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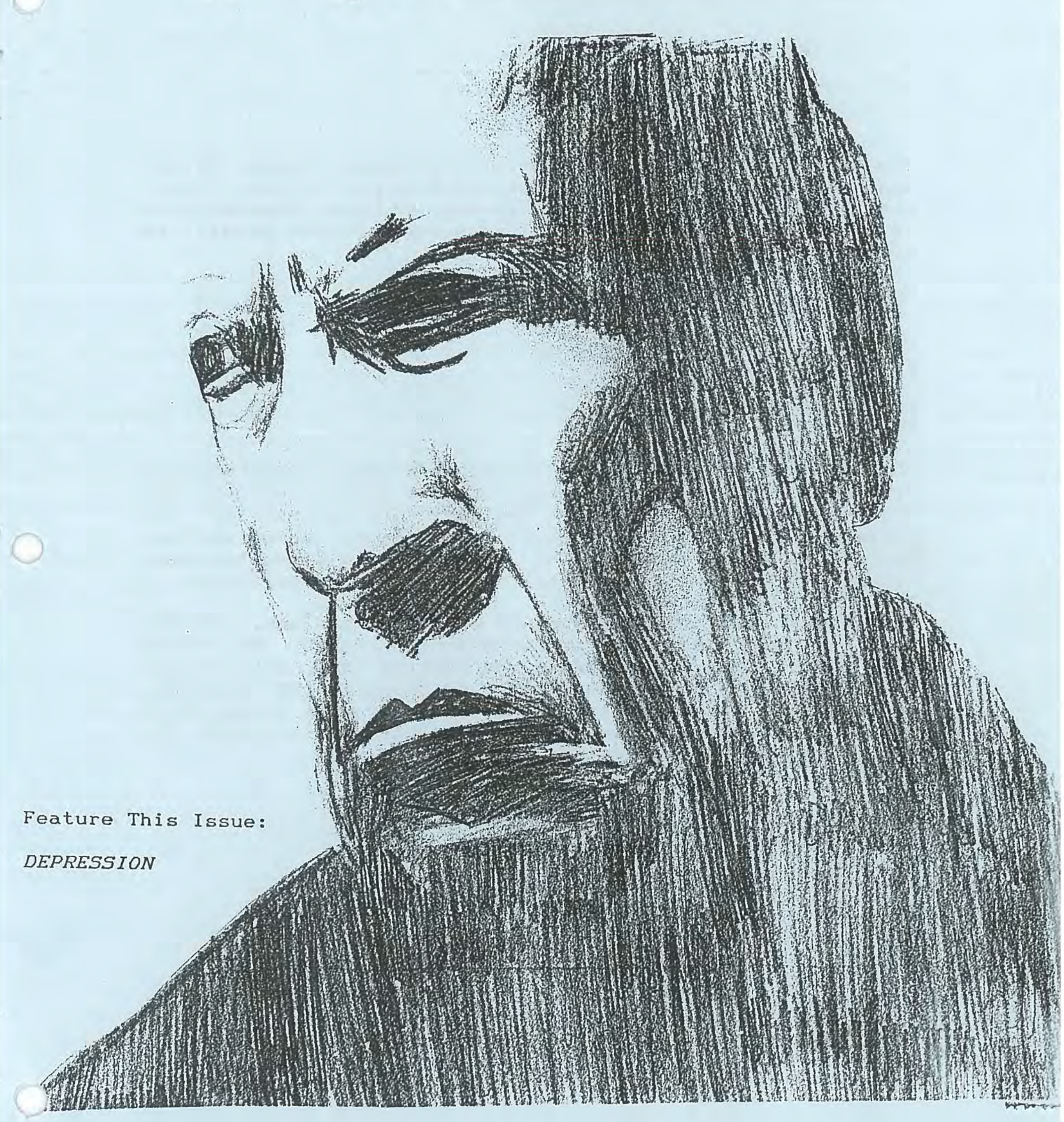

Feature This Issue:

DEPRESSION

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Benefits of participation include small honorariums, engaging work, and subsequent improved mental health. We would also like to think that those who receive the publication gain something. If you would like to support the program, and see *New Horizons* continue publishing feature issues from the mental health consumer's standpoint, please write or call our funders. They can be reached at:

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A STRAY CAT

short story by Roger Melanson

From the time I left high school in 1968 until 1972, I had turned into a total wreck. I worked as a manager trainee at a large department store in Summerside, Prince Edward Island. I was drinking too much, smoking two packs of cigarettes a day, and smoking grass every weekend. Almost friendless, I didn't feel there was a place for me in the world. I had gradually fallen into the dark abyss of depression.

Staggering towards my apartment one evening, the most amazing thing occurred. On the doorstep to my bed-sitting room was a kitten about three months old. It was obviously a stray and hadn't eaten in days. It couldn't even walk, it was so weak. When I finally recovered my sense of self I carried the cat into my small apartment. I laid him on my bed and gave him a small bowl of coffee cream to drink. Later I picked up a tuna fish sandwich and a carton of milk at a corner store nearby, and the cat and I shared a meal together.

That night, as I thought about what a mess my life was in, I became irritated with the cat staring at me. It was asking me to feed it and assume responsibility for its welfare. I picked it up and pushed it outside into rain, hoping it would go away or be rescued by someone else. But when I got up the next morning and opened the door to freshen the room, the cat walked in and sat on my bed.

I gave the cat the rest of my milk, and then got ready to go to work. Putting the cat inside my jacket, I walked up to the end of my street and threw it into someone's backyard.

In the next few days I became totally pre-occupied with my fears and sank deeper into depression. Lying in bed, unable to sleep, thoughts of suicide went racing across my mind. I felt horrible because I thought the cat might die of starvation, or be taken to the S.P.C.A. to be put to sleep.

At that moment I became aware of the sound of scratching outside my open window. Something jarred in my mind when I heard that noise. I opened the front door to find the cat lying at the foot of my steps. The cat wanted me even though I didn't want it, in fact, it would not let me go.

Suddenly my confusion cleared, and I felt a great weight falling off my shoulders. I suddenly knew the answer. I was filled with a new insight. I was being loved. For the first time in all my life I understood the meaning of love. Love isn't merited or deserved. It is freely offered. I was being loved with all my faults. My eyes filled with tears as I lifted the cat into my arms.

The End

LES SERVICES POUR LES PERSONNES EN CRISES
PAR
Annette St. Coeur

Les consommateurs des services de la Santé Canadienne Mentale en crise peuvent se servir du Centre D'intervention et aussi le service de la ligne téléphonique du 24 heures au secours.
J`ai intervuée quelques personnes qui ont pris avantage de ces services et aussi une personne qui travaille pour ces services.
Au 24 heures au secours, les volontaires sont requis de prendre un cour de Service de Conseil Humaine à un Collège Communautaire. Ceux qui téléphonent au 24 heures au secours n`ont pas besoin de s`identifier. Quelques fois, ceux qui téléphonent au 24 heures au secours veulent simplement quelqu`un a qui ils peuvent se confier au moment d`une crise.
Si la personne qui telephone se dit deprimée au point de vouloir se suicider, nous essayions d`encourager cette personne de donner leurs nom, adresse et numero de telephone en cas d`urgence.
Le service 24 heures au secours est disponible de 4 heure pm jusqu`a 8 heure am. Si entre-temps, il y a quelqu`un en crise, un message demandera a cette personne de contacter d`autre service ou la police locale.
Il y a maintenant un numero provincial ou l`on peut téléphoner gratuitement...1-800-667-5005.
Une personne qui se sert du 24 heure au secours et le service de l`intervention aux crises m`a dit qu`elle recoit plus d`aide au Centre d`Intervention parce qu`elle peut parler face a face avec un conseiller qui est pour elle une meilleur thérapie.
Une autre personne qui se sert du service 24 heure au secours m`a dit que d`avoir quelqu`un avec qui elle peut se confier peut lui donner du courage et aussi a se sentir moins deprimée. Nous sommes très chanceux d`avoir ces services qui nous sont disponible.

SMILE
poetry by Annette St-Couer

As I was walking down the street
With thoughts that were blue and meek
I met someone who had a big smile
She looked at me and said "Hi"
At that momment came to me a smile
That I gave to next passerby
And again, the world seemed to be bright

A CLERGYMAN ON DEPRESSION
interview by Stephen Stiles

On May 13th I visited a member of the clergy, Rev. George Anderson, to hopefully glean some thoughts concerning depression from a spiritual perspective. The following is a summary of our discussion.

Right away Rev. Anderson wanted to make it clear that he believes the Bible's approach toward health matters is an holistic one. That is, man is not just a machine, but has, besides a body and mind, a soul, or spirit. And these different aspects of man are united. That is, the body and soul, or mind and spirit, cannot be separated. To treat depression only from a chemical (or mental) standpoint, while ignoring the spiritual dimension, is potentially dangerous.

Ministers today, Rev. Anderson continued, looking at society's perspective on mental health, see either humanism or the medical model dominating; while the spiritual aspect of man is ignored. (Even the church, he commented, is losing it's perspective of man as a soul.)

As a consequence, the clergy are largely left out of the healing process, or at least marginalized. Why not, George continued, have the doctors query a patient as to whether or no he or she has had prayer with their minister? And if not, why not advise the patient to do so? And there are other examples of how clergy are not called upon to be active participants in a person's recovery.

Depression can have several causes, Rev. Anderson affirmed, including chemistry, but also including troubles of a spiritual nature. In his capacity as a minister, Rev. Anderson has observed depression resulting from a person's poor relationship with God. And, because of sin within, a disrupted relationship with the self can result in depression. Unresolved, internalized anger, can lead to depression, too, as also an unfulfilled need for forgiveness and the need to forgive. And guilt, a very real phenomenon, and a cause of depression, Rev. Anderson feels is not usually adequately acknowledged in today's mental health system.

But God has provided means of grace for such situations. These include fellowship with others, prayer, praise and music in God's presence, and communion. And, for the Christian, because of the inner dwelling of God's Spirit, *there is always hope*.

Modern medicine, he continued, can be added to this list of means of blessings, for it too is part of what God graciously provides.

Rev. Anderson recommended two outstanding books for those who would like to look further into these matters:

(interview cont'd)

"People of the Lie", by M. Scott Peck. The author, a psychiatrist, is also a Buddhist converted to Christianity. Through his spiritual journey he eventually felt compelled to accept the fact of evil, and the need to be aware of it in counseling.
"Happiness is a Choice: A Manual on the Symptoms, Causes, and Cures of Depression", by Minirth and Meier. Written by two practicing psychiatrists considered to be on the cutting edge of our understanding of depression.

As a final word, Rev. Anderson declared that we need to know, and remember, that the working of Christ's love, and the promises of the Bible, can do a deep work in the life of a person.

MENTAL ILLNESS, STIGMA, AND DEPRESSION

article by Roger Melanson

The stigma of mental illness still prevails in today's society; this stigma is visible and permanent. Stigmas are caused by a fear of the unknown and the result is that the stigmatized victim feels rejected and without value. One of the major consequences of this stigmatization is a total lack of self worth; leading to despondency and depression.

These stigmas are faced by consumers even within the context of their family. Many family members and relatives do not make visits to the hospital because they are ill at ease or afraid of what will confront them at the psychiatric facility. When the consumer returns home, he becomes conscious of the fact that his family members don't interact with him in the same way as they did before he got sick. If he is simply in a bad mood, it is automatically associated with his illness. Everyone seems to be on pins and needles waiting for him to explode into an uncontrollable frenzy. In some cases the family may avoid taking part in outside activities, isolating themselves and the family member from slowly getting back into society.

In this environment the consumer begins to feel embarrassed, alone and unwanted. The person's mental illness can now provide him or her with opportunities to manipulate those around them. They actively play out the role of being mentally ill and consequently make little effort to improve their condition. They feel sorry for themselves and take advantage of the sympathy that is freely offered. As a result, the consumer develops low self esteem, becomes

(Stigma, cont'd)

totally dependent, and begins to blame himself or herself for his or her illness. This sense of hopelessness caused by such stigmatization slows down the time it takes the mental health consumer to come to terms with and recover from his or her illness.

It is therefore necessary for family members to become involved with a Family and Friends support group. They will gain valuable information and learn techniques on how to interact with the family member struggling with the aftermath of mental illness. The family becomes a more effective source of comfort and help when it is informed and educated about the mental illness in question. The support a family can provide -- its ability to listen, understand and to be present -- can make all the difference in the way a person copes with his or her illness. This supporting role is made much more effective when the person with the mental illness accepts his or her condition, and is open to receiving the help and kindness of others. It provides a climate that helps speed the healing process and eventual recovery.

Stigmas are also encountered by consumers among their friends. Most do not fully understand mental illness and may feel awkward and tense when their friend is released from the hospital. In the first two months the mental health consumer is usually withdrawn and under heavy medication. When it comes to real friends, it is not crucial for them to fully understand the illness. Insofar as they can offer their support and acceptance, these true friends can play a key role in the recovery and mental wellness of the mental health consumer.

Stigmas also exist in the area of housing. The main stigmas fostered are that people with a mental illness are loud and noisy and will disturb other tenants. They are dirty and most are incapable of keeping their apartment clean. They are irresponsible and a fire risk to the rest of the tenants in the building. The end result of this stigmatization is that people with a mental illness have very little choice when it comes to housing. Most are forced to accept housing that is clearly substandard.

Mental health consumers are also faced with many stigmas within the workplace. Integration into a working environment is very difficult as consumers are all assumed to be fragile, slow learners, and unstable. They are also discriminated against in terms of wages and salaries. Many consumers in the Moncton area are forced to take wages below minimum wage.

Since the stigma of mental illness is perceived as a weakness and thought to be incurable, it is difficult for a mental health consumer to overcome such prejudices in the

(Stigma, cont'd)

workplace. Many co-workers are embarrassed and feel ill at ease working with a so-called mentally ill person. The consumer is usually stuck at a low-level position, and more than likely passed over for promotion. All these frustrations can eventually lead to further depressive episodes.

Mental health consumers must actively participate to help eliminate stigmas related to mental illness. Because fear of the unknown causes an enormous amount of prejudice, a wide-ranging education campaign is necessary. Consumers should be involved in in this education process. The general population, especially students, need to understand both the causes and the symptoms of mental illness. They also need to be taught how to interact with persons who are recovering from mental illness. We all need to be informed about the principles of mental wellness in the same manner as we are informed of the principles of physical health.

FACTS RE DEPRESSION

compiled by Stephen Stiles

-research indicates that heredity is an influencing factor in the depressive disorders
-30-40% of the homeless suffer from major mental illness, including manic-depression and clinical depression
-women are twice as likely to suffer depression as men
-a study of patients who had experienced severe depression and also, at some other time, had a serious physical injury found that they would rather repeat the experience of physical injury than that of depression
-the suicide rate among those with affective disorders is even higher than the 10% schizophrenic rate
-in the U.S. 4-8 million are treated for depression yearly, and many more never make it to a doctor
-completed suicide is three times higher in men than women
-almost any chronic pain, such as in the abdomen or back, can be caused by depression
-anti-depressants are non-addictive
-depression in children is infrequent
-you may be in a depression and not realize it
-depression most often strikes between the ages of 24 and 44

FRIENDSHIP AND DEPRESSION
article by Roger Melanson

Is there any value in joining a support group for depression? Although it is often true that a person's battle with depression is a solitary one, support from the outside can make the struggle easier and more likely to succeed.

The most important contribution of a support group is the continued acceptance and encouragement given to each of the members of the group. A warm handshake or a hug, and a few kind words of concern and friendship, can make a tremendous difference to one who is fighting depression. They indicate direct evidence that the person is still regarded as valid and a valued member of the group.

In more practical terms the group is an excellent source of help for the life chores that can't be managed adequately by the depressed person. This can range from just helping the person get to a grocery store, or even doing his or her shopping from time to time. It can even extend to helping with his or her banking, paying bills, or even helping to fill out income tax or insurance forms.

Another contribution of the support group is that it provides the opportunity for members to express their shared concern and love towards one another. In addition it gives members an opportunity to lighten his or her load by giving testimony of their distress. The sharing of experiences contributes to the growth of all the members, giving them valuable insight into their own darkened world. These meetings help to promote self-acceptance and the courage to accept one's aptitudes and talents as worth developing and enjoying.

CRISIS LINES
article by Roger Melanson

One of the first lines of defense against severe depression and the possibility of suicide is the crisis line. It is of utmost importance that the crisis lines in New Brunswick be maintained and given appropriate funding; they must be properly staffed by trained volunteers and professional resource people. They should never rely on recorded messages or answering machines.

These dedicated workers may at any time be fighting to save someone's life; often when that person is unable or unwilling to provide straight answers to questions, and may even be fighting against the process of rescue. This is a difficult and stressful job, and a terrible responsibility. There is no question that these services save many lives

(Crisis Lines, cont'd)

each year.

The service provided by a crisis line operator isn't just superficial talking with the caller -- trying to reassure him or her. If the caller is contemplating suicide, the person taking the call must have the ability and training to make a gut-level assessment of how acute the emergency is. Is the caller just feeling despondent and needs to talk about it? Or is he or she ready to do the act now?

Let us never forget and support the outstanding work done by these dedicated people every day throughout our province. The provincial crisis line number is 1-800-667-5005. The Help-24-Au-Secours number in the Moncton area is 859-4357.

ROSES BLUE

short story by Stephen Stiles

Sunshine smile and beautiful spirit, yet somehow sad. These were Thomas Greye's first impressions of Monica Janov. With a '96 Volkswagen van, tan and sunglasses, her image spoke "winner". But the passenger seat was empty, her ring finger bare.

Thomas saw Monica at the market most mornings as he took his daily stroll, ornate walking stick in hand. On rainy days his hands held a somewhat tattered umbrella. Monica never seemed to purchase anything, just roam about, a dreamy expression on her face, as if reminiscing or saying good-bye. Once Thomas happened to be on the sidewalk near where her van slowed to a stop in a parking spot. He was sure he heard an early Joni Mitchell album, "Clouds", through the open window, before the stereo was silenced. He took note of the time and, sure enough, witnessed her arrival again the next morning. This time he heard another of his favourite artists -- Art Garfunkel.

"Good morning." Thomas Greye, the renowned writer, the man of letters, could barely manage two simple words.

"Good morning."

"It certainly is a fine one." The fall weather was some of the warmest Torontonians could remember. Thomas pulled out an old-fashioned handkerchief and wiped his brow. His quaint black suit, like an English banker's at the turn-of-the-century, complete with bowler hat, contrasted loudly with her bright shorts and colourful t-shirt. "Perhaps we could share part of it?"

The sweat wasn't going away.

Monica's response was a caught-off-guard smile, and an

(Roses Blue, cont'd)

"I don't even know your name."

They spent the whole day together.

She had recently abandoned a relationship. "But that's okay. It was pretty much one-sided, anyway." He had always lived alone. She liked the market's exotic colours, he its noise and activity. She rented an apartment off Bloor West, his address was a restored manor in Cabbagetown. They both liked hamburgers and greasy fries.

"Yorkdale! How it's changed!" They had managed to find a cheap restaurant amidst the yuppie shops, and were relishing the taste of junk food.

Monica unconsciously hummed a tune that Thomas knew well.

He began to sing the words: "I think of tears, I think of rain on the shingles..."

"I think of rain , I think of roses blue..." Monica joined in.

"I think of Rose, my heart begins to tremble..."

"I thought no one remembered the album." One tear made its way to the corner of her eye, but she quickly brushed it aside and brought her attention back to the man before her.

"You've lived in Toronto before?"

"Oh yes," responded Monica. "In the early seventies. It was, well, bad." Thomas saw the sorrow. "I was one of those millions of dreamers. You know, free love and all that." She did not tell him about the abortion, the nagging feeling that somebody was missing, and her attempts to fill that void. "Anyway," her face lifted, "what about you? One of those rare natives?"

"No. I spend only my autumns here. Winter in New York, spring and summer in Reykjavik. I'm originally from London." He didn't tell her that he had never had a home.

Her smile made his heart leap. In the solitary writer's existence he had taken upon himself, attention from women did not come often.

"My what a figure he cuts!" Monica was thinking. "That charming suit, and a Victorian walking stick! A modern-day T.S. Eliot!" She laughed out loud at the way a tuft of hair stuck out incongruously from his crown.

She dreamed of spending her life with him, watching people walk past. This man would bring home flowers, not beer. He would propose marriage, not the live-in arrangement that is so easy to escape. He would never hit her.

A change of weather, rain showers, pattered against their table's window.

"Can we meet again?" Finally he voiced the question that had pressured vice-like all evening.

Danger signals went off in Monica's head. "You know how

(Roses Blue, cont'd)

this always ends!" But the words that came out revealed a faint glimmer of hope still inside, though desperately faint.

"I think I'd like that."

They kissed that night under a street lamp after a play, enjoying the rain plashing upon their hair, dripping down as if needing, too, the tender kiss.

"I can't get out of it," he explained as they walked back to her Volkswagen. "A publicity tour has been arranged to promote my latest book in the UK and on the Continent, then in the new Russia. I'm sorry, Monica. But I will return in November."

Monica Janov knew it had been too good to be true.

Michael, her first lover during those hey-days in Roachdale, had said he would return. Tony, always so nice when she was bringing in money, not so nice when she couldn't find work, was gone, too. Then there had been Jon, then Mark.

Yet she had always tried so hard to please. Please, please, please! Until finally she couldn't take it anymore.

"Go back", she had planned. To Roachdale, to the Kensington Market, to Queen's Park where she had done her first trip, to the cafés and the university grounds.

She would ride the Toronto subway one more time, on her October birthday. And die beneath its wheels.

Monica cried as she drove home alone.

Thomas boarded Flight 107 the next morning to begin the book promotion tour so terribly important to his publishers.

"Your sales are slumping. You're re-hashing the same ideas over and over again. The public can only take so much of this solitary artist stuff. Why don't you get married or something?" Such the opinion of publishers.

But those words had stung. No one knew how he had longed to
find love, longed not to be alone. Thomas also knew it was entirely possible that some of his characters were a reflection, no, an exposition, of his years alone. But the right one did not seem to come; and Thomas Greye continued to propound the virtues of art crafted in solitude.

Such were his thoughts as he endured bookfest after bookfest in London, Belfast, Edinburgh, and now Paris, a city he usually enjoyed.

"*Pour ma bonne amie.*" Mechanically he autographed a French translation of his latest work, and reached for the next offered copy. Loving words for people he would never see again, and tonight a reading before a crowd of strangers who liked to think themselves *très chic*. The hypocrisy of the situation made him hate himself.

(Roses Blue, cont'd)

"*S'il vous plait, une photo*? I simply *adore* your books, Monsieur Thomas Greye," he heard in a Belgian accent. Looking up he saw a beautiful blonde in a sexy outfit. She was quite obviously wanting to flirt before the good-looking male she had dragged along with her.

Thomas rose, turned his back, and plunged into the noise of the Paris street outside *l'Hôtel Maurice*, leaving behind scores of fans. His manager was getting used to this sort of thing, Thomas wandering off at the worst times, and would make up some sort of excuse for those gathered.

He walked, the tap of his cane and bustle of the city mesmerizing him.

Past glittering shops, murky waterways, panhandlers, he saw only Monica Janov's smile, heard only her laugh.

And the tear that had escaped.

Is she the one?" He could not identify the feelings, the turmoil within.

"Whom else do you know still listens to `Clouds' and ` Angel Clare?" a small, still voice questioned.

With the rush that comes from sudden acceptance of what had always been there for the taking, Thomas Greye flung his arms to the heavens and laughed. He laughed at the passers-by, the towers, the world!

And hailed a cab. Throwing down a GoldCard Thomas challenged the driver to get him to "*l'aèroport Charles de Gaulle avant l'heure*".

* * *

On the last day of October Monica blew out the candles of the birthday cake she had purchased, and set about to leave. No cards had arrived, no gifts. No matter. Today she would die. Irrationally locking the apartment door behind her, she resolutely headed for the subway train at Spadina and Bloor.

A limousine cruised to a halt just ahead, at the opening of an alleyway, blocking her path. As she moved to skirt the long dark vehicle a middle-aged man, with a bowler hat, quaint suit, and walking stick, sprinted out.

The End

INCARCERATION AND MENTAL HEALTH CONSUMERS
article by Roger Melanson

Many young people suffering from mental illness become involved in the legal system. Being picked up by the police, booked, finger printed and jailed is probably one of the most devastating experiences to which a mentally ill person can be subjected. It can often lead to severe depression and suicidal tendencies.

Advocates and mental health professionals must be vigilant in their efforts to protect consumers from undergoing this experience. There is significant research to indicate that being detained in jail is the second most traumatic stress that an unmarried person undergoes: second only to the death of a loved one (University of Ottawa). It is a reality, however, that many mental health consumers will -- sooner or later -- face the humiliation of being detained in a holding cell, brought to court and detained in jail. Most frequently it is the result of being on the streets and exhibiting bizarre behavior in public.

If someone in your family is a mental health consumer and goes missing, it is wise to report the fact to the local police department or R.C.M.P. detachment, and also important to personally check the local jail. If the consumer is incarcerated, inform the officer in charge of his condition. You should immediately contact an attorney, an advocate, and the psychiatrist that has the best knowledge of the consumer's medical history.

The next step is to seek an involuntary commitment for the consumer to the local psychiatric facility. Many family members resist initiating this procedure, but it is usually the only course of action. If the person is young and has never been arrested, even a brief stay in jail can cause irreparable emotional as well as psychological harm.

THE MENTAL HEALTH CLINIC AND DEPRESSION
interview by Stephen Stiles

On May the 9th I talked with Bev Chance, Program Manager for Continuing Care Services with the Moncton Mental Health Clinic, to gather some general information concerning depression, especially in terms of treatment approaches used by the Clinic.

Asked what types of depressions the Clinic encounters, Bev responded that just about all types are represented, from situational to post-partum to manic depression. A perhaps equally useful angle from which to view depression,

(Clinic, cont'd)

she said, is in terms its severity. And whether or not the depression is temporary or long-term. Of standardized tests used to gauge depression, the Clinic commonly uses the Beck Depression Scale.

Chemical imbalance is a frequent cause of depression. Tricyclic anti-depressants were prescribed for such, until the new generations of anti-depressants began to appear on the market. Called SSRIs, the first was Prozac; later ones include Paxil, Luvox, and Zoloft. These may take only seven days to take effect, as opposed to four to six weeks for tricyclic medications -- which can seem "an eternity" to a severely depressed person. As well, the new medications have fewer or less pronounced side-effects. Some patients, however, do not respond to SSRIs, and so continue with tricyclics. Incidentally, Bev reported, it now appears that the initial safety concerns regarding Prozac, which received a lot of media coverage, were unfounded.

Research advances are being made all the time, Bev reported, with a new drug on the market practically every month. She advises that it could be a good idea to discuss with your doctor, if you feel depression is continuing to be a factor in your illness, "Would some other anti-depressant do better?" Naming the anti-depressant you would like to go on, obviously, is inappropriate--the doctors being more aware of the latest scientific advances. But if you know someone who has improved remarkably with the aid of an SSRI, it would not hurt to mention the circumstances.

"Do not mix anti-depressants with alcohol" is the common advice of doctors. Which is not to say one beer isn't okay, Bev says, but the problem they find is that many people do not stop at one.

Some clinic patients are treated for depression without medication, but the "clinically depressed" always receive medication. Asked how to define "clinical depression" Bev responded that was not always an easy question to answer. The classic symptoms she looks for include: sleep disturbance; inability to concentrate; changes in eating patterns (eg. eating a lot less); constant feelings of tiredness; low self-esteem; and inability to make decisions. If one's work and social life are being affected, it probably is clinical depression.

The Clinic also does a lot of work in the counseling or psychotherapy area. If one's living situation is poor, for example, but willingness to change is there, guidance from someone else can help beat this "common cold of mental illnesses".

(For further information, Bev recommends the booklet "Depression: Causes and Treatment" by Theodore Irwin.)

THE MUTAL AID PROGRAM -- A UNIQUE APPROACH
article by Roger Melanson

The major objective of the Mental Health Commission is to develop a balanced system which will respect and promote clients involvement in their own treatment and recovery. The consumers' treatment is incomplete if it is only confined to diagnosis and the administration of medication. It becomes complete only when the consumer's own resources and capacities are *fully* engaged in a community environment.

The majority of mental health consumers leaving the hospital are left with a bleak future of solitary rooms, soup kitchens and trying to live on social assistance. They stand in silence watching workers rush past them on the streets and feel cast aside and worthless -- factors leading to depression. Has anything really changed?

More opportunities must be offered consumers to help them out of these desperate circumstances. Community work projects and training programs must be implemented in order to encourage social integration and positive participation toward their own well-being and sense of self esteem.

A successful project which utilizes the natural resources of consumers is the Neighborhood Mutual Aid Program. It was developed in Quebec City in 1991, and was funded by a grant from Health and Welfare Canada. It was established to help deal with the lack of services and support in the area of crisis intervention. Instead of waiting until a person is in crisis to offer services, this program strives to build natural support on a daily basis.

In this Mutual Aid Program, mental health consumers are trained as aides to help alleviate the workload of community and apartment workers. These neighborhood workers make themselves very visible and accessible in the community. They make daily rounds throughout the neighborhood including: rooming houses, group homes, apartments, cafes, coffee shops, soup kitchens, laundromats and grocery stores. Most consumers will open up and trust others who have struggled through the same difficulties as they are going through.

This program is based on the helper therapy principle; this principle views the helping activity as therapeutic for the helper. The mutual aid worker focuses outside himself or herself -- thereby obtaining a new and positive perspective on his or her own problem. By feeling useful and valuable, the helper's self esteem increases and the danger of his falling into another serious depression diminishes. The premise for this consumer helper activity is that natural support workers are benefiting themselves as they are helping others.

The following incident will demonstrate the value of

(Unique Approach, cont'd)

this program: neighborhood workers encountered a consumer who had stopped taking his medication and was totally disconnected from reality. They were able to obtain a court order and the consumer was taken to a psychiatric facility. The same workers visited him several times, and explained they had him hospitalized for his own good. A few weeks after he was discharged from the unit, a supervised apartment was ready for him. After several visits the neighborhood workers invited him to accompany them on their rounds. In a few short weeks he showed remarkable qualities as a counselor with consumers who experienced psychotic and drug-related problems, as he had. Since that time, this natural helper has regularly accompanied the community workers and helped them on their rounds. He has acquired a sense of purpose in his life and has not been re-admitted to the hospital since becoming involved with the Mutual Aid Project.

The Consumer Initiatives Program is starting a similar project in the Bathurst region. This sponsorship program is for patients who are being or will be discharged from the regional psychiatric unit. Each client will be partnered with a consumer sponsor. The primary goal of the project is to integrate the ex-patient back into the community through one-on-one encounters, and, gradually, into group activities. In the long-term, this program will help the consumer feel comfortable and accepted in the community. It will also help prevent re-admissions to the psychiatric facility. This project also enables mental health consumers to become involved in their own treatment and recovery.

Hopefully similar projects can be established and tailored to meet the needs of consumers throughout New Brunswick. Through such consumer initiatives and satisfying employment, the life of mental health consumers will change, and their illness will no longer remain the primary focus of their attention. It is only when the skills and resources of consumers are utilized properly and productively that mental wellness can begin to flourish throughout the communities of our province.

QUOTATIONS

compiled by Roger Melanson

"He who has not looked on sorrow will never see joy"

"If I never see myself valued by others -- I will never value myself"

"It is not the goal but the striving toward the goal that gives life content and meaning"

"If you always do what you've always done -- you'll always get what you've always gotten"

"To be human is to be in conflict and there is no escape from it"

"It is a better thing to travel hopefully than it is to arrive"

"Don't let other people make mistakes for you -- have the courage to make your own"

"The most successful people are those in every walk of life who know who they are -- accept who they are and live who they are"

"No man is useless while he has a friend" -Robert Louis Stevenson

"He who fears he will suffer already suffers from his fear"

"Today belongs to a few and tomorrow to no one"

"Each day that dawns is my own
Now is the time I must live in"

"Depression and despair comes from the repression of creativity" -Otto Rank

"Freedom lies within ourselves" -George Woodcock

"All the theories in the world are useless unless there is action, positive change and finally healing"

Le Deuil
Par
Annette St.Coeur

Qu'est-ce qu'un deuil? C'est une emotion qu'une personne a lorsqu'une personne aimée meurt.

Une personne en deuil peut avoir des differentes emotions. Il y a des personnes qui vont beaucoup pleurer, d'autres personnes seront très agitées et d'autres personnes vont se révolter contre Dieu et nier son existence. Il y a même des personnes qui vont prier pour la mort d'une personne aimer pour qu'il ne souffre pas trop longtemps et lorsque que cette personne meurt, il se sent coupable.

Mon mari a perdu une nièce et un frère, la meme journée sept mois passés, au mois d'Octobre, et au mois de Mai, il a perdu un autre frere. Nous etions très agités et nerveux.

Un des frères d'une amie, est mort la même journée que mon beau frère. Elle a beaucoup pleurer et aussi elle a des ennuis et des peurs et elle est déprimée. Ces emotions sont normals après la mort d'une personne aimèe.

Le déces d'une personne aimée peut être très traumatique, et a ces momments nous avons besoins de support et maintenant il y en a qui sont disponibles. Il y a des groups qui se recontrent pour partager avec les autres, leur differente émotions avec ceux qui souffrent la meme chose.

Aux croyants l'aide du bon Dieu peut les aider a subir ces temps durs de deuil.

Je lisais un livre par C.S.Lewis intitulé "A Grief Observed". Il s'est marié tard dans la vie a une poète Americaine qui avait deux jeunes enfants. Quartre ans apres, elle meurt de cancer. Il se trouvait seul et inconsolable. Pour se défendre contre la perte de la croyance en Dieu. Il a ecrit ce livre qu'il a publié, "A Grief Observed". Je trouve que c'est une bonne idée de mettre sur papier, les emotions que l'on peut avoir.

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well-known writers who suffered from depression:
F. Scott Fitzgerald, Fyodor Dostoevsky, Charles Dickens, Ernest Hemingway, Leo Tolstoy, Virginia Woolf

composers and artists who suffered from depression:
Tchaikovsky, Mozart, Robert Schumann, Beethoven, Handel, Vincent van Gogh

famous statesmen who suffered from depression:
Alexander the Great, Winston Churchill, Abraham Lincoln, Theodore Roosevelt

religious leaders who suffered from depression:
Jeremiah the Prophet, Francis of Assisi, Martin Luther

The Canadian Mental Health Association, National Office, offers free information on depression. Call: 1-800-268-0999.

William Cowper (1731-1800), considered by some the finest English poet of his time, (he was also a great hymn writer), was almost certainly schizophrenic, and suffered from bouts of severe depression all through his life, which included attempts at suicide. "The Castaway", one of his best works, masterfully presents the deeply depressed person's plight. This, his last poem, was penned just before death. Friends witnessed that, when the suffering man finally passed away, an inexpressibly glorious smile spread over his features.

THE CASTAWAY

Obscurest night involved the sky,
The Atlantic billows roar'd,
When such a destined wretch as I,
Wash'd headlong from on board,
Of friends, of hope, of all bereft,
His floating home for ever left.

No braver chief could Albion boast
Than he with whom he went,
Nor ever ship left Albion's coast
With warmer wished sent.
He loved them both, but both in vain;
Nor him beheld, nor her again.

Not long beneath the whelming brine
Expert to swim, he lay;
Nor soon he felt his strength decline,
Or courage die away;
But waged with death a lasting strife,
Supported by despair of life.

He shouted; nor his friends had fail'd
To check the vessel's course,
But so the furious blast prevail'd,
That pitiless perforce
They left their outcast mate behind,
And scudded still before the wind.

Some succour yet they could afford;
And, such as storms allow,
The cask, the coop, the floated cord,
Delay'd not to bestow:
But he, they knew, nor ship nor shore,
Whate'er they gave, should visit more.

Nor, cruel as it seem'd, could he
Their haste himself condemn,
Aware that flight, in such a sea,
Alone could rescue them;
Yet bitter felt it still to die
Deserted, and his friends so nigh.

He long survives, who lives an hour
In ocean, self-upheld:
And so long he, with unspent power,
His destiny repell'd:
And ever, as the minutes flew,
Entreated help, or cried--"Adieu!"

At length, his transient respite past,
His comrades, who before
Had heard his voice in every blast,
Could catch the sound no more:
For then, by toil subdued, he drank
The stifling wave, and then he sank.

No poet wept him; but the page
Of narrative sincere,
That tells his name, his worth, his age,
Is wet with Anson's tear:
And tears by bards or heroes shed
Alike immortalize the dead.

I therefore purpose not, or dream,
Descanting on his fate,
To give the melancholy theme
A more enduring date:
But misery still delights to trace
Its semblance in another's case.

No voice divine the storm allay'd,
No light propitious shone,
When, snatch'd from all effectual aid,
We perish'd, each alone:
But I beneath a rougher sea,
And whelm'd in deeper gulfs than he.

-March 20, 1799