact of caring for someone living with a mental health problem and illness.
- As a telephone based program it has the potential to overcome geographic, linguistic and cultural challenges and allows people to access support more quickly.
- MHFL strives to provide recovery oriented, culturally safe support and acknowledges the impact that stigma can have on caregivers and their families.

## **Peer Volunteers**

The volunteers of the MHFL program are adults who are experienced caregivers of individuals with mental health problems and illnesses and who are able and willing to support a calling caregiver who is requesting support.

## **Calling Caregivers**

Calling caregivers are adults who provide unpaid care to an individual living with mental health problems and illnesses. They may be a parent, spouse, sibling, adult child, friend or perhaps even a neighbour. Therefore, the calling caregiver group is diverse, encompassing many different relationship situations, geographical locations, cultural backgrounds and possessing varying access to mental health community re-

sources.

## **Staff**

Professional staff are responsible for the overall management of the MHFL program. Staff will recruit, screen and train peer volunteers to meet the needs of interested calling caregivers. Staff are also responsible for supporting the peer volunteers through regular consultation and feedback. Regular contact between staff and peer volunteers will help ensure each match remains helpful to the calling caregiver. In addition, program staff liaise with social service organizations, mental health agencies and the community at large in order to ensure that they are aware of the services of the MHFL program.

## **The Match**

Matching peer volunteers with calling caregivers is facilitated by the program staff. The program is committed to the practices of cultural safety and cultural competence, and creating culturally safe matches is an important aspect of the MHFL program. For example, if a calling caregiver wishes to be matched with a peer volunteer who shares his/her same cultural identity or language, every effort will be made by staff to provide that match.

## **Training objectives and format**

In order to help peer volunteers build supportive and resourceful relationships with calling caregivers, they are required to attend the MHFL program training. The 18 hour training takes place over two full-days Saturday sessions and two weekday evening sessions. Training topics include communication and listening skill development and knowledge enhancement, and practice of skills using role plays.

This program is not a crisis intervention service, however, peer volunteers are given information on risk assessment along with protocols in the event that a calling caregiver (or his/her family member) is in crisis during a call. Lastly, the training also includes important information regarding the program itself such as the protocol for the call report logs and expectations of peer volunteers. It is mandatory for an individual to attend all sessions to successfully complete the training and become a peer volunteer. Following the completion of a training group, staff will speak with each of the trainees individually to determine his/her readiness for the role of peer volunteer.

**For more information:** <http://www.mentalhealthcommission.ca/English/Pages/MentalHealthFamilyLinkprogram.aspx>



An Initiative of the Mental Health Commission of Canada.

# Mental Health 101: Children and Difficult Behaviour

Every child misbehaves from time to time. This is always distressing to us as parents because we would all like to be perfect parents of perfect children.

There are many reasons for a child's misbehaviour, and many ways for parents to help the child improve. Difficult behaviour includes:

- Using bad language
- Behaving aggressively or violently
- Destroying property
- Lying
- Stealing
- Refusing to cooperate with necessary tasks, such as getting dressed in the morning, going to bed at night or doing school work.

## Unintentional and Intentional Misbehaviour

Children can misbehave by accident or on purpose, and it is important to understand the difference, for example:

- **Accidental misbehaviour:** your eight-year old throws a snowball in a friendly snowball fight and injures another child because a stone was accidentally packed into the snowball.
- **Intentional misbehaviour:** your child steals candy from the corner store after you refused to give his/her allowance two days early.

## Why do children misbehave?

Sometimes, the causes of misbehaviour are easy to see; other times, they are hidden. The reasons may include:

- **Impulsiveness and inexperience:** a lot of misbehaviour happens because the child does not know any better.
- **Resentment and anger at rules:** Nobody likes being told what to do, and that includes children. Yet, children get told what to do and how to do it all the time. So, it is not surprising that they misbehave out of resentment or anger.
- **Resentment and anger at unfair treatment:** Sometimes we take out our own anger and frustrations on our children. We may yell at our children for being noisy when the real reason is we are angry about something that happened at work. We all do this kind of thing occasionally, but if we do it all the time, our children will respond with resentful and angry behaviour of their own.
- **Frustration from too much pressure to perform:** Sometimes we push our children to achieve too much too soon. If a child is always being pressured to do things, like stand up on skates before he/she is physically ready or play games that are too difficult for his/her age, he/she may refuse to learn new things at home or slack off at school.
- **Fears—real or imaginary:** If your child suddenly refuses to do things that he/she used to do, it may be because of a real or imagined fear.

## What can you do to change difficult behaviour?

The most important things you can do are to be patient, avoid losing your temper and remember that love is more persuasive than punishment. Before you act, try to think a few things through - ask yourself questions. Then, act as calmly and as thoughtfully as you can.

- **Does my child know that he/she is loved?** Make sure your child knows that you love him/her and it does not hurt to tell them over and over again.
- **Is it necessary for my child to do this, or is it OK for him/her to choose?** Obviously, there are times when you can give your children no choice. Unsafe, destructive, dishonest or rude behaviour has to be corrected, and children must learn what the limits are.
- **Did my child do this on purpose?** Becoming angry at a child for misbehaving because he/she did not know any better will do more harm than good.
- **If I lose my temper, am I going to make matters worse?** Suppose your three-year old goes to your bedroom and breaks a string of pearls after being reprimanded. Obviously, he/she is enraged, and if you respond with rage, you will be continuing a cycle of anger from which it may be difficult to escape. Try to let your child know that you understand his/her anger and the reason for it, and try to get your child to put his/her angry feelings into words. Try to help your child think about making amends for the damage done.
- **Learn to use the "time out" method to help your child regain composure and self control.** Give your child some time alone, not as a punishment, but as an opportunity to recover from a bout of misbehaviour. Then try to discuss the behaviour problem constructively with your child.
- **Is the punishment I have given too harsh?** If you punished your child when you were angry, you may later think that you were too harsh. Trust your feelings. Remember that changing your mind is not necessarily a sign of weakness.
- **Try to put consistent routines in place for your children.** Children need the security provided by regular routines and events in a stable environment. Security and stability make it easier for children to behave in a stable and cooperative manner.
- **Allow for some breaks in routine to reduce boredom.** Once routines are established, they can be broken from time to time for special reasons. This gives children a chance to experience fun and variety, and still lets them return to the security of familiar routines afterwards.
- **Remember that every child needs to know there are limits.** Setting limits and quietly but firmly insisting on certain standards of behaviour provides your child with a sense of security and help make him/her feel safe and secure.

Source: "Children and Difficult Behaviour" pamphlet by Canadian Mental Health Association

# Addiction 101: Tobacco

## What is it?

Tobacco is a plant (*Nicotiana tabacum* and *Nicotiana rustica*) that contains nicotine, an addictive drug with both stimulant and depressant effects.

Tobacco is most commonly smoked in cigarettes. It is also smoked in cigars or pipes, chewed as chewing tobacco, sniffed as dry snuff or held inside the lip or cheek as wet snuff. Tobacco may also be mixed with cannabis and smoked in “joints.” All methods of using tobacco deliver nicotine to the body.

## How does tobacco make you feel?

The nicotine in tobacco smoke travels quickly to the brain, where it acts as a stimulant and increases heart rate and breathing. Tobacco smoke also reduces the level of oxygen in the bloodstream, causing a drop in skin temperature. Inexperienced smokers are likely to experience dizziness, nausea and coughing or gagging.

Smoking and second-hand smoke can irritate the eyes, nose and throat. Tobacco smoke may cause headaches, dizziness, nausea, coughing and wheezing, and can aggravate allergies and asthma. Smoking also weakens the sense of taste and smell, reduces hunger and causes the stomach to produce acid.

## How long does the feeling last?

When a cigarette is smoked, the effects are felt in less than 10 seconds, and last only a few minutes.

## Is tobacco dangerous?

Yes. Tobacco use is the primary cause of preventable disease and death in Canada, and is considered our greatest public health concern.

Nicotine itself is extremely toxic. Ingesting about 40 milligrams of pure nicotine, or roughly the amount contained in two cigarettes, is fatal. However, when a cigarette is smoked, most of the nicotine is burned, and only one

to four milligrams are absorbed by the smoker.

When tobacco is burned, a dark sticky “tar” is formed from the combination of hundreds of chemicals, including poisons that cause cancers and bronchial disorders. Tar is released in tobacco smoke in tiny particles that damage the lungs and airways and stain teeth and fingers. Tar is the main cause of lung and throat cancers.

Burning tobacco also forms carbon monoxide (CO), a poisonous gas you can’t see or smell. When smoke is inhaled, CO replaces oxygen in red blood cells. While nicotine speeds up the heart, making it work harder, CO deprives it of the extra oxygen this work demands. This is one way that smoking contributes to heart disease.

## Is tobacco addictive?

Yes. Once a person begins to smoke, particularly at a young age, the chances of becoming addicted are quite high. New smokers quickly develop tolerance to the initial ill effects, and if they enjoy the stimulant and pleasant effects, they may begin to smoke regularly.

Nicotine dependence involves psychological and physical factors. Psychological factors may include feelings of pleasure and alertness. People who smoke regularly may learn to rely on the effects of nicotine to bring about these feelings. They also develop conditioned signals, or “triggers,” for cigarette use. For example, some people always smoke after a meal, while working at a certain task or while in certain emotional states, such as feeling depressed or anxious. These triggers lead to behavioural patterns, or habits, which can be difficult to change.

Symptoms of nicotine withdrawal include irritability, restlessness, anxiety, insomnia, and fatigue. These symptoms vanish within a couple of weeks. Some people may be unable to concen-

trate, and have strong cravings to smoke, for weeks or months after quitting smoking.

## Quitting smoking

People who quit smoking can generally achieve the same health levels as non-smokers after a few years, especially if they stop while they are young. Quitting smoking can take several attempts, so it is important to keep trying. Stop-smoking aids containing nicotine, such as the patch, gum, inhaler or nasal spray can help to ease withdrawal symptoms and reduce cravings.

## What are the long-term effects of using tobacco?

The risk of long-term effects increases with the amount smoked, and the length of time a person smokes.

Smoking:

- Is the main cause of lung cancer
- Increases the risk of cancers of the colon, mouth, throat, pancreas, bladder and cervix
- Causes most cases of chronic bronchitis and emphysema
- Causes smoker’s cough
- Is a major cause of heart disease and stroke
- Increases the risk of medical problems for a woman during pregnancy (e.g., miscarriage, bleeding, placenta previa and poor healing) and increases the risk that her baby will be underweight or will die in infancy.
- Causes osteoporosis (thinning of the bones)
- Increases risk of digestive problems
- Affects the immune system, making smokers more prone to colds, flu and pneumonia
- Decreases the amount of Vitamin C in the body, which may cause skin wounds to heal less quickly
- Can cause the arteries in the legs to become clogged, resulting in poor circulation, leg pain, gangrene and loss of limb.

Source: “Do you know...Tobacco” pamphlet series Centre for Addiction and Mental Health

# Bullying

Bullycide, abuse, gossip, threats, cruel text messages, or slanderous images in cyberspace. These examples of bullying hit the media and get noticed. But what about the everyday reality? Is this what our kids experience when we send them off to school? Unfortunately, yes. One third of students report being bullied and one third report bullying someone else (Centre for Addiction and Mental Health, 2005). Does this mean the other third of students are not involved in or affected by bullying? Unfortunately, no. Violence of any kind, be it physical, social, verbal, or electronic, includes and affects everyone. It perpetuates a bullying culture wherein everyone suffers.

Bullying is a human relationship issue. The misconception that it's a 'part of growing up' is a lame excuse that indicates a naivety that unknowingly causes further damage. Because bullying is a human relationship issue it occurs where humans interact. This means it's not just kids that bully other kids. Kids bully adults. Adults bully kids. Adults bully other adults. It occurs where there is an attempt to assert unjust control through the creation of an imbalance of power. It can happen in schools, workplaces, churches, homes, and neighbourhoods. But its prevalence doesn't make it acceptable. In order to stamp out and effectively address bullying, we, individually and as a collective society, need to understand what causes and reinforces it. We need to accept we're part of the problem AND the solution.

The first step to increased understanding is to recognize that isolation is both a cause and an effect of bullying. The intent of bullying behaviour is control and control is attained through destabilization (Pepler, 2008). Bullies create inequity and exclusion because it keeps them in control. When someone is unsure of what is happening around them or why it is happening, they naturally withdraw a bit in order to figure it out. Not only is isolation from social supports the intention of bullying, the Target reinforces it by his/her cautiousness in the setting. This unknowingly brings on further isolating behaviours, further victimizes the Target, and perpetuates more bullying behaviour. The shattering of the Target's sense of self marginalizes the Target. Inequity and exclusion are created. The Bystander Effect promotes more inequity and more exclusion, promoting more marginalization. The bullying culture grows.

The Target-Bully relationship differs from healthy relationships in two key ways. First, the abuse is not voluntary. The undermining, cruel tactics are unwelcome, inappropriate, and undeserved, even if the Target is considered provocative. All human beings deserve dignity. Escaping abusive behaviour always involves significant sacrifice, thereby rendering the Target-Bully relationship precarious. Secondly, healthy relationships are mutually beneficial. In the Target-Bully relationship mutual benefit is not the goal. Control is. The Bully has it and wants to keep it.

Being bullied changes the way a Target views the self, the world, and his or her place in it. All bullying tactics serve to shame, humiliate, and treat the Target like a powerless person. This sense of powerlessness damages Targets emotionally, intellectually, spiritually, socially, and physically, even if physical violence never occurred. Prolonged emotional abuse changes parts of the brain, thereby bringing about physical changes. The ability to learn is also negatively affected. A sense of intense mistrust in the world and other people and a pessimism regarding the Target's competence develops. These things all combine to create the stereotype of a 'loser' that gets bullied because he or she is perceived to be a 'loser'. Reality is the opposite. Being bullied creates the development of these characteristics.

Targets tend to think there are only two choices to the predicament in which they are involuntarily thrust. The first is to be a door mat. It involves remaining a Target and results in the development of a victim mentality. Unfortunately, this choice is encouraged, through a sense of hopelessness, when others from whom the Target seeks help do nothing, inadvertently further victimizing the Target. The second choice is to do what works for

# Bullying

the Bully and become a Bullied Bully. In this way, bullying behavior is learned through direct or observed experience. This involves shutting down the conscience and ignoring empathy for others, resulting in moral disengagement. Neither of these choices are healthy for individuals nor the collective society. But there is a third option. It involves learning the dynamics of bullying behavior, maintaining integrity, refusing to become a Bullied Bully and refusing to tolerate injustice. Since bullying needs shame, secrecy, and silent witnesses to thrive (Namie, 2003), this option involves denying the shame, refusing to keep the secrets, and encouraging Bystanders to break their silence. It results in the development of an inner strength and peace despite a loss of a sense of safety in the world. This third option is incredibly difficult and requires societal intervention through education and encouragement. And it is a worthwhile venture. Longitudinal studies in Norway are finding that children and adolescents who are bullied are at increased risk of being bullied as adults, either in their domestic relationships or in the workplace (Hetland, Einarsen, 2008).

There is a mistaken view that all teachers and parents understand bullying and know how to deal with it effectively. Teachers and parents are people too, and sometimes they're bullied themselves. Bullying is a societal problem and the culture of bullying is what needs to be addressed in order for it to change. This will be achieved through education of the psychology behind the behavior and practice of healthy interpersonal skills. Violence of any kind diminishes humanity. Patricia Evan (2003) sums it up best when she refers to there being two kinds of power. One kills the spirit whereas the other nourishes. The killer kind is Power Over. The beneficial kind is Power With. The ability to share power, without need to control, is real power. It is personal power. And it is the path to eliminating bullying behavior from ourselves and our culture.

Angela Monaghan, Educator (OCT) and Counsellor (OACCPP),

On T.R.A.C. for BULLYING PREVENTION, [endbullyingnow@gmail.com](mailto:endbullyingnow@gmail.com)



Family Mental Health Initiative Fundraising Program with  
Bradford Greenhouses Garden Gallery

When shopping at Bradford Greenhouses Garden Gallery, please say "*Family Mental Health Initiative*" to the cashier BEFORE they ring in your purchase. 5% of the value of the sale will go directly to the Initiative. This fundraising program is available at both the Barrie and Bradford locations and continues until October 15, 2010. Your support is greatly appreciated. Thank you.



# Grieving when your loved one has a mental illness

The process of grieving is not isolated to the experience of death. It is very real in any situation that relates to loss of any kind including loss of function (body or mind), loss of a job, or loss of a relationship or friendship. Bad news and being negatively affected by change can also cause grief. The process of grieving includes a number of emotions that may occur in no special order. Some of these emotions include denial, anger, bargaining, depression and acceptance.

So what happens when someone close to you or in your family is diagnosed with some form of mental illness?

The affects on you may depend on four important factors:

- 1) The role the person plays in your life or family.
- 2) The emotional integration between you and the person or in the family.
- 3) How you or your family facilitates or hinders emotional experiences or responses.
- 4) How much stress is presently in your life and how you generally cope with stress.

Your world as you know it may change drastically and your role in your family may be altered or take on a new challenge.

## **HOW TO COPE**

Make yourself knowledgeable about your loved one's illness & treatment protocols even if they are not willing to involve you.

Make yourself informed about the community services available to support your loved one in your area.

Be able to set good boundaries so you do not enable the person to depend on you excessively.

Take good care of yourself including healthy eating habits, sleeping patterns and routine exercise.

Read some information on loss and grieving and allow yourself to feel sad, cry, and express your feelings either by sharing with someone or journaling.

Find a support group for families in your area through The Family Mental Health Initiative of Simcoe County.

Marylou Johnston is a psychotherapist in private practice in Orillia.  
She can be reached at her confidential voicemail (705) 326-9666

# Family Support Groups



Family Mental Health  
Initiative

## **Barrie Family & Friends Mental Health Support Group:**

Date: Second Tuesday of every month

Time: 6:00pm – 8:00pm

Location: 350 Grove St., East in Barrie (Grace United Church)

\*This group is supported by the Family Mental Health Initiative of Simcoe County

## **Midland Family & Friends Mental Health Support Circle:**

Date: First Thursday of every month - group will start on October 1, 2009

Time: 7:00pm – 9:00pm

Location: 334 King St. (HERO Centre - Our Place Social Club - side door of building)

**\*The circle is taking a summer hiatus. The circle will resume on Thursday, September 2, 2010**

\*This group is supported by the Family Mental Health Initiative of Simcoe County and the Mental Health Centre Penetanguishene

## **Collingwood Family Drop-In**

Date: Last Thursday of every month

Time: 10am - 12pm

Location: 12 Erie Street in Collingwood (Consumer Survivor Project)

**\*Group is taking a summer hiatus. Starting on Thursday, August 26, 2010 this time will be a drop-in for families.**

\*This group is supported by the Family Mental Health Initiative of Simcoe County

## **Orillia Family Support Group**

Date: Third Wednesday of every month

Time: 6:30pm - 8:30pm

Location: 76 Nottawasaga Street in Orillia

\*This group is supported by the Canadian Mental Health Association, Simcoe County branch and the Family Mental Health Initiative of Simcoe County

## **Midland Parents Support Group**

Date: Second Wednesday of every month

Time: 7:00pm - 9:00pm

Location: 9292 County Road 93, Midland (Real Canadian Superstore - Community Room)

\*This group is supported by the Canadian Mental Health Association, Simcoe County Branch and the Family Mental Health Initiative of Simcoe County

## **Barrie Parent Support Group**

Date: Third Tuesday of every month

Time: 7:00pm - 9:00pm

Location: 211 Marsellus Dr., Barrie (Holy United Church)

\*This group is supported by the Canadian Mental Health Association, Simcoe County Branch and the Family Mental Health Initiative of Simcoe County and Holly co.

## **The Barrie Chapter of the Schizophrenia Society of Ontario Family Support Group:**

Date: Last Thursday of every month - except Wednesday, March 31, 2010 -

**\*There will be no meetings in July, August and December**

Time: 7:00pm – 9:00pm

Location: 60 Worsley St., (Barrie Public Library - Georgian International Room)

\*This group is supported by the Schizophrenia Society of Ontario

## **Parents for Children's Mental Health - Simcoe County Chapter:**

Date: Last Thursday of every month

Time: 5:30pm – 7:00pm

Location: 165 Ferris Lane in Barrie (The Common Roof)

\*This group is supported by the Parents for Children's Mental Health

## **Survivors of Suicide Support Program**

Is a support group for persons experiencing the death of a loved one through suicide. The program consists of 8-10 week sessions, facilitated by trained volunteers. Topics covered include informal conversations and a sharing of experiences in a safe environment. In-depth counseling is not part of this program. However, someone can meet with you 1 on 1; or through a Phone Buddy system you will be connected with a person who has been through the program. Talking and connecting with others who understand can be helpful. For more information or to enroll please contact: Bernadette at 705-326-9941 or Dianne at 705-327-5970.

VISIT US  
ON THE WEB!  
[www.fmhi.ca](http://www.fmhi.ca)

A photograph showing a close-up of a person's hand resting on a computer mouse, with a keyboard visible in the background.



# Addiction & Mental Health

## Resource List - Simcoe County & Muskoka

### **Mental Health Crisis Line – Simcoe County/Muskoka** **Contact 705-728-5044 or 1-888-893-8333**

Family Mental Health Initiative of Simcoe County  
Contact 705-725-0363 or 1-800-324-3252

Simcoe County Addiction & Mental Health Services  
Contact 705-726-5033

Canadian Mental Health Association, York Region & South Simcoe  
Contact 1-866-208-5509 Ext. 3221

Muskoka-Parry Sound Community Mental Health Services  
Contact 1-800-245-5036

Mental Health Centre, Penetanguishene (MHCP)  
Contact 705-549-3181

Outpatient Services ó MHCP  
Contact 705-526-0567

Patient/Client & Family Counciló MHCP  
Contact 705-549-3181 ext. 3181

Georgianwood Concurrent Disorders Program ó MHCP  
Contact 705-549-3181 ext. 2122

Community Mental Health Services ó Collingwood  
Contact 705-444-6600

Orillia SoldiersøMemorial Hospital ó Mental Health & Addiction Program  
Contact 705-327-9122

Royal Victoria Hospital ó Mental Health & Addiction Program  
Contact 705-728-9802 ext 47234

RVH ó Withdrawal Management Services  
Contact 705-728-9090 ext. 24100

RVH ó Mental Health Support Services  
Contact 705-728-9090 ext. 24300

Simcoe Outreach Services  
Contact 705-726-7062

Seven South Street Treatment Centre  
Contact 705-325-3566

Addiction Outreach Muskoka Parry Sound  
Contact 705-645-1311

Wendat Community Programs  
Contact 705-526-1305

Enaahitig Healing Lodge & Learning Centre  
Contact 705-534-3724

Bøsaanibamaadsiwin ó Native Mental Health (Muskoka)  
Contact 705-746-2512

Consumer/Survivor Project in Collingwood  
Contact 705-444-1844

Council of Consumer/Survivor & Family Initiative (Muskoka)  
Contact 1-800-245-5036

Patient/Client & Family Council - MHCP  
Contact 705-549-3181 ext. 2180

Mary McGill Community Mental Health Centre (South Simcoe)  
Contact 705-435-6281

My Friendø Place (South Simcoe)  
Contact 705-435-0054

Catholic Family Services - North Simcoe  
Contact 705-526-9397

Catholic Family Service of Simcoe County  
Contact 705-726-2503

New Path Youth & Family Services  
Contact 705-733-2654

Kinark Child & Family Services  
Contact 705-726-8861

**Orillia Depression, Anxiety and Manic Depression Self Help Group (DAMD):** meets at Doolittle-Carson Recreation Centre (57 Neywash St., Orillia - side entrance) from 7:30pmó 9:30pm the 2nd & 4th Tuesday each month. Contact: 705-325-2201 ext 3992 (leave a message). Family members welcome to attend.

**Freedom From Fear/Obsessive-Compulsive Disorder Self-Help Group:** meets at 151 Essa Rd., Suite 202 in Barrie starting at 5:00pm on the 3rd Wednesday each month. You do not need to register, you can just show up. Family members welcome to attend. Contact 705-726-5033 ext. 401

**CMHA/SOS - Intuitive Drum Circle:** meets at 15 Bradford St., in Barrie - in the RSVP Clubhouse. The drum circle starts at 6:30pm on the 3rd Thursday of each month. Instruments and refreshments provided. For more information please contact Anne Marie at 728-9090 ext. 24300. Family members & friends are welcome. Community Drum Circles...feel the rhythm, catch the beat!

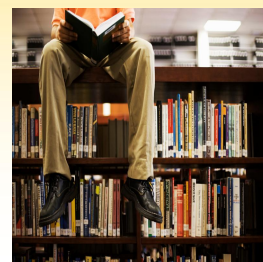
### The Lending Library

If you are looking to learn more about a specific illness or topic, FMHI has many books, videos, audio cassettes, that family members, supporters and friends can loan out from the library. The library is located at **151 Essa Rd., in Barrie (2nd Floor).**

Books are loaned out for 3 weeks at a time; DVDs, cassettes, videosø CDs are loaned out for 1 week at a time.

Come on in to have a look around, the library also has magazines, brochures and flyers of events, services and programs.

The Lending Library is open to everyone.





## Resource Kits Order Form

- Family Resource Kit** - The kit contains brochures from mental health agencies in Simcoe County; tip sheets, as well as other useful information on specific mental illnesses.
- Native Resource Kit** - The kit contains information and brochures from aboriginal agencies in Simcoe County; as well as a resource list on other friendship centers, native treatment centers, and bands throughout Ontario and Canada; information on specific mental illnesses is also included.
- Concurrent Disorders Resource Kit** - The kit (Mental Health & Addiction) contains information about specific mental health and addiction agencies in Simcoe County as well as fact sheets on concurrent disorders.
- Dual Diagnosis Resource Kit** - The kit (Mental Health & Developmental Delay) contains information about specific mental health and developmental delayed agencies in Simcoe County as well as fact sheets on dual diagnosis.
- Youth Resource Kit** - The kit contains fact sheets on various mental illnesses and brochures from local social services agencies. This kit has information to help young people understand what is a mental illness, written to their age, when they have a parent, sibling or friend who is mentally ill. The kit also provides information for parents whose youth is experiencing mental health difficulties.
- Women's Resource Kit** - The kit contains mental health and addictions information specific to women; including fact sheets, agency brochures. The kit is also for people wanting to learn more about women's mental health and addictions.
- Older Person's Resource Kit** - The kit contains fact sheets on topics of mental health and addictions regarding the older person, and agency brochures.
- Early Psychosis Resource Kit** - The kit contains information on the signs and symptoms of psychosis; fact sheets written for youth with a sibling experiencing a first episode and information on recovery.
- Addiction Resource Kit** - This kit contains fact sheets and information guides for understanding addiction.
- Problem Gambling Resource Kit** - This kit contains articles, brochures and information guides for understanding problem gambling.
- Suicide Resource Kit** - Contains fact sheets on preventing suicide, youth and suicide, and grieving.

**ONE KIT OF EACH PER ORDER - KITS ARE AVAILABLE AT NO COST**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_



## Newsletter Order Form

- Please **UPDATE** my confidential mailing so that I may receive the **FRENCH VERSION** of this family newsletter.

If you would like to receive our quarterly Newsletter for free, please fill in your mailing/email information and send back to the Family Mental Health Initiative of Simcoe County. You will receive the next issue of the newsletter upon receiving your information. Thank you for your support and interest in this family newsletter

- I prefer to have the newsletter sent to my email. Email: \_\_\_\_\_  
 English Version                       French Version

- Please **ADD** my name to FMHI's Confidential Mailing List, so that I may receive this family newsletter  
 English Version                       French Version

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/Town: \_\_\_\_\_  
 Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_



## **Family Resource Series Order Form**

- Family Members, Supporters and Friends** - This issue focuses on Coping with Anxiety; Signs of Caregiver Stress; Understanding Caregiver Stress; Family Members, Supporter, and Friends Bill of Rights; Managing Caregiver Stress; Support and Education; Family Mental Health Initiative of Simcoe County; and Coping Strategies.
- Coping With Crisis** - This issue focuses on what is a Crisis; Signs of a Possible Crisis; Steps to Preventing a Crisis; Crisis Tool Box; Preparing for a Crisis; Tips for Dealing with a Potentially Life-Threatening Crisis Situation; Things to Remember about the Crisis Line; Openers for Calling the Crisis Line; and Crisis and the Risk of Suicide.
- Understanding Diagnoses** - This issue focuses on Dealing with the Diagnosis; Schizophrenia; Depression; Bipolar Disorder; Anxiety Disorders; and Eating Disorders.
- Older Adults** - This issue focuses on The Diagnosis of Alzheimer's Disease; Do's & Don't When Communicating with Someone with Alzheimer's Disease; Understanding Delirium; Understanding Depression in Older Adults; and the Wandering Person Registry.

**ONE OF EACH TOPIC PER ORDER - SERIES TOPICS ARE AVAILABLE AT NO COST**

- I prefer to have my topic selections sent to my email.

Email: \_\_\_\_\_

- I prefer to have my topic selections sent to my home address

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Family Mental Health Initiative of Simcoe County  
151 Essa Road, Suite 202 Barrie, Ontario L4N 3L2  
Ph: 705-725-0363 Toll-free: 1-800-324-3252 Fax: 705-725-5496

**AS OTHER TOPICS BECOME AVAILABLE IN THE SERIES,  
THE ORDER FORM WILL BE UPDATED**



151 Essa Road, Suite 202 Barrie, ON L4N 3L2

Phone: 705-725-0363 Toll Free: 1-800-324-3252 Fax: 705-725-5496

Website: [www.fmhi.ca](http://www.fmhi.ca)



## Points for Parents Order Form

- Youth and Bullying** - Points on topics of Reasons why People are Bullies; Ways to Avoid a Bully; Cyberbullying; Physical Bullying; Verbal Bullying; Relationship Bullying.
- Youth and Suicide** - Points on topics of Risk Factors; Facts on Youth Suicide; Protective Factors.
- Youth and Self-Harm** - Points on topics of Warning Signs; What is Self-Harm; What Self-Harm is Not; How not to help; How to help; Reasons Youth Self-Harm.
- Youth and Self-Esteem** - Points on topics of How parents Can help; Compliments and Praise for Effort; Positive Self-Esteem Means.
- Youth and Mental Illness** - Points on topics of Anxiety; Depression; Obsessive Compulsive Disorder; Signs of Mental Illness; Panic Disorder; Social Anxiety; Schizophrenia; Anorexia Nervosa; Bulimia Nervosa.
- Youth and Addiction** - Points on topics of Signs of Drug and Alcohol Use Problem; Talking to Youth About Substance Use; Why People Use Drugs or Alcohol.
- Youth and Anger** - Points on topics of Unhealthy Ways to Deal with Anger; It is time to Admit that Anger is a Problem When...; Healthy Ways to Deal with Anger
- Youth and Early Identification and Intervention** - Points on topics of Signs of Early On-Set of Depression; Early Signs (Prodromal Phase) of Psychosis; How I can Help; Benefits of Early Intervention; Signs of an Eating Disorder; Signs of Anxiety; Symptoms of Attention Deficit Hyperactivity Disorder

### POINTS FOR PARENTS ARE AVAILABLE AT NO COST

- I prefer to have my topic selections sent to my email. Email: \_\_\_\_\_
- I prefer to have my topic selections sent to my home address  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_



## Change of Address & Email Form

### NEW ADDRESS:

### Old Address:

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
City/Town: _____	City/Town: _____
Province: _____ Postal Code: _____	Province: _____ Postal Code: _____
New Email: _____	Old Email: _____