

SHARE & CARE

THE RECOVERY OF HOPE ~ THE HOPE OF RECOVERY

2006 Low-Beer Memorial Lecture

THERE'S A REVOLUTION COMING IN MENTAL ILLNESS.

LOW-BEER HAS THE LOWDOWN

Everybody's talking about recovery. And the more people talk, the more definitions and opinions (often conflicting) there are. The fads come and go.

That's what makes Larry Davidson so fascinating. His pioneering opinions on recovery have staying power. An associate professor of psychiatry at Yale and director of that university's Program for Recovery and Community

Health, Davidson's untraditional and intriguing outlook on recovery has broken the mold and is steadily working its way into mainstream psychiatry.

You can read what he has to say. He's the author of *Living Outside Mental*

Illness: Qualitative Studies of Recovery In Schizophrenia and co-editor of *Recovery from Severe Mental Illness: Research Evidence and Implications for Practice*. Better still, hear him in person this month.

Don't miss Davidson's presentation at the 2006 Low-Beer Memorial Lecture: **Re-inventing Mental Illness: the revolution that promises to change everything. September 28, 7:00pm** at the **Oscar Peterson Concert Hall, 7141 Sherbrooke St. W.**

The John Hans Low-Beer Memorial Lecture is co-sponsored by AMI and Concordia University's Department of Psychology. Free admission, English presentation. □



Davidson to address conference for mental health professionals

Larry Davidson will be the keynote speaker at a one-day conference, **Recovery and Clinical Practice**, to be held at the **Omni Mont-Royal Hotel, September 28, 8:15am-3:00pm**.

The conference will examine three aspects of the concept of recovery: exploring the notion of recovery; identifying myths, attitudes and behavior that hinder recovery; developing the necessary skills to integrate recovery into daily practices.

For information and to register, visit www.aqrp-sm.ca. □

GETTING CONNECTED

Our new tele-workshop project brings mental illness help to anyone with a phone

Imagine living in a remote community where there's no one to ask about your son's bizarre behavior. Or being housebound and worried about your deepening feelings of hopelessness. Or needing English-language health services if they're few and far between in your area.

If you have a phone, you're in luck. Thanks to teleconferencing technology, you can become part of a workshop across the miles: you, others in your situation and a healthcare professional all exchanging information, questions, experiences and ideas.

That's the concept behind Care-ring Voice Network, a program developed by the Foundation for Vital Aging and CLSC René-Cassin. The prototype model, which came from England, put the emphasis on social friendship groups. Here the program is more information-driven. Despite its name, project manager Mark Stolow explains that the Foundation is not there just for the elderly. "Our mission is to provide continuity of support, information and help for older adults, families and caregivers of all ages caring for people of all ages."

The Foundation works with partners in the community (non-profit organizations such as the Alzheimer's Society of Montreal, Jewish Family Services, Quebec divisions of the MS Society of Canada and the Muscular

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ONE MAJOR WORRY OFF YOUR MIND

With a special-care trust from JCF there's lifelong security for your child

The present is hard enough for parents coping with the problems of a mentally ill child, but the future can be even more troubling: what will happen after you're gone?

The Jewish Community Foundation of Montreal offers an approach to parental peace of mind that's practical, comprehensive and easy to set up.

Step one: you establish in your will a special-care trust with JCF to benefit your child. You draw up an agreement stipulating that the money will remain with JCF

for the specific purpose of caring for your child. In a separate agreement you spell out the details of your child's needs: the sort of care that will be required, how much of an allowance he or she should receive — in general, how you wish to have your money allocated.

Step two: JCF will arrange a meeting between you and a social service agency. It could be Jewish Family Services or another organization. The choice will depend on your preference and which one best suits your child's personal needs. It's JCF's role to look after the financial management of your fund and the money side of your child's well-being; it's the agency that will be responsible for the caregiving aspects. When everything is settled to your satisfaction, the agency will sign a contract with JCF outlining the services they'll provide and what their fee will be. In effect, it's a plan for your child's future.

How much money does all this take? "That's what everyone asks," says Marlene Gerson, JCF marketing director. "The figure we most often use is \$100,000 to set up the fund. That recommendation can vary,

though, depending on the parents' age and on the child's age when the fund is activated. We have the expertise to help parents figure out what their particular situation requires."

Essentially what's needed is enough money to establish a fund that will earn income. Both the capital and the income will be used for your child's benefit.

JCF has years of experience in setting up special-care trusts. The program began about a decade ago, albeit informally. At the beginning, it was simply a way to

help ease the concerns of seniors living alone without family to call on for support. When parents began asking for the same sort of protection for their children suffering from mental illness or other incapacity, it became clear that there was a widespread need and that the service deserved to be expanded.

"This program isn't part of any business plan," notes Gerson. "It's not at all a money-making venture for us. We do it because we know how important it is to families." JCF will stay out of the picture as long as you, a relative or a family friend can provide or oversee your child's care. But even when they do take over, they aren't paid for their involvement.

If you're interested, phone for an appointment. Gerson or a colleague will meet with you to answer your questions and get an understanding of what you're looking for. The consultation is free with no obligation on your part. And there's no pressure either. "We don't like to rush people when it comes to money," says Gerson. "Sometimes it takes years of discussion with us and a social agency before the

family's totally comfortable with the arrangements and that's fine." Once the agreements are signed, your file is kept on hand at JCF until the day when the plan needs to be put into action.

To reach the Jewish Community Foundation, call 514-345-2645, ext. 3364. □



Marlene Gerson: peace of mind without pressure

Depression Awareness Week

slated for October 1-7

Eight years and running strong! This is arguably the most successful mental illness awareness campaign ever undertaken in Montreal.

Depression Awareness Week began in 1999 as Depression Screening Day. Largely an AMI initiative, its aim was to alert the public to the symptoms of depression and provide screening facilities and referrals for those who felt they needed the help. In 2005 Screening Day expanded to become Awareness Week.

Partners in this year's Depression Awareness Week campaign include a cross-section of Montreal-area CEGEPs, universities, CLSCs and community organizations. A varied program of activities has been planned to continue the growth of public awareness and participation.

For more information, call the office, 514-486-1448. □

BETTER THAN EVER

Changes to our education and information programs give AMI members more choice, more variety, even more reasons to get involved

A little fine-tuning here, big new additions there. Our lineup of education and information activities for 2006-07 has been planned to better reflect the needs and interests of AMI members. Check it all out here and save the calendar insert in this *Share&Care* for future reference. A word to the wise: it's time right now to sign up for the activities you want.

EDUCATION PROGRAMS

Starting this fall, Mood & Thought Disorders sessions will run consecutively instead of concurrently. The 6-week sessions begin **this month**, then repeat in **November, next March and May**. This new format will make it easier for members to pick the date that best fits their schedule.

Just one OCD session will be offered this year. It's scheduled for **spring 2007**.

To assure your place in your choice of program, call the office and register now. Open to relatives, consumers and caregivers. At AMI, 7:00-9:00pm. Education programs are free for AMI members and those on limited incomes.

SPEAKER EVENINGS

There will be three speaker evenings rather than the traditional seven: **October 23, March 26 and May 14**. We're working to make these events super-interesting and relevant, well worth coming out for.

NEW! TELE-WORKSHOPS

A collaboration between AMI and the Foundation for Vital Aging, this pilot project will use telephone technology to bring education and information to families living in areas where access to mental health services and help, particularly for Anglophones, may be difficult. Tele-workshops will be conducted monthly, **September through next March**. (Read the full story on p.1.)

NEW! INTERACTIVE WORKSHOPS

Our missing speaker evenings have been transformed into three round-table sessions: **November 15, January 24 and February 27**. Each workshop will be themed and led by a knowledgeable professional. Instead of just listening, participants will be able to discuss, question and comment — a stimulating way to increase your knowledge and understanding. At AMI, 7:00pm. Space is limited, so call now for more information and to register.

November 15: Will & Estate Planning, led by Me Sylvain Carpentier, notary and financial planner. Only 20 percent of Canadians have a will in place. Only five percent have made provisions in their will for a relative with a disability. If that includes you, here's the help you need to do the right thing.



RECOVERY

This very successful workshop for consumers returns for another year. The two-hour sessions, led by professionals, run for six weeks starting **next March 7**. They focus on the choices consumers are free to make in quest of their goals, decisions that can help bring about increased self-confidence and better relationships with others. At AMI, 7:00pm. Registration necessary.

With sufficient demand, a separate workshop for families will be arranged.

SUPPORT GROUPS

An important extra no matter what other activity you attend, these year-round, open-agenda sessions can further your understanding and raise your comfort level. Led mostly by family members, they're warm, informal and no registration is required. Come and go as you please. (See Calendar, p. 6, for meeting locations.) □

TRIBUTES & MEMORIALS

In memory of Rose Merlin
Naomi Walfish
Colette and Alan Feldman
Arthur Blumer
Rhoda and Ian Sendel

Barbara, Harry, Stewart and Eric Lis
May Gruman
Hindy and Rory Olson
Elaine and Eric Davis and family
Sylvia Merovitz

Bernice Cohen
Anne Edelberg

In memory of Hannah Cohen
Rena and Eddy Cohen

AMI-Québec extends sympathy to the bereaved and appreciation to all donors for their generosity. For information, please phone 514-486-1448.

THE PHOTOGRAPHER AND THE ARTISTS

HOW A BOOK OF PORTRAITS BECAME ONE FOR THE BOOKS

Les Impatients is an art therapy centre where more than 200 people coping with psychiatric disabilities spend time regularly to communicate their hopes, despair and yearning through a variety of artistic mediums.

In 2004, well-known Montreal photographer Gabor Szilasi undertook to photograph the artists for a book *Les Impatients* would produce. He set up a temporary studio in the centre's exhibition area and worked there three or four times a week for a year. From the beginning it was anything but a routine photo shoot.

"I had an idea that I could use the opportunity to demystify portrait photography and mental illness at the same time," says Szilasi. "I also thought I could encourage the models to become actively involved in taking pictures. I would photograph a group one by one and then have them photograph each other. I looked after the technical part, like lighting and focus, then left them on their own. The artistic content was their choice. When they were ready, all they had to do was squeeze the ball on the cable release."

It wasn't long before Szilasi had the artists taking self-portraits. And things just snowballed from there. He gave each participant a 5x7 print and asked them all to sketch their impressions based on their photographs. Seeing the photos inspired some of the artists to write brief poems or notes about themselves and their lives.

The experience was rewarding



Rewards all around, especially for Szilasi

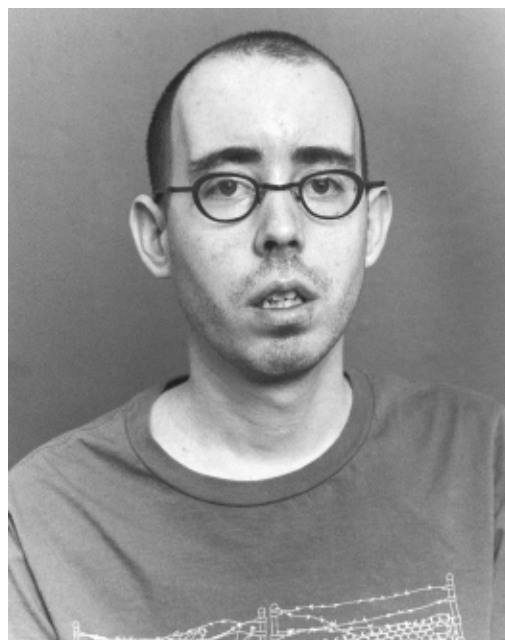
for everyone. The artists were delighted with the sight of themselves in black and white, and told Szilasi that being involved in the project gave them a great boost in



François Ducas

FRANÇOIS DUCAS

I love artists. Especially women. I am a music lover, a collector. Even with an intellectual handicap, you have to do your best. Be courageous.



I want you
To love me
Even
If you
Do not want
To

FÉLIX

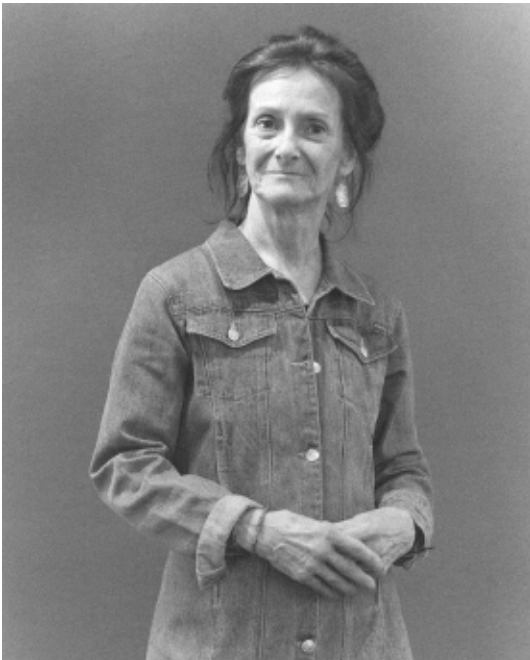
Félix Lavigne

self-confidence. So proud and confident were they, they even agreed to have their names printed — in full. The photographer, who worked *pro bono*, found his

reward in getting to know the artists, seeing their excitement grow and discovering the riches of a previously unexplored world. He also learned, he says, more than a few truths about himself.

The book is called *I Am*. Beautifully designed and printed

in duotone for a silky richness, it contains 36 of the hundreds of portraits taken, the artists' corresponding illustrations and their written remarks. The English version is available at Chapters and Indigo, the French, at Renaud Bray. At \$35 it's a book to treasure and an inspired gift. □



Louise Lafaille



PLACES TO GO, THINGS TO DO

MINI-PSYCH SCHOOL AT THE DOUGLAS

If you're keen to expand your understanding of mental health, this is for you: a six-week lecture series, **October 18 to November 22**, presented at the Douglas Hospital. No homework, no exams, just a whole lot of learning.

The curriculum examines child and adolescent psychiatry, geriatric psychiatry, Alzheimer's, depression, medications, psychiatry from a historical perspective and more. Taught by Douglas clinicians and researchers, the course is designed for the general public. In other words, you won't need a medical or scientific background to get the message.

Cost for the six sessions: \$50 for adults, \$30 for students and seniors. The evenings start at 7:00pm and include a question and answer period, handouts and refreshments. You'll be on your way home at 9:00 a lot wiser for the experience. Presentations will be in English.

For more information, call **514-761-6131, ext. 2717**. Space is limited, so plan to enroll promptly. □

FAMILIES WELCOME AT A ONE-DAY CONFERENCE ON BPD

Also being held at the Douglas Hospital, a day devoted to increasing awareness of what's being done about a very complex illness. **Borderline Personality Disorder: Professionals, Families and Communities Working Together** will be held **December 1, 8:30am-4pm**.

It's a chance to hear internationally recognized experts discuss clinical successes and long-term research results. Also on the agenda are personal stories recounted by individuals and families coping with BPD and ample time set aside for questions and answers. Lunch is included. Special conference cost for consumers and family members: \$50.

With limited space, registration is recommended. For further conference details and to register, call AMI at 514-486-1448 or visit <http://www.borderlinepersonalitydisorder.com/index.html>. □

AUTUMN 2006

GUEST SPEAKER EVENINGS

Mondays 7:30pm 4333 Côte Ste-Catherine Road

September 28: Low-Beer Memorial Lecture. *Re-inventing Mental Illness: The revolution that promises to change everything.* Oscar Peterson Concert Hall, Loyola Campus, Concordia University. 7141 Sherbrooke St. West, 7:00pm (See page 1)

October 23: William J. MacPhee, founder & publisher of *Schizophrenia Digest*. *Living with Mental Illness*

December 10: holiday party

SUPPORT GROUPS

Mondays 7:30pm 4333 Côte Ste-Catherine Road unless otherwise indicated

FAMILY for relatives

September 11, 18, 25; October 16, 30; November 6, 13, 20; December 4, 11, 18

SOUTH SHORE for relatives

Wednesdays 6:30pm
2499 rue St-Georges, room 200, Le Moynes
September 13, 27; October 11, 25; November 8, 22; December 6, 20

DEPRESSION for consumers and relatives

September 25; October 30; November 20; December 18

DEPRESSION/BIPOLAR DISORDER for consumers and relatives

September 11; October 16; November 6; December 4

OBSESSIVE COMPULSIVE DISORDER for consumers and relatives

September 25; October 30; November 20; December 18

SIBLINGS AND ADULT CHILDREN

September 18; October 30; November 13; December 11

PAC Parents of Adult Children

At AMI, 5253 Decarie, suite 200
September 12; October 19; November 21; December 19

KALEIDOSCOPE for consumers

September 18; October 16; November 13; December 11

LIFELINE for consumers

Alternative Centregens, 5770 Auteil, Brossard
Thursdays 1:00pm
For more information call 450-445-5427

BOARD MEETINGS

Tuesdays 7:00pm at AMI
September 5; October 10; November 7; December 5

Summertime and the living is miserable

A LOOK AT A SCARCELY RECOGNIZED DISORDER CALLED SUMMER SAD

Believe it or not, some people hate summer. When you're feeling depressed and lethargic, when you're sleeping poorly, have less energy and appetite — what's not to hate?

For most of us, the return of summer brings with it a boost in mood and an increase in energy. But a small percentage of people experience what's known as summer seasonal affective disorder (summer SAD), also called reverse seasonal affective disorder.

Summer SAD is characterized by episodes of depression that regularly recur during the spring or summer months and disappear completely during winter. Individuals who suffer from it experience some or all of the symptoms of a major depressive episode, including feelings of sadness, an inability to become interested or derive pleasure from once-enjoyed activities, a reduction in sleep and appetite, concentration difficulties, feelings of lethargy and decreased energy and motivation. Irritability, anxiety, an inability to carry out a normal routine, social difficulties and loss of sexual libido may also occur.

Interestingly, summer SAD's decrease in appetite, weight loss and inability to sleep are in marked contrast to the symptoms of winter SAD, the better-known disorder that people experience during the shortest, darkest days of the year. Winter SAD is typically associated with increased appetite, weight gain and excessive sleeping.

Because it is so uncommon, little is known about summer SAD. It's estimated that less than one percent of the population suffers from it, apparently more frequently female than male. Summer SAD typically begins in a person's early 30s, but can appear as early as childhood.

Its causes are unknown, although current thinking blames increased sensitivity to either large amounts of heat or light. The disorder is more common in hotter climates. In one study, individuals with summer SAD were found to have higher body temperature at night, a time when those without the disorder typically experience a temperature decrease. In testing based on the knowledge that antidepressants lower body temperature, individuals with summer SAD were cooled using reverse thermal blankets. Their depressive symptoms came back when they returned to the summer heat. Definitive conclusions have yet to be reached regarding those heat and light theories. One school of thought suggests there may be a genetic component.

Summer SAD is a concern because, in some cases, symptoms may begin to interfere with an individual's work or social activities. A person may find it increasingly difficult to focus on job- or home-related responsibilities. Withdrawing from friends and relatives can lead to isolation. Less serious symptoms can simply cause discomfort or distress, but in extreme cases, thoughts of self-harm or suicide may occur.

What can be done

Some individuals find air-conditioning effective or cope by taking frequent cold showers. More severe symptoms may require antidepressant

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Dystrophy Society of Canada), which use the teleconferencing format to explore pertinent subjects. For mental illness the partner is AMI.

A teleconference is a phone call between three or more users. When interested people call about participating, the Foundation assesses their needs, registers them, then gives them a contact number and a series of pass codes to access the workshop of their choice. "The system is very user-friendly," says Stolow. "We've had participants aged 25 to 95 and there's never been an access problem."

The tele-workshops run anywhere from 60 to 90 minutes and can accommodate from four to 25 people. In AMI's case, there will be 12-15 participants. Our workshops are scheduled once a month from September through March, excluding December. (See the box for dates, topics and hosts.) "AMI's topics aren't meant to be a series," says Stolow. "It's not like a support group. Someone might register for one or two workshops, but more than that is highly unlikely." And if the demand for any one workshop exceeds 15? "When there are waiting lists, our partners have the option of adding extra groups. AMI may well be open to that."

This is a pilot project for us. We've chosen an elementary approach to our topics

in the knowledge that many of the people we want to reach know little if anything about mental illness and for them the prospect of dealing on their own with that sort of trauma is terrifying. Fortunately, this does not apply to the vast majority of AMI members.



Stolow: from powerlessness to empowerment through sharing

As Stolow says: "Sharing information takes people from feeling powerless, stressed and alone to a feeling of empowerment. We provide them with concrete resources and tools so they can decide, 'I can manage this, I know there's help out there, I don't have to cope with everything by myself.'"

The telephone both connects callers yet keeps them safe and any-

onymous. In that sense, given the stigma that persists, it's the perfect conduit for a discussion about mental illness. To respect confidentiality, the Foundation evaluates its tele-workshops not by taping them, but by sending out post-conference questionnaires to the participants and by getting feedback from its partners. Over two years, the program has evolved into a well-run and successful operation.

Stolow's message to caregivers and families is one AMI members know only too well: "Loving someone doesn't necessarily mean you're equipped to take care of them. Love and care aren't always synonymous, although in our culture we often think they should be. You can love someone to death, but it doesn't mean you

Workshop dates and topics

Sept. 27: *I feel blue enough to cry. Is this what they call depression?*

Host: Allan Fielding, psychiatrist

Oct. 25: *I get these urges and I can't stop them: the strange world of obsessions.*

Host: Marie-Claude Pellisier, psychologist

Nov. 29: *My teenager's acting so strange these days. I'm worried there's something wrong.*

Host: Mark Laporta, psychiatrist

Jan. 24: *I'm caring for a mentally ill relative. But who's looking after me?*

Host: Moira Edwards, nurse

Feb. 21: *Good anxiety, bad anxiety: know the difference and when to get help.*

Host: Pierre Bleau, psychiatrist

Mar. 21: *So you have a mental illness. You can still have a life - and a good one.*

Host: Elva Crawford, nurse

can care for them properly."

The tele-workshop is a first step to encouraging people worried about mental illness in themselves or a family member to check it out with professional help. As any AMI member can tell them, they can't do it alone. □



HAPPY 30TH, AMI

Dr. Richard Kogan, renowned concert pianist, returns to help us celebrate

He made our 2005 fund-raising gala a smash. Now he and his unique concert magic are back for an encore to mark our thirtieth anniversary.

The date: **June 6, 2007**. The place: **Oscar Peterson Concert Hall, Concordia's Loyola Campus**. The performance: an all-new evening of

Tchaikovsky music. But Dr. Richard Kogan offers much more than music. A psychiatrist by profession, he analyzes the works of composers known to have had a mental illness and reveals how their music was affected by their state of mind.

We'll be using the occasion to raise funds two ways: through ticket sales and

through advertising in our program book. An ad for your business is a legitimate business expense. But if you buy a personal ad, that's considered a donation and you'll receive a tax receipt. As a heartfelt message wouldn't be out of place, this is an interesting way to mark a special occasion or salute someone you admire.

Speaking of which, at the concert we'll be honoring Monty Berger for his innumerable and invaluable contributions to AMI over many years.

This fund-raising event is important to us. You can help make it a success by joining the team selling tickets or advertising space. Call us at 514-486-1448 for more information. □

AMI-Québec Membership & Donation Form

NAME _____

ADDRESS _____

CITY _____ PROVINCE _____

POSTAL CODE _____ TELEPHONE _____

E-MAIL _____

Membership

Membership includes the quarterly *Share&Care*, other mailings and lecture announcements, access to support groups and education programs and all other activities. Complimentary membership is available for people with limited incomes.

- I wish to renew my membership
- I wish to become a member
- I have a family member with a mental illness
- I have a mental illness
- I am a mental health professional

Donations

(Tax deductible Business Number **89652 4071 RR0001**)

I wish to support your work with a donation

- \$50 Sponsor
- \$100 Sustaining Donor
- \$250 Patron
- \$500 Benefactor
- Other _____
- In honor of _____
- In memory of _____

NAME AND ADDRESS _____

- I would like information about including AMI-Québec in my estate planning

Membership (\$25 annual): \$ _____

Donation: \$ _____

Total amount enclosed: \$ _____

Payment may be made by cheque, VISA or MASTERCARD (Payments may also be made by phoning 514-486-1448)

- VISA
- MASTERCARD
- Cheque

Card number _____

Name on card _____ Exp. date _____

Send payment to **AMI-Québec Alliance for the Mentally Ill Inc.**,
5253 Décarie, Suite 200, Montréal, Québec H3W 3C3

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medication. Psychotherapy is also an option. Sometimes a combination of antidepressant medication and psychotherapy may be needed to relieve summer SAD symptoms.

Aside from the apparent paradox of feeling depressed during the summer, the problem is that most individuals are not aware of summer SAD and so do not recognize it as a cause for concern. Those afflicted may be doubly burdened by their symptoms, which are so different from the summertime happiness and exuberance of the majority of people. For these reasons, they may avoid taking action and spend the season in discomfort. Those who are aware of their situation may be reluctant to even discuss the problem, feeling no one would understand.

Seeing a family doctor is an important first step. Another positive measure would be raising awareness of this scarcely recognized disorder in the hope that eventually those who experience summer SAD may begin to live their lives fully all year round. □

Based on an article by Sabrina Hassan, Monica Vermani and Dr. Martin Katzman in *moods magazine*, summer 2006. www.moodsmag.com

amiquébec

Alliance pour les malades mentaux Inc.
Alliance for the Mentally Ill

AMI-Québec, a grassroots organization, is committed to helping families manage the effects of mental illness through support, education, guidance and advocacy. By promoting understanding, we work to dispel the stigma still surrounding mental illness, thereby helping to create communities that offer new hope for meaningful lives.

Mental illnesses, known to be biologically-based brain disorders, can profoundly disrupt a person's ability to think, feel and relate to others. Mental illness affects not only individuals, but also their families, friends and everyone around them.

- Lorna Moscovitch, *President*
- Giovanna Donnini, *Vice President*
- Renée Griffiths, *Vice President*
- Annie Young, *Secretary*
- Claudia Ikeman, *Treasurer*
- Paul Rubin, *Immediate Past President*
- Ella Amir, *Executive Director*

SHARE&CARE

Share&Care is published quarterly for members of AMI-Québec and mental health professionals.

- Ella Amir, *Managing Editor*
- Bryna Feingold, *Associate Editor*
- Liane Keightley, *Designer*

Articles and comments are invited. Anonymity will be respected if requested. Guest articles reflect the opinions of the authors and do not necessarily reflect the views of AMI-Québec.
Legal deposit: Bibliothèque Nationale du Québec, National Library of Canada

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Member of La Fédération des familles et amis de la personne atteinte de maladie mentale (Québec) and NAMI (USA)

