

SHARE & CARE

THE RECOVERY OF HOPE ~ THE HOPE OF RECOVERY

WE'RE HONORED

AMI wins the 2005 Douglas Utting Prize

November 7 was a proud evening for AMI as President Lorna Moscovitch and Executive Director Ella Amir accepted the Douglas Utting Prize for 2005. The presentation was made by Tim Utting, who praised AMI as "a front-line organization that has worked on every aspect of mental illness."

Both the prize and the Utting Fellowship for Studies in Depression were established to honor the memory of Douglas Utting, who suffered from major

depression and was ultimately destroyed by it. The prize has been awarded annually since 2001. It salutes a person or organization contributing in a major way to the research, treatment and/or promotion of awareness of depression.

In her opening remarks, Moscovitch briefly recapped AMI's history and reviewed our current programs. Her remarks were highlighted by a video presentation, a shorter version of the one produced for our 25th anniversary.

Amir's address, titled *Blindsided: How We Shortchange our Society*, was an eloquent plea for the public to appreciate that every individual has gifts that can enrich the lives of others and to open the door to those with mental illness so they can become full and valued members of the community.

The Douglas Utting Prize will be proudly displayed in our new offices. If you weren't in the audience last November, you missed something special. □



Tim Utting, brother of the late Douglas, with Ella Amir and Lorna Moscovitch (r)

Excerpts edited from Amir's speech

Blindsided: How We Shortchange our Society

"In recent years, mental health professionals have been increasingly making efforts to create conditions under which people with mental illness can maximize their potential and live lives of meaning and fulfillment. This is an improvement over what was common in earlier years, when people with mental illness were plainly rejected or at least ignored. Has society become more broadminded and tolerant?"

"I'm afraid that underneath these efforts is a similar attitude that belittles the disabled and suggests that we the 'abled' know better what's good for those we label 'disabled.'"

"To truly be a caring and inclusive society, we need to look deeper than we have traditionally and see the gifts each person can offer, whether he is disabled or not."

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AT LAST, SOMEBODY'S LISTENING

**Unpaid caregivers
the focus of a
national conference**

The needs and problems of unpaid caregivers (usually family members) were the subject of a two-day conference held last October in Gatineau, Quebec.

Organized by Social Development Canada with the support of the Canadian Caregivers Coalition, the well-attended event attracted caregivers and care recipients along with stakeholders — governments, employers, unions, service providers and non-profit organizations. AMI was represented by program coordinator Francine Waters and members Catherine Quin and Ruth Roach.

Tony Ianno, Liberal minister of state for families and caregivers, gave the keynote address. His appointment in 2004 was a milestone in itself, the first time caregivers were made an official part of Ottawa's agenda.

Since then, Social Development Canada has put a major effort into understanding the role of unpaid caregivers, who they are, the difficulties they face, what they need and how best to help them. Conference participants were split into groups and presented with six caregiving issues that Canadians deem of paramount importance: awareness and recognition, eco-

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“Everyone has gifts — countless ordinary and extraordinary gifts. A gift is anything that one is or has or does that creates an opportunity for a meaningful interaction with another person. Therefore the mere presence of an individual is a gift, and so is the fact that he is different from anyone else.

“In 1923 the Argentine writer and philosopher Jorge Luis Borges wrote the following poem:

**This is the best that can happen —
What heaven perhaps will grant us:
Not to be wondered at or required
To succeed
But simply to be let in
As part of an undeniable Reality,
Like stones of the roads, like trees.**

“Despite the best intentions of deinstitutionalization, it seems that people with psychiatric illnesses have entered into a period in which they are, in Borges’ terms, “required to succeed” in order to have their dreams for dignified lives fulfilled. Many continue to live out most of their lives within the artificial settings of community-based programs.

“We expect people to stop being psychotic before they can get a job, to be more stable before they can return to school, and to manage their money better before being ready to live on their own. Most people with serious mental illness have yet to be able to participate in the natural and ongoing rhythms of community life — the dream of deinstitutionalization.

“The problem lies within our expectations. It would appear that only in the case of mental illness do we try to eradicate or at least to minimize the visible signs of the illness before we turn to restoring any semblance of normality to people’s lives. We have

moved from wondering at people with mental illness to requiring them to succeed.

“There is no doubt that mental illness presents enormous challenges. The trauma, the profound sense of grief and loss and the grinding stress of dealing with the system, as well as the corrosive social stigma that envelops and isolates the family cannot be overestimated. Yet families demonstrate remarkable strengths under catastrophic circumstances.

“I have seen many family members within AMI-Québec who have demonstrated extraordinary strength and resourcefulness under highly testing circumstances. And I have witnessed some of the most beautiful friendships which were formed and flourished from darkness and pain.

“Jean Vanier, founder of *l’Arche*, an international network of communities for people with disabilities, found that many parents of people with disabilities, after the initial shock, discovered that their child was leading them from a world of power and competition into a world of tenderness and compassion. Crises and unexpected changes can lead us to denial, despair, anger and revolt, he says, but these feelings can gradually help us to accept reality as it is and discover in the new situation new energies, a new freedom and a new meaning of life and of the world.

“I would like to suggest that if we will be more open, we may be able to see opportunities built into each and every situation, however unfortunate and difficult it may be. It may mean that we’ll have to examine our perceptions and stretch our concept of citizenship and contribution, but in the process we may find ourselves more human and humane.

So going back to Borges’ poem, perhaps the best that can happen is not what heaven will grant us, but what we can grant ourselves... simply to be let in... As part of an undeniable Reality... Like stones of the roads, like trees.” □

THE WILD CHILD

Just being a kid? Or maybe something’s wrong

Attention-deficit hyperactivity disorder (ADHD) is a condition that affects millions of children around the globe, notes Larry Fisher in this presentation to the 2005 NAMI National Convention. Today it’s being routinely treated and that has many critics putting up warning flags.

“**A**DHA is the most common and one of the oldest pediatric disorders. First identified in 1917, it affects three to nine percent of school-age

children. About half of those children will continue to show symptoms of ADHD in adolescence and adulthood. When left untreated the disorder can be very disabling.

“Nearly all children are extremely active as part of a ‘normal’ childhood. But those with ADHD lack the ability to stop their activity. They spend far less time immobile than children without ADHD. This extreme hyperactivity often only becomes apparent when a child is asked to sit still

and cannot in an age-appropriate manner.

“Most often, the symptoms of ADHD emerge before the age of seven and are severe enough to cause significant impairments in school and in relationships with friends and family.

Three types

“There are three types of ADHD: the inattentive type, which diminishes a child’s ability to resist responding to distractions; the hyperactive/impulsive type, in which a child has a reduced ability to inhibit activity and is extremely impulsive and hyperactive; and a combination of the two types.

“ADHD often co-occurs with other disorders, including:

- drug or alcohol abuse
- learning disorders

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YOU'VE SUFFERED TRAUMA. NOW WHAT?

“Not only can you recover, you can be better for the experience,” claims Richard Tedeschi, speaking at this year’s Low-Beer Memorial Lecture

War. Natural disasters. Criminal victimization. Physical illness. Bereavement. They're the usual villains on everyone's list of events that leave trauma in their wake. But Richard Tedeschi, professor of psychology at the University of North Carolina at Charlotte, would also add mental illness to that list.

It deserves the dubious distinction. For consumers, it shatters the most basic human expectations: a promising future, the benevolence of the world and most people in it, the ability to handle events and emotions. It deals families a double whammy, producing a sense of grief and loss and often becoming a financial, physical and emotional burden. That's nothing if not traumatic.

To overcome such an assault on our lives, advises Tedeschi, we need to adopt new behavior. In fact, posttraumatic growth demands it. Fortunately it's doable. “The fallout from trauma isn't as disastrous as we imagine, even among people exposed to the most catastrophic events,” he says. “Lifetime prevalence

rates for posttraumatic stress disorder have been found to be as low as one or two percent.” In other words, most people are resilient. They overcome and over the long term they manage quite well.

There's more than one route to recovery, but for Tedeschi the essential ingredient is a positive personality. The more negative your attitude, the harder it is to move beyond the trauma. You'll also benefit by opening the door to new experiences and possibilities, by talking, asking questions and relating to others in similar circumstances (groups like AMI are a big help).

It's not the event that changes you, Tedeschi explained, but how you approach what happens afterwards. And ultimately there are rewards to be had. People who triumph over trauma invariably report they find themselves stronger, more spiritual and more appreciative of life. Which doesn't mean there's never distress. Only it no longer runs your life.

Tedeschi read from several accounts written by people who had lived through major life-changing traumas. One man



concluded: “This is the one thing that happened in my life that I needed to have happen. It was probably the best thing that ever happened to me. On the outside looking in, that's probably hard to swallow, I'm sure, but hey, that's the way I view it. If I hadn't experienced this and lived through it, I likely wouldn't be here today because of my lifestyle previously — I was on a real self-destructive path. If I had it to do all over again I would want it to happen the same way. I would not want it not to happen.” □

Caregivers ... continued from page 1

conomic security, employment and workplace support, information and navigation, respite support and strengthening community support. The groups were instructed to establish priorities for each issue and suggest future initiatives for stakeholders.

The federal government funded its caregiver program with a budget of \$1 billion to be spent over five years. “We can only hope that the

money will continue to be there and allocated wisely,” says Waters. “It's not that generous compared to the \$5 billion caregivers spend every year out of their own pockets to carry out their responsibilities. It's time they received something back.” □

For more information about the conference, click on www.sdc.gc.ca.

HAVE YOUR SAY

Share&Care welcomes submissions from all AMI members as well as the healthcare community-at-large. Send your article to Editor, Share&Care, AMI-Québec, 5253 Decarie Blvd., suite 200, Montreal, Quebec H3W 3C3. Or e-mail it to amique@amiquebec.org

New support group being formed for parents of adult children

Several parents of children in their twenties and thirties who suffer from an ongoing mental illness are interested in meeting other parents living with the same situation.

What are your experiences with your son or daughter? What worries you? What have you learned? How do you cope? Here's your chance to help build a support group from scratch and share information with people who know just what you're going through.

The group's first three meetings will be held Thursdays at AMI on **January 10, February 16 and March 16, 7 pm-8:30 pm**. Come for cake and tea and an evening that will do you good.

For more information, call AMI at 514-486-1448. □

Wild Child ... continued from page 2

- OCD
- anxiety disorders
- mood disorders, including depression and bipolar disorder
- conduct disorder
- oppositional defiant disorder

See a doctor

“It is critically important that a child receive a complete physical examination to rule out any other medical conditions that may be causing symptoms or behavior similar to ADHD. (Differentiating ADHD from bipolar disorder can pose a major challenge.) A complete assessment by a qualified mental health professional is also important. Science is advancing and we are likely to see brain scans and blood tests that will identify the disorder in children in the not-too-distant future.

“Parenting does not cause ADHD. Parents can, however, make the problem worse if the child is living in a difficult environment. Boot-camp discipline and get-tough approaches don't work. Parent training is an effective intervention that provides helpful guidance on how best to address a child's ADHD with behavior modification strategies.

“Because of the impulsive behavior, there are serious risks associated with untreated ADHD. These include:

- an increased rate of teen pregnancy and sexually transmitted diseases
- an increase in automobile accidents
- substance abuse
- family and social relationship challenges
- low academic achievement, dropping-out or failing
- poor job stability
- disrupted marriages
- financial challenges
- criminal activity

“The good news is that ADHD is treatable. The three most effective treatments include medication, which has been used for over 30 years, behavior modification strategies and a combination of the two. The key is a thorough assessment to ensure an appropriate diagnosis, then follow-up treatment.” □

Larry Fisher, PhD, is director of neuropsychology, UHS Neurobehavioral Systems. His presentation appeared in NAMI Beginnings, summer 2005. It was edited for Share&Care.

To learn more about ADHD, visit the CHADD (Children and Adults with Attention-Deficit/Hyperactivity Disorder) website at www.chadd.org or the Child & Adolescent section of the NAMI website at www.nami.org.

UN children's rights panel decries overuse of drugs to treat attention disorders

Members of the United Nations children's rights panel recently warned that doctors in developed countries may be misdiagnosing hyperactivity and attention-deficit disorders in young people and over-prescribing drugs such as Ritalin.

The panel has a growing concern that children's rights are being violated by the prescribed drugs and wants more study to determine their long-term effects and safety. The suspicion is that the treatments are often being used to quiet children's unruly, impulsive behavior at school and keep them focused during class.

Doctors counter that without treatment those affected could become social outcasts who may eventually turn to crime. □

ANGEL IN OUR MIDST

Edith Low-Beer honored for philanthropy

Every year the Canadian Alliance on Mental Illness and Mental Health (CAMIMH) chooses an exceptional group of people to receive its National Champions of Mental Health Awards. The 2005 recipient in the Community category is Edith Low-Beer.

Since its establishment, Low-Beer's EJLB Foundation has distributed millions of dollars to benefit the cause of mental illness. The sum includes grants to a wide range of community organizations and, through its Scholar Research Program, to neuroscientists doing research into schizophrenia and other brain disorders.

AMI is proud to be a beneficiary of the Foundation's generosity.

Other well-known recipients of the 2005

CAMIMH awards include Senator Roméo Dallaire, Ujjal Dosanjh, federal minister of health and broadcaster Vicki Gabereau.

CAMIMH is an alliance of national organizations representing consumers and their families, health and social service providers, and professional and research organizations. The group's long-term goal is the realization of a national action plan on mental illness and mental health. □



WINTER 2006

GUEST SPEAKER EVENINGS

Mondays 7:30 pm 4333 Côte Ste-Catherine Road

January 30: Dr. Howard Steiger, Douglas Hospital Eating Disorders Clinic. *Can You Swallow This?*

February 27: Tom Caplan, director, Montreal Anger Management Centre. *Anger Management and Mental Illness*

March 27: Dr. Shimon Amir, psychology department, Concordia University. *Biological Clocks & Rhythms in Illness and Health*

SUPPORT GROUPS

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

FAMILY for relatives

January 9, 16, 23; February 6, 13, 20; March 6, 13, 20

PARENTS of adult Children

7:00 pm at AMI

January 10; February 16; March 16

(See page 3 for details)

SOUTH SHORE for relatives

Wednesdays 6:30 pm

2499 rue St-Georges, room 200, Le Moyne

January 4, 18; February 1, 15; March 1, 15, 29

SIBLINGS AND ADULT CHILDREN

January 16; February 13; March 13

DEPRESSION/BIPOLAR DISORDER

for consumers and relatives

January 9; February 6; March 6

DEPRESSION for consumers and relatives

January 23, February 20; March 20

OBSESSIVE COMPULSIVE DISORDER

for consumers and relatives

January 23; February 20; March 20

KALEIDOSCOPE for consumers

January 16; February 13; March 13

LIFELINE for consumers

Thursdays 1:00-3:00 pm

Alternative Centregens, 5770 Auteuil, Brossard

BOARD MEETINGS

Tuesdays 7:00 pm at AMI Guests welcome

January 10; February 7; March 7

THE BOARD UNDERGOES SCRUTINY

How does AMI's board of directors rate? Does it serve AMI well? Does it reflect community concerns? What could be improved?

The board held its second retreat last November to scrutinize these and other issues important to its wellbeing. Overseen by the strategic planning committee and facilitated by Darlene Gargul of the Centre for Community Organizations, the one-day event had a work-heavy agenda.

Objectives included clarifying board members' roles and responsibilities, exploring the board's relationship with the community-at-large, identifying challenges and developing strategies to meet those challenges.

The first such retreat, held last spring, focused on reviewing our mission and developing three-year

planning strategies to ensure the quality of our programs and services. The six committees created as a result of that retreat — policy and procedures, membership, program evaluation, advocacy, political action and fundraising — are alive and working. One outstanding success was the fundraising committee's project for our first fundraising concert last June. The event brought in close to \$65,000.

"Every healthy organization needs a well-functioning board that can attract smart, competent people," says executive director Ella Amir. "The retreats help AMI achieve that by allowing us to stay on top of problems and identify opportunities for growth and innovation. The board members also get to know each other better, a nice extra that's not always possible at our monthly meetings." □

MAKE AMI THE BEST IT CAN BE

The right board of directors is a powerful asset to an organization. It's important to have the very best people in place.

You probably know someone who could make a valuable contribution to AMI. Give him or her the

chance to shine. Send in your nomination, along with a written rationale for your choice, to the office no later than March 1, 2006.

Board elections are held every June during the annual general meeting.

Nominations now open for annual awards and recognition

Every year at the annual general meeting AMI honors those whose exceptional efforts are helping us achieve our goals. Know someone deserving? Submit your nomination — or nominations — accompanied by a short written rationale to the selection committee by March 1, 2006. The board of directors makes the final choice.

For more information or help, call us at 514-486-1448.

Monty Berger Award for Exemplary Service

Presented to an individual, usually an AMI member, who has made a significant voluntary contribution to AMI or its mandate over a long period of time.

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“WE ARE CREATED FOR LOVE.”

Lori Goodhand reports on *Fondation Embarque's* recent conference

“**W**e are created for love and we live out this universal quest through our physical, psychological and spiritual selves. Through the interplay of these three aspects we experience suffering, have the capacity to heal

our wounds and grow more fully alive.”

These are the ideas of Dr. Marie-Paul Rose, keynote speaker at the *Fondation Embarque* conference held last November. Dr. Rose, who holds a PhD in clinical sexology and is director of the *Institut International de Développement Intégral* in Quebec City, cautions that if we ignore one of the three aspects of ourselves, the other two are affected and we cannot experience mental health.

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TRIBUTES & MEMORIALS

In honor of Sy Torobin's 80th birthday
Lillian and Larry Zlotnick

In honor of Jack Karon
Lillian and Larry Zlotnick

In honor of Evelyn and Sam Hamovitch's special birthdays
Jean and Monty Berger

In honor of Marilyn Block
Dorothy and Jack Mosel

In honor of Natalia Toyota
Jack Toyota

In honor of Shirley Smith
Nancy Grayson

In honor of Monica Reznick
Myrtle Stark

In honor of Monty Berger
Naomi and Alvin Guttman

In honor of Harry Shapiro's 90th birthday
Jean and Monty Berger

In honor of Sylvia and Bill Klein's 55th wedding anniversary
Sonia and Henri Weinzeig

In honor of David Sinclair
Padi Sinclair

In honor of AMI-Québec's 2005 Douglas Utting Award
Marylin Block

In honor of Deborah Burchmore
Elsie Patterson

In honor of René Brunet
Christine Gosselin Brunet

In honor of Pat and Paul Rubin
Phyllis and Lou Gordon

In honor of Sondra Moss
Eva and Harvey Kuper

In memory of Earl Zlotnick
Harriet and Harry Horlick
Blossom and Morty Wiltzer

In memory of Mary E. Doyle
Anna-Beth Doyle and Joel Hillel

In memory of Chin Yeun Paw-Chong
Shirley Paw-Chong
Ernest Hughson

In memory of Victor Sayeg
Janet Sayeg

In memory of Gary Molloy
Ann Molloy

In memory of Justyna and Nicolas Charko
Olha Charko

In memory of Hye Block
Marylin Block

In memory of Ann Berger
Marsha Korenstein

In memory of Jimmy Robinson
Monique Munn

In memory of Tim Roach
Marilyn and Neil Caplan

In memory of Martin Larose
Lucie Desrosiers and Raymond Doutre

In memory of Liz Kane
Sally McNamara

In memory of Herman Zelikovic
Sandra Zelikovic

In memory of Ryan McMartin
Jean and Duncan Brown

In memory of Shelley Rose Noble
Kevin Woodfine
Roseanne and Robert Pincombe
Heather Clarke

In memory of William McMullon
Anne, Pierre and Paul Panet-Raymond

In memory of Christopher Morris
Jean Morris

In memory of Michael Harris
Monique Harris

In memory of Jack Rubin
Marylin Block
Lorna and David Moscovitch
Fran and Howard Brenhouse
Claudia and Jerry Ikeman

In memory of Denis Painchaud
Susan Smith

In memory of Arnold Schrier
Vivian, Lawrence, Mark and Michael Schrier

In memory of Michael Ortenberg
Evelyn Ortenberg
Evelyn Raphael

In memory of Judith Anne Ortenberg
Evelyn Ortenberg
Evelyn Raphael
Elsie Shriar

In memory of E.J. Wootten
Wendy Wootten

In memory of Susan Leger
Sheila Leger

In memory of Ted Outram
Barbara Mittleman
Jan and Gerald Bowland
R.M. Hall
Heather Bernard
Heather Geary

In memory of Shirley Miller
Fanny Feinstein

In memory of Maurice and Jeanne Bouskela
Ingrid and Victor Bouskela

In memory of Ryfka Pofelis
Pat and Paul Rubin

In memory of Regina Preschel
Sylvia and Bill Klein

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

Looking to volunteer? Two interesting ways you can help

If you've lived with mental health problems, you can be part of our high school education program. For the past eight years we've been enlightening students about mental illness, encouraging them to get the right information and nipping stigma in the bud by challenging their often-preconceived ideas. Obviously there's more impact when people can recount their personal experiences. You'll find the involvement encouraging and validating. We provide all the training and support you need.

We're also looking for speakers to make presentations as part of our drive to raise public awareness about mental illness. If you enjoy talking to people, if you have first- or second-hand experience with mental illness, this should be a rewarding challenge. We'll prep you by sharpening your speaking skills and boosting your self-confidence.

Interested in volunteering - but not right now? Add your name to our volunteer data bank so we can let you know about future opportunities.

Call us at 514-486-1448 and let's talk.

Depression Awareness Week Activity

THROUGH A CHILD'S EYES

Sherry Ellen reveals what can happen when a parent has a mental illness

As part of Depression Awareness Week, October 3-10, AMI's former high school education team coordinator, Sherry Ellen, addressed some 30 healthcare professionals — CLSC workers, guidance counselors and social workers — at CLSC René-Cassin. Her topic: *Working with Children who have Parents with Mental Illness*.

Ellen spoke from first-hand experience. Her daughter Gillian (now age 27 and living happily in Scotland) grew up in a household dominated by Ellen's illness, now known to be bipolar disorder type II, but misdiagnosed for 33 years as depression.

Ellen had good news and bad to report. On the negative side, she said, there is no way to predict the outcome for children living with an ill parent. That's because too many different factors are involved, from school and work to friends, religion, interests and economic status.

On the other hand, the parent can act to influence the future in a good way. Ellen recalls her daughter's confusion over her mother's seesaw moods and her frustration

that she couldn't make the sadness disappear. To compensate, Ellen strove for honesty, communication and an abundance of love at all times. "Gillian never felt she was to blame for my illness," she said. "She was secure in the devotion of her mom and her extended family."

Ellen offered guidelines to children to help assure a positive future:

- The illness isn't your fault. Don't feel guilty that you're well and your parent isn't.
- The irrational, even delusional, behavior isn't normal, but part of the illness.
- Focus on your whole parent, not only on the illness.
- Learn all you can about your parent's illness and medication.
- Accept support from family and friends or school, church or community groups.
- Find a hobby. Keep a journal. Think positive.
- Don't turn to drugs or alcohol to numb your confusion. Deal with it one day at a time. □

Love ... continued from page 6

Using a tool called the Model for Global Intervention in Sexology, the *Institut* helps clients to clarify the challenges in living out their sexuality while nourishing their psychological and spiritual growth. Clients work towards healing by examining the roots of their difficulties in all three aspects of their humanity.

The mind-body connection — our bodies are affected by our thinking and vice versa — is not new, but Dr. Ross takes the connection a step further, adding that without spirituality our sexuality and psychological wellbeing are diminished. "Spirituality, sexuality and psychological wellbeing inform each other and are interdependent. Any dissonance between them causes us to suffer."

I left the conference realizing how complex and rich people are, and that we all have the capacity for resilience and a desire to heal and live fully. Time well spent. □

Lori Goodhand is an SOS-Famille counselor at AMI

A successful week for depression awareness

Expanding Depression Screening Day into Depression Awareness Week has proven well worth the time and effort.

Participating organizations undertook a variety of activities to promote the event and familiarize the public with both the illness and the effective treatment options available.

Screenings took place at several CEGEPs and universities. McGill had a creative approach that saw two mimes on campus and in classrooms performing a comedic skit about feeling depressed. The performers handed out brochures with information about the illness and the on-campus help available. The project was so successful, McGill will consider a repeat performance in 2006.

New this year and popular was a sticker with the slogan *Parlons-en! It's Worth Talking About!* This could well become the campaign theme for future Depression Awareness Weeks. □

