

THE ROYAL

THERE'S POWER IN THE PURPLE  
DIFD creates awareness C8



MY BEAUTIFUL MIND  
*'Without The Royal I would be lost'* C5

With awareness comes understanding

Meet one of the Faces of Mental Illness

Ottawa's Anita Manley, a friendly and familiar face at The Royal, is part of a national public education initiative designed to raise awareness of mental health and help end the stigma associated with it.

The Faces of Mental Illness campaign highlights the stories of Canadians living in recovery from mental illness, which will be featured during Mental Illness Awareness Week from October 6 to 12.

Hundreds of people across Canada applied to be part of the Faces campaign but only five were chosen.

Manley's story is one of hope and recovery. It begins in her teens, in the 1980s. Her father noticed she'd lost interest in teenage life but Manley didn't seek the help she needed for fear that people would think she was "crazy."

She was hospitalized for the first time during her university years. There was a suicide attempt, but no formal diagnosis. Although she spent her 21st birthday on the psychiatric ward at Brant Memorial Hospital, she went on to complete her degree, meet her first husband, and have two daughters.

"And then things came toppling down," describes Manley.

Life stresses — including a divorce — affected her greatly. She was hospitalized at the age of 32 with a diagnosis of bipolar disorder. A few years later she started hearing voices.

"It was very scary and very confusing," says Manley. "As a result of that I lost everything, because I truly believed these delusions to be true. There was nobody that could tell me they weren't true."

She lost the ability to pay her



Anita Manley is part of a national campaign to raise awareness of mental illness and give hope to those who need it most. ANDREA TOMKINS

bills and was evicted from her apartment. She refused all treatment and became homeless.

"I lost connection with all of my friends, all of my family — including my teenage daughters — and was totally estranged for three years from everybody in my life," says Manley. "The only people that I was friends with were people who were paid to care for me. It was really difficult. I lost everything."

Manley started taking steps to regain her life when she was admitted to The Royal in 2011. Her psychiatrist asked Manley if she wanted to see her children again — of course she did — and spent seven months in intensive treatment with that goal in mind.

Soon after, Manley reconnected with her youngest daughter. She

met her future husband in 2015. And she's giving back. Since March 2012 she's clocked over 3,330 volunteer hours at The Royal. She facilitates wellness groups for women — including a journaling group — and is a fierce advocate for patients who speaks publicly about mental health and wellness.

Recovery is not often a straight line — it ebbs and flows — she says, but her recovery really took off when she started volunteering.

"I had a sense of purpose," says Manley. "I was waking up in the morning and I was giving back to people. I had a goal of helping people recover. I was receiving feedback that I was being really helpful and that made me feel better about myself"

Manley emphasizes the importance of self-care as part of the recovery process (her words to live by include: "be good to your future self" and "this too shall pass") and is excited that her message will be heard across the country via the Faces campaign.

"I want to get my voice out there. I want to inspire people and I really want people to look at me and hear my story and say: 'Because of you I never gave up. Because of you I believe there is hope. And because of you I believe that recovery is possible.'"

The Faces of Mental Illness is coordinated by the Canadian Alliance on Mental Illness and Mental Health along with member organizations and other supporters across Canada. For more information, go to [camimh.ca](http://camimh.ca).

*Building a hospital without walls*

Reaching out to make mental health care more accessible

The Royal is working to help people get the mental health care they need, not by getting more people into the hospital but by bringing its services and expertise out to the community.

"When I speak to people across our community about mental health care, their concerns are not about the quality of care we offer at The Royal, but about how hard it is to access care," says Joanne Bezzubetz, President and CEO of The Royal. "This is what we are working to change with our vision of a hospital without walls."

The Royal's vision of a hospital without walls involves making mental health care more accessible at many different places across the community.

Dr. Susan Farrell, The Royal's new Vice President of Community Mental Health, has spent most of her clinical career working outside of hospitals, delivering care in partnership with other health and social service workers in places like community health centres, clinics, shelters, a shopping mall and even virtually.

"Personal wellness is a combination of multiple factors, so the things that support wellness, including mental and physical health care, and other social determinants of health, need to fit together like pieces of a puzzle to support people in a cohesive way," says Farrell.

Examples of collaborative, community-focused initiatives underway at The Royal right now include:

- Bringing support to new mothers who may be struggling with their mental health by offering peer-facilitated wellness workshops and training to help midwives and other service providers recognize and address perinatal mental health issues.
- Helping people with significant, potentially life-threatening alcohol or opioid use problems — many of them referred from hospital emergency departments — through The Royal's Rapid Access Addiction Medicine Clinic.
- Working with partners, including clients and families, to develop a coordinated access model for mental health and addictions treatment — with support from the Champlain Local Health Integration Network — that would connect people with the services they need faster and more easily by offering one point of access (one referral process) for all services offered in our region.

"There are many ways to create mental health care that meets people where they are," says Farrell. "It may involve The Royal providing direct care in more places or giving other service providers the knowledge and support they need to meet their clients' mental health needs — but the key factor that underlies it all is collaboration."

Research in the digital age

Exciting research at The Royal is leveraging advanced technologies to improve mental health treatment, early intervention and prevention

**ARTIFICIAL INTELLIGENCE ON THE FRONT LINES OF SUICIDE PREVENTION**

Dr. Zachary Kaminsky has built an algorithm that identifies Twitter users that are at high risk of suicide.

His algorithm analyzes speech patterns and pinpoints psychological concepts related to suicide. It then scores and matches these patterns alongside public data linked to a Twitter user.

"This isn't identifying only people saying 'I'm going to kill myself.' It's identifying a risk pattern for people who are moving towards that point," says Dr. Kaminsky, DIFD Mach-Gaensslen Chair in Suicide Prevention Research at The Royal's Institute of Mental Health Research (IMHR).

He says he built the algorithm using Twitter data because it's completely public. It can parse years' worth of tweets in minutes.

"This tool takes tweets, and it turns what people say into a number. It asks, 'How lonely is this tweet? What's the hopelessness

score? What's the risk score?'"

So far, Dr. Kaminsky's pilot study has successfully identified 89 per cent of people who would begin to express explicit suicidal ideas weeks — even months — before an attempt happened, and his precision rate continues to rise as he refines and tests the algorithm.

While the tool still needs larger studies and validation in the future — and a clear determination of the best way to use it — its potential is promising.

"If these tools work as well as we think they're working, they're going to help save lives," says Dr. Kaminsky.

**CAN VIRTUAL REALITY HELP IMPROVE REAL-WORLD COGNITIVE IMPAIRMENTS?**

The ability of virtual reality (VR) to "trick" our minds and make it possible for us to experience almost anything, anywhere, has captured the interest of Dr. Synthia Guimond, who is exploring it as a tool for cognitive remediation therapy.

While the majority of therapies and medications available are used to treat certain symptoms of mental illness (depression, anxiety, hallucinations), there is actually very little to help improve associated cognitive deficits common in many psychiatric disorders such as decreased executive function, social cognition, attention and memory.

"In schizophrenia in particular, the majority of people struggle with their attention or memory troubles, which can negatively impact their ability to function in society," says Dr. Guimond, a scientist



Dr. Synthia Guimond (left) leads a participant through a virtual reality exercise. MICHELLE VALBERG

at The Royal's IMHR.

Dr. Guimond is exploring whether a particular VR environment can help people with schizophrenia improve their memory.

In the study, participants are taught strategies to boost their memory and are transported to a virtual restaurant environment. Here, they take on the role of a server and practice their recall by taking food and drink orders from customers and relaying orders to the kitchen.

Dr. Guimond says it is possible that the ability to practice cognitive strategies and skills through VR

will help to better translate learnings to individuals' real lives.

Traditional computer-based training exercises might simply ask people to memorize lists of words or pictures but with cognitive treatment delivered through VR, individuals can apply teachings to simulated, real-life situations, and receive feedback in real-time. This would allow clinicians to better evaluate how cognitive strategies are working and adjust treatment. It could also improve individuals' confidence and lower anxiety they may feel during their daily routines.

SEE RESEARCH ON C7



# Gender differences and the brain

Understanding male versus female brain biology to improve women's mental health

When it comes to women's mental health, it's still largely a 'man's world' — but new research that seeks to better understand the connections between sex hormones and the respective brains of males and females\* could help to bridge some of the sex-based gaps in treatment.

Gender can be a critical determinant of diagnosis, symptoms and outcomes when it comes to mental illness: Depression, for instance, is more common among women than men, and the trajectory of this illness (i.e., onset age) differs between the sexes. Further, whereas more women attempt suicide, more men die of suicide than women. In addition, women with depression generally experience a greater number of specific co-morbidities than men (i.e., anxiety disorders and bulimia).

So what contributes to these types of differences? We know from research that genetics, hormones and our social environment contribute to sex differences in the brain — however, these differences have been largely understudied in psychiatric research.

In fact, females have historically been left out of many research and clinical trials, and, in particular, specific populations of women (i.e., fertile, pregnant and breastfeeding women) have been excluded from mental health research altogether.

This means that most of the older drugs used to treat psychiatric disorders that are already on the market — and are currently being used to treat mental illness in both males and females — haven't actually been tested as extensively in women.

"There are major swaths of females who were essentially excluded during really seminal developments of some of the antidepressant drugs that we continue to use today," says Dr. Natalia Jaworska, Director of the Clinical Electrophysiology Laboratory at The Royal's Institute of Mental Health Research (IMHR).



Justin Piché (left) and Amélie Vézina (right), members of Dr. Jaworska's research team. MICHELLE VALBERG

"The impact of this continues to reverberate, as we might be underdosing females — or are perhaps not looking at the best combinations of drugs.

"We're in this place where we've been prescribing the same forms of antidepressant medications for males and females without really thinking about whether it's the right approach for both sexes."

Given the greater prevalence rate of certain mental illnesses among women — and the fact that females have a higher possibility of adverse reactions to certain kinds of drugs — Dr. Jaworska's latest research is taking important first steps toward addressing the gender gap in developing treatment interventions aimed at women.

Armed with the understanding that sex-brain differences do exist, Dr. Jaworska is currently investigating the role of sex hormones,

and the structural and functional similarities and differences between the male and female brain.

She is recruiting 40 healthy males and 40 healthy females to her study, which will use brain electrical activity measures and advanced neuroimaging techniques to characterize distinct and overlapping brain profiles of men and women.

Specifically, she is exploring the relationship between brain structure and function with sex/stress hormones. This will be done through assessing brain activity at rest, as well as when participants complete two distinct tasks (a visual-spatial identification task, which males are known to do better at, and an emotional identification task, which has better success rates among women).

Dr. Robyn McQuaid, a scientist in the IMHR's Culture & Gender Research Unit, will also be collaborating with Dr. Jaworska on the molecular aspects of this work.

"By looking at brain activity in various ways, we can capture subtleties and get a better idea of how much influence sex and stress hormones actually have on performance and activity," says Dr. Jaworska.

"If we can better understand the nuances of the female versus male brain — including how certain treatments affect particular brain circuits, or how particular areas of the brain interact with certain hormones — we can consider treatment options in a much more personalized way."

This knowledge, she hopes, could help clinicians identify the most optimal way(s) of prescribing specific medications and doses based on one's biology.

Dr. Jaworska adds that the impact of understanding the interaction between sex hormones and

our brains could go far beyond improving drug therapies for women.

For instance, by better understanding the interaction of sex hormones with brain structure in females during emotional processing, we may also eventually be able to better tailor cognitive interventions and/or psychosocial therapies.

"Understanding differences and similarities between the sexes can better inform our management of patients, and give us a more nuanced view of how we should approach individuals with mental health difficulties," she says.

"This is something that has not been adequately assessed to date, and it could really help to move the yardstick forward for women's mental health."

*\*Reference to cisgendered males and females only*

## Going the extra mile at the Brockville Mental Health Centre car wash

Research shows that employment is an essential part of the recovery process for people with mental illness. Work-related responsibilities may result in a reduction in symptoms and hospitalization and, in turn, give a boost of self-confidence, self-esteem and an improved quality of life.

Vocational rehabilitation designed to help clients rejoin the workforce is available to inpatients and registered outpatients of the Brockville Mental Health Centre Forensic Treatment Unit. One of the longest-standing programs here is the vocational car wash program.

Brockville residents whose cars, minivans, SUVs and trucks are in need of TLC can drop them off and have them restored to their shiny glory. Pricing ranges from a basic exterior wash (\$12 for a car) to a bumper-to-bumper deep clean, inside and out (\$65 for a mini van).

The car wash is located in a compact, nondescript brick building within the Brockville Mental Health Centre (BMHC) campus. It has been around for decades and hundreds of clients have worked there, washing, waxing, and buffing countless vehicles.

"I feel the car wash program represents us well in the community, helping to reduce the stigma associated with mental illness by seeing our clients be productive individuals," says Marilyn Douglas-Jones, a vocational rehab counsellor assistant at BMHC.

She speaks at length about the numerous financial, social and mental health benefits of gainful employment and how the vocational program helps clients now, and in the future.

The program gives clients transferable skills for a competitive job market and supports peoples' ability to live independently. It improves social networks and feelings

of independence and acceptance by others.

Many different skills are honed at the car wash, from calculating how much money needs to be put aside to buy supplies and how to get dog hair out of upholstery, to time management, communication and how to be a dependable member of a team.

Serge, a client at BMHC, has been part of the car wash program for nearly three years. He's moving up the ladder, although he never planned to take on more responsibility.

"I've learned a lot in the past six months," he explains. "One of my best friends — the top guy at the car wash — he was the one guy you could really count on that did everything. Without realizing, I'm assuming the role now."

That "top guy" is named Paul and it's clear he held a mentorship role within his group. Paul insisted on passing along his knowledge to Serge.

"He'd say 'You're going to have to learn how to do that because I won't be here forever,'" says Serge. "And he was right."

Serge is part of the team that cleans the vehicles but he also handles the scheduling and paperwork for each appointment. Customer service is a major part of his role, whether it's calling the customers to remind them about their appointment or dealing with complaints. (If something was missed, for example, Serge invites the customer back for a fix.)

BMHC clients who work at the car wash receive 85 per cent of funds as an incentive allowance for their work, while 15 per cent goes toward supplies. Two clients work on a vehicle at a time and they work one to three shifts a week. Two vehicles are cleaned every day. It takes two to three hours to clean a car, depending on how dirty it is.



Serge has been part of the vocational car wash program at the Brockville Mental Health Centre for almost three years.

"I like the car wash because I'm doing something I value. And I like it when I see the look on the customer's face and see that they're happy."

This might seem like a long time for those of us who can barely find five minutes to run a hand vacuum over the back seat after a road trip, but here it's about going the extra mile.

"What the [customers] want is the personal touch — somebody putting their heart into it — not a quick run through a car wash," says Serge.

Douglas-Jones chimes in: "They do an excellent job."

Serge says he's different from the "old" Serge, whose life took a turn after his spouse passed away 13 years ago. It was a traumatic event but he has come to terms with the changes that have happened in his life.

"I've become more at peace with myself," he says. "I am finally accepting my wife's death ... she was my world. And when I lost her, everything gradually became unglued."

Serge credits his recovery to staff at BMHC, grief counselling, workouts at the gym and the car wash.

"It keeps me busy," he laughs. In the past three years he's only missed one shift. He believes in the healing power of physical fitness and the car wash is physically

demanding, especially for someone who's had multiple surgeries. There's also another healing power at play here, too.

"I like the car wash because I'm doing something I value," he says. "And I like it when I see the look on the customer's face and see that they're happy."

It's not just a job well done, but it's a job well done for someone else, and this aspect of work life is something the team at the vocational car wash has in common with every other worker, whether they're located in an office tower, dental office, or restaurant. Good work feels good, no matter who you are.

If the car wash program's longevity is a measure of its success, so is the current waiting list they have for car washes, which is currently holding at five weeks. To book an appointment, call the BMHC directly at 613-345-1461 ext. 2444 between 8:30 a.m. and noon.



# Working to make the mental health system more efficient and effective

**MITCHELL BELLMAN**  
*President and CEO,  
Royal Ottawa Foundation*

The first time I learned about The Royal was in 1990 when a good friend was admitted. I didn't know much about mental illness or how it was treated at the time, and was unaware of the great stigma for individuals and families.

My friend, I was told, suffered a nervous breakdown and needed to be hospitalized. Our group of friends had noticed that something was wrong, but mental illness was not something that was discussed openly. I later learned that my good friend had been diagnosed with schizophrenia and was at the start of a long journey toward recovery.

As a twenty-something, visiting a psychiatric unit was intimidating and filled with an awkward sort of mystery. I did not know what to do to help or what getting better even looked like. But I did know that what he needed from me most was friendship.

The Royal helped him get on a path of recovery. I am forever grateful for the treatment he received



Debbie McFarlane, a long-standing volunteer and past Chair of the Client Advisory Council at The Royal, with Mitchell Bellman, President and CEO, Royal Ottawa Foundation.

and how it gave him back a good life. Recovery did not mean my friend was cured. It did however, bring back an even kinder and more generous person who I am proud to still call a very close friend.

Years later, when I saw the job posting for the CEO of the Royal's Foundation, I knew that it was the job for me. I loved the idea that I could spend time each day finding

ways to help people, like my friend in 1990. I wanted to be part of the solution of getting better care to people faster, to discovering new and better ways to treat mental illness through research, and to working to end the stigma.

A few months into my new job at The Royal, I found myself in a store wearing a Royal branded jacket. I was amazed that two

“Through partnerships, technology, research and care, we can do better for people and families who need our help.

separate people came up to me to speak about their family's struggles with mental illness and to show their appreciation to The Royal. It shocked me that total strangers would speak to me about such deep, personal matters.

People who live with mental illness or who live with a family member with mental illness are eager for someone to talk to who won't judge or stigmatize them. They are looking for friendship and understanding. They are looking for a sympathetic ear as they navigate a complex mental health system.

Unfortunately, there are too many people who cannot get treatment or who wait so long for treatment that their health worsens. The mental health system can be made more efficient and effective and we are working at The Royal to do just that.

We are also not satisfied with the limited treatments that are available today. The Royal is committed to investing in research as future discoveries hold the greatest potential of getting more people better faster. Our work involves studying fast acting antidepressants, predicting and preventing suicide, and discovering ways to diagnose mental illness through medical tests. These exciting research areas can have a transformative affect on how people are treated in the future.

Government funding for health care is limited and stretched. Philanthropy is the way we can get the outstanding system we want and deserve. Donations have the powerful ability to change priorities and change lives. The collective impact of donations can have a monumental influence on the lives of so many.

I hope you will join The Royal and help us in big and small ways. At The Royal we won't accept the status quo. Through partnerships, technology, research and care, we can do better for people and families who need our help.

## A grateful corporation: Ottawa Construction Association

**JOHN DEVRIES**  
*President and General Manager,  
Ottawa Construction Association*

Back in the fall of 2014, the Ottawa Construction Association (OCA) Board of Directors were looking for a charity or cause for the 1,150 member firms to get behind and support.

The decision was simple for this board. The OCA decided The Royal Ottawa Campaign for Mental Health was going to be their passionate focus. Paul McCarney, PEng, President/CEO, Clean Water Works Inc., and 2013 Chair of the Ottawa Construction Association, was our main advocate of supporting mental health as a charity. This cause was personal to Paul. His daughter Erica had played competitive hock-

ey with Daron Richardson. Through the years Paul became close with Daron's parents Luke and Stephanie Richardson. He, like so many others in our community, was deeply affected by Daron's suicide and wanted to do more to support youth mental health.

The OCA board began to have deeper conversations around the subject of mental health and their mutual desire to collectively make a commitment to mental health as a cause. These conversations lead us to growing as a team as two members revealed their personal family stories — Doug Burnside, who has suffered for much of his life despite being a successful entrepreneur, and Brian Vlaming, who spoke of his father and brother both

suffering from a mental illness.

On Nov. 11, 2014, the OCA unveiled our partnership at the annual Chairman's Reception at the Centurion Centre before a standing-room-only crowd of 300. This particular event stood out as so many people shared their connection to mental health challenges.

Having witnessed this openness to support mental health and the difference we knew we could make, the decision was made to partner with the Royal Ottawa Foundation for five years with a \$250,000 monetary contribution by OCA, as well a commitment to raise awareness of mental health in the industry. The event also featured the added personal contributions of \$250,000 by Chairman Paul McCarney as

well as the \$500,000 commitment of Kathleen Grimes and Ersin Ozerdinc of Site Preparation Ltd.

The Royal Ottawa Foundation has been able to forge many new relationships with construction firms and leaders as well as other related construction associations such as the Walls & Ceiling Contractors Association. The relationships have resulted in greater awareness as well as donations. One significant personal donation of \$1 million was made by the Burnside family — Doug's father.

Another key influencer presently within the OCA is Richard Getz, Vice-president, Retail, Colonnade BridgePort. Richard had also been an exceptional, long-term supporter of The Royal and advocate



for greater recognition for mental health in our community and society. Richard also been an active and enthusiastic board member and supporter of the Royal Ottawa Foundation since 2004.

At the OCA, we're proud of the work we're doing with members in the field of mental health and look forward to continuing to support The Royal.

Making a  
difference  
together.





Cooking and baking skills patients learn at The Royal can be transferred to paid employment or volunteer opportunities.

# Inspiring hope through design

From learning essential life skills to building friendships and reaching personal goals, the Diagnostic Services Occupational Therapy Kitchen is part of the recovery of many clients at The Royal.

In celebration of their 20 years in the Ottawa community, in late 2018, Astro Design made a commitment to support a project with one goal — to positively impact care.

Astro Design transformed the Diagnostic Services Occupational Therapy Kitchen into a modern and well-appointed kitchen. This kitchen provides inspiring occupational therapy opportunities for clients throughout The Royal.

“The cause of mental health is becoming increasingly important and affects everyone we know in one way or another,” says David Dubrofsky, co-president of Astro Design. “When the opportunity came to donate a new kitchen to The Royal, we couldn’t pass it up!”

Each week, up to 100 clients use the bright, large and modern kitchen space.

“We wanted to help in a way that we can see an immediate im-

pact on the patients,” adds Jimmy Goergitsos, co-president of Astro Design. “This new kitchen will help these clients prepare for when they are discharged from The Royal. We believe that the impact and difference this new kitchen space will have on them is huge.”

Formerly known as Sunshine Bakery, the service was recently rebranded as #Bakeology (Baking + Psychology = Bakeology). Clients prepare baked goods in the kitchen, which are sold in the Winter Garden volunteer café located at The Royal. The skills these clients learn can be transferred to paid employment or volunteer opportunities.

John, a client at The Royal, says, “I like keeping it organized and clean; that’s my role in the kitchen. It’s my first time baking but I usually do inventory, do the cleaning — the shelves, the fridge and the freezer.”

The new #bakeology kitchen layout also allows for natural socialization to occur. “I talk with the guys in bakeology,” says John. “When we come in we greet each other, but for me I like to get my tasks done right

away and then socialize after.”

The redesigned Diagnostic Services Occupational Therapy Kitchen has allowed #bakeology to ramp up its efforts with a new double oven and a workspace with a functional and efficient layout.

“It’s so hard not to be in a good mood when you walk into the space,” says Lori Mcguire, a Registered Rehabilitation Professional/Practitioner and Vocational Rehabilitation Therapist. “The beaming sun through the windows brings a positive attitude and a real sense of pride to our clients. We all couldn’t be happier.”

Other programs that run in the Diagnostic Services Occupational Therapy Kitchen include a schizophrenia program baking group, a breakfast club and centralized dinner clubs.

*The #bakeology program would love to support your catering needs. If you have a request for baked goods and would like to support this initiative, please contact Lori with your request at lori.mcguire@theroyal.ca*

# Psychiatric outreach team reaching Ottawa’s homeless

“I’m not here to give you any advice.” It’s one of the first things Steve Walsh says when he sits down with a client.

Walsh is a psychiatric outreach nurse, and the person he’s talking to is typically homeless or marginally housed and dealing with severe mental health issues, so this statement often comes as a surprise.

“Look, you’re here. You’ve made it through all this stuff we’re about to talk about, so you’ve obviously got lots of strengths. I’m here to listen to you very carefully, add in some questions and try to get out of you what you think you need. Then I’m going to help you find that,” he says.

Members of The Royal’s Psychiatric Outreach Team are working in dozens of organizations across the city in any given week. They’re working with shelters, drop-ins, community health centres, family resource centres, Indigenous service providers and social housing. It’s a team of 10, comprised of nurses and social workers, serving the mental health needs of people who are homeless or marginally housed.

Walsh, who has been with The Royal for 25 years, says the key to the Psychiatric Outreach Team’s success is its flexibility. Team members must be creative, and sales skills come in handy.

“People don’t want to feel like they’re being evaluated, and many don’t have the insight to know they’re living with mental health issues,” he says. “They’re there to be listened to, and I’m there to hear what they’ve tried, what’s going on in their lives and what they think they need. If they’re going to take steps towards recovery, we need to get their buy-in.”

The team sees the individual and can refer them to services — it has access to psychiatrists who can help to clarify a diagnosis, medication and other treatment options. The team can also provide counselling services and connect individuals with other health services. One of the main goals is to get the person connected with health care and social support systems.

The first challenge, however,



Steve Walsh, a member of The Royal’s Psychiatric Outreach Team

is often finding the person in the first place. Many of those the team serves are transient, in and out of shelters and hospitals and other services and hard to reach by phone. Add mental illness, including addiction, into all this and the challenge the team faces would be daunting to most. That’s where creativity and flexibility come in, Walsh says.

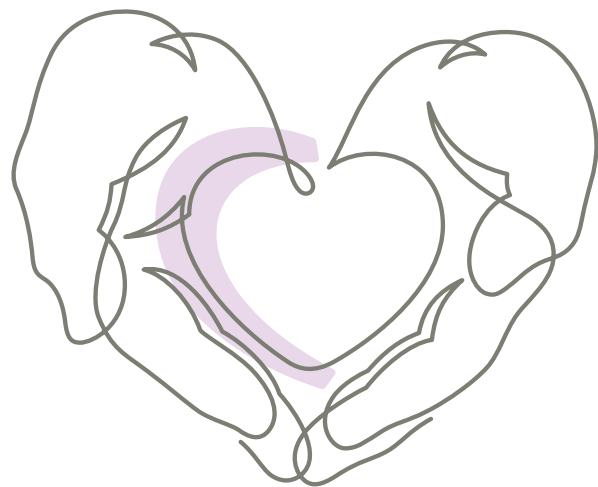
“When I’m looking for people, sometimes I stop by where I know people congregate. I’ll keep an eye out when I’m at drop-in centres,” he says. “Because the team serves many agencies, we are able to collaborate with each other in an attempt to locate and support the person seeking help.”

**SERVING OUR PARTNER AGENCIES**

The Royal’s Psychiatric Outreach Team has two groups of clients. First, there are the individuals themselves — people who are homeless or marginally housed and living with mental illness, including addiction. Also very important, however, are the community agencies the team partners with — agencies doing amazing work, but who don’t always have mental health expertise.

For example, many agencies help people access services — housing, for example. A housing-based case manager rarely has specialized mental health training, yet they’re engaging and supporting people with some of the highest needs for mental health support. They may

SEE OUTREACH ON C5



# Supporting Canadians’ mental health

Canada Life supports initiatives that help communities and individuals reach their potential, every day.

As the founder of Workplace Strategies for Mental Health (formerly the Great-West Life Centre for Mental Health in the Workplace), we’re committed to increasing knowledge and awareness of mental health at work and beyond. We appreciate the efforts that go into cutting-edge research and patient care and proudly support the Royal Ottawa Foundation for Mental Health.



# My beautiful mind

ALLY COOPER

My whole life I’ve felt different, strange and even wrong. I’ve seen psychiatrists, therapists and counsellors since I was 13 years old. I was misdiagnosed, put on the wrong medication, told to just buck up, stop whining, “fake it ‘til you make it,” (one of my personal favourites). Then I came to The Royal. After my initial intake interview I was diagnosed properly and put on

the proper medication. Within six weeks I started to feel better. I wanted to achieve more and do more, and my stomach wasn’t as sick. You know what The Royal really did for me? They made me feel important, special, and most importantly — heard. I truly felt these people cared about me and witnessed them fight for me and people like me each day, not because it’s their job, but because it’s their passion. Without The Royal I would be

lost, still not understanding why I am different and feeling scared and alone, even in the most crowded room. I realized that you have to put the work in therapy and take your medication, but you also have to commit to lifestyle changes. I learned that doing everything in moderation has affected me in such a good way. I now make a commitment to put myself first. And I like the person I see in the mirror now.



Ally Cooper was the 2019 SHOPPERS LOVE. YOU. Run for Women keynote speaker.

# The race to end the stigma

The 2019 edition of the SHOPPERS LOVE. YOU. Run for Women took place on a cold and wet day in June but that didn’t stop thousands of enthusiastic participants from breaking major records that day. The awareness raising event takes place in 17 cities across Canada, and Ottawa maintained its place as the top city for fundraising and participation. 3,712 participants registered this year and the combined fundraising effort netted a record-breaking \$400,000 donation for women’s mental health at The Royal. Top fundraising teams included Taggart Group of Companies: The Ground Breakers (\$15,255), The Mindful Movers (\$14,116) and Notorious BLG

(\$5,845). The event has raised \$1.27 million in the past seven years. “We have awesome support in our community,” says Ann-Marie O’Brien, a social worker, and the lead for women’s mental health at The Royal. “People have a really high commitment to the awareness raising event. It’s a demonstration of peoples’ will and support for women’s mental health.” O’Brien is grateful to Shoppers Drug Mart both for their financial support and for helping change the conversation around mental health. “You can’t underestimate the power of having Shoppers provide a platform for that,” says O’Brien. “It’s just so empowering and valid-

ating leading up to the run.” She describes hearing an announcement promoting the event in support of women’s mental health over the loudspeakers at her local Shoppers store. “It normalizes mental health — makes it part of the health care landscape. Mental illness is not a secret that is shameful and not spoken about. It’s part of overall health — rightfully so — and Shoppers really is celebrating this fact.” Funds raised support women’s mental health through peer support, education and training, and research. “We’re doing really good work specifically on the power of peer support and recovery and how

women benefit from this specific service,” says O’Brien, who describes peer support as an “important and fundamental” part of the recovery process. “There’s treatment — and treatment is essential to recovery — but recovery is about how you get your life back ... It takes an enormous amount of courage to say, ‘OK, I gotta rebuild here.’ But how do you do that? Speaking to other women who have been there, who have done that, is a part of that healing process.” Wellness Recovery Action Plan (WRAP) is one of the peer support groups offered. This evidence-based recovery model was originally developed by Dr. Mary Ellen Copeland and others with lived experience. Participants in this self-directed program develop personal recovery plans based on five key con-

cepts: hope, personal responsibility, self-advocacy, support and education. The Royal has extended WRAP to other organizations around the city including Cornerstone Housing for Women, and there are plans to bring it to the Elizabeth Fry Society, the Ottawa Birth and Wellness Centre, and the Ontario Native Women’s Association. In the meantime, O’Brien fields a lot of calls from women looking for help. She wants them to know that if they’re seeking treatment at The Royal they need a referral from their physician first, but that all women — regardless of whether they’re a client at The Royal — are welcome to participate in any of the peer-facilitated groups that are available. For more information, go to [theroyal.ca](http://theroyal.ca). To get involved, go to [runforwomen.ca](http://runforwomen.ca).

# Reaching Ottawa’s homeless

OUTREACH FROM C4

make a referral to the Psychiatric Outreach Team, who will support the individual, but the team can also help support the agencies by providing education, consultation about clients, and connecting them

with resources to help them support their clients in the future. **MARGINALLY HOUSED VS. HOMELESS** The Psychiatric Outreach Team’s mandate includes helping people who are marginally housed, a term with a broad definition but that can include people at significant risk of becoming homeless, people in houses lacking basic facilities, in rooming houses or in subsidized housing. “We’re talking about people who may have a roof over their head but still aren’t having their basic needs met — not having access to

the basic social determinants of health,” Walsh says. He shows Caldwell Family Centre, a place he describes as an oasis, as an example of a partner agency serving people who are marginally housed. Caldwell Family Centre opened in 1986 and continues as a grassroots support in one of Ottawa’s most impoverished communities, where 32 per cent of families are low income — triple the city average. The centre provides services ranging from meals, a food bank, affordable clothing and household items, educational programming and access to computers to people

living in the area. Almost 150 people eat two meals a day at the centre and also use the food bank, meaning around 70 per cent of their nutrition comes through the centre. Leaving Caldwell Family Centre, Walsh runs into a client from years ago — someone who was struggling with severe depression and addiction. Now, he has housing in the Caldwell community. “Hello, my friend!” he says to Walsh. “You look good! Wow, you look strong!” says Walsh, who remembers the man by name. “You guys did a good job on me!” says the man.

“No, you did a good job,” says Walsh. Walsh starts his assessments by saying he isn’t there to give advice, and he often ends them with gratitude. “Often at the end of conversations, I say, ‘Thank you for sharing that information with me, because I don’t know that I could have,’” he says. “I don’t want to sugar-coat it, but this job gives you so many rewards back. Sometimes the help they need to change their lives is just so minimal, and I consider it a privilege that they allow me to work with them.”



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Minto is proud to support The Royal Ottawa Foundation for Mental Health.





# How can biomarkers transform diagnosis and treatment?

What if health care professionals could objectively predict your risk of developing certain mental illnesses before they even happened? Or match people with the right kind of treatment faster?

A “biological marker” — or biomarker — refers to a particular characteristic that can be identified and accurately measured in individuals. These markers may be able to tell us if someone is at risk for an illness or used to personalize medical treatments.

Two different areas of study at The Royal are showing how biomarkers may be able to make a difference in patient outcomes. One is concerned with postpartum depression (PPD) and the other could lead to an objective test for schizophrenia.

PPD is a type of mood disorder that can manifest during pregnancy or up to a year after childbirth. In Canada, about 7.5 per cent of women report depressive symptoms in the postpartum period, but many cases go undiagnosed and it is estimated that PPD affects closer to 10-20 per cent of new mothers. Despite its prevalence, PPD can be difficult for a parent to recognize and by the time they do reach out the symptoms can be severe.

If new or soon-to-be mothers could objectively predict their risk of developing PPD, they might begin treatment faster or prevent PPD from manifesting altogether.

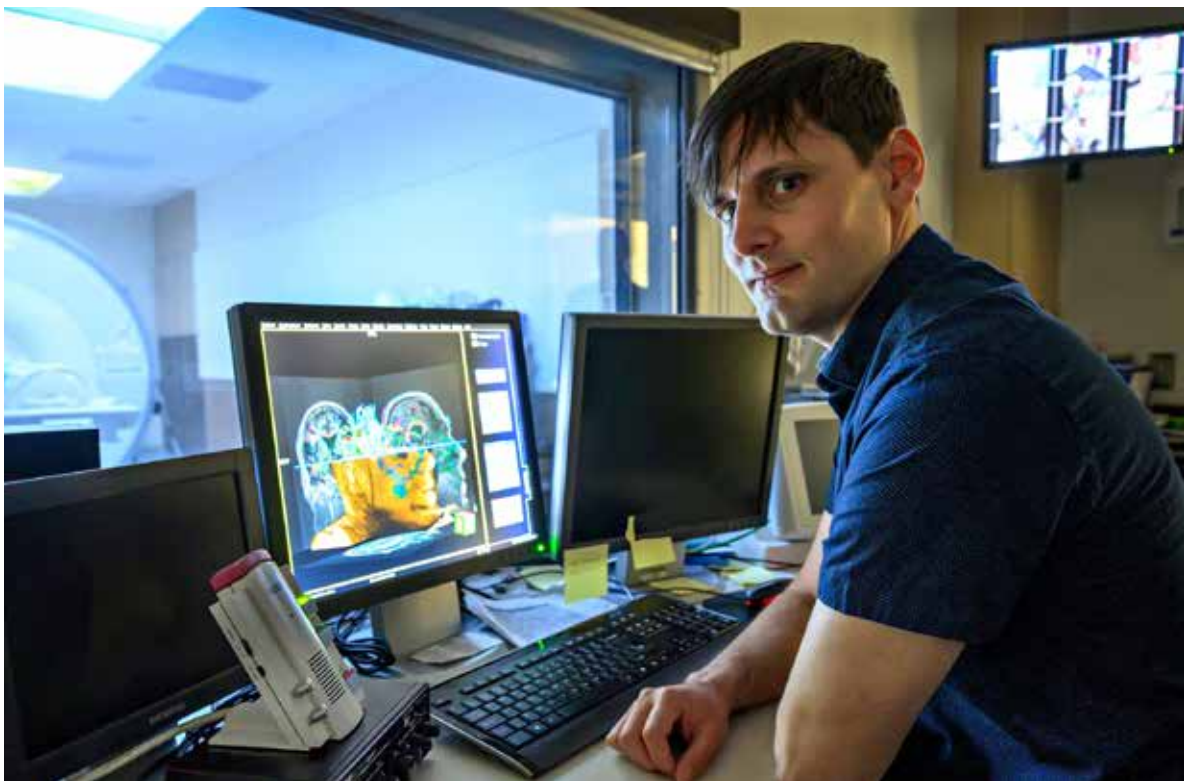
Dr. Zachary Kaminsky, DIFD-Mach Gaensslen Chair in Suicide Prevention Research at The Royal’s Institute of Mental Health Research (IMHR), is assessing the mental health outcomes of women with, or at risk for, PPD who become informed of their risk levels in advance of any symptoms presenting themselves.

The risk levels of these women will be predicted through Dr. Kaminsky’s recently validated blood test-based biomarkers for PPD. These biomarkers show that women who are at risk of developing PPD demonstrate specific epigenetic changes (changes in how the gene gets expressed), due to higher sensitivity to the estrogen level changes that occur during pregnancy.

His most recent findings demonstrate that this test is highly predictive in indicating PPD risk at any point in a woman’s pregnancy, and works just as effectively in predicting risk in women with or without a previous psychiatric diagnosis.

Dr. Kaminsky has been able to prove the effectiveness of these biomarkers with an 80-90 per cent accuracy rate and his new study will seek to understand whether this sort of test would actually be useful in a clinical setting. This study is trying to determine whether women who are made aware of their risk levels are likely to take steps to seek out resources and support before developing symptoms of PPD.

Dr. Kaminsky says this type of early detection and prevention strategy for maternal mental health could not only help improve outcomes for new mothers, but for



Dr. Clifford Cassidy in The Royal’s Brain Imaging Centre. MICHELLE VALBERG

newborns as well.

“If we’re able to reduce PPD, we’re also helping the next generation, since the postpartum period is a critical time for a baby’s neuro-development,” he says, adding that child neglect during this period can lead to poor mental health outcomes later in life, such as developmental delays, lower IQ and elevated risk for mental health disorders.

## TESTING FOR SCHIZOPHRENIA

Thanks to new research conducted by Dr. Clifford Cassidy, schizophrenia could soon be diagnosed using a unique and objective brain imaging technique.

Dr. Cassidy, a scientist at The Royal’s IMHR, has been working with a team at Columbia University in New York City to develop a brain-based biomarker that can help identify malfunctioning brain cells or neurons, using specific neurotransmitters and harnessing specially configured magnetic resonance imaging (MRI) machines.

This promising new diagnostic tool could help people with schizophrenia get the right treatment faster, and help improve their quality of life.

The technique used in the research is called neuromelanin-sensitive MRI (NM-MRI). It has previously been effective in showing the death of particular neurons involved in movement in patients with Parkinson’s disease, but its utility has never been demonstrated in individuals without neurodegenerative illnesses — until now.

In this new research, Dr. Cassidy and his team demonstrated that NM-MRI can, in fact, serve as an effective, brain-based “marker” of dopamine function in individuals with psychosis.

Dopamine is a brain chemical that helps regulate movement, attention, learning and emotional responses.

We know from advanced, diagnostic brain imaging techniques like positron emission tomography

(PET) that there is excess dopamine release in individuals who are at risk of developing schizophrenia — or who are experiencing psychosis — making the presence of this chemical a good objective diagnostic marker.

However, PET scans can be expensive, invasive and difficult to access within a clinical setting — making diagnosis and evaluation of treatment response through the measurement of dopamine rather impractical.

Neuromelanin, on the other hand — a dark pigment created from the breakdown of dopamine — is detectable through much more commonly accessible MRI scans.

Through the use of NM-MRI, Dr. Cassidy was able to validate that neuromelanin can serve as a proxy measure of dopamine; and thus, as a biomarker for psychosis.

“With NM-MRI we can understand some of the same things that PET tells us, but in a much more practical and accessible way,” he says.

To put things into perspective, there are 366 MRI units in Canada, which, theoretically, would be capable of performing such diagnostic tests, compared to just 51 PET-CT units.

Another advantage of this technique is that NM-MRI does not involve injecting radioactive materials, allowing it to be used repeatedly for monitoring the progression of illness and response to treatment.

With evidence in hand showing the effectiveness of this technique, the hope is that it could eventually be integrated into clinical settings to help psychiatrists make more precise diagnoses faster, identify the right treatment for patients and get patients on that correct course of treatment as early as possible.

“In mental health care, we still don’t have widely available diagnostic tests for mental disorders. This means that psychiatrists still have to rely on a patient’s description of symptoms, and clinical be-

## SO, WHAT’S A BIOMARKER ANYWAY?

“The best way to think about a biomarker is something that we can measure in the body in a quantitative, objective way,” says Dr. Zachary Kaminsky, DIFD-Mach Gaensslen Chair in Suicide Prevention Research at The Royal’s IMHR. “One of the reasons biomarkers are a hot topic in mental health research is that biomarkers destigmatize mental illness. There is a biology to these diseases, and if we measure something in the body or the brain chemical processes, or on the DNA and it is associated with the disease, it shows that mental illness is not all in your head. “In psychiatry, we don’t have a lot of biomarkers. Doctors don’t have tests in psychiatry nearly as much as other fields of medicine. That’s why biomarkers are exciting in mental illness right now. They give a new hope that might help transform care.”

havioural observations in order to make a diagnosis, which can sometimes mean significant trial and error,” says Dr. Cassidy.

Now that it has been proven we can use NM-MRI to detect schizophrenia in the brain, he says that this research could open up doors to explore the use of the technique in other psychiatric conditions where dopamine (or its sister neurotransmitter, noradrenaline) is implicated, such as ADHD, addiction, depression, and PTSD.

*This work was supported by a David Mahoney Neuroimaging Grant from The Dana Foundation, a Pilot Grant from the Parkinson’s Disease Foundation, and a postdoctoral fellowship from theFonds de Recherche du Québec-Santé and the Québec Research Fund on Parkinson’s. Further support came from NIH Grants K23-MH101637, P50-MH086404, and R21-MH099509.*

## In my own words



Len Reynen

*Research leads to better outcomes for people living with mental illness. Len Reynen describes his journey to diagnosis and treatment and helps us understand why it’s important to get more people on the right treatment path, faster.*

## LEN REYNEN

I deal with schizophrenia, anxiety and depression, but it started with depression. I was around 13 years old and that was pretty textbook. I used to be athletic. I was in the gifted program and I was a bright kid who loved long distance running, soccer and basketball. And then things started to gradually change. I started turning to drinking and drugs to manage, and that went on for a bit.

I had two uncles with schizophrenia, one who died when I was a kid — died by suicide — when I was quite young. Both of my uncles got sick before there were too many advancements ... things have changed a lot in recent years.

I’ve been on different antidepressants, antipsychotics, mood stabilizers ... it was a process. And even now the medication gets tweaked a little bit here and there. I’ve finally found a combination that works but it took about 15 years to get it right.

It’s hard to do anything when you’re not motivated — especially when that’s really not who you are, or who you were before you got sick. It just doesn’t make much sense to people around you either.

If there were objective ways to diagnose rather than through trial and error, it would have saved me years of trying different concoctions and medications, potentially — because that’s what a diagnosis does ... it dictates your treatment. And those years, I wasn’t accomplishing too much when I was trying to get the proper medication because you’re pretty much incapable of doing anything else. And going off of meds on top of dealing with symptoms is a nightmare. To ease that process for anyone is a huge deal.

# The recovery apartment: A step on the road to independent living

The Royal’s new recovery apartment opened in June and has already had clients from The Royal’s Integrated Schizophrenia Recovery Program successfully pass through on their road to recovery. The Recovery Apartment program is just one part of the continuum of care at The Royal.

“Ultimately we want to help clients live confidently and safely in the community and the apartment is a step toward that for many people,” says Dr. David Attwood, the clinical director of the program. “We are committed to breaking down stigma as our patients progress toward successful functioning in our communities and embark on their personalized recovery journeys.”

The apartment was funded in part with a generous donation from Black & MacDonald.

This innovative environment has all the features typically found in an apartment: a bedroom, a bright living space, a kitchenette, a full bathroom and a dining area. The apartment is fully furnished and is accessed through a front door that is opened with a swipe card. It is equipped with a TV, tele-

phone, board games, puzzles and art supplies. Framed photos hang over a modern three-seater couch.

One of the biggest differences from a regular apartment — aside from the fact that it is located on an in-patient unit — is that it was decorated in partnership with clients. Staff and clients worked together to choose the furniture, the paint colours and even take the photos that decorate the walls. Clients are referred by the clinical team and live in the apartment for two to four weeks. It is an ideal environment for staff to assess the clients’ skills for independent living and to give support where needed.

A typical day in the apartment is like any other on the in-patient unit but there is an added responsibility of taking care of one’s own needs. Clients staying in the apartment keep it clean and tidy, budget and shop for groceries, plan and prepare their own meals and do their own laundry. Clients are further engaged in their treatment by accessing their medication from the nursing station, and have constant support from nursing staff should the need arise. While living in the apartment,



The Royal’s Integrated Schizophrenia Recovery Program recovery apartment is an ideal environment for staff to assess clients’ skills for independent living and to give support where needed.

clients continue with their other commitments, including groups and activities in and outside the hospital as well as individual meetings with the health care team.

“The hope is that clients can function in the apartment fairly independently,” says Karen Daley, the director of patient care services for the program. “Often people

with schizophrenia develop functional deficits over time with loss of ability to manage self care or live in the community with minimal formal support. This is an opportunity for the occupational therapist to do what they do best ... assess their living skills and assess if they are going to be safe in the community, and if not, determine

“We are committed to breaking down stigma as our patients progress toward successful functioning in our communities and embark on their personalized recovery journeys.

what supports we need to provide them to live at the highest level of independence possible.”

It is early days, but the feedback has been positive from clients at The Royal as well as the staff.

“It’s a really different concept,” says Danielle Frenette, an occupational therapist who was involved in the original grant applications and helped develop the protocol for the apartment. “Our clients have been really excited about it.

“It’s a significant step in helping to ensure the clients feel safe, confident, and supported after they leave the hospital,” says Frenette.



# Women for Mental Health at The Royal

KATHERINE COOLIGAN  
Chair, Women for  
Mental Health at The Royal

As women, we have the power to effect change. We do it in our families, at our workplaces and in society; as decision makers, influencers and leaders. We know that the power of philanthropy, shared experiences, open conversations and true collaboration are the key drivers for change.

In 2011, a group of like-minded women who wanted to make a difference in the lives of people living with mental illness came together to establish Women for Mental Health at The Royal. This group of twenty-one champions — our founding members — made a commitment to shift attitudes and make real progress in changing the way people thought about mental health. Together, these women inspired other like-minded women to help bring forth change in the way we deliver care



Bringing women together to support patients and families on their journey to wellness.

in mental health. This small but mighty philanthropic group grew to over 400 members by 2016, raising a remarkable \$1.6 million for The Royal's Campaign for Mental

Health — a truly inspiring achievement.

As we look ahead, the Foundation will be centring their fundraising efforts on supporting The

Royal's vision of a hospital without walls. The vision of an organization of mental health experts working alongside other health care and social service providers

throughout the community was brought forth by The Royal's first woman President and CEO, Joanne Bezzubetz. Our focus will centre on care through partnerships, technology and applied research.

With a set of new goals in front of us comes an opportunity to refresh Women for Mental Health and welcome new members to continue to create change. More importantly, we must prioritize access to mental health care for everyone. I am honoured to be leading as Chair, along with the support of our two ardent advocates of Women for Mental Health at The Royal — our Honourary Chair, Sharon Johnston, and our Past Chair, Nancy O'Dea.

If you are interested in learning more about Women for Mental Health and our membership benefits, please contact Heather Brown at 613-722-6521 ext. 6140 or [Heather.Brown@theroyal.ca](mailto:Heather.Brown@theroyal.ca).

## Research in the digital age

RESEARCH FROM C1

Dr. Guimond believes the novelty of VR may help engage individuals in cognitive rehabilitation and lower the stigma that exists around treatment.

"People are generally excited about VR — so while a young person living with schizophrenia may be reluctant to talk to others about visiting their psychiatrist, they may be more open to share that they are using VR technology for treatment," she says.

Dr. Guimond believes that innovative strategies and evidence-based treatments need to be a larger focus of the mental health care landscape.

"We need to push for more research-informed care in this area, so that our treatments also ensure that individuals have a good quality of life."

Dr. Guimond's research is sup-

ported by the Tri-Agency New Frontiers in Research Fund - Exploration Grant and The Royal's e-RIMH Award.

### KEEPING 'WATCH' ON MENTAL HEALTH

What if your smart watch or fitness tracker could alert you when your mental health was at risk?

Dr. Rébecca Robillard, a sleep researcher at The Royal's IMHR is tracking signals in patients with mental health disorders who have also been referred to The Royal's Sleep Clinic. She's exploring how wearable devices can be used for self-monitoring of mental health for individuals with depression and bipolar disorder.

Her latest study will converge behavioural, psychosocial and multi-biological signals recorded through wearable devices and smartphone technologies to better capture the complexity of mental illness.

Biological, social and behavioural markers are all altered in people with mood disorders, says Dr. Robillard, and they may interact in a way that may be more sensitive to mood disorders than if considered alone. It has been a major challenge in mental health research to link objective measures to subtle, subjective moods, but through wearable and smartphone technology, there is the opportunity to track all three.

In the study, participants will wear various monitors that track heart rate, respiration, and temperature. Mood fluctuations will be monitored through a smartphone app, which will look for patterns in outgoing messages and social media. Twice a day, automated messages will ask participants to rate their mood.

The data could help assess how daily variations in mental health states could have been predicted by the behavioural, social and biological features recorded in the preceding days.

Dr. Robillard believes that a re-

search-validated device that can let the patient know if a depressive or manic episode is coming on will ease daily self-management of mood disorders and enhance patient self-empowerment.

"This tool could really help empower individuals to better take

control of their own mental health and avoid undue suffering," she says, adding that it could help indicate whether treatments or coping strategies are working, and effectively empower individuals to self-monitor and test alternative coping strategies.

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## Working for a Brighter Tomorrow

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# From our purple hearts, to yours

This year alone, 4,000 Canadians will die by suicide — that's an average of almost 11 deaths per day.

In 2010, former NHL player Luke Richardson and his wife Stephanie lost their 14-year-old daughter, Daron, to suicide. The family, including Daron's older sister Morgan, decided to transform their tragedy and pain into a public call to action.

Supported by the energy and efforts of dozens of Daron's close friends and classmates, a grassroots movement, known as Do It For Daron (DIFD), was formed with the mission of creating awareness, inspiring conversations and transforming youth mental health.

Since the inception of DIFD at The Royal, there has been an incredible crusade around youth mental health, suicide prevention, education, research and awareness. For this, we are so touched.

Thanks to the loyalty of our community, DIFD has supported:

• **Is It Just Me?**

In collaboration with Ottawa-area schools, the *Is It Just Me* program provides mental health awareness and education to students, and has seen more than 18,675 participants to date. Youth gain insight from psychologists, clinicians and young adults who live with mental illness.

• **HealthyMindsApp**

Providing youth with tools to manage emotions and cope with stress, the HealthyMinds app has over 53,500 downloads!

• **BeGameReadyApp**

This sport-inspired app was designed to help children ages 10 to 16 track their moods. The user learns how to manage feelings, implement breathing exercises and practise positivity by sending "power pucks" of encouragement to teammates who have done a good job.

• **DIFD-Mach Gaensslen Chair in Suicide Prevention Research**

As DIFD Mach-Gaensslen Chair

in Suicide Prevention Research, Dr. Zachary Kaminsky is making major strides toward helping to better predict risk of suicide and depression, and potentially save lives:

Dr. Kaminsky is using artificial intelligence to build an algorithm that effectively identifies Twitter users at high risk of suicide.

Dr. Kaminsky has also successfully identified blood test-based biological markers (or "biomarkers" — similar to looking at glucose levels as a marker for diabetes) that can predict risk of postpartum depression.

• **Youth Mental Health Awareness Study & Early Intervention Research Project**

The Youth Mental Health Awareness Study at The Royal evaluates the effectiveness of a school-based mental health curriculum intervention for adolescents.

Community events have played a key role in raising awareness and essential funds so that DIFD may continue to support youth mental health research, education and advocacy initiatives. From bracelets to toques, thousands of people — young and old alike — are proudly donning the DIFD brand, helping to raise awareness about youth mental health.

To date, DIFD has seen over 400 community-led events across North America and has raised close to \$4 million in support of youth mental health. Most importantly, the DIFD movement has inspired conversations and is helping to save lives.

Thank you for every action you have taken to support DIFD's mission and for continuing to share the important message that each and every one of our kids matters, that our families matter, that no one is immune.

Purple was 14-year-old Daron Richardson's favourite colour. Now, it's a reminder of strength, reason for change and a representation of youth mental health.

We can all make a difference



and each small action has a ripple effect. Be a ripple in the sea of purple. There's power in unity. There's power in the purple.

To learn how you, your team, classroom or office can get involved, please visit [www.DIFD.com](http://www.DIFD.com) or contact us at [DIFD@theroyal.ca](mailto:DIFD@theroyal.ca).

Follow us on Facebook, Twitter, and Instagram! Search for us at @DIFDRoyal and use the hashtag #DIFD.



To date, DIFD has seen over 400 community-led events across North America! Visit [difd.com/howtohelp](http://difd.com/howtohelp) to learn how you can get involved.

## Mental illness is worth talking about. YOU are worth talking about

The first step toward recovery from mental illness is talking about it. Here are some tips that may help.

**HOW TO ASK FOR HELP:**

- Find someone you trust.
- Say as much or as little as you like.
- It's OK if you just want someone to listen; tell them that.
- Can't say it? Write it down.
- Remember that you can always ask for help.

**HOW TO HELP SOMEONE:**

- Listen without judgment and with an open mind.
- Don't dismiss what they say. If it is important to them, then it is important.
- Accept their feelings — whatever those feelings are. Feelings are never wrong and they need to be respected.
- Let the person know you care and that they matter.
- If you are worried about suicide, tell someone — this is a secret you must NOT keep.

**HELPLINES:**

- Distress Centre of Ottawa — 613-238-3311
- Youth Services Bureau Crisis Line — 613-260-2360 or 1-877-377-7775

For more information and resources, visit [theroyal.ca](http://theroyal.ca).

## From one parent to another — my advice

CYNTHIA CLARK

I am a mom who has chosen to share our story in the hopes that it will help to shed light on the experiences of families like my mine, who found care and support at The Royal in our time of need.

Our journey started 20 years ago when my son Justin, at the young age of 15 years old, was clearly having difficulties. He complained of not hearing well or seeing clearly. His body ached, food tasted strangely, he was suspicious of others, anxious and easily frustrated. Many tests and visits to specialists revealed nothing. The doctors were stumped and had no idea that these symptoms were signs of impending psychosis. As the symptoms worsened (including several visits to hospital emergency centres), my son was finally admitted to hospital and diagnosed with schizophrenia.

This was a difficult journey for him and our family. The symptoms were challenging for my son to experience and heartbreaking to watch. We were fearful about what the future might hold. Throughout our struggles with medication trials, side effects and the slow return to normal functioning, we always maintained that our goal was recovery and a good quality of life. Justin's words at the time were, "I just want my life back."

As his mom, I believed that I had an important role to play in helping Justin meet this goal. I became an avid learner about schizophrenia, medication options and how to access services. Over time, with a lot of patience, love and support, Justin was able to complete college, find meaningful work and support and love from a long-term rela-



Cynthia Clark

tionship. While still in college, he became involved in a high school mental health awareness and education program, sharing his story with students. He won several awards for his contribution to fighting stigma.

**OUR STORY IS ONE OF HOPE**

Over the years, I have shared that hope with many struggling families. As a founding member of Parents' Lifelines of Eastern Ontario (PLEO), I have heard countless heartbreaking stories from parents who didn't understand how to help their child, where to go for services, how to deal with the challenges of stigma and where to

find support for themselves. These families desperately needed answers, education, access to services, systems navigation and ongoing support through the difficult times including support from extended family, friends, employers and the community.

I have learned many things from my personal journey and having walked that path with others along their travels. I want to share these learnings in the hope that some other mother, father, sister, brother or friend can benefit. Foremost:

1) There is nothing to be gained by focusing on what might be and what could have been. Try to find the silver lining in every day and be prepared to do what is needed to make the next day better.

2) Mental health issues are often misunderstood and may require complex treatments. Be prepared for the journey by arming yourself with what is needed to support your loved one. Educate yourself on the illness and treatments, and learn how to advocate for services.

3) Nurture hope within your loved one. If your child has lost hope, hold that hope for them until they can take it back for themselves.

4) Small steps forward count

and are a cause for celebration.

My empathy for these families, combined with my determination to improve the lives of some of the most vulnerable people in our society would lead me on a quest for system change.

As a caregiver and family representative, I have provided the family "voice" on countless mental health working committees — locally, regionally, provincially and nationally. I do my best to articulate how as a society we are failing some of our most vulnerable citizens and their families.

To be fair, some positive changes have occurred and there is a culture shift underway toward a more inclusive model of service delivery. The understanding that the client and their family members will be the focus are words that are woven into health service policy and mandates, but it is my hope that these words will lead to a greater understanding of what quality of care looks like for patient/caregivers, and that understanding will lead to action.

*Cynthia Clark is Past Chair and Secretary of The Royal's Family Advisor Council and of the Ontario Family Care Advisory Network.*

**theroyal.ca**

The Royal's website, [theroyal.ca](http://theroyal.ca), has been redesigned to create a more dynamic and responsive experience. Just hover your phone's camera over the code to go directly to mental health resources, information, new research, stories of impact and learn ways to support The Royal. Please bookmark and share!



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