

The Updater

Crisis Line Numbers

**Wellington,
Dufferin**
519-821-0140
or toll free
1-877-822-0140

+++++

Waterloo Region
519-744-1813
or toll free
1-866-366-4566

Welcome

This edition of The Updater will be focused on activities related to the Human Services and Justice Coordinating Committee (HSJCC) within the Waterloo-Wellington LHIN area. Unfortunately, people who experience significant mental health issues can sometimes find themselves in contact with the criminal justice system. Stress, isolation, stigma and the impact of a mental illness on a person's behaviour or decision-making, can put an individual at greater risk for unnecessary involvement with the law. Service partners and providers in our community are working to help divert such individuals away from the traditional justice system, where the complexity of cases can be more appropriately addressed. In this edition of The Updater, readers will be presented with some of the services and options that are in place for people in our community who, as a result of a mental health issue, find themselves in contact with the justice system.

Jessie Baynham, Editor

HSJCC's greatest strength is our relationship with one another as service providers. As we meet, we are learning about each other's mandates and priorities. Though we are separated by agency policies and procedures, more often than not, our struggles are similar. As we work together, the conversation is less about what is impossible, but what is possible when we work together!

Marion Evans, Chair
Waterloo-Wellington HSJCC

Submitted by: Marion Evans, Chair
Waterloo-Wellington HSJCC

What is the HSJCC?

The Human Services and Justice Coordinating Committee of Waterloo-Wellington is a regional committee with three local committees who seek to **coordinate resources and services for people who are in conflict with the law, and who struggle** with a serious mental illness, developmental disability, acquired brain injury, drug and alcohol addiction, and/or fetal alcohol spectrum disorder (now referred to as alcohol-related neurodevelopmental disorder – ARND).

Inside this issue:

What is the HSJCC?	1
Who are the HSJCC Members	2
Objectives of the Court	2
A "Readers Digest" History of the HSJCC	3
Pre-Charge Diversion Support Coordination	4
Bail Support Coordination	4
Probation Support Coordination	4
Mental Health Court Support Program—Wellington-Dufferin	5
Mental Health Court Support Program—Waterloo Region	6
Kitchener Mental Health Court Program Third Anniversary	7
A Brief Introduction to the Recovery Approach	7
Mental Health Court Support Program - Cambridge	8
Veronique's Story	9
Relationship Within the HSJCC	9
Definitions	10-11
A Typical Day	12

Who are the HSJCC Members

Objectives of the Court

- To deal with persons with mental disorders or disabilities in an effective manner, in accordance with the Mental Health Act and Criminal Code of Canada.
- To hold the accused accountable for their actions, while providing effective treatment in the least restrictive fashion.
- To provide proper, as opposed to “special” attention to accused persons.
- To protect the rights of the public as well as the accused, while at the same time maintaining the integrity of the Criminal Justice System.

Justice Hearn

As we sit around the table, our mandates often are miles apart and even conflict on occasion! Yet we are drawn together by a common desire to meet needs of individuals with serious mental health challenges who are in conflict with the law. Perhaps the best way to illustrate our diversity and our common commitment is to list all the agencies who participate in HSJCC:

-  Guelph Police Services
-  Wellington OPP
-  Waterloo Regional Police
-  Crown Attorney’s Office (Ministry of the Attorney General)
-  Defence Lawyers
-  Bail Support (Youth in Conflict with the Law)
-  Probation and Parole (Ministry of Community Safety and Correctional Services)
-  Legal Aid
-  Federal Parole (Correctional Services Canada)
-  Grand River Hospital
-  St. Mary’s Counselling (Addictions)
-  Cambridge Memorial Hospital
-  Guelph General Hospital
-  Homewood Health Centre
-  Canadian Mental Health Association
-  Trellis Mental Health & Developmental Services
-  Community Torchlight/Distress Centre
-  Central Ontario Specialized Network (Dual Diagnosis)
-  Salvation Army
-  Self Help Alliance
-  Stonehenge Therapeutic Community
-  Waterloo Regional Homes for Mental Health Inc.

A “Readers’s Digest” History of HSJCC

Submitted by: Marion Evans, Chair
Waterloo-Wellington HSJCC

In 2004, the Ministry of Health and Long Term Care, in partnership with the Ministry of Community and Social Services, the Ministry of the Attorney General, the Deputy Solicitor General and Deputy Minister of Correctional Services funded regional committees across Ontario to address mental health and criminal justice issues. The first official meeting of the Waterloo-Wellington HSJCC took place in the spring of 2005 with the mandate of finding “locally-based solutions to issues” particularly in the areas of :

- Prevention
- Crisis Planning
- Court assessment/support
- System design
- Case management

Before long, the HSJCC of Waterloo-Wellington had a regional committee and three local committees in Guelph, Kitchener and Cambridge. The Guelph committee focussed on local training needs and set up education opportunities for court staff and police officers. In Kitchener, the committee worked on the development and implementation of the Mental Health Court (Fall 2005) (see article by Steven Potje). The Cambridge committee acted as a steering committee for the funds allocated from Trillium research

project “The Cambridge Youth Mental Health and Justice Needs Assessment: A Framework for Mental Health Diversion for Youth, 2004”. (see article by Julie Wallis)

Wanting to clearly identify system gaps in service, the Regional HSJCC funded a research project “to gather and synthesize information that would assist the HSJCC to optimize the delivery of mental health services across the region.” In June 2006, the Orchard Park Institute presented their findings. The research identified gaps in service at the pre-charge phase, in the court system and following release from custody, or during probation. At each of these critical juncture points, the research made recommendations for enhanced, specialized staffing, greater communication between agencies and increased services such as transitional housing. On the basis of this research, the Waterloo-Wellington HSJCC prepared a funding proposal to receive new resources from the Ministry of Health and Long Term Care. Eventually, new funds were allocated for positions in Pre-charge Diversion, Bail Support Coordination, and Probation Support Coordination.

Partnerships within the Mental Health Court in Kitchener

"In my role as the Mental Health Coordinator, I rely heavily on the partner agencies to link individuals to receive various kinds of support and/or treatment assistance. The networking and participation of partner agencies (involved directly or indirectly with the Kitchener HSJCC and/or the Mental Health Court), has resulted in a vigorous spirit of cooperation and collaboration, benefiting all parties, especially the individuals with mental health and/or other exceptional issues, who intersect with the criminal justice system."

Steven Potje
Mental Health Court Coordinator,
Kitchener Mental Health Court
Canadian Mental Health Association
Grand River Branch

Pre-Charge Diversion Support Coordination

The Pre-Charge Diversion position, although still in its infancy, seeks to provide the police with alternatives to arrest under the Criminal Code or apprehension under the Mental Health Act. Where a person's behaviour and actions do not warrant the laying of a charge and there is no risk of harm to self or others, the police have the discretion to call upon the Mobile Crisis Team (administered by Trellis in Guelph-Wellington and the Canadian Mental Health Association Grand River Branch in Waterloo) to assess the situation and determine what further intervention is most appropriate. If there is a need for short term support, the **Pre-Charge Diversion Support Coordinator** may assist the individual to access treatment, medication, housing or other supports as needed. Intervention and support at this juncture keeps individuals out of an already overburdened criminal justice system, and gives them the necessary supports to address the challenges related to mental health issues.

Bail Support Coordination

When a person is charged with an offence under the Criminal Code of Canada, the individual is brought before a judge for a "Show Cause" hearing, also known as Bail Court. Mental health issues may not have been identified and yet may be a contributing factor to the behaviour which resulted in the criminal charge. This is another juncture at which the **Bail Support Coordinator** may identify an individual with mental health challenges, assist them to complete bail conditions and/or refer them for a diversion program, if appropriate.

Probation Support Coordination

Within the Ministry of Community Safety and Correctional Services, Probation Officers supervise individuals placed on probation for up to 3 years. Often, a mental health challenge is not identified until this juncture. The **Probation Support Coordinator** provides consultation to Probation Officers and support to individuals who may require access to treatment, medication or other mental health supports.

Regarding the building of formal relationships between Waterloo Regional Police and Crisis Services

"It has dramatically increased the working relationship on the front line."

Inspector Barry Zehr
Waterloo Regional Police

The Probation Support Coordinator

"Having a mental health worker linked directly with the Probation and Parole office has meant that staff are quickly able to consult with the worker to ensure that access to (this) service is suitable. The offender is often then seen within a week at the P & P office. This has meant that the offender more reliably links with the assistance he needs, the waiting time is very short, and the first meeting is in a setting that the offender is already familiar with. We think that these elements will assist the offender in making more solid, longer term connections to mental health services which will hopefully have a longer term benefit to our community by reducing recidivism and increasing safety."

Cheryl Sikkes
Area Manager, Probation & Parole

Mental Health Court Support Program Wellington and Dufferin

Submitted By:
Mary Hanlon and Chris Aramini
Mental Health Court and Pre-Charge
Diversion Support Coordinators

This court program consists of a manager and 2 mental health court support and pre-charge diversion support coordinators.

The role of the support coordinators is to provide service to individuals with mental health issues who have or may become involved in the court system.

The service includes; court support, mental health diversion assessments, pre-charge diversion and assistance with the Form 2 process.

Court support involves assisting people to navigate the court process. This may include connecting with legal services, answering questions about the system or just being available to support someone while they are in court.

Mental health diversion is a very specific part of the mental health court program. It involves completion of an assessment which looks

at the correlation of an individual's mental health issue with the criminal charge(s) they have incurred. Once the assessment is complete, this information is shared with the Ministry of the Attorney General for final approval of the diversion.

Pre-charge diversion provides a service to the police to assist in connecting individuals with mental issues to appropriate services, rather than charging them with a criminal offense.

If family members, friends or concerned citizens believe that a person may be a harm to others, a harm to himself/herself, or is not able to care for himself/herself, they may bring evidence to a Justice of the Peace. Based on this evidence, the judge can order a person to be examined by a doctor. A "Form 2" authorizes the police to take the person to the hospital for assessment. In these

cases, our role is to assist the family and/or community members with completion of the required documentation and support them through the process.

Referrals are received from a wide variety of sources including the Crown Attorney's office, Defence Lawyers, Police, physicians, family and/or community members.

"Without the HSJCC there would have been no bridges built, which serve as pathways to those meandering through the criminal justice process.

Now both offenders and lawyers have accessible information regarding community resources, and can more easily discern the direct route to address mental health issues. "

Pamela Borghesan
Assistant Crown Attorney
(Guelph-Wellington)
Ministry of the Attorney
General

Mental Health Court Support Program Waterloo Region

Waterloo Mental Health Court

Tuesdays are
designated days.

Hours 10:30 AM to
5:00 PM.

To address issues on
other days, CMHA
Court Support has a
daily presence to
assist with bail
release planning.

Prior to 2005 the Kitchener Mental Health Court did not exist. The Deputy Crown Attorney Sharon Nicklas (now Madame Justice Sharon Nicklas) and defence counsel Stephen Gehl, followed mental health cases from court to court. An increase in workload was to the point where it became a daily occurrence to see Sharon and Stephen literally run into Court to deal with a case. This coincided with the announcement of Mental Health and Justice funding for the Canadian Mental Health Association (CMHA) – Grand River Branch. Justice Gary Hearn was approached about the possibility of a designated Court, and he was very enthusiastic. A community partners meeting was held, including the Waterloo Regional Police Services (WRPS) in which great enthusiasm and support was expressed. After that community show of support, Justice Hearn announced that the Mental Health Court would start in 6 weeks on September 20, 2005.

Prior to the “grand opening” of the Mental Health Court, CMHA, the Crown Attorney’s Office for Waterloo Region, and WRPS studied various other Mental Health Courts and adopted many of their practices. However, practices were modified to fit this particular region and the available resources. Local issues to reconcile included: not having a forensic psychiatric hospital in this region, but having a local hospital willing to co-operate with the Court as they can; not having a local forensic psychiatrist to attend the Court; not having the volume of cases to merit the Court sitting five days a week, but having enough volume that the CMHA Mental Health Court Coordinator, Mental Health Court Crown and police, must be available all five days a week to deal with cases as they arise.

In November of 2005, the Kitchener-Waterloo Human Services Justice Committee was created

involving a wide cross-section of judicial, hospital, addiction, mental health and developmental services community partners. Committee members have been meeting since this time on a regular basis to provide feedback to the mental health court, to identify and create service protocols and identify service gaps. The work of the committee has resulted in additional in the funding of one full-time pre-diversion coordinator, a part-time bail support coordinator and one full-time probation support coordinator.

The biggest intangible success has been the development of the relationships among all the judicial and community partners. This has resulted in collaborative problem-solving in a timely manner, in many instances outside of the regular meetings.

Kitchener Mental Health Court Support Program Third Anniversary

Submitted by: Steven Potje
Mental Health Court Coordinator
Canadian Mental Health
Association

The Kitchener Mental Health Court (serving Waterloo Region) reached its third anniversary on September 20, 2008. The Mental Health Court has been and continues to be, an evolving process in which all the judicial and community partners have played significant roles. All partners work hard to understand each others' roles, balancing the requirements of Criminal Code and at the same time recognizing and understanding the unique challenges of people with significant mental health and other challenges. For the judicial partners the safety of the community is always paramount. For the community partners, enhancing the individuals' quality of life from a recovery perspective is a primary focus. Together, both community and judicial partners, look at every situation individually and where possible, all partners work to divert these individuals away from the criminal justice system and toward the support services available from the community partners.

A brief introduction to the Recovery Approach

Recovery can be defined as a personal process of tackling the adverse impact of experiencing mental health problems, despite their continuing or long-term presence. Used in this sense, recovery does not mean "cure".

Recovery is about people seeing themselves as capable of recovery, rather than as passive recipients of professional interventions. The personal accounts of recovery suggest that much personal recovery happens without (or in some cases in spite of) professional help.

Recovery involves personal development and change, including acceptance that there are problems to face, a sense of involvement and control over one's life, the cultivation of hope and using the support from others, including collaborating in solution-focused work with informal supports and professional workers.

Some people recovering from mental illness claim that this "disability" has increased the depth and reach of their lives. Out of adversity has come change, personal development and growth. This is in stark contrast to the still predominant, yet rarely spoken belief that people may never make a recovery from a mental illness.

Those who have made their own personal recovery have provided important accounts of their experience. Mary Ellen Copeland has turned her experiences into self-help strategies for others. Mary Ellen's significant contribution has been in creating and developing WRAP (wellness recovery action planning). More information on WRAP is available at: <http://www.mentalhealthrecovery.com/>.

Recovery starts with the individual and works from the inside out. For this reason it is personalised. It challenges traditional approaches in mental health to reorganise the way people are supported and involved in their own recovery. It is consistent with the recent drive towards mental well-being and the improvements necessary to affect the whole of a person's life, rather than only addressing individual problems in isolation.

Source: www.rethink.org

Mental Health Court Support Program Cambridge

Submitted By: Julie Wallis
Diversion Project Coordinator

The local Human Services and Justice Coordination Committee of Cambridge took a closer look at youth with mental health issues who come in contact with the legal system. A Cambridge Youth Mental Health and Justice Needs Assessment conducted by the Orchard Park Institute, created a framework for youth Mental Health Diversion. The committee submitted a proposal for Cambridge Youth Diversion to The Ontario Trillium Foundation and was granted funding in March 2006.

Many other funding decisions were being made around the same time. The Ministry of Children and Youth announced funding for a variety of ongoing services and the Canadian Mental Health Association received funding for 3 new justice positions; Probation, Pre-charge and Bail Support Coordination. All of these programs were welcome and needed additions, however they did impact the original direction for Cambridge Youth Diversion. Regardless, the project moved forward and in

January 2007, CMHA hired a full-time Diversion Project Coordinator to implement what became known as “Cambridge Mental Health Diversion”.

Although there have been some twists and turns along the way as Cambridge Mental Health Diversion worked to coordinate and integrate with existing services rather than duplicate them, some valuable work has been done. In addition to offering short-term support to individuals between 18 and 29 years of age with mental health issues who are in contact with the legal system, the service also serves as a link to CMHA’s

Mental Health and Justice Services. As a member of this team which is comprised of Court Support, Bail, Pre-charge, Probation and Diversion and Non-Diversion Support Coordination, the Diversion Project Coordinator also took on the task of promoting these services by creating a brochure as well as updating the services’ web site information. The activities of the project also shed light on a gap in services that is not being addressed: re-integration and release planning for individuals leaving correctional facilities and returning to the Waterloo Region Community. Many of the individuals who accessed short-term support served time in custody and were released back to the Cambridge

community with little if any supports in place. Often these individuals find themselves with no medication, no identification and no mental health treatment and community supports in place. Re-establishing themselves in the community becomes very challenging.

Over the next few months, the Diversion Project Coordinator will take a closer look at this issue to identify what supports could assist individuals in making a smooth transition back to the community.

The work of the HSJCC

“The HSJCC has been a wonderful example of what can be achieved when people work together toward a common goal.”

Linda Bender
Regional Chair of Waterloo-Wellington
HSJCC
2006 - June 2008

Veronique's Story

I am 45 years old. I don't have a criminal record and I have no intention of getting one! I have been given an opportunity to be on a diversion support plan as opposed to probation and for this I am grateful. This has given me a chance to work on personal, mental health issues with Joslyn Gaston as my support worker. This has enabled me to express my emotions and deal with personal losses and past issues. The preliminary diversion support plan was very helpful because it clearly stated a plan of action that I needed to pursue.

Within this time period I have continued to meet with Joslyn on a regular basis. As a result of this relationship I was able to work on my recovery plan. I was able to continue to attend a methadone program with Dr. Frank, I got assistance with budgeting and I had access to supports in other areas of my life if I needed them. I also remained actively involved with groups offered by Waterloo Region Self-Help.

Reflecting on my past experience, I strongly believe that if I had been given probation it would have reinforced my feelings of hopelessness and despair leading only to a state of severe depression. With the support that I have been given I gained a sense of hope, power and personal responsibility for my actions.

Relationship Development within the HSJCC

- The commencement of the Mental Health Court in Waterloo Region
- Service Agreements Developed between Mobile Crisis Services in Guelph-Wellington and: Guelph Police Service, Wellington OPP, Shelburne OPP, Mount Forest OPP, Orangeville Police Service.
- Memorandum of Understanding between Mobile Crisis Services in Waterloo Region and the Waterloo Regional Police Service
- "Form 2" Bail Procedure between the Crown Attorney's Office and Grand River Hospital (In practice and soon to be formalized)
- Development of Orange Information Cards specific to Guelph, Rural Wellington and Waterloo Region (shared widely by front line police officers and community mental health workers to individuals in crisis or in need of services)
- Presentation by Michael Bay on the Personal Health Information Protection Act (PHIPA) in November 2006
- Mental Health Training for Court Staff in January 2007
- HSJCC Conference free to the community with speakers on the Mental Health Act, Dual Diagnosis, The Regional Crisis System and the Mental Health Court in Kitchener and Guelph in January 2008
- Purchase of Mental Health and Justice Resource books for Court Support Staff in the region.
- Financial support for staff to attend justice and mental health conferences to increase and share collective knowledge.

Definitions

(A selection of definitions taken from the Ontario Ministry of the Attorney General website)

Accused

A person or company charged with a crime; the defendant in a criminal trial.

Arrest

The taking or keeping of a person in custody by legal authority, usually in response to a criminal charge.

Assessment

1. The determination of the rate or amount of something. For example, damages or a fine imposed.
2. In family law cases, an analysis by a qualified professional who investigates, assesses and reports on the needs of the child(ren) and the ability of the parties to meet those needs.
3. In criminal law cases, a determination by a qualified person of the mental condition of an accused person.
4. In civil cases, a determination of the capacity of an individual to manage property, to make personal care decisions, or to properly retain and instruct counsel.

Fitness Assessment

An analysis performed by a psychiatrist or psychologist to determine whether a person is fit to stand trial.

Bail

A commonly used term for a Recognizance of Bail. When a person is not released by the arresting officer, the person must be taken before a judicial officer to determine whether the person should remain in custody pending trial. The term "bail" is often used to refer to the money paid as security for person showing up the next time he or she is required to appear in court.

Charge

A formal accusation of an offence as a preliminary step to prosecution.

Crown Attorney

A lawyer who acts as an agent of the Attorney General in civil lawsuits; a lawyer who prosecutes criminal matters on behalf of the Crown.

Diversion

In criminal law, removal of a case from the usual process. The police or Crown attorney may divert a case if certain conditions are met. There are various formal and informal pre-charge and post-charge diversion programs. Some of these are also referred to as extrajudicial measures or sanctions.

Evidence

Statements, information, and things that are used to prove or disprove an alleged fact.

Admissible Evidence

Evidence that is relevant and is of such a kind that the court will receive it.

Character Evidence

Evidence that shows the kind of person that someone is.

Circumstantial Evidence

Evidence which creates an inference that a particular fact exists.

Corroborating Evidence

Evidence that strengthens and confirms other evidence.

Demonstrative Evidence

Physical evidence that can be seen and inspected.

Derivative Evidence

Evidence discovered by using illegally obtained evidence. This evidence may be found to be inadmissible.

Direct Evidence

Evidence based on personal knowledge or observation that, if true, proves a fact.

Expert Evidence

Opinion evidence given by a person whom the court finds to be qualified to act as an expert.

Forensic Evidence

Evidence collected and studied through the use of sciences and other specialized knowledge,

Definitions

such as, biology, chemistry, medicine, physics, computer science, psychiatry and psychology. Forensic experts examine various things, including: a person's mental condition, documents, substances, chemicals, tissue traces, or impressions left at a crime scene.

Hearsay Evidence

Evidence based on what someone else has told the witness. "Second-hand" evidence. Hearsay evidence is often not admissible in court.

Viva Voce Evidence

Evidence that is given orally, as opposed to written evidence.

Fitness Hearing

The Criminal Code procedure to see if an accused is mentally fit to stand trial.

Mentally Incapable

When someone cannot understand relevant information or cannot appreciate what may happen as the result of decisions they make or do

R. v. (name)/The Queen v. (name)

The title of proceeding of a criminal case. The 'R.' stands for Regina or Rex, which are the Latin words for Queen or King. The 'v.' stands for versus, but it is often read aloud by using the term "and" instead.

Recognizance

A legislated form used by the court that sets out the terms under which a person will be released on bail or on a peace bond and when he or she is expected to return to appear before the court.

Remand

To adjourn a hearing to a future date, most often used in criminal cases when the accused is in custody.

Sentence

The penalty imposed on the finding of guilt.

Concurrent Sentence

Two or more terms of imprisonment served simultaneously.

Conditional Sentence

Where a sentence of imprisonment of less than two years is given, the judge may order that

the sentence be served in the community subject to conditions.

Consecutive Sentence

Two or more terms of imprisonment served one after the other.

Custody and Community Supervision/Custody and Conditional Supervision

The Youth Criminal Justice Act makes provisions for a custody and community or conditional supervision order, where two thirds of the sentence is served in custody and one third is served in the community under supervision.

Fine

A monetary penalty.

Imprisonment

The act of confining someone in a jail or prison.

Intermittent Sentence

A sentence consisting of periods of imprisonment interrupted by periods of probation. Intermittent sentences may be given for sentences of imprisonment for 90

days or less, usually to avoid loss of employment or interruption of education or childcare.

Probation

An order authorizing a person to be in the community subject to conditions listed in the order.

Restitution

An order requiring a convicted person to restore property to its rightful owner, compensate for a loss, or repair damage caused.

Suspended Sentence

The release of the convicted person on certain conditions contained in a probation order.

Show Cause Hearing

A hearing where the prosecutor must "show cause" that the accused should be held in custody until the trial. (see Bail Hearing)

Stay of Proceedings

An order suspending a legal proceeding.

A Typical Day

When I was trying to decide the best approach for this article, I thought of a few things. For instance, a typical day...however, there is no 'typical day' at work for me. Each day offers a unique person with a unique need. It could be as simple as an individual that needs to talk, to think something through or to vent a frustration. Or it could be as complex as the person that I start to support; who has just been released from custody. I meet that person in court for the first time and he has no money, no identification, no medication and no place to live. So now it is 4:00 in the afternoon and we need a plan - fast. This is when I have to take a step back and look at one thing at a time, starting with the most immediate need. The rest we can start to tackle tomorrow.

At the beginning of our relationship, I generally spend a great deal of time with the individual I am supporting. We need this time to develop a relationship and create a plan for what they believe is necessary to gain some stability in his or her life. Gradually we work away at the plan, "step by step", and eventually I begin to take a back seat in the person's daily life.

Sometimes I miss the small accomplishments, or I forget what they may be. This is easy to do when you start to support someone who is overwhelmed by all that he needs to get done in order to have some stability in the community. Stability that he knows will (hopefully) prevent him from getting arrested again. There are also days, more than I care to count, when I start feeling overwhelmed. How in the world do I assist this person in securing housing, a steady source of income, a family doctor, a psychiatrist, and identification while staying well in the community? More often than not, these complex arrangements must be made in a very short period of time.

I often hear from others that they believe my job sounds interesting, rewarding and not at all boring. Is it all of those things? Yes, definitely. Each day offers a new challenge. So when I am feeling frustrated by limited resources, doctors in short supply and paperwork, I stop and remember that someone I support no longer feels that he/she's is alone. No longer alone to face the infinite struggles that exist for someone who has a mental illness and finds themselves facing criminal charges, sometimes for the first time in their life.

For more information
www.hsjcc.on.ca

Article submissions can be forwarded to Karen Guse at kguse@trellis.on.ca. A call for article submission outlining the theme as determined by the PAC Facilitation group will be sent 2-3 weeks prior to the email distribution target date. Suitable material such as articles of interest, new issues, important notices, changes in service, current research initiatives, coming events/conferences, etc, will be identified and submitted to the editor(s) for inclusion. The editor(s) will edit for spelling, grammar and format but will not be ultimately responsible for content errors and will not significantly alter submissions unless otherwise notified.

Updater Newsletter Contact Info:

Editorial support for this issue was provided by Jessie Baynam, Executive Director,
Community Torchlight Inc.
o/a Distress Centre Wellington/Dufferin
519-821-3761 x210 (fax) 519-821-8190
ED@dc-wd.org ~ www.dc-wd.org

Karen Guse

(Administrative Support, email distribution contact)

Regional Support Worker, Waterloo, Wellington, Dufferin Regional Crisis System

Email: kguse@trellis.on.ca Phone: 519-821-8089, ext 236, or 519-576-2333 ext. 236

Fax: 519-576-8980