



MENTAL HEALTH *Matters*

Canadian Mental Health Association — Kawartha Lakes

Volume 9, N° 2

October 2008

*The CMHA envisions
a society which values
human dignity,
inclusiveness, and
fosters human rights.*

Mental Illness Awareness Week, October 5-11 2008

Kaca Henley, Volunteer Editor

Only awareness can wipe out stigma

Mental Illness Awareness Week is an important tool to deal with the harshness of public opinion. A report from the

Canadian Medical Association (CMA) confirms what life teaches us: that, unaware of the facts, believing the myths, the general public discriminates against people with mental illness.

A survey ordered by the CMA shows that nearly half of Canadians think that people use the term “mental illness” to excuse bad behaviour. Can you imagine? Every other person we meet essentially blames us for being ill.

The survey supports what we’ve observed ourselves, those of us who live with mental illness, or who have a family member who has or has had to deal with such a condition. Other worrisome statistics that emerge from the CMA report include:

- One in nine people think depression is not a mental illness, and one in two think it is not a serious condition.
- One in ten Canadians think those who are mentally ill could ‘just snap out of it’ if they wanted to.
- One in four Canadians is afraid of being around someone who suffers from serious mental illness.
- Only half of those surveyed would tell friends or co-workers that a family member was suffering from mental illness. By contrast, 72 per cent would openly discuss cancer and 68 per cent would talk about diabetes in the family.

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- Only 16 per cent said they would marry someone who suffers from mental illness, and 42 per cent said they would no longer socialize with a friend diagnosed as mentally ill.
- Half of Canadians think alcoholism and drug addiction are not mental illnesses

The survey shows that the stigma of mental illness remains pervasive, making it the “final frontier of socially acceptable discrimination,” according to Canada’s top doctor, Brian Day, the orthopedic surgeon who is president of the Canadian Medical Association (CMA). He said the survey “shines a harsh, and frankly unflattering, light on the attitudes we Canadians have concerning mental health.”

What can be done to change those attitudes? The only thing that will do it is solid and credible information brought out in the open to prove them wrong, to educate the public, starting with the school system and the media. With that, each of us has a role to play, countering misinformation and stereotypes wherever we can, being supportive of those whose lives are affected by stigma.

Yes, facts are the best weapon of all. For example, the fact that many people with mental illness function well in society. The fact that

people with mental illness can recover from their illness with treatments combined with supports, and can lead meaningful lives. The fact that -- just as physically disabled people need to be treated like any other members of society and dealt with respectfully and fairly -- the same respect, courtesy and fairness are due people dealing with the challenge of mental illness. The fact that this challenge is difficult enough without having to defend oneself from public ignorance and fear.

The stigma of mental illness remains pervasive, making it the “final frontier of socially acceptable discrimination.”

Brian Day, President
Canadian Medical Association

This is one of the reasons we come out in the open every year with a week to make the world aware of mental illness. A week to spread the word to one and all, truthfully and without bias, to inform society at large of how mental illness fits into the world of work, play and social life.



The Canadian Mental Health Association, Kawartha Lakes Branch

Our Vision

A society which values human dignity, inclusiveness and fosters human rights.

Our Mission

To promote mental health recovery and resilience through support services, advocacy, education and promotion of integrated care services in partnership with individuals, families and community partners in the City of Kawartha Lakes, the county of Haliburton and the Township of Brock in the Region of Durham.

Our Strategic Priorities (2006-2009)

✓ **QUALITY OF SERVICES:**

Continue to strengthen our capacity in serving individuals with mental illness, their families and friends and the community through affordable and supported housing, case management, justice services, voluntary trusteeship, family supports, mental health promotion and public education, staff, volunteer and client safety and quality assurance.

✓ **INTEGRATION OF SYSTEM THROUGH PARTNERSHIPS:**

Strengthen our existing relationships and engage in new relationships and models of service delivery system integration to enhance our collective capacity for service coordination.

✓ **HUMAN RESOURCES:**

Develop a healthy workplace where every employee may excel and experience a high degree of job satisfaction.

✓ **ORGANIZATIONAL EFFECTIVENESS:**

Strengthen our organizational and infrastructure capacity to ensure that the Canadian Mental Health Association Kawartha Lakes Branch may capitalize on the opportunities and meet the current or future challenges effectively.



The AGM in Brief

A report on an ambitious project currently in the works, a new 18-unit affordable housing development, highlighted the June 26 Annual General Meeting of CMHA-Kawartha Lakes. Board President Pat Dunn welcomed the 66 people attending at Legion Hall. He lauded both city and province for acknowledging the importance of mental health, enabling the agency to continue improving its services.

Executive Director Naresh James reflected on the agency's history, beginning in 1989 with the Harrison House residential program, and touched briefly on the current programs:

- Community Support
- Family Caregiver Network
- Supportive Housing Programs
- Vol. Financial Planning & Monitoring
- Early Psychosis Intervention Program
- Friends in Motion Program
- Public Education
- Forensic Programs
- Support Group Services

He cited our agency's four priorities (see page 2), and how they fit in with our vision and mission.

Auditor Peter Shennett gave the auditor's report, in all brevity, and referred interested parties to the actual report, available upon request. Following a vote passing proposed changes to the organization's bylaws, the

membership elected in its entirety the new slate of directors (see page 5).

Next, Steve Oliver, Chair of the Board's Resource Committee, reported on the Hamilton Street housing project. He noted that residential issues were at the inception of this agency with the opening of Harrison House in 1989, and Market Square in Bobcaygeon ten years later. He explained that, striving to help resolve current housing issues in Lindsay, a property at 2 Hamilton Street was purchased for a housing development. Funded through fund-raising efforts as well as a conventional mortgage and some internal resources, the project is moving forward rather more slowly than was hoped. Tenders are in, and progress hinges on site plan approval from the City. Relationships with municipal politicians have been excellent, and now the question remains, will the project proceed now or not until spring. Estimates are that the time between breaking ground and ribbon cutting will be 8 to 12 months.

An important part of the AGM is always the recognition of volunteers. Jennifer Cox, Manager of the Community Mental Health Program, thanked the volunteers, an integral part of the agency, for their work. Each of the volunteers received a gift, a small token of the agency's appreciation for their generosity with their time and effort.

Janice Cooper, Team Leader, Housing and Support Services, received CMHA Ontario's Outstanding Staff Honourable Mention Award. Executive Director Naresh James described her role and responsibilities, noting that she was



nominated by her team and colleagues for going well beyond the call of duty

Case Manager Dan Cooper defined the Achievement Through Adversity Award and described its criteria. Four deserving individuals were nominated for this prestigious award: Janet Iussa, Travis Macaleese, Susan Quibell and Brian Switzer. The 2008 Award was presented to Travis Macaleese.

Keynote speaker at the meeting was Barry Shainbaum, photographer, broadcaster, inspirational speaker and author.



In a clear, entertaining, and often amusing narrative, he shared his life journey, from his breakdown at age 18, the diagnosis of bipolar disorder as much as four years later, and the

vicissitudes his mental illness had subjected him to. He described learning to deal with them, and his ultimately successful efforts to emerge, hale and hearty, where he is today. He related what he did to cope at various stages of his illness and healing, and his firm conviction that medication, psychotherapy and his spiritual path all aided him on his journey to recovery

He left us with the question, "What can you do in your life, in the next day or week, to experience more joy, happiness, and success or help someone else to do this?"



Meet the Board

On June 26, members of CMHA Kawartha Lakes elected their Board of Directors. Immediately afterwards, during the June 2008 Board meeting, the Executive was appointed:

President - Pat Dunn

Vice President - Molly McCrea

Treasurer - Larry McClay

Chair, Resource Cttee. Steve Oliver

Chair, Audit Cttee. - Sue Grant

Chair, Governance/Planning Cttee.

Judy Dickson

Directors:

Dave Birmingham

Doug Bothwell

Marlene Coté

Eleanor Hardaker-Dickson

Ed McDuff

Geoffrey Taylor

Brian Williams



Congratulations

The Achievement Awards Program of the Canadian Mental Health Association Ontario, recognizes the volunteers, consumers, staff, communities and organizations that contribute to the important work of enhancing mental health for the people of Ontario. This program, now in its eighth year, gives CMHA Ontario Provincial Office and Branches the opportunity to recognize both people within CMHA and individuals/organizations in their community who best exemplify the spirit of CMHA. We at the Kawartha Lakes Branch are proud that this year, two of our members were recognized for their vision, work and commitment:

Steve Oliver, a longtime volunteer with the Canadian Mental

Health Association Kawartha Lakes was awarded the Outstanding Services Award by the CMHA Ontario Board of Directors. The award, presented during CMHA's Achievement

Awards Banquet in Toronto, is bestowed to commend a deserving volunteer who has acted with responsibility and enthusiasm, vision and integrity in the service of CMHA.

The Outstanding Staff Award acknowledges the exemplary efforts of a CMHA staff person in Ontario. We are proud of Janice Cooper, Team Leader in the Supportive Housing Program for having been presented the Honorable Mention Award in this category.

During 2007, one of our nominees, Ms. Stephanie Ratz, received the Work and Well Being Award on behalf of the HKPR District Health Unit. This

award recognizes the Health Unit as an organization that promotes mental health in the workplace and co-operation between employers, employees and community agencies. ❏



Steve Oliver, recipient of the Outstanding Services Award

Kaca Henley, Volunteer Editor

Meet Jennifer

“Never stop learning, that’s what I like about my job, you never stop learning,” smiles Jennifer Heideman, Case Manager and Community Support Worker. “That, and people are so supportive, when I sit down with my peers for consults and things, they just motivate you, they’ll do anything possible to support.”

Jennifer came on board a year ago last June, after travelling a winding career path. She set out on that path with a corrections diploma, and went on to earn a BA in psychology at Trent. Her jobs included work with youth with special needs, and in group homes with adolescent boys, and ten years with Community Living Peterborough. In between, she got married, moved to an old home in Bridgenorth, took some time to have children (today aged 6, 4 and 2).

Reassessing her priorities, she took a job as far from social work as she could, working in an airline office, to see if that would be more her style, gave it a year but discovered in the process that she is “not an office person,” that she didn’t enjoy the setting or the politics.

She put out the word and soon, through a friend, she heard about a position with the inmate release program at CMHA-KLB, working with people with a mental illness diagnosis after they are released from prison, and she put in an application. She was interviewed, and while someone else got the job, she was hired instead as a Case Manager. And she hasn’t looked back. She speaks of her working environment as being

“so very different from anything else I have ever done. I never had this kind of peer support, honestly, and about two weeks into the job, I said to my husband, I think you are going to have to pinch me, because everybody, I truly believe, everybody likes one another and is supportive of one another.” In other jobs, she has seen people only there for the paycheque, not caring for the well being of the people they work with, “and then there is politics, this person against that one, this group against that, nothing like that here.”

Her enthusiasm for her work is evident as she describes the duties and joys and concerns of her job. The cases she manages are diverse, in a caseload of from 12 to no more than 18. Flexibility seems to be the order of the day. Her tasks vary widely, based on the person’s needs. From hands-on teaching of daily living skills such as hygiene or finances, to making referrals to individual agencies (“The referrals,” she explains, “are a huge part of it,”) to a much more hands-on case conference with medical people, and a variety of other tasks, all depending on the situation. Some people she only sees once a month, others more frequently, as needed. There seems to be no such thing as a typical case. “Some people I work with have no diagnosis. Sometimes all we can do is help people get on their feet, sometimes they are so far into crisis that the first thing is getting ODSP or other supports.” Every day is different, every situation. “I never stop learning,” she repeats. ❏

joanne gilligan

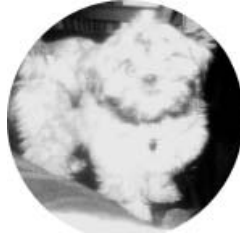
Pet Tales

I had this grey cat, his name was Tyler. Trevor D liked Tyler and I had to give him up for I was moving into a new apartment. Tyler was not an affectionate cat with me. He was a man's cat and he would listen better with a man's voice than a female's voice. Also, Tyler would bite and scratch something fierce. So mom wanted me to get rid of him for he listened to Trevors' voice more than mine and also that he was a wild and crazy cat.

But now Tyler loves Trevor D and Trevor D loves Tyler. For he sleeps on his bed by his feet and when Trevor D plays his harmonica, Tyler likes it for a little while and then he starts to meow loudly. Everyone is a critic! Thank you Trevor D for taking good care of Tyler, I hope you two will have a wonderful life together... Friends forever!!

I got a beautiful new puppy and he is a shih tzu. I received him when he was seven and a half weeks old. Now he is five months and he is cute and cuddly. I got him to be a wonderful companion, for I like to hear another heart beat. It is a beautiful feeling to have. He is very friendly, especially to other dogs and cats as well as the tenants in this building.

He would meet and greet them when I would go out for a walk with Rusty. They would say oh he is so cute and Rusty would let them pet him. That is a good dog and a great companion...






Bruce's Art

I'm writing an article because I have had some success with my artistic abilities, which began about six years ago. I decided then that I needed something to occupy my time with. Over the years I studied nature, shape, color and had many failed attempts at drawing and painting. I finally developed a technique of my own style and what colors I would like to look at.

I have studied a great deal of well done paintings that have great technique for raised textures but completely lacked interesting color

to draw my eye. I have developed a great technique that I find eye catching and attractive. That is how the great masters of past became famous is from a new way.

I now have a lot of interest, including from a well known artist, Gene Canning, who attended an Open House at Job Quest on Lindsay St. I currently have numerous paintings on their walls.

I think color is very good therapy as it enhances mood and vibration. Maybe some of you artists out there can start your own techniques or learn art from reading at the library.   

Who am I

*I've lost my path. I can not see. Confusion, fear now blocks my way.
Darkness now encompasses all. I dare not move, afraid I'll fall.
What once was clear now cloudy is, no room to move, no end of day.*

*And so I speak in a small weak voice to the endless earth and open sky.
The questions I need answered most by mortal man or heavenly host.
Among the creatures of this world what is my place and who am I?*

*An answer comes, not loud at all but whispered as a soft warm breeze.
That calms my fearful tortured soul, what once was shattered now made whole.
Simplistic nature yet revered. My path now clear, my soul at ease.*

*In all creation, I am unique. There is no other quite like me.
While some have similar looks or walk, ways of thinking, ways of talk.
No other shares my time or space, my soul is mine, my mind is free.*

*Who I am is mine to choose. This is the gift God granted me.
To help or hinder, love or hate, I alone control my fate.
The decisions that I make today will define the person I will be.*

Howard Edward MacDuff



CMHA is cookin'!

Once a month the Cooking/Nutrition Club is held Upstairs at Loblaws for a cost of \$4 per person. The goal is to provide practical information on healthy eating / nutrition while learning hands-on basic cooking skills.

Topics covered have included:

- Healthy guidelines for overall good nutrition
- Tips for weight loss / management
- Reading food labels

Participants have made:

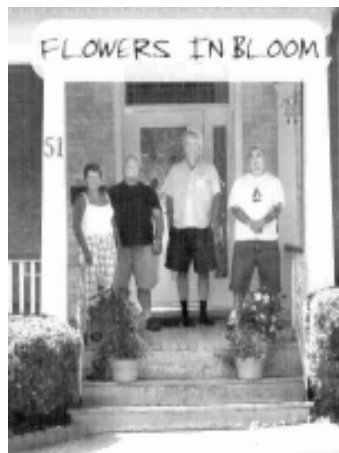
- Hamburgers on whole wheat buns with salad
- Various types of sandwiches
- Summer Salads
- Stir Fry with rice side-dishes

For information or to join the group, contact Jennifer Heideman at Ext 258.



Cooking Club members relish the fruits of their efforts

Pride of Harrison House Gardeners



The residents at Harrison House have been working hard this year to clean up the gardens. In this picture Joy, Mark, Walter and Jacob show off their hard work. Not pictured are John, Evan, and Janet who faithfully tend the grounds.

Social Recreation Program



This program has *exploded* with popularity and for good reason! Every four months members of the CMHA team take turns organizing events. Events are either free or at very reasonable cost. Each rotation seems to get better and better with innovative ideas for all to enjoy! Summer events this year included:

- Movie nights
- BBQ and games
- Peterborough trip to Festival of Lights
- Flower Power Retro Dance !!!
- Baseball Games
- Badminton Tournaments
- Tractor Pull
- C.N.E trip
- Beach Days

Video project on the go

A small committee of people is creating a slide show presentation of our Social/ Recreation Program "Friends in Motion."

We are currently working on a project to put together photos from events of the past few years. If anyone has a picture that they think would be appropriate and they would like to have it added into the presentation they can give it to Sue Edwards.

Also if anyone would prefer NOT to have their picture included in the project please contact Sue Edwards 328-2798 ext. 26.

Plans are under way to present it at our annual Christmas Dinner. See you there!!

MENTAL HEALTH *Matters*

is published by the

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CMHA-KL thanks the United Way, the Ontario Trillium Foundation, the Ontario Ministry of Health and Long Term Care, the City of Kawartha Lakes and the Central East Local Health Integration Network for their financial support.



...and the survey says...

In order to keep our services relevant, we survey our environment regularly and turn to our community stakeholders, partners, consumers and their families for their input and feedback. This supplements the consumer/family focus groups held in February of every year.

Community stakeholders and partners

An encouraging 95% of the respondents in this group feel that the high priority mental health needs locally are: affordable housing, case management supports and medical/psychiatric services. Further down the list of needs are court support/court diversion and employment support services. The respondents particularly identified seniors' mental health as an emerging issue which must be addressed.

In the opinion of stakeholders and partners, the gaps in services here include sufficient affordable housing and emergency respite beds. They also identified a need for more drop-in-centre/social recreational programs for people coping with mental illness. Once again, a majority of the partners/stakeholders indicate that community mental health support services for seniors will be a gap which will continue to grow.

Housing and supports were cited as the currently existing services that should be expanded.

A majority of our partners/stakeholders acknowledge that we are currently undertaking or planning to address the issues deemed as priority over the next 3 years.

Asked, "Are you satisfied?" 75% of these respondents replied that they are satisfied or very satisfied with our services. The reason for their satisfaction is our ability to meet the identified needs/priorities.

Consumers and families

A full 99% of the consumers/families like the services that they receive, would recommend this agency to a friend or family member, like the location of our services, felt free to express their disappointments (without fear of reprisal), felt that staff was available when needed, that staff supported their recovery, gave information about their rights, respected their confidentiality, supported their goals and were sensitive to their cultural background.

Once again, a majority of the clients felt that as a result of our services, they were better able to deal effectively with their daily problems, to control their lives, and to deal with crisis; they reported getting along better in their relationships, in social situations, in school and/or work and that their housing situation had also improved. Only 1.3% felt that our services were ineffective.



Business/employment opportunities for people with mental health issues

Joan, 34, worked as a sales clerk at a local store for over 10 years. Her performance was always good. She was well liked by her employers and colleagues. Joan was a wonderful young woman going through normal challenges of life i.e. balancing work and home life, finances, at times dealing with difficult customers, husband, 2 children and an aging mother-in-law.

But then an unfortunate thing happened to her. She became ill. Not with an ordinary illness where you are confined to bed, take some pills and lots of fluid and within a couple of days you are set to go. Even though she was usually outgoing, she began to avoid contacts, she would report to work late or tired or moody and simply disinterested in work and life.

Her work performance began to suffer. Not only that, her husband noticed that she was always tired, she often lacked the energy to carry her day-to-day workload. She shocked her family members and her employer with her new behaviour. She lost her job and almost lost her family.

Fortunately her doctor recognized that her symptoms indicated depression and started to treat her. With treatment and support from family and friends she regained her health but, with a label of mental illness, finding another job became a nightmare for her.


The unemployment rate for those with mental health issues ranges from 75% to 89% - higher than any other group with disabilities. Individuals with mental health issues also face other barriers to employment including:

- ◆ Interruptions of their formal education, training or career path due to illness
- ◆ Gaps in their work history due to the cyclical nature of mental illness
- ◆ Fear, anxiety, and higher vulnerability to stress
- ◆ Workplace discrimination, stigma and lack of awareness about mental illness
- ◆ Fears of losing income benefits and disability supports
- ◆ The need for accommodation at work
- ◆ A lack of access to transportation

In the City of Kawartha Lakes, there are potentially 2,200 to 3,600 people who struggle with mental health issues and could benefit from supports. Funded by the Ontario Trillium Foundation, CMHA Kawartha Lakes works in partnership with the Ross Memorial Hospital – Mental Health Services, Community Living Kawartha Lakes/Job Quest and a group of people who use their services to create employment opportunities for those who are motivated to work yet lack opportunities. Other community partners are the Assertive Community Treatment Team (WMHC), Northern Lights Vocational Services, Adult Protective Services and Survivor Psychiatric Advocacy Network (SPAN). Their collective



goal is to create sustainable employment opportunities for people with mental health issues through supports, skill building and knowledge enhancement, and to work with employers in an innovative and collaborative way, where both employees (who may have suffered with a mental health issue) and employers find it advantageous to work together. It's win-win for both employers and employees.

There is nothing wrong with Joan now. She takes her medications regularly and she is fit to return to work...all she needs is a job, a chance to prove to herself and others that she is just as good an employee as when she fell ill and lost her job. 

The Junk Drawer

The junk drawer is a phenomenon that seems to exist in almost every home. This is the final resting place of items that don't "go with" items organized in other areas, may or may not ever be needed again, are not really useful but still seem too good to throw away.

Periodically we open that drawer (usually when looking for something we haven't been able to find anywhere else) and realize that it is far too full and awfully messy. So... we discontinue the search for that all important item-temporarily- and start cleaning out the junk drawer. Generally we start by making categories;

things to be returned to their real homes, things to give to friends or family who surely need that very item, things to actually be thrown into the garbage, and that odd collection of miscellany that we set aside because it doesn't really belong in the junk drawer, but doesn't belong anywhere else either.

Some items in my junk drawer are:

- tools that just don't fit into the compartments of the average cutlery drawer
- mementos I can't bear to part with, such as the ticket stub to that great play we saw 5, 6, 7, years ago that really should be put into the scrapbook that I haven't got around to creating yet
- an ancient passport, long expired but containing the best picture ever taken of my spouse-he actually smiled instead of looking like a thug in a bad B movie
- a beautiful abalone hair clip – I haven't worn my hair long for 15 years but it is far too pretty to throw away and one never knows when a visitor might need to borrow it
- an envelope containing the missing pearl from my grandmother's engagement ring – *"So that's where that was! I was looking for that so I could take it to the jewelers to be repaired. Now I know where it is I'll just leave it here"*. Guess what? I'm willing



to bet I'll have forgotten where it is again by the next time I decide to get some jewelry in for repair. *"Hummm.... Where was I keeping the ring again...?"*

You get the picture. I'm sure we've all done this many times since we had any sort of space of our own. Right back to when we shared a multi-drawer dresser with a sibling and we had a junk shoe box in the corner of the bottom drawer. Maybe we should make it a practice to gift children with their own personalized junk box at their first baby shower?


The thing that puzzles me most is the clutter of unclassifiable items that always remains when the sorting is complete. What to do with them? Just take a breath, close our eyes and consign them to the garbage pail? Probably the best place for them if they only ever see the light of day when we do our occasional drawer sort. But I'm not that brave. Where do my "left-overs" go? Back into the drawer, of course! Where else would one put them? Are we creating some kind of security (false or otherwise) for ourselves by allowing this drawer to take up valuable real estate in our lives?

After mulling this over, I come to the conclusion that every life probably has a junk drawer; the place to store all those little things that are part of life but not the biggest, most essential part of it. Troublesome issues that we have worked

very hard to resolve but a small fragment, resistant to our efforts, remains. Into our personal junk drawer it goes as we move on to more pressing issues. *"I'll get back to that later"....do we ever?*

For those of us who have experienced mental illness and are learning daily how to live with it more peacefully, simplifying our lives is a key component. Saying goodbye to bad lifestyle habits, friends who encourage us to unhealthy situations, toxic relationships and paring down our beliefs and possessions to those basic ones that support how we need to live are our directives.

Essentially we need to clear out the junk drawers of our life. In thinking of it in this way, and prioritizing what is truly important to me, I think that very soon I will be able to pull my junk drawer out, empty it into the garbage can without even looking at the contents, close the lid and walk away. Life is too short to be weighted down and slowed down by physical, mental and emotional effluvia.

Next time you sift through your junk drawer, think about what may be lurking in the junk drawer of your life. Ditch physical junk in the trash can. For help with emotional junk, give the Canadian Mental Health Association a call. 

Melanie Jackson does Public Education and Family Support Work for the Early Psychosis Intervention Program

Carolyn Jones, Manager, Financial
and Organizational Services

Local CMHA branch and the United Way

CMHA Kawartha Lakes Branch receives funding from the United Way that allows the organization to assist clients through the voluntary financial planning and monitoring program. This program is designed to help clients that struggle with inflexible and fixed incomes and financial instability. Assisting clients with financial management contributes to an improved feeling in their capabilities, their ability to manage monthly expenditures and security for the future in terms of housing and daily needs. This program provided services to 98 individuals in 2007-08 and continues to have a waiting list.

As part of the United Way family, CMHA assists in the much needed fundraising that supports human and health service organizations. CMHA has hosted snack and drinks sales, movie afternoons and payroll deductions, with all proceeds going to the United Way. In the past they have helped the United Way in their major fundraising functions such as the Calendar Gala, Discovery Gala and the Crayola sale. Staff members are committed to helping with fundraising and are already brainstorming some fresh ideas for the next campaign.



Conference a huge success

A record-breaking 243 workers province-wide in the policing, corrections and criminal justice fields attended a regional conference hosted in Haliburton recently by Human Service and Justice Coordinating Committees (HSJCC) of the City of Kawartha Lakes and of Haliburton County.

Affirmed as “a smashing success” by co-organizer Cinnamon Tousignant of CMHA-KLB, the conference treated participants to two days packed with useful information. Keynote speakers were Dr. Greg Brown from Nipissing University and Deb Heaton with Ontario Provincial Police. A Point in Time Youth Services provided a local overview of services available to youth involved in the Criminal Justice System.

Thanks were addressed to the “fabulous Conference Planning Committee”. Next year’s conference is slated for Cobourg. ❏

