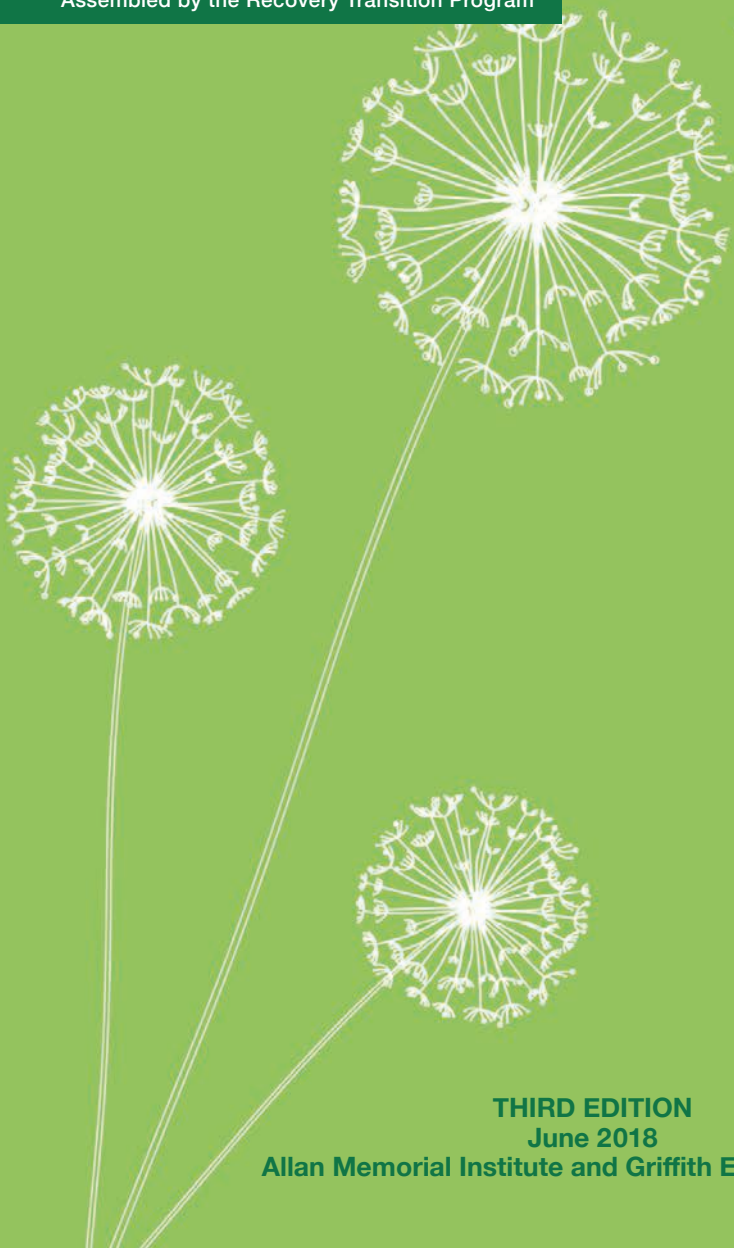


# RTPublication

Recueillie par le programme de transition et de rétablissement  
Assembled by the Recovery Transition Program



**THIRD EDITION**  
June 2018

**Allan Memorial Institute and Griffith Edwards Centre**



Dents de Lion

Dandelion, pale and frail,  
a ghostly whisper  
swept by winds.

You weep before the rain,  
are beaten to the ground  
and drowned.

Lost and found in barren patches,  
empty cracks,  
tenacious, you grow back.

Uprooted and with broken back,  
your will is strong  
You will grow back.

Gold is your shaggy mane.  
Bold is your hunger for life.  
Sharp are the teeth of the lion  
holding hope between steady jaws.

I pause to witness  
what is tenacious,  
resilient, majestic  
The dandelion.

Cecelia Vanier

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# Welcome to the Third Edition

We would like to start by recognizing all the volunteers who have worked hard to produce this zine. Without you, the RTPublication would not exist. We would also like to thank our contributors who, through the work they send us, have shared a piece of themselves with us and with you, the reader. We take particular pride in creating a publication made by and for patients of the MUHC Mental Health Mission—and the larger community of people living with mental illness and addiction.

This edition focuses on the Day Hospital. It contains accounts by current and former patients of their experiences, as well as interviews with some of the staff. But this focus does not mean we have excluded contributions from outside that program. This zine remains committed to representing the people treated at the MUHC, regardless of the clinic they happen to receive health care from.

We are committed to reflecting the diversity of patients' experiences in our pages. For the next edition, we are particularly interested in contributions from people with experience in the Early Psychosis and Schizophrenia Spectrum Program. However, we also strongly encourage any and all patients to submit their work.

If you would like to submit material to the RTPublication, please contact us by e-mail at [rtpzinesubmission@gmail.com](mailto:rtpzinesubmission@gmail.com).

The RTPublication is also available on our website:  
[recoverytransitionprogram.com/RTPublication](http://recoverytransitionprogram.com/RTPublication)

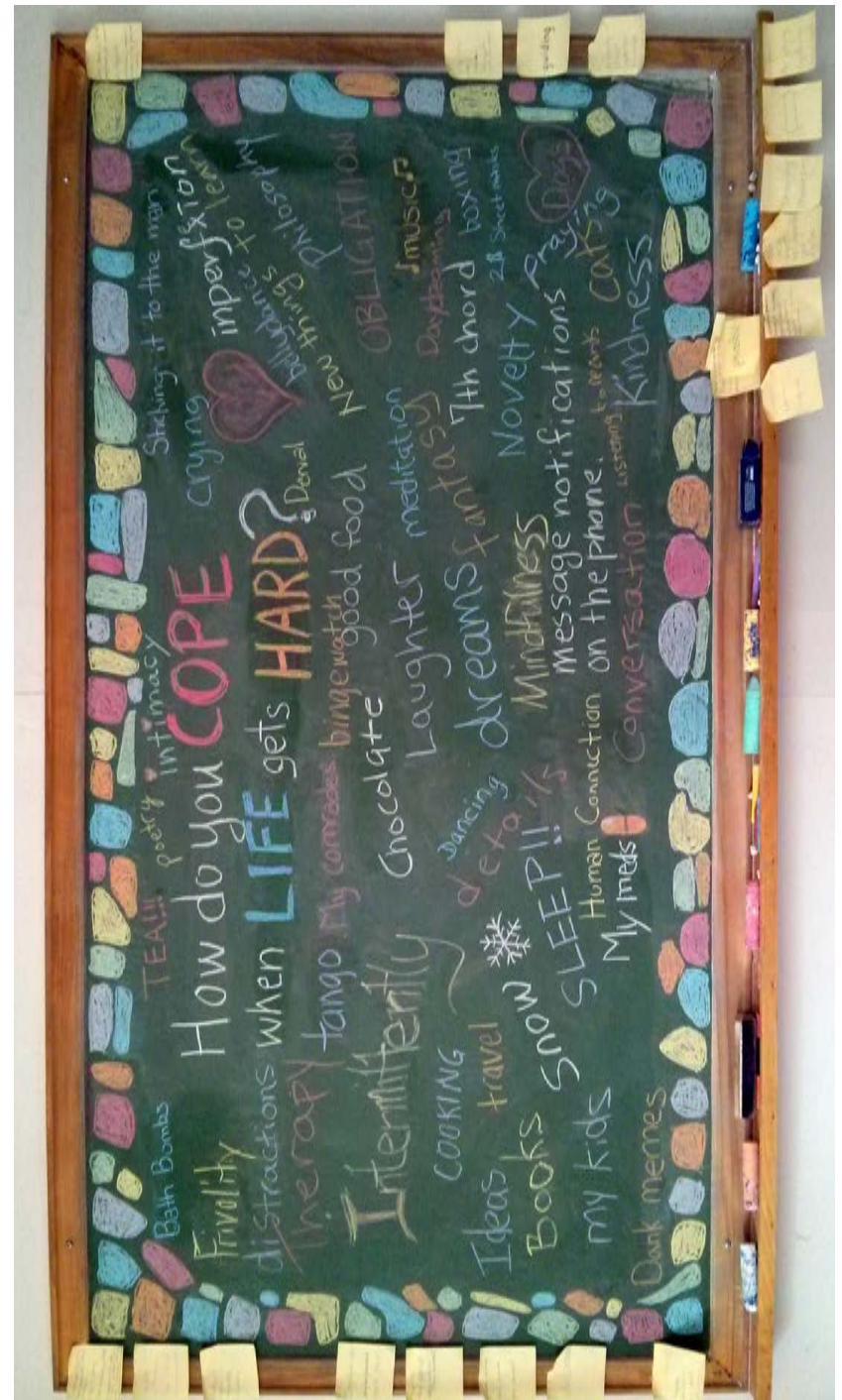
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Griffith Edwards Centre on Pine Avenue



RTP office in the Griffith Edwards Centre



Allan Memorial Institute



RTP office in the Allan Memorial Institute

## About the Recovery Transition Program

The Recovery Transition Program (RTP) is a unique mental health initiative designed to improve the experiences of patients within the Mental Health Mission of the McGill University Health Centre. Our goal is to integrate a patient-based mentoring program into the system of care, in which peer mentors and health care providers collaborate to provide support to patients during their recovery.

## The Peer Mentor–Peer Mentee Relationship

We believe that experiential knowledge is an invaluable asset which allows those who live with mental illness and addiction to give hope and encouragement to others. The dynamic is different from that of a doctor–patient relationship: There is no diagnosis made and no obligation to disclose any previous diagnoses. We listen, but we are not therapists. The meetings are an occasion for contact that benefits the mentee and the mentor.

The mentor and mentee work together as equals to determine how the relationship can be most useful. The sessions can provide emotional support from someone who can relate to your struggles and who has been where you are now. The sessions can also provide a space to solve problems, set goals, establish new routines, and find connections to outside communities.

## How to Become a Peer Mentee

Anyone interested in accessing the services of the RTP must be referred by their health care provider. For more information about the RTP, the referral process, or how to get involved, please see our website: [recoverytransitionprogram.com](http://recoverytransitionprogram.com) and/or contact the RTP Coordinator at: [Patricia.Lucas@muhc.mcgill.ca](mailto:Patricia.Lucas@muhc.mcgill.ca).

## RTP Group Activities

In addition to one-on-one mentoring, the RTP organizes group activities to help mentors and mentees alike connect with other RTP participants. Past and current activities include:

- A monthly reading group
- Group visits to outside resources such as the Art Hive
- The RTPublication workshop
- The annual RTP Talent Show

## How I see the RTP

*“There is a sincere sense of respect, compassion, and understanding anchored in the RTP team, which has encouraged in me a more hopeful perspective.”*

—Tara

*“Even as a peer mentor, my time in the RTP has been a time of healing and recovery. Had I not joined the RTP, I would never have gained such a sense of self-confidence. If I never pushed myself to go outside and climb up that evil hill on Peel to go to my peer mentor training, I would not have been able to conquer my agoraphobia. Helping my mentees and my fellow peer mentors has given me a sense of competence that I never imagined I could have.”*

—Cami

*“It has been a roller coaster ride. RTP support has helped me stay on track with encouragement and guidance in an environment in which I do not feel alone. My thanks to all.”*

—Steven B.

*“Being a mentor doesn’t mean that we are completely well. More often than not, it was listening to my mentees that helped me to realize that I am not alone in this journey of illness. I am very thankful to everyone who has been my mentee.”*

—saya

# One defining moment.....

My experience with the day hospital began in the summer of 1994, after being released from a two-month stay as an inpatient at the Allan Memorial Hospital. My life at the time was one of rules and restrictions, of obsessions and compulsions. I was alive but not living, consumed by an overwhelming fear that kept me paralyzed. My days consisted of constantly fighting my thoughts, afraid to move in case I set off one of my countless compulsions. My nights were spent lying awake, afraid of the next day. I had no idea what was happening to me. Every thought seemed so real; the fear was so powerful. I was losing my grip on reality. Obsessive-compulsive disorder is commonly seen as a behavioural quirk, when in fact it is a severe and crippling illness, defined as much by the mental torment of recurring strange thoughts as by visible behaviours.

Although a nurse on the inpatient ward had told me about the Day Hospital and the programs it of-

fered, I arrived in such a state of despair and distress that I was unsure what to expect from this new opportunity. My first couple of weeks were stressful and mentally draining. It was like being in school, and getting myself to attend every day was a challenge. The daily structure provided me with a chance to focus my mind, and I was progressively encouraged to participate actively in my treatment, re-engage in responsibilities, take risks, and self-disclose. This therapeutic environment promoted acceptance, support, clarification, validation, and new methods of problem solving.

As the weeks went on I learned to appreciate the different groups held every day. My favourites were the newspaper group and art therapy. In the newspaper group we kept in touch with current events and summarized articles that appealed to us. It helped me focus and concentrate, allowing my mind to be taken over by thoughts other than those

dictated by my OCD. Art therapy was just freedom; it allowed me to express my feelings and concerns in new creative ways.

Dr Allan Fielding, the resident psychiatrists, and the nurses helped keep me focused on my goals while I developed my coping skills. In groups held by the occupational therapist I developed introspection, explored my social environment, and identified realistic and meaningful goals. These groups also helped me learn to believe that I was capable of reaching my ultimate goal of going back to school that fall.

One of the more comforting aspects of the program was that I didn't feel alone there. I was accepted for who I was and not judged by anyone. The Day Hospital provided me with the opportunity to develop my self-confidence and to step out of my mind and explore the world that I had retreated from. The experience was particularly helpful in improving the symptoms that came from my relationship with myself.

When it came time to be discharged, I was a different person: confident, focused, and armed with a vigour for life; I embarked on a new path. At the same time, I was afraid that the end of the program would bring with it an

abrupt void. There were issues at stake like continuity of care, social support, and putting what I had learned into practice. Little did I know I was already prepared for what lay ahead. The interaction with staff and patients introduced me to the complexities of daily social interactions in the outside world. The assertiveness group gave me the tools to go for what I wanted. Self-care and self-awareness became paramount in my daily routine. The Day Hospital had provided me with the coping skills I would need to succeed in my new life.

Today I am a volunteer with the Recovery Transition Program working on the RTP zine and have completed my training as a peer mentor.

Joe Tavares



"Pinhole of Hope I" by Julia Bene



"Pinhole of Hope II" by Julia Bene

# Finding My Feet

Text and Illustration by Tara

*“I could tell you my adventures—beginning from this morning,” said Alice a little timidly; “but it’s no use going back to yesterday, because I was a different person then.”*

—Lewis Carroll

Waking up today, like every other day, I feel trapped. Once again I stagnate, killing time just to get through another 24 hours. I don’t know how my mind and body will work together from one hour to the next. I am struggling, relying on others for support. And even with this support, I have trouble believing in myself. Things do not seem to become easier as I grow older, and I do not feel healed as time goes by. I don’t know how to process each day. Every day that passes may have been an opportunity for me to move forward, but instead I stay where I am. And as each day goes by, I feel less and less like who I am meant to be. I feel like my life has been defined by a painful experience that has changed the way I think, see, and breathe.

I feel like I am no longer a candidate for living. My body in its entirety feels violated—my self-esteem, my spirit, my rights, my thinking, my dreams, my voice, my existence.... I just feel so completely violated. I want my life back! I wish I could say and believe, “It’s passed. It’s done. It’s over!” But it’s not; I feel like I continue to be a victim, as a toxic fear resides within me. I do not know if or when he may target me again with his selfish transgressions. Having trampled on me and tossed me aside he, the perpetrator, carries on conveniently with his life.

Feelings of hope that were once part of my life stare back at me from a distance. As I visit old and new places during my travels, my enthusiasm for exploration and discovery fade away. The fear of being a target, or unwelcome, surfaces. Although we all share the same planet, I seem to always be in someone else’s territory. Lacking the skills to guide a certain naiveté, I feel I may at any moment become someone’s prey.

I wonder how other people function—those who do not show signs of struggle, those who get up and get dressed, and go out and conquer the world. I wonder how they feel most of the time and how they get through their day. Do they generally feel motivated? How do seemingly happy, healthy people cope with sadness? How do they get out of painful situations?

How do I get on with my life? Why do I feel so alone? Am I deserving of a life? Why did I let myself get caught in his trap? I feel so ashamed, so much so that I am afraid to speak. I fear what people may think and say about me. I feel unworthy. What power do I have? Maybe I am not fit to survive this life that I am having so much trouble fitting into.

As I continue to face my challenges, healing feels so foreign and out of reach, while suffering seems to have become an ingrained part of me. What does the world ask of me? I am left with a sense of doubt. Perhaps like a sunset—the ending of one period and the beginning of a new, a reawakening, an evolution—every moment that I create may be a moment that presents new possibilities and a decision to grow, an awakening in becoming aware, an ongoing and evolving process of growth and development. When I lie down and close my eyes, sometimes I imagine an existence out there ready for interpretation, beyond the means of understanding, that could be a motivation for change from a situation of powerlessness to one of power.

In my rumination and desperation I am tired, but I am also propelled to create: to create a way out of sadness, hopelessness, and despair, to create a platform to be heard. I have found moments when I feel a calm fluidity in my breathing. For mere fractions of a second I enter a realm of freedom, where I can actually reach out and touch what happiness feels like. When I dance in my ballroom the puppeteers of my fears and vulnerabilities are wrapped around my fingers and abiding by my time. My voice, my thoughts, and my connection rise surely. I am shaping my own story.





## A Forward Motion III: Saskatchewan to Winnipeg

### Gregory

On a train travelling across the continent, the question “How far are you going?” quickly becomes the icebreaker of first resort. A woman from Newfoundland with the same name as my mother—about the same age too—has me beat in total distance left to travel. We’re both staying on until the end of the line in Toronto where we’ll change trains and continue east. But when I get off in Montreal she’ll continue on to the next end of the line in Halifax, after which some combination of buses and a ferry from Sydney will take her the rest of the way home.

She’s more than willing to talk, and I’m more than willing to listen. She has the uncanny ability to never ask me for more information than I’m comfortable sharing, never hesitates to pick up the silences before they can draw out too long and fill them with her stories. She tells me that she was a nurse before she retired last year. She tells me that she’s on her way home from the first vacation she’s taken since her husband died, and that this is her first time travelling alone since she was in university. She tells me about her daughter who helps with the cabins on her property that she rents to tourists. She tells me about her son who doesn’t help with much of anything, but he’s had his problems with alcohol so she doesn’t begrudge him his selfishness seeing as he doesn’t have much of himself left to give.

As she continues to talk, I understand that she isn’t taking the train just for the scenery. I recognize in her good-natured sincerity and carefully dosed honesty an anxiety that has ruled out the possibility of air travel ahead of time. I don’t know how much of this I picked up on at the time and how much I only see now in light of later conversations. Because I can no longer keep straight what she told me when, she enters my memory fully formed. No matter how hard I try I can’t remember what it was like to arrive at this understanding. I can only guess at the confusion and error that sent a web of cracks running through my first impression of her. The person she is in my mind doesn’t untangle along the straight line of the train’s itinerary in the way that images of the landscape do. I’m forced to admit that there’s a process of accumulation that no memory can convey. I remember her again and again, each time deformed by the weight of anachronistic knowledge, the frail richness of her initial incoherence lost forever.



The tracks are choked with freight trains. The main line is empty next to the side track where we've been waiting for well over half an hour. No one has made any announcements, but the stops are frequent enough by now that we all know what's coming.

Black cistern cars full of tar-sands oil moving south. Husks of inert machinery chained to open beds. Old CWB hopper cars with their dark-red paint bleached in the sunlight until it meets the rust halfway in one ambiguously solid colour. From where I sit, the windows on one side of the car are bathed in a dry yellow light that pours in unimpeded over silent fields, on the other the windows are all darkness and motion. I feel uneasy in the sudden asymmetry. The freight train passes so close it looks like it's going to crash into us. The boxcars' dull orange sheet metal strains impotently to jump like when I watched my last sunset over the Pacific from behind the guardrail on the Lions Gate Bridge. But the cars obey a strict maximum width. They can only keep going straight down the parallel tracks.

When the last of the freight train finally passes, the car feels like a capsized boat righting itself. Once again the prairie falls away on both sides into two balanced halves of infinity. Our train shudders forward. It's become apparent that we'll never make up the time lost between Vancouver and Edmonton. Although we now stop only just long enough to let people on and off the train, at each town the gap between our scheduled arrival and reality continues to widen. Those of us already on board haven't been able to get out and walk around since Jasper. The smokers are starting to get antsy.

The girl in the row in front of me is on her way back to the apartment in Notre-Dame-de-Grâce she sublet out for the summer, her two roommates, and the brother I will catch a glimpse of a few days later when we arrive in Montreal. We pass the time seated at oblique angles to the long window that spans both our rows, lobbing bits of conversation around the intervening seat backs towards each other's reflections, our words skipping like flat round stones off the smooth glass.

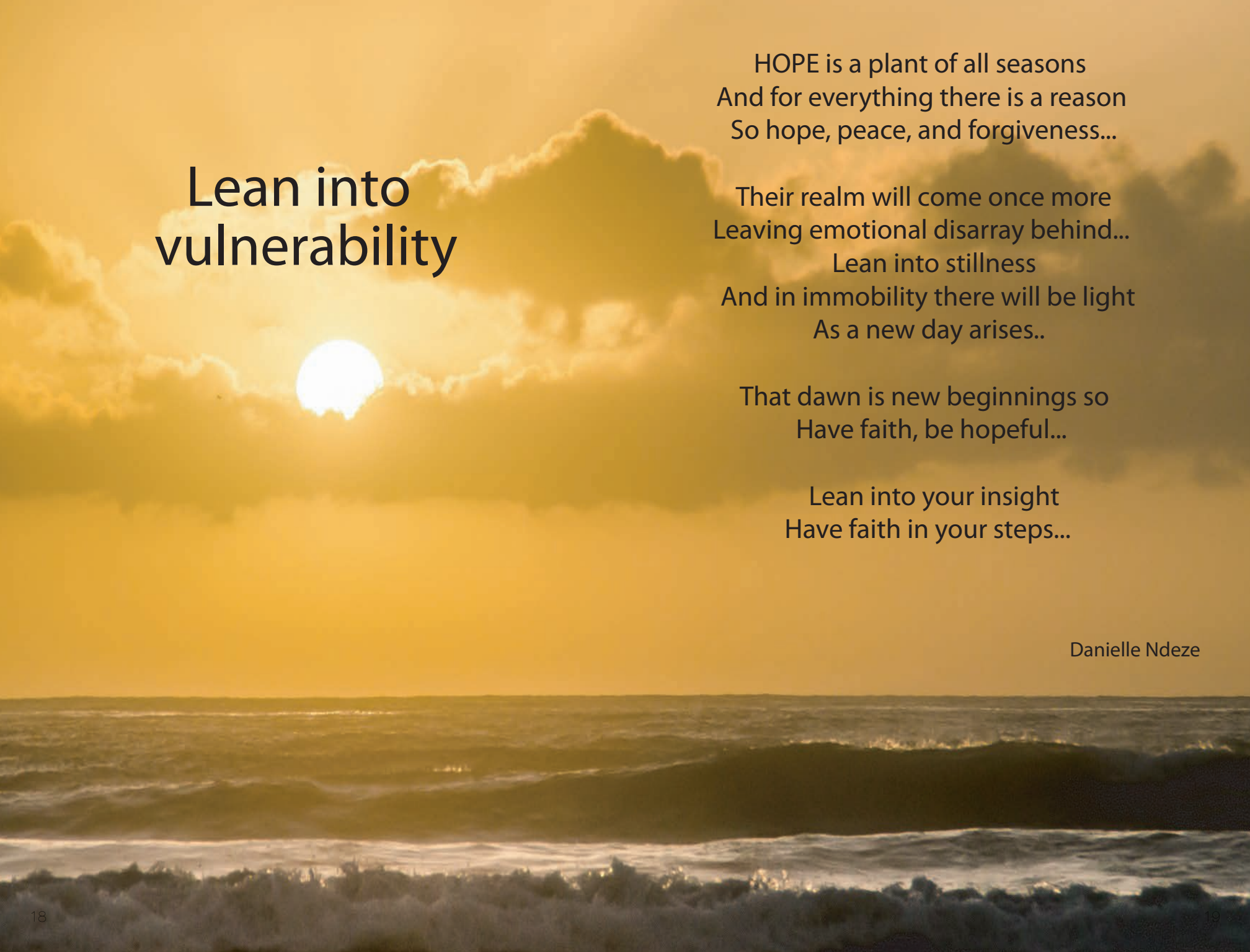
She's taken a year off from university and isn't sure if she wants to go back. For the first time, rather than have someone else tell me, I get to tell someone else that you're still generally as lost after you graduate as before. And I'm just as unsure whether the advice is hopeful or defeatist as when I'm on the receiving end of it. I give her a look that's supposed to preserve the uncertainty, but I never was very good at mystery. She doesn't linger on my aphorism. Soon she moves on to telling me about the farm where she was working over the summer, or maybe asks me what the farthest place I've

ever travelled is. As much as I enjoy the opportunity to do jaded and world weary, I'm relieved that she isn't particularly interested in playing the petite Jehanne to my Cendrars. We are, in any case, still quite far from NDG.

The train pulls into Winnipeg at around 3:30 in the morning. This is the one stop that can't be abbreviated like the others. It marks the route's midpoint, logistically if not geographically. The engine's diesel tanks are refilled, the diner cars are restocked, and a new crew changes places with the one that's been with us since Vancouver. The platform hisses with discharging air brakes and rumbles with wheels loaded too heavy for their bearings rolling over worn asphalt. The lighting is arranged for the benefit of the machinery that services the train rather than the huddle of somnambulant passengers who alternate light and dark on their way towards the station.

Inside everything is calm and quiet. Although the interior is all stone and tile, my footsteps make no echo. The sounds are just as muted as the lights. To pass the time I wander around looking for a wifi signal, but to no avail—even that's been turned off for the night. I take a few pictures, but they turn out blurry. When I look at them later they evoke a fatigue that I don't remember feeling at the time. In my memory, despite the late hour, there's only the diffuse unease that, like the train, I'm somehow offset from where I should be at this particular moment in time. Everything is close at hand but obscured by eddies, stirred up by our sudden irruption into the empty station, that will only dissipate after we're gone. Without any deadlines waiting for me at the other end, however, the unease isn't unpleasant. It's more like a curious object found abandoned on the floor—a broken keychain or a half-filled punch card for a free eleventh cup of coffee.

I stand in the central rotunda, staring straight up into the blue of the high-domed ceiling. In the dim after-hours lighting, it feels like I'm floating face-down on the surface of the ocean, staring into the depths. I'm weightless here in my immobility. I stretch myself upwards, fingertips extended towards your cheek flushed red from the cold, three white streaks left to shimmer for an instant underneath the fine lines of your skin before disappearing into the rush of returning blood. We ran so fast, deeply inhaling the scent of the night, hoping to make ourselves stumble and fall before we exhausted ourselves entirely, hoping to find each other still waiting there beyond the exhaustion. Like a barnacle recognizes a boat, a moth a sweater, like a hammer suspended above bruised fingers recognizes a nail—my heart constricts at your memory until it no longer resembles a heart, in a chest opened at the promise of a beginning.



# Lean into vulnerability

HOPE is a plant of all seasons  
And for everything there is a reason  
So hope, peace, and forgiveness...

Their realm will come once more  
Leaving emotional disarray behind...  
Lean into stillness  
And in immobility there will be light  
As a new day arises..

That dawn is new beginnings so  
Have faith, be hopeful...

Lean into your insight  
Have faith in your steps...

Danielle Ndeze

# What Works for Me: Music

Massimo Venturino

Ever since I was a young kid, music has been a huge part of my life. I would go as far as to say that music is like oxygen for me. Through my life's journey as a music lover I have been able to see a profoundly deep, inherent connection between humankind and music. Many different sorts of sounds, bands, and artists have helped me become the person I am today. Through my struggles with addiction and varying levels of depression, music has been a dear friend to me. In my second, and most recent, recovery something shifted when I decided to get clean, a shift that allowed me to ground myself in something that felt more like my pure self, and as a result of this shift the music I was listening to had a more visceral effect on me.

I was no stranger to the music I was then and am now absorbing, though it's as if I was meeting it and myself again. It flowed through me like I was a plant being watered. Each phrase and sound coming through the headphones served as helpful guidance in regaining my self-esteem, strength, and courage. There are many resources that shape one's recovery; for me personally, music is one of those resources.

These are a few of the albums and songs that, in my early recovery, helped open another door in my mind, and allowed for a healthy change in my perspective:

*Mirage, Tusk, "Don't Stop"* by Fleetwood Mac

*Desperado* by Eagles

*Yield* by Pearl Jam

*Mi Sueno* by Ibrahim Ferrer

*Pendulum* by Creedence Clearwater Revival

*Bleed American* by Jimmy Eat World

*Led Zeppelin III* by Led Zeppelin

Sometimes lyrics can be as powerfully healing as the music itself; an example of that in my case are the words to "Don't Stop" by Fleetwood Mac.

And in grieving and remembrance, the lyrics to "Protection" by Massive Attack have been helpful to one of our mentors, Jessica Alfonso: "In memory of my friend Ahmed A, who passed away in December of 2015. He would say 'we suffer from the same affliction,' with love and respect, Jessica."



Collage by Massimo Venturino

# Medicated

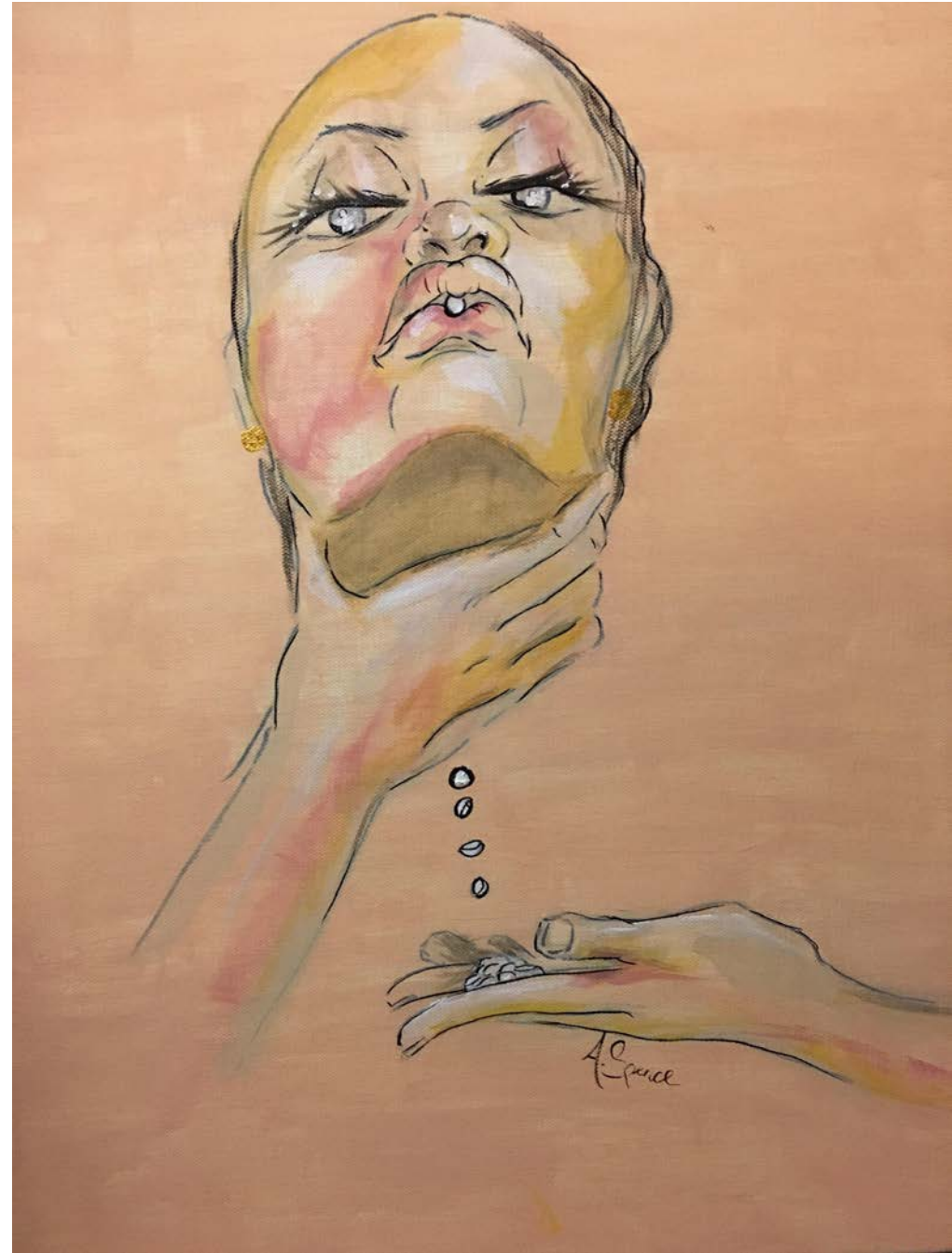
Apply pressure,  
Then pierce skin.  
Let the needle  
Sink.  
In.  
Dig fang  
Through a layer thin.  
And poison  
Life

Because  
Prescription pills  
And monthly injects  
Define your now.  
Because prescription pills  
And follow ups  
Do not  
Define your now.

Moons follow suns  
And my bones,  
Have.  
No.  
Peace between the marrow.  
Instead,  
Fleeting dreams  
And broken promises  
In bed and hollow  
What was  
Once solid.

I promise once  
I was whole.  
Then again,  
My memory does be-tray.  
The video on re-wind  
But the story  
Still evades  
Any makings  
Of.  
Sense.

A past tense present.  
A future non existent.  
I will bend the time fabric  
And reclaim  
The piece of mind  
That peace of mind  
Of mine.



# RECOVERY TRANSITION PETS

Imogen

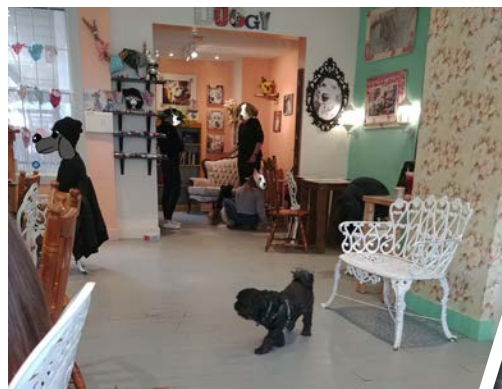
Spending time in the company of dogs and cats is alleged to have therapeutic effects. But I've always seen them as diametrically opposed creatures; I wondered how such different animals could fill a similar role. Two recent outings to pet-friendly cafés helped me answer this question.

The two cafés were laid out to accommodate the different needs of dogs and cats. The dogs had plenty of open floor space that allowed them to jump on each other and race around. The cats, on the other hand, were not limited to the two-dimensionality of a floor; they were supplied with climbing structures built into the walls, which they made good use of, but for their own purposes, descending to engage with the customers only when it suited them.

During our hour-or-so at the Café Chat l'Heureux, we caught glimpses of the very self-reliant cats; only a few of them would grudgingly humour a human by allowing a toy to be dangled in front of them. All the cats had their own biographical write-ups, which informed us of their unique, astrologically determined personality traits (I personally would have assessed them all as standoffish introverts).

Le Doggy Café operates differently. Because cats attach themselves to places, and dogs to people, the cat café's inhabitants live there permanently, whereas the dogs are strictly visitors, who stay only as long as their people do. Tino, the Tibetan palace guard dog, was our canine chaperone for the Friday-afternoon visit. The boisterous energy created by the dogs making new friends, exploring their surroundings, and generally expressing their enthusiasm about anything and everything gave Le Doggy Café a much livelier atmosphere than that at the Chat l'Heureux.

Both places were fun to visit. But, for therapeutic purposes, the two locations would provide very different benefits. For anyone whose primary psychological need is to unwind and de-stress, the calm atmosphere of the cat café would be ideal. For those whose emotional requirements are for company and conviviality, I'd recommend spending an afternoon in a café full of rambunctious dogs.





# THE DAY HOSPITAL

## A Patient's Perspective



Recovery can be long and a roller coaster of emotions. The Day Hospital at the Allan Memorial Institute offers help on the road back. Mental illness brings isolation and stigma. We push ourselves to the brink of exhaustion, swimming against the tsunami of anxiety, depression, and fear that sweeps over us. But it is an illness like any other that needs treatment. Before I reached out to get support, it caused immeasurable suffering. My recovery comes from within, when I accept that I cannot do it alone, and I reach out.

After leaving the Transitional Day Program at the Montreal General Hospital, I had trepidations about leaving a safe, secure environment and going on to the next stage of recovery. The Day Hospital program lasts 12 weeks, but can be longer or shorter depending on the patient. I am about to begin week six as of this writing. My trepidation soon faded—once again I was under the umbrella of the MUHC.

Ravenscrag, the building that houses the Day Hospital, is the former mansion of Sir Hugh Allan, renamed in his memory as the Allan Memorial Institute. Upon entering the Day Hospital, I was impressed by this imposing building that stands above the Golden Square Mile. Two open, spacious areas with chairs, sofas, and coffee tables are conducive to an atmosphere where patients can talk amongst themselves. The high ceilings reflect the grand style of another time.

The main room is filled with thriving plants that give way to a wonderful natural setting with large windows and great exposure to daylight. These walls support a large library of cabinets with paned windows. Next to this is a discreet kitchen where each week a volunteer coffee maker provides caffeine for the patients and staff.

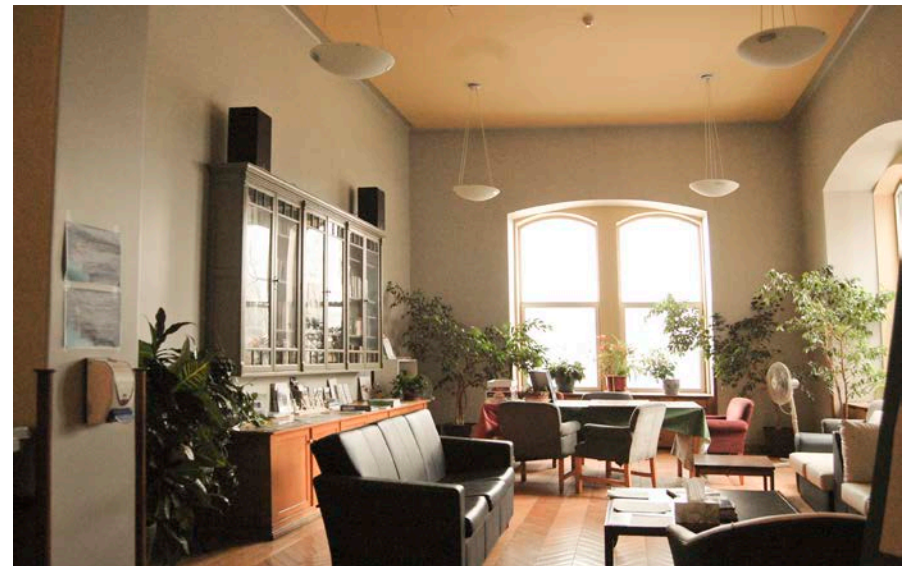
Finding people I had met both in the TDP and as an inpatient in

the hospital was another pleasant diversion on my first day at the Day Hospital. Peer support is of great importance to me; it reminds me that we travel a lot of this together. For me, the Day Hospital has been a safe place where I can talk about my feelings, medications, moods, sleep habits, and the like, knowing there is no judgment.

The Day Hospital has a five-day-a-week schedule that incorporates education and creativity toward recovery. The activities include therapies in food preparation, music, yoga, exercise, and mindfulness.

Wednesdays at the Day Hospital are for expressing creativity through woodworking, a hobby of your choice, or cooking, the product of which is shared as a sit-down meal in the kitchen. Bob is a delight in the woodworking shop with his knowledge, quick wit, and sensitivity—giving guidance as we explore a project. Alternate Wednesdays are dedicated to outings. One recent visit was to an exhibit about Napoleon at the Museum of Fine Arts. Guides led two groups, one in English and one in French, offering valuable information and answering questions.

Dr Allan Fielding runs the Day Hospital, and is available for appointments outside the regular groups run by other staff members and med students. Charts are kept up to date with one-on-one counselling. Not all days are progress, and I often think of the old adage, “three steps forward, two steps back.” This has happened to me many



times; I call them my wobble days. A stressor or life event can set me back, but remembering that patience is a fundamental part of my recovery and using my toolbox of techniques to combat those days can make a difference. I try my best to roll with it and to develop self-soothing and mindfulness in order to get through the not-so-good times.



My journey continues. I am having more good days than bad, but recovery can be slow, and comes largely at its own pace while I integrate back into the wider world. I have accepted my illness and learned some of the do's and don'ts of the road back. I consider myself lucky that the MUHC has such a supportive system. I am looking onwards and upwards as I continue my progress.



Illustration by Cecelia Vanier





"Distant Quiet" by Samuel Boudreau  
(Instagram @visionsfromthebasement)

# MY FIGHT FOR THE SPANISH GALGOS, THE DOGS WHO RESCUED ME

Tania Schmitt

I have always loved sighthounds (greyhounds and other breeds of dogs in the same family) and have shared my life with a few of them since I was 21 years old. They are very kind, gentle, and calm dogs. I will always have a sighthound in my life.

Five years ago I discovered the plight of the martyred sighthounds, the Spanish galgos, and since then my life hasn't been the same. Galgos are used for hunting in Spain, and at the end of the hunting season their owners (called galgueros) dispose of up to one-third of their dogs. This means as many as 80,000 galgos are abandoned or killed each year in the most horrific ways. Most of the Spanish people disagree with this "tradition," but the federation of the galgueros is extremely powerful as it is composed of and supported by a lot of very influential people. Despite frequent petitions and lots of protests, change will take a long time to happen. In the meantime, there are thousands of galgos in the streets or in shelters who need a home.

My involvement with this cause started with knitting sweaters for the galgos to raise funds. A few months later I went to spend a week volunteering in a shelter. That year I adopted my galga and went to Spain with my sons.

During this period I was already in the early stages of depression, but was in denial, and despite not being well, I decided to start Extraordinary Galgos and Podencos, a Canadian adoption group for galgos and other Spanish hunting dogs.

Over that first year my mental health deteriorated so badly that I was admitted to the Transitional Day Program as an alternative to being hospitalized. At the end of my time with the TDP I was referred to the Day Hospital at the Allan Memorial where I am so grateful to our caregivers, for what we learn, and especially for the great support we get.



Running an adoption group is extremely rewarding. From the first conversations with a potential adopter, to the references check, the communications in Spain to achieve the best possible match, to organizing the flights and the flight patrons, it represents many hours, but it is so worth it! I consider all of these dogs a little bit mine; I keep in

touch with the families and we try to see each other as often as possible. The Day Hospital has always encouraged me in my work with the dogs. Sometimes this means being absent for the afternoon because of an arrival at the airport, or even for a week to go to Spain, but my nurse has always supported me, and now I understand why. He knew that I felt responsible for these dogs and that even in my darkest times, if I knew I had some adoptees in Spain, I would never let them down. He understood that these dogs kept me alive. At the Day Hospital I also met two very special people who have always loved dogs but who now share my passion for these Spanish hunting dogs. A and T are very much involved in the group. Their involvement has helped me so much but also made such a difference for the galgos. I would have never expected the Day Hospital to contribute so much to the experience I get from the dogs who count so much in my life.

I started this association with the goal of helping the galgos and never imagined that, in the end, they would be the ones helping me. Without these poor galgos I might not be here today. Because they had only me, I had to make it happen for them to come to Canada and start the life they should have always had. They kept me going. I encourage everyone to get involved in a cause that is close to their heart. Helping others helps you. In my case, if you ask me who saved who, the answer is clear.

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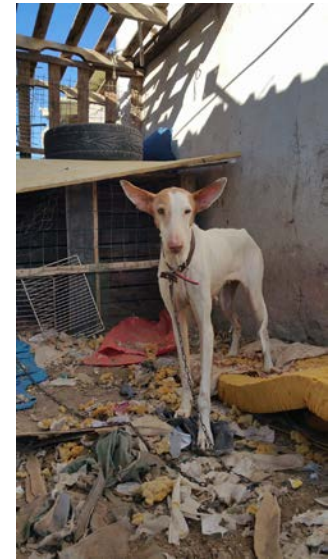
## Photos

Top: Her name is Tania and soon she will be Canadian. She was chained 24/7 for 8 years before being rescued.

Middle: This poor galgo was just rescued by my Spanish friends. I named him Allan, and, when ready, he will come to Canada.

Bottom: My own galgos.

Opposite page: Recent arrivals in Montreal.





Putting out a wing  
when you've never soared,  
don't know the manic glee  
of riding the sky, upwards,  
into the starry blue;  
never cast down  
into your own shadow;  
what! joy! of possibility.

Stretching a broken wing,  
certain of its decline,  
brings the pleasure  
of calm certainty;  
gliding within currents  
to the shade which protects —  
further than we'd imagined  
across time's waste.

Matthew Peters



## Fourteen Years and No Lost Fingers

An Interview with Bob Hartley  
by Gregory

Since 2004 Robert Hartley, Bob as he is known to patients and staff at the Day Hospital, has been coming to the Allan every other Wednesday to teach woodworking to any patients who want to learn. In 2010 he was one of the recipients of the MUHC Director General's Award in recognition of the positive impact of his work in Occupational Therapy for the patients at the Day Hospital.

Getting involved with the Day Hospital was a fairly straightforward process, "I answered an ad in the paper about fourteen years ago or so. They put an ad in the [Montreal] Gazette for someone who could come teach woodworking. And since I had retired not too long before, I was wondering what to do. My wife spotted the ad, phoned up, and handed me the phone. I came in to talk to them a couple days later, and I've been here ever since."

Although he arrived for his first day at the Day Hospital with many years of experience in woodworking, having taken it up shortly after getting married in order to stretch the money from his paycheques a little further for the needs his new family, Bob hadn't had any direct experience with mental illness. "I wasn't sure what I was going to find," he admits. "A lot of people, their idea of what mental health is, they saw *One Flew Over the Cuckoo's Nest*, and now they think they're fully educated in mental health. No, it's nothing like that!"

But his first encounters with patients at the Day Hospital quickly taught Bob to revise his expectations about working with people who have mental illnesses. "I thought I was going to have to coax them into doing everything. But everybody's got a certain skill set, even if they haven't used tools before. I underestimated the talent. I underestimated what they could do, and, to my great surprise, we got into all sorts of things." Projects in the workshop range from the simple to the elaborate. Over the years, his students have gotten into making everything from shelves to gates to clocks.

By letting his work as a teacher be guided by his students' interests, Bob has made the workshop a place for Day Hospital patients to safely push the limits of their comfort zones. No matter how little experience someone has when they start, Bob's goal is for them to learn how to use every tool in the shop.

Sometimes it is the limitations of the tools and materials on hand that provide the students with opportunities to trust in their abilities. And Bob helps them along by keeping the questions focused on "will this work?" and away from how things should be.

Working together, Bob and his students are able to translate those limitations into the beauty of the thing they create: "Who says, when you're making something for yourself, that you have to stick to the design? So now this thing becomes unique. Nobody else is going to have one like that."

Bob sees the main purpose of the workshop as a place for his students to gain self-confidence, and an important part of his efforts to help his students find pride in themselves is encouraging them to cultivate a sense of pride in their work. To this end, he tries to make sure that everything his students make have what he calls "ooh-ah" factor: "When people look at that and they don't just say, 'oh, that's nice,' they go, 'ooh, ah, wow, that's really nice!'" The matter of taking pride in their work is an area where Bob gives his students an extra push. "I end up with situations where I knew the students could do a lot better and they just said, 'It doesn't matter. I'm not going to bother with that.' So I tell them, 'Well, I'm the same way, I don't want to help you anymore.'" At first he wasn't sure about his ability to judge which students would react well to the push-back. "I didn't know if I was going to have



them go complain to Judy [an occupational therapist at the Day Hospital] and say, ‘this guy is a monster.’ But it hasn’t worked out that way.” Here too, by trusting his students and trusting himself, Bob is able to help Day Hospital patients expand their ideas about what they’re capable of.

The focus on the holistic benefits of the workshop helps Bob keep what he does in perspective. “I’m not setting them up to be woodworkers,” he says. “It’d be neat to have my own workshop with a budget and everything else, but that’s not what I’m doing. I’m one link. I do this stuff. I enjoy it. And they learn certain skills. And they’re getting their confidence back. I see my limits.”

While the workshop provides a place for the patients to learn about woodworking and trusting themselves, it has also been a place for Bob to learn from his students. Reflecting on how his ideas about mental illness have been affected by his time at the Day Hospital, he remarks that his biggest lesson has been that, “they think that in mental health, you’re missing some chemical in your noodle and that makes you this way, whether it’s depression or anxiety or what-have-you, but it’s got nothing to do with the rest of living; when so many times it has everything to do with the rest of living.” And, like his students, he has surprised himself with the new abilities a challenge can bring out. “I don’t think I had as much confidence [when I started]. I believe I can get any of them into all sorts of things that they have no idea they can do, but 14 years ago I didn’t necessarily have that same idea.”

There is a quiet humility that underpins Bob’s work at the Day Hospital: in his ability to accept the limitations of what he can accomplish over the course of a patient’s stay and in his willingness to leave behind the birdhouse designs he drew up back in 2004 and follow his students’ interests. His work shows what good can happen when you set aside your ego and learn how to help from the people you’re helping.

When I ask him about the future of the workshop, Bob tells me, “I’m going to keep doing this as long as I’m physically able, or get fired, or both.... I’ve never regretted coming in any Wednesday. That’s a lot of Wednesdays.”



## RTP Reads

*You think your pain and your heartbreak are unprecedented in the history of the world, but then you read. It was books that taught me that the things that tormented me most were the very things that connected me with all the people who were alive, or who had ever been alive.*

—James Baldwin

In RTP Reads, we meet to discuss books once a month, on Tuesdays, from 4:00 to 6:00pm, in the RTP Resource Room (P2.036) at the Allan.

Everybody is welcome.

July: George Saunders’ *Lincoln in the Bardo*

August: Julian Barnes’ *The Only Story*

September: J.D. Salinger’s *Nine Stories*

October: Debora Levy’s *Hot Milk*

November: Elif Batuman’s *The Idiot*

December: Jonas Hassen Khemiri’s *Everything I Don’t Remember*





*Valentine's Week* ♡ *Luvapalooza* ♡



On February 15th, the RTP held a mini craft fair and launched the second edition of the RTPublication! We had plants, home-baked goods, crocheted items, and other artists' work for sale. These photos show Veronica's whimsical crocheted creatures and the spider plants that Cindy propagated with tender loving care ♡

## MENTAL HEALTH TAKES CENTRE STAGE

Annual RTP Talent Show

Cecelia Vanier

Livingston Hall was the place to be on April 27th. The roster of talent, made up of patients, of family, and staff, offered a variety of very polished performances. There were original songs and spoken word, lots of laughs, and the odd tearful moment. In other words, the swell of emotion in the room was palpable. Many thanks to Lee Haberkorn, who emceed the event expertly. He knows how to have fun! As usual, the crowd was generous of spirit as well as with donations. The Second Annual RTP Talent Show brought in \$3,000, which was matched by Organix (a private donor) for a total of \$6,000! For more pictures of the evening, to view my testimonial and song & dance, or to listen to a recording of the entire show, visit our website at [recoverytransitionprogram.com](http://recoverytransitionprogram.com).

Photos clockwise from top:

Serge Guttman, Chantal Hamel, Rachel Abugov, Massimo Venturino, MusiArt

Photos by Michael Lubow



When thinking about freedom

I like to see the skydom

It reminds me of my childhood

Surrounded by brotherhood

Looking at their faces

By continuing my paces

They all looked bright

I did not want to fight

Because I saw a cage

It gave me rage

I realized I was on a hill

They were staring at me still

Later inside a room

Did not want to broom

I found inside of me skydom

As I search for freedom.

**Freedom**

Abu Sayed Zahiduzzaman

## Cindy's Lemon Squares

### CRUST

- 1  $\frac{3}{4}$  cup all-purpose flour
- 12 tablespoons or 1  $\frac{1}{2}$  stick of cold butter
- $\frac{3}{4}$  cup confectioner's sugar plus more for dusting
- $\frac{3}{4}$  teaspoon salt

### FILLING

- 4 eggs lightly beaten
- $\frac{1}{4}$  cup whole milk
- 3 tablespoons all-purpose flour
- 1  $\frac{1}{3}$  cup granulated sugar
- $\frac{3}{4}$  cup freshly-squeezed lemon juice (about 4 lemons)
- $\frac{1}{4}$  teaspoon salt

### To make crust:

- Preheat oven to 350 °F, line 8"x 8" baking dish with parchment paper
- Grate cold butter with cheese grater with big holes
- In separate bowl, whisk together flour, confectioner's sugar and salt
- Add butter; stir with wooden spoon until combined and mixture looks crumbly
- Transfer mixture to baking dish, press evenly onto the bottom with your hands
- Chill crust in freezer for 15 minutes
- Bake until slightly golden, 16 to 18 minutes

### Meanwhile, make filling:

- In a large cup, whisk together eggs, sugar, flour, and salt until smooth
- Stir in lemon juice and milk
- Remove crust from oven and pour filling mixture over hot crust
- Reduce oven temperature to 325 °F, bake until filling is set and edges are slightly browned, about 18 minutes
- Let cool completely on a wire rack
- Grip parchment paper, lift out dessert, and set on cutting board
- With a sieve, dust with confectioner's sugar
- Cut into squares



Cindy is an RTP peer mentor and a member of the RTPublication team who has a reputation for creating wonderful desserts. Here is the tried and true recipe for our favourite lemon squares that first got our attention at the RTP Garden Tea Party last September.

Enjoy!





## Interview with Dr Allan Fielding

Interview by Cecelia Venier | Photograph by Michael Lubow

With eyes that twinkle when he smiles and soften when he's serious, Dr Allan Fielding has a youthful openness that makes talking with him a pleasure. He is Senior Psychiatrist and Director of the Day Program at the Allan Memorial Institute (no relation). When I enter his office, I see that the space is a reflection of the man himself—it's calm, welcoming, and understated. I take a seat in a comfortable leather chair and notice the artwork on the walls. "My son Sean made these two," he says proudly. "He's very creative, an engineer by profession."

Allan grew up in Arvida, one of the small Anglo communities in northern Quebec. His father was a civil engineer at Alcan. Although the countryside was beautiful and there were summer cottages nearby, there wasn't much for young people to do. So Allan's father organized a weekly dance event for them at the church, and he continued this project for years after his son had moved to Montreal.

When asked about role models, Allan admits, "This is going to sound corny, but I have to say it was my parents. My dad taught me how to build and fix things. We worked as a team, parents and kids, and built our family cottage. He showed me the importance of volunteering, something that has become a big part of my life. He was also honest, meticulous, and always consistent. No one could pull the wool

over his eyes, and this earned him the nickname old foxy in the workplace."

"My mother was just as inspirational. She came from rural Nova Scotia and had to find alternative means to access a full education—everything from attending a one-room schoolhouse to taking correspondence courses. She became a kindergarten teacher." Not one to shy away from trying new things, explains Allan, "she took up oil painting at the age of 75." Although Allan's mother had taught him the basics of cooking, it was while living as a student in Montreal that he experimented with recipes and became a good cook. "I'm the primary chef at home," says Allan with a winning smile.

Why did Allan go into medicine? "Well," he answers, "It wasn't something that I grew up wanting to do. I had so many interests, and I could have gone into a lot of things, but a counsellor at John Abbott College suggested that I go into medicine." In his practice, Allan encourages patients to look at life broadly. "Somewhere between general and specific advice, we hope to achieve a balance. Resilience lies in finding the right recipe." One piece of advice that he offers regularly is to make the distinction between simple and easy. He explains, "When you tell someone that they need to quit smoking, it's a simple piece of advice but it isn't easy. I admit to my patients that what I'm asking of them may not be easy. It's important to be honest about that."

One of the most rewarding parts of his job is working with a team. "My team consists of me, three nurses, two OTs, one teacher, and a rotation of students that includes a dietician. There is also a spiritual care counsellor and a music therapist. The regulars have been here for many years, which is something that you don't see in many lines of work. We're very supportive of each other, through difficulties as well as accomplishments. I'm involved with planning the move from the Allan to the MGH, and when it was suggested that the departments should be spread out in different locations, I insisted that we needed to remain in some sort of block formation in order to maintain our cohesiveness. Running into fellow colleagues and saying hello on a daily basis is very important."

When asked how he takes care of himself, Allan admits, "I don't go to the gym but I wear a fitbit to be sure that I'm moving enough. I eat well and meditate for 20 minutes every lunch hour. I like variety so I always have a new project on the go, a habit I picked up from my parents. Between work, family, volunteering, and personal interests, keeping a healthy balance can be tricky. Saying 'no' doesn't come naturally, so I have to be careful."

Dr Fielding was one of the RTP's earliest supporters and I asked him why. "Honestly, I thought it sounded like a good idea. When Ronna Schwartz first approached me about having a Patients Committee here at the Allan, that also seemed like a good idea so I supported it. The peer mentoring done by the RTP sounded like something that could be of benefit so I got behind the program and began referring patients. I think it's a great addition to what we offer clinically and plays a promising role in the Mental Health Mission."

CUSM Centre de bien-être pour la santé mentale

## FAITES L'EXERCICE EN ATTENDANT

N'attendez plus votre prochain rendez-vous sans rien faire, venez bouger et faire de l'exercice avec nous au 3<sup>e</sup> étage (AMI)!

**Horaire : Mardi et Jeudi de 13h00 à 14h30**

Rhona Solomon se fera un plaisir de vous y accueillir. Le but est de faire bouger les employés et les patients et aussi de se côtoyer dans la bonne humeur. Si vous êtes plus zen, le cours de yoga offert par Lynn est pour vous. Tous les mercredis à midi dans la salle d'ergothérapie au 2<sup>e</sup> étage.

Last exercise  
session  
June 21st!



Lynn's yoga  
session ends on  
June 27th

MUHC Mental Health Wellness Program

## EXERCISE WHILE WAITING

Are you reading this because you are waiting for your appointment?

Then come and join us in the 3rd floor waiting room (AMI)!

**Tuesdays & Thursdays 1:00-2:30 PM**

If you want a fitness break, Rhona Solomon will be facilitating exercises for people waiting for their appointments, and it is open to everyone. The goal is to have staff exercising alongside the patients, as an icebreaker to get everyone up and moving. If you'd like a more Zen-like experience, check out Lynn's yoga class on Wednesdays at noon in the OT Room.

The RTPublication team wishes to acknowledge the generosity of Les impressions et graphiques PAZAZZ in providing us with professional support in the production of the zine.

# PAZAZZ

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**We would like to hear from you!**

**To submit work (photos, articles, poems, information on resources, original artwork, etc...), please contact us at**


**[rtpzinesubmission@gmail.com](mailto:rtpzinesubmission@gmail.com)**

**before AUGUST 15th, 2018  
(for the fourth edition)**





To submit work, please contact Massimo at  
[rtpzinesubmission@gmail.com](mailto:rtpzinesubmission@gmail.com)



For more information or to support the RTP and this zine, please visit  
[recoverytransitionprogram.com](http://recoverytransitionprogram.com) and click on the DONATE link.

Thank you.

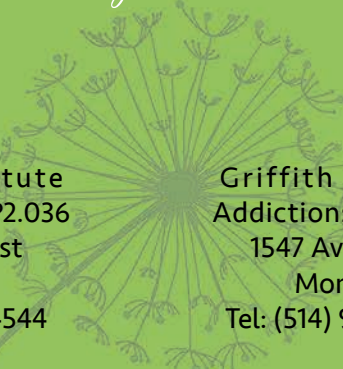


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