

SHARE & CARE

THE RECOVERY OF HOPE ~ THE HOPE OF RECOVERY

“WHO YOU CALLING NUTS?”

The 2007 Low-Beer Memorial Lecture examines one of the nastier sides of human behavior:

THE URGE TO STIGMATIZE

Is it the need to feel superior? The fear of what we don't understand? Mental illness and those who suffer from it are classic targets of stigma, vilified as far back as there are records — and undoubtedly much before.

Why does it happen? And why is stigma so tough to eradicate?

Be there to hear a fascinating presentation on stigma at the 2007 John Hans Low-Beer Memorial Lecture on October 10.

Guest speaker will be **Patrick W. Corrigan**, Psy.D., professor at the Institute of Psychology, part of the Illinois Institute of Technology in Chicago. His address, **Don't Call Me Nuts: why we stigmatize mental illness**, promises to provide new insights into this complex issue and strategies for fighting back.

A noted authority on the subject, Dr. Corrigan has many publications to his credit, including co-authorship of *Don't Call Me Nuts: Coping with the Stigma of Mental Illness*.

Make it a date.

Wednesday, October 10, 7:00pm at 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. □



New insights and strategies

OFF ON THE RIGHT FOOT

A NEW DOUGLAS PROJECT AIMS TO GIVE THE RECOVERY REVOLUTION A SOLID START — BY TRAINING THE TRAINERS

The concept of recovery as an attainable goal for consumers is confronting dyed-in-the-wool attitudes about mental illness. Many, even families, don't see how it can work. Can it really?

The Douglas Mental Health University Institute, for one, is a believer, no one more so than Myra Piat. A researcher with a background in social work and community organization, she's the spark plug behind a new project to assure the long-term success of recovery-oriented mental health services in Montreal.

Success at Yale

Yale University is recognized as being in the vanguard of the recovery movement in North America. They were instrumental in turning the spotlight on recovery through research, training and advocacy, and were delighted to welcome the Douglas to the fold. In 2005 Piat led a delegation to the university to learn more about their Centre on Recovery & Community Health.

What the 13 visitors heard so impressed them that two Yale researchers were invited to come to Montreal and train a group of people here so that they, in turn, could eventually train others in the recovery concept. Only some of those 23 people are professionals. What Piat organized was a mosaic of partners, as she calls them. They come from different sectors of the city and include seven consumers, representatives from the Douglas, Louis-H. Lafontaine and Sacré-Coeur Hospitals, RACOR (a grouping of mental health community organizations in Montreal) and AMI.

As a university institute, the Douglas was keen to play a leadership role in implementing recovery services in Montreal. “Instead of sitting back and waiting

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Douglas project ... continued from page 1

for someone else to tell us what to do,” Piat said, “we see ourselves as proactive, taking ownership and forging ahead. We saw that the necessary first step was to provide training to other trainers, both in the community and in formal organizations.”

The Yale researchers arrived last April to begin eight days of work. Once their training was over, the 23 partners spent much of the summer deciding how best to adapt all the materials they had received and who would be on the receiving end of their newfound knowledge and understanding.

What consumers do

While it’s been over a decade that recovery has been debated and researched in the U.S., it became an issue in Montreal only a few years ago. And despite its being included in both the Kirby Report and Quebec’s mental health plan for 2005-2010, Piat maintains there’s a good deal of confusion and misinformation around, and relatively few people are able to provide the right training in recovery-oriented services. “There are many definitions of recovery,

but no consensus in the literature as to what it really is.” Piat’s definition: “To me, recovery isn’t a service. It’s a way of providing services. Recovery is what consumers do to lead ordinary lives and services should be organized to help them with that. We need to review what we’re providing, look at some of the guiding principles, take our focus off the problems and concentrate on strengths instead.”

Pilot testing begins some time this fall, starting small, selecting those organizations and people who show interest in the project and are excited by the chance to learn. “It’s like anything else,” Piat says. “As people hear more and more about it, they’ll be more apt to buy in. I actually think starting small in this case will prove much more effective than going all-out in a rush. One unit in a hospital, one team in the community — that will be an

excellent step towards bringing about larger-scale change.”

One solid benefit has already emerged: a formal partnership is being developed between McGill and Yale at the Douglas. And Piat has other recovery irons in the fire. Two big research projects are in the works. One is a Canadian study on the meaning of recovery being conducted with the Canadian Mental Health Association in Montreal, Quebec City and Guelph/ Waterloo, Ontario.

The second study, which deals with housing and recovery, will look at different types of housing in Montreal

to learn how consumers feel about living where they do and the impact their situation might have on their recovery.

“The bottom line is the same for all three projects,” Piat noted. “The people who are suffering from mental illness, hopefully they’re the ones who will benefit. That’s our aim, to improve the lives of consumers.” □



Proaction for Piat

What you should know about the new Disability Savings Plan

With Parliamentary approval of the March 19 federal budget, the Registered Disability Savings Plan (DSP) became a fait accompli.

Similar in concept to the popular RSP and RESP ideas, the DSP is designed to help bolster financial security for the more than 700,000 Canadians living with severe disabilities. Those qualifying for the disability tax credit (or their parent or legal representative) will be eligible to open a DSP.

What the DSP offers

1. A lifetime contribution limit of \$200,000.
2. No annual limit on contributions. These can be made until the end of the year in which the beneficiary turns 59.
3. Contributions are not tax-deductible, but interest earned inside the plan will grow tax-deferred.
4. No restrictions on when or how the funds can be used.
5. Contributions permitted by the individual, family members or friends.

The DSP Grant

Contributions will be matched for 20 years in either of these ways:

1. If the annual family income is less than \$74,357, the grant

will be \$1,500 for the first \$500 contributed and \$2,000 on the next \$1,000.

2. For an income of over \$74,357, the grant will be \$1,000 for the first \$1,000 contributed.

The DSP Bond

For adults with disabilities or families with incomes of \$20,833 or less, the bond will provide a DSP with \$1,000 yearly for 20 years without any contribution.

What happens now?

The two big questions are: when will the DSP actually take effect? (Possibly 2008.) And will the DSP and its income be exempted provincially so that disability benefits are not clawed back and people are not penalized? (Affirmation expected.) Further details of the plan should be released next year. As soon as we hear, you'll hear.

In the meantime, you can access the Planned Lifetime Advocacy Network website for information: www.plan.ca. PLAN is the organization that developed the DSP idea and dedicated years of concerted action to convincing the government that the idea was important and feasible. □

Information in this article edited from **PLANfacts**, spring 2007.

Back by enthusiastic response:

OUR NEW LOOK IN EDUCATION AND INFORMATION PROGRAMS

It's that time again. Time to learn and understand more, to voice your opinions, to build a support network. You can do it all through our education and information programs. A format update last year offered members more variety and flexibility — and the reaction was two thumbs up. See what's on tap for 2007-08, save the calendar insert and decide now that this will be your year to benefit.

EDUCATION PROGRAMS

Six-week **Mood & Thought Disorders sessions** will run consecutively starting **September 18**, then in **November, March** and **April**.

One **OCD session** is scheduled for **September 12**.

To assure your place in your preferred session, call the office and register early. 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

Three dates are scheduled. **November 12: Treatment Choices & the Consequences of Refusal**. Panel of four includes Mike Santoro, consumer; Carmelina Santoro, relative; John Stall, community worker; Elva Crawford, nurse.

Subsequent evenings planned for **March 17** and **May 26**.

ROUNDTABLE DISCUSSIONS

Three sessions to be held on **January 31, February 20** and **April 30**.

Each discussion is themed and led by a knowledgeable professional. Attendees comment and participate as full partners.

January 31: Abe Weiss leads a session on **recovery**. At AMI, 7:00pm. Registration required for all dates.

RECOVERY

Always in demand, these two-hour workshops for consumers return once again for **six weeks** starting next **February**.

Topics include choices in quest of goals, building self-confidence and improving relationships with others. At AMI, 7:00pm. Registration necessary.

SUPPORT GROUPS

A must for anyone wanting to share opinions and feelings with others who understand and sympathize. Open-agenda sessions led mostly by family members, support groups operate year-round. Come and go as you please, no registration necessary. See *Calendar*, page 5, for meeting locations.

TELE-WORKSHOPS

A great success as a pilot project last year, **six new monthly workshops** are scheduled. Teleconferencing technology links anyone with a phone to a healthcare professional and an exchange of information, experiences and ideas. A big help if you're housebound, living in a remote area or where English-language healthcare services are limited. Call AMI to learn how to connect. All workshops operate from 7:00-8:00pm.

Sept. 26: *I have no interest in anything these days. What's wrong with me?*

Is your sadness appropriate or do you need professional help?
Host: Dr. Allan Fielding, psychiatrist

Oct. 24: *Wills & trusts: techniques for protecting the future of your ill relative.*

Now's the time to see to the long-range security of your loved one.
Host: Me Sylvain Carpentier, notary & financial planner

Nov. 28: *Schizophrenia: know what the doctors know.*

Learn schizophrenia's impact on thoughts, feelings and behavior.
Host: Dr. Mark Laporta, psychiatrist

Jan. 30: *How to communicate when there's a mental illness involved.*

Effective discussion needn't be a trying experience.
Host: Dr. Camillo Zacchia, psychologist

Feb. 27: *Facing stigma: you have the power to deal with it.*

Reducing your hurt and anger is part of moving towards recovery.
Host: Moira Edwards, nurse

Mar. 26: *You've heard of it, but what exactly is anxiety?*

Think about seeking help when it gets out of hand.
Host: Dr. Pierre Bleau, psychiatrist □

MAN ON A MISSION

Is Michael Kirby our light at the end of the tunnel?

If Senator Kirby's name rings a bell, it's because he chaired the Senate Social Affairs Committee from 1999-2006. He was the principal author of the committee's 2002 recommendations on how to reform Canada's acute healthcare system. In 2006 came *Out of the Shadows at Last*, a major report that looked at mental health, mental illness and addiction issues — and found much to criticize.

His days in the senate over, Kirby now serves as chairman of the new Mental Health Commission of Canada. He addressed the Empire Club of Toronto last May on what he sees as Canada's sorry record of dropping the ball on mental health. This man knows what's wrong and he's determined to change the rules. That all-too-familiar dark tunnel may not be as long as we feared. Edited excerpts of Kirby's speech follow.

It's as a result of *Out of the Shadows at Last* that I stand before you today. There are 300 task force reports of various kinds on the national healthcare system. This was the first one that dealt only with mental health, a very interesting observation of how unimportant this issue has been to Canadian governments for such a very long time.

One in five Canadians will experience a significant episode of mental illness over their lifetime. Yet it's been estimated that only one-third of those people will benefit from professional consultation.

The good news is that for the vast majority of people living with a mental illness, recovery is possible. I don't necessarily mean cure. For many, recovery will mean finding a way of living a satisfying life within the limitations caused by their disease. For others, it will mean the reduction or complete remission of their symptoms. There is widespread agreement across our entire mental health community that recovery as I've defined it must become the goal of the mental health system. So the role of the Mental Health Commission will be to transform the organization and delivery of mental health services so that they promote a movement to a recovery-based system. This transition is extremely urgent. It has been decades that the mental health sector has suffered from significant neglect

The only G8 country without a national mental health strategy

and people living with a mental illness suffer real discrimination on a daily basis.

During our mental health study, the senate committee was told repeatedly by people living with a mental illness that the suffering they experience on account of stigma is much worse than the symptoms of their illness. Until public attitudes change, until such people are accepted without having the label 'mentally ill' attached to them, our work at the Commission will not be done.

At the outset we will have three main activities. First, we will embark on a 10-year anti-stigma campaign to change public attitudes and eliminate all forms of discrimination faced by people living with a mental illness. Second, we will build a web-based national knowledge-exchange centre that will provide a good basis of information for everybody involved with mental health issues. And we will facilitate the development of the first-ever national mental health strategy for Canada.



Canada is the only G8 country not to have a national mental health strategy. This sends a terrible signal; it says we in government don't care. The absence of a national strategy means that to date there has been no national focus on mental health issues and therefore no possibility of a coordinated, multi-government attack on them.

Mental health has often been described as the orphan of the Canadian healthcare system. In our report we described children and youth mental health as the orphan of the orphan. It is clearly time for this neglect to be redressed.

A study done by the Sunnybrook Health Sciences Centre found that almost 50 percent of Canadian adolescents aged 18 to 24 who suffer from depression are not receiving mental health services. Fifteen percent of people in that age range who suffer from depression commit suicide. According to UNICEF, Canada has the third-worst record for adolescent suicide in the world among the OECD countries.

Children with mental illness rarely have access to hospital beds. In a number of Canadian cities there is not a single bed among all the hospital beds that is devoted to a child or a youth with mental illness.

Underlying the neglect of children and youth mental health — and mental health issues in general — is the widespread stigma that prevents young people from speaking out and often leads families to avoid seeking help. A survey found that 38 percent of Canadian adults said they would be embarrassed to admit their child or teen had a mental illness such as anxiety or depression. That says two in five sets of parents could have a child they knew was

struggling emotionally and they would be afraid to tell anybody because they would be embarrassed.

Schools can begin to play a very important role. A key element here is ensuring that schools are better equipped to handle children's mental health issues than they are now. Frankly, we need a significant movement of mental health services for children and youth from their present locations into schools. This does not mean we see the teachers providing the services. But in a school environment, both the students and the parents are much more comfortable, much happier and much more willing to come than they are going to a hospital or a doctor's office or elsewhere.

But it's not only our kids who have a dysfunctional system and are hurt by it. A huge burden falls on those who love and care for them. Parents in this country who have a child suffering from serious mental illness almost always go through a highly stressful time simply seeking help for their child. In the process they are frequently given dubious advice from well-intentioned but uninformed people who are not in a position to provide the kind of help that's really needed.

From a purely economic point of view, the productivity of these parents inevitably deteriorates. And this makes the mental health of children and youth very much an issue for business as well as for parents and service providers.

The value of lost productivity in Canada that is attributable to mental illness is estimated at \$8.1 billion in 1998. This would correspond to some 17-18 billion in today's dollars. Statistics reveal that one-third of the people who are off on disability are off because of a mental illness. But the cost of that

38% of adults embarrassed to admit their child has a mental illness

one-third is 70 per cent of the total cost of disability because they have a tendency to be off much longer, because there

are no programs to assist them in returning to work sooner and because stigma discourages them from coming back to work because of what their co-workers will think of them. The number of disability claims from employees on issues related to mental illness has doubled in the last five years. And every employer in the country will tell you that it is disability costs that are driving up the cost of insurance and various types of health plans for people.

So it is clearly in the interest of the business community to attack the mental health issue in general and particularly to find ways of helping children's mental health because it is such a major issue with employees. It's in the interest of their bottom line to work much harder on returning people with a mental illness to work early and finding ways to accommodate them.

But mental health is the business of all Canadians. It is in the interest of every single one of us as citizens of a country committed to the fair and equal treatment of all its citizens to help people living with a mental illness to live meaningful and productive lives. This is the task to which the Mental Health Commission that I've had the honor of being asked to chair will devote itself over the next 10 years. □

Late-breaking news: Executive Director Ella Amir has accepted Senator Kirby's invitation to chair the Commission's Family & Caregivers Advisory Committee. Amir calls it a vote of confidence in AMI and important recognition of the work it does.

AUTUMN 2007

GUEST SPEAKER EVENINGS

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

October 10: Low-Beer Memorial Lecture. *Don't Call Me Nuts: Why we stigmatize mental illness.* Oscar Peterson Concert Hall, Loyola Campus, Concordia University, 7141 Sherbrooke St. West, 7:00pm (See page 1)

November 12: *Treatment Choices and the Consequences of Refusal: consumer, family and professional perspectives.* Panel presentation and discussion

SUPPORT GROUPS

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

FAMILY for relatives

September 10, 17, 24; October 1, 15, 29; November 5, 19, 26; December 3, 10, 17

SOUTH SHORE for relatives

Wednesdays 6:30pm

New locations: call AMI for addresses

September 12, 26; October 10, 24; November 7, 21; December 5, 19

SIBLINGS AND ADULT CHILDREN

September 17; October 15; November 19; December 10

PAC Parents of Adult Children

At AMI, 5253 Decarie, suite 200

September 11; October 18; November 20; December 18

DEPRESSION for consumers and relatives

September 24; October 29; November 26; December 17

DEPRESSION/BIPOLAR DISORDER

for consumers and relatives

September 10; October 1; November 5; December 3

OBSESSIVE COMPULSIVE DISORDER

for consumers and relatives

September 24; October 29; November 26; December 17

KALEIDOSCOPE for consumers

September 17; October 15; November 19; December 10

LIFELINE for consumers

Alternative Centregens, 5770 Auteuil, Brossard
Thursdays, 1pm

DECEMBER 9: Holiday party

BOARD MEETINGS

Tuesdays 7:00pm at AMI

September 4; October 1; November 6; December 4

Vanier student designs winning poster for Depression Awareness Week

“The image just popped into my head,” says Boris Tzvetkov

It was the final project for students nearing the end of a three-year career program called Micropublishing and Hypermedia. During that time they had studied graphic design, web design and business office communication skills. All through their third year, teacher Joan Fee had given them real rather than hypothetical subjects to tackle. Now she announced a contest to challenge them one last time: design a poster to promote Depression Awareness Week in an attention-getting way; communicate the urgency of seeking help for depression without frightening or turning people off by being morbid or blatant. And do it within three weeks.

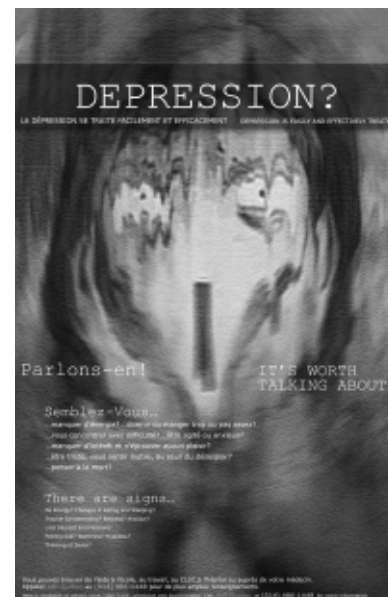
The Vanier students were not total strangers to mental health events. Last fall there was a poster contest for Suicide Prevention Week. To sensitize them further to depression, they watched an informative film. “We also had discussions in class,” Fee added, “and talked a lot about using metaphors as images to visualize a subject that could easily turn negative or heavy-handed.”

For 25-year old Tzvetkov, poster inspiration can go one of two ways. “Either it can take forever, or sometimes you just have it in

your head. That’s the way it was this time. After our discussions in class, it just came to me.” Winning ideas often did. A veteran of many poster competitions at Vanier, Tzvetkov was a three-time winner. If not winners, his submissions would often be runners-up. Now that he’s graduated, he’s looking for a career that will let him grow his skills in computer arts.

From Fee’s perspective, the Depression poster competition was a learning experience. She was impressed with the way her students grappled with the graphic difficulties of the subject. Out of a class of 18, 18 poster ideas were submitted. “And they were all so different,” she says, “that’s the beauty of it. So many different takes on the same topic — and many very, very good ones.”

Vanier College has participated in Depression Awareness Week from its earliest years, when it was a one-day event called Depression Screening Day. The college is known for actively working to involve students, particularly those studying the helping professions, in the proceedings. □



Student and teacher pay a visit to AMI

From our
**MONTY
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Reviewed
by
Joanne Smith

Ending the Depression Cycle A Step-by-Step Guide for Preventing Relapse

by Peter J. Bieling, PhD, and Martin M. Anthony, PhD

I was immediately drawn to this book (New Harbinger Publications Inc., 2003) by its format, but on closer inspection I was more captured by its contents.

Even a cursory review of the information it contains corresponded to the first-hand knowledge I have gained from dealing with my own bouts of depression. A more in-depth reading only reinforced my first impression. I suggest this would be an important reference for anyone who has ever suffered the darkness of depression.

I enjoyed the comfortable feel of the soft-cover workbook and found the structure and format allowed for easy reading and reference. The

Contents lists the title of each chapter as well as the subjects covered within. This detail simplified finding specific information.

Chapter 1 could be referred to as Depression 101. The authors define depression, explain the differences between major depressive disorder (MDD), commonly known as clinical depression, and dysthymic disorder (which, while not as severe, can be just as disabling). They provide information about the other disorders that include a depression component — seasonal affective disorder (SAD), bipolar disorder and adjustment disorder — and provide information about who gets depression, causes,

continued on page 8

WHAT HINDERS? WHAT HELPS?

During a recent focus group organized by Ella Amir, five consumers discussed the good and the bad they've encountered on their road to recovery



- 1 GAIL ADAMS**
Hinders: The fact that my illness is kept a secret
Helps: Friends. And my art courses
- 2 SYLVIE ALBERT**
Hinders: When I hear people say, "Keep it simple for her"
Helps: Meditation, support groups, my godchild
- 3 MIKE SANTORO**
Hinders: Stigma hurts
Helps: Knowing my sister believes in me
- 4 ELIZABETH TREMAIN**
Hinders: The lack of honest communication
Helps: My writing. Laughing, sometimes
- 5 CAROL VANDETTE**
Hinders: Being lonely, feeling there's no one who cares
Helps: AMI has helped me a lot ☐

Mike Santoro to be part of Mental Illness Awareness Week

Every year Mental Illness Awareness Week turns the spotlight on a group of consumers from across Canada to promote its continuing theme, Face Mental Illness.

Administrative assistant Mike Santoro has been chosen as one of this year's honored group. His photograph will appear on the MIAW poster and bookmark and his story will be posted on their website.

Mental Illness Awareness Week, September 30-October 6, is designed to counter stigma and encourage Canadians to learn more by saluting people who have gone through the trauma and are now living successfully with their psychiatric disorder. For further details, visit www.miaaw.ca/en/campaign/faces.aspx.

TRIBUTES & MEMORIALS

In honor of Rev. Shirley Smith
Kay Simpson

In honor of Sherry Ellen
Beverly Ritz

In honor of Trisha and John Block
Marylin, Jonathan and Jeffrey Block

In honor of Annie Young
Judy Litwin

In honor of Harold Ship
Meta Fitch

In memory of Ryan McMartin
Jean and Duncan Brown

In memory of R. J. Kane
Doreen M. Kane

In memory of Robert Sartori
Stephen Sartori

In memory of John Simpson
Kay Simpson

In memory of Gordon Calderhead
Kay Simpson

In memory of Gus Boudens
Kay Simpson

In memory of Debbie Richardson
Kay Simpson

In memory of David Hollinger
Liba and Lawrence Carpmann
Sandy and David Martz and family
Anne and Arthur Perlman

Barry Filger
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Elaine and Julian Kotler
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Sylvia and Felix Kohn

In memory of Debbie Philip Zuker
Pat and Paul Rubin

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

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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.

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- I have a mental illness
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From our Monty Berger Library ... continued from page 6

treatments and how to prevent its recurrence.

Subsequent chapters address specific issues related to achieving and maintaining wellness. There is a chapter on relapse and information regarding the prevailing myths about remission and recovery. Another chapter outlines how readers can assess their current state of wellness and how to develop a personal wellness plan.

Medications — advantages and disadvantages, myths and misconceptions, categories, generic and trade names, available dosages and typical daily dosages that may be prescribed — are covered in depth, as are such subjects as the role of psychotherapy in the treatment of depression, the impact of negative thinking and perfectionism, coping skills to employ in times of stress, how depression may relate to other health issues and how it affects personal relationships.

Overall, I found that *Ending the Depression Cycle* provides the most comprehensive and complete approach to understanding depression, its treatment and its impacts that I have read to date. □

Original text has been abridged.



This issue of *Share&Care* has been made possible by an educational grant from Janssen-Ortho.

amiquébec

Agir contre la maladie mentale
Action on mental illness

AMI-Qu bec, 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.

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SHARE&CARE

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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-Qu bec.
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