Introduction
The Canadian population is very compassionate when it comes to mental health awareness, but there is always room for improvement in terms of treatment and reintegration into society after an inpatient stay. Mental health professionals use research findings, look at other countries, and adapt new program ideas to improve the mental health experience.¹

One such program came out of Australia and Great Britain and is run completely by patients.¹ I was involved in a study at Ontario Shores Centre for Mental Health Sciences (Ontario Shores) where patients were in charge of running their own groups from colouring groups to badminton. I developed a running group based on an article I found in the newspaper that talked about a running program.² For my group, I believe the fact that I was a peer benefited the others, but the group was mostly comprised of males which may have been a deterrent for some. To help address this, a female Occupational Therapist helped guide the group, becoming a great addition and making the group more inclusive for female patients. In the beginning, some units were excluded due to physical or mobility barriers, but it was later decided that even those in wheelchairs could be involved if we pushed them. The program expanded to include all units in the hospital.

Following this experience, Ontario Shores launched a Recovery College. The entire program was built on the premise that peers and staff would work together, run programs, and offer education as a means of empowering patients and promoting recovery. Seeing their peers develop programs was a way to encourage others’ involvement; and the lived experience made the program relatable to the patients.

I am a part of a Patient Advocacy group at Ontario Shores, and we discuss topics about what new mental health hospitals are like in other countries. We have had opportunities to discuss hospital design and what makes a great living space for a patient. We learned that in Liverpool, England, patients could access beautiful courtyards as a
means of enhancing their environment. This prompted us to question why our courtyards were locked and only open for special events. This only permitted them to be used for a couple hours a month. The advocacy group worked to raise quality treatment issues within the hospital and to increase awareness of the mental health movement in the community. There was discussion of inviting the local community to Ontario Shores; and we explored having our own outdoor ice rink. Being located right on the shores of Lake Ontario, an outdoor skating rink might have been challenged by weather, and although many topics were discussed within the group, no decisions were made on the ideas. We also discussed a community that had many concerns about a new mental health hospital being opened in their community. When the local community came to see the new hospital, it looked like the lobby of an airport, beautiful and inviting, this helped break down the stigma associated with hospitalization.

**Therapeutic Programs**

Peer support is a growing practice among health care providers. At Ontario Shores, there is a team of peer support specialists that have endured their own difficulties. Sharing their journey with patients is one way they assist in the recovery process, both their own and that of the patient. This is effective as patients can relate to peer support workers; they feel they can share their stories in a non-judgmental environment. It was a peer support worker who asked me if I would be the host of ceremonies at an education celebration. This gentleman let me know it was the start of something big in my life and that it would cause a ripple effect. I have now given several speeches about my mental illness and my lived experience. That is what peer support is to me: sharing my lived experience to help others relate, and giving strength and hope to people on their own journey and at different stages of their recovery.

Therapeutic recreation also played a significant role in my recovery as I had opportunities to exercise, swim, play competitive sports with my peers, and participate in social activities. Recreational activities help take patients' focus off their illnesses and do something productive and fun. Most Canadians love hockey and embrace the winter. Ontario Shores rented the ice rink in the local community to allow patients the chance to skate or play hockey. This was a particularly special opportunity for those who have never skated and those patients who were new to Canada. When I was at a Northern Ontario hospital, we had the opportunity to make ice for the skating rink. I was a part of a team of patients and staff that would clean the ice of snow and debris every morning. We would use shovels and snow blowers to remove the snow, and then flood the ice with a fire hose which gave it a crystal clean look ideal for skating. At Ontario Shores, we had the opportunity to play floor hockey with both patients and staff on Monday nights. There was generally a huge turn-out which demonstrated its popularity with patients and staff. There is also badminton, basketball, bowling, weight rooms, cardio equipment and a therapeutic heated swimming pool that is unfortunately now closed due to budget constraints. The hospital now rents a pool in the local community to give patients the opportunity to swim.
Vocational services also helped me significantly to reintegrate to the community as they assisted me in writing a structured résumé. This assistance allowed me to find employment as I prepared to return to the community.

Physical Environment
Ontario Shores was designed so that patients' rooms were taken into consideration as most rooms face Lake Ontario. In the new mental health movement, recovery is a major theme in patients' day-to-day living, and the living conditions are a key component of that. For example, there are gazebos by the lake, rock gardens, vegetable gardens, apple trees, and flowerbeds to provide the most therapeutic environment possible. There are walking trails by the lake at Ontario Shores and the atmosphere is very calming. Although the hospital is modern, some areas are dimly lit. For example, some of the community living areas that face east do not get sunlight for most of the day. This was brought up in discussion groups where patients' voices can be heard and improvements could be made as a result. In Liverpool and Australia, some of the modern mental health hospitals use special lighting and natural light which facilitate a supportive patient environment. For the most part, rooms at Ontario Shores are single bedrooms that face the lake, but other rooms are shared. A new hospital in Liverpool was designed so that all their rooms were single rooms. It has been suggested that the violence rates decrease when the living conditions for patients improve. Our group discussed how the nursing stations in Australia had no glass barrier, which made the nursing station look like an airport lobby. At Ontario Shores, patients call the nursing station 'the fish bowl' because it is an enclosure that is behind glass with a door or a slotted window that has to be open to get the nurses' attention. A new unit at Ontario Shores has been operating for a year with an open nursing station model and hopefully this practice will be extended to other units.

My Reality
The mental health system can be hard to navigate. I was untreated in my home community for six months as my family and I were unable to find the help we needed. Unfortunately, with mental illness, as your symptoms worsen, people tend to pull away. With a diagnosis of cancer, people tend to become supportive and available as the illness worsens but, because mental illness is unseen, people have trouble relating and understanding the experience. Thankfully, modern medication has played a major role in my recovery. I have schizophrenia; and, although the medication works well, there are side effects including weight gain, headache, anxiety, lightheadedness, and insomnia. But when considering the positive and negative aspects, I would rather have trouble sleeping than experience major auditory hallucinations. I try tolerance as much as I can with my medication options, and I am on a monthly intramuscular antipsychotic injection. This injection is quite painful as it is injected in my gluteal muscle, tearing the tissue. However, the alternative is the deltoid muscle which is equally as painful. In addition, I also deal with depression and I am on a daily antidepressant. This medication increases serotonin levels which improves my mood. There are some holistic medications available for natural alternatives. My psychiatrist mentioned that to reduce
the cost and discomfort of monthly injections, some European countries are trialing a 3-month injection for my current prescribed anti-psychotic and that there is already a 3-month injection of similar medication available in Canada.

I have learned that it is very hard to work your way out of a mental health system, but it is possible. I have now been sober from poly-substances and alcohol for four years, and I am managing my illness with help. I seek resources in the hospital and in the community. I have committed my time to advocating for the mental health movement and endeavour to live a life that is balanced. I often use mindfulness techniques to self-calm and regulate feelings. Furthermore, I have been fortunate enough to have several of my stories about recovery published at Ontario Shores, on social media, and also in newspaper publications in my hometown. It is important to communicate about mental illness to the community at large in the hope of reducing the stigma that is often experienced by individuals diagnosed with a mental disorder. Although everyone’s journey may be different, what remains the same about the Canadian perspective is the caring and compassion we share for each other.

References

2. Trotter, K., How to go from the couch to running 5K in eight weeks, in Globe and Mail. 2016, Globe and Mail: Toronto.