



Balance

Our Lives and Our Moods

MOOD DISORDERS ASSOCIATION OF BRITISH COLUMBIA

volume 22 • number 1



Canadians Polled on Mental Health

The 8th Annual Report Card on Health Care published in August of this year indicates a number of things about Canadians general sense of the effectiveness of our national health care system. The study, conducted by Ipsos-Reid, included 1002 telephone surveys and 2024 online surveys and it incorporated specific questions regarding Canadians' viewpoints about mental health care, its impact in the country, the diagnosis of mental illness, funding for mental health care as well as personal experience with mental illness. The report card findings included an overall A or B grade rating on Canada's health care system by the majority of Canadians.

“...almost 80% of Canadians experiencing mental illness symptoms DO NOT seek medical treatment.”

Though the report does not say why, 59% of Canadians indicated that they expected the number of people with mental illness to increase in the next ten years and a full one third believe that mental illness is hurting Canada's economy. Interestingly most Canadians also agree that mental illness is not given the focus and funding that other types of illness like cancer and diabetes get. The majority believe mental illness should receive similar focus and money.

The report card also indicated that when it comes to disclosing a family member's mental health diagnosis to friends or co-workers, only half of Canadians would divulge the information BUT if that same family member had cancer or diabetes, the majority of us would tell others. The

implications of this information may mean that families are suffering in silence, unsupported because of the stigma of disclosing a familial mental illness. This stigma and shame not only affects our relationships with those with mental illness but it can also cause us to deny our own mental health challenges. According to the survey only one in five Canadians who identified symptoms associated with mental illness in the past year sought help. This means almost 80% of Canadians experiencing mental illness symptoms DO NOT seek medical treatment. With annual losses to the Canadian economy for mental health and substance abuse issues of approximately \$33 billion, the issue of stigma is not only a social issue, but it is a clear dollars and cents cost to our nation. By removing stigma, shame and fear around mental health issues and by offering access to treatment plans we can dramatically decrease the cost of mental illness in Canada. In terms of just plain good business practices, employers, "... will save [per employee, per year] approximately \$5-10,000 in average wage replacement, sick leave and prescription drug costs."

When asked more specific questions about hiring someone with a mental illness or about marrying someone with a mental health diagnosis Canadian's answers reflect the stigma that many people with a

mental illness feel every day. The findings are indicators of the types of changes that can be undertaken in this country so that people with mood disorders or other mental illnesses have the same opportunities and advantages as other Canadians.

Stigma about mental illness is clear in the answers to other study questions, especially as it relates to relationships with people with a mental illness. While the majority of Canadians would socialize with a friend with a mental illness when it comes to someone with an addiction issue in combination with a mental health diagnosis, significantly less people would socialize with this person. In terms of an employee/employer relationship less than 20% of Canadians would hire a lawyer, child care worker, financial advisor or family doctor with a mental illness. If you are a landscaper with a mental illness then your chances of being hired if you disclose your illness is 31%. If you are a lawyer, financial advisor or family doctor with a substance abuse issue, your chances of having clients are less than 10%.

More Canadians than not also believe some symptoms of mental illness are simply used as excuses for poor behaviour or personal failure. Those same Canadians do not think that people with mental illness could just "snap out of it"

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EXECUTIVE DIRECTOR'S MESSAGE

Make It *The Issue*

We are experiencing election fatigue. Personally, I think they (the politicians) are part of a conspiracy. By the time we get to May 12, 2009 we will be so tired of elections (and politicians) we will not give a damn about the outcome. But this time, for the provincial election, we have to care.

There will be much talk about the issues and each candidate will find a way to turn the conversation to the one they want to emphasize. The economy will certainly be front and centre and all candidates will be unveiling charts and graphs with lines showing how much better things will be if we vote for them.

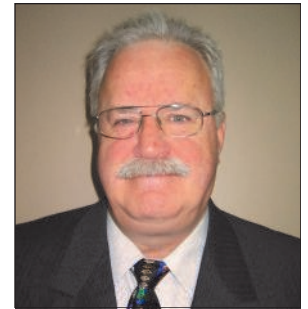
Healthcare will be brought up because of the still unacceptable lack of staffing and services. The environment will be trotted out and we'll be told again how we must all work to save the planet and how one side can do a better job of forcing us to do just that. Here's an idea; let's make mental illness *the* issue. That way, we can cover all those bases and accomplish something that will make a difference in the world as well.

Recent reports put the economic loss to Canada at \$51 billion annually because of mental illness. Think of how much that infusion of cash into our economy would do to stimulate financial stability. Currently, BC has 10% of the Canadian population and a larger portion of the country's Gross Domestic Product than other provinces' so we should qualify for at least one-tenth of the current amount lost for mental health funding. \$5 billion would keep BC in first place in mental health programs and services. A full 20% of hospital admissions are for mental illness related problems. Mental illness is responsible for one-third of the total number of days Canadians spend in hospital each year. Mental illness accounts for a stunning 40% of disability claims and sick leaves in Canada. Again, reflect on what \$5 billion could do to address these issues.

What if they want to be seen as tough on crime? Twelve per cent of federally imprisoned men had a mental disorder in 2007, up from 7 per cent in 1997. Meanwhile, 21 per cent of incarcerated women were mentally ill, up from 13 per cent over the same period. And while stats are scant for provincial jails, experts say the mental illness rates are likely much higher. The Vancouver police reported that 31 per cent of the 1,154 calls they received during a 16-day period in December, 2007, involved a mentally disturbed person. In 2005 when asked why there is no uniform act of legislation covering mental health in Canada, Chief Justice Beverly McLachlin pointed out that *mental health falls under provincial jurisdiction*, but she added, "Perhaps it is something we should look at." By doing something to reduce the impact of mental illness, we automatically reduce crime.

Addictions are always trotted out as something that we need to be

concerned about at election time. The stunning correlation between mental illness and addictions was enough to drive the provincial government to address these collectively when they developed the Mental Health and Addictions Agency in 2001. Any candidate who tries to minimize the effect mental illness has on the addiction problem isn't worthy of being on the ballot let alone getting a vote.



In terms of the environment, what could be more important than the human beings that occupy it? If the person with depression doesn't leave their home to enjoy the clean air what purpose has the reduction in emissions accomplished for them. And, 40% of people with mental illness use cigarettes, in those who have schizophrenia that number is as high as 90%. Many more hold on to their mental health by self-medicating with cigarettes. The BC Healthy Living Alliance has targeted a drop in cigarette use as part of their concern. If we want to reduce smoking and the effects of second-hand smoke, light up the mental illness issue.

These are serious times and mental illness is a serious concern, one that disastrously affects all aspects of the life we are optimistically promised at election time. It is an issue that has been neglected far too long. Despite that it may have the broadest impact of all diseases. Make mental illness the issue this year. We don't get chances to capture political attention that often. At election time they have to be concerned with what the people think is important. Tell politicians you want them to pay attention to mental illness and that you want them to invest in fixing the problem. Fixing the problem is not just finding rooms where the 'problem' people will be out of sight but by developing services to treat on a continuum, by having resources in place when patients hit the street after their primary treatment, and by educating primary care providers in managing mental illness as a disease not just a nuisance condition. Get the candidates to commit to funding research to bring our knowledge on the subject on par with cancer or heart disease. Tell them at the meetings, e-mail them at their constituency offices, and pass on your feelings when their annoying phone calls come at dinner time. Don't let another election get by without raising their conscientiousness. This is more important than anything they want to talk about.

A handwritten signature in black ink, appearing to read 'R. Hoffman'.

Rennie Hoffman
MDA Executive Director

Canadians Polled on Mental Health

Continued from page 1

though; only 4% believed those with a mental illness could snap out of it if they wanted to. So while we believe some people will behave badly and blame it on "mental health issues" most of us seem to believe people with a mental illness need some sort of treatment. Respondents were

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MEDICAL
ASSOCIATION

divided on whether there are more cases of mental illness today because of the stresses of modern life or because of better diagnostic procedures but as mentioned earlier, Canadians expect more mental health diagnoses in the next ten years. The study also suggests that Canadians believe that more people suffer from mental illness than are actually

diagnosed.

For more information:

- Canadian Medical Association. 8th Annual National Report Card on Health Care prepared by Ipsos-Reid. August 18, 2008.
- Mood Disorders Society of Canada. Quick Facts: Mental Illness and Addiction in Canada, 2nd ed., p. 17.
- Ibid., p. 17

My Body Hurts: The Physical Symptoms of Mental Illness

I'm so tired I can't get out of bed. My back hurts. I'm feeling nauseas and I have a headache again. These are some of the physical reminders of mental illness. Depression and anxiety are not just mental or emotional issues, they can be physical states that drag us down, make our bodies



hurt and steal our energy.

Experiencing the physical signs of a mood disorder can seem like a double blow, not only do one's emotions hurt but so does one's body.

Depression can make chronic pain worse and chronic pain can make depression worse. Fibromyalgia, a musculoskeletal condition that affects roughly 3-5% of the Canadian population is being treated with low doses of Amytriptylene, a commonly prescribed medication for depression. *Chronic back pain and major depression in the general Canadian population*, a study conducted in 1993 and involving 118,533 household residents, indicated that, "The rate of major

depression increased in a linear fashion with greater pain severity," and "...back pain emerged as the strongest predictor of major depression after adjusting for possible confounding factors such as demographics and co-morbidity." The combination of chronic back pain and major depression was associated with greater disability than either condition alone.... Physical pain and depression are connected.

Anxiety, another mood disorder, and physical pain are also linked. Perhaps one of the most obvious relationships between physical symptoms and mood disorders can be seen and felt by someone experiencing an anxiety attack; the symptoms of acute anxiety or panic can mimic something as serious as a heart attack. Trembling, shortness of breath, chest pain and racing heart are all symptoms associated with both heart attacks AND acute anxiety or panic attacks. According to the Public Health Agency of Canada other symptoms of panic attacks can include sweating, choking, dizziness, nausea, chills and hot flashes. It is not just panic attacks that have a physical component but anyone experiencing any type of anxiety disorder may be bothered by restlessness or edginess, feeling easily tired

and having difficulty concentrating, feeling irritable and being plagued by stomachaches, headaches and sore aching muscles.

It is clear there is a relationship between the

"...it can seem like a double blow, not only do one's emotions hurt but so does one's body."

physical, the mental and the emotional when it comes to mood disorders. If you are experiencing both physical and emotional pain it is normal. See your health care professional for a treatment plan that will address *all* your symptoms.

For more information:

- Currie, Shawn R.; Jianli Wang. Chronic back pain and major depression in the general Canadian population. [Online] CAT.INIST 2008 accessed November 21, 2008. cat.inist.fr/?aModele=afficheN&cpsid=15477955
- FM-CFS Canada. What is Fibromyalgia? [Online] 21Dec07. Accessed November 14, 2008 www.fm-cfs.ca/fm.html
- A Report on Mental Illness in Canada. Public Health Agency of Canada. October 03, 2002. Accessed November 21, 2008. www.phac-aspc.gc.ca/publicat/miic-mmac/chap_4-eng.php

ASK THE PROFESSIONAL

Question: *Is it true that the mania side of bipolar disorder seems to be less dominant than the depression side of the disorder?*

Answer: The vast majority of bipolar patients will experience many more depressive than manic or hypomanic episodes. Mood disorders are recurring illnesses with relapses and remissions. On average a bipolar patient will experience 9 or 10 cycles (either mania or depression) in their lifetime. On average a depressive episode will last 2-3 months while a manic or hypomanic episode will last 1-2 months. Sixty per cent of bipolar patients will notice an increase in the frequency of their episodes as they get older, while forty percent will continue to "cycle" (e.g. have a relapse rate every 1, 3, 5 years, etc) at the same frequency throughout their lives.

As depression is clearly the more frequent (and typically the more problematic) in bipolar illness, this is why many of you have heard me emphasize that while doctors need to be cautious about mania, they should not do so at the expense of treating the depression. Aggressive treatment of the depression (cognitive therapy or antidepressants) in bipolar disorder will result in less overall impairment for the individual.

One last note, 'unipolar' mania patients who suffer only manic episodes without depressive relapses, is extremely rare – afflicting perhaps only 1-2 % of bipolar patients.

Ronald A. Remick, MD, FRCP(C)
Consultant Psychiatrist
St. Paul's Hospital

Email your questions to admin@mdabc.net or mail them to our office care of the Newsletter Editor. All questions will be answered and you will be informed if your question is chosen for publication in our newsletter or on the MDA website.

MDA is pleased to announce the launch of our new website.



The site has new stories and information we hope will be of interest and assistance to those who visit. Want to participate in a study, volunteer, or just get more information, then go to the site at www.mdabc.net

MENTAL ILLNESS AWARENESS



MDA's Vicki Rogers with Margaret Trudeau

During October and November 2008 the Mood Disorders Association took part in events designed to raise awareness of mental illness. During Mental Illness Awareness Week from October 5-11, MDA, in conjunction with Fraser Health, mental health agencies, Douglas College and Simon Fraser University, presented Margaret Trudeau's *Mental Illness Recovery: Life, Balance and Happiness* to sold out crowds. During Mental Illness Awareness week AstraZeneca generously sponsored the *That's Just Nuts* campaign where information brochures and bags of peanuts were distributed at sky train stations throughout the Lower Mainland and at events MDA attended during the week. Simon Fraser University also participated in Mental Illness Awareness Week by having an information table at the university. Brent and friend, seen in the picture, are now in the process of starting an MDA support group at SFU. See page 7 for more information about this new group.



Brent and friend at SFU

In November, Pennie-Lynn, the MDA representative for Prince George, organized and managed an MDA table at the *Healthier You Expo*. Pennie-Lynn distributed information pamphlets and was on hand to introduce people to MDA's programs and services. The Mood Disorders Association extends a big thank you to Pennie-Lynn for her amazing, one-woman efforts to broaden the public's awareness of mental illness in the Prince George area. We ask anyone in Prince George who is interested in helping to raise awareness of mental illness to contact our office to discuss volunteer opportunities.

MDA EDUCATION EVENINGS

MDA Education Evenings are free, public information meetings on mental health topics.

Unless otherwise noted, MDA Education Evenings are held at Sunrise Hall, 1950 Windermere Street, Vancouver, on the third Thursday of each month at 7pm. For more information about past or future MDA Education Evenings, or for professionals to book a presentation with MDA, please call our office or email to training@mdabc.net

November 16, 2008 Psychiatric Concerns in Pregnancy & Postpartum

Dr. Deirdre Ryan, B.C. Women's Hospital, was joined by Tamara & Tom Younger, expectant parents, and Linda & Sherri from Pacific Post Partum Society. Participants learned about research and resources

regarding mental illness and pregnancy and postpartum concerns.

We thank AstraZeneca for generously supporting this education evening.

January 15, 2009 Mental Illness in the Movies

Dr. Harry Karlinsky, UBC Dept. of Psychiatry asks whether we are dispelling myths or increasing stigma. Join us for this interesting look at portrayals of mental illness.

February 26, 2009 The Sad Teenager: When to be concerned and what to do

Dr. Jane Garland, Mood Disorders Clinic, BCCH will be joined by Ms. Keira Sword, 17 years old, and Ms. Lindsay Evangelista, 21 years old, who will tell their personal stories.

March 19, 2009 Men and Depression

Dr. John L. Oliffe and Kristy Hoyak, UBC



Centre for Nursing and Health Behavior Research, along with Greg Fromson, male depression sufferer, will present information about understanding how men cope with depression and what treatment programs are appropriate.

**Need Directions/Map
to Sunrise Hall?
Go to the MDA website
www.mdabc.net**

MDA MEMBERSHIP

Continued from page 4



That's Just Nuts campaign on the North Shore

North Shore News / Mike Wakefield photo



Pennie-Lynn raises awareness in Prince George.

Become a Member of MDA

The Mood Disorders Association of BC (MDA) is a non-profit organization dedicated to support and education for people with mood disorders or other mental illness. MDA serves the public by operating peer-led, self-help support groups in more than 55 communities around BC and by its outreach and education activities.

We provide services to a variety of multicultural communities including support groups for Cantonese, Mandarin and Punjabi speaking individuals, in addition to specific support groups dedicated to youth and family members. MDA also attends community functions to raise awareness and provide information to the public at large.

With your generous support the MDA is growing; more health professionals are becoming aware of our services and are referring their patients to our support groups; our facilitator training sessions are

well attended which means new groups are starting up all the time; and, MDA's free education evenings provide up-to-date, relevant information about mental illness as presented by health care professionals.

Membership with MDA makes you a supporter of all our efforts to provide quality programs and services to those living with a mood disorder or other mental illness. By becoming a member you play an active role in assisting people across the province as well as helping to raise awareness and provide valuable information to those that need it most.

Become a member today!



It's time to
**RENEW YOUR
2009 MDA
MEMBERSHIP**



MOOD DISORDERS ASSOCIATION OF BRITISH COLUMBIA

DONATIONS

YES! I would be pleased to support the Mood Disorders Association of BC (MDA) in their efforts to provide support and education to those living with a mental illness and to assist MDA in their work towards building an understanding community.

Donation Gift Amount:

\$250 \$100 \$75 \$50 \$25 Other \$ _____

I Would Like to Become a Monthly Donor:

\$10 \$20 \$35 \$50 \$100 Other \$ _____

Gift: Cheque VISA MasterCard Amex

Card No.: _____ Name on Card: _____

Expiry Date: _____ Signature: _____

Mr. Ms. Mrs. Dr.

Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Bus: _____ Email: _____

You may publicize my name as a supporter of the Mood Disorders Association of BC Yes No

We do not collect, use or disclose your personal information unless you have provided your consent. Information will be used for the purpose of processing and receiving a donation, distributing a donation, recognizing a contribution, or responding to your request for information.

Thank you for your valued support!

MULTICULTURAL MDA

Punjabi Information Day

On Sunday, November 16, 2008 Dr. Nirmal S. Kang, Psychiatrist, provided information regarding mental illness for the Punjabi-speaking community. More than 100 people from the Punjabi community attended to learn what resources are available to help families with mental health issues. Harpal Johl, Director of Family Services at Diverse City and MDA Board Director, Rajpal Singh, Psychologist, and Rennie Hoffman, MDA's Executive Director, were available to answer questions.



MDA also provided written material in Punjabi and included a new bilingual, English/Punjabi Services and Resources Directory. If you would like a copy of the directory or for more information regarding the support groups shown below, please contact the MDA office

Punjabi Women's group: Tuesdays, 6-8pm
Punjabi Men's group: Wednesdays, 6-8pm

Please note: all Punjabi groups are held at
Progressive Intercultural Community Services Society (PICS),
12725 – 80th Avenue, Surrey
604.596.7722

A New Punjabi Partnership

The Mood Disorders Association is very pleased to announce a new cooperative partnership with the Progressive Intercultural Community Services Society (PICS) for the delivery of our Punjabi Support Program in Surrey.

Through our new partnership, PICS has offered to provide two support workers to assist program coordinator, Rajpal Singh. Further they have provided free meeting space for our two Punjabi Support Groups as well as the availability of office space as required.



Founded in 1987 by a group of volunteers, PICS has grown to be a multi-faceted agency dedicated to building a healthy and just society that respects and values all cultures. In addition, they strive to ensure equal access to jobs and services as well as working with other agencies and institutions

in the community.

We look forward to a long partnership with PICS as we further develop our Punjabi speaking program.

For more information regarding MDA's Punjabi Support Program call us at 604.873.0103 (MDA) or 604.596.7722 (PICS).

The Faces of MDA

The Mood Disorders Association of BC is looking for volunteers to greet the public at mental health events in the community. MDA regularly sets up information tables at events and volunteers are needed to greet the public and provide general information about the services and programs MDA offers.



Linda

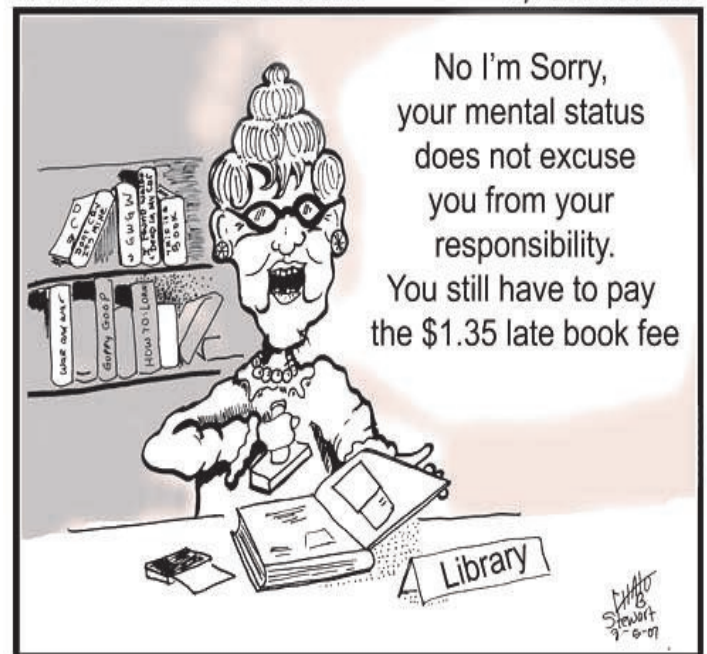
While no special skills are needed for this job, ideally volunteers will have some comfort dealing with the public and provide basic information about what MDA does. Training is provided.

**You too can
Become a Face of MDA**

If you are interested in volunteering or need more details, please contact Vicki Rogers: 604.873.0103 or training@mdabc.net

MentalHealthHumor.com

By: Chato B. Stewart



Playing the OLD Mental Disorder CARD

Reprinted with permission:
www.MentalHealthHumor.Today.com



Cantonese Group Celebrates 15 Years

The MDA support group for Cantonese speakers began in 1994 and has been attended by hundreds of Cantonese speaking consumers and families since then. Currently the group serves between eight and ten people who come each week. This group is mainly made up of consumers but family members also come for the support and information. The group operates out

of the MDA office every Monday afternoon from 1:30-3:30 PM.

Over the years the Cantonese group has built up good connections with some practitioners in the mental health field, especially those practitioners who see Cantonese speaking patients. These professionals often recommend their patients join the support group as a source of emotional support and the MDA is grateful for their acknowledgement.

The current facilitator of this group is Mrs. Leung. While Mrs. Leung has been leading the group for a short time, her

observations come from being associated with the group for approximately ten years.

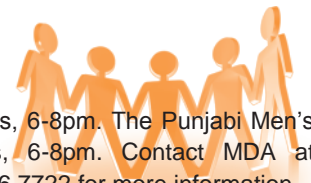
Mrs. Leung describes the group members as mainly people in the 45+ age range; group members are mostly women. Mrs. Leung points out that in the beginning the Cantonese group met monthly, but as numbers of members increased, the group moved to a weekly meeting.

When asked about the top issues facing group members, Mrs. Leung indicates family problems almost exclusively. The group members discuss their spouses' and children's lack of understanding and ignoring of mental illness, the hardships associated with a spouse dying and the added complication of chronic physical illness in combination with mental illness.

Mrs. Leung's hopes are that the group continues to grow so other Cantonese speakers know the group is "...here to share their worries."

Mood Disorders Association of BC information brochures are available in Chinese. Contact the MDA office if you would like one mailed to you.

MDA SUPPORT GROUPS UPDATE



- On September 12, 2008 a **new faith-based Living Room** support group started in **Abbotsford**. The group meets at Highland Community Church, 3130 McMillan Road, on the 2nd & 4th Friday of each month from Noon – 2pm. For more information contact John at 604.853.2679 or Lorraine at 604.504.5374
- Surrey starts its **first faith-based Living Room** support group. **Surrey Alliance Church** at 13474 – 96th Avenue is home to this new group that meets on the 1st & 3rd Wednesday of each month from 1pm-3pm. Contact Laura at 604.308.4563 or Erin at 604.513.4103.
- On October 29, 2008 our **Family support group** began at **Dunbar Community Centre**. The group is a place for families of someone with a mood disorder to come and share. This group meets monthly on the last Wednesday of the month from 7pm-9pm. The community centre address is 4747 Dunbar Street, Vancouver. For more information contact Vicki at 604.873.0103
- A **Post Traumatic Stress Disorder** support group started in June 2008 here **at the MDA office**, 202-2250 Commercial Drive, Vancouver. This group meets every Tuesday, 10am-Noon. Contact Greg or Vicki at 604.873.0103 prior to attending this group.
- Our **Punjabi support groups have a new location at Progressive Intercultural Community Services Society (PICS), 12725 – 80TH Avenue, Surrey**. The Punjabi Women's group meets Tuesdays, 6-8pm. The Punjabi Men's group meets on Wednesdays, 6-8pm. Contact MDA at 604.873.0103 or PICS at 604.596.7722 for more information.
- **Richmond support group** welcomes the new facilitator and co-facilitator, Linda and Bruce. This group is held at **Rosewood Manor, 6260 Blundell Road** (near No.2 Road) and is held on the 2nd & 4th Thursday from 7:00 – 8:30pm. Drop in or contact MDA for more info.
- Our **Surrey support group** also has a new facilitator, Linda and co-facilitator, Vicki. Please drop in on the 2nd & 4th Monday of each month from 7:00 – 8:30pm at the **Newton Advocacy Group Society, 13588 – 88th Ave**, Surrey, upstairs (located in Bear Creek Plaza to the right of the Produce Market) *Note: wheelchair accessible via elevator.

SFU Students Create MDA Support Group

A group of SFU students have come together to form a club, *Students for Mental Wellness*. The club will be about supporting, educating and inspiring with plans to bring speakers to SFU, create a support group and have a website with mental health knowledge, links and events. This group is very excited to get started and is looking forward to assisting and educating the SFU community about mental illness.

If you are interested in getting more information about this new group at SFU please contact Brent at bds2@sfu.ca or the MDA office.

Can I work or volunteer without it affecting my CPP Disability (CPPD) benefits?

According to the Human Resources and Social Development Canada's newsletter, **Staying in Touch** (Newsletter No. 5, February 2006), you can work and volunteer while in receipt of CPPD benefits *without consulting* CPPD. People may volunteer or attend school and get training or upgrading without contacting CPPD to report these activities but at the end of your training, if you obtained a certificate or diploma, CPPD requires you let them know.

In terms of work, you may earn up to \$4200 gross (before taxes) per year without having to report these earnings. Any earnings over \$4200 must be reported to CPPD. CPPD stresses that reporting income over \$4200 is not to stop one's CPPD benefits, but rather to talk about what help CPPD can offer you if you choose to return to work on a regular basis.

In *consultation with CPPD* you can also develop a return-to-work plan through their vocational rehabilitation services. People receiving CPPD can also take part in a three month paid work trial to determine if you are ready to re-enter the workforce on a regular basis.

To get more information about what CPPD can offer you, please visit their website:

www.hrsdc.gc.ca/en/isp/pub/cpp/disability/benefits/cppbentoc.shtml



MDA Announces Walk-In Psychiatric Clinic

In conjunction with the Department of Psychiatry, St. Paul's Hospital, MDA is pleased to announce the opening of a walk-in psychiatric clinic for our MDA membership. Our own



Dr. Ron Remick and his colleague Dr. Chris Gorman (a transplanted Calgarian where he also was a mood disorder expert) will be the psychiatric consultants. The clinic will be held here at the MDA office on a regular weekly basis. Drs. Gorman and Remick will be at the Tuesday and Thursday support groups at 2:30pm on January 27 and 29 to discuss the clinic. The doctors will meet with any interested members after the group or at conveniently scheduled times in the future. In order to compensate the doctors for their time they would request a referral from your family physician. If you do not have a family physician the doctors will assist you with this process when you meet with them. Please feel free to call the office for more details about this innovative and exciting service.



MOOD DISORDERS ASSOCIATION OF BRITISH COLUMBIA

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