

TRANSITION

**WINTER
2016-2017**

NEW!

**Section 1
CMHA SK Pages**

News and Views from friends, members and staff of CMHA in Saskatchewan

Check out what's happening at the CMHA Saskatchewan Division Office and our Branches around the province.

**Section 2
TRANSITION Pages**

New writers and returning writers . . . starting on Page 15

**Section 3
WFYL Pages**

The newsletter that showcased the Writing For Your Life groups is now a part of TRANSITION.

Enjoy!



Canadian Mental
Health Association
Saskatchewan
Mental health for all



TRANSITION

PUBLISHER:

Phyllis O'Connor, Executive Director
Canadian Mental Health Association
(Saskatchewan Division) Inc.

EDITOR: Ted Dyck

MANAGING EDITOR: Lynn Hill

Our Mission:

Founded in 1950, The Canadian Mental Health Association (Saskatchewan Division) Inc. is a volunteer-based organization which supports and promotes the rights of persons with mental illness to maximize their full potential; and promotes and enhances the mental health and well-being of all members of the community.

TRANSITION Magazine is published three times a year by the Canadian Mental Health Association (Saskatchewan Division) Inc, 2702 12th Ave., Regina, SK S4T 1J2.

First serial rights reserved.

© Copyright 2016-2017 The Authors

Reproduction in whole or in part without written permission from the author and acknowledgement of first publication in TRANSITION, is prohibited.

Statements, opinions and viewpoints made or expressed by the writers do not necessarily represent the opinions and views of the Canadian Mental Health Association (Saskatchewan Division) Inc.

Readers' views are welcome and may be published in TRANSITION. Comments and views should be forwarded to the Division office c/o TRANSITION Magazine, at the above address, or:

Call 306 525-5601 or toll-free 1-800-461-5483 (in SK)

Fax 306 569-3788

E-mail: contactus@cmhask.com

Website: sk.cmha.ca

Printed in Canada

ISSN 1913-5394

Cover art: Snowy Sky by Cecile George

Special acknowledgement is given to the Saskatchewan Lotteries and the United Way for financial support



CONTINUOUS SUBMISSION GUIDELINES FOR TRANSITION 2016-2017

TRANSITION is published three times a year (Winter, Spring/Summer and Fall) by the Canadian Mental Health Association (Saskatchewan Division) Inc.

Subscription by joining CMHA (SK) at \$15 / year.

1. Send original and unpublished articles, fiction, non-fiction, poetry, and visual art that represent current mental health issues and reflect on their impact on individuals.
2. Maximum manuscript lengths: prose – 10 ms pages; poetry – 10 poems or 5 ms pages, whichever is less; visual art – 5 pieces.
3. Reprints and simultaneous submissions (to several magazines) are not considered.
4. Turnaround time is normally one issue or up to 4 months: do not send a second submission before the first has been reviewed.
5. Payment is \$50.00 per printed page (\$25/half page); \$40.00 per published visual art work; and \$200.00 for cover art. Cap on contributions: \$200/author
6. Only electronic submissions including full contact information and a brief bio are accepted.
7. Submit manuscripts in MS Word format (12-point Times New Roman, double-spaced, normal margins) as e-mail attachment to contactus@cmhask.com; or directly to the Editor at tdyck@sasktel.net.
8. Surface mail should be sent to:

TRANSITION
c/o CMHA (SK)
2702 12th Ave.
Regina, SK S4T 1J2

Making Mental Health Matter



Canadian Mental
Health Association
Saskatchewan
Mental health for all

1 800 461 5483

2 Ted Dyck
Editorial

CMHA SK Pages

- 3 Phyllis O'Connor
Executive Director's Report
- 4 Dave Nelson
Associate Executive
Director's Report
- 4 Smith wins National Award
- 5 Ruth Smith
Spotlight on CMHA Swift Current
- 6 Dave Nelson
Drinking and Driving
in Saskatchewan
- 6 Jayne Melville Whyte
TRANSITION in transition
- 8 Jayne Melville Whyte:
Forgotten constituents (1984)
Working together for change (1914)
- 10 OSI-CAN offering support
- 11 What is Operational Stress Injury?
- 12 Make Room for Mental Health
- 14 Cash Calendar



Art by James Skelton

TABLE OF CONTENTS

TRANSITION Pages

LIVING THE LIFE

- 15 Jayne Melville Whyte
Writer defines self-help groups
- 15 Elaine Marie Ditner
Making a difference
- 16 Leif Gregersen
Looking back
- 17 Cila Warncke
Dodging the Magic Bullet

WRITING THE LIFE - FICTION

- 19 Shirley Callaghan
Leather seat
- 20 Rolli
Disarray
- 20 Love goes away
- 21 Keith Foster
The Hex

WRITING THE LIFE - POETRY

- 22 Dakoda Bruder
Toes over the edge
- 22 Victor Enns
Jimmy Bangs Dusty Room Blues
- 23 Jimmy Bangs Stupid Blues
- 23 Catherine Fenwick
Multi-coloured owl in flight
- 23 For Life
- 23 Cheryl Kai
When Mom still made sense
- 24 Catherine Katt
Lightning Strikes
- 24 Sean Nixon
crap
- 24 Barry Styre
A steak through the heart
- 24 Why the camel wears no clothes

REVIEWS

- 25 Ted Dyck
Inside Kay Parley
- 26 Irene Grobowsky
Flash Fiction "novel" form
- 27 Mareike Neuhaus
The burden of history

**WRITING FOR YOUR LIFE
WFYL Pages**

- 28 Lynda Monahan
Judge's comments
- 28 **Eastend**
Mareike Neuhaus
- 29 **Moose Jaw**
Gloria Morin
- 29 **Prince Albert**
Basil Ballantyne
Kirsten Barss
Boo
Debbie Cochrane
Randy Cochrane
Sherry Favreau
Ayami Greenwood
Wendell Guedo
Lloyd Homeniuk
Holly Knife
Ian McIntyre
Diane Njaa
Stephanie Oxenrider
Lu Ritza
Dot Settee
- 34 **Regina**
Darcy Friesen
- 35 **Saskatoon**
George Becker
Naomi Doell
Yannick Godin
Ken Irvine
Lara Kazlowski
Bryan King
Sylvia Landry
Don Oliver
Michele Parent
Muriel Paynter
James Skelton
James Snyder
Radek Strnad
Linda Wood
- 39 **Weyburn**
Barry Styre
Tim Missal

TRANSITION

EDITORIAL

Magazine returns to roots

TRANSITION began as a mimeographed newsletter for CMHA(SK) in the 70s. It became a quasi-literary magazine in the 90s edited by Byrna Barclay with a distinct “do for” mission. In 2007 when I became editor it emerged as a biannual magazine “by, for, and about persons with lived experience of mental illness” – in other words, it moved toward a more contemporary “do with” approach. A biannual newsletter dedicated to six WFYL groups began in 2013 made it, in effect, a quarterly.

With this issue, TRANSITION returns, sort of, to its roots. It includes once again, a newsletter for CMHA(SK); it now subsumes also the newsletter for the WFYL groups; and it retains its “by, for, and about persons with lived experience of mental illness” part. The “new” tripartite TRANSITION is a triannual.

TRANSITION will now be an approximately 45-page magazine, with approximately 15 pages dedicated to each of its three parts, published three times a year. Here’s the math (all numbers are approximate): The new CMHA(SK) newsletter gets a triannual 15-page section for 45 pages per year; the former biannual 45-page “by, for, and about” section becomes a triannual 15 page section, falling from 90 pages to 45 pages per year; the former biannual 20-page WFYL groups newsletter becomes a triannual 15-page newsletter, growing from 40 to 45 pages per year.

As editor I’m pleased to see the return of a CMHA(SK) newsletter, for which TRANSITION is a natural. Our – I work with Managing Editor Lynn Hill – second issue, Spring 2008, included a feature on the Weyburn Branch and announced an editorial intention to feature a different branch in every issue. This feature received no response, made huge demands on branches, editor, and managing editor, and was not continued.

I’m sure the new CMHA(SK) newsletter will regularly present our readers with both branch and division features. Subsuming the WFYL newsletter into the parent magazine similarly makes economical sense. The loss in confidentiality for WFYL writers can be handled without dire consequences by editorial discretion and “anonymous” authorship as needed.

The devolution of the writing “by, for, and about persons with lived experience of mental illness” part to half of its former size is not as drastic a loss as it appears. The inclusion of contributions by WFYL Groups means that the yearly portion of the magazine devoted to writing for health remains at 90 pages, total. In my view, such writing lies close to the very heart of CMHA: it is a theoretically and experimentally grounded therapeutic method that costs practically nothing; it testifies directly to CMHA(SK)’s decades-long commitment to providing opportunities for client-responsible mental health services; and it gives our writers and our division an international voice and readership.

For TRANSITION is not your “normal” magazine. Publishing a writer’s account of his struggle with mental illness is as affirming for the editor as writing it was for the writer. It is a deep editorial joy to bring the expression of such a victory – and shaping one’s darkest moments into powerful words is indeed a victory – into the public domain. The courage and beauty – yes, beauty – of this writing is, by its very existence, a message of hope. Writing by a depressive about depression turns out to be not depressing after all – but a vital part of what is currently celebrated as a “mad writing.”



TED DYCK
EDITOR



“You sound exactly like my therapist.”

Making mental health matter

CMHA SK Pages

PHYLLIS O'CONNOR

It's hard to believe it is fall already. I hope everyone had a great summer and are all recharged and ready to move forward with some of the exciting things happening here at CMHA Saskatchewan Division.

This summer has seen some changes in staffing here at Division Office.

In August we welcomed Julius Brown to fill the position of Project Coordinator for the OSI-CAN PTSD support project. Julius is a confirmed strategist with proven leadership skills. He comes with a background in the United States Air Force as well as education in the fields of Criminal Justice and a minor in Business Management. Julius definitely hit the ground running with OSI-CAN and has put a lot of effort into building the team and the project. We are confident that he is going to prove to be a real asset to the project and those we serve.

In October we welcomed Isabelle Johnson to the position of Front Desk Clerk. She comes with a great deal of experience in senior clerical positions as well as desktop publishing. Isabelle is also fluently bilingual (English/French) and this may prove to be very helpful in working with Branches and Divisions across Canada as well as in providing service here at Division Office.

On a sadder note, we said goodbye to our GAP Communications Coordinator, Tricia Martin as she left for employment with the Regina Qu'Appelle Health Region. Tricia was a real asset to the GAP program and Division Office. She brought our social media capabilities to a level we have never had prior to her joining the team. Her creativity and skill set in design, website management and social media will be greatly missed. We wish her well in her future endeavours.

On June 10 the CMHA Saskatchewan Division Provincial Conference and AGM was held at the Royal Executive Hotel in Regina. Delegates were treated to a keynote address by Michael Bryant, former Attorney General of Ontario and bestselling author of "28 Seconds: A True Story of Addiction, Tragedy and Hope." Everyone was deeply moved by his personal story of his struggle with

addiction, survival, tough choices and transformation. There was also a presentation by Chris Siddons, the OSI-CAN Project Coordinator regarding this new initiative, as well as a presentation from the Ministry of Health regarding progress around the Mental Health and Addictions Action Plan.

A new Provincial Board of Directors was also ratified at the Annual General Meeting. We are pleased to welcome our new Board of Directors:

- Chet Hembroff – President
- Sharon Lyons – Past President
- Grant Rathwell – Vice-President
- Bryan Leier – Treasurer
- Noah Evanchuk, Karen Gibbons, Marcie Nugent, Kyle Moffatt, and James Schwindt – Members at Large
- Darrell Downton, Bill Gray, Susan Grohn, Michael Halyk, Erskine Sandiford, Len Taylor and Karen Weran – Regional Delegates.

September 28 to 30 several CMHA Saskatchewan Division Staff and Board Members had the opportunity to attend the Mental Health For All Conference in Toronto.

September 28 was the CMHA Ontario Division Pre-Conference around the theme of "Measuring our Success." The focus was on quality improvement in the mental health and addictions sectors in Ontario. This pre-conference provided an opportunity for many Ontario branches to showcase their work in several quality improvement related initiatives.

September 29 and 30 was the CMHA National Conference "Together by Design." This was a first-of-its-kind opportunity for key individuals and organizations in mental health, mental illness and addiction to put their collective minds together to bridge these sometimes disparate sectors. Thought leaders, researchers, people with lived experience, service providers, and front-line workers came together to advance thinking and practice in mental health and addictions. The conference provided a robust and stimulating program of keynote speakers, presentations, panel discussions and excellent networking opportunities. I think we all came back with a wealth of new resources and ideas that can be applied in our work here in Saskatchewan.

Cash Calendar sales are well underway and it appears that we will have a relatively successful year. For the first time Cash Calendars can now be purchased on our website at sk.cmha.ca. Increased media advertising also seems to be raising awareness of this important fundraising event for CMHA Saskatchewan Division. Of course, we couldn't do it without the hard work of our dedicated Telefund Office staff. They have really been on board this year and their passion for our cause is evident. I want to extend my sincere gratitude for all of these men and women who work so hard to make this fundraiser a success. We couldn't do it without you!

It has been a busy summer and early fall. I want to express my sincere appreciation to all the staff of our CMHA branches and programs for the excellent work they do. I also want to thank our Provincial Board of Directors for their encouragement and support. Together we really can make mental health matter in the province of Saskatchewan.



PHYLLIS O'CONNOR
EXECUTIVE DIRECTOR

NEWS AND VIEWS
from friends,
members and
staff of the
Canadian Mental
Health Association
in Saskatchewan



Canadian
Mental Health
Association
Saskatchewan
Division Inc.

Lots of work ahead for CMHA SK Division

DAVE NELSON

This has turned out to be an incredibly busy year for our Association with regard to advocacy and public awareness.

First there was a great deal of presentations and information given out prior to the Provincial Election last spring, which informed many people regarding the needs in mental health and addictions in our province.

On the national level, a strong working relationship with our National CMHA office has been forged regarding a Federal Transfer Fund for mental health and addictions. Our Division has been a key player in working with the Federal Minister of Health, the Mental Health Commission of Canada and other partners to push for federal monies targeted at assisting provinces, including our own, to have resources to

activate their Action Plans for Mental Health and Addictions. In addition, our National Office is in discussions with the Federal Government regarding including counselling and other mental health needs in changes to the Federal Health Accord system from the Federal Government to the provinces.

Our Division has also been a key partner in advocating for reversing cuts being made to the Saskatchewan Assured Income for Disability or SAID program. We continue to do so. While at the time of this writing the Government has put a hold on the cuts, they have not yet committed to reversing the decision. This puts over 2,000 persons



DAVE NELSON
ASSOCIATE
EXECUTIVE
DIRECTOR

who have severe and enduring disabilities in danger of losing their housing and all the stress and upheaval this entails.

We will, in the near future, be meeting with the Saskatchewan Human Rights Commission to make a case that we believe that the mental health system, as ill defined as it is, has been negatively discriminated against in relation to physical health. The fact is that two years after the completion of the excellent Mental Health and Addictions Action Plan, no funding has been attached to implement the plan, which is typical of the neglect to the mental health system over the past many years.

As we look forward into the coming year, we sincerely hope that positive changes will be forthcoming to improve the lives of those we serve and their families.

Smith wins national award

CMHA (Saskatchewan Division) Inc. is proud to announce that during the CMHA National Conference in Toronto on September 29 and 30, Ruth Smith, Executive Director of CMHA Swift Current Branch was presented with the "Strengthening CMHA Award."

Ruth has been Executive Director of CMHA Swift Current Branch for the past nine years. She became Executive Director at a time when the organization was experiencing challenges. She inspired confidence through her dedication to member welfare and by supporting and honouring the commitment of staff and the Board of Directors.

Swift Current Branch offers service to 43 members in a small urban and large rural setting in southwest

Saskatchewan.

Its current Clubhouse model has been a key structural component of member activities for the past few years. Prior to that members simply received services. Clubhouse members have an executive that holds member meetings and solicits ideas about how the Centre can better meet members' needs.

Ruth also led the CMHA Swift Current Board in a complete policy review to ensure consistency with the CMHA vision, mission and values.

She has also maintained a close relationship with the Cypress Health Region, the Branch's major funder, to ensure that the needs of clients are best met.

Without question, offering the best

possible services to clients is at the core of Ruth's leadership to CMHA Swift Current.

The Centre is open Monday to Friday and the core services provided by the 2.5 member staff are breakfast and lunch, social and recreational programming, as well as educational, self-help and vocational programs.

Ruth's effort and passion will be greatly missed both in her community and as a part of the CMHA Saskatchewan Provincial Management Team when she retires at the end of December.

Thank you Ruth for all your hard work in behalf of CMHA and all of our best wishes as you move into the next big adventure in your life....retirement.

Spotlight on Swift Current Branch

RUTH SMITH

I have been here at CMHA Swift Current for close to nine years. Many things have changed, and I will start with the last thing first.

We have changed the way our vocational program works. We have had paid vocational work for years, but when I discussed with Partners in Employment if people were coming to them ready to seek competitive employment, the answer was no. So we decided to do away with this program and really start working the Clubhouse Model that had been introduced to us a couple of years ago when we had a part-time employee working here.

What is a Clubhouse?

A Clubhouse is first and foremost a local community center that offers people who have mental illness hope and opportunities to achieve their full potential through psychosocial rehabilitation. Much more than simply a program or a social service, a Clubhouse is most importantly a community of people who are working together to achieve a common goal.

A Clubhouse is organized to support people living with mental illness. During the course of their participation in a Clubhouse, members gain access to opportunities to rejoin the worlds of friendships, family, employment and education, and to obtain the services and support they may individually need to continue their recovery. A Clubhouse provides a restorative environment for people whose lives have been severely disrupted because of their mental illness, and who need the support of others who are in recovery and who believe that mental illness is treatable.

To be a member of an organization means to belong, to fit in somewhere, and to have a place where one is always welcome. For a person living with mental illness, these simple things cannot be taken for granted. In fact, the reality for most people who live with mental illness is that they have a constant sense of not fitting in, of isolation and rejection.

Mental illness often has the devastating effect of separating people from others in society.

"Mental patient," "client," "disabled," "consumer" and "user" are all terms used by society as a reference to people living with mental illness. People living with mental illness are often segregated according to these labels and defined by them as people who need something, or as people who are societal burdens that need to be managed.

The Clubhouse offers a complete change in this perspective. It is designed to be a place where a person living with mental illness is not treated as a patient and is not defined by a disability label. In a Clubhouse, a person with mental illness is seen as a valued participant, a colleague, and as someone who has something to contribute to the rest of the group. Each person is a critical part of a community engaged in important work.

We have painted the building inside and out, put up new signage, shortened the trees around the building (to bring us out of the shadows so to speak), fixed the back yard, put up a fence and a shelter for people to sit in outside in our short but wonderful summers. We have fixed up the kitchen by putting in three sinks and a hand sink, a dishwasher and stove. The Kiwanis, a small group from a local church, and one of our local painters helped us with all of these tasks for which we are eternally grateful. The sitting room upstairs was cleaned and fixed up. One of our local accounting firms had a fundraiser and brought us a new TV. There were many other organizations that helped make this building comfortable, clean, and safe. The building may be old but it is homey.

The one thing that I wanted was to make the building wheelchair accessible, but I have been unable to do that. So that will be for the next ED. Maybe a new building, which will be on my board report every month till I'm done.

Every year we have the Mayor's Luncheon during mental health week in May. This has gotten more popular every year, as the speakers have done their job in continuing the outreach work that we need to do for our community. Our program coordinator takes the lead in organizing this. Our next year's speaker is Kyle Moffat; the date is May 2; the place is Sky Centre here in Swift Current.

The Annual Jimmy Richardson Family Picnic and Walk is the new name of the Jimmy Richardson Walk for Wellness. We are trying to include family members in this Saturday program, and all are invited to attend. This year we raised just over \$4000 with many of the members participating. We are trying to help facilitate in the healing of wounds that often exist inside the family unit.

Week days we have a breakfast and lunch program and many social recreational programs. We invite guest speakers and educators to speak to our members. A calendar for the month is made with member participation so we can meet the needs of the people who attend here.



RUTH SMITH
EXECUTIVE
DIRECTOR
CMHA SWIFT
CURRENT



Canadian
Mental Health
Association
Swift Current

Drinking and driving in Saskatchewan: Punishment vs Treatment

DAVE NELSON

The issue of drinking and driving has been at the forefront of discussions in Saskatchewan lately, often with a focus on harsher punishment for offenders. While this is a very serious problem in our province, the CMHA Saskatchewan Division Provincial Board identified a need to focus some of the public's attention on some of the possible root causes such as mental health and addictions issues.

The following media release went out in September to start this discussion:

September 15, 2016

In light of recent high-profile drinking and driving court cases, and the ongoing

problem of persons dying in alcohol-related fatal accidents, the Premier has rightly identified this as a serious problem which must be addressed.

The Canadian Mental Health Association could not agree with this more.

In listening to public and other discussions regarding this issue, however, most of the content revolves around punishing the person who is drinking and driving, with very little discussion regarding helping persons who have an alcohol addiction problem. It is important to remember that persons who drink to the level of driving while under the influence are often suffering undiagnosed depression, anxiety or other mental health and emotional problems.

While there is no doubt a need for

a review of punitive legal measures for persons who drink and drive, there will be limited success without beefing up the assessment, diagnosis and treatment for persons who carry out these dangerous and sometimes deadly behaviours.

While we all sympathize with the families who lose a loved one as a result of someone driving drunk, we must remember that there are also repercussions to the drunk driver and their family which will live with them for the rest of their lives.

In conclusion, it is critical that as our Premier and the Health and Justice Systems look for ways to address this serious problem in our Province, that a balance between justice and treatment take precedence.

TRANSITION in Transition

JAYNE MELVILLE WHYTE

Congratulations for the direction that TRANSITION is taking as the magazine that represents the Canadian Mental Health Association (Saskatchewan Division) Inc. to its members, consumers and the general public. Historically, TRANSITION has been a newsletter connecting and educating CMHA members, including poetry and art by consumers along with factual and opinion articles. I value the work of psychiatric survivors but I support the recent CMHA decision to broaden the focus of the publication that reaches member mailboxes.

The Framework for Support

Every decade of CMHA history has seen a rallying call to return to the original purpose: **to improve the lives of people living with mental illness and their families.** From the beginnings in 1918 when the National Committee for Mental Hygiene was launched by two psychiatrists in Toronto until the mid-1970's, CMHA tended to be maintained and directed by professionals, especially educators and medical professionals. The White Cross Centres¹ in the 1950s were

organized by CMHA Division and maintained by volunteers, usually supervised by a paid professional. Families and clients were not intentionally engaged in the Board and committees in planning, implementing and evaluating the programs.

In the 1970's when the stream of new clients from the mental hospitals slowed down, CMHA lost their sense of purpose. The White Cross Centre in Saskatoon was closed because CMHA decided it increased stigma to "label" people by involving them in mental health programs; the hoped-for trend was that people with mental illness should be fully integrated in community with jobs, friends, stable housing and income. However, the title of the National Annual Conference held in Saskatoon in

1987 made the point: "Deinstitutionalization: Empowerment or Abandonment."

At CMHA National in the mid-1980s, the Framework for Support model was developed with its theme of Empowerment of people with severe mental illness disability². CMHA emphasized that people living with mental distress are in the centre of the CMHA purpose, and in the centre of their own lives. Instead of doing "for" clients, CMHA experimented with input, leadership and participation "with" people with lived experience. This supported the consumer/ survivor movement within and beyond CMHA. The newly formed National Consumer Advisory Committee demanded a focus, not just on the pain of patients and clients, but even more on the potential of persons with mental ill-

¹ For more information about White Cross Centres, visit <http://aftertheasylum.apps01.yorku.ca/en> for Jayne Whyte's "After the Asylum" exhibit based on her book *Pivot Points: a fragmented history of Mental Health in Saskatchewan*. (CMHA Sask, 2012).

² Canadian Mental Health Association National (1993), *A New Framework for Support for People with Serious Mental Illness*. CMHA, Toronto. Diagram used with permission www.cmha.ca. More information and a download of Framework for Support, 3rd Edition (2004) at http://www.cmha.ca/public_policy/a-framework-for-support/#.Vq5HxVnNL6M. The Framework for Support was recognized as best practice in the 1997 Report on Best Practices in Mental Health Reform, issued by the Federal/Provincial/Territorial Advisory Network on Mental Health.

ness as valuable contributing citizens. The theme of the 1990 CMHA National Conference was “From Pain to Power.”

The Framework for Support placed **persons** with mental illness in the centre of their own lives. As the diagram shows, psychiatric consumer/ survivor **self-help** was one of the important resources for consumers, along with **family and friends**, general **community agencies** and the formal **mental health system**.

Moreover, the “base” recognized the essential aspects of **housing, work, income** and **education** as essential elements of the Community Resource Base. The mental hospitals had closed without thinking through how to ensure these basic needs for people leaving the institutions. No provisions were developed for the next generations of people who continued to struggle with the symptoms and disability of mental illness without an adequate community mental health system. The Framework for Support established a new emphasis on the consumer as “resource” as well as “recipient” for services, and recognized self-help and consumer groups as key assets, not only for people with illness but for the whole mental health community.

The Changing Role of TRANSITION

The new TRANSITION, beginning with this issue, will continue to celebrate the consumer voice, publish the Writing For Your Life (WFYL) contributions, but also feature other Canadian Mental

Health Association stakeholders including families, service providers and community agencies. People at meetings, and responding to CMHA surveys, repeat the need for better communication and information about mental health resources, needs, and network opportunities. TRANSITION could feature articles about **housing**, such as the new CMHA Prince Albert initiative. Almost every Branch has some sort of **employment** program and can be asked to share their challenges and celebrate the achievements of their clients. CMHA staff and volunteers are advocates and allies in improving the disability **income** base. TRANSITION is a vehicle for the **education** role, both in articles about the family and school programs that support healthy child development, and in the CMHA primary purpose of educating consumers, families, service providers, and the public about mental health issues, resources, and needs.

Originally TRANSITION was a mimeographed newsletter (1977) to share information among Branches and members in Saskatchewan, and at that time, CMHA had a broad public membership. Division articles dealt with current government and organizational programs and policies, and included educational articles about parenting, symptoms and treatment of mental illness, and CMHA National news. Branches shared information about their programs, events, personnel and building relocations. The format soon changed to

a newspaper style four-page broadsheet, often publicizing annual conferences with the agenda and registration information. After the meeting, summaries and sometimes whole speeches of keynote speakers appeared in the TRANSITION broadsheet.

In 1989, Byrna Barclay, (parent of a son with mental illness, CMHA Saskatchewan Board member and Division President), as new editor of TRANSITION envisioned an attractive magazine to promote education about mental health and mental illness as an identifiable image for the Mental Health Association in Saskatchewan. The information page set forward the Aims and Objectives of TRANSITION (1989 to 2003):

- To provide a forum for and establish communication among consumers, volunteers, interested care-givers and agencies, families and friends of mentally ill persons;
- To enhance the profile and public image of M.H.A. Saskatchewan through an increased awareness of Division and Branch programs;
- To increase public awareness of the needs of mentally ill persons;
- To improve the status of mentally ill persons by, among other things, encouraging them to advocate, providing information on Division and Branch programs and events, and other available resources.

In keeping with the CMHA commitment to consumer voices, a Writing and Arts section invited their writing and artwork. TRANSITION also published notes of speakers and workshops. Government leaders were asked to contribute articles explaining their direction and decisions. The news sections shared information about activities and events in Branches, Division and National as well as community agencies. The “new” TRANSITION is in that tradition.

TRANSITION is one reason that people join CMHA Saskatchewan. When it arrives in a member’s mailbox, the publication should showcase a balanced, active and caring array of ways where CMHA is working to improve the lives of consumers and people who care about them. The consumer stories remain central as part of the purpose of CMHA - “mental health for all.” I am glad to hear that TRANSITION is in transition.



Forgotten constituents (1984): Working together for change (1914)

The more things change, the more they stay the same. As archivist with Canadian Mental Health Association (Saskatchewan), one of my frustrations is how often I read a paper written years ago and think, “I could change the date and submit it again; it hasn’t changed enough.”

While going through the TRANSITIONS file, I found the speech I’d made at the 1984 CMHA Saskatchewan Annual Meeting in which I talked about my experience with the mental health system. As one of The Forgotten Constituents, persons who live with severe and long term mental illness, I talked about my life as a young mother seeking help in rural Saskatchewan. I’m not sure my situation would be better now. In fact, the current trend for mental health counselors to focus on “coping” in a limited number of sessions doesn’t deal with the abuse and situational issues that caused my distress. My family doctor and the counselor at the Mental Health Clinic worked together and kept each other informed. Certainly the availability of a hospital bed in either the General Hospital or psychiatric ward for safety and respite are much harder to access these days. Presently, I have three or four psychiatrist appointments per year to monitor medications. I pay for private counseling every week or two depending on my need. Saskatchewan does not have a full continuum of care which would include peer support, professional services and community programs for people with severe and persistent mental distress..

In 1983 and today, the Canadian Mental Health Association is an important aspect of my personal support network, and I acknowledge the programs of CMHA and other groups who initiatives support housing, rehabilitation, employment and social programs in the community. In the 1980’s, CMHA thought they were offering “pilot projects” that would be picked up by government and integrated into a coor-

ordinated continuum of community mental health resources. Public education has reduced stigma and increased awareness, but in reality, the streets and prisons have become the new destinations

compounding the stigma for people with the most difficult mental health and addictions issues.

I was in the first generation of Saskatchewan residents whose chronic mental illness did not mean a lifetime in an asylum, and for that I am grateful. But there is still a need to advocate for accessible, appropriate and responsive programs, both government and non-government, with funding to implement the proposed Ten Year Plan for Mental Health and Addictions in Saskatchewan.

I closed my speech in 1984 by summarizing the seven priorities set forth by the CMHA Saskatchewan 1983 Task Force Report “The Forgotten Constituents”¹:

1. Funding – a more equitable share of health funds
2. Human resources – recruitment, retention and training
3. Community residential, rehabilitation and socialization resources
4. Innovative government and non-government mental health services
5. Standards and Evaluation of care, staffing and outcome measures
6. Promotion of education, prevention and research
7. Coordinated and integrated tax-supported mental health programs (pp.12-13)

That list of priorities could be repeated without question in 2016. Compare the 1983 priorities with the seven categories of the Saskatchewan Health “Working Together for Change: A 10 Year Mental Health and Addictions Action Plan for Saskatchewan” released in December 2014³:

- Enhance access and capacity and support recovery in the community
- Focus on prevention and early intervention
- Create person and family-centred and coordinated services
- Respond to diversities
- Partner with First Nations and Métis Peoples
- Reduce stigma and increase awareness
- Transform the system and sustain the change.

Unfortunately, the 10 Year Plan does not list “funding” among its priorities although the promise to “Transform and sustain the system” cannot succeed at current funding levels. Implied but not stated in these recommendations, “human resources” are an essential, and expensive, key to provision of appropriate services at the appropriate place and time.

Under the Funding priority, *The Forgotten Constituents* reported that between 1972 and 1982, the Psychiatric Services Branch budget decreased slightly while the total Health budget increased by 46%, and the Provincial budget increased by 48%. A 1981 brief to government ministers observed that “funding for



JAYNE
MELVILLE
WHYTE



Canadian
Mental Health
Association
Saskatchewan
Division Inc.

mental health services appears to be declining both as a proportion of total provincial government spending and even in constant dollars” (*The Forgotten Constituents*, p.154).

The Task Force reflects that the reduction in dollars spent on mental hospitals had not been redirected to the promised community services, “Only a cynic would suggest that the underlying reason for deinstitutionalization is to effect a saving in tax dollars; nonetheless, these figures would suggest that funds that once would have been allocated to mental health services have been channeled into other areas of government activity. The fact that this situation has been allowed to develop is not simply an indictment of the succession of governments but also of a society that will allow these practices to go unchallenged” (p.157).

The 1983 report¹ noted “Suggestions that health programs are underfunded usually elicit what has become almost a reflex response from government, ...the question is not the need for additional funding but more efficient use of existing funds. ...however, it is inconceivable that reorganization alone will free up enough funds to meet existing programme needs let alone

those we have recommended for the future” (p. 156-157). That observation from thirty years ago still holds true today.

In 2016, CMHA reports that Saskatchewan spends 5% of the health budget on mental health care. The national average is 7%. The Mental Health Commission of Canada recommends a ratio of 9% of the health budget be allocated to mental health services and also calls for a 2% increase in social spending for income assistance and services. In Saskatchewan, 9% of the current health budget would add another \$200 million dollars for resources toward implementation of the recommendations of the Ten Year Plan. CMHA suggests an investment of \$10 million per year incrementally over the next ten years to improve Saskatchewan mental health

and addictions systems to the current 7% of the Canadian average health budget.²

The Forgotten Constituents in 1983 protested that the savings on mental hospitals were not redirected toward mental health services in the community. That shortfall has never been recovered. More than 30 years since that report, CMHA contends that an investment in mental health care with timely access to appropriate treatments will relieve the costs to employers, families, health care and prison systems while reducing the costs of human suffering of people with mental illness and those who care for them.² Saskatchewan Health has a plan. The Ten Year Plan implemented with adequate funding and human resources could change the next thirty years.

REFERENCES

¹ CMHA Saskatchewan Task Force Committee, chaired by Dr. Ian MacDonald, A Report on “The Forgotten Constituents” (May, 1983).

² CMHA, David Nelson (Saskatchewan) and Steve Lurie (Toronto), Improving Mental Health in Saskatchewan presentation (2016), no page numbers. www.saskatooncommunityclinic.ca/pdf/CMApresentation.pdf

³ Saskatchewan Health, Commissioner Dr. Fern Stockdale-Winder, “Working Together for Change: A 10-Year Mental Health and Addictions Plan for Saskatchewan” Commissioner’s Report (December, 2014) <https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/saskatchewan-health-initiatives/mental-health-and-addictions-action-plan>



Stream by Henry Peters

OSI-CAN offering support

Ever since our men and women have been going to war and providing front line community first responder services, they have been experiencing operational stresses. It was referred to as “shell shock” after WWII. It has only been since the 1980's that society has been aware of Post Traumatic Stress Disorder. To the detriment of our men and women, it has only been within the last five years that we have been able to openly discuss the issue of Operational Stress Injury (PTSD). As we look around as a society, we are becoming keenly aware of the severe struggles that this group faces. We ask them to step up and volunteer to provide the services, security and freedoms that we enjoy today. However, when they stand up and ask for our help, all too often we have turned a blind eye. The harsh reality is that it is too common for these individuals to lose their careers if they are deemed to be “sick or broken.” Within the military it is referred to as “Universality of Service,” if you can't be deployed, your career is over. Our men and women are then just discarded and forgotten.

We have made the decision that this will not be the norm anymore.

Out of this resolve, and as a result of a very generous donation from an anonymous donor, a partnership was formed between the Canadian Mental Health Association (Saskatchewan Division) Inc. and the Royal Canadian Legion, Saskatchewan Command to launch the OSI-CAN PTSD Support Project. This exciting new project became operational on January 13, 2016.

Since that time the working group has been hard at it to develop this initiative in order to ensure that the people in our target group are provided with the best supports that they can access to facilitate recovery from their operational stress injury.

Our Mission:

To inspire hope and contribute to the continuous wellbeing of Veterans and Community First Responders.

Our Vision:

We seek to empower and encourage Veterans and Community First Responders to strive for recovery through peer and professional support.

The importance of this initiative is found in the unnecessary suicides of people within our target group across the country. We do not want our military or community first responders in Saskatchewan to become part of those statistics.



OSI-CAN is unique in the province of Saskatchewan. The reality for individuals needing our support is that if they self-identify to their employers, they may be deemed unemployable and ineffective, ending their employment. The OSI-CAN program does not require participants to be formally diagnosed or referred. There is no requirement to disclose anything to their employers and participation is kept completely confidential. **They just need to be willing to admit to themselves that they might need some help and find the courage to attend the support groups.**

The target group for OSI-CAN is Canadian Armed Forces, Allied Armed Forces, and Community First Responders, which include RCMP, Municipal Police Services, Emergency Medical Services, Fire and Protection Services and Corrections. This target group includes serving members and veterans.

OSI-CAN follows a recovery-based model of mental health support. “Recovery is a process of restoring a meaningful sense of belonging to one’s community and a positive sense of identity apart from one’s condition while rebuilding a life despite of, or within the limitations imposed by that condition. Recovery is not the absence of symptoms, but the development of new meaning and purpose as one grows beyond the catastrophic effects of mental illness.” (Powell 2009).

Recovery is the personal, unique process of changing one’s attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful and contributing life while living with mental illness. Recovery involves different things for different



Canadian
Mental Health
Association
Saskatchewan
Division Inc.

people. For some recovery means the complete absence of symptoms. For others recovery means living a full life in the community while learning to live with ongoing symptoms.

OSI-CAN recognizes the long-term benefits of supporting families, preventing crisis situations from developing and working in partnership with wrap around support services.

Support groups are the central part of this support project. OSI-CAN is also developing a network of service providers throughout the province who can provide additional services as identified as being needed by individuals attending the support groups (i.e. professional counselling, cultural programs, life skills, addiction awareness programs, horse therapy programs, PTSD service dogs, community work-

shops, alternative dispute resolution training, family preservation and preventative family support).

There are currently support groups operating in Prince Albert, Saskatoon, Regina and Weyburn with plans to expand to other locations in the very near

future.

The initiative operates solely through private donations. Donations in support of this project can be made to the Canadian Mental Health Association (Saskatchewan Division) Inc. at 2702-12th Avenue, Regina, SK S4T 1J2.



The OSI-CAN car

What is Operational Stress Injury (PTSD)

Operational Stress Injury (PTSD) is a mental illness resulting from exposure to trauma. Something is traumatic when it is very frightening, overwhelming and causes a lot of distress. Trauma is often unexpected, and many people say that they felt powerless to stop or change the event. Traumatic events may include crimes, natural disasters, accidents, war or conflict, or other threats to life. It could be an event or situation that you experience yourself or something that happens to others, including loved ones.

Occupational Stress Injury causes intrusive symptoms such as re-experiencing the traumatic event. Many people have vivid nightmares, flashbacks, or thoughts of the event that seem to come from nowhere. They often avoid things that remind them of the event – for example, someone who was hurt in a car crash might avoid driving.

Operational Stress Injury can make people feel very nervous or “on edge” all the time. Many are startled very easily, have a hard time concentrating, feel irritable, or have problems sleeping

well. They may often feel like something terrible is about to happen, even when they are safe. Some people feel very numb and detached. They may feel like things around them aren’t real, feel disconnected from their body or thoughts, or have a hard time feeling emotions.

People also experience a change in their thoughts and mood related to the traumatic event. For some people, alcohol or other drugs can be a way to cope with Operational Stress Injury.

WHO DOES IT AFFECT?

While most people experience trauma at some point in their life, not all traumatic experiences lead to an Operational Stress Injury. We aren’t sure why trauma causes this in some people but not others, but it’s likely linked to different factors. This includes the length of time the trauma lasted, the number of other traumatic experiences in a person’s life, their reaction to the event, and the kind of support they received after the event.

Some jobs or occupations put people in dangerous situations. Military personnel, first responders (police, firefighters and paramedics), doctors and nurses experience higher rates of PTSD than other professions.

Trauma is not always a single event in the past. Some trauma, particularly repeated acts like abuse or trauma during wartime, can impact a person’s life far beyond the symptoms of Occupational Stress Injury. Some use other terms like “complex PTSD” to describe these experiences.

WHAT CAN I DO ABOUT IT?

Many people feel a lot of guilt or shame around an Operational Stress Injury because we’re often told that we should just get over difficult experiences. Others may feel embarrassed talking with others. Some people even feel like it’s somehow their own fault. Trauma is hurtful. If you experience problems in your life related to trauma, it’s important to take your feelings seriously and talk to a health care professional.

Make room for Mental Health

Since the early 1960s, CMHA Battlefords Branch has supported people living with mental illness in that community, worked diligently to reduce stigma and held events to emphasize the importance of mental health.

The branch has changed considerably in 50 years. Our programs (social recreation, work experience and life skills for example) enrich the lives of those with mental health problems – members feel included, accepted and important to the well-being of the community.

The Canadian Mental Health Association's broad mandate is to promote the mental health of everyone. Our involvement in the many issues surrounding mental health is based on our fundamental principles of empowerment, peer and family support, participation in decision-making, citizenship and inclusion in community life.

A lot has happened in two years. CMHA Battlefords Branch expanded work experience programs to include more members and now find that there is not enough room in the present location. Each day participants

crowd into the common area or spend their breaks outside to have some space. Too many share one office. They line up for washrooms, have no private area for day programs and often eat on their laps.

The great news is that CMHA Battlefords Branch is a growing, valuable organization supporting mental wellness in the community. The challenge is that we need more room. The new location will provide more than double what we have now but we need your support.

Partners in the Battlefords include Community Mental Health Nurses at Battlefords Mental Health Centre, Vocational Therapists at Saskatchewan Hospital, and other organizations that support mental wellness. We work together to provide a strong network of support for those with mental illness as well as their families, friends and caregivers.

Our organization offers courses to children and youth that focus on self esteem, anger management, communication and mental health awareness and host family support group meetings once a month.

Lastly, we work in the community to break down barriers, reduce stigma, educate and promote the importance of mental health.

*Help us Make Room for Mental Health
in the place we call home.*

With your help we will be better equipped to provide ongoing programs supporting the wellness of those living with severe mental illness in our community. With your support we will have the space to grow.

*CMHA The Battlefords is raising funds
for a much needed new home!*



Canadian
Mental Health
Association
The Battlefords

1011 - 103 St.
North Battleford,
SK S9A 1K3

306 466-7177



Sponsorships!

BUILDINGS

Main Building \$150,000
Garage 30,000

MURAL/DONOR WALL

Mural Sponsor \$5,000
Dedicated Mural pieces
75 ea 20

FURNITURE

Office Furnishings x3 ea \$5,000
Dining room table x16 ea 4,000
Dining Room chairs 250
Comfy Couches x6 ea 1,500
Comfy Chairs 750

EQUIPMENT

Computers x4 ea \$2,000
Phone system 5,000
Media (TV/Stereo) 5,000
Range 2,500
Fridge x2 ea 2,500
Microwave x2 ea 500

GREEN SPACE

Gazebo \$150,000
Box gardens x10 ea 30,000
Patio Bricks .50

ROOMS/AREAS

Main Kitchen \$20,000
Downstair Kitchen Nook 7,500
Dining Area 5,000
Member Lounge 5,000
Foyer 5,000
Recreation downstairs 5,000
Arts/Crafts Room 5,000
Life Skills Room 5,000
Member Lounge 5,000
Consultation/Quiet Rm 5,000
Office #1 5,000
Office #2 5,000
Office #3 5,000
Reception area 3,000
Member Lounge 5,000
Foyer 5,000

Call CMHA The Battlefords
to discuss *your* sponsorship
opportunity 306 446 7177



Cash Calendar in 27th year!

DAILY DRAWS
\$89,000⁰⁰
Cash and Prizes
up for grabs

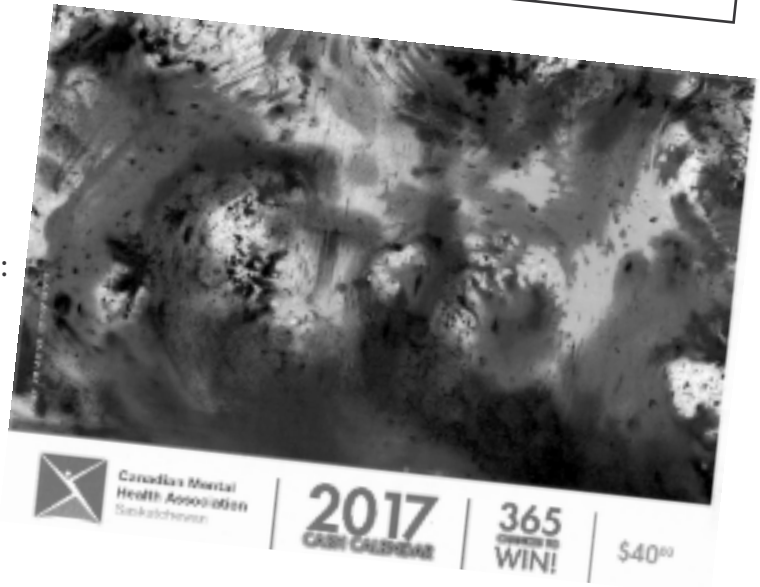
It's the 27th year! Let's make this year's calendar fundraiser our best ever!

Available for purchase exclusively to Saskatchewan residents only. You can purchase and send calendars out of province as gifts, but you must be 18 years of age and a resident of Saskatchewan to purchase.

THE CASH CALENDAR FUNDRAISER SUPPORTS MENTAL HEALTH RIGHT HERE IN SASKATCHEWAN:

Proceeds from this calendar go primarily to our Friends for Life Program, which travels throughout Saskatchewan speaking about issues such as suicide prevention and anti-bullying strategies and Mental Health in the Workplace. Proceeds also go to branch programs like: life skills training, mental health support groups, drop in centers, and meal programs.

The Cash Calendar is CMHA Saskatchewan's premiere mental health fundraiser.



THE CASH CALENDAR ARTISTS

The Calendar artwork is received through a Call for Submissions across Saskatchewan, distributed through Canadian Mental Health Association Branches. Mental health consumers who are members of local branches of CMHA, submit their artistic works and from all the submissions, the Cash Calendar team curates a wonderful cross section of different varieties of artwork.

The Artists are paid for their work and recognized for their contributions by name in the calendar. This is a wonderful opportunity for those who benefit from mental health services and supports in the province to give back to others who also struggle with mental illness.

2017 Cash Calendar cost: \$40.00

HOW TO GET YOUR COPY OF THE 2017 CASH CALENDAR:

ONLINE ORDERS!!!!

For the first time the Cash Calendar can be ordered online through the webpage www.sk.cmha.ca

In Person at the CMHA SK office - 2702 12th Ave. Regina

Fax or Phone Purchase:

Contact the CMHA SK office in Regina at 306-525-5601 – ext 223.

If you are calling from anywhere else within Saskatchewan, please call us toll free at 1-800-461-5483.

Thank you for supporting Saskatchewan Division's Mental Health Fundraiser! When you support the CMHA SK Cash Calendar, you are directly supporting mental health in Saskatchewan. Your support of this Fundraiser makes a real difference in the lives of many people in Saskatchewan facing mental illness.

7 nights accommodations
for 4 adults to your choice of over 3000 destinations.
7 night stay at a resort anywhere in Canada, the USA, Mexico, Caribbean, Europe, Asia, South America.
Valued at almost \$11,000
(donated by Sprintz Manufacturing in Moose Jaw).
Please note: this does not include flights/travel to the resort. This is a 7-night stay at a vacation resort of your choice only and does not include flights, and it is not an all inclusive trip.

Pamper Yourself Prize Package
The lucky winner of this prize will receive a
♦ *One night stay at the Travel Lodge in Regina*
(donated by the Travel Lodge south Regina),
♦ *Hair and scalp treatment*
(donated by Marvels Beauty School)
♦ *Massage treatment*
(donated by Healthy Roots Massage Therapy & Wellness Centre)
♦ *Complimentary Dinner at Swiss Chalet*
(donated by Swiss Chalet South Regina)

2 - \$1000⁰⁰ gift cards
towards your choice of
Saskatchewan Roughrider
games or merchandise
\$25,000⁰⁰
Valentine's Day Sweetheart Draw!!

Writer defines self-help groups

Dear TRANSITION,

I am responding to the Editorial in TRANSITION Summer 2016 headlined, "Writing for therapy is not self-help."

Participants of a self-help group usually band together to create a voice with their disadvantaged, marginalized and misunderstood population to effect changes in societal responses for themselves and their peers. Industry self-improvement books and courses, and CMHA programming including Writing For Your Life, can be helpful and valuable; however, they do not fit the traditional self-help definition of the collective consensus of the group members to initiate, implement, and sustain their actions.

True self-help groups talk and listen to one another, then pool their collective resources to push for change. Self-help members use their collective voice to work toward educating themselves and others, developing initiatives to meet their real physical and emotional needs through word and action. Self-help is an affirmation that no one can do it alone, no individual, no group. In the traditional meaning of "self-help", decisions and directions are made collectively by the members, what the Dene life-writing students of the North West Territories described as more group community, not more personal freedom. We long to be part of community. Self-help is essentially

about helping others as well as ourselves.

In the early 1980's, groups like the Vancouver Mental Patients Association, the California Network, the New York Fountain House model, and in Saskatchewan, consumer members in Saskatoon (Crocus Co-op), Regina (By Ourselves) and Prince Albert (SHARE) formed self-help groups that planned and operated their own programs to meet housing, social, recreation, and emotional needs.

In 1987, Howie the Harp and colleagues compiled a set of twenty-four essays by twelve different mental health clients who had been involved in starting self-help groups. The Introduction defined "self-help" as "mental health client controlled/self-help groups run for and by people who have been psychiatrically labeled" (page 1) and emphasized, "A self-help group is a self-defined group of mental health clients which decides its own goals and methods making all major decisions." (page 7).

By that definition, Writing for Your Life is not self-help in that it is initiated by a mental health organization, and facilitated by a professional author without a governing editorial and/or advisory committee made up of mental health consumer/ survivor members. Even when the leader is a consumer/ survivor, a true self-help group collectively shares control.

True self-help has a hope of making life better for the individual and in doing so, provides support, encouragement and even programming for peers. To define self-help movements, the key question is "Who makes the decisions?" and the classic answer is "Consensus among the members." By that definition, "Writing for therapy is not self-help" but I agree writing can be helpful and even good therapy.

Sincerely,
Jayne Melville Whyte

EDITOR'S NOTE: The editorial in question contrasted the methods used in "writing-for-therapy" to the methods used in "the self help industry." It did not treat "WFYL Groups," nor did it discuss "true self-help groups."



Canadian
Mental Health
Association
Saskatchewan
Division Inc.

Making a difference

ELAINE MARIE DITNER

When the question of making the world a better place was posed in a L'Arche community at meal-time, one of the members stated that he would do the dishes. Sounds uncomplicated doesn't it?

The same theme was voiced by a young professional woman who was working only part-time in her chosen field. "I want to make a difference!" she asserted. Mentally, I noted that she might have intended to describe the difference as

'big.' At that point in her career, she was working as a part-time receptionist in a long term care facility. Underneath her statement, I perceived her chagrin that she was in a position where she could make no appreciable difference.

As we spoke, I mentioned the role of a glowing vigil light often seen in sacred places. I queried whether she could see herself as being like the vigil light which brought light and warmth to any situation where she was.

I guess this is the big question for any of us. Can I make a difference by being light and warm in my small or large corner?

Looking back

LEIF GREGERSEN

Forty-four years ago, I was born in what is now the most preferred place in Canada to live, a small city on the outskirts of Edmonton. On the surface, it seems idyllic, but underneath many problems burn and bubble that no one can see.

In 1971 there were a lot of great things about the world, and my family. My Dad was a hard-working, European trained business owner. My mom was an intelligent and caring person with looks and brains that I like to think she passed down to her children.

Things were not to be rosy forever. It never struck home to me, even when my mom had to spend months at a time being treated for depression on a psychiatric ward that I could have these problems too. I knew very little about mental illness and no one talked about it.

I had a hard time in junior high. I got in a lot of fights and had few friends. Then came grade eight and I went into Air Cadets. When I learned that people just like me were in charge and that we got uniforms and played sports, I was hooked. I even made some close friends. It was in Cadets that I learned the discipline and coping skills that would get me through many hard times in the years to come.

In grade nine, when I was just 14, I became obsessed with wearing military clothes and lashed out at people who had once bullied me. Then I was caught shooting bb gun pellets at my neighbor's house. The next thing I remember is being sent to see my mom's psychiatrist.

I treated this interview like an interrogation. I only gave the doctor information I thought I couldn't avoid telling him. I was distressed at some of the questions, some were very personal, and the end result was that I was asked to go into the hospital for observation.

While I was in the hospital I kept going to Cadets and was given my first promotion. I spent that night crying in my room in the hospital. I didn't think I was ill though, I felt my family had betrayed me. Somehow I realized all hopes of any kind of military career were now out the window. No one will give a rifle to a crazy person.

On release I was given medication and I soon stopped taking it. The doctor told me the medication was to curb my highs and lows. I was bipolar. But I thought that without highs and lows life would be so plain and boring it wouldn't be worth living. What good would feeling happy be if you never felt sad?

It was around this time that I discovered alcohol. Drinking did so many things for me. It made me feel good, it lifted me out of depressions. It loosened me up so I could ask girls to dance or take on dares from my friends.

Over the next years I eked out half decent grades, made plans to go to University and worked very hard at a part-time job to pay for my love of cars and motorcycles. In my second year of grade 12, I finally broke down.

Everything came to a head at once and I had a number of

psychotic breakdowns that required hospital admissions. In the hospital I started out co-operative and did what I was told. But as soon as I left, all my bad behaviors came back. In just a few short days after going to the Provincial Mental Hospital, I ended up in a much worse condition. I was there the second time for what seemed like ages. One medication, lithium, soon cleared up my thinking, but not the pain and shame of what I had done. This was the Spring of 1990 and there was a war brewing in the Persian Gulf. I decided to join up. I passed all the tests and the security requirements. As I was about to pass the final parts of the medical questionnaire, I was asked if I had ever seen a psychologist or psychiatrist and I said yes, and they closed my file. Sorry, can't use you, thanks for trying! I was devastated.

I ended up going to Vancouver and eventually became ill again. Now I had no money, and no one to go to for help. I should have gone to a hospital in Vancouver, but I thought my best bet would be to return to Edmonton, even though it was the middle of winter. Looking back now I can't imagine what I must have put my parents through, calling and being irrational, asking for help they couldn't give.

I did make it home and somehow the psychiatric hospital put the pieces of my shattered mind back together. When I was acting and thinking more in line with reality they released me. I can recall being in an apartment, off my medications and hearing all kinds of strange directions and declarations from the radio. It didn't seem to speak to me directly, but I would listen, then something would be said I wasn't sure of and when I replayed the words in my head the words reinforced all my delusional thinking.

That was 1991 and in some ways it was the best year of my life. I had delusional thoughts, but I was somehow able to keep them under control. I enrolled in a pilot training program and found so much joy in learning everything I could about flying. I had flown gliders in Cadets and it was one of the most challenging and therapeutic things I have done.

That winter my mental condition started to deteriorate again. In the next weeks I lost so many friends and opportunities. One day I woke from a bad dream and decided to go for a walk. My delusional thinking was on a rampage at this time. So many thoughts forced their way into my head which made me want to just walk out to the Lion's Gate Bridge and jump off to the icy waters below. I don't know what but something stopped me. As a last desperate act I called the police and, being too ashamed to admit I had a mental illness, I told them I thought someone had put some hallucinogenic drugs in my food. They came down and quietly took me to the hospital where I was admitted to the psychiatric ward.

When they released me from the hospital, I was in no shape to live on my own. I took the last of my money and bought a bus ticket to Edmonton. When I arrived, there was no help and very little sympathy for me. My sister and her boyfriend wouldn't take me in, my brother refused, and so did my dad. I ended up staying in a homeless shelter until a bed became available at the University Hospital.



The years that followed were at times difficult, and at times more amazing than I ever thought life could be. The first decision I made was to complete my high school at an adult education centre. I loved school and I was an honor student in no time. I also met a young woman who has become the most important person and closest friend I have ever known. One of the other things I did was to start to write. I wrote anything I could. I kept notebooks filled with book reviews, movie reviews, journals, essays, poems, short stories. And I began to work on my memoir. I so much wanted to tell my story, to be able to have people understand what those of us with mental illnesses face each day.

I never did find a regular publisher, but I did manage to print copies of my book and sell them. They became a great success locally and hundreds of copies have been either sold or distributed to organizations and the public, those who suffer from a mental illness. I now go to schools of all types and give presentations about mental illness and then a talk about my experiences. It is so incredibly fulfilling, everywhere I go people thank me for explaining what it is like to live with an illness. I have also had times when I gave a presentation and people come up to me and share that they themselves have

suffered from a mental illness and I can direct them to places to get help.

There were dark times in the years since I finally gave in and decided to come back to Edmonton. At one point I thought I was beyond hope and would be in the hospital forever. It turned out to be a six-month stay, and it took years to come back to 100%.

All the way though my dad was there for me. He would visit me every day I was in the hospital and when I got out he would come to my house to pick me up and we would go for long walks in the river valley of Edmonton. It has meant so much to me that my dad and I are now close. All I can say to people who have a mental health issue is to keep having faith in yourself. I got through the worst times in my life because I kept focused on something greater than the small problems around me. I wanted to be a writer and each day if I could just read one short story or write one short poem, that would be my step towards something greater. We all need goals, we all need dreams. And we all need caring and love. Some of us need medication as well and there is no shame in it. I wish all of you the best life has to offer.

Dodging the Magic Bullet

CILA WARNCKE

In 1980, the year I was born, the board of directors of the American Psychiatric Association voted to allow pharmaceutical companies to offer paid symposiums at its annual conference. Thirty years later I was sitting on coarse beige upholstery in a doctor's surgery in Glasgow. "Are you *sure* the results are normal?"

He sighed and repeated that my blood, hormones, iron level and thyroid were all *fine*.

Disappointment lodged in my oesophagus. *Please tell me something's wrong*: hypothyroidism, Vitamin D, anaemia, hormone imbalance, anything.

I had moved to the rain-wracked west coast of Scotland to do a Master's degree in writing but after a few weeks I could barely read. Obsessive thoughts snarled and snapped my concentration: *you're stupid, you're hopeless, you're a failure*. Glasses leapt from my hands at my part-time waitress job. Burns crept up my arms as my reflexes slowed. My boss reprimanded me for being "snappish." I craved sugar, wolfing my flatmate's ice cream and cereal then slinking out the next

morning to replace them. I slept 12, 15 hours a day, exhausted by the weight of my body.

One more test. The doctor gave me a single sheet of paper. I tend to score well on tests; this was no exception. The Beck Depression Inventory¹ is a common screening for depression, intended to "identify [its] presence and severity."² He skimmed my responses about sadness, guilt, irritability, hopelessness, sleep disturbances, and suicidal thoughts.

"I'll write you a prescription."

"Is there someone I can talk to?"

Referral in hand, I walked to another basement office.

That doctor cut me off after ten seconds: "Do you want a prescription?"

He huffed audibly. "If you want to talk to someone go to the counselling service. I'm surprised," he added. "All the other American students are on meds."

In *Anatomy of an Epidemic* award-winning journalist Robert Whitaker describes how the "notion that [pharmaceutical] 'magic bullets'... would bring miracle cures"³ became psychiatric dogma -- despite the fact no one fully understands the organic processes of mental illness. Do psychotropic "bullets" hit their target? If so, what happens? No responsible physician would prescribe thyroid and hormone treatment without a lab test. But nobody checked my serotonin or dopamine levels. My doctor had never seen me before. He knew nothing of

Continued on next page . . .

¹ <http://www.musc.edu/dfm/RCMAR/Beck.html>

² bid

³ Whitaker, Robert *Anatomy of An Epidemic*. Crown. 2010

... dodging the Magic Bullet

Continued from previous page

my family, temperament, or situation, but on the basis of 21 questions offered a drug that would dramatically, maybe irreversibly, alter my brain chemistry.

The most common antidepressants are selective serotonin reuptake inhibitors (SSRI)⁴ like Prozac. As it happens, I spent several years toying with a fast-acting (albeit illegal) antidepressant. Ecstasy, like SSRIs, boosts serotonin levels in the brain. It obliterates unhappiness in a rush of euphoria, confidence, clarity and empathy. Everything is better on ecstasy: music, lights, colour, conversation, friendship, sex, and cigarettes.

Until the comedown.

“Suicide Tuesday” was a semi-serious joke among my clubbing buddies. We compared notes on nightmares, hallucinations, and memory loss. We counted the days till our jaws stopped aching and our appetites returned.

Prozac is legal but brain chemistry is no respecter of legislation. Trials on SSRIs show that “rats fed high doses... ended up with neurons that were swollen and twisted like corkscrews.”⁴ The human evidence is compelling: the Food and Drug Administration received thirty-nine *thousand* complaints about Prozac in the nine years following its approval, including reports of suicidal and homicidal outbursts, “psychotic depression, mania, abnormal thinking, hallucinations, hostility, confusion, amnesia, convulsions, tremors and sexual dysfunction.”

Instead of antidepressants I took the second doctor's advice and went to the student counselling service. Every Friday afternoon between three and four (well after dark, for most of those months) I went to a basement room where a white-faced, gold-rimmed Seth Thomas clock sat in a disused fireplace. A tiny glass pitcher and two small glasses stood on the hearth beside a box of Tork tissues. I had to fold them in half to blow my nose. Tears required a fistful.

“I'm scared.”

My counsellor was bemused: “Of what?”

“I feel like I've lost control.” I threw another fistful of sodden tissues in the bin. “You know the Rolling Stones’ ‘Paint It Black’? It feels like that.”

Words that come to mind now are no less true for being clichéd. Nouns: *storm, cloud, void, chasm, maelstrom, black hole*. Verbs: *choke, crush, frighten, smother, horrify*. Adjectives: *miserable, catatonic, helpless, damaged, trapped, angry, sad, frustrated, lost*.

In 1988 the FDA green-lighted Prozac and America's National Institutes of Mental Health set up the Depression Awareness Recognition and Treatment (DART) program. Its mission was to promote “greater acceptance of depression as a disorder” and, perhaps not incidentally, spread the word that “antidepressants produced recovery rates of ‘70% to 80% in compari-

son with 20% to 40% for placebo.” Eli Lilly, which held the patent on Prozac, helped pay for eight million DART brochures that highlighted the merits of serotonin-boosting pharmaceuticals.

If you're trying to dodge the magic bullet you need other weapons. I've been running since age 13, hooked on the peace and clarity that follows the effort. In Glasgow I got up at 5:30 am, pulled on ski socks, leggings, sweatshirt, jacket, hat, gloves and battered Sauconys then ran for an hour. I swapped my restaurant job for a coffee shop and found comfort in the routine of making espresso, toasting sandwiches, and gossiping with the regulars. At home I baked caraway rye bread, bagels, and lemon cookies to combat the chill seeping through the tall single-glazed windows. I bought kilos of oranges and taught myself to make marmalade; experimented with vegan mac-and-cheese and coconut milk smoothies. On black afternoons I tiptoed up the ice-slick hill to the gym and did squats, bench presses and seated rows. I used holiday photos for bookmarks and saved quotes on index cards: “A book must be the axe for the frozen sea inside you,” wrote Kafka.

“In a [1998] World Health Organization study of the merits of screening for depression,” writes Whitaker: “Those diagnosed and treated with psychiatric medications fared worse – in terms of their depressive symptoms and their general health – over a one-year period than those who weren't exposed to the drugs.”

One year is 365 days of wondering *why am I still breathing?* It's a long time to resist the temptation to drag the tip of a knife down your arm just to see how it feels. I scurried and fainted but depression was a patient cat to my mouse. There were still tears in writing workshops, still mornings huddled beneath the espresso machine gnawing my fingers, still cake binges followed by penitent cups of vegetable broth.

Depression is a black-hearted octopus tenderly, insistently probing for weakness. Resistance is the only secret to survival; fight the beast with every cheap, shoddy, inadequate weapon at your disposal. Work and running were my best allies. I also got better at snatching pleasure and being selfish about delight. When insomnia chipped at my fragile defences, I went to my doctor for sleeping pills. At the end of the year I left Glasgow, bruised but stronger. A magic bullet might have been swift relief. But the grit, patience, and humility I learned on my way are side-effects worth having.

⁴ NHS Choices: Antidepressants <http://www.nhs.uk/conditions/Antidepressantdrugs/Pages/Introduction.aspx>

⁵ Whitaker, Robert *Anatomy of An Epidemic*. Crown. 2010

⁶ Ibid.

⁷ Ibid.



Leather seat

SHIRLEY CALLAGHAN

Isabella brushed her long fingers over red cropped hair. Her blue eyes were brimming with tears. Dr. McManus had seen her so many times in that seat, but today he found her strangely appealing: she had both masculine and feminine features, and a long sinuous body that could befit a model.

He sat back in his brown leather chair across from her languid body. His L-shaped desk held files, a computer, phone and steaming coffee. In front of Isabella was an antique table the doctor used to hold his professional books and an oriental vase. He noted her tears and wondered what had happened last night to put her in distress and signal her to phone at such an ungodly hour for an appointment.

“You look strained, Isabella. What happened last night?”

“I’m not well, Doctor,” she began. “Sorry I phoned you so late, but I’m in agony!”

Tom is gone. My only child has run away from home and headed to Toronto. Fifteen!! What will he do to survive—beg—prostitute himself? I’m a bad mother. Not enough that I’m a wreck, I’ve driven my boy away to heaven-knows-what!”

Dr. McManus moved across the room in front of her to a walnut bookcase on the right wall. Isabella watched him. He had thinning hair and was too slim, but he was immaculately dressed: his pants had a knife like press and his shirt and tie in pinks and grey were beautifully coordinated. *He has everything in order, I guess he needs to be in command if he treats patients like me for months on end.*

He selected a book with a leather cover and thumbed its pages. “This book speaks of resilience and fortitude. I would like you to read chapter six when you go back to the apartment. Take your time in reading it and I think you will feel better.”

“What has that to do with me losing my son?” she yelled.

“You are losing control early today, Isabella. Are you afraid for your son or angry at him—yourself—or me?”

“You always bring up anger, Doctor—every session! We’re dealing with my lost son here! Maybe it is you who are angry, after all I did wake you up last night, didn’t I? Interfere with your comfortable world. What do you really know about my suffering?” *My hands are sweating as is my forehead. Maybe I am angry—angry that everyone will think I’m a failure. Does he really think I’m too sick a woman to bring up my son? Sure I have delusions, but I always get better. Mom used to care for Tom during these episodes. Mom! Sure, my narcissistic Mom who always made a show of my being ill!*

Dr. McManus loosened his tie. *How long had she been in therapy—how long with no change? She won’t let go of the wrath she feels for her mother and father. Look at her- 5ft 10in and weighing 105 lbs—she is being eaten away by her anger and she refuses to let go.*

“Isabella, Tom was born out-of-wedlock. Are you ashamed of that- angry at his father for deserting you? Angry for Tom for being born? Is this all surfacing for you with

Tom’s leaving you at so early an age?”

“I love Tom. He’s all that I have in the world—the only one I love. Why should I be angry and ashamed?”

“Have you ever thought about contacting your mother, however difficult that may be. Your father’s death five years ago must have left her alone except for you, her only child, and Tom. And you could have a support in your grief.”

Isabella crossed her arms across her ill-fitting red blouse. Her thin legs were wound so tightly around the legs of her leather chair that her short skirt rode high enough for the doctor to see the rim of her panties through her cheap garment.

“Deserters –all of them!” she said, her voice shrill. “My mother sent me to reform school and left me there to rot. I still feel all bound up and teary when I think of it. Neither she nor my father came to visit. They didn’t want me to be a scar on their social life. Mom had to be the prima donna. She should never have had a child: she wanted to be the center of attention all the time. I was excess baggage!”

“Can you think of anything she gave you or Tom- anything at all?”

“Look, Doctor! What are you getting at? You told me years ago that I stole and acted out because she rejected me! Don’t you remember?” Isabella’s eyes had narrowed and her fists were clenched. She moved her chair back and stared angrily at her doctor, whose arms hung limply over the arms of his brown leather seat.

“Do you need an excuse for your behavior, Isabella? You are very bright. Your performance in high school was first-class despite your depression and acting out. You could have chosen a different path. Now you are more mature and have new choices to make.” *She has the fine bone structure of a true beauty. Life could hold promise for her if she could find her way. I wonder if I am helping her with her rage, at all.*

“What did my parents do to encourage me, their “bad” child? Nothing! Why should I get into sports or try for awards? Everyone thought I was just trouble and then finally I got pregnant by that greaser proving them right! Dad worked 8 am to 8 pm. Mom was always into fashion, showing herself off. I was their big mistake! Even Tom, their only grandchild, didn’t impress them. They rejected him too!”

“I met Tom, Isabella—at the park with you last summer. He was handsome and seemed to enjoy just being with you.” Isabella put her hands on her lap. *He never wanted to leave me when he was younger. We were a pair. I didn’t mind the two part-time jobs at minimum wage. He was my son. I lived for him, the only one who gave my life meaning. He was a good boy—not like me! Please God may he be safe!* Dr. McManus wished she would say what was on her mind as he saw her in thought. She answered his unspoken question.

“I was asking myself what I gave him. Well, I fed and clothed him for fifteen years. I was on my own with no help from my parents, but I loved Tom –more than I ever loved anybody. All those late nights at MacDonald’s—it was for

Continued next page . . .

... leather seat

... continued from previous page

him. Even if I yelled at him and gave him curfews, it was all to bring him up right so he would be a good fellow and not get into trouble." Isabella stared at the vase on the table in front of her. It was between her and Dr. McManus. She wanted to pick it up and break it to make him feel bad just like she was feeling. *How did he know her anguish?*

"All these years, Isabella, all the love and sacrifice, but you had to have control—to bottle up that ton of anger. You have so much to offer!"

"I never wanted to come home to my parents because I knew they didn't want to have anything to do with me or Tom. Now, my son doesn't want to come back to me! It's a vicious circle right, Doctor?"

"You looked after him, kept him out of trouble. You loved him. He won't forget that!"

Isabella began to fidget in her seat. Her skirt crawled up higher on her leg and she tugged to get it down.

"There is something I never told you, Dr. McManus. I was so scared Tom would get in with the wrong crowd I asked a senior student to keep an eye on him and keep me informed. I had done this for weeks. He was to tell me what Tom did in class and in the halls and who he got around with. I was scared he'd end up in reform school like me. I was working so much I had no idea of his whereabouts or activities. I know I did wrong." Isabella looked past her doctor to the computer to avoid seeing his expected displeasure. He was looking at her to see her facial expression after her admission. She looked weak.

"Go on, Isabella."

"The day Tom found out, he came home enraged. He slapped me and punched me in the arm. He had never hurt me before. I'll never forget the rage in his eyes which mirrored the anger I felt for my own parents. He left the apartment for two days, came back and the next morning I found his note that he was headed to Toronto with a friend." Isabella impulsively reached for the vase, hurled it at the bookcase, and began to cry, deep guttural sobs that wracked her frail body. Then she crawled to pick up the pieces of what was, unknown to her, a priceless Ming vase.

The doctor never flinched, seemed to accept what had happened, understanding the catharsis. "Deception is a big blow to anyone, Isabella. You know what it is like to have your freedom taken away from you. Trust can be restored over time, but his pride has been hurt. You both have work to do."

Isabella smeared the tears away from her cheek with the back of her hand and wiped it on her red blouse. She felt limp and shattered like the vase. Looking at the walnut bookcase she was reminded of the leather book and chapter six. Dr. McManus turned to her as he rose from his chair, and reached out to shake her trembling hand. "Tom needs a good mother, Isabella, and I think you're the one for the job."

Disarray

ROLLI

"What's the point?"

My Mistress appeared at the end of the hall.

I paused my dusting but did not answer. My Mistress often speaks to herself.

She moved forward. Her gait was unsteady. Her hair was in disarray.

"What is it?" she said.

"What is it?" (again).

She stepped closer, sliding her palm along the wall.

"What is it?"

She collided with a bookcase. Some ornaments fell to the floor.

I came to her assistance. I helped her to a chair.

"Would you like some tea?" I asked.

My Mistress did not seem to hear.

I replaced the ornaments. I dusted them. I dusted the bookcase and an adjacent table.

"What's the point?" she said again.

"If I am not diligent," I answered, "the dust will accumulate."

My Mistress seemed to contemplate. She threw her head back—and laughed uproariously. She laughed until, growing weak, she slid out of her chair and onto the floor. She lay on her side for a time, laughing, and at last became still.

I bent over my Mistress. She was asleep.

I carried her to the Rose Parlour. I laid her on the sofa.

I closed the door softly behind me.

Love goes away

ROLLI

My Mistress had been sleeping. On a sofa in the Rose Parlor.

She opened her eyes.

"Love goes away. You wouldn't—who would guess? That it's possible. It goes away. More ... than anything, that one thing. If it could stay. Living... It wouldn't be so difficult.

"You could lose ... your livelihood. A limb. Someone. Anything. You could lose anything. But that, is everything. It's losing everything.

"It goes away. Love goes away. You'll fall asleep, being loved. You'll wake up. One morning. And it's gone. Like a dream. It's gone away. It's gone."

She closed her eyes, my Mistress. She appeared tranquil.

I did not disturb her.



The Hex

KEITH FOSTER

My six-year-old brother, Stevie, two years younger than me, followed wherever I went. One day I decided to visit the nuisance grounds to see if there was anything exciting out there. Stevie tagged along as usual.

Most times, I could find some kind of treasure, like a discarded bicycle or little red wagon. This day, the pickings were slim – nothing worth the trouble of carting home – so we decided to visit the Scott farm.

We walked along the railway tracks because that route was shorter than the winding road. Besides, I liked the challenge. I actually walked on the rails. I was pretty good at balancing and stayed on the rails almost all the way. Stevie wasn't as good as me, so he walked alongside.

When we arrived at the Scott farm, the kids were really glad to see us. Even Mr. Scott seemed friendly. He'd lost his wife about a dozen years back and didn't talk much. The three kids invited us inside and offered us milk and cookies, all we could eat. We felt like royalty.

The next day, we decided to go back to the farm. This time we weren't treated so royally. The kids invited us inside

for milk and cookies, but Mr. Scott flew into a rage. He yelled at the kids to get inside. Then he turned on us.

"Who do you think you are?" he bellowed. "This isn't a guest ranch. You think we've got nothing better to do than feed you every day?" Then he used some words I'd never heard before.

He grabbed me by the arm and dragged me to the gate. "Now get out of here." Stevie scrambled out of the way before Mr. Scott could catch him.

We clambered to a nearby rise overlooking the farm. I peered down. Mr. Scott was still standing in his yard, glaring up at us.

Emboldened by being at a safe distance, I shook my fist at him and started yelling. I really got into it, as if in some sort of demonic trance. I picked up handfuls of stones and threw them down the hill, screaming, "I hope lightning strikes you dead."

A couple of days later, Stevie and I were playing along the road allowance. We watched as an ambulance roared past, from the direction of the Scott farm, heading toward town. That evening, we heard Mr. Scott had died. "Heart attack," Dad said.

I really didn't mean for him to die. I only wanted to put a little hex on him, just enough to make him sorry for shouting at us.

I started feeling guilty and couldn't get to sleep. Then I realized that if I'd put a hex on him, he'd probably put one on us. I didn't mind him putting one on me. I guess I deserved it. But it wasn't fair to put one on Stevie. He hadn't done anything. He was just following me around.

I knew I had to do something – before Mr. Scott was put in the ground. Next day, I headed to town and stood outside the church. No one was around. In those days the church was never locked.

I snuck inside and gingerly walked toward the altar, tip-toeing all the way. The floorboards creaked with every step. They always seem loudest when you don't want to make a sound.

Amazingly, the casket was open. There lay Mr. Scott in his best black suit. His face looked ashen and his lips were curled, as if he was snarling at me. Looking down over him, I told him I was sorry I'd put a hex on him. I really didn't mean to. I said it was okay for him to do the same to me because I probably deserved it, but would he please take the curse off Stevie, who was totally innocent. I was the only one who should be punished.

After I said my piece, I turned and tip-toed back along the aisle, the floorboards creaking again with every step.

As I approached the door, I felt as if someone was watching me. I could feel the hairs sticking up on the back of my neck and wondered if at any moment I would be struck dead by lightning.

Sixty years later, I still get shivers down my spine when I recall that open casket and the waxen face of the man I'd put a hex on.



"Have you considered Scientology?"

Toes over the edge

DAKODA BRUDER

Toes over the edge raindrops pelting my face my skin stinging my hair streaming like rivulets behind me wind ripping through my body and screaming at me screaming at me to be who everyone wants me to be screaming at me to be myself forget everyone else and believe in myself confusing me telling me I'm worth nothing anymore I can't be who I am, not like this...not with everyone thinking I'm something I'm not

My breath is heavy from exertion keeping myself standing against this torrential storm The heat coming off my body makes the rain evaporate off of me in puffs of steam clouding my vision The chill creeps its icy fingers up my back making me shiver reminding me that I'm no less human than before The ground feels shaky beneath my feet or maybe that's just me standing on my own two legs my energy running into the ground and reverberating back to me Tree branches snapping grass lashing in the wind relentlessly tearing at my clothing trying to strip me of what society calls a sin I don't care I am who I am

The onslaught rages the rain gets heavier fusing with my tears The water rushes now gushing over the edge of the cliff pools of it collect at my feet soaking my socked feet making the shiver return I'm soaked, from my head to my toes I'm wringable My clothes feel heavy my heart heavy with feeling my limbs laden with exhaustion The wind picks up louder and louder howling at me screaming making me accept the fact that it won't go away I have no control no say nothing I

do will change the outcome I can't be myself It's not acceptable I'll be disowned discarded like everything else that's different thrown to the side and forgotten

The clouds glare at me showing their disapproval having lost the respect they used to glow with They taint the sky with their hatred hatred of me or what I am I will never know they take all the color away and turn everything into a colorless dark chasm The chasm that's going to swallow me whole The chasm that's making me wish I wasn't who I am I shake my head erasing the thought I am who I am and no one can change that or stop me from being who I am I tell myself this over and over hoping the words will finally sink in once and for all and save me from this nightmare

The wind continues to taunt me bringing me back to reality I feel the piercing of the words the trickle as my blood is spilled Emotional pain overpowers me forcing me to my knees my head falls to my hands and my pride sinks with it I wish that I couldn't feel I hold onto the wish hoping I can make it come true but none of my wishes will ever come true because I'm not worth anything I'm nothing I don't deserve to have my wishes come true Monsters that lurk in my conscience jump and tear at me helping me to destroy myself piece by piece I can't stop them. My walls start to crack and crumble. I look around, broken tree branches lying like fallen soldiers grass torn from its roots ever-growing reservoirs of water around me water that the ground can no longer absorb

My body starts to shake and exhaustion overtakes me as I realize I am bringing this storm upon myself

Jimmy Bang's Dusty Room Blues

VICTOR ENNS

C'mon baby, let me dust your room, nothing but dirt under your bed
I said, let me dust your room, nothing but dirt under your bed
I've been wishin for God, but I'll settle for cleanliness instead.

You've been waitin too long baby, you're Haversham's baby doll
You've been waitin too long baby, you're Haversham's baby doll
but I'm bringing my feather duster, gonna slide it all over you.

Hard hearted woman, you've been told man's good for dirt
Hard hearted woman, you've been told man's good for dirt
let me tell you true, dear, I want to be you're cleanin man

Got me an ostrich feather duster, gonna run it all over your room
Got me an ostrich feather duster, gonna run it all over your room
You ain't gonna want to stop me, gonna run it all over you.



Jimmy Bang's Stupid Blues

VICTOR ENNS

I'm stupid
I'm stupid
with the stupid blues.

I always lose
what means anything
when I get close

to you. I have a Polaroid,
catching your whisper.
The mortgage

looks for a signature .What
I want is accompaniment
for the stupid blues

I'm stupid
I'm stupid
with the stupid blues.

Can't hear;
I'm missing
that thing

In my ear. My pulse
a salty dog, afraid
of the kitchen party.

Hey, I'm stupid
I'm stupid
With the stupid blues.

When Mom still made sense

CHERYL KAI

When Mom still made sense she used to say
"Plans arouse a curiosity that discloses your desires."

After her first episode making plans was no longer
within her reach. Illness erased her reason
for striving to do her best or proving a point.

When she realized she could never be responsible
for the future Mom turned to unplanned adventure.

Mom likened planned adventure to a gopher —
curious only in dashes, then back to the plan.

When illness robbed Mom
of any possibility to earn money,
She said "When you got no money
you got no plans, simple as that."

Before Mom's treatments tranquilized her
she managed to make me and my brother
colorful plastic plaques for the future:

*My Darlins'
Plans mostly
throttle adventure.*

Multi-coloured owl in flight

CATHERINE FENWICK

I wear a rainbow jacket,
berry red toque and mitts,
carry a new pair of skis.

Six below,
the midday sun pours warmth
over people, park, parallel tracks.

The air breathes above naked
poplars. Pine trees bow
under downy mounds.

I click boots into bindings,
kick, glide, swoosh, a bush dance
straining every muscle.

A breeze passes my face.
The snowy owl on a bald branch,
swivels its head.

It scans landscape, lifts off
soars above frosty tips of trees,
foretells a coming death.

I fly over virgin snow,
knowing that prairie deaths
always come in threes.

For Life

CATHERINE FENWICK

On the highway, driving toward
a sadness in the country,
Flocks of geese cross
my sight line.

Every year the same routine,
south in fall, back north in spring,
mate, lay eggs, raise the young,
fly south again.

Geese mate and stay that way. If one dies—
hunter's gun, speeding car,
avian disease—the other is left
to wander with the flock.

My newly widowed mother
is young, not quite sixty,
has never flown
solo before.

Lightning strikes

CATHERINE KATT

Caught between lightning strikes
Stand still. The flashes illuminate another realm.
Seen in relief a quick burn of recognition
And the flash is gone; the brilliant discovery
Cannot be translated into an image.

Searching everywhere for the likeness in
Another's eyes, the connection of electricity
eludes me.

The ever-present source of inspiration strikes
Then dissipates to a fizzle of jumbled impressions.
What was that?

The smell of charred wood and charged air linger
The earth and air vibrate, when the other realm opens
The sky cracks and the rain falls, while thunder rolls.
Stand still.
Caught between lightning strikes
To be at one, pay attention.

March 13, 2016

A steak through the heart

BARRY STYRE

A vampire with a death wish walks into a restaurant. He wants to have one last meal before deciding what to do with his so-called life. He had spent the better part of the day in his coffin, sleeping ... the sleep that the undead are used to.

He tells the waiter, "I would like a steak for supper, bloody rare, if you please and a virgin Caesar with real blood instead of tomato juice, thank you very much. Oh, and a ring of garlic too, if you would be so kind."

The waiter goes into the back of the restaurant to consult with the owner. He says to the owner, "Let's play a Halloween trick on the poor soul."

"You bet we will" says the owner.

Whether the vampire had a soul or not is debatable.

Anyway, to get back to my story ... a few minutes later, the waiter re-appears at the table where the vampire hungrily anticipates his meal.

But to the blood sucker's surprise, on the tray instead of meat and drink is a hammer and a wooden stake. The waiter laughingly asks, "Who ordered the stake?"

crap

SEAN NIXON

Walking in a world that looks like theirs but isn't Just not quite right saying the wrong thing at the wrong time holding eye contact with a stranger too long standing too close to someone I talk to So exhausting to be like them and knowing I'm not Focus I need focus fighting hard to be what I need to be I forget sometimes what I want to be I used to know didn't I So what about me I want to be normal I want to know what to say I want to know what to do I want to stop fighting to figure out what it is My talent my gift my curse is supposed to be weaving words into picture In a way that you can see my thoughts But I can't open my mouth and tell you them Life is a process a cause and effect equation what happens when there is no cause for an effect I lay in bed waiting for the effect following the cause and it doesn't come I can feel it trying to push through the tendrils of sleep closing in brushing against the inside of my skin and then with a thought they are gone I am left with a vibration in my body and a carnival ride spinning in my head loud bad pop music the sound track to insomnia So here this is it poetry no story not really let's call it that catchall prose I want this to come together and mean something the mystery of it is in its nothingness it does.

Why the camel wears no clothes

BARRY STYRE

Some have one hump, some have two.

Through the eye of the needle or a port in every storm.
Do not remove under penalty of law.

If you go out in the woods today you're in for a short reprise,
if you go forth in dark tonight you're in for a big surprise.

The problem that didn't exist
during the event that didn't happen
to the boy who wasn't there,
do I look like a square?

The clouds scudded across the sky the wind was blue,
and pray tell, where were you?

The critic has his pen and the censor has his blue pencil.
The child his stencils.

It's been said that the hand that rocks the cradle
rolls the world.
In the country of the blind the one eyed man is king.

Inside Kay Parley

TED DYCK

Parley, Kay. *Inside the Mental: silence, Stigma, and LSD*. University of Regina Press, 2016. Hardback. 179 pp. \$24.95.

Full disclosure: As editor of TRANSITION I worked with Kay Parley on several pieces that we later published. One of these, "Night of the Red Rug," appears in this collection.

In a biographical update attached to a piece she submitted to TRANSITION (Winter 2013), Kay Parley wrote, "I am 90. The chance of anyone being left alive to figure out who [the men in my article] were is very unlikely." Here then is the essential Kay Parley as I have gotten to know her, from a distance and as an editor: a nonagenarian writer with a razor-sharp wit and a mind packed with memories of a fully lived life. That mind, those memories, and that life are on full display in this elegant memoir published by the University of Regina Press.

Inside the Mental proceeds more or less chronologically through a significant twenty years, from the late forties to the early sixties, of Parley's life: first, as a psychiatric patient at the Saskatchewan Hospital at Weyburn; then as a psychiatric nurse in the same hospital and the University Hospital in Saskatoon; and finally as a writer chronicling that life.

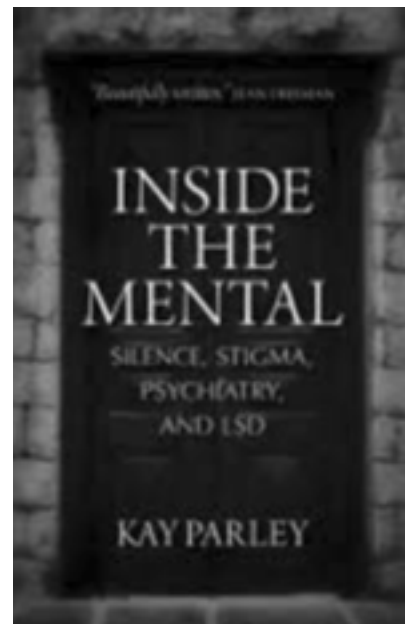
As Parley notes in her introduction, "Mental illness was always part of my life" (1), a life which included both a father and a grandfather who spent long periods at Weyburn. This knowledge was a burdensome fear as she was growing up, resolved only when she herself was a patient there in 1948-1949. This confrontation with her illness (understood

only much later as manic-depressive psychosis) changed her life. She participated in ECT and group therapy, met her father, became editor of the institutional newspaper (*The Torch*), and was released after treatment by psychodrama.

Parley worked for several years after her release but decided to return to Weyburn as a psychiatric nurse-in-training (1956-1959) after surviving yet another breakdown. Her residency as a trainee completed the life-change begun as a patient: she met Aldous Huxley, a social anthropologist who guided her through her first and only LSD experience ("Night of the Red Rug"), and worked with Dr. Abram Hoffer, he of the

ground-breaking treatments with LSD for which the Hospital became famous by the sixties. When she began work at the University Hospital in 1963, Kay Parley was an expert LSD "sitter" and was beginning to write about the accompanying transformations in the treatment of mental illness.

This outlines the "story" recounted in the memoir, but only introduces the subtext of a story that grounds her life to



this day, the story of Kay Parley, writer. The writing life, a major part of which is the memoir here reviewed, began with her editorship of *The Torch* when a patient in Weyburn. As she says in the chapter "The Torch," the magazine was therapeutic for all the patients involved in it, and editing it was "the most valuable job [she] ever did," because it paid her in "... health, ... confidence, and ... self-respect" (60). Of course, writing is only one part, although by her own account a central one, of Parley's recovery into and pursuit of a long and productive life.

A good portion of Parley's life as a writer up to today is published in *Inside the Mental*, but by no means all of it. In particular, I want to close this review by noting the work she has published in TRANSITION since 2007. Its subject is invariably the same as in this memoir, her experiences relating to The Saskatchewan Hospital at Weyburn, but its reach is far greater. For it is a living demonstration of how an indomitable spirit has nurtured her own health through writing to the benefit of us all.



Canadian
Mental Health
Association
Saskatchewan

Flash Fiction "novel" form

IRENE GROBOWSKY

Rolli. *The Sea-Wave: A flash novel*.
Guernica Editions, 2016. 161 pp. \$20.

1. Kidnap victim - a mute wheelchair-bound twelve-year old girl.
2. Kidnapper - an old man bound to repetitive memories.

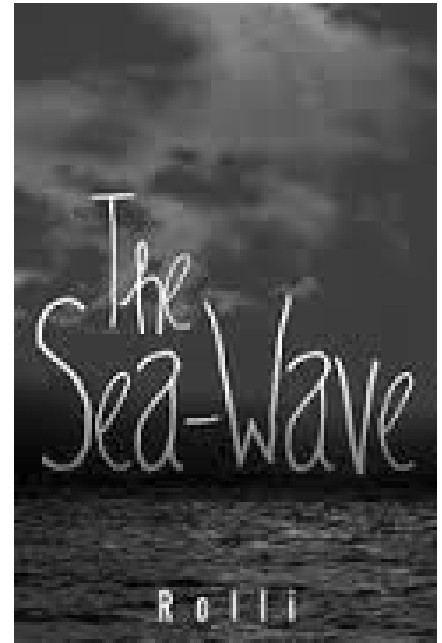
These are the protagonists of *The Sea-Wave* by Regina writer, Rolli, author of poems, stories for both adults and children, as well as cartoons and illustrations. Young Adult readers may find it a bit of a challenge, but it will certainly raise questions for discussion.

Despite the lack of dialogue and a pared-to-the-bone style, *The Sea-Wave* is strongly emotional. Pain is a central motif: the pain of experience as the "Other" – the outsider shunned in pity, disgust, or fear – conveyed in sentences such as "It's listening to acid rain" (p.7)

and "So you're playing a guitar but then thorns grow on the strings and you have to keep playing because everyone's watching"(p.27).

The jottings in the girl's memorandum book convey her pain in so stark a manner that the reader feels overwhelmed. It serves a double purpose as it also records the memories of the old man who has kidnapped her, although we never know why. Does he need the girl to affirm his own existence? Or is he in need of someone to listen and to hear what he has to say? We know from her description of his eyes, sometimes "hazy and lost" (p.49) and at other times "bright and clear" (p.49), that he drifts in and out of reality.

Balancing the girl's entries are the old man's recollections (ravings??) laboriously written in her memorandum book. Both lives can also be labelled memos - so much outside the pale that



their existence is not even acknowledged with names.

No dialogue, very little description except dealing with pain from the inside-out in powerful metaphors. For example – "rotund tragedy" (p. 144) – a strange juxtaposition that suggests a growth of utter sadness that yet contains the potential for comedy, black though it may be. The chapters "Shit" (pp. 33-34) and "Naked Dad" (p.106) are good examples of this. Irony is strong throughout the book, particularly in the chapter "Paw-Paw" (pp. 102-103), relating the care of a neighbour's parrot where "I love you" as a refrain is associated only with the bird.

An unusual life is recounted by the old man - but has it been a real experience or is it only partially real and now entwined with a repetitive hallucination? "The sea-wave comes and goes forever. ... Nothing, not iron, survives it. ... For it comes and goes forever" (pp. 5, 85, 142). Is the entire paragraph describing the sea-wave meant to convey the erosion of personality, destroyed by the constant awareness of being designated "Other"?

Much like radio dramas of the past, flash fiction is minimalist literature, relying not on the listener in this case, but on the reader to interact with the characters in the novel. With his highly original style, Rolli has succeeded exceptionally well in stimulating both imagination and empathy in *The Sea-Wave*.



Meander by Henry Peters

The burden of history

MAREIKE NEUHAUS

Black Apple: A Novel by Joan Crate
New York et al: Simon & Schuster Canada, 2016.
326 pages.

Joan Crate's novel *Black Apple* is one of the latest in a long line of Indigenous texts that address the residential school system in Canada and the destruction it left behind. Like many contemporary Indigenous writers about the cultural genocide inflicted on their peoples, such as Richard Van Camp, Eden Robinson, and Joseph Boyden, Crate is not a residential school survivor. Yet, what is noteworthy about *Black Apple* is not her lack of first-hand experience but her choice to alternate the story between two perspectives, that of Sinopaki, a Blackfoot girl who, in the middle of the Second World War, is taken away from her parents to attend St. Mark's Residential



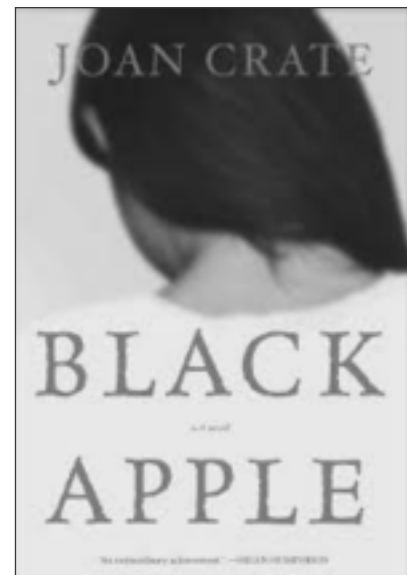
Hungry woodpecker by Joyce Kirby

School for Girls, and Mother Grace, the school's principal who sees potential in Sinopaki and "grooms" her for nunhood.

Much could be argued about this particular decision – after all, the novel gives explicit voice to the colonizer. In the afterword, Crate doesn't provide the reader much insight into what made her decide to portray not just the victim's side of the story but also that of the perpetrator's.

The juxtaposing of stories and the switching back and forth in perspective has the effect of making the actions and reasoning of Mother Grace and her entourage appear even more violent, absurd, and outrageously wrong. Sinopaki grows up apart from her family and, as time goes by, she is further alienated from them through the meddling of Mother Grace who manages to keep her parents and brother away from her entirely, even throughout the summers. Cut off from all her relations, Sinopaki comes the closest to finding some form of stability and comfort in the one person who denied her integrity as a Blackfoot in the first place. Over the years, Sinopaki starts to see roaming at night the ghosts of people who have been wronged by the school. Mother Grace celebrates Sinopaki's vision as a miracle and a sign that she should become a nun—an utterly ironic twist: for with her mother dead and her father living up north, there is no one available to explain to Sinopaki that she has in fact inherited the gifts of her father, a respected Blackfoot healer. When at the end of the novel, Sinopaki sets out to find her brother—their father has since passed away—she hasn't just turned down nunhood and a marriage proposal; she has finally assumed the risk of being herself.

The bond between daughter and father — one generation following in the footsteps of the other — is so subtly presented in the novel that it may be entirely missed by readers unfamiliar with Indigenous traditions. One may read this lack of cultural context as one of the novel's weaknesses (Mother Grace's looming shadow swallows Indigenous presence); or one may read it as the author's deliberate attempt to recreate textually the cultural genocide performed on Indigenous people across the country. Reconciliation is a process not a state, as is the healing from what the late Jo-Ann Episkenew has called "postcolonial traumatic stress disorder." Both require the telling of stories, not just story, and with *Black Apple*, Joan Crate has added another voice to the collection, if a fictional one. It will be up to the readers to wrestle with the burden of this history.



Judge's comments

LYNDA MONAHAN

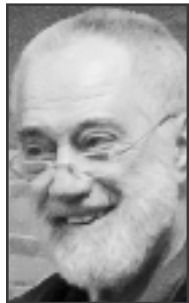
It is my pleasure to be sponsor and judge for the second WFYL creative writing contest. The theme for the contest was travel, whether it be a physical journey or time travel, to be interpreted as the writer wished. The contest was open to any genre. We received many entries and I read pieces that ranged from fishing trips taken with dad to stories about going home, from wild adventures to flights of the imagination.

I am happy to announce the one hundred dollar prize winning entry by **Mareike Neuhaus** of the Eastend Writing For Your Life group, a poem titled "Backyard." Such lovely use of language in this poem: "in the backyard of her memory" and "the weeks blow past like summer storms" are two phrases that delighted me. The poem "travels" between the past and the present as she "rides the ups and downs of the messengers in her head." I loved the use of repetition and the musicality of the poem as well. Congratulations, Mareike!

Honorable mention goes to **Lara Kozlowski** of Saskatoon for her piece titled "Travel"; **Naomi Doell** also of Saskatoon for "Take a Trip"; and **Debbie Cochrane** of Prince Albert for "No Longer a Basket Case." Some really fine writing in each of these pieces!

Thank you to all of the entrants for submitting to the travel writing contest and happy writing to all!

EDITOR'S NOTE: The judge and sponsor of the WFYL Fall 2017 contest, "Beginnings," is Linda Biasotto. Please contact your group facilitators for details.



TED DYCK
WFYL FACILITATOR



Canadian Mental Health Association Saskatchewan Division Inc.

EASTEND

Backyard

MAREIKE NEUHAUS

after Ani DiFranco's "Jukebox"

in the backyard of her memory
the little girl stands in the grass
trashing the plastic toy mower
little splinters of her past
and she rides the ups and downs
of the messengers in her head
and she drinks herself to sleep
as long as she can sing
as long as she can think
this brain is mine
this brain is mine

the weeks blow past like summer storms
she is staring holes into the sky
chasing one memory after another
deep in the shadows of her night
her mom still calls every Sunday morning
with the forecast from a different life
if only she could live it
if only she could believe it
this brain is mine
this brain is mine

now she plants a garden late every May
watching the plants grow inch by inch
then harvest creeps up on her
and she leaves them in to die
there is an anger feeding her pain
there is a bitterness ruining the taste of food
the years go by, she has forgotten how to care
and when she looks outside the window
she can see the little girl crying again

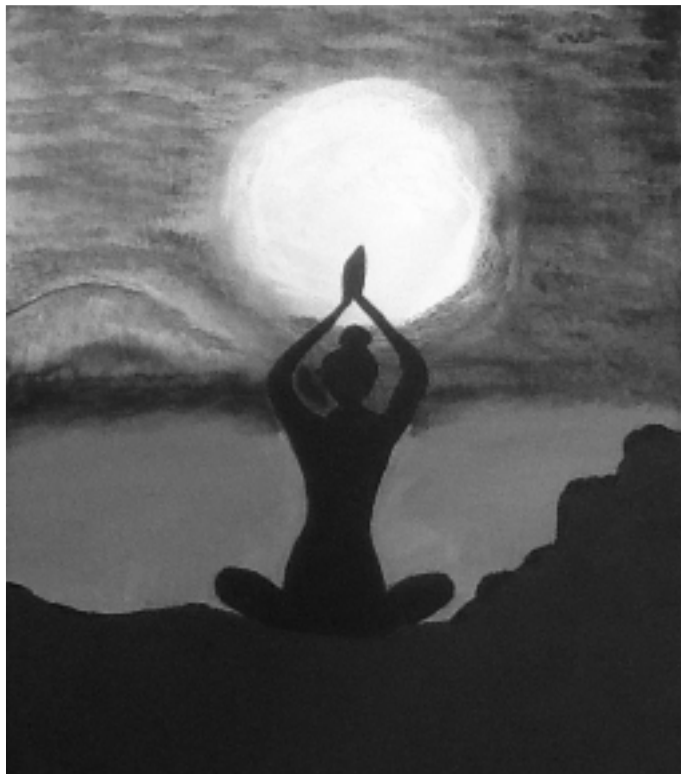
and she rides the ups and downs
of the messengers in her head
and she drinks herself to sleep
as long as she can sing
as long as she can think
this brain is mine
this brain is mine

Grief travel

GLORIA MORIN

How it happened, I'm not exactly sure! One minute, I'm thinking about my brother, then [POOF] I'm in some techno-dance club. I look around and spot my brother right away—he's an amazing dancer. I make my way over to him and he gives me one of those, 'delighted to see you, sis,' kind of hugs. We dance and later head over to the bar for a few drinks. I want to ask him things. Tell him things. Instead, I remind him of the time he had taken a can of pink foam and sprayed a pile of rocks in our front yard—then had my kids convinced that what they saw there was 'alien poop.' He spills his drink; he is laughing

*-- In loving memory of my brother who died
May, 2002, at the age of 31*



Yoga by Lee Demas

PRINCE ALBERT

Self portrait

BASIL BALLANTYNE

I am painting a picture
Of myself
I am proud of who I am
That I can make pictures
I try my best to do it
My niece and nephew
Would be glad
Cause this is about them too
They are a part of me

I got interviewed
And I was on TV
I was surprised to see myself there
I thanked the lady who interviewed me
I shook her hand

I am a kind person
People can be happy with me
I play pool and win against Ian
Some of the time ;-)

Travel

KIRSTEN BARSS

I often dream of a place
A place where I can run away
Where everything is quiet and calm
No pain lives there, no worries either

It's a beautiful place
Where the sun beats down
Soaks into my skin
Bare feet deep in the smooth sand
And that light blue water on my body
That's where I wish to be

Recently

BOO

I went for a visit to my daughter and her kids. I was surprised to learn that my brother had moved to her place. We went to the casino, an Asian restaurant and to Tim Horton's for coffee. I'm doing all kinds of traveling by foot. I'll meet Joe for coffee, I'll go to the East Flat shopping at Walmart later. I'm walking everywhere for exercise.

No longer a basket case

DEBBIE COCHRANE

Well they called me a basket case.
 I was a zombie for years in the hospital,
 empty of all thoughts. I finally pulled through
 to find that I am actually better at being myself.
 What I wished for years.
 I went through so many shock treatments.
 I didn't stay a basket case. I became me in the long run.
 I am still on meds and now I can think and do many things.
 That's a good thing and it was quite the journey.

Traveling with Dad

RANDY COCHRANE

When I was young, my dad would take us kids and we would travel through the mountains. We drove through Fernie, B.C. and Banff. We took many pictures of the mountains and the waterfalls where we found places to swim. We also went to the hot springs and climbed the mountains. We climbed up one mountain where you could drive to the top and were we ever surprised when we got to the top and there they were!

Later we found a campsite where we caught some fish. They were rainbow trout and we cooked them up for our supper. We had so much fun when we went traveling with my father every summer. I miss those days.

The path less traveled

SHERRY FAVREAU

I came across, in my journey of life, two paths – one traveled and one not so traveled. I took the one that was less traveled. It had many challenges and hurdles and gifts and this was what my life was like.

As I overcame all these difficulties, along came the gifts and those gifts are what I learned from the challenges and hurdles.

From all this I have learned to become a strong, healthy, happy person.

The road less traveled led me to who I am today and what I know now is that I am glad I took that less traveled road. It might have been easier to take the well-traveled road, but I have a lot of character because of the other. Because I had to struggle I learned a lot of lessons and this is me. I am here to teach people that to take the easy way is not always best and to keep going despite the obstacles. It's all about the journey, not the destination.

Growing strong

AYAMI GREENWOOD

Time and space consuming forever
 I go a long way at a slow pace.
 No race, but its clever.
 The slower I go, the more I grow

I accumulate knowledge
 that's never been erased, but kept in records
 Life after life
 I reincarnate.

Its my pledge to grow strong,
 to remember, life after life
 Never assume my way to travel
 is wrong or a mysterious case

I'm so serious
 It may be a long way at a slow pace
 But to reincarnate is illustrious
 and in accord with fate

Time and space consuming forever,
 I just stay where I am and wait,
 accumulating knowledge as I go,
 remembering every life, growing strong.

Waiting to go home

WENDELL GUEDO

All my life I've been traveling down this road
 Waiting to go home
 Seems like forever that I've been carrying this load
 And on that glorious day that I die
 You're going to be envious to see me fly
 Away from this planet full of misery and why
 Do I once again look forward to the day I'm gonna die
 Waiting to go home
 I feel so all alone
 I hear you on the phone
 But I'm still on the roam
 And on the day I'm dead and gone
 All the angels will be singing a song
 And I've been waiting, is it wrong?
 But the Son has always shone
 Waiting to come home Father
 Wishing to depart
 Patience is a virtue don't bother
 I'm learning the art
 Of waiting to go home

My little sunshine

HOLLY KNIFE

My little sunshine
 Shines just as bright
 As the moon and the stars at night
 Loved from afar you beautiful star

Affixed in my heart forever and ever
 No matter what's been done or said
 It is you I love
 And not the negative memories
 You should remember

And just remember you are there
 And I am here and affixed
 In my heart you'll always be
 So hang on tough as tough can be
 For the rough, roughest times
 Be strong

Coming of age

LLOYD HOMENIUK

A lone Indian sits on a ledge
 Waiting patiently for what is to come
 Not too sure
 Believing an answer
 Will come in the rain
 Like a dream spirit comes
 Visions of life
 Bear spirit guide me home
 Let a boy become a man



Seated dialogue by Henry Peters

The canoe trip

IAN MCINTYRE

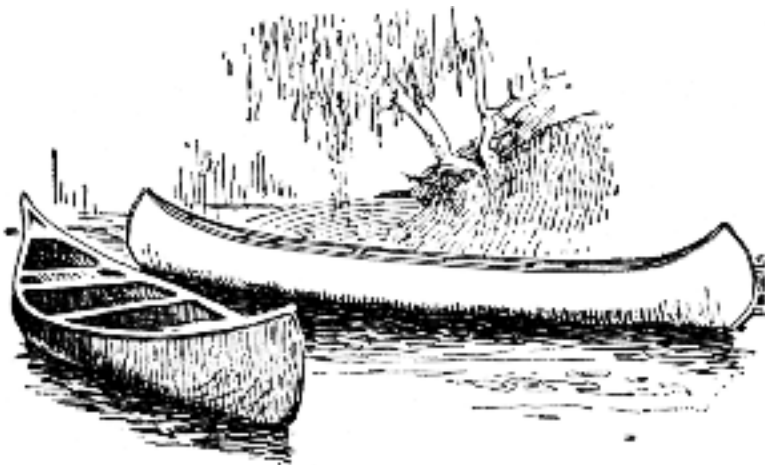
When I was a young kid, back in the summer of 1998, I attended a summer camp called Camp Wannakumbac. I grew an interest in water fun. I was with a group of canoe friends. One day we embarked on a three hour canoe trip on Clear Lake, Manitoba, where we were situated for that week in the month of July.

Before pushing our four canoes off the beach we had to cover ourselves in vegetable oil. We were told there was an itch in the water and we needed the oil on our bodies to protect ourselves from getting the itch. Then we pushed our canoes into shallow water where we all stepped into our canoes. It was a beautiful day to be outside in nature and to enjoy all the thrills nature provides.

I was the one in the front of our canoe so I could challenge myself and my strength as the one in front has to paddle the whole time. The canoeist in the back was the rudder as I was

a strong canoe paddler and didn't need his help. Then there was the person in the middle who was just there to have a joy ride. We were out there for three hours so we mapped most of Clear Lake. We found ourselves on the beach side of another camp. We played some games but it was a really hot day and the camp occupants would not provide us with water for the long journey back to our camp. It must have been some kind of strict religious camp because we were told to leave because the girls with us were wearing bikinis. So we decided to head back to our camp for lunch.

Our canoe was the last to move off the beach and into the water. We were clearly the best canoe team because we paddled so hard we passed the other canoes. Then we just let the current glide us along until we returned. We had fun even though we were completely thirsty because the other camp refused to show us any hospitality. Nevertheless we had a wonderful time. I'd do it again if I could. But all I have left is a mental picture of a time and place where I was sad to see another cool summer turn to memories.



If you think you are down with life

DIANE NJAA

Think again
 Because life isn't down with you
 There is sweet poetry and so many stories
 There are two of my children who live in Wabamun
 There are my grandchildren
 Who are beautiful
 And I go by bus to visit
 If you think you are down with life
 Think again
 Because life isn't down with you

If I could travel

STEPHANIE OXENRIDER

I would go to Hawaii
 And enjoy the hot sun
 Then I would go to Vancouver Island
 I'd shop and I'd swim
 I'd go to Langley
 To visit my mom and dad
 And tell them all about
 What I did
 When I went traveling
 All over the world

I'd love to travel the world
 And see my mom and dad again
 I'd bring my boyfriend with me
 Mom would cook good food
 And I'd help her cook
 I'm just hoping
 This will happen in my lifetime

Where is home?

LU RITZA

Every time I think about home I ask myself the same question. Where is home? Is it where I was born in Ontario? Where only some of my cousins are still living and no elders. Where I had a different life. Or is it here and now in Saskatchewan where I have my two brothers and other cousins and where my niece and nephew are?

When it is time for me to pass on in life, I wonder where I should be laid to rest. Here is Saskatchewan where my friends and most of my family is or in Ontario where my mom and dad and oldest brother are buried.

Ever since I made the move from Ontario in 1979 I haven't been back there. At the time I was eleven years old and now I'm forty six, so it has been a few decades since I left.

I hope sometime in my life that I get to go and at least visit for a while. I would get to see the old family house and my grandma's house. This is a lifetime dream of mine, to travel back to my old home.

Quiet whispers

DOT SETTEE

Mockingbird
 Can you hear it?
 Yes when I whisper
 Meditation in the meadow
 Hint of breeze
 Light whisper through the trees
 And darkness whispers too
 Of the ghost of the day
 Bedtime children
 Whisper of the day's events
 Quiet laughter



Hunting prey by Lois E. Lee

Made my way West

DARCY FRIESEN

The Australian sky waivers
 The sand is hot beneath my feet
 The camels are rested
 So bring on the heat.

I started at the rock
 Made my way west
 My direction is lost
 Which way is best?

They took pictures now
 That paid for my trip
 Heaven is on its way
 This is something to flip.

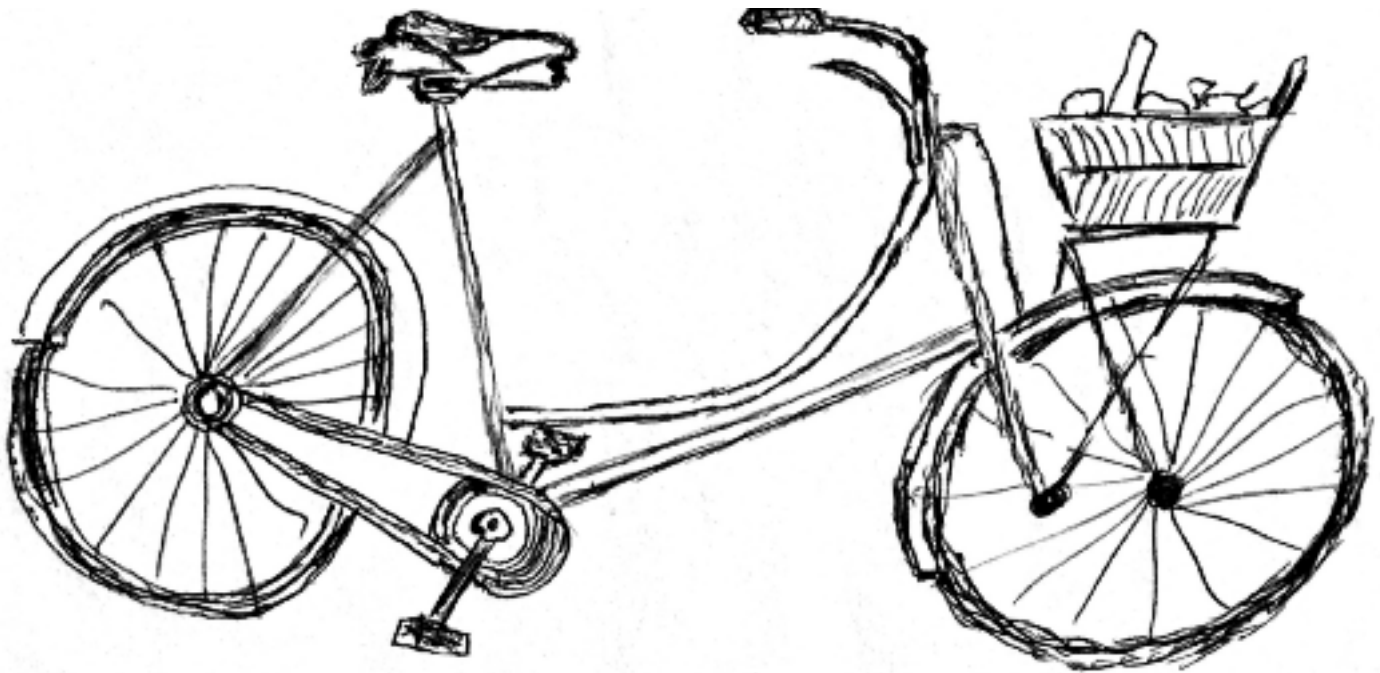
I started at the rock
 Made my way West
 My direction is lost
 Which way is best?

The ocean awaits me
 We're almost there
 The visions debate me
 I'm given what's fair.

I started at the rock
 Made my way West
 My direction is lost
 Which way is best?

Why don't you visit?
 I'm running on fumes
 Bring me my shipment
 And make love among the dunes.

I started at the rock
 Made my way West
 My direction is lost
 Which way is best?



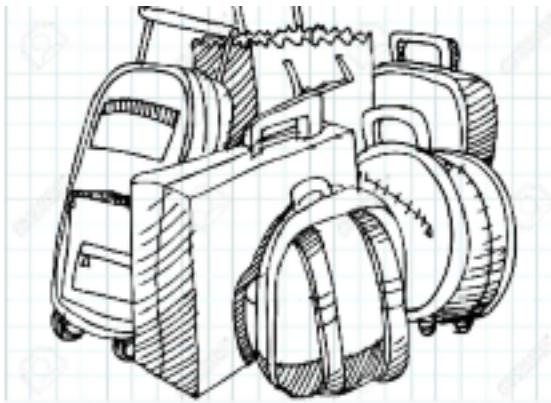
Art by James Skelton

Travel

GEORGE BECKER

To see the world. Like, opening your eyes. Yes. Or by heading down the road. Or by taking flight. Don't be like that "arm-chair traveller" who took flight seated in a folding chair (perhaps the world's cheapest, maybe from Walmart) and it lifted him patiently attaching enough Helium balloons. Brave and stupid: Or dangerously adventurous, a risk taker. For what profit? To be fined for endangering life. To prove for himself, or laws of physics, known to everyone.

Travel can be a metaphor for mental change to new states and conditions of the mind. One can travel with one's mind. Mindfully. One could travel absent mindedly. So to speak. Not literally true but you know what I mean. One travels to leave. Or to arrive. Or both. One can't do otherwise. Or be a stick-in-the mud. Happy trails? How happy?



On moving from Montreal to Saskatoon

YANNICK GODIN

For death messaging the clock, train to catch.
 The words, lessons of fields.
 As walking produces, speed was demanding,
 Classes of historical hysterical the ways of
 Discovery antennas like asking wings to shatter
 Freely, and zoos of the images to infect
 Departure. Then the land of the gods will cherish
 The absolute discussion of the passing sages.

Gems populate tantrums off a bat's head,
 the behaviour, endangering rising on vision for
 Notion ceremony, the predator. Anthems of
 Ancient temples like sanctums.

Take a trip

NAOMI DOELL

Round, rectangular, octangular, blue, tan, orange. To take the trip or not, the question is yours to answer. Symptoms, side effects. Is the rabbit hole worth it? What would Alice say? There's got to be a better way, but they won't tell you of them. You can inject, swallow, drink, or take a suppository, so many means to a vessel in which to travel in. Where are we going? The sky's the limit. You could sniff, snort, snorkel, smoke, or simply visit your practitioner, Who needs Paris or Barcelona when you could go where no one else has ever been: sanity.

It's merely a pill away. To some it's better living in the dark, high as a kite but remember what goes up must come down. Some trips are worth taking and some are not. Some are heaven and some are hell. What is right for one may not be for another. Trips for all on the street corner.

Tranquility

KEN IRVINE

Tranquility base the eagle has landed
 Astronauts and space cadets
 Outer space
 The moon and beyond.

Travel

LARA KAZLOWSKI

I want to travel back to New York, see a Broadway show, and have tea for two. Travel to Rome, Rhode Island. Travel and purchase an Italian pair of black shoes. Also travel to the sea in Greece, horseback riding in Tuscany. Victorious sunsets, valleys of Arizona, Colorado, Fort Qu'Appelle, Lacombe, Alberta, see pictures of valleys in the Ukraine. Enjoy just getting out of Saskatoon this past summer.

Travel

BRYAN KING

Flight out of Calgary to B.C., Vancouver. Both trips equal fun – and had work in my 20's. I wouldn't do much different – had experiences in the cities from my stay. Bumped into an old friend, out of the blue, from Saskatoon in Calgary. The chances, slim because a landscaper in Calgary and a visit to Vancouver. Both trips equal to four months stay – and would go back. Drinking in pubs and so on days. A bit foolish as I've learned. Some of the friends of mine live in two cities and I'm not planning a trip. Hope to – but have to wait. Texting sucks so I got 'em on speed dial if they would be up to chill. Next trip.



Travel of the Gods

DON OLIVER

I am the son of man. I started my way back in 1984. I regained some of my psych power when I was living in Craik, Saskatchewan.

I called through two galaxies to one of my wives, Princess Via from planet Zultar, that is two light years away. Her space ship is huge. It has 300 crew members and their families on it. It can travel at light speed. Within an hour or so it was hovering over the town of Craik. It dwarfed the hole little town, it was so huge.

Then in a trace I called through the universe at three times the speed of light for hours. I travelled to the age of creation to the last planet, and I summoned princess Leial told her who I was and what planet I was from. It took her 20 years to reach planet earth. Both ships now hover 300 miles over Regina, Saskatchewan, awaiting the return of the son of man.

When I return as the son of man. I will be able to appear anywhere in the universe in an instant never ending life.

Travel

SYLVIA LANDRY

Pull up the arm chair and get cozy for a trip through the world as seen by a tourist. The armchair is our mode of transformation: we learn the language and costumes and other customs. There are passports.

A TRAVEL STORY:

John's day out

MICHELE PARENT

When I was ill with anorexia nervosa, I was certified for one year in North Battleford Saskatchewan Hospital on the polydyspic ward. "Poly" meaning many in Greek; "dypic" meaning "drink." All I wanted to do was drink water and smoke and not eat food.

Many of the patients on this ward were older men who did not want to eat, but had a "buzz" on from drinking water.

One day, John and I were rewarded for good behaviour for three days, so we were allowed to go outside for fifteen minutes to the courtyard for a cigarette.

While John and I were outside, the laundry van drove up on this nippy October afternoon. The laundry man left the keys in the ignition and began to unload his goods. John and I were visiting and enjoying our two cigarettes. While I was visiting, I looked around, and missed him.

"Oh, he's probably down in canteen filling his face with all the water her can drink."

Out of the corner of my eye, I saw the laundry truck pull away.

"That's strange," I thought to myself. I take a second look. John's driving. "John, they're going to kill you."

He was out on the highway, sheets, pillow cases, pyjamas, women's panties, flying out the back because the door was open

John stopped in Delmas for a couple of beers where the police caught up with him.

"Oh," he said. "I'm just delivering laundry to this hotel."

"O.K. Johnny Boy, time to go."

Needless to say John did not get a cigarette for a little while.

Travel

MURIEL PAYNTER

Who would fly across an ocean on Friday the 13th? Especially a person who is superstitious : me. It was a 22 hours trip – Edmonton – Vancouver – Tokyo – Hong Kong. The arrival around midnight and the runway projected out into the ocean. Hong Kong was the most fantastic light show on earth. Myriads of lights! Why did I go there? Simple, my daughter and her husband lived in Macau and she was preggers. I was receiving letters “Dear Mom, here I am hanging upside down on the other side of the world.” It wasn’t an invitation – it was a summons to every motherhood instinct in me.

Trish and Claude were there, waiting at the entrance for me and we were soon on the jetfoil to Macau.

Travel or Wanderlust

JAMES SKELTON

It has been my longing, my supposed destiny and a great distractor that caused my down fall.

Because although I longed and pined for travel, it has become increasingly obfuscated and made nearly impossible. I can’t tell you where my passport is now. I had always thought I would live abroad and teach English. That is why I studied so hard to get my one TESL diploma that has done me very little good in my quest. I once sent a copy of my diploma abroad, never to be seen again. I wonder who used my name. I have travelled a small amount, once to Jamaica and a few times to Mexico. My dream is to travel the world but I realize that some like my mother and my doctor would frown upon that. I really enjoyed travelling in Mexico.

Travel in Time

JAMES SNYDER

I get in motion that I want to write exactly what makes sense from my pen of choice. I just see myself making a stab at the way I put together what and maybe indelibly, forever in display. Our own little universe. We all inhabit space and time at our command. So be specific and joy does avail our many schemed choices of making sense out of nonsense. So don’t worry how good you are. Just move that pen and express what may make you famous in this life of communicating forever. We all have different talents so write what you care to share and we all have fun everywhere.

Travel

RADEK STRNAD

I was born in Prague, the Czech Republic. When I was four we moved to Havana, Cuba. We immigrated to Canada, at the Dorval airport in Montreal. After a couple of weeks, the immigration department of Quebec sent us to live in Québec City. I was shy of six when I became an immigrant. When I was not quite seven, the family moved to Saskatoon where my father found a job in mining. When I was a young child, I was a rootless cosmopolitan. The family did a lot of travelling.

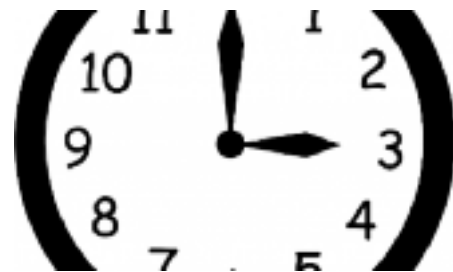
In grade nine, I took a tour of Germany, Austria, Switzerland, and Italy. I floated in a gondola in Venice. I slid down a hill in Kitzbergen, Austria.

In 1990, the Velvet Revolution in the former Czechoslovakia inspired me to go back to my home city of Prague. I reunited with my aunty, grandma, and cousin. I went back to Prague the next summer. I got a job teaching ESOL, doing light security, and messaging for education for democracy (EFD).

In the summer of 1991 I had a girlfriend, Dana, who was a Ford model. She wasn’t the most well known model in the Czech Republic, but she did make the cover of the top women’s magazine in that country after we broke up and I had come back home to Canada.

In the Autumn of 1993, I went back to Prague. It was a business trip. Ostensibly I was supposed to research on trade in firearms. Dana wouldn’t take me back in 1993. I drowned my sorrow at the casinos.

I had my first psychotic event at home in 1996. I stopped travelling. My father died in late 2004; he was pre deceased by mom. Within a few months of getting my inheritance. I went back to Prague in spring 2005. In Prague I saw my grandma for the last time. I gave my auntie a typical Canadian gift. I gave her a sculpture of a Beluga whale. The artist was an Inuit man name Peter Korjak. Auntie was upset with me for spending so much money for a gift. In my life I have travelled on visited Canada, the Czech Republic, Cuba, USA, Italy, Germany, Austria, Switzerland, England, the Netherlands, and Mexico.



Travel

LINDA WOOD

On foot, by bicycle
car or motorcycle
Through wind, rain or hail...
Camping by the highway
with lamp warmly lighting
the interior of the tent.
Sidecar to the motorcycle
a retriever's ears flapping
out of the truck's cab...
Conversations
meeting strangers

making meaningful connections.
Traveling from one side
of the city to another...
across the country
or around the world.
Discovering other cultures
within your own community.
Armchair travel.
Visit a library.
Dig deep into a book or film.
Find a friend and just go.
You never know where it will lead.



Neverland forest by Irene Demas

The Summer of '72

BARRY STYRE

I wanted to take the bus from Vancouver to Weyburn, but I only had enough money for bus fare from Vancouver to Calgary.

When I got off the bus in Calgary I used a pay phone to call my father who lived in Medicine Hat and asked him to drive from Medicine Hat to Calgary to pick me up at a certain point on the outskirts of Calgary. At an Esso station or some

thing on the trans-Canada highway.

I walked from the bus depot to the no. 1 highway to an Esso station that I mistakenly thought was the last Esso station on the outskirts of Calgary. This is where I stood on the shoulder of the highway for six hours waiting for my father to come and rescue me in his car.

My father came alright and came on the Trans-Canada highway for sure, but not to the Esso station I was at.

I figured after six hours he wasn't coming for me so I walked back into Calgary with not enough money to speak of.

Through my travels I came across a Salvation Army Church with some wooden benches or something at the back behind the building. I crawled under the benches and laid on my stomach and tried to get some sleep.

I woke up a little after, shivering with rain falling.

I left that uncomfortable scene and just kept walking with no destination in mind. Feeling exhausted I came to what looked like a large concrete underground parkade. I thought it was a parkade for police cars. There was a man in a booth down a ways in the lower part of the entrance. He looked like a police man with a police cap on his head.

I walked up to the booth and said, "Please put me in a jail cell for the night, I've got nowhere to stay". The man replied with directions to a men's Hostel called the Dunsmuir house, he said "they will probably put you up there for the night".

I thanked him and slouched on down the street.

When I got there it looked like a new facility. I didn't know if they would take me in there in the middle of the night. But they did take me in and gave me a bed.

I never felt a bed as comfortable as that bed, that night.

Looking upward

TIM MISSAL

Fresh air breathes
as softness falls
on petals tended.

Chaulk stones search
for glances rendered.

People laughing,
people talking,
misty-eyed wonderers.

Step by step
the silence beckons,
stone by stone
the path way opens.



Ducks in the Fall by Joyce Kirby

Notes on contributors

ARTISTS

PETERS, HENRY
Winnipeg MB artist and long
time contributor to TRANSITION

ROLLI
See Author Notes

SKELTON, JAMES
Saskatoon artist and poet.
Member of CMHA Saskatoon

AUTHORS

BRUDER, DAKODA
First publication by high school stu-
dent from Pincher Creek AB. Active in
sports, arts, farming, and living.

CALLAGHAN, SHIRLEY
Regular contributor of fiction and non-
fiction from PEI.

DITNER, ELAINE
Retired legal assistant, poet, children's
author, and caregiver for an institution-
alized Alzheimer patient.

ENNS, VICTOR
Widely published (five books)
Winnipeg poet. Initiated the East
Interlake Gimli Klean-All Laundromat
Poet-in-Residence in 2016, to be con-
tinued January through April 2017.

FENWICK, CATHY
Catherine Fenwick lives in Regina and
is widely published in magazines, aca-
demic journals, and anthologies.

FOSTER, KEITH
Regina author and regular contributor
to TRANSITION. Writes in various gen-
res and styles.

GREGERSEN, LEIF
Edmonton writer of fiction, poetry, and
nonfiction. Manages lively blog at
<<https://edmontonwriter.com/>>.

KAI, CHERYL
Saskatoon-based emerging writer of
poetry and plays. Previously published
in TRANSITION.

KATT, CATHERINE
Minneapolis-based writer, painter, and
avid photographer inspired by the
beauty in nature.

Members of
CMHA Estevan Arts program
DEMAS, LEE
GEORGE, CECILE
KIRBY, JOYCE
LEE, LOIS E.

NEUHAUS, MAREIKE
Writer and scholar from Shaunavon SK.
Her *The Decolonizing Poetics of Indige-
nous Literatures*, won the 2016
Saskatchewan Book Award for Schol-
arly Writing.

NIXON, SEAN
Regina father and grandfather who
works for Voices of People with Disabil-
ities. Writes privately and shares care-
fully.

ROLLI
Widely published Regina writer (fiction
and poetry for adults and children),
cartoonist, and illustrator. <[https://rol-
listuff.com/](https://rol-
listuff.com/)>

STYRE, BARRY
Regular, long-time contributor in po-
etry and art from Weyburn SK.

WARNCKE, CILA
Wrote her way out of small-town Ore-
gon and though years in London, Ibiza,
Glasgow, Portland (OR). Writes non-fic-
tion and journalism.
<cwarnckewriter.com>

WHYTE, JAYNE MELVILLE
Regina-based archivist, educator, and
advocate with CMHA(SK). Researching
a book for the CMHA 100th Anniver-
sary (2018).

WRITING FOR YOUR LIFE

(WFYL)

Lynda Monahan
Judge's comments

EASTEND
Mareike Neuhaus

MOOSE JAW
Gloria Morin

PRINCE ALBERT
Basil Ballantyne
Kirsten Barss
Boo
Debbie Cochrane
Randy Cochrane
Sherry Favreau
Ayami Greenwood
Wendell Guedo
Lloyd Homeniuk
Holly Knife
Ian McIntyre
Diane Njaa
Stephanie Oxenrider
Lu Ritza
Dot Settee

REGINA
Darcy Friesen

SASKATOON
George Becker
Naomi Doell
Yannick Godin
Ken Irvine
Lara Kazlowski
Bryan King
Sylvia Landry
Don Oliver
Michele Parent
Muriel Paynter
James Skelton
James Snyder
Radek Strnad
Linda Wood

WEYBURN
Barry Styre
Tim Missal



FRIENDS FOR LIFE

PRESENTATIONS and WORKSHOPS

Suicide

- 🌀 **Speaking of Suicide** - an introduction to the topic of suicide awareness
- 🌀 **safeTALK** - Suicide Alertness for Everyone
A half-day (3.5 hour) workshop
- 🌀 **ASIST** - Applied Suicide Intervention Skills - 2-day skills-building training to provide suicide first aid interventions
- 🌀 **Empowering Teens** to prevent suicide
- 🌀 **Tattered Teddies** - a workshop about suicide in children

Mental Health

- Balancing Work and Family
- Seniors and Mental Health
- Mental Illness (General Overview)
- Depression * Depression and Physical Health
- Depression in the Workplace * Work Life Conflict
- Schizophrenia * Bi-polar * Anxiety
- Borderline Personality Disorders
- Seasonal Affective Disorder * Grief and Grieving
- Laughter in Healing * Loneliness and Isolation
- Stress Can be Fun * and many more . . .

RESOURCE CENTRE *available on-line*

Hundreds of books, articles, videos, games and programs are available for loan from the Friends for Life Resource Centre. Topics range from Anger Management to Suicide Prevention

All materials can be borrowed directly through our web-site at

sk.cmha.ca

(Click on the Library button)
visit us in person or call

1-800-461-5483



Canadian Mental
Health Association
Saskatchewan
Mental health for all



Canadian Mental
Health Association
Saskatchewan
Mental health for all

DIVISION OFFICE

2702 12th Avenue, Regina, SK S4T 1J2
Phone 1-800-461-5483 (SK) or
306 525-5601 (Regina)
FAX 306 569-3788
email contactus@cmhask.com
Web Site: sk.cmha.ca

CMHA Branches

BATTLEFORDS
1011 - 103rd Street
North Battleford, SK S9A 1K3
306 446-7177 • Fax 306 445-7050
jane.cmhanb@sasktel.net

ESTEVAN
1201 - 2nd Street
Estevan, SK S4A 0M1
306 634-6428 • Fax 306 634-8535

KINDERSLEY
Box 244 (113 - 2nd Avenue East)
Kindersley, SK S0L 1S0
306 463-8052 • Fax 306 463-5506
a.w@sasktel.net

MOOSE JAW
1250 - 11th Avenue
Moose Jaw, SK S6H 4L9
306 692-4240
donna.cmha@sasktel.net

PRINCE ALBERT
1322 Central Avenue
Prince Albert, SK S6V 4W3
306 763-7747 • Fax 306 763-7717
pacmha@sasktel.net

REGINA
1810 Albert Street
Regina, SK S4P 2S8
306 525-9543 • Fax 306 525-9579
Members' Phone 525-8433
info@cmharegina.com

SASKATOON
1301 Avenue P North
Saskatoon, SK S7L 2X1
306 384-9333 • Fax 306 978-5777
info@cmhasaskatoon.ca

SWIFT CURRENT
176 - 4th Avenue NW
Swift Current, SK S9H 0T6
306 778-2440 • Fax 306 773-0766
director@sccmha.ca

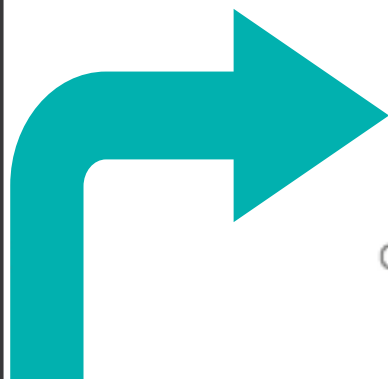
WEYBURN BRANCH
404 Ashford Street
Weyburn, SK S4H 1K1
306 842-7959 • Fax 306 842-3096
cmhawey@sasktel.net

RURAL COMMITTEES:
Duck Lake • Nipawin • Shellbrook

Access to great mental health information
24 hrs a day, 7 days a week



Visit us online anytime at
sk.cmha.ca



Canadian Mental Health Association Saskatchewan Division