

# **Accessibility**

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**Making legal services  
accessible for clients living  
with physical and/or  
mental disabilities**



**LEGAL AID ONTARIO**  

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**AIDE JURIDIQUE ONTARIO**

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***Community and Legal Aid Services  
Programme (C.L.A.S.P.)***

Prepared by CLASP for the Accessibility Committee of  
Legal Aid Ontario © 2007

Note: Use of appropriate and non-discriminatory language in the disability context is a difficult but important objective. The authors have used common terms from legislative and policy regimes but recognize that language is rapidly evolving.

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# 1. Introduction

This manual was written by law students at CLASP for the benefit of legal aid personnel and other clinic staff. Its aim is to achieve two goals. The first goal is to briefly provide readers with an awareness of mental and physical disabilities. This is achieved by presenting skills and ideas on how to accommodate clients living with disabilities, in order to better provide services. The second goal is to function as a reference guide. At the back of this manual (**Appendix A**), there is contact information for disability-focused Ontario organizations that can provide more information for interested staff on specific disabilities, or referrals for non-legal issues.

This manual is meant to be a guide to increase accessibility by improving services for persons with different needs. It does not propose to be exhaustive. This manual does **not** provide substantive legal information on disability related issues. For more information on legal issues surrounding solicitor-client relationships with clients who live with a mental health disability, please refer to the *ARCH Disability Law Primer*, available in pdf form at <http://www.archdisabilitylaw.ca/publications/disorders/>. For legal referrals visit **Tab A.11** at the back of the manual.

It is essential to recognize the need for such a manual. According to the Canadian Mental Health Association, 1 in 3 Canadians suffers from mental disability at some point in their life. According to Statistics Canada, another 12.5% of the population lives with a physical disability. The percentages may well be higher if we look at those who are involved in legal disputes and seeking the assistance of legal aid. Meeting the needs of all clients is a fundamental goal in service provision and ensuring maximum accessibility is the underlying foundation to human rights and disability legislation.

## 2. The Experiences and Perspectives People with Mental Health Disabilities May Bring to the Table

There are two sides to each conversation. During phone calls and meetings, while area office and clinic personnel may have difficulty communicating, the client may also be frustrated and confused while trying to make their story understood.

This section highlights some of the behaviours that clients living with mental health disabilities may be exhibiting that may or may not relate to their disability. Dealing with legal matters and trying to access legal aid can be stressful for anyone; thus, any client regardless of their medical history may exhibit some of these behaviours. Strategies to increase positive interactions with clients will be raised in subsequent sections.

Someone who is...	Symptoms
<b>Withdrawn</b> <i>(note that the person might not intend to become withdrawn: rather, it might be a way of coping with difficult situations.)</i>	<ul style="list-style-type: none"><li>• Slow speech</li><li>• Long pauses in speech</li><li>• Monotone responses</li><li>• Appear to not be listening</li><li>• Unfocused eyes</li></ul>
<b>Anxious</b>	<ul style="list-style-type: none"><li>• Rapid breathing</li><li>• Perspiring</li><li>• Fidgeting / hand wringing</li><li>• Irritability</li><li>• Inability to concentrate</li></ul>

*continued...*

<p><b>Angry</b>  <i>(note that an angry response may be another coping mechanism)</i></p>	<ul style="list-style-type: none"> <li>• Loud voice</li> <li>• Aggressive hand movements when speaking</li> <li>• Explosive outbursts</li> <li>• Exaggerated reactions to irritants</li> <li>• Rapid and harsh judgements made to/about others</li> <li>• Tense muscles, clenched fist or jaw</li> <li>• Glaring/refusal to make eye contact</li> <li>• Refusing to pay attention or answer</li> </ul>
<p><b>Experiencing Delusions</b></p>	<ul style="list-style-type: none"> <li>• May express an idea about themselves that do not appear to be true</li> <li>• May believe they are being controlled by another</li> <li>• May believe that a hostile group is monitoring them</li> <li>• May express distrust</li> </ul>
<p><b>Experiencing Hallucinations</b></p>	<ul style="list-style-type: none"> <li>• They may see, taste, touch or smell something that you do not</li> <li>• May speak aloud or to themselves</li> <li>• Saying things that make no sense</li> <li>• May respond in a way that is inappropriate to the conversation</li> <li>• May have difficulty following conversation</li> </ul>

<b>In a Panicked State</b>	Severe Anxiety <ul style="list-style-type: none"> <li>• May feel paralyzed</li> <li>• Perspiration</li> <li>• Shortness of breath</li> <li>• Pounding heart</li> <li>• Feeling smothered or trapped</li> <li>• May feel impending doom</li> <li>• May feel exhausted after the panic has subsided</li> </ul>
<b>In a Manic State</b>	<ul style="list-style-type: none"> <li>• Rapid speech</li> <li>• Frequently change conversation topics</li> <li>• Be very animated and expressive</li> <li>• Difficulty sitting still</li> <li>• Become aggressive when challenged</li> </ul>
<b>In a Depressed State</b>	<ul style="list-style-type: none"> <li>• Feel unhappy</li> <li>• Slow or reduced speech</li> <li>• Monotone responses to questions</li> <li>• Physically fatigued</li> <li>• Crying for no reason</li> <li>• Poor concentration</li> <li>• Feelings of guilt or worthlessness</li> <li>• Insomnia or hypersomnia</li> <li>• Lack of activity</li> <li>• Less willing to participate in the meeting (are quiet)</li> <li>• May have poor hygiene</li> <li>• Difficulty making decisions</li> </ul>
<b>Mixing Up Their Thinking and Speaking</b>	<ul style="list-style-type: none"> <li>• Frequently change conversation topics</li> <li>• Have difficulty making sense</li> <li>• May say words that have a special meaning to them</li> <li>• May chant or rhyme</li> </ul>

<b>Physically violent/posing a safety threat</b>	Symptoms of “Anger” from above, plus: <ul style="list-style-type: none"><li>• Explosive outbursts leading to physical attack or destruction of property.</li><li>• Suicidal ideation, intent and plan</li><li>• Verbal threats to self or others</li><li>• Rage</li><li>• Flared nostrils</li></ul>
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This section does not provide an exhaustive overview of all behavior that may be experienced. For more information on specific mental health disabilities, refer to **Appendix A.8**. The next section discusses how personal perspectives may influence the accommodation of disabilities, and will highlight some interpersonal skills to aid communication between area office and clinic personnel and people living with mental health disabilities.



*According to the  
Canadian Mental Health Association,  
**1 in 3 people** experience some kind  
of mental health problem during  
their lifetime.*



## 3. Being Aware of Personal Bias and Interpersonal Skills

### 3.1 Self-awareness and Stereotypes

While it is important to be aware of the perspectives of the clients, it is crucial to be mindful of perspectives legal aid personnel and clinic staff have and how these perspectives impact communication

between staff and clients.

Individuals may have negative impressions of people with living with disabilities. Often, these impressions come from negative stereotypes perpetuated by the media and society in general. Staff may not be fully conscious of these stereotypes. It is, nonetheless, important to recognize that they exist.

**Assessing your own stereotypes involves asking some serious questions.**

**Consider the following:**

When you come across someone talking to themselves on the train, are you comfortable taking the seat directly next to them?

When you see someone with a visual impairment crossing an overcrowded street, what is the first thought that comes to your mind?

If you walked by a psychiatric facility with patients outside the front doors, would you feel just as secure as you would on another stretch of sidewalk?

The presence of stereotypes does not make someone unsuitable to communicate with clients with disabilities. Negative images of those with disabilities, are everywhere and are difficult, if not impossible, to escape. Instead, it is essential to be aware of how assumptions may affect communication with clients.

### ***3.2 Effective communication and listening skills***

#### **Words:**

- Choose words carefully
- Use “I” rather than “you” language – using “you” sounds accusatory
- If confused about how to describe a disability, ask the person what they feel comfortable with

*For more information on appropriate terminology, consult **Appendix (B) – ARCH publication on Appropriate Language and Terms Describing Disability.***

#### **Stance/Gestures:**

- Use an open, inoffensive stance (e.g.. hands in an open, relaxed position, not crossed)
- Be aware of your stature in relation to theirs
- Avoid gestures that create barriers (e.g. pointing a finger in someone’s face)

#### **Facial Expression:**

- Be aware that your facial expression can convey what you truly feel
- Better to “own” discomfort than pretend it does not exist

#### **Rate of Speech:**

- Speech that is too fast can be unclear, or make the other person feel rushed
- Speech that is too slow can come across as patronizing

**Tone of Voice:**

- A tone that is too aggressive can make the other person withdraw

**Environment:**

- A pleasant physical environment can make it easier for the person to disclose confidential information
- Consider: lighting, seating arrangements, space between yourself and the other person, clutter, and cleaning agents used in the room (for people with chemical sensitivities and allergies)

**Eye Contact:**

- Amount/type of eye contact people find appropriate sometimes is determined by culture
- In some cultures, not making eye contact is interpreted as shyness or slyness, while in others making too much direct eye contact is considered rude, aggressive, or even as sexual invitation.
- If a support person accompanies the client, make sure to also maintain eye contact with the client

A person may self-identify as having a disability but they may not. They may experience their difference as a positive. They may not feel disabled at all, but instead feel “disabled” by the systems in place that erect barriers.

Often, the legal system and legal processes are more disabling than any individual difference.

It is important to respect the client’s own identity and not impose generalizations.

## **4. Accommodating Different Needs**

All service providers have a duty to accommodate people living with disabilities up to the point of undue hardship. There are many accommodations that can enhance the dignity of the individual as well as his or her health and safety.

Most importantly, if the person identifies as having a particular disability, ask them if there are any accommodations they need. The client is in the best position to know how their disability affects them and what can be done to minimize any impact on the client interaction. Every client's needs are different.

This section aims to give some general considerations when serving clients in general and clients who live with a disability. Below are some specific strategies legal aid personnel can employ to better serve clients living with particular disabilities. Note that not everyone experiences their disability in the same way or to the same degree, such that these strategies may need to be tailored to the individual or may be inappropriate in some circumstances. Do your best to gauge the client and how they react to particular behaviours and speech.

### **4.1 General Considerations**

- listen to understand
- share rather than impose
- focus on the issue not the person
- remain patient and continually encourage the person
- ensure that what you say and your body language are sending the same message
- allow extra time for people to arrive, as well as breaks and additional time to consider options

### **4.2 Disability-Specific Strategies**

Each disability affects different people in different ways. The fol-

lowing is meant as a guideline only to provide some suggestions when encountering clients living with various disabilities.

### **4.2.1 Physical and Mobility Disabilities**

Physical disabilities can take many forms. Some physical disabilities restrict the person's mobility. Other physical disabilities may have a minor impact as long as contingencies are made for various height and reaching abilities.

Mobility disabilities may require the use of wheelchairs or other assistive devices such as crutches. To facilitate access:

- Remove architectural barriers (i.e. stairs, narrow doorways)
- Remove badly placed office furniture
- Secure power cords and wires to the floor
- Provide appropriate lighting
- Forgive tardiness - Wheel-Trans or other accessible modes of transportation run late
- Finish the meeting on time to ensure that clients can meet their ride
- Ensure items are within reach and tables and chairs are at a proper height

Refer to **Appendix A.2 and A.3** for specific information on arranging suitable transportation.

### **4.2.2 Hearing Disabilities**

*(See **Appendix A.4** for reference and referrals)*

#### **Strategies for in-person meetings:**

- Reserve an American Sign Language (ASL) interpreter:  
To book call the local Canadian Hearing Society office and ask to book an interpreter from the Ontario Interpreter Services (See

## Appendix X)

These reservations must be made well in advance of a meeting.

- Allow time for the interpreter to translate
- Implement and know how to use assistive listening devices:  
*Real Time Captioning* is where a machine transcribes what is said and projects captions onto a screen
- Never block your mouth from view when speaking
- Avoid speaking to someone when they are not facing you – get their attention first
- Face the light when speaking
- Stop speaking when asking the client to read something over
- Never yell
- Ask for their preferred method of communication before beginning

### **Strategies for out of office communication:**

- Implement and familiarize staff with the use of teletypewriter (TTY) telephones
- If no TTY phones are owned, use the Bell Relay Service, whereby an operator will relay messages between regular phones and TTY machines
- Speak to the operator as if you are speaking directly to the client
- Note that operators adhere to a strict standard of privacy  
Access numbers for this service are in Appendix A.4

### **Strategies for People who live with Deaf-Blind Disabilities:**

For people who live with deaf-blind disabilities, their language skills may be in the form of a tactile language and an intervener will be necessary. Also see several references under **Appendix A.5.**

- Identify yourself orally and gently touch a hand or arm when you approach



- Never touch them suddenly
- Maintain eye contact and speak directly to them

### **4.2.3 Vision Disabilities**

(See **Appendix A.5** for references and referrals)

#### **To facilitate access:**

- Remove badly placed furniture
- Be precise and clear when giving directions
- Look at the person when speaking to them
- Say goodbye before walking away
- When an individual is moving around the office, ask if assistance is needed and how you can help
- If asked for assistance, guide the person to a chair or wall
- Create accessible formats of written communications and forms
  - Computer disks and CDs
  - Braille
  - Transcription software is now available to convert documents into Braille.
  - Large print materials (size 14pt font or larger)
  - Audio tapes with large-print/Braille labels
- Scan written correspondence into a computer and e-mail it to individuals who are computer-savvy
- Provide water bowls for guide dogs
- Provide an area where guide dogs can relieve themselves

### **4.2.4 Communication Disabilities**

There are systems designed to augment or serve as an alternative to speech, including symbolic languages, sign language, finger spelling, or artificial voice outputs. Blissymbolics is an example of a graphic language where symbols represent words; however, to serve an individual who uses this type of language, an interpreter who is familiar with that individual will be neces-

sary. **See Appendix A.6** and **A.7** for more information on Blissymbolics and augmentative communication.

**To facilitate access:**

- Confirm an interpreter will be attending if the individual uses a symbolic language
- Ask the individual to repeat themselves if you have not understood
- Phrase questions for “yes” or “no” answers
- E-mail routine matters as an alternative to telephone calls
- Schedule longer meeting durations

**4.2.5 Allergen-Free Environments**

For people that have chemical sensitivities or severe forms of asthma and other breathing problems, allergen-free environments may be necessary to allow physical access to the office.

- Avoid wearing perfume
- Wear unscented or mild deodorant and anti-perspirants
- Use unscented hair products and body wash
- Use scent-free cleaning agents
- Wash hands before meeting with the client
- Frequently empty trash bins
- Install air purifiers or air filters in areas open to clients

**4.2.6 Mental Health Disability Strategies**

You will remember that an important issue in working with people living with mental health needs is what terminology they use to describe their disability. Some clients prefer to be described differently depending on the context. Some of the more common examples include “psychiatric patient”, a “client”, “consumer”, “consumer/survivor”, or a “survivor.” Using the client’s language can help them feel more comfortable and understood. Always keep an open mind when working with people with mental health needs, and treat that person the same as any other client.

It is important to also understand that many medications also have serious side effects that may interfere with an individual's daily living. If a person discloses that they live with a mental health difference, ask if they need any accommodation to deal with side effects or other concerns.

The following accommodations are a list of strategies to help communicate when someone is demonstrating some of the behaviours listed in Section 2:

**Environment:**

- Sit or stand to the side of the person to appear less confrontational
- Give the client lots of personal space
- If the client has difficulty focusing or seems to be displaying hallucinatory behaviour, sit in close proximity to grab their attention
- Ensure the environment is quiet to reduce distractions

**Language and Communication:**

- Try to use clear and concise concepts
- Avoid legal jargon and complex sentences
- Repeat important messages
- Verify that the individual understood you by asking them to relay their understanding
- Give one piece of information at a time
- Try to present the information in different formats or structures (e.g. written)

**Meeting Structure:**

- Create an agenda for the meeting
- Write minutes to summarize the meeting or create reminder lists for clients
- Conduct several shorter meetings when long meetings are intolerable

- Indicate meeting durations to clients if long meetings are anticipated
- Schedule meeting lengths such that clients are provided with ample time to consider the options
- Set small, achievable goals and reinforce positive steps toward the goal

### **Client-Staff Interaction:**

- Speak directly to the person
- Encourage the client to ask questions or discuss anything they believe is relevant
- If the client is not comfortable speaking, sit with the person in silence for short periods
- If the client has completely shut down, avoid direct questions as they increase anxiety
- Avoid joking and acting overly cheerful
- Remain calm at all times
- Reduce activities that increase a person's anxiety (e.g. note-taking)
- If the client appears to become upset, suggest they stop and take a deep breath
- If the client is exhibiting delusional behaviour, do not point out that they are wrong
- If they appear in crisis, ask how to help or if you can contact a support person

See **Appendix A.8** and **A.9** for societies and support services that work on behalf of people with mental health needs. For crisis centres and distress lines see **Appendix A.10**.

## **4.3 Suicide Prevention**

While suicide is a scary and taboo subject for most people to talk about, it is a reality. One important way of making suicide more accessible to discuss is to have a protocol to follow when the topic arises. The following danger signs and strategies on how to

prevent a suicide attempt presented here are courtesy the Canadian Mental Health Association, “understanding mental illness.” Also See “Suicide Prevention” listings for distress centre and crisis line numbers in **Appendix A.10**.

***Danger Signs:***

- Repeated expressions of hopelessness, helplessness, or desperation
- Behaviour that is out of character
- Signs of depression: insomnia, social withdrawal, loss of interest in usual activities and loss of appetite
- A sudden and unexpected change to a cheerful attitude
- Giving away prized possessions
- Making a will, taking out insurance or making other end-of-life preparations
- Making remarks related to death and dying, or expressing an intention to commit suicide

***Preventing a Suicide Attempt***

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**1) Listen attentively to the person without judgment**

- Find a safe environment to talk
- Allow as much time as necessary
- Talk about it: talking about suicide will not increase the likelihood that someone will act on suicidal feelings – raising the topic with someone who is not considering suicide will not prompt them to do it
- Ask the person about recent events
- Encourage the person to express their feelings

## **2) Ask the person directly if they are thinking of committing suicide**

- Ask them if they feel desperate enough to consider suicide
- If they say yes, ask them if they have a plan?  
“How and where do you intend to kill yourself?”
- Do not react by saying they should not be having those thoughts
- Admit your own concern and fear

## **3) Build bridges between the person and society**

- Ask if there is anything you can do
- Talk about resources that can be drawn on: family, friends, community agencies, crisis centres, to provide support, practical assistance or counseling
- Talk about any activities in particular that the person enjoys doing, or anyone who would miss the person if they died: family, friends, pets.
- Ask if anyone else knows about the suicidal feelings. Ask if there are other people that should know and if the person is willing to tell them.

## **4) Make a plan with the person for the next few hours or days**

- Make contacts with them on their behalf
- Let the person know when you can be available and then BE available at those times.
- Set up an alternate place for the person to call if they need to call outside of your available hours.
- Follow up with the person if that is the plan

## **5) Ensure policies are in place that minimize breaches of confidentiality and support clients.**

### **Conclusion**

It is crucial to help people living with disabilities by building accommodations into every step of the legal process, beginning

with frontline staff. For people who telephone Legal Aid Ontario prior to attending in-person meetings, a screen for disability accommodations could be created to help identify needs that will arise during these meetings. The following list from **Disability Rights Promotion International** could comprise some of the questions in this screen, obviously adapted to the area office and local clinics and what accommodations the office or clinic is actually able to provide.



## ACCOMMODATIONS CHECKLIST:

I will need the following accommodations for a meeting:

- interpreter
- note taker
- assistive listening device: please specify:

\_\_\_\_\_

- wheelchair access
- large print
- Braille
- audio cassette/recording
- disk: list format \_\_\_\_\_
- open captioning
- allergen free environment
- an assistant will be accompanying me:

yes                  no

I have discussed the following logistics with the client:

- accessibility of office in building (ramps, elevators, etc.)
- accessibility of transportation (Wheel-Trans, etc.)
- other needs specified by the client:

\_\_\_\_\_



## APPENDIX A REFERRALS & SERVICES

### A.1 General Accessibility Considerations

<b>Canadian Abilities Foundation - Access Guide Canada</b>	Listings by province on accessibility in Canada.	<a href="http://enablelink.org/agc/index.php">http://enablelink.org/agc/index.php</a>
<b>Accreditation Ontario</b>	A provincial not-for-profit organization committed to quality enhancement and dedicated to ensuring that people with disabilities have a full and abundant life. Assists organizations in measuring the quality of services and support provided to people with disabilities through the use of Personal Outcome Measures.	<a href="http://www.accreditationontario.com">www.accreditationontario.com</a>  Telephone: 705 356-2782

### A.2 Physical Disabilities (related to Section 4.2.1)

<b>Thalidomide Victims Association of Canada (TVAC)</b>	TVAC provides non-monetary programs and services, education, and advocacy for its members	<a href="http://www.thalidomide.ca">www.thalidomide.ca</a>  Telephone: 514 355-0811
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<b>The Spina Bifida and Hydrocephalus Association of Ontario</b>		www.sbhao.on.ca  Toronto & GTA: 416 214-1056 Toll Free: 1-800-387-1575
<b>Little People of America</b>	Provides support and information to people of short stature and their families. Includes links to medical information and dwarfism related sites	www.lpaonline.org

### **A.3 Mobility Disabilities** (related to Section 4.2.1)

<b>Wheel-Trans</b>	Wheel-Trans provides accessible transportation for the city of Toronto	To register for services call 416 393-4111 Once registered, trips can be booked by calling: 416 393-4222
<b>Go Transit</b>	Commuter transit to the GTA and surrounding suburbs and cities	Telephone: 416 869-3200 1-888-GET ON GO (438-6646) TTY: 1-800-387-3652
	Accessible Train Services	www.gotransit.com/ PUBLIC/accessible/ accessibletrain.htm

	Accessible Bus Services	<a href="http://www.gostransit.com/PUBLIC/accessible/accessiblebus.htm">www.gostransit.com/ PUBLIC/accessible/ accessiblebus.htm</a>
<b>Transportation Action Now</b>	A non-profit organization dedicated to promotion, education and advocacy of accessible transportation for seniors and people with disabilities.	Telephone: 416 425-3463

#### A.4 Hearing Disabilities

<b>Bell Relay Services</b>	A service where Bell Operators relay messages between regular telephones and persons using TTY telephones.	Telephone: National Access Number 1-800-855-0511 TTY: 711
<b>Canadian Hearing Society</b>	To book American Sign Language interpreters from the Ontario Interpreter Services, call and ask to speak to the OIS staff person for bookings. This usually requires 2-3 weeks notice.	Belleville (613) 966-8995 Chatham (519) 354-9347 Durham (905) 404-8490 or 1-800-213-3848 Hamilton (905) 522-0755 Kingston (613) 544-1927

		<p>London (519) 667-3325</p> <p>Ottawa (613) 521-0509</p> <p>Peel (905) 608-0271 or 1-866-603-7161</p> <p>Peterborough (705) 743-1573</p> <p>Sarnia (519) 337-8307</p> <p>Sault Ste. Marie (705) 946-4320</p> <p>Simcoe York (905) 715-7511</p> <p>Sudbury (705) 522-1020</p> <p>Thunder Bay (807) 623-1646</p> <p>Toronto (416) 928-2500</p> <p>Waterloo (519) 744-6811</p> <p>Windsor (519) 253-7241</p>
<b>Canadian Association of the Deaf</b>		<p><a href="http://www.cad.ca">www.cad.ca</a></p> <p>Telephone: 416 449-9651</p> <p>TTY: 416 449-2728</p>
<b>Bob Rumball Foundation for the Deaf</b>	Provides services to assist those who are deaf or who have hearing impairments with integration into society.	<p><a href="http://www.bobrumball.org">www.bobrumball.org</a></p> <p>Telephone: 416 449-9651</p> <p>TTY: 416 449-2728</p>

<b>Ontario Association of the Deaf</b>		<a href="http://www.deafontario.ca">www.deafontario.ca</a> OAD TTY: (416) 513-1893 DOP TTY: (416) 413-1093 TTY Toll Free: 1-888-820-0029
<b>Canadian Hard of Hearing Association (CHHA)</b>	Consumer-based organization that works with service providers and provides information about hard of hearing issues and solutions.	<a href="http://www.chha.ca/">www.chha.ca/</a> Telephone: (613) 526-1584 TTY: (613) 526-2692 Toll-free: 1-800-263-8068

## A.5 Vision Disabilities

<p><b>Braille/ Alternative Format Transcription Services</b></p>	<p>The Canadian National Institute for the Blind (CNIB) Library is the sole certifying body in Canada for braille transcription. The CNIB Library's National Transcription Service transcribes any print document into braille, audio, e-text or large print format. Graphs, flow charts, maps, floor plans, and many other illustration needs can be produced as raised, three-dimensional tactile images.</p>	<p>1929 Bayview Ave. Toronto, Ontario M4G 3E8</p> <p>Telephone: (416) 486-2500</p> <p>Fax: (416) 480-7717</p> <p>TTY: (416) 480-8645</p> <p>Email: ontario@cnib.ca</p>
<p><b>BALANCE— services for the blind and visually impaired</b></p>	<p>Provides services to assist those who are blind or visually impaired integrate into society.</p>	<p><a href="http://www.balancetoronto.org">www.balancetoronto.org</a></p> <p>Telephone: (416) 236-1796</p>
<p><b>Canadian Council for the Blind</b></p>		<p><a href="http://www.ccbnational.net">www.ccbnational.net</a></p> <p>Telephone: (613) 567-0311</p> <p>Toll-free: 877 304-0968</p>

<p><b>VoicePrint Canada: Canada's broadcast reading service</b></p>	<p>Not-for-profit charity established to enhance access to printed news and information to vision and print-restricted Canadians.</p>	<p><a href="http://www.voiceprintcanada.com/">www.voiceprintcanada.com/</a>  Telephone: (416) 422-4222  Toll-free: 1-800-567-6755</p>
<p><b>Deafblind Services</b></p>	<p>The CNIB provides professional intervention teaching and counselling to people who are deaf and blind. Information is available about teaching and written instructions for alternate methods of communication such as palm printing and two hand manual.</p>	<p>Telephone: 416 413-9480</p>
<p><b>Canadian Guide Dogs for The Blind</b></p>	<p>If a client uses a guide dog, be aware of the following:</p> <ul style="list-style-type: none"> <li>- Do not distract the dog</li> <li>- Always ask the user for permission before touching or distracting the dog</li> </ul>	<p><a href="http://www.guidedogs.ca">www.guidedogs.ca</a>  Canadian Guide Dogs for the Blind  National Office and Training Centre</p> <p>Telephone: (613) 692-7777</p> <p>Fax: (613) 692-0650</p>

## A.6 Intellectual and Learning Disabilities

<b>Blissymbolics Communication International</b>	For more information regarding Blissymbolics, contact the Canadian branch.	Email: <a href="mailto:info@blissymbolics.org">info@blissymbolics.org</a> Telephone: (705) 762-0028 Fax: (705) 762-2878
<b>Learning Disabilities Association of Ontario</b>		<a href="http://www.ldao.ca/">www.ldao.ca/</a> Telephone: (416) 929-4311
<b>Learning Disabilities Association of Canada (LDAC)</b>		<a href="http://www.ldactaac.ca/">www.ldactaac.ca/</a> Telephone: (613) 238-5721

## A.7 Communication Disabilities

<b>Augmentative Communication Community Partnership - Canada</b>	Provides information, education and research to service providers (including legal services) regarding augmentative and alternative communication (AAC) (used by those who have severe speech impairments).	<a href="http://www.accpc.ca">www.accpc.ca</a> Telephone: (416) 444-9532
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## A.8 Mental Health Disabilities

<p><b>Canadian Mental Health Association</b></p>	<p>On the CMHA website, a brief introduction to the various types of mental disorders has been posted under the heading "Understanding Mental Health"</p>	<p><a href="http://www.cmha.ca/">www.cmha.ca/</a> Telephone: (416) 484-7750</p>
<p><b>National Network for Mental Health</b></p>		<p><a href="http://www.nnmh.ca">www.nnmh.ca</a> Telephone: 905 682-2423 Toll-Free: 888 406-4663</p>
<p><b>Tourette Syndrome Foundation of Canada</b></p>		<p><a href="http://www.tourette.ca">www.tourette.ca</a> Telephone: 1 800 361-3120 or 416 861-8398</p>
<p><b>Schizophrenia Society of Canada</b></p>	<p>The Society's mission is to alleviate the suffering caused by schizophrenia by raising awareness and educating the public, supporting families and individuals, advocating for legislative change and supporting research.</p>	<p><a href="http://www.schizophrenia.ca/english/index.php">www.schizophrenia.ca/english/index.php</a>  Telephone: 905 415-2007  <a href="mailto:info@schizophrenia.ca">info@schizophrenia.ca</a>  Support Line: 1-888-SCC-HOPE</p>

<b>Association for the Neurologically Disabled of Canada</b>		<a href="http://www.and.ca/">http://www.and.ca/</a> Telephone: (416) 244-1992 Toll Free: 1-800-561-1497 Fax: (416) 244-4099
<b>Mood Disorders Society of Canada</b>	A volunteer organization committed to improving quality of life for people affected by depression, bipolar disorder, anxiety disorder and other related disorders.	<a href="http://www.mooddisorderscanada.ca/">www.mooddisorderscanada.ca/</a>  Telephone: (519) 824-5565

## A.9 Support Services for People with Mental Health Difference

<p><b>Community Resource Connections of Toronto</b></p>	<p>Community Support Services assists adults who have difficulty in day-to-day living as a result of severe and persistent mental health issues. Also offers other programs for people experiencing their first episode of psychosis, families, and homeless women living with severe mental health issues. Their online guide of “Making Choices” contains many links to various services offering support for people living with mental health needs.</p>	<p>www.crct.org</p> <p>Telephone: (416) 482-4103</p>
<p><b>Toronto East Counseling and Support Service</b></p>	<p>A non-profit, community based mental health organization for adults living with mental health needs. They offer a range of services from individual support and counseling to group activities.</p>	<p>955 Queen St. E. 3rd Floor Toronto, Ontario, M4M 3P3</p> <p>Telephone: 416 462-0461</p>

<b>Sound Times Support Services of Toronto</b>	A member-driven consumer/ survivor initiative that provides support, education and recreation for people who use or have used the mental health system.	280 Parliament St. Toronto, ON M4A 3A4  Telephone: 416 979-1700
<b>ACCESS from Centre for Addiction and Mental Health</b>	An outpatient service designed to serve people with serious mental illness who have a diagnosis of schizophrenia or schizoaffective disorder. Provides counseling and support to the client.	www.camh.net  Telephone: (416) 535-8501
<b>Women's Mental Health Clinic (Toronto General Hospital)</b>	Short term counseling for individuals and groups on problems specific to adult women.	Telephone: (416) 340-3048
<b>Mood Disorders Association of Ontario</b>	MDAO provides information and support in understanding and coping with a mood disorder.	www.mooddiseases.on.ca  Telephone: (416) 486-8046
<b>Mental Health Services Information Ontario</b>	A free and confidential information line for Ontario's province-wide registry of mental health services, which provides information about mental health services and supports in your community and across Ontario.	www.mhsio.on.ca  Telephone: 1-866-531-2600

## **A.10 Suicide and Crisis Supports**

### Organizations to Call for Suicide Prevention/Crisis

#### **Bancroft**

Telecare Bancroft (613) 332-2000

#### **Barrie**

Telecare Barrie (705) 726-7922

#### **Belleville**

Crisis Intervention Centre (613) 969-5511  
x2753  
1-888-757-7766

#### **Brampton**

Telecare Brampton (905) 459-7777

#### **Brockville**

Lanark, Leeds & Grenville  
Distress Centre 1-800-465-4442

#### **Burlington**

Burlington Telecare (905) 681-1488  
1-888-811-2222

#### **Caledon**

Mobile Crisis of Peel (905) 278-9036

#### **Cambridge**

Telecare Cambridge (519) 658-6805

#### **Coburg**

Northumberland Distress Line (905) 372-5919

#### **Dryden**

Crisis Response Services 1-866-888-8988

#### **Georgetown**

North Halton Distress Centre (905) 877-1211

#### **Guelph**

Distress Centre Wellington/  
Dufferin (519) 821-3760

#### **Hamilton**

Suicide Crisis Line (905) 521-1660  
Distress Centre Hamilton (905) 525-8611

**Kingston**

Telephone Aid Line Kingston	(613) 544-1771
Frontenac Community Mental Health Services	(613) 544-4229

**Kitchener**

CMHA Help Distress Line	(519) 745-1166
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**Lindsay**

Life Line Telecare Lindsay	(705) 878-4411
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**London**

London Mental Health Crisis Service	(519) 433-2023
London & District Distress Centre	(519) 667-6711

**Mississauga**

Distress Centre Peel	(905) 849-4541
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**Oakville**

Oakville Distress Centre	(905) 849-4541
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**Orillia**

Orillia Telecare	(705) 325-9534
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**Oshawa**

Distress Centre Durham	(905) 433-1121
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**Ottawa**

Tel-Aide Outauais	(613) 741-6433
Ottawa Distress Centre	(613) 238-3311

**Oxford County**

CMHA Oxford Crisis Line	1-877-339-8342
	(519) 539-8342

**Perth**

Lanark County Distress & Info Line	(613) 235-2034
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**Peterborough**

Telecare Peterborough	(705) 745-2273
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**Saint Catharines**

Distress Centre of Niagara	(905) 688-3711
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**Sarnia**

Family Counseling Centre	(519) 336-0120
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**Stratford**

Telecare Stratford District (519) 273-0111

**Sudbury**

Crisis Intervention Program (705) 675-4760

**Thunder Bay**

Thunder Bay Crisis Response Service (807) 346-8282

**Toronto**

Distress Centres Ontario (416) 537-7373

Gerstein Crisis Centre (416) 929-5200

Scarborough Distress Centre (416) 408-4357

Tel-Aide Jewish Distress Line (416) 636-9610  
(North York)

Toronto Distress Centre (416) 408-4357

Survivor Support Programme (416) 595-1716

Scarborough Hospital Mobile Crisis Program (416) 289-2434

Community Mental Health (416) 498-0043

Crisis Response Programme

Telecare Etobicoke (416) 247-5426

**Windsor**

Distress Centre of Windsor/Essex (416) 256-5000

Community Crisis Centre of (416) 973-4435

Windsor-Essex County

**York Region**

Community Crisis Response Service 310-COPE

## A.11 Legal Services

<b>Advocacy Centre for the Elderly</b>		Telephone: 416 598-2656
<b>ARCH Disability Law Centre</b>	ARCH is also able to communicate by e-mail if needed for accomodation. If you need to communi- cate by e-mail, please mention this in your e-mail. There is a time delay in retrieving e-mails, so expect a delay of about 5 days in receiving an answer. If the mat- ter is urgent, use the telephone numbers.	Telephone: 416 482-8255 866 482-ARCH (2724) TTY: 416 482-1254 866 482-ARCT (2728) archlib@lao.on.ca
<b>Community and Legal Aid Services Pro- gramme (CLASP) Osgoode Hall Law School</b>		Telephone: 416 736-5029
<b>Legal Aid Ontario</b>	info@lao.on.ca (e-mail) If possible, use the website to find your local legal aid office/clinic: www.legalaid.on.ca/	TYT: 416 598-8867