



A



B



C



D



**MADSTUDENTS**



E

# This Insane Life

# This Ins▲ne Life

Issue Two

September 2014

THIS INSANE LIFE is a zine written and curated entirely by people who identify as mad, crazy, nuts, insane, neurodivergent, psychiatrically disabled, mentally ill, service users and refusers. We have lived experience of madness, mental health systems, and saneism.



If you would like more information, to make a comment, to submit to future issues, to order additional copies, to help with distribution, to support us as sponsors, to purchase other Mad swag (buttons, t-shirts), please get in touch.

[mad.pride.hamilton@gmail.com](mailto:mad.pride.hamilton@gmail.com)

289-768-4001

[www.madpridehamilton.ca](http://www.madpridehamilton.ca)

Facebook: Mad Pride Hamilton

Twitter: @MadPrideHammer

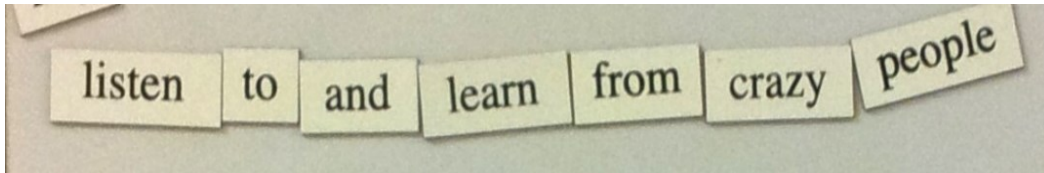
[www.etsy.com/people/MadPride](http://www.etsy.com/people/MadPride)

© This zine may be shared as long as it is reproduced in full without alteration, no profit is made, and the work is attributed to Mad Pride Hamilton. The Bad Ally Bingo Game and Mentalism/San(e)ism Tracking Sheet may be reproduced on their own for the purposes of identifying bad allies and tracking mentalism. Copyright for individual pieces remains with the author/artist.

**fun/Drs:**

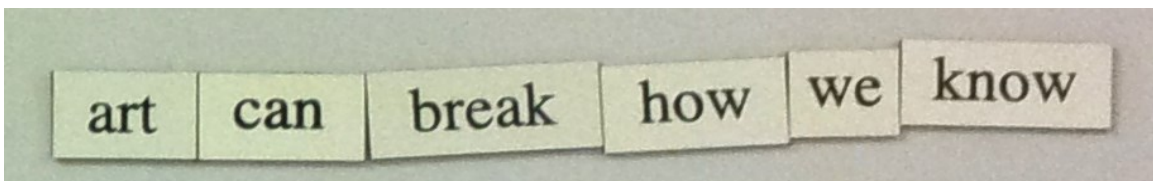


# Headcase Notes



The first issue of *This Insane Life* was developed over the summer and fall of 2013 by a collection of crazy people who had never made a zine before. When it was finally published in November, we were so thrilled we actually pulled it off! This enthusiasm compelled us to distribute widely and discover a lively underground culture of mental health zinesters who have been self-publishing and swapping un-sane-itized life accounts for years through in-person zine fairs and online stores like Etsy. These new forums for exchange build on the often ignored history of mental patients writing about our lives and spreading our ideas through pamphlets, newsletters, and magazines for hundreds of years.

In the same spirit as these other written accounts, *This Insane Life* has become a way for us as Mad people to understand and document our lives for ourselves. As contributors started selling copies to service providers, leaving copies in waiting rooms, sending copies to libraries, and giving copies to friends, *This Insane Life* has also continued a long tradition of alternative knowledge production and information sharing related to madness and Mad Movement organizing. This is one way we connect with each other and foster community. It is one way we listen to and learn from crazy people.



This second issue of *This Insane Life* – on Mad student perspectives – pushes forward the notion that art can break how we know. Although most of the contributors don't identify as artists, all are Mad students using creativity and art to show what our lives are really like. We use art because it's fun. We use art because it's a way to disrupt how people engage with us, how we engage with ourselves, and how we engage with the world around us. There are many ways to challenge discrimination beyond telling stories and anti-stigma campaigns, the standard approaches to mainstream mental health awareness these days. In this zine, we offer some artistic examples from Mad perspectives, some examples that can break how we know.

Our disruptive impulse and objective extends to our language use. In many contributions to the zine, just as in our peer support conversations, we reclaim and have fun with "mental illness" language. So if you're new to psycho-lingo, you may want to search the Google machine for background info.

Some of the pieces we've gathered here were sent to us through an open Call for Submissions. Many of them were worked on collaboratively by members of the Hamilton Mad Students Collective, and others emerged during our peer support conversations – where the focus was support, not making stuff for the zine. A couple of pieces were written for other purposes and have been included because they say something important about our lives as Mad students.

There is a history here about the Mad student experience that needs to be witnessed, recorded, and archived. There is a perspective here that needs to be integrated into school curriculum and our campus mental health strategies and wellness programs. People in power must not solely or primarily rely on the “evidence” or knowledge of campus mental health initiatives (or any other mental health research that has not meaningfully involved Mad communities) because this evidence-base ignores our evidence. Mad communities don't have as much money or time or status to make our knowledge as visible but that doesn't mean it doesn't exist. It exists here in your hands.

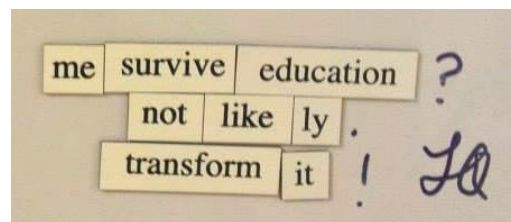
I hope this zine has something for you: something that makes you laugh or feel less alone; something that angers, inspires, comforts, or moves you; something you can use to start a conversation or end an argument. I hope that this zine is passed around from bookshelf to backpack and that it lands in the hands of a crazy person who can hold on to it – and us – when freaking out.

We've received a SPICES grant through McMaster's School of Graduate Studies to assist us in making our campuses Mad Positive. This funding will support us in cultivating Mad student communities through educational Wellness Recovery Action Plan® (WRAP) self-help groups, consumer/survivor peer support training, and Madgic School workshops where we can discover and share theoretical ideas and practical skills for Mad student life and activism. In the spring of 2015 we'll be publishing a follow-up zine about how all of this unfolds. Hopefully these sorts of Mad peer initiatives will be more sustainably supported by our educational institutions over the coming years.

We invite any responses to this zine in the form of a Letter to the Lunatics / Get Well(comed) Soon Card. We also accept creative submissions from Mad people on an ongoing basis. I'd like to thank Beverly Horton for her editorial mentorship, made possible by the A.C.C.E.S.S. (Arts-Centred, Community-Engaged Social Sciences) Collaborative. Thanks also to Andrew for Mad design support and inspiration. This zine came into being through the contributions of over twenty-five crazy students – and our funders, who've helped us print hardcopies so that we can reach our friends in psych wards and waiting rooms who are going nuts offline and ensure everyone has something tangible to hold on to as we work together for change.

With so much Mad love,

Alise dB TIL Headcase



**Psychiatric Survivor Periodical Precursors to *This Insane Life***

Asylum Magazine (UK): [www.asylumonline.net](http://www.asylumonline.net)

Madness Network News (USA): [www.madnessnetworknews.com](http://www.madnessnetworknews.com)

Open Minds Quarterly (Northern Ontario): [www.openmindsquarterly.com](http://www.openmindsquarterly.com)

Our Voice / Notre Voix (New Brunswick): [www.ourvoice-notrevoix.com](http://www.ourvoice-notrevoix.com)

Phoenix Rising (Toronto): [www.psychiatricsurvivorarchives.com/phoenix.html](http://www.psychiatricsurvivorarchives.com/phoenix.html)

The Networker (Vancouver): [www.wcmhn.org/wcmhn-networker.htm](http://www.wcmhn.org/wcmhn-networker.htm)

The Opal (New York): [www.radicalpsychology.org/vol5/Tenney.html](http://www.radicalpsychology.org/vol5/Tenney.html)

ADHD  
MDD  
OCD  
PTSD  
DID  
BPD  
GAD  
ASD  
BP  
ED  
SZ  
SMI  
DSM  
SSRI  
ECT  
DBT  
CBT  
ACT  
EMDR  
CTO  
MHA  
CMHA  
EPT  
COAST  
SSO  
ODSP  
PPAO  
AODA  
SAS  
HRES  
MHRC  
WRAP  
C/S/X  
PWLE  
HMSC

**Do you ever  
feel like no one  
speaks the same  
language as you?**

**We do.**

**Hamilton Mad Students Collective:  
A Peer Support and Advocacy Community**  
[www.hamiltonmadstudents.ca](http://www.hamiltonmadstudents.ca)

# You know you're a crazy person when ...

... you have to leave the TV room when your family watches a show that ends up triggering you.

... trying to get accommodations for a one hour test takes three hours of appointments.

... for some unknown reason you worry that employees in a store will think you're stealing even when you know you're not stealing.

... someone refers to the "new person I've been seeing" – and you assume mental health service provider, not date.

... you send an email to a company that makes ID tags for stuffed animals to see when their tags will be back in stock because, even though you're over 30, you would completely lose it if you lost your favourite stuffies since they are such a source of comfort to you.

**"DEFINE CRAZY."**

... you're too anxious to go to class and then have a one hour anxiety attack because you didn't go to class.

... you congratulate yourself for an hour of cardio and then worry that hour of cardio is an early symptom of OCD.

... your friend says "the weather is being bipolar" and you don't want to explain to them why that phrase is problematic for fear of outing yourself.

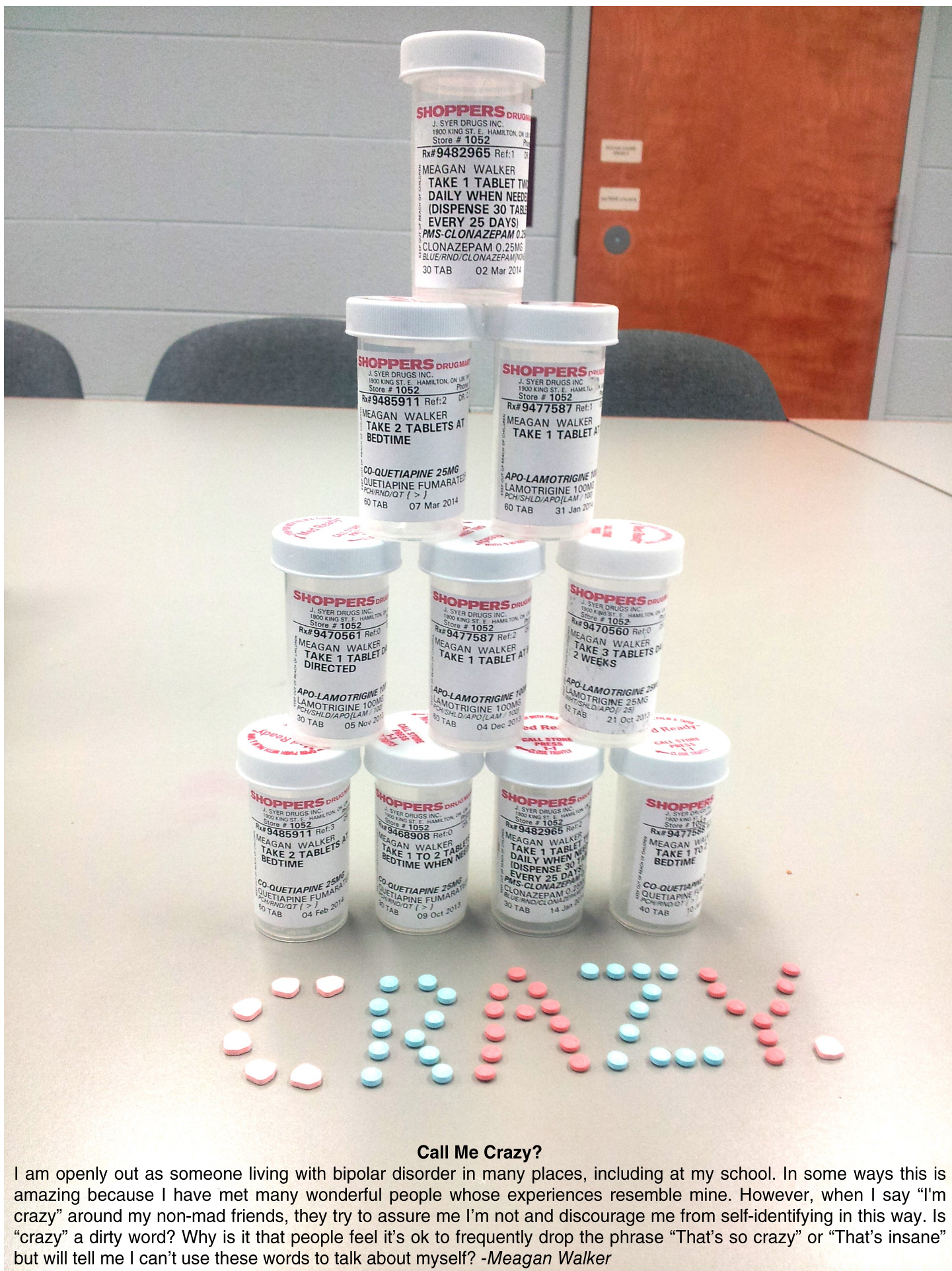
... you're triggered while writing a paper about accommodations for anxious patients. Your professor, a psych nurse, denies your request for accommodation.

... you're reading the Arts and Entertainment section of the newspaper and mistake "Sequel" for "Seroquel".

... you miss school for depression and anxiety – and are too anxious to get a doctor's note.

Here's to the crazy ones.

The one who sees things differently.



### Call Me Crazy?

I am openly out as someone living with bipolar disorder in many places, including at my school. In some ways this is amazing because I have met many wonderful people whose experiences resemble mine. However, when I say "I'm crazy" around my non-mad friends, they try to assure me I'm not and discourage me from self-identifying in this way. Is "crazy" a dirty word? Why is it that people feel it's ok to frequently drop the phrase "That's so crazy" or "That's insane" but will tell me I can't use these words to talk about myself? -Meagan Walker

## Welcome to the Mad Community

G W R Y Z E W T G J H F S A Z B T W  
D N Q I V U N B W E R S U C U R C B  
A H I M G A M A P I I A P T P N E W  
M Z D M R H S R E E P M E I G R P X  
K B Z B I T T N F W X B R V A M S Z  
B A I I R A D S X Y U X H I K D E I  
C V C J P S L W V X M D E S H V R S  
M G K C H D D C Z K A K R M P G L J  
A N T I O P P R E S S I O N C F U N  
Y H P S R M Z A C R R M E C G R S A  
T R A I A Z M O Z A A G S N Q Z N C  
I R D P P N M O Y T I V I T A E R C  
N E B Q P F A E D G V G K T S D T E  
U W L W O I V N M A N T R O P P U S  
M O O R N O N B A O T M A D N E S S  
M P T O L L S E L B M I T Y M Q F Y  
O C R A Z I N E S S P H O Q Y T I Y  
C X N K E D B G F S Y M S N O U T T

ACCESS  
ANTIOPPRESSION  
COMFORT  
CREATIVITY  
HAPPINESS  
PEERS  
PRIDE  
RIGHTS  
VIBRANT

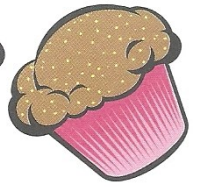
ACCOMMODATION  
BANANAS  
COMMUNITY  
FRIENDSHIP  
LOVE  
PIZZA  
RECLAIMING  
SUPERHEROES

ACTIVISM  
BELONGING  
CRAZINESS  
FUN  
MADNESS  
POWER  
RESPECT  
SUPPORT

**TOGETHER AT LAST**

*just might cause  
cravings.*

by moosegirl



## Form 42

### Mad Movement Membership

### Notice to Person Identified as Mad



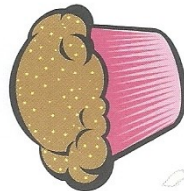
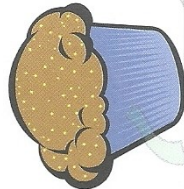
To: \_\_\_\_\_ This is to remind you that \_\_\_\_\_ connected with you  
(name of person) (name of Mad delegate)

on \_\_\_\_\_ and that in conversation, you identified yourself as a crazy person, peer, and  
(date)

member of the Mad Movement and community. Welcome!

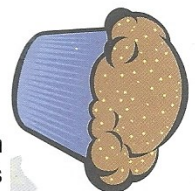
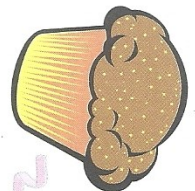
*The Mad delegate has certified that you have been informed about:*

- ☐ the history, values, and goals of the Mad/psychiatric survivor movement and where to learn more
- ☐ how to connect with your local consumer/survivor organizations, leaders, and members including various peer support and systemic advocacy groups
- ☐ contemporary advocacy work the Mad community is involved in, and current social issues that are significantly impacting the rights and quality of life of Mad people
- ☐ your rights including your right to privacy, accommodations, discrimination-free environments, access to your medical records, informed consent, to refuse treatment, to ask questions, to change your mind, to make your own decisions, to ask for support, and to rights advice, as well as your rights as a research participant
- ☐ relevant legislation including the Mental Health Act, Health Care Consent Act, Personal Health Information Protection Act, Accessibility for Ontarians with Disabilities Act, human rights legislation, as well as any relevant international, national, provincial, or local policies or strategies related to mental health
- ☐ how to develop an Advanced Psychiatric Directive and designate a Power of Attorney for personal care in order to make your wishes known about any future psychiatric treatment
- ☐ resources, groups, and other supports for developing a Wellness Recovery Action Plan (WRAP) or crisis plan
- ☐ how to access disability-related accommodations (in education and employment, for instance) and a variety of accommodations you could request and find useful
- ☐ how to navigate the mental health system and access the services and resources you want
- ☐ places you can go and people you can talk to about medications/drugs and other mainstream/medical treatment options so that you have all of the information (including information about any healthcare insurance you may have access to) and support you need to make decisions for yourself
- ☐ alternatives to the medical model of madness
- ☐ Mad Pride and neurodiversity philosophies and celebrations
- ☐ Mad ways of knowing and theorizing from lived experience – which has recently been named Mad Studies
- ☐ ways to understand and critically assess mental health research and engage with researchers who are recruiting participants with “mental illness”
- ☐ how to access peer support training and peer support volunteer/employment opportunities





- ☐ the process for accessing income supports like the Ontario Disability Support Program (ODSP), various bursaries and scholarships available for students with disabilities, Ontario Student Assistance Program (OSAP) repayment assistance and loan forgiveness for students with disabilities, disability-related government tax credits and the Registered Disability Savings Plan
- ☐ alternative and reclaimed language related to madness including various ways you can self-identify
- ☐ various ways you can approach disclosure of your madness experiences, identity, or community affiliation as well as how this is not necessary and may have many consequences
- ☐ how to protect your madness stories and strategically use them to make specific changes
- ☐ how discrimination/oppression related to "mental health" status (which is sometimes called mentalism, sanism, and/or ableism) manifests so that you can identify and resist your internalized mentalist/sanist beliefs as well as other people's mentalist/sanist beliefs and actions that impact you
- ☐ how other forms of discrimination/oppression like classism, racism, colonialism, sexism, cisgenderism, heterosexism, ageism, sizeism, and religious discrimination intersect with mentalism/sanism/ableism
- ☐ how to develop your self and systemic advocacy skills including how to represent the Mad Movement perspective on committees, as a consultant, in presentations, during research processes, and when talking to the media
- ☐ how to engage in radically accessible, accommodating, supportive, Mad Positive, and anti-mentalist/sanist/ableist (and anti-oppressive more broadly) relationships with other Mad community members
- ☐ how you can go about ordering your Welcome to Crazy Town cake
- ☐ how to request repeated or additional information about any of the above or any other related concern at any time in the future
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_



This certificate recognizes your membership in the Mad community and authorizes you to participate in this community however you choose, as long as you respect the varied values and goals of this movement and other members. This certificate is invalidated if you stop self-identifying as Mad or as a peer.

In Ontario, Canada, Mad people are constructed/controlled/contained by the *Mental Health Act*, 1990 (MHA). The MHA is a piece of provincial legislation that states people can be involuntary incarcerated in psychiatric institutions and/or ordered to undergo psychiatric assessment if a judge, physician, or police officer says they meet a variety of subjective criteria (*i.e.* "danger to self or others"). Under the MHA, a person can be detained on a Form 1 for up to 72 hours. Subsequent forms (Form 3 and 4) can be issued indefinitely. This Form 42 (given to someone after they've been Formed) under the *Mad Movement Membership Act* subverts "certification" and suggests that at the beginning of someone's entry into madness/first experience of psychiatrization (represented here by being Formed), we should be *informed* about the items listed above. Most often Mad people are not given this information directly (especially by mental health service providers, who often gate-keep information, or are unaware of this information themselves) early on in our madness experiences. Some never learn this information. Some come to access this information, often by chance, in a very delayed manner over an extended period of time. This does not need to be the case. Many Mad community members would attest to how discovering this information radically altered our lives in positive (and sometimes, in very unsettling) ways and had we had earlier access to this information, our lives may have unfolded very differently. Mad people need access to this information so that we can each make decisions for ourselves about what, if anything, we want to do with it.

**Maddness**

Crackers

Bananas

Crazy

Insane

Cuckoo

**Mental**

**Loony**

**Nuts**

# September 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	<b>1</b> DBT hwk	<b>2</b> 10-11:30 DBT group 7-10 Class DBT hwk	<b>3</b> 1-2 Case manager 2:30-5:30 Class DBT hwk	<b>4</b> 11-1 WRAP group DBT hwk	<b>5</b> 5-7 Peer support DBT hwk	<b>6</b> DBT hwk
<b>7</b> DBT hwk	<b>8</b> 1-2 Mad student presentation DBT hwk	<b>9 Fool Moon</b> 10-11:30 DBT group 7-10 Class DBT hwk	<b>10</b> 1-2 Therapist 2:30-5:30 Class DBT hwk	<b>11</b> 11-1 WRAP group DBT hwk	<b>12</b> DBT hwk	<b>13</b> DBT hwk
<b>14</b> DBT hwk	<b>15</b> 9-10 MH advocacy committee mtg 2:30-3:30 Disability accommodation advisor mtg DBT hwk	<b>16</b> 10-11:30 DBT group 7-10 Class DBT hwk	<b>17</b> 2:30-5:30 Class Mad Studies library books due DBT hwk	<b>18</b> 9-10 Shrink 11-1 WRAP group Refill meds DBT hwk	<b>19</b> 11am mtg with prof re: accommodations DBT hwk	<b>20</b> DBT hwk
<b>21</b> DBT hwk	<b>22</b> 1-2 St. Joe's psych assessment 5-7 Peer support DBT hwk	<b>23</b> 10-11:30 DBT group 7-10 Class DBT hwk	<b>24</b> 2:30-5:30 Class Paper outline due Blood test - lithium DBT hwk	<b>25</b> 9:30-10:30 Writing strategist 11-1 WRAP group DBT hwk	<b>26</b> 1-2 Case manager 3-5 MH focus group DBT hwk	<b>27</b> DBT hwk
<b>28</b> DBT hwk	<b>29</b> Self-help library books due DBT hwk	<b>30</b> 10-11:30 DBT group 3-4 Therapist 7-10 Class (quiz) DBT hwk				

Please stop  
freaking out.  
You're doing fine.

## TO DO LIST



Research health insurance options for when student insurance expires



Email psych service dog trainers re: questions about the training process



Get shrink to fill in paperwork for Disability Tax Credit



Make appointment with sexual health centre re: psych drug side effects



Find a faith leader I can talk to who doesn't think I'm crazy



## Self-Care

As social work students, we are told that social workers have huge rates of burnout — but I feel this isn't taken into account when we're in school. Throughout our whole first year, self-care hasn't been mentioned once. Even while taking a reduced course load, I find I am driven crazier by the amount of reading and work I have to do. It's a constant juggling and balancing act. Unfortunately, it's my self-care that gets sacrificed.

In the top portion of this picture, I have all of my school readings for one semester. On the bottom, I have things I use for self-care. The harsh line in the middle separates them because it is almost impossible to blend the two successfully: I go without self-care or feel extremely guilty for “wasting my time” when I do care for myself.

I wish I were a cat.

-Meagan Walker



Discrimination|

discrimination

discrimination **definition**

bipolar person |

bipolar person **in a relationship**

bipolar person **meaning**

bipolar person **ignoring me**

bipolar person **definition**

bipolar person **at work**

bipolar person **in love**

bipolar person **refuses treatment**

bipolar person **not taking medication**

bipolar person **taking adderall**

bipolar person **in denial**

mentally ill|

mentally ill

mentally ill **synonym**

mentally ill **killers**

mentally ill **definition**

mentally ill **artists**

mentally ill **offenders in canada**

mentally ill **in prison canada**

mentally ill **offenders**

mentally ill **parents**

mentally ill **celebrities**

he's bipolar|

he's bipolar

**is** he bipolar **or just a jerk**

**is** he bipolar **quiz**

**signs** he's bipolar

**is** he bipolar **symptoms**

**is** he bipolar **or a narcissist**

**is** he bipolar **or abusive**

he **has** bipolar

**is** he bipolar **test**

he **has** bipolar **disorder**

mentally ill peop|

mentally ill **person kills someone**

mentally ill **person**

mentally ill **person shot**

mentally ill **persons in corrections**

mentally ill **person refuses help**

**are** borderlines

**are** borderlines **narcissists**

**are** borderlines **smart**

**are** borderlines **manipulative**

**are** borderlines **violent**

**borderlines** **are**

**borderlines** **are** **evil**

**borderlines** **are** **crazy**

**borderlines** **are** **dangerous**

**borderlines** **are** **selfish**

depressed person

depressed person

depressed person **wants to be alone**

depressed person **doesn't want help**

depressed person **won't get help**

depressed person **images**

depressed person's **brain**

depressed person **angry**

depressed person **picture**

depressed person **quotes**

depressed person **won't take medication**

Google Search

I'm F

autistics are|

autistics are **stupid**

autistics are **evil**

autistics are **aliens**

autistics are **annoying**

autistics are **retarded**

autistics are **dolphins**

autistics are **dangerous**

autistics are **selfish**

autistics are **smart**

autistics are **superior**

bulimics are|

bulimics are **liars**

bulimics are **fat**

bulimics are **disgusting**

bulimics are **failed anorexics**

bulimics are **selfish**

bulimics **aren't** **skinny**

bulimics are **stupid**

bulimics are **skinny**

bulimics are **weak**

bulimics are **overweight**

schizophrenics are|

schizophrenics are **evil**

schizophrenics are **dangerous**

schizophrenics are **able to tickle themselves**

schizophrenics are **psychic**

schizophrenics are **violent**

schizophrenics are **smart**

schizophrenics are **not crazy**

schizophrenics are **geniuses**

schizophrenics are **smarter**

Google Search

I'm Feeling L

schizophrenics should |

schizophrenics should **be killed**

schizophrenics should **be locked up**

schizophrenics should **be protected by their families**

should schizophrenics **be institutionalized**

should schizophrenics **drive**

should schizophrenics **be forced to take medication**

should schizophrenics **drink alcohol**

should schizophrenics **smoke weed**

should schizophrenics **marry**

should schizophrenics **live alone**

person |with borderline personalit

person with borderline personality **disorder**

**living** with a person with borderline personality **disorder**

**how to help** a person with borderline personality **disorder**

**famous** person with borderline personality **disorder**

**leaving** a person with borderline personality **disorder**

**dating** a person with borderline personality **disorder**

**can** a person with borderline personality **disorder** **love**

**can** a person with borderline personality **disorder** **be cured**

**divorcing** a person with borderline personality **disorder**

**married to** a person with borderline personality **disorder**

Google Search

I'm Feeling Lucky

OCD is|

ocd **islam**

ocd **issues**

ocd **is** **killing me**

ocd **is** **ruining my life**

ocd **is** **not real**

ocd **is** **not a mental illness**

ocd **is** **ruining my relationship**

ocd **is** **an excuse**

ocd **is** **fake**

social anxiety is

social anxiety **is** **ruining my life**

social anxiety **is** **killing me**

social anxiety **isn't** **real**

social anxiety **is** **bullshit**

social anxiety **issues**

social anxiety **isolation**

social anxiety **is** **fake**

social anxiety **islam**

social anxiety **is** **not real**

social anxiety **is** **the worst**

anorexics are|

anorexics are **stupid**

anorexics are **lazy**

anorexics are

anorexics are **commonly deficient in**

anorexics are **annoying**

anorexics are **selfish**

anorexics are **hot**

anorexics are **gross**

anorexics are **manipulative**

anorexics are **ugly**

hoarders are|

hoarders are **lazy**

hoarders are **crazy**

hoarders are **fat**

hoarders are **lazy slob**s

hoarders are **disgusting**

hoarders are **selfish**

hoarders are **stupid**

hoarders are **selfish and lazy**

hoarders are **annoying**

hoarders are **mentally ill**



Anonymous

Can you handle letting an old self die today?  
Or will you allow it to take up space and clog your mind?

-Therin K.



# Who am I? A Mad Identity Matching Game

-Anonymous

**Instructions: Draw a line between the picture and caption that go together!**



This is where I'm a schizophrenic.



This is where I'm a Mad activist.

This is where I'm a managed case and service user.

This is where I pretend to be a student —  
sometimes I'm a student with a disability  
and sometimes I'm a Mad student  
and sometimes I try to be a sane student  
or other people try to make me a sane student.



This is where I'm an Emotionally Disturbed Person.



This is where I'm not a patient —  
because my GP doesn't feel qualified to see me.

This is where I'm a sick daughter who suffers from  
depression — and sometimes a sick daughter who  
developed mental illness genetically  
from her grandmothers.



This is where I'm a research subject  
and get paid for being mentally ill.



This is where I'm a crazy friend, peer supporter,  
community member.

This is where I'm not a citizen —  
because discrimination suspended my license.



This is where I transition between any and all of the  
above as I travel between places I sit. Sometimes I can  
be nobody. Sometimes I can be somebody else.





### Waiting

This is where I chill when I am waiting to talk to my prof during office hours or waiting for a peer support meeting. I wait other places on campus too: for my counsellor, for my disability-accommodation worker, for my doctor... Waiting sucks, especially waiting to be included, to be treated fairly, to have access to my rights. Why should I have to wait?



### Hiding

When I'm distressed on campus, this is the place I feel safe. It's quiet, remote; no one knows where it is. This is where I time-travel at light speed when I feel people invading the dark corners of my mind. Why should I have to hide?

# Where to sit?

-Stacey Skalko

### Watching

Classrooms are inaccessible in lots of ways — the way teaching happens, evaluation occurs, but also where I'm able to sit. In this classroom where I take two of my classes, I have to sit at the very back in order to have quick access to the exit for disability-related reasons. I'm a mature student. I'm a disabled student. I don't feel welcome. I feel inferior and judged. Why should I have to watch instead of participate?



### Isolating

Smokers are some of the chilliest people — especially the crazy ones. Lots of great peer support happens over cigarettes. I stopped smoking in February and this means I'm lonely a lot. I don't have things to do with my time. Why should I have to be alone?



the comprehensive guide to

# GETTING DRESSED

by Rich





Cut out page. Every time you accomplish something, put a checkmark or sticker towards your goal.  
Every time you fail, put an X head towards your future career at Walmart. Have fun and be yourself! :)

by Andrew

Paste a picture of your goal here!



# Distress INtolerance

*Focus with Emotional/Rational Mind* - use the acronym '**REJECTS**'

(This is a skill to help you focus on unpleasant emotions and reject acceptance of distress.)

**R**uminate: go over and over the feelings

**E**lude: avoid anything and everything that comforts you

**J**enga: purposefully remove a 'block' that is holding the 'tower' of your life up

**E**motions: do things that heighten what you're feeling (eg: listen to sad music)

**C**raziness: forget this reality and enter one that gets called 'delusional' or 'manic'

**T**houghts: make a list of all the rotten stuff about you/your life

**S**ensations: cut, burn, scratch, pinch, or otherwise inflict injury on yourself

*Irritate the Five Senses*

**Vision:** Find the most disgusting, distressing thing on TV or in the neighbourhood. Watch as long as you possibly can. Good candidates are surgery shows and YouTube videos of drunk people vomiting.

**Hearing:** Make and listen to a tape of toddlers having temper tantrums (or just go to a daycare for a morning). Add the sounds of fingernails on a chalkboard and fire alarms.

**Smell:** Take a walk around the nearest garbage dump (works even better on a hot day). Visit the nearest public washroom.

**Taste:** Lick a bar of soap. Try some of your pet's wet food.

**Touch:** Walk near a creek and when you find a dead fish on the bank, pick it up with your bare hands. Go out on a rainy day and touch worms.

*'WORSEN' the Moment*

**W**hine: Complain about how unfair things are.

**O**verwork: Try to fix everything you are worried about, all at the same time.

**R**igid: Be as tense and uptight as you possibly can.

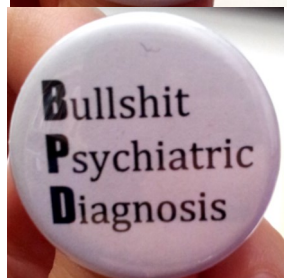
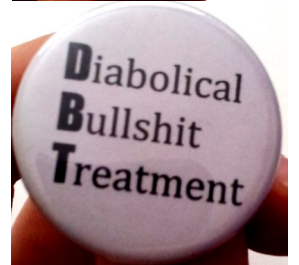
**S**plit off: Zone out/dissociate.

**E**nvision: Imagine the most upsetting things possible.

**N**itpick: Find something wrong with everything you are doing.

*Pros and Cons*

Make a list of pros to being in distress and cons to not being distressed.

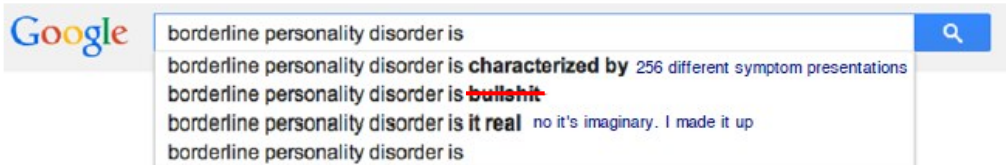


Dialectical Behavioural Therapy (DBT) is a form of psychotherapy originally designed by Marsha M. Linehan, a psychology researcher (who later came out as a person with lived experience), to treat people labeled with "Borderline Personality Disorder" (BPD). It's now getting widely applied all over the place to any sort of crazy, including on school campuses. DBT encourages crazy people to tolerate distress.

But why should we tolerate distress? It's real and we really feel it and it sucks! It impacts our lives. Telling us to tolerate trauma or discrimination or poverty or violence or isolation or unemployment or bed bugs or inaccessibility or failure to provide accommodations is not an "appropriate" response. The appropriate response is to make society better so these forms of distress don't exist. This Distress INtolerance document spoofs the acronyms and activities used to teach and remember DBT's Distress Tolerance skills. Systemic oppression causes distress and this distress is intolerable. We need to acknowledge this distress and then use the frustration and anger that comes along with it to make change. *By moosegirl.*

Thanks to my therapist of over 10 years who has never once suggested hospitalizing me.





Recently, I opened up to one of my friends about my craziness. Well, I somewhat opened up. It was a big deal for me. I've been afraid to be this honest with my friends given the possibility of discrimination, gossip, rejection, etc. But even so, I only told half-truths to this person. I talked vaguely about my lack of sleep, history of depression, and treatments. I didn't say I have Borderline Personality Disorder. I can't even say it out loud to myself. It's funny, because I really identify with BPD and with others who have BPD...yet I also reject this part of myself. What does it say about me, about the way I've been treated as someone with mental health difficulties, and about society that I'd rather go through life keeping part of myself tucked away? Hiding is no picnic. It's a painful rejection of the self, combined with the fear of rejection from others. It's a reaction to all the terrible things we've been told about ourselves, by our loved ones, so-called experts on BPD (I'm looking at you Randi Kreger), and strangers on the Internet. Let's dispel the myths about BPD and celebrate the magical and colourful lives we lead (note I am being optimistic here, and am not in any way trying to romanticize this very serious illness):

For those days when you hate your BPD and want to banish it to the very fires of Mount Doom, here are some pros of being borderline:

- A small amount of joy can snowball into the happiest day of your life
- This can lead to being hyper-focused and productive
- Or being the life of the party
- Empathy!
- Being a good listener and friend
- Feeling and appreciating art
- Giving people a lot of chances
- Caring deeply about others
- Idealizing others, ignoring their faults and mistakes
- Also idealizing yourself at times (we all need an ego boost now and then)
- Adapting and adopting different faces to match the environment (aka The Chameleon Effect)
- Being honest
- Being direct
- Some meds can be used to your advantage, especially those marked "take as needed"
- Impulsivity can lead you down some interesting paths...
- Being part of an awesome community (Mad Pride!!!)

MYTH: Borderlines are un-treatable.

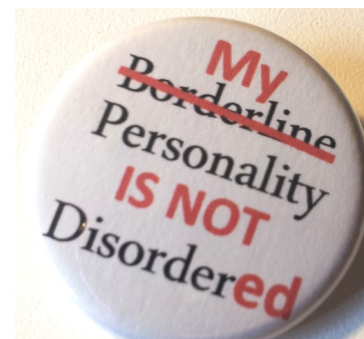
*There's plenty of available treatment for BPD, if we choose to access it (also provided it's accessible). Regardless, here is a short list: Dialectical Behavioural Therapy, Schema Focused Therapy, Mentalization Therapy, Mindfulness Based Cognitive Therapy, yoga, dancing, validation, spending time with people who accept us, and, of course, no such list would be complete without meds meds meds!*

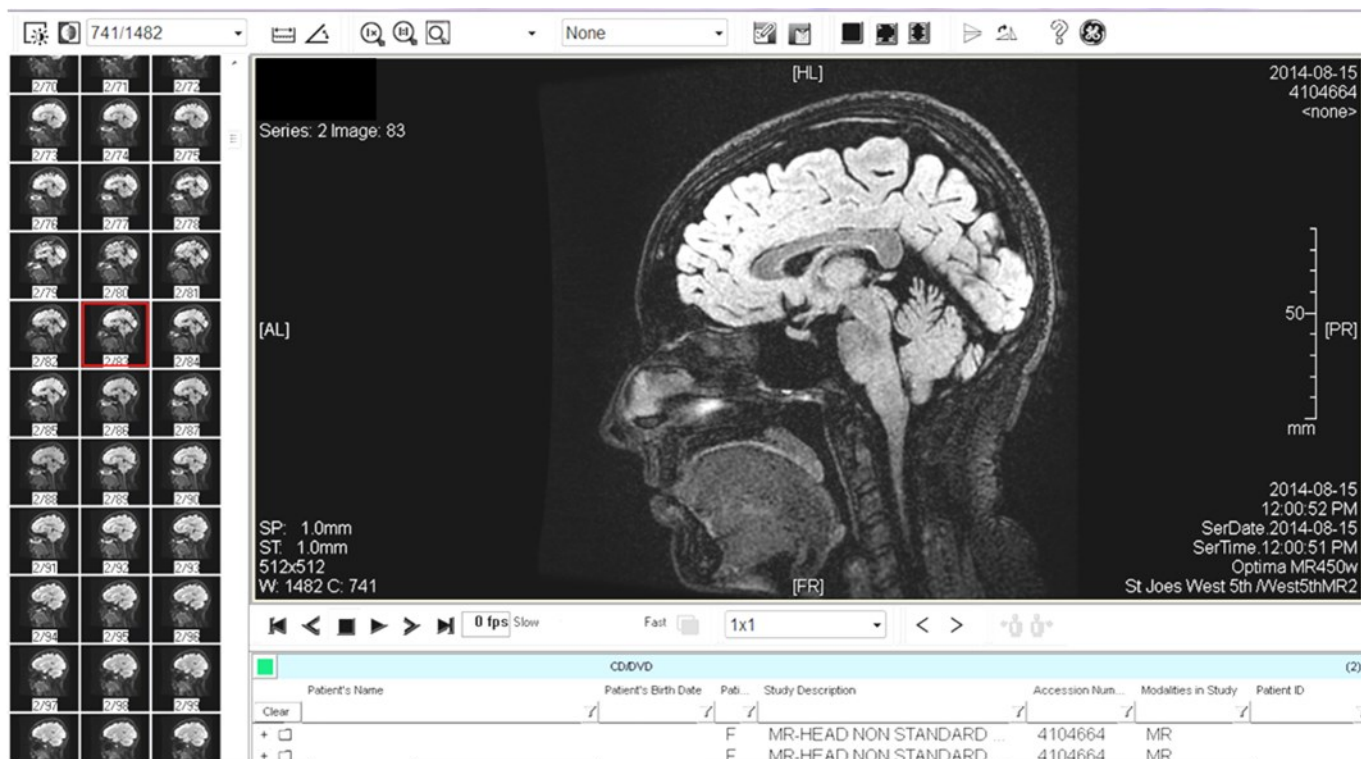
TRUTH: Borderlines need validation.

*Doesn't everyone?*

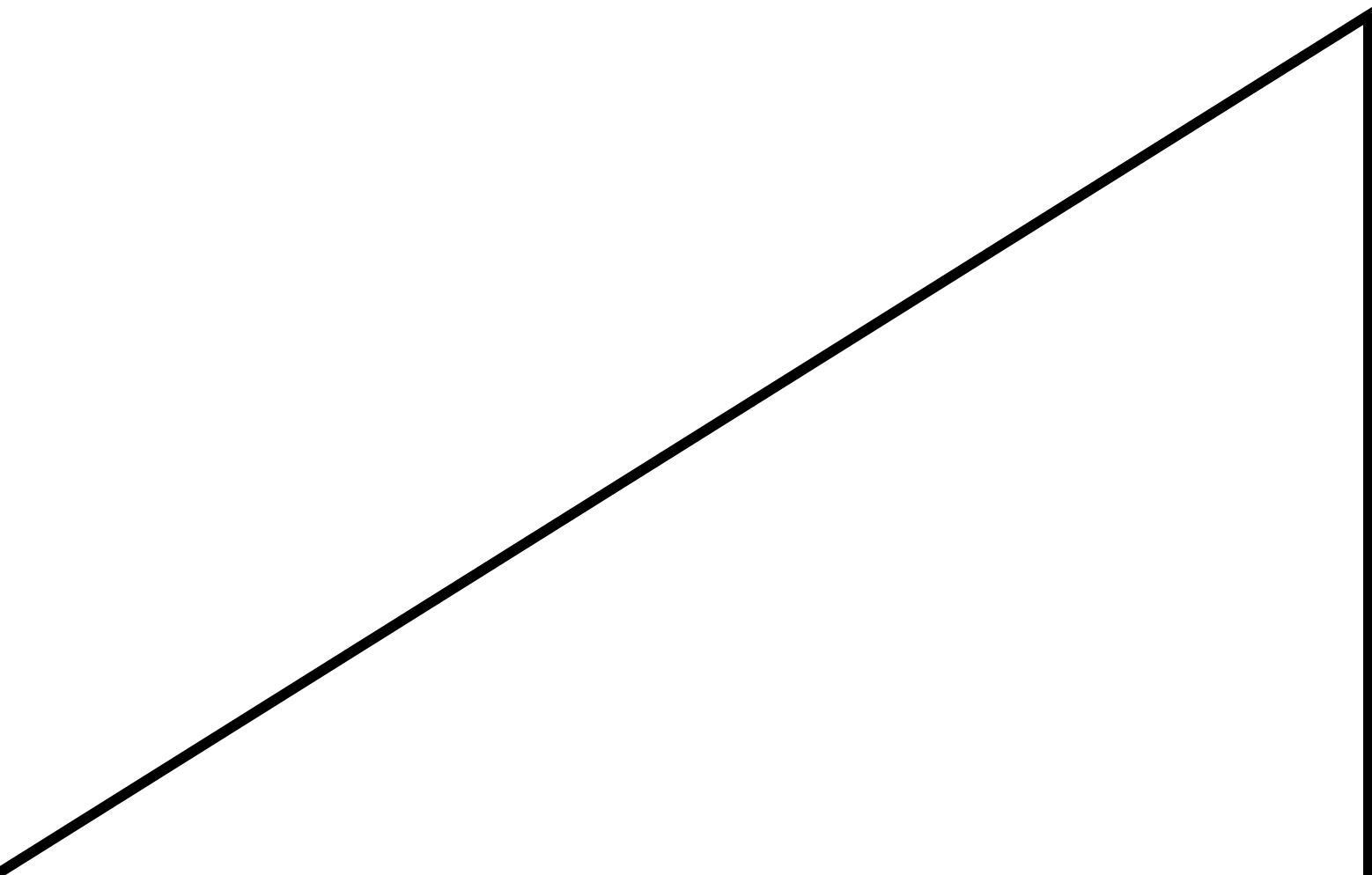
TRUTH: Your personality is not disordered.

-Blaze





Non Standard Head



## **The Light**

There is a light on inside of his head,  
constant-buzzing beacon in the madness,  
for all of his world is filled up with dread,  
and the grey of his pervasive sadness.  
He is waiting – insomniac dreaming -  
to fall asleep; he is waiting to wake.  
There is nothing left for him. He's pacing.  
The cold is inside his veins; his hands shake.  
He scribbles down his neurotic sonnets,  
finding the words for a magnum opus  
among reuptake-inhibitor thoughts,  
but at the end, he loses his focus,  
as the fluorescent light buzzes and drones,  
and sea-water licks against smooth, smooth stones.

-Michelle Meyers

# #TodayAndEveryDayWeKnow Mental Health Awareness Campaigns Often Leave Us Out

In February 2014, the McMaster Student Union ran a #TodayIFeel social media campaign that aimed to “provide a forum for frank and open conversations surrounding mental health” ([www.msumcmaster.ca/posts/318](http://www.msumcmaster.ca/posts/318)).

This Facebook post by Jyssika Russell, reproduced here with her permission, critiques this particular campaign as well as other mental health awareness and anti-stigma campaigns proliferating on post-secondary campuses.



Search

Home 4 Find Fr

Highlights

**Jyssika Russell** Knowing many of the faces involved in the campaign, I want to start by saying I have a lot of respect for them, and I appreciate there is this preliminary work being done on mental health resource promotion.  
  
However, this campaign makes me really uncomfortable, like many other campaigns targeting stigma.  
  
The reason? Mental Health/illness is more than just a source of struggle for many people. It's an identity of oppression.  
  
We talk about mental health like we talk about health- everybody has their own health status unique to them. For a lot of people, mental health is about having a bad day, feeling stressed because of outside influences, personal dilemmas, etc. And for many, it's a problem that doesn't necessarily stick around or cause a deep impact on your overall success or happiness. I would liken this to having a cold, or eating poorly and having a stomach ache, or maybe having a small scrape. Most of these things, in both contexts, aren't necessarily something you'd go to a doctor for. They impact your health, but not for a long duration, and it's something you can manage on your own.  
  
We still need to be talking about those day to day mental health issues, because they do matter. THAT is what this campaign is addressing, and if that was their only goal, they'd be doing really well.  
  
The problem is that for some of us, "mental health" or "mental illness" comes more in the form of a chronic illness (please excuse my problematic use of illness, I'm only using it for comparison). Student Wellness quantifies a chronic illness as something lasting over 6 weeks, and can include anything from crohn's, arthritis, diabetes, or even something that does end, like mono. In a similar way, depression (and other branches under mental "illness" and mood disorders) can affect you intensely over brief or longer periods of time.  
  
I would suppose that it is those people (of which I am one) who feel left out in a campaign like this. For us, this isn't just about today. This is about everyday. This is about every moment when we're just trying to hold ourselves together. This is about the countless doctors appointments, medications and their combinations, and missed days from school or work.  
  
When we talk about mental health and stigma without talking about these experiences, it others those of us who experience chronic mood disorders. The ones who are suffering constantly, the ones who know all about campus resources for mental health because we've tried every single one.  
  
This is where it spreads into oppression. For those who are marginalized because of their mental health, stigma is more about how to tell your prof you couldn't finish your assignment because you couldn't get out of bed, not even to eat. Stigma is how to explain that year gap in your CV because you had to take time off school and focus on getting well.  
  
We are oppressed because the entire university system is set against us. And when our voices aren't clearly, explicitly included in these kinds of initiatives, it feels like that cycle of oppression is just continuing.  
  
February 25 at 12:47am · Like · 6

**Jyssika Russell** whoaaaa #walloftext  
February 25 at 12:48am · Like · 2





t. valerie  
@toe\_bee



Following

#TodayIFeel supportive of the idea behind this campaign but I think we're actually doing the opposite of removing the stigma.

Reply Retweet Favorite More



Dona @DonaG22 · Feb 25  
@toe\_bee How so?  
Details

Reply



Mad Pride Hamilton @MadPrideHammer · Feb 26  
@toe\_bee :) Challenging discrimination means not using words that don't belong to you/not using our words (eg.crazy) as slurs #TodayIFeel



t. valerie @toe\_bee · Feb 25  
@DonaG22 it's equating mental illness with feeling stressed/overwhelmed/sad one day and saying it's influenced by temporary external factors  
Details

Reply Retweet Favorite More



Mad Pride Hamilton @MadPrideHammer · Feb 26  
@toe\_bee @DonaG22 Agree. Usually MH awareness campaigns don't account for systemic issues we contend with like poverty, isolation, violence.  
Details

Reply Delete Favorite More



Mad Pride Hamilton @MadPrideHammer · Feb 26  
@toe\_bee #TodayIFeel MH campaigns can add to the isolation of Mad students whose lives look significantly different than average stress  
Details

Reply Delete Favorite More



t. valerie  
@toe\_bee



Following

Organized is not OCD, mood swings are not bipolar, hating winter is not SAD. Removing the stigma means understanding the illness #TodayIFeel



t. valerie @toe\_bee · Feb 25  
#TodayIFeel happy, but that doesn't change the fact that I am depressed. It's not an emotion, it's a state of being

1 4



t. valerie @toe\_bee · Feb 25  
Mental health issues exist past one day. #TodayIFeel like no matter what mood I'm in, I still have a mental illness and I can talk about it.

2



t. valerie @toe\_bee · Feb 25  
#TodayIFeel like most mental illnesses like eating disorders, OCD, bipolar, agoraphobia, autism, etc. affect more than day to day mood #McSU

Tweets from the #TodayIFeel campaign.  
Used with the permission of @toe\_bee.



Mad Pride Hamilton @MadPrideHammer · Feb 26  
@toe\_bee #TodayIFeel like discrimination against Mad people is pervasive in all areas: employment, housing, education, parenting rights...

Details



MSU @MSU\_McMaster · Feb 26  
20% of people in Canada will experience a mental illness in their lifetime #TodayIFeel #McSU

Expand

Reply Retweet Favorite More



Following

Academic Accommodations for courses can be granted for diagnosed mental health concerns through SAS (MUSC B107). #TodayIFeel



Favorited by OPIRG McMaster  
Mad Pride Hamilton @MadPrideHammer · Feb 26  
@MSU\_McMaster At least 20% of people in Canada will experience mentalism (discrimination related to MH) [dsq-sds.org/article/view/3...](https://dsq-sds.org/article/view/3...) #TodayIFeel

Hide conversation

Reply Delete Favorite More



Mad Pride Hamilton @MadPrideHammer · Feb 26  
@MSU\_McMaster Yes. It's our legal right as students with mental health disabilities protected under the @AODAontario @aodaalliance  
Details

Reply Delete Favorite More



Mad Pride Hamilton @MadPrideHammer · Feb 26  
@MSU\_McMaster Unfortunately lots of difficulty accessing accommodations and we're made to feel like we're getting unfair advantage  
Details

Reply Delete Favorite More



Mad Pride Hamilton @MadPrideHammer · Feb 26  
@MSU\_McMaster [accessibility.mcmaster.ca/glossary-of-te...](https://accessibility.mcmaster.ca/glossary-of-te...) Accommodation removes barriers to full participation based on the prohibited grounds of discrimination



t. valerie @toe\_bee · Feb 25  
#TodayIFeel like there's a difference between how someone with a mental illness is doing day by day/taking one day at a time and a bad day.

1 1



t. valerie @toe\_bee · Feb 25  
We need to start advocating for mental health resources outside of the Wellness Center. They are a limited resource #McSU @MSU\_McMaster

## 11. Life, Health, and Disability Insurance

11. Life Health, and Disability Nature Insurance in General Insurance pays for consequence because of risk pooling. Risk pooling-have pool of individuals and each person puts amount into pool (called premium). Those that crash, accident, die prematurely, get money from pool. The people who don't get into trouble pay for the ones who are unfortunate. This is risk sharing because all of them share the same risk. 2 conditions: need enough fortunate to pay for the unfortunate. For risk sharing to work, the pool must be balanced. Adverse selections-the ones more likely to suffer loss will join therefore things tested to make sure normal. Life insurance does not cover risky jobs or war, natural disaster. Some companies exclude the exam.

Moral Hazard: fortunate share risk of less fortunate. Once there is no financial consequence-you can be more reckless and not act responsibly. Therefore deductibles are added to act responsibly. Premium=damage x probability of adverse event. Young drivers have higher risk of adverse event.

(except house Owner and insured are usually the same person. But if a group (ie advertising) then usually buy the insurance for the most key personnel, but the owner and beneficiary are the company itself.

3 Important Questions 1) who? Used to reduce risk, not make money, usually once people have children or dependent people on them then they get it. 2)how much? 5-15 times the annual gross income. Similar to PVIFA-get 1\$ back if give 2.83 @ 3% for 3 years. If invest at 6% can pull out a dollar for 6 years. If 6 years are not enough then would need a higher multiple. Is usually the number of years that you think the dependent will need. PVIFA can tell how much you would get based on the chosen multiple. Very useful tool.

Example: 80,000 for 20 yrs. Life insurance need = 80,000 PVIFA (20 yrs at 4%)=12.46=\$996,800

Needs or Budget Approach (Second approach): Accounts for changes needed after person dies (ie extra car). Takes into account all of these needs and expenses.

3) Sat kinds should be bought? Term-premium reflects probability of adverse event and lose premium if fortunate.

Term comes from employer and term life variety. It is the least expensive and can be bought directly. But for these the premium goes up with age since more likely to die. Level term life-pay more now so pay less later-no real savings.

Group Term Life Can join it without medical because pool is large enough and would not likely have many with medical conditions-join it as you are hired. Once in if you want to raise coverage you would need a medical.

Non-term life Pay a lot more than regular and the extra goes into savings account which compounds. The savings can be used to cover the higher premium further down therefore causes you to save money and compound it for when needed. Through independent agents.

3 Varieties: Whole Life Insurance-depending on stated age, the face value will eventually be paid. Cash value is yours-nonforfeiture right-yours the moment you cancel your account.

Endowment Insurance Whole life except objective is to increase savings account until retirement and becomes a retirement account. But have to build it up so fast that premium gets extremely high. Can be compounded tax free.

Universal Life Insurance The premium is not fixed-can pay more some years and go into savings account. If get paid off then can skip and policy will be paid for by savings account. Term is the best for the average person b/c not as much commission.

Waiver-automatically get covered by employer is disabled.

Restatement-can reapply without medical.

Accidental death-coverage goes up = not good. Buy it based on insurance needs. The way you die does not change the needs. Created in someone in marketing department

c r a s h o c c u r

# Nine-Letter Word

- Nadi Z.  
August 2004

It's far from likely  
Don't forget your wristband  
Force it all to go down  
Stun the world with your smile  
Four a.m. is your time  
Paint it with anxiety  
Keep your heart from leaking  
And blame it on society

Can you get more medicine  
Leave it to the tunes  
Block it out with ignorance  
Give yourself more room  
You can get away with it  
Wait another year  
Burn it through a headache  
Slice it through a tear

## [Chorus]

Hey, will you lose against yourself  
Just take what's on the shelf and slide it  
In beneath that memory and  
You, will you go and get some help  
Or live it, whither it away or kill it  
Count the letters 'till your mind goes dead

Write it with sincerity  
Lose a friend or two  
Don't forget your dignity  
Clone all the coming days!  
A drop of true reality  
Ambition is too far  
Don't drink too much water  
Save your poisoned heart

Hey, will you lose against yourself  
Just take what's on the shelf and slide it  
In beneath that memory and  
You, will you go and get some help  
Or live it, whither it away or kill it  
Count the letters 'till your mind goes...

## [Bridge 1]

*Dead...*  
It only seems to worsen  
*Smile...*  
To every passing person  
*Bleed...*  
So silently it won't show  
*Try...*  
Then throw it out the window

## [Instrumental break]

Hey, will you lose against yourself  
Just take what's on the shelf and slide it  
In beneath that memory and  
You, will you go and get some help  
Or live it, whither it away or kill it  
Count the letters 'till your mind goes...

Hey, will you lose against yourself  
Just take what's on the shelf and slide it  
In beneath that memory and  
You, will you go and get some help  
Or live it, whither it away or kill it  
Count the letters 'till your mind goes...

Dead, like the way you choose to live

## (Dysthymia)

Dead like the way you choose to live

## (Dysthymia)

Dead like the way you choose to live...

I've had anxiety for as long as I can remember, but things really began to go downhill when I was 11. On top of crippling anxiety, panic, and insomnia, I fell into a major depressive episode at 15. All those years, not a single person knew. Poetry was one of my only methods of self-expression. One day, I gathered the courage to submit this particular piece to my high school zine, but it wasn't accepted. I felt completely crushed and silenced, and I didn't seek help for my anxiety until 8 years later in 2013.

I've come an incredibly long way since the time of writing this piece. It is actually meant to be a screamo/hardcore song. Although I could change some grammar and phrasing, it doesn't feel genuine to alter it. This song deeply captured my personal experience with depression at the time. It serves as a reminder for me to continue breaking the social and self-stigma surrounding mental illness. A reminder of how far I've come. A reminder that others are still suffering every day.



# CRAZY CLASSIFIEDS

To connect with any of these folks,  
leave a message at:

289-768-4001 or email  
mad.pride.hamilton@gmail.com



## FREE TO A GOOD HOME

++ Captured cockroach (two inches long, brown, named Herman) from my supportive housing unit. I'm losing sleep over his presence in my apartment and am not well suited to provide his necessities of life.

++ Abilify 10mg and 2mg (makes me puke).

++ Bottle of Buspirone 5mg. If you enjoy having nightmares, this is the deal for you!

++ Invega undetermined quantity, liquid form, comes with two different syringes (body weight specific). Excellent for folks hoping to gain 30 pounds.

++ goLITE BLU Light Therapy device. Appears to work fine – except for me (hurts my eyes).

++ 5-HTP, Ginkgo Biloba, Ginseng Complex with Royal Jelly, SAMe, Siberian Ginseng, St. John's Wort (expiry dates range from 2013-2016). Stocked up when they were on sale, then never really got into taking them.

++ My shrink prescribes me Wellbutrin 450mg but I am only taking 150mg at the moment, slowly working down to 75mg. I also have a script for Seroquel 550mg (just increased from 500mg!) and am only taking 25mg. Most of my medication costs are covered through student health insurance. If you can't access or afford medication and want to try these drugs, I'm happy to share my leftovers!

++ Half a bottle of Trazedone. This is the sleep medication for you if you're not really interested in sleep and would rather have a pounding headache and dry mouth the whole next day.

++ Box of bath salts – fantastic if you're a crisis line caller and appreciate when they tell you to take a bath and relax (or drink tea - free tea bags also available). Me, I call another crisis line or cry myself to sleep.

++ 12 bags of Sleepy Time Tea (= sleepy time pee). When I follow the directions and drink 2-4 cups later in the day and a ½ hour before bedtime, I have to pee all night, which is usually not very conducive to sleeping. Have you figured out how to make sleepy time teas work? These tea bags are all yours.

++ Mind Over Mood workbook. CBT is not for me.

++ Are you a bored crazy person living in poverty who can't afford cable and/or Internet or leave home to go to the library? Do you have a DVD player? I've got a bunch of DVDs you can have/borrow – gifts from the last time I was homebound without cable.

## PERSONALS: ♥

Hi, my name is Cymbalta. If staying up all night and discovering the true meaning of nausea with intermittent panic attacks sounds like your idea of a good time, give me a call.



Seeking Ryan Gosling-esque chemistry lab partner as disability-related accommodation for my anxiety. Must be ok with incompetent lab partner – and lab cuddling.



## WANTED

WANTED: Schizo spy show freak seeking same. (Also, just bought a bunch of spy books and need someone to enjoy safeguarding them for me next time I'm nuts.)

WANTED: Are you out to lunch? Let's go out for lunch!

WANTED: Crazy queer autistic female, sometimes identifies as non-human. Seeking another crazy queer female-identified person who likes sensitive deep thinkers and is creative about disability accommodation.

## BORROW/SALE/TRADE

SALE/TRADE + All these shoes I bought in my last manic phase. They're pretty decent shoes; my other self just thinks they're ugly as hell.

FOR BORROWING + I bought a bunch of schizophrenic memoirs when I was in the process of getting turned into a schizophrenic by my shrink. I haven't had a chance to read them yet because I'm too busy living my life. If you want to borrow them to read and can tell me if they're any good when you return them, win win for both of us!

FOR TRADE: Nervous person who can't send own emails but can send yours seeks same.

## TIME-SHARE!

Seeking a tall crazy on/off med or otherwise weight-fluctuating person of any gender to time-share my wardrobe. When I'm Side Effect weight, I'll wear the Side Effect clothes, and when you're Side Effect weight, you'll wear them. We can share the other sizes in a similar fashion. Perks: we can split the cost of buying additional clothes in multiple sizes; our clothes will wear out before they get all gross from moths, being boxed, or go out of style; we can feel body-conscious and fight fat-phobia together!



# DO YOU WORRY A LOT?

Do you experience headaches, stomach aches,  
diarrhea, difficulty concentrating,  
insomnia, irritability, restlessness?

Do you have uncontrollable worry, anxiety,  
or tension about day-to-day matters?

Do other people say that you worry too much?

Do you worry that people will find out about  
your mental health history?

Do you worry about people calling police  
to take you to hospital?

Do you worry about medication side effects?

Do you worry about being locked up  
against your will or forcibly drugged?

Do you worry about going nuts again?

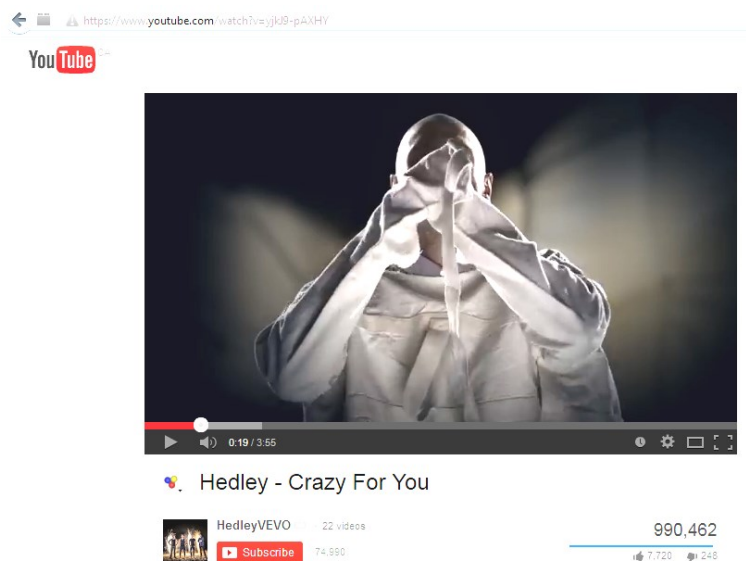
Do you worry about people watching you  
or being out to get you?

Do you worry about people discriminating against you?



If you said 'yes' to any of the above and identify as a Mad, crazy, insane, mentally ill, psychiatrically disabled student (or future student), you may be interested in joining an in-person and online peer support group where members share similar experiences and support each other with these worries! We also advocate to make systemic changes in our environments so we don't need to worry about some of these things as much.

**Hamilton Mad Students Collective**  
**[www.hamiltonmadstudents.ca](http://www.hamiltonmadstudents.ca)**



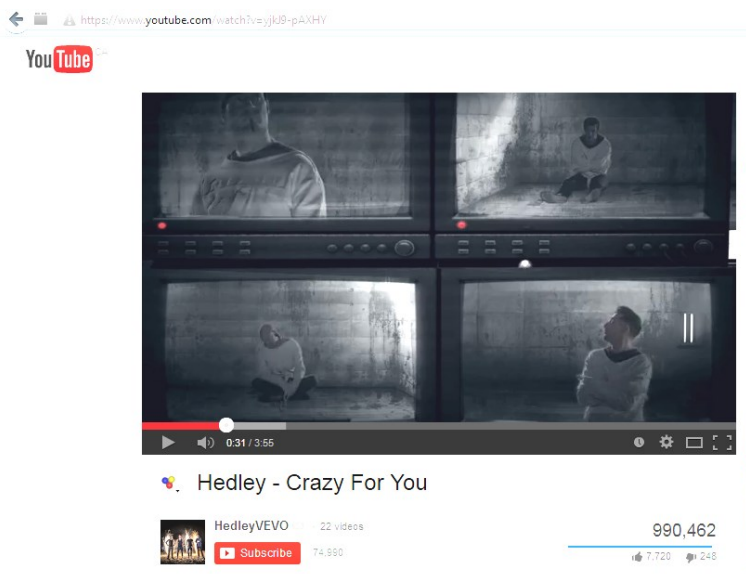
## Usurping Crazyiness: Hedley's "Crazy for You"

- Tessa K. Cannelkoy

I might be Hedley's biggest fan — not in the teenage, know-everything-about-the-band sense, but rather in how their melodies and lyrics impact my personal life. I'm not going to lie — when I'm down in the gutter, I turn on "Invincible". Actually, to be honest, that's the song I wake up to every morning. However, I'm torn. If you search "Crazy for You" by Hedley on YouTube, you might begin to understand why. If, like me, you experience some form of craziness, live in alternate realities, time-travel, or have seen the inside of a seclusion room first-hand or know someone who has, you will probably be offended as well.

The video begins with Hedley's lead singer, Jacob Hoggard, bound in a straight-jacket. I found this to be particularly offensive. The video is set in a psych institution and a major portion of the video is filmed in a seclusion room. What's even more upsetting, or, more accurately, disturbing, is if you go to their Facebook page, they are holding a contest where the winners receive a Hedley straight-jacket. This appalls me. Seclusion rooms are not a joke, or something to make light of. Being in a seclusion room can be likened to being in solitary confinement in prison. However, people sent to seclusion rooms have usually not committed a crime. Instead they are battling their own demons.

What are depictions such as this saying to today's youth, many of whom face our own mental health difficulties? When is society going to stop musicians, celebrities, and other public figures from perpetuating these saneist and degrading portrayals of "crazy" people? This music video shows such a grave amount of disrespect for what we, as a mad community, have been forced to contend with since the dawn of institutionalization. Universal Music Canada should be held accountable for this abomination. Hopefully more people will be willing to take a stand. Popular music artists like Hedley making light of the use of psychiatric restraints and confinement should under **NO** circumstance be tolerated.



## **Pain**

Drifting away as the wind does through the day  
That is how I feel, as if there is no way.  
No way whatsoever to again reach the place  
The place that was safe, in your arms, your embrace.

If only people could understand, but I fear they never will  
Or maybe I'm the problem, the one who's ill.  
Not physically as so often the term is used,  
But psychologically, wounded, scared and abused.

I didn't plan to end up this way  
How many truly do?

I wanted to stay where I was and never move on,  
Or now rewind and change the wrongs,  
But it's too late to go back to the past.  
This darkness, the bleakness will most likely last.

- Louise Lobbezoo  
*November 21, 2013*

# Let's talk about systemic discrimination - because that's what the real problem is.

www.hamiltonmadstudents.ca

## Policies hamper students' return from mental health leave

Cara Newlon, USA TODAY Co

## Canadians' mental-health info routinely shared with FBI, U.S. customs

Privacy commissioner Ann Cavoukian found attempted suicide calls uploaded to international database

CBC News Posted: Apr 14, 2014 8:49 AM ET | Last Updated: Apr 15, 2014 11:14 AM ET

## Ashley Smith's death in Kitchener prison was a homicide: coroner's jury

## Summary suspension of driver's licences unfairly

## targets people with psychiatric disabilities: Mentally ill die 25 years earlier, on average

Fiorito

Updated 5/3/2007 7:49 AM | Comment | Recommend

E-mai

Some people think this is discrimination against those who have a routine psychiatric disability; others think the current situation might make some people reluctant to seek help.

## Coroner calls single inquest into 3 police shootings of mentally ill people

HUMAN RESOURCES

Police should immediately stop disclosing mental health information to employers: privacy commissioner

## Disability Shouldn't Impact Child Custody, Advocates Say

By SHAUN HEASLEY  
June 1, 2009

Advocates are fighting to change a New York law which allows the state to terminate custody of a child if a parent has a developmental disability or a mental illness.

TRENDING | 1111 NOTICES | JUNE 2014 | RSS FEED | 11111111 | 11111111 | 11111111

## Group home location bylaws pit Ontario cities against human rights watchdog

## Stores pull costumes making fun of mental illness

## Canadians with mental illnesses denied U.S. entry

Data entered into national police database accessible to American authorities: WikiLeaks

By Sarah Bridge, CBC News Posted: Sep 9, 2011 5:10 AM ET | Last Updated: Sep 9, 2011 4:21 PM ET

## Medical Inadmissibility

Every applicant for a Canada Immigration Visa and some applicants for a Canada Visa are required to undergo a medical examination by a medical officer.

Though medical examinations are generally confined to a standard physical exam including x-rays, prior medical records as well as the applicants' mental state are examined.

Applicants may be denied a Canada Immigration (Permanent Resident) Visa solely on the basis of:

- Their condition would endanger the health or safety of the Canadian population at large
- Their admission might cause excessive demand on existing social or health services

## Mentalism/San(e)ism Tracking Sheet

Mad students have started to more thoroughly document mentalism/saneism (words used interchangeably, and sometimes connected to ableism) on school campuses, which is bias/prejudice/discrimination related to “mental health” and people perceived or conceived as “mentally ill” or consumer/survivors of the psychiatric system.

We could use your help to track how pervasive mentalism is on your campus (and elsewhere). When you notice mentalism occurring, we encourage you to take note (and intervene in other ways, if you can). POSITIVE EXAMPLES OF MAD PRIDE, CONSUMER/SURVIVOR COMMUNITY INCLUSION, DISCUSSIONS OF MENTALISM AND HOW TO DO ANTI-MENTALISM WORK ARE ALSO WELCOME!

Contact [hamilton.mad.students@gmail.com](mailto:hamilton.mad.students@gmail.com) or 289-768-4001 to arrange drop-off of your tracking sheet so it can be included in the next issue of *This Insane Life*. [www.hamiltonmadstudents.ca](http://www.hamiltonmadstudents.ca)

**Examples of mentalism/saneism:**

- A classmate says their weekend was “insane” or “crazy” and really means terrible/busy/surprising/unusual.
- A character in a film you’re watching for class talks about “crazy” people as violent/bad/scary.
- A professor gives a lecture about how people with mental health concerns have a biologically-based illness and require medical/mental health services and medication – and does not talk about self-determination, legal rights, side-effects, science that critiques medical and pharmacological approaches to madness, Mad Pride and neurodiversity perspectives, systemic issues that cause distress...
- You have a class or reading on mental health and no members of the consumer/survivor/Mad movement are involved/cited/referred to on their own terms.
- A Mad person in your class is called on to represent all Mad people or feels the need to disclose and speak up.
- Someone suggests that academic accommodations are an “unfair advantage” or interfere with “academic integrity” and doesn’t understand they are a way to prevent and remove barriers to full participation based on the prohibited grounds of discrimination – and that legislation protects the rights of people with disabilities/mental health concerns to access accommodations.

Deegan, P. (2004). *Mentalism, Micro-Aggression and the Peer Practitioner*. Retrieved from [www.patdeegan.com/blog/posts/mentalism-micro-aggression-and-peer-practitioner](http://www.patdeegan.com/blog/posts/mentalism-micro-aggression-and-peer-practitioner)

Wolfram, P.M. (2013). The madwoman in the academy, or, revealing the invisible straightjacket: Theorizing and teaching saneism and sane privilege. *Disability Studies Quarterly*, 33(1). Retrieved from <http://dsq-sds.org/article/view/3425/3200>.

[illegible]

# Doors to Exclusion ...

## Door to In/Accessibility

There are very few private, single-stall washrooms on campus. I need to access them due to my invisible disabilities.

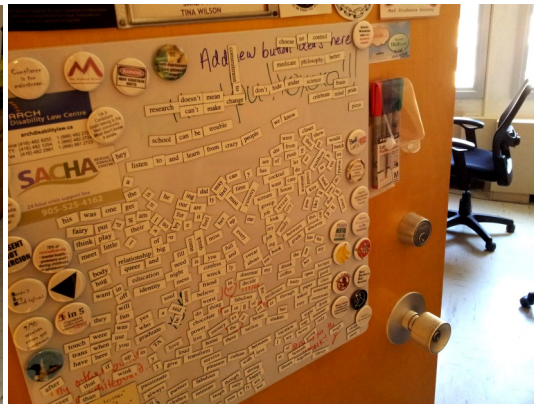
## Door to Discrimination

Removed due to fear of discrimination.



## Door to My Future

This is the door to where I completed two classes this year including Intro to Social Work. I used to live on the streets and I want to become a social worker so I can support street youth. I've been forced to leave this class and "drop out" before due to disability and inadequate support and accommodations.



## Door to Friendship

This is a smaller space where I hang out more one-on-one with my Mad friends and write magnet poetry!



## Door to Community

This is one of the top secret spots where members of the Hamilton Mad Students Collective gather to support each other as peers and equals. All irrational, illogical, emotionally-overloaded students are most welcome!

## Door to Home

This is the door to my apartment in a supportive housing building. This is the first time I've had a place of my own to call home. I get to choose when to come and go and who gets to visit. I get to choose what to put on the walls. I don't always have a home with family.

# ... and Inclusion

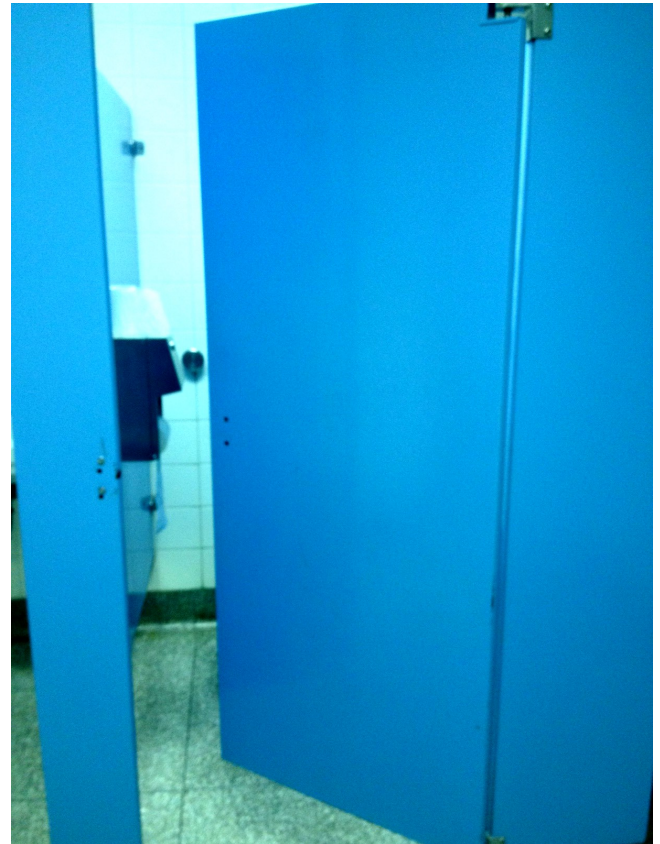
- Stacey Skalko



One of the scary doors I see every day — to the research lab I work in at a psychiatric hospital. It's mainly scary because I just think of what this floor was historically used for and all of the traumatic events that must have happened to Mad people in this space where I spend so much time. It's also a harsh work environment in general but that has to do with my coworkers and the culture of the lab and being a student with mental health concerns in a lab that researches mental health. It's just really anxiety provoking in general.

Researchers in neuroscience are making a lot of noise about brain mapping these days. Mental illness and brain disorders seem to be the new popular cause to pour money into, what with the recent National Institutes of Health BRAIN Initiative, and the National Institute of Mental Health's plan to replace the DSM with new Research Domain Criteria (RDoC).

But I'm not too optimistic. The brain is incredibly complicated and we don't yet have a clear picture of it. Neuroimaging, neuropsychopharmacology, and genetics are cool, but each approach has many limitations. That's not to say that what we/they are researching won't bear any fruit. I believe it's possible to gain valuable information from this research, slowly but surely, and to start developing better treatments for people who need/want them. I just don't know if it'll be in my lifetime.



*My preferred stall to hide in.*

I go to the washroom when I need to escape the hectic work environment, cry over mean coworkers, have depersonalization episodes, call my therapist. I often retreat to the washroom just so I can be alone for a few moments.

Walking through the halls, sitting in the lobby, or going outside doesn't feel like a break because these activities are more public. As a result, (1) I can't be myself and (2) I usually start to feel anxious in these situations.

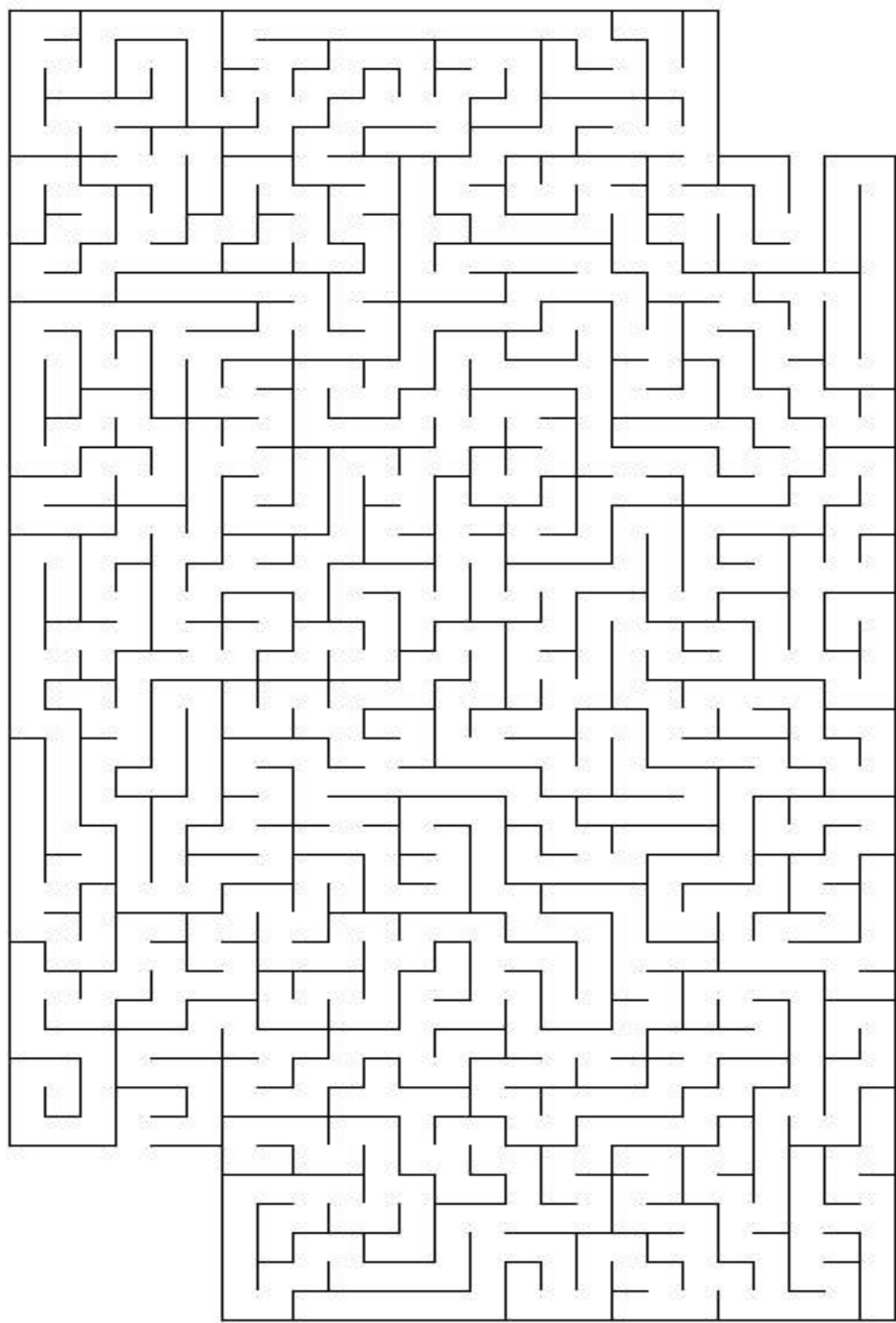
There are no loud sounds, bright lights, or triggers in the washroom. Also I'm not likely to stay there for very long, which helps me get back to work. Going into any other empty room isn't as helpful because I'm more likely to sit and nest and get lost inside myself.

**Doors to the Past,  
Present, and Future:  
Conducting mental health research in a  
psychiatric hospital as a Mad grad student**  
-Blaze



Research Subject AKA Participant in Eugenics

# Navigating the Mental Health System: Not Fun & Games

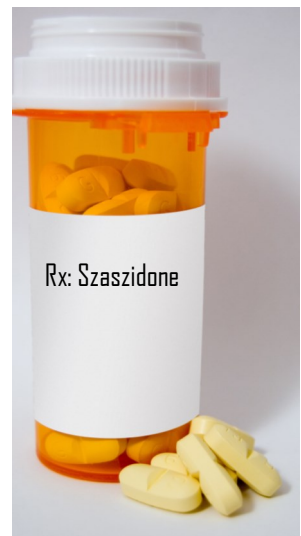


Comments: Legitimate fear of discrimination and violence  
Client is enrolled in full time \_\_\_\_\_ program at McMaster University. ~~Psychotic symptoms~~ make it difficult for  
client to travel to school and leave the house at times. Client sometimes uses support network to assist her in getting to  
classes. Primary clinician continues to offer support to client regarding symptoms and strategies to get to class.  
??

# DO YOU SUFFER FROM STUDENT FATIGUE SYNDROME?

If you have 3 or more of the following symptoms, you may be suffering from Student Fatigue Syndrome:

- Inability to concentrate
- Thinking about the future
- Irritability
- Changes in mood
- Feelings of hopelessness, homesickness, or loneliness
- Lack of motivation/interest
- Lower grades than usual, difficulty studying, falling behind in school
- Increased drug/alcohol use or dependence
- Weight loss/gain, increased intake of carbohydrates
- Changes in physical activity or exercise
- Sexual dysfunction or increased sexual activity
- Difficulty falling asleep, staying asleep, or getting sufficient rest



Student Fatigue Syndrome (SFS) primarily affects young adults between the ages of 18 to 24. It is most commonly diagnosed during a person's first year at college/university. SFS varies in severity from mild to severe. Genetics play a role in a person's risk of developing SFS. Though there is currently no cure for Student Fatigue Syndrome, the symptoms can be drastically minimized with medication.

TO PARTICIPATE IN A CLINICAL TRIAL FOR SZASZIDONE™, A PROMISING  
NEW DRUG USED TO TREAT STUDENT FATIGUE SYNDROME,

**CONTACT:  
289-768-4001**

Side effects of Szaszidone™ can include: inability to concentrate; thinking about the future; irritability; changes in mood; feelings of hopelessness, homesickness, or loneliness; lack of motivation/interest; lower grades than usual, difficulty studying, falling behind in school; increased drug/alcohol use or dependence; weight loss/gain, increased intake of carbohydrates; changes in physical activity or exercise; sexual dysfunction or increased sexual activity; difficulty falling asleep, staying asleep, or getting sufficient rest. Speak to your doctor about whether Szaszidone™ is right for you.

# Identifying and Referring School Faculty/Staff in Diffuckulty

## Who is a Faculty/Staff in Diffuckulty?

A faculty/staff in diffuckulty is any faculty/staff who encounters major obstacles in the successful (ongoing) development of a Mad positive attitude and practice.

## EMERGENCY SITUATIONS

Faculty/staff requiring immediate help because of life-threatening or severe discrimination diffuckulties can be seen the same day during weekday office hours at:

**Human Resources**

**Relevant professional college/society**

**Relevant labour union**

**Human Rights and Equity Office**

**Ombuds Office**

**Security Services**

**Police**

---

---

---

---

---

---

Callers do not need to identify themselves. They should tell reception that they are dealing with a faculty/staff in discriminator crisis and ask to speak to the person in charge.

## AFTER HOURS EMERGENCIES

Contact Security Services at: \_\_\_\_\_

We value the role Mad students and allies play in identifying faculty/staff that are in diffuckulty. Recognizing and responding to signs of discrimination may be a critical factor in requiring faculty/staff to confront and receive consequences for their attitudes and actions that interfere with Mad Positivity. It is also important for challenging larger societal and institutional structures such as policies and practices that influence how schools are run. This document, brought to you by the Confronting Faculty/Staff in Diffuckulty Committee of the Hamilton Mad Students Collective, is designed to assist and support Mad students and allies in this important function.

## Ask for support when dealing with a faculty/staff in diffuckulty

This document contains helpful information that will assist you in responding. Ask for a consultation:

- If you are concerned about a faculty/staff and unsure whether or not to intervene.
- If you are uncertain about how to respond to a faculty/staff's request for help or education.
- If a faculty/staff resists your efforts to intervene or you are uncomfortable with the situation.

**Hamilton Mad Students Collective**

[www.hamiltonmadstudents.ca](http://www.hamiltonmadstudents.ca)

If you have questions about this document, or would like additional copies, please contact the Hamilton Mad Students Collective at [hamilton.mad.students@gmail.com](mailto:hamilton.mad.students@gmail.com).

## HOW TO REPORT A FACULTY/STAFF IN DIFFUCKULTY

Mad students are often in an excellent position to recognize attitudes and actions that could signal that a faculty/staff is discriminating.

1. There is no obligation that you speak to the faculty/staff in person or in private. You do not need to stay calm. You do not need to respect confidentiality or acknowledge the faculty/staff's thoughts and feelings.
2. Connect with peers if useful to you. Visit [www.hamiltonmadstudents.ca](http://www.hamiltonmadstudents.ca).
3. Express your concerns about the attitudes and actions that are discriminatory.
4. You may, if comfortable, point out that there are professional, employment, reputational, and legal consequences to discrimination and that there are advocates who will intervene on your behalf.
5. Contact Human Rights, Disability Law, your peers, allies, or student union for recommendations on how to approach the situation.
6. There is no obligation to "educate" the faculty/staff, disclose any information about yourself including any differences/disabilities, or become tokenized as a Mad student or member of the Mad community.

## SITUATIONS REQUIRING IMMEDIATE RESPONSE

<b>DIRECT OR INDIRECT REFERENCE TO HATE CRIMES OR HUMAN RIGHTS VIOLATIONS</b>	Regardless of circumstance or context, any reference to committing a hate crime or human rights violation should be taken very seriously and a Human Rights professional should be consulted. Indirect references to hate crimes or human rights violations may include the following: <ul style="list-style-type: none"> <li>• expressed thoughts regarding the worthlessness or helplessness of Mad students</li> <li>• feelings that the world, school, family, friends would be better off without all experiences labelled mad/Mad students</li> <li>• failure to accommodate Mad students</li> <li>• no indication of guilt or shame for these thoughts, feelings, behaviours</li> </ul>
<b>SLURS AND OFFENSIVE BEHAVIOUR</b>	Intervention varies with the severity of the offending behaviour. Slurs may involve using the words crazy, mad, nuts, insane, mental in negative ways. Offensive behaviour may include: <ul style="list-style-type: none"> <li>• failure to incorporate Mad history, community, and culture into curriculum</li> <li>• failure to affirm Mad identities</li> <li>• "risk" thinking and the reinforcement of medical ideas/treatment of madness</li> </ul>
<b>POWER AND PRIVILEGE MISUSE</b>	In the case of an apparent power and privilege overdose, call Human Rights for assistance. If a faculty/staff appears to have a pattern of power and privilege misuse, it is important to inform the relevant advocates. Be sure to speak with the faculty/staff only when they are sober.

## OTHER SITUATIONS OF CONCERN

<b>DISORDERED READING</b>	If you have concerns regarding a faculty/staff's disruptive reading patterns such as: <ul style="list-style-type: none"> <li>• dieting on human rights legislation and material about Mad community;</li> <li>• uncontrolled binge reading related to mental illness, mental health awareness, patient porn;</li> <li>• and intense exercising of mentalism after reading about Mad Pride, it is important that intervention be initiated.</li> </ul>
<b>ASSAULT AND HARASSMENT</b>	Any issues related to verbal or physical assault, harassment, abuse, stalking, surveillance, pity, paternalism, tokenization, breaches in confidentiality, unwanted referrals to services or security, require intervention.
<b>MARKED CHANGES IN MOOD AND BEHAVIOUR</b>	Changes in usual Mad positive behaviour, including withdrawal from/negativity towards/fear of Mad students or Mad Studies, are common signs of discriminatory attitudes. Intervention is recommended.
<b>COMMUNICATION DIFFICULTIES AND/OR APPARENT DISTORTIONS OF REALITY</b>	Communication difficulties such as failing to engage Mad students on their own terms or distortions of reality such as disturbing materials [eg. refusing to acknowledge mentalism/san(e)ism as discrimination, discussing mental illness as an undisputable scientific fact] in academic lectures or work are all causes for concern.
<b>TEACHING AND CURRICULUM PROBLEMS</b>	Faculty who are having trouble teaching, including in their curriculum, or supporting courses in Mad or Disability Studies, Mad people's history, critical mental health alternatives, peer support, mental health and disability law, service user-led research, activism, social justice movements, and/or equity, may find consequences necessary to adjust their behaviour.



# BAD ALLY

B	I	N	G	O
Have you tried mindfulness ?	Taking meds makes you weak. You're buying into big corporations.	I wish I could spend all day in bed too! You sleep too much!	Stop language policing me. My other disabled friend says that it's ok.	But I can't learn if YOU won't teach me. You know everything!
Everybody gets depressed.	Some people have it much worse. You shouldn't complain.	Give me a 5th chance. I'm still learning.	They clearly didn't mean it like that. You're overreacting.	Get over it already. You're being way too sensitive.
Have you tried taking vitamins? Fish oil?	Maybe you should exercise more.	FREE SPACE. You're an asshole.	You don't look sick or disabled to me.	You're just looking for something to be offended about.
You're too young to have ____ or to be so sad.	It's all in your head. Have you tried just being more positive?	If you weren't so hostile, people would listen.	Smile! It'll all work out.	I know EXACTLY how you feel.
You're faking it for attention.	OMG! I have a friend with that too!	Just relax! Try yoga.	Did you take your meds today? Maybe you should see a doctor.	You are SO inspiring. You are a miracle. Such bravery.

- Lamotrigine Queen

This BAD ALLY BINGO game can be played by sane people and crazies alike. We will happily exchange (in Hamilton) a free BINGO dauber for at least 5 completed BINGO cards and a letter about your gaming experience. [mad.pride.hamilton@gmail.com](mailto:mad.pride.hamilton@gmail.com) / 289-768-4001

*Instructions for neurotypicals:* Take this BINGO card with you everywhere and see how many of these things you say – or hear being said.

*Instructions for crazies:* Use this BINGO card in your daily life. See if you get BINGO in your next class at school, or how long it takes to get BINGO with your family, or play a new BINGO card every day/week/month. You could compare the BINGO scores of all your service providers and friends and use this data to inform any dumping decisions.



Kristina Durka

## **the Need**

- Rex Emerson Jackson

It starts with a single note  
lending pitch to something empty,  
and it swells like an iceberg  
the poetry and rhythm hiding  
under the surface  
but perfectly capable of  
punching holes in your hull.

That is the symphony of Need,  
where harmony is absent  
and each voice is dissident  
with the voices in your head  
the heartbeat in your fingers  
hands around your throat  
because you forgot  
how to breathe.

On the surface  
the orchestra continues  
because...you know  
"The show must go on."

I'm no second violin  
all first, baby  
but if you looked deeper  
you would find the  
need  
need  
need  
that I am denying.

because needing makes me weak,  
and my soul has been torn too many times already.  
it hurts less to just shut everyone out.

leave me alone with my  
Need.

I'll be ok.  
At least, until the symphony ends.

## **perfect fifth**

- Rex Emerson Jackson

five notes  
lead me.  
I cradle them.  
the sonic child,  
a major chord with eyes the colour of the C  
takes her first steps.  
the child is mine.

I keep her away from the sharps,  
so that she won't have any accidentals

soon it is her birthday:  
her fifth  
her teacher tells me that my girl,  
my child of sound has become  
dominant  
and her two little friends  
make a triad  
and as my beautiful, perfect fifth  
jumps to one on the hopscotch court

five one she falls  
my cadence

Kicked out  
Because I have  
anxiety

take responsibility.  
↑  
wow, how supportive...

go  
fuck  
yourself

that's excessive ...

↑ stigma against  
mental illness  
is a very  
detrimental thing.

Says someone whose  
never experienced the  
**HELL** of mental  
torture!

↓  
Says someone who had  
to drop out b/c of  
mental illness.  
probably should have  
been more politic, but  
the school is plenty accommodating.

At some point you have to take  
responsibility for your life and  
recognise that you might be at a  
point in your life, as a result of  
mental illness or other things, as the case  
may be, that you ~~should~~ just can't handle  
school until you get a handle on your illness.  
I've seen too much blaming of others lately for  
an individual's own problems.  
/tl;dr

But I'm sorry, hon, I hope you can get  
better & get back to school.

→ Very true,  
NP ☺

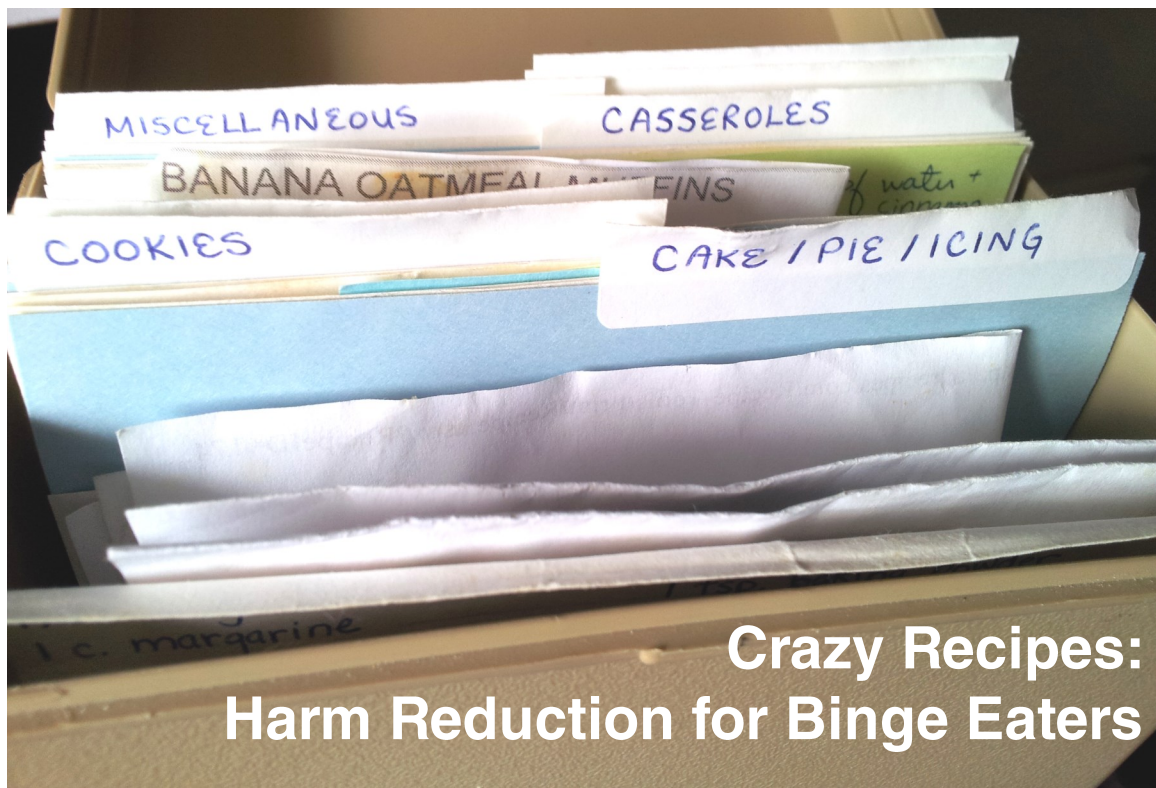
I feel very alone in a  
very busy place full  
of people.

↑  
**Believe it  
or not,  
we all  
do, sometimes**

Most people think happiness is about gaining  
something, but it's not.  
It's all about getting rid of the  
darkness you have accumulated.

Graffiti from the women's  
washroom across from  
1280 (the bar) at  
McMaster University.

# PEE® SUPPORT



## Crazy Recipes: Harm Reduction for Binge Eaters

### Pretend to be multiple people:

- \*When you're buying a self-conscious amount of food for take-out from a restaurant, order 2 (or more) drinks so that they'll think you're ordering for someone else too. (Bonus points if you pretend you're on the phone with someone to ask them for their order.)
- \*Buy in bulk on a Friday/weekend so that people think you're having a party. Eat leftovers all week and buy more next weekend. (Bonus points if you pick up party supplies like streamers and balloons to complete the effect.)

### Rotate:

- \*When you're ordering delivery fairly frequently, look up all the places that deliver to your address and rotate.
- \*When you're buying certain food items from specific restaurants/stores frequently, find all the nearby places that sell similar items and rotate.
- \*When you need a lot of specific items all at once, pick up smaller amounts from a variety of different places.



### COPE: A Student Mental Health Initiative

Hey Jyssika! Great to hear that you're running for MSU President. As a mental health club, we are wondering how mental health among McMaster students fits with your vision of diversity and equity and your potential role as president of the MSU? Also, how do you envision the progress McMaster as a community is doing with respect to mental health? It would be great to hear your input!

Like · Comment · January 20 at 7:30pm near Hamilton

2 people like this.

2 people like this.



Write a comment...

Press Enter to post.



**Jyssika Russell** Hey COPE! Great to hear from you 😊

I love your question. Because of my experience with depression and anxiety, I knew I needed to talk mental health on my platform, which has developed into our point on same day mental health services.

At the same time, I also strongly believe mental health is indeed an equity issue, and while we've had several excellent campaigns addressing stigma, we need to empower the voices of Mad Students and others with anxiety and depression.

While I would be bringing my own experiences of mental health to the role of MSU President, I also recognize the diversity of our experiences, and I envision a strong presence of Mad Students and mental health advocates.

With regards to the current work in the community, we've seen a lot of focus on reducing stigma and supporting others, which is excellent, but it is also easy to feel "othered" in some of these discussions. I believe the next step is empowering each other to speak out about our experiences, which will help reduce stigma and help us support each other.

Thanks again for your question, looking forward to seeing you soon!

Jyssika

Like · Reply · 6 · January 20 at 10:42pm

**SHE WAS CRAZY TO DO THIS**

*Crazy*

# A McMadster Student Union president?

## That's insane!

### Ryan Crawford

I just wanted to share with you what I think about your campaign, as well as why I'm voting for you.

"Jyssika, simply put, is a strong advocate for students of need. She supports initiatives to help fellow students facing financial troubles with an emergency fund; something a lot more palatable than simply decrying tuition fees and telling people she'll slash fees across the board. Another issue that is dear to her heart is increasing mental health support through more counselors, same-day emergency appointments, text-based support, and awareness campaigns. This is not simply a go-to focus of her campaign, as she has faced issues related to this in the past, and her personal experience and advocacy helps strengthen her understanding of the issue. Something else really amazing that Jyssika came up with the idea for was "Welcome Week for introverts", which targets a sizable portion of students who don't otherwise get to participate in the vast quantity of experiences in first year, and arguably sets the tone for the rest of their university career. While this may not speak to many people, and students tend to get on with it and enjoy university, there are some people who have been or are still marginalized due to this lack of attention to their social needs."

You focus a lot on one portion of the population, but in the long run, I think it's the most helpful thing a president can do for a student population. "Taking student input" as a campaign focus is too unspecific, and is unlikely to change anything, while what you promise to focus on, will have not only a lasting effect on the university itself, but will directly benefit the lives of individuals who are not getting a very positive experience out of going to post-secondary education. Thank you for speaking for those who are otherwise too shy, depressed, anxious or troubled to speak for themselves.

Like · Comment · January 28 at 9:05am







**Jyssika Russell** Thank you, Ryan, I really appreciate your comment. Part of my reasoning behind focusing on marginalized populations was because I believe almost all of us are marginalized in some way.


In this way, our difference in experiences and lens make us similar, rather than divide us. I hope I can be your next MSU president, and live up to the kind words you have shared with me.


-Jyss

Like · Reply · 2 · January 28 at 11:32am


**Jyss Russell for MSU President**




Home 4
Find


Jyss Russell for MSU Preside...
Timeline
Launched
Like


**Jyss Russell for MSU President**  
January 30

Today, someone came by our table and said that because of the conversation that was started in their class about our campaign, they finally made a counselling appointment with student wellness. They thanked me for giving them the courage to seek help. I had never met them, or spoke to them, but because of the conversations we've started over the past week, they were empowered to seek support.

THIS is why I decided to run for MSU President. My team and I are passionate about what we stand for. We didn't know if the student population would be receptive to our ideas, or if our voices would be loud enough. We just wanted to see these ideas that we cared so much about be brought to light.

This campaign was not about the position, or even about myself (though I would still love to have your vote and be your next MSU president). This campaign was about speaking out, stomping stigma, and actually DOING something about the injustices we see on a daily basis.


This campaign is bigger than me, it's bigger than our team. This campaign is about you, us, our community. This is about helping each other, which is what a Student Union is intended for.

In my mind and heart, we've won. Regardless of the outcome tomorrow, we've helped someone, and who knows how many more.

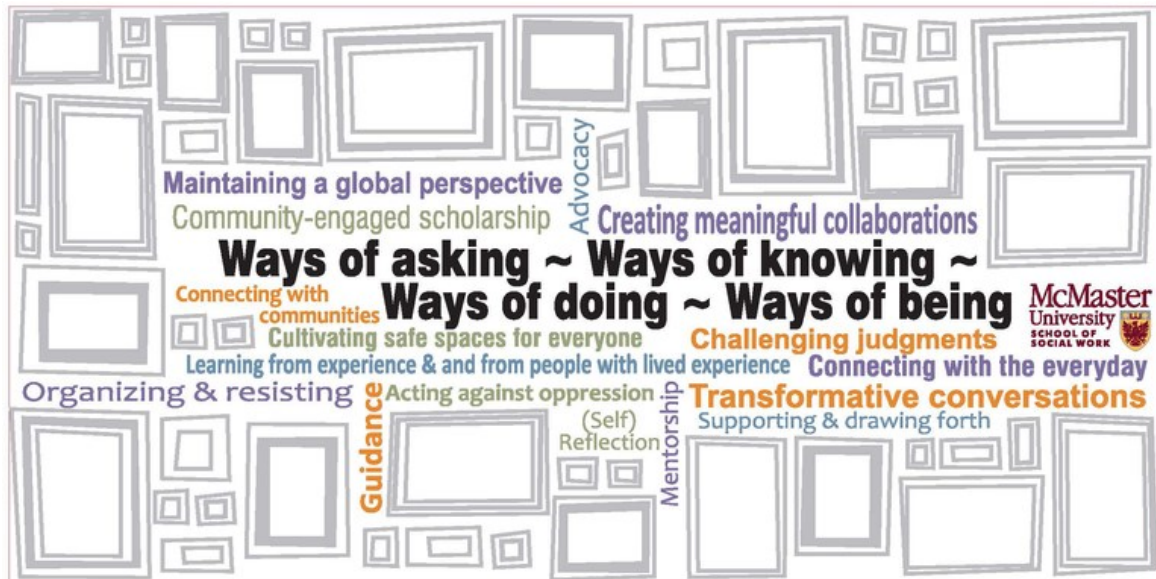
Please, give us the opportunity to keep this snowball rolling and growing. Vote tomorrow before 5 PM. Let me give back to you the amazing positivity and hope I've received from this community over the past 5 years.

Thank you.

Recent Posts by Others


**Ryan Crawford**  
Although you didn't win, you're still making a difference. Thanks for bringing mental health into the spotlight this election season. I hope you try to advocate for your platform points even if you're not in an MSU position; the Welcome Week for introverts is a pretty damn good idea!  
Like · Comment · February 3 at 5:48am  
 Jyss Russell for MSU President likes this.  
 Write a comment...  
Press Enter to post.  
 **Jyss Russell for MSU President** Thanks, Ryan! Means a lot 😊  
Like · Reply · February 5 at 12:23am

Facebook posts from the McMaster Student Union presidential election campaign, January 2014. Included here with the permission of Jyssika Russell and Ryan Crawford.



### Ways of Knowing

McMaster's School of Social Work has been engaging in collective "visioning" through a whiteboard Word Cloud located on a wall of their main hallway. People connected to the School have been encouraged to circle words that express the values, commitments, and practices that are important to them — and to add other words that are missing.

There are different ways of knowing. I find it interesting that "Learning from experience and from people with lived experience" is highlighted on this Word Cloud but rarely done in my social work classes. I can only think of one course so far that fully validated who I am as a human being. Rarely is lived experience (of service use) called upon. I am constantly silenced by the professionals and experts in my class and their tales of teaching or practicing a theory. Why is my experience and my life not validated? Have I infiltrated a space not meant for me? How am I supposed to thrive?

Perhaps it's our turn as service users to contribute. We're connected to the School as people who've been social worked by their students or who will be social worked by future BSW grads. Submit your words online: [www.socialwork.mcmaster.ca](http://www.socialwork.mcmaster.ca).

-Meagan Walker

## **Moods**

Changing  
Fluid

## **Mania**

Alive  
Soaring

## **Coming Down**

Unbearable  
Pain

## **Sleepless**

Thinking  
Endless cycling

## **Depression**

Invisible  
Shame

## **Wondering**

Who knows?  
Who sees?

## **Disclosing**

Justifying  
Explaining

## **Struggling**

Isolation  
Expectations

## **Conforming**

Their standards  
Not mine

## **Judged**

Unstable  
Irrational

## **Assumed**

Over-sensitive  
Faking it

## **Reality**

Holding on  
Smiling

# **Have you heard the stats?**

70% of neurodiversity emerges  
during childhood or adolescence.

4% of people hear voices and sounds  
that others cannot.

1 in 5 Canadians could belong to the  
Mad community.  
Most don't know it exists.

**Mad community exists on campus.  
Neurodivergents are most welcome to join us.**

█████ is working towards a █████ at █████ University. There have been some major challenges which are slowing her progress. Last winter █████ University professors were on strike for more than 3 months. Although █████ was also taking one course at the University of █████ which carried on, her world started to unravel about the same time as the strike. While we were noticing her becoming more and more introverted while living at home and she had begun to struggle with insomnia, she was also of the age where it isn't necessarily good for parents to give advice if not asked. She moved to █████ University in September 08 which in hindsight may not have been the best decision for her at that time. She was living on her own in a whole new environment at a time when she was really not well enough to make that kind of adjustment. She became depressed to the point of needing medical intervention. We did not have a lot of knowledge about the whole area of mental health, even though █████ was studying and working in it. Although 20% of the population will have an experience with mental health issues in their lifetime, it is not talked about much and most of us remain relatively ignorant about the effects of this type of illness on the person and their family. █████ has been very good so far at giving █████ accommodations so that she can carry on with her program at a pace that is achievable. █████ also wants to remain living in close proximity to the school so that she can develop a network of friends and remain independent. She has had better and not so good days, weeks or months over the last year, so we would not yet consider her symptoms under control. We expect 2010 to be another challenging year for her and pray that a solution will be achieved that brings more stability to her life.

2009 Christmas letter written by my mother and sent to family without my knowledge. Usually I edit them — obviously not this year.

## Just speak up

Last January, █████ moved back home. It was tough for her to give up her apartment and independence in Toronto, but she also seemed stuck. School was not moving forward at the speed she had hoped which was still related to continuing “struggles with her mental health” [Mom’s words, not mine █████]. I’m a proud crazy person]. Thankfully, she was able to pace herself while living at home and last spring she presented her thesis and completed (even exceeding the requirements) her Masters of █████.

~~█████ Considering what she had been through in the past 2 ½ years, this was an amazing accomplishment. She has had a good summer and fall with A~~ a variety of things are keeping her quite occupied these days including taking a course at █████ College at the University of █████, working part-time for the █████ Mental Health, volunteering at the local food bank, and providing leadership in co-organizing a peer support and advocacy group for students experiencing, or who have experienced the, mental health ceneemssystem (█████ spending lots and lots of time with wonderful Mad friends, and various activist activities in the Mad/psychiatric survivor community in Toronto such as participating in the Mad Pride organizing committee. Mad Pride is an annual cultural festival for folks (and allies) who have been involved in the mental health system or experienced so-called ‘mental health issues’/‘mental illness’. It takes place in Toronto and around the world during the week of July 14 in commemoration of Bastille Day, when prisoners and mad people were liberated from institutions in France. █████’s room is its own library of books that she owns but in addition to that at any given time there may be 20 or more library books lying across her bedroom floor. She is █████ currently applying for various doctorate programs, so, Tthere still could still be years of study ahead for █████ as she continues towards her dream of becoming a researcher and writer, helping marginalized populations receive a voice in mainstream society.

2011

Mailed to family as written here [original letter and my insertions]. Words that are crossed out were deleted.

## Share your story

█████ is back at █████ University in a doctorate of █████ program where she is currently completing her required coursework. It still remains to be seen if this will be her plan going forward. She does have quite a number of interests/activities outside of school that also keep her occupied. She doesn’t tell us much about her life (although she says she is concerned with the ethics of this letter’s composition and distribution). This paragraph is now █████ approved. She does not certify the rest but has been complicit in its editing process.

2012

This used to say a lot of other things. [Argument]  
Most successful intervention on these letters so far.

█████ remains a very private person and I need to respect that she does not like me to tell “her story”. She continues at her own pace with her doctorate studies. Living at home remains convenient for █████ who commutes regularly to both Hamilton and Toronto.

2013

Little sister is watching you.



**You're (Not) Welcome  
We're Not Welcome**

Mad activism on campus involves a lot of Thank You cards  
— but little change (or equitable payment for work).

We need change now.  
Thank You cards are not enough.

-Alise

# Mad Studies Reading List

*All listed resources are available online or through the McMaster library catalogue*

[thanks to a Mad Positive professor who ordered them for us]

## THE MAD MOVEMENT

Bibliography of Mad Movement texts organized into categories: [www.qsos.cc/EFpsybiblio.pdf](http://www.qsos.cc/EFpsybiblio.pdf)

History of Madness in Canada: <http://historyofmadness.ca>

Psychiatric Survivor Archives of Toronto (PSAT): [www.psychiatricurvivorarchives.com](http://www.psychiatricurvivorarchives.com)

The Inmates are Running the Asylum: Stories from the MPA (film): [www.youtube.com/watch?v=JwyaRU1svrA](http://www.youtube.com/watch?v=JwyaRU1svrA)

Burstow, B. & Weitz, D. (Eds.) (1988). *Shrink Resistant: The Struggle Against Psychiatry in Canada*. Vancouver: New Star Books.

Everett, B. (2000). *A Fragile Revolution: Consumers and Psychiatric Survivors Confront the Power of the Mental Health System*. Waterloo: Wilfrid Laurier University Press.

Morrison, L.J. (2005). *Talking Back to Psychiatry: The Psychiatric Consumer/Survivor/Ex-patient Movement*. New York: Routledge.

Shimrat, I. (1997). *Call Me Crazy: Stories from the Mad Movement*. Vancouver: Press Gang Publishers.

Skyworks Charitable Foundation. (1999). *Working Like Crazy*. Canada: National Film Board of Canada.

## MAD AT SCHOOL

Aubrecht, K. (2012). The new vocabulary of resilience and the governance of university student life. *Studies in Social Justice*, 6(1), 67-83. Retrieved from <http://brock.scholarsportal.info/journals/index.php/SSJ/article/view/1069>.

Jones, N. & Lewis, R. (2013). The absence of psychiatric C/S/X perspectives in academic discourse: Consequences and implications. *Disability Studies Quarterly*, 33(1). Retrieved from <http://dsq-sds.org/article/view/3433/3198>.

LeFrançois, B.A., Menzies, R., & Reaume, G. (Eds.) (2013). *Mad Matters: A Critical Reader in Canadian Mad Studies*. Toronto: Canadian Scholars Press Inc.

Price, M. (2011). *Mad at School: Rhetorics of Mental Disability and Academic Life*. Ann Arbor: University of Michigan Press.

## SURVIVOR RESEARCH

For a reference list on conducting research with Mad people, see

[www.empowermentcouncil.ca/PDF/Reference%20Guide%20for%20conducting%20research%20with%20survivors.pdf](http://www.empowermentcouncil.ca/PDF/Reference%20Guide%20for%20conducting%20research%20with%20survivors.pdf).

Amering, M., Schrank, B., & Wallcraft, J. (Eds.) (2009). *Handbook of Service User Involvement in Mental Health Research*. Chichester, UK: Wiley-Blackwell.

Faulkner, A. (2004). *The Ethics of Survivor Research. Guidelines for the Ethical Conduct of Research Carried Out by Mental Health Service Users and Survivors*. Bristol, UK: The Policy Press. Retrieved from [www.jrf.org.uk/sites/files/jrf/1861346662.pdf](http://www.jrf.org.uk/sites/files/jrf/1861346662.pdf).

Sweeney, A., Beresford, P., Faulkner, A., Nettle, M., & Rose, D. (Eds.) (2009). *This is Survivor Research*. Ross-on-Wye: PCCS Books.

## ALTERNATIVE APPROACHES

Stastny, P., Lehmann, P., & Aderhold, V. (Eds.) (2007). *Alternatives Beyond Psychiatry*. Eugene: Peter Lehmann Pub.

## MAD PRIDE AND NEURODIVERSITY

Armstrong, T. (2011). *The Power of Neurodiversity: Unleashing the Advantages of Your Differently Wired Brain*. Cambridge: Da Capo Lifelong.

Curtis, T., Dellar, R., Leslie, E., & Watson, B. (Eds.) (2000). *Mad Pride: A Celebration of Mad Culture*. Hackney: Spare Change Books.

Farber, S. (2012). *The Spiritual Gift of Madness: The Failure of Psychiatry and the Rise of the Mad Pride Movement*. Rochester: Inner Traditions.

Finkler, L. (1997). Psychiatric survivor pride day: Community organizing with psychiatric survivors. *Osgoode Hall Law Journal*, 35(3/4), 673-772. Retrieved from <http://digitalcommons.osgoode.yorku.ca/cgi/viewcontent.cgi?article=1596&context=ohlj>.

## 'RECOVERY'

Mental Health "Recovery" Study Working Group. (2009). *Mental Health "Recovery": Users and Refusers. What Do Psychiatric Survivors in Toronto Think About Mental Health "Recovery"?* Toronto: Wellesley Institute. Retrieved from [www.wellesleyinstitute.com/files/Mental\\_Health%20\\_Recovery.pdf](http://www.wellesleyinstitute.com/files/Mental_Health%20_Recovery.pdf).

## PERSONAL NARRATIVES

For a list of personal narratives written by people who have experienced psychiatry, see

[www.psychiatricurvivorarchives.com/books.html](http://www.psychiatricurvivorarchives.com/books.html) and [www.gailhornstein.com/works.htm](http://www.gailhornstein.com/works.htm).

Costa, L., Voronka, J., Landry, D., Reid, J., McFarlane, B., Reville, D., & Church, K. (2012). "Recovering our stories": A small act of resistance. *Studies in Social Justice*, 6(1), 85-101. Retrieved from <http://brock.scholarsportal.info/journals/index.php/SSJ/article/view/1070>.

**For a more comprehensive Mad Studies reading list, visit [www.hamiltonmadstudents.ca](http://www.hamiltonmadstudents.ca).**



# Patients of *This Insane Life* :

**moosegirl is crazy, queer,  
disabled, and autistic  
(not necessarily in that order).  
she likes junk food.**

Jyssika has been a Mac student for the past 5 years. During that time she has been diagnosed with depression, anxiety, and ADHD. After working for the McMaster Students Union (MSU) as the Coordinator of the Queer Students Community Centre for two years, she ran for MSU President to address equity issues on campus — specifically mental health-related equity issues in both the student union and the university.

Nadejda Zaharieva (Nadi): I was born Надежда (Nadejda), which means "hope", and I live my life by that principle. The spelling of "Nadi" came to me in 2010 when I discovered Kundalini yoga and the energy channels called nadis. I have a wide array of interests and activities, but my one true passion in life is self-discovery. My interests include science, computers, yoga, meditation, music, ideas, inspiration, health, and exploring both the inner and outer universe. Besides finishing up my masters in neuroscience, I am a DJ and part of several event-planning teams, have my yoga teacher certification, and advocate for important issues such as mental health. My principle life mission is to cultivate self-awareness, understand the mind, and help myself and others break free from its shackles.

*Mara Murova is a 20-something mad person who graduated from McMaster University in 2013 with a degree in Psychology, Neuroscience, and Behavior. She is currently pursuing a professional degree in the health sciences. Mara spends much of her time ruminating on lived experiences of depression and anxiety (much to the chagrin of her psychiatrists) and contrasting them with what she's taught in school. When she's not mad-ing around, Mara can be found dancing (currently mastering chair-twerking).*

**Louise Lobbezoo: I seek to encapsulate life — life that is not always easy, full of energy or high accomplishments. In fact, it is often very difficult, with psychological, spiritual and physical pain. Sometimes our future plans do not see fruition. Often we struggle and lose hope. But you are not alone, and the deepest sorrow, and longest night, can lead to greatest happiness.**

Michelle Meyers is a writer and artist who lives inside her own head.

Lamotrigine Queen – Meagan Walker  
24, born and raised in Hamilton  
Social work and religious studies student  
Bipolar Type 2, severe anxiety  
Prefers animals over people  
Queer

Rex Emerson Jackson:

While Rex is just your average guy,  
His Tony Award must be high.  
When he takes the stage,  
Competitors rage.  
And limericks? Oh, well I try!

Limerick writing is good therapy.

Check out *A Pretty Good Year*,  
his book of bipolar poetry, at  
[www.lulu.com/spotlight/rexemersonjackson](http://www.lulu.com/spotlight/rexemersonjackson). *The Wild Youth*, his book of poetry on gender identity is also available through Lulu.com.

Therin K.: I write for two purposes: to bring my mental health into society, and to bring society's mental health into myself. North American culture has medicalized mental health to the point where we are to believe it is a personal, individual issue. I write to blur the line between the personal and the political, the public and the private, the individual and the social. Join me in blurring lines at [therinjwright.com](http://therinjwright.com).

**Noncompliant patients:** @toe\_bee, Alise, Andrew, Anonymous, Anonymous, Anonymous, Beverly Horton, Blaze, Ciara Ross, J. Doe, Jack Page, Kristina Durka, Olivia Watkin-McClurg, Patrick Rose, Rich, Ryan Crawford, Stacey Skalko, Tessa K. Cannelkoy

I have made careful inquiry into all the facts necessary for me to form my opinion as to the nature and quality of the person's mental disorder. I hereby make application for a psychiatric assessment of the person named above

Today's date September 30, 2014

Today's time 1:30pm

Examining physician's signature

*Dr. Student Wellness Centre*

(signature of physician)

This form authorizes, for a period of 7 days including the date of signature, the apprehension of the person named and his or her detention in a psychiatric facility for a maximum of 72 hours.

If you are experiencing crisis or distress, consider connecting with your supports and reviewing your crisis plan, if you have one (make your own at [www.mentalhealthrecovery.com/recovery-resources/crisis-planning.php](http://www.mentalhealthrecovery.com/recovery-resources/crisis-planning.php)). You can also contact one of the helplines listed below. If you call a number below and the support they provide is inadequate or unhelpful, consider calling another number. **WARNING: If you disclose suicidal thoughts/plans, the protocol of some of these organizations may involve contacting police or paramedics to assess you and possibly take you to the hospital. If you are somewhere other than Hamilton, and would like support finding resources local to you, contact one of these organizations or email [hamilton.mad.students@gmail.com](mailto:hamilton.mad.students@gmail.com).** Some of these helplines may have staff who speak French/other languages.

#### **Consumer/Survivor Support Lines**

##### **Mental Health Rights Coalition**

905-545-2525

Drop-in and telephone peer support by/for consumer/survivors of the mental health system. Open Monday to Friday from 11am-4pm at 20 Emerald Street South in downtown Hamilton. [www.mentalhealthrights.ca](http://www.mentalhealthrights.ca)

##### **Mood Disorders Association of Ontario Support Line**

1-888-486-8236

Non-crisis telephone peer support and resource information by/for consumer/survivors. Operates weekdays from 9:30am-5pm.

##### **Krasman Centre Warm Line**

1-888-777-0979

24/7 crisis and warm-line telephone peer support by/for consumer/survivors.

##### **Northern Initiative for Social Action Warm Line**

1-866-856-9276

Non-crisis telephone peer support by/for consumer/survivors. Operates daily from 6pm-midnight.

##### **Psychiatric Survivors Network of Elgin Warm Line**

1-888-631-1919

Non-crisis telephone peer support by/for consumer/survivors. Operates daily from 6pm-midnight.

##### **Progress Place Warm Line**

416-960-WARM

Non-crisis telephone peer support by/for consumer/survivors. Operates daily from 8pm-midnight.

#### **Crisis/Distress Lines**

##### **Assaulted Women's Helpline**

1-866-863-0511 / TTY 1-866-863-7868

24/7 telephone helpline for women in Ontario who have experienced abuse.

##### **Barrett Centre**

905-529-7878

24/7 telephone crisis line, in-person crisis appointments, self-harm groups, short-stay residence.

##### **Crisis Outreach And Support Team (COAST) Hamilton**

905-972-8338

24/7 telephone crisis line and in-person community visits. Partnership between mental health workers and police officers.

##### **Fem'aide**

1-877-336-2433

Offre aux femmes d'expression française aux prises avec la violence sexiste, du soutien, des renseignements et de l'aiguillage vers les services appropriés dans leur collectivité 24 heures par jour, sept jours par semaine.

##### **Good2Talk**

1-866-925-5454

24/7 telephone helpline for post-secondary students in Ontario staffed by healthcare professionals.

##### **Kids Help Phone**

1-800-668-6868

24/7 telephone helpline for Canadian children and youth ages 20 and under staffed by healthcare professionals.

##### **McMaster Peer Support Line**

905-525-9140 x28888

Non-crisis telephone supportive listening helpline for McMaster students. Operates 7 days a week during the school year from 7pm-1am.

##### **Salvation Army Crisis Line (24/7)**

905-522-1477

##### **Sexual Assault Centre Hamilton and Area (SACHA)**

905-525-4162 / TTY 905-525-4592

24/7 helpline for anyone who has experienced sexual violence and people supporting survivors.

#### **Online Support**

##### **CrazyBoards**

[www.crazyboards.org](http://www.crazyboards.org)

##### **CrisisCentreChat.ca**

[www.crisiscentreachat.ca](http://www.crisiscentreachat.ca)

Free, confidential online chat service for Canadian adults ages 25+. Operates from 3pm-4am Ontario time.

##### **Hamilton Mad Students Collective**

[www.hamiltonmadstudents.ca](http://www.hamiltonmadstudents.ca)

##### **Icarus Project Message Board**

[www.theicarusproject.net](http://www.theicarusproject.net)

##### **Mad Students Society**

[www.madstudentsociety.com](http://www.madstudentsociety.com)

##### **Users and Survivors in Academia**

[www.lernetwork.org/us-in-academia.html](http://www.lernetwork.org/us-in-academia.html)

*Mad Pride Hamilton™*

# Mad Pride®

Insaniam Superbia

## Tablets

448mg



Madness

Theory

Poetry

Satire

Fun

DIN 01128813

