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Central to the entire strategy is the buzzword concept of “recovery”. The report wisely cautions, “Recovery cannot be done to, or on behalf of, people.” It also warns, “Recovery does not happen in a pre-defined timeframe.” It is rarely a linear process and is not facilitated by sustained intrusive actions. Having said what recovery is NOT, let’s see what the Commission says that recovery IS. Recovery is a way of living a satisfying, hopeful, and contributing life even with the limitations caused by illness. In other words, a person can recover their life without “recovering from” their illness.

The Commission identifies four key components of recovery, according to the Commission. Before I tell you what they are, let us bear in mind that these components are a shared undertaking, involving the subject her/himself, families and friends, professional helpers, and especially, the community-at-large. The components are:

1. Finding, maintaining and repairing hope
2. Re-establishing a positive identity
3. Building a meaningful life
4. Taking control and responsibility

These are ideas that not new. We have known and practiced them for some time at CCS. But we are learning more about these ideas. This is prompting us to sharpen existing practices and to assemble new programs to give greater expression to the concept of recovery.

Let me give you a snapshot of some of our current in-progress innovations:

- We are developing formal psychosocial rehabilitation modules in a variety of areas, including physical and spiritual exercise, food management, stress management, and smoking cessation.
- We are reducing stigma and engaging the public through our People First Radio program, our Hearing Voices That Are Distressing workshops, our movie program, our newsletter “Currents”, a Block Party on Saturday, August 8th and

distinguished speakers like Dr. Gabor Maté and Judy Graves.

- We are doing joint programming with unexpected community partners, such as the Vancouver Island Regional Library, the Morrell Nature Sanctuary, Vancouver Island University, and the Rivendell Retreat Centre (on Bowen Island).
- Our Board is becoming increasingly interested in working jointly with other local non-profit Boards and in influencing public policy
- We are committed to evidence-based practice and have prompted Simon Fraser University to begin mental health research in the central Island area.

I think it is very safe to say that, were the Commission to inventory Columbian Centre, the Commission would conclude that the Society has embraced the “recovery” approach. We have a record of laying a good track, we are rolling firmly on the “recovery” track, and now, we need to raise more steam in our engine.

You might think that I should have concluded with the comments in my last paragraph but like the Commission, I will conclude by issuing a challenge. The Commission calls for a spirited social movement to bring mental health issues out of the shadows, just as took place for breast cancer and AIDS. A social movement is not simply a group of agencies like VIHA and Columbian Centre. No, in fact, it is people like you.

Here is the challenge to you as expressed by the Mental Health Commission:

“The organizations that are at the heart of these social movements are made up of committed and passionate volunteers, who do many different things. (You) raise money; (you) volunteer in health institutions; (you) mount campaigns to persuade government to increase funding for treatment and research; (you) openly talk about (your) experiences to anyone who will listen; and (you) make sure the public never loses sight of (your) concerns”. So, let’s get to it!

Thank you for being part of this movement.

Columbian Centre Society would like to acknowledge our generous sponsors:



June 2009

Columbian Centre Board of Directors

Doug Anderson
Janis Brooks
Allan Falconer
Peter Giovando
Liz Hewetson
Harold Kamikawaji
Mary Magrega
Bill MacGougan
Blake McGuffie

Medical Advisor:
Neil Rogers, M.D



Tom Grauman,
Executive Director

Executive Director's Report

Every year at this time, the AGM prompts me to reflect on three general areas. They are:

1. To whom are we, as an organization, grateful?
2. Are we on the right track?
3. Where would we like to take our efforts in the near future?

Usually, I leave the expression of thanks to the end of my report. This year, I will start with it, and will end with it, too. Columbian Centre is about people, including you, and their countless acts of kindness. It is about community institutions with whom we work. I cannot thank everyone too often.

First and foremost, on behalf of our staff, I thank the residents, their families, and their friends. Almost 60 residents passed through CCS doors in the last fiscal year. They trust us with their friendship, they trust us with their many beautiful and inspiring strength, and they honour us by sharing their vulnerabilities. They invite us to participate in their recovery and their many triumphs. We try very hard to demonstrate that their trust is well placed. Who could ask for more than to be part of such meaningful efforts?

Since I get to thank our devoted Board and our exceptional staff with regularity, although it is never enough, I'll move on to our funders. The lion's share of not only our funding but our day-to-day operations occur in partnership with the Vancouver Island Health Authority (VIHA). The smoothness of that relationship is not lost on the residents who transition seamlessly in and out of our facilities. Likewise, we are deeply appreciative of our loyal supporters at the Gaming Branch of the B.C. government and the United Way. You may be as pleased as I to read that we received donations in this past year from more than 100 individuals as well as several service clubs and foundations.

Are we on the right track?

A good question to ask but the answers depends upon whose map you are reading! If it's your own map, you can be pretty sure that you'll report with a straight face that you're right on track. To reduce that temptation, I have decided to use someone else's map, namely the 2009 Mental Health Strategy Framework document by the newly-minted Mental Health Commission of Canada. By introduction, the Mental Health Commission of Canada was created in 2007 with funding by the Government of Canada. It came in response to landmark 2006 report, "Out of the Shadows at Last – Transforming Mental Health, Mental Illness and Addiction Services in Canada", also known as the Kirby Report, by the Standing Senate Committee on Social Affairs, Science and Technology. Shamefully, Canada is alone among the G8 countries in not having a national mental health strategy, a shortcoming that the Commission is determine to address. Furthermore, public mental health spending per capita is lower in Canada than in most developed countries.

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Report from the Chair

The Report from the Board Chair is an opportunity to reflect on the last year and take a glimpse forward. I'd like to go back a few months beyond last year's AGM to my start at Columbian Centre.

At the beginning of 2008, my plan was to get involved in something in the community beyond coaching kid's soccer. That was my plan when I moved to Nanaimo - once I was up to speed in my new job and finished my course work, I wanted to get back to some sort of community work. So, I knew when but not what, where or even how and I didn't give much thought to why, other than having a sense that I wanted to contribute

I found the Columbian Centre Society on the internet and, through the website, eventually set up a meeting with Board members Derek Thomas and Mary Magrega to hear the story of Columbian Centre Society and to get a sense of what I could potentially bring to the Board of Directors.

The impression I got was of an organization that was alleviating individual distress and suffering and helping people reach a good place so that they can really live their lives. At the same time, I saw Columbian Centre as an organization that was building and opening up the community in which its residents hope to thrive. As soon as I learned the basics about Columbian Centre and what it did, I wanted to be involved although I still wasn't sure what I could actually do for the Centre. In my day job, I work with BC Assessment as the Assessor for the Vancouver Island Region. I was not knowledgeable in the area of mental illness or addictions but I thought that perhaps my education and background in business administration and real estate could be of value to the Board. At last years AGM, I stood for a position on the Board of Directors and began my involvement.

As I came to learn more about the organization, I was increasingly impressed with the spirit and dedication of the Board members and amazed at the well-run organization and the professional yet warm and friendly staff. It felt like a place where people who might be hidden within themselves could emerge safely and be given a real chance at stability, clarity and happiness.

In terms of the Board of Directors, I learned that they are responsible for the effective governance of Columbian Centre Society for the benefit of the people served and the community as a whole. Shaping the mission and strategic direction of the organization is a central aim of the Board, as is ensuring adequate financial resources, enhancing the reputation of the organization and ensuring appropriate financial and risk management.

As I was getting a grasp on what all this means and establishing my part in it, something unexpected happened within the Board. The Board Chair resigned for personal reasons and to my surprise, I was asked if I would step in. I accepted despite my lack of Board experience. It is truly a testament to the experience, professionalism and patience of the current Board and the Executive Director that this has been possible and, I believe, a smooth and effective transition.

The vision of the Society is to provide leadership in a community which values and supports all people, including those with psychiatric disabilities.

"Hope is like a road in the country; there was never a road, but when many people walk on it, the road comes into existence."

-Lin Yutang

As I was starting to clearly see this vision and understand how recent Columbian Centre initiatives such as People First Radio and the Mid Week Movies were part of that community leadership, I was developing a belief that this organization should not just thrive but it should grow. There is still, unquestionably, unmet need in our community and Columbian Centre is well positioned to do more.

Over this last year, Columbian Centre has made improvements in policy administration, financial review and performance management. In the coming year, it is the Board's intention to be more proactive in its efforts to grow the organization. A committee has been struck to focus exclusively on finding and pursuing the right opportunity for CCS and making a concerted effort to bring together those factors that will help us bring more housing and support for people in our community that need it.

In looking ahead to the coming year, I would say that one of our greatest challenges on the Board will be working without the knowledge, wisdom and leadership of past Board Chair, Mary Magrega. *(continued on page 3)*

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In her time here, Mary has seen and shaped many changes. Her contributions are far too many to note in this report. I feel very fortunate to have worked with Mary and am very grateful for what I've gained from her experience. We will also miss the expertise and guidance of Karl Rainer, however, the Board does expect to be calling on both Karl and Mary in the future.

This organization and its people are well placed to achieve the Society's vision, thanks to the talented, caring and committed professionals and volunteers of Columbian Centre Society. Thanks to Tom Grauman for guiding the operations of Columbian Centre and for providing strong support to the Board of Directors. Thank you to Daniel Sliz, Manager of Rehabilitative Services for the level of organization and innovation he has brought to Columbian Centre and to Mary Wallace for keeping CCS finances and facilities in excellent form. And thank you to the nurses and rehab workers for their professionalism, dedication and caring. And, of course, thank you to the Society's members and

to our partners in the community without whom none of this would be possible.

Although I wasn't looking for it, I have learned something about the "why" of volunteering. My situation in life is not just the result of my own effort (I don't believe anyone is truly "self-made"). My complete and comfortable world is built on a foundation provided by the work of others, those that have built this community, and it is also reliant, frankly, on a considerable amount of good fortune... which I've come to understand should always be shared.



Bill MacGougan, Chairperson

Through my involvement in Columbian Centre I have gained new purpose, understanding, strength and hope. And I have found a way to contribute to a stronger, more diverse and more inclusive Nanaimo.

I want to say thank you most of all, and congratulations, to the residents of Columbian Centre Society - for the courage, the hard work, and the inspiration that they provide.

Recovery Culture by Mark Ragins, M.D.

It is important as we attempt to transform our mental health system to a recovery based system that we actually transform our culture instead of just changing the sign on the door while doing the same old things inside. To be able to tell the difference, we must be able to clearly identify the core elements of a recovery culture when we see them.

Hope:

Hope is clearly the first step in anyone's recovery and our culture must actively promote it. Featuring stories and celebrations of hope and setting goals that focus on growth rather than stability or risk avoidance are crucial.

Authority:

The distribution of authority has widespread implications for promoting empowerment, self-responsibility, risk taking, and learning from mistakes for both staff and consumers. Programs should include decentralized decision making and ensuring a substantive consumer voice at every level of the program's decision making process.

Healing:

In a recovery program the focus is on healing and growth for the person rather than symptom relief for the illness. The first priorities are engagement, welcoming, and relationship building because the foundation of a good recovery process is a good relationship, not a good diagnosis.

Community Integration:

To achieve meaningful roles in life we can not stay isolated away from the world. Programs need to focus on community coalition building and "giving back" to the community and be actively involved in the difficult work of fighting stigma if our world is going to become a better place for people with mental illnesses to live in.