

SHARE & CARE

THE RECOVERY OF HOPE ~ THE HOPE OF RECOVERY

A reason to get up in the morning

**Life at the Wellington
Centre is good to
consumers**

Anyone who still believes recovery is an impossible dream should take a walk through the Wellington Centre.

Here is where recovery thrives and where consumers play a central role in rebuilding their lives as they wish.

The Centre opened its doors in 2000 as part of a reorganization of psychosocial rehabilitation services at the Douglas Hospital. Some of the hospital's other rehab sites are still operating, but these days most of the rehabilitation action takes place here, in a three-storey building on, logically, Wellington St. in Verdun.

Nicole Lahaie has been with the Douglas for 23 years. As the Centre's coordinator of clinical services, she's the go-to person who manages the staff, plans and organizes the services and coordinates the many activities. "What sets us apart," she explains, "is our commitment to the new approach to recovery." Meaning that instead of the traditional method (first we'll cure your illness, then we'll see if you can get your life back), the Centre puts life first. It mirrors

continued on page 2



Lahaie: life comes first

DR. RICHARD KOGAN RETURNS FOR AN ENCORE CONCERT ON JUNE 6

**Volunteers needed
to make this fundraising
event perfect**

People are still talking about Dr. Kogan's wonderfully entertaining concert in 2005. It was our first-ever fundraiser and members who volunteered their help contributed greatly to its success.

2007 marks AMI's 30th anniversary and Kogan will be returning to celebrate with us. A world-renowned pianist and New York-based psychiatrist, Kogan plays and examines the music of great composers through

the prism of mental illness. It's a one-of-a-kind concert experience. His program this year, based on the works of Tchaikovsky, will be brand new. The fundraising part is familiar. We need that money to strengthen and expand our operations, thereby securing ourselves a healthy future. And that's where you come in.

We're asking for volunteers to help in one of two areas: selling tickets to the concert and selling advertising in the souvenir book.

Ticket sales

Here's what you need to know. General admission to the concert is \$40. Sponsor category, \$100, offers preferred seating, an invite to the post-concert reception and a partial tax-deduction receipt. Patron category, \$150, includes all those perks plus participation in a draw. We expect tickets to be available by early spring, but you can begin talking up the concert right now. Date: June 6. Venue: Oscar Peterson Concert Hall at Concordia University, 7141 Sherbrooke St. W.

Advertising space

We're again preparing a souvenir book that will carry advertising. Space rates range from \$125, the business-card size, to \$3000 for the outside back cover. Friends, business connections, companies and retail establishments you patronize are all potential sources of sales. You can make the contacts yourself or submit your names to the office. Selling space may sound intimidating, but anyone who did it in '05 will assure you it's both simple and gratifying.

There's a sample letter and contract enclosed in this issue of *Share&Care*. We'll give you an additional supply or you can photocopy these as you need them. Call us at 514-486-1448 for any help or information you'd like.

Our first Kogan concert was successful both musically and as a fundraiser. Can this one top it? With your support, it's a given. □



In Memoriam Monty Berger page 6

Wellington Centre ... continued from page 1

the incipient revolution in mental illness treatment propounded by Larry Davidson at the Low-Beer lecture last September (see page 5).

“We orient our services to support our clients’ recovery process,” says Lahaie. “The focus is on them, their needs, their preferences. It’s always a very individual thing. Do they want to rejoin the workforce? Go back to school? Learn a craft? Whatever their choice, our job is to provide the services that will help them succeed.”

During a typical week the Centre welcomes anywhere from 130 to 150 clients. It takes a staff of 23 plus volunteers to fulfill their mandate. For people interested in education, four teachers help them pick up the threads they once dropped. There’s a social-integration school program and a purely academic high school curriculum for those wanting to get their diplomas and perhaps go on to CEGEP. One room is wall-to-wall computers.

Supported back-to-work programs prepare clients for jobs that have value in

the workplace. “We’re talking about real tasks and responsibilities,” Lahaie notes. A retail shop on the street level is managed by consumers. It’s stocked with products produced at the Centre. *Café l’Expertise* provides hands-on experience for those interested in the food business. And consumers also manage the Friendship Club next door, where people go to socialize.

For people with artistic talent, occupational rehabilitation workshops provide many opportunities to create. They’re producing and packaging soaps at the Centre, firing ceramics, creating fine paper and printing greeting cards. The basement has been turned into a wood-working shop and the items you see there would fit very nicely in your home.

Emploi-Québec’s IPS program (Individual Placement and Support) is an important service. When clients are ready

to join the regular work force, the work-integration staff helps find the ideal job (or the closest thing to it), makes arrangements with the employer and provides ongoing support. At present about 110 clients are in the IPS program. That’s at least 75 percent of all those who are registered, a proportion Lahaie considers a good success rate.

As employment hunters, the Centre has much to be proud of. One client works in a bookstore. She began by needing accompaniment to work and was able to put in only a few hours a week. Now she’s working full time and is free of the welfare system. She’s been on the job over four years.

Other clients are working in research at the Douglas. Still others are employed in unskilled and semi-skilled jobs, right up to the professional level. One woman, endowed with skills as a translator, has several contracts to keep her busy.

If the work doesn’t work out, a change of job might do the trick. Or maybe a client decides to go the volunteer route instead or even quit the Centre completely. Whatever the choice, the Centre’s always

clients that discusses the issue regularly. Our point of view remains the same: it’s all about individuals deciding for themselves how they can best get on with their lives.”

When Larry Davidson addressed the



Readying merchandise for the store

Recovery and Clinical Practice conference the day of the Low-Beer lecture, 20 staff and 20 clients from the Centre were in attendance. Lahaie, for one, is no stranger to Davidson’s philosophy. “It’s an approach that’s been proven in the U.S., the U.K. and, I believe, Australia,” she says. “There’s nothing more effective for helping people who want to go back to work.”

The Centre may well be unique in Montreal. People interested in starting operations like it keep calling and there are regular requests to participate at conferences.

As for the future, they’ll be hiring a peer support person, a consumer on staff to offer still more understanding and empathy. And just maybe they’ll get involved in housing issues. Having a place to call home is another crucial aspect of an independent life and consumers should be better informed so they can understand their rights and options.

“We always return to the same question at the Centre,” Lahaie says. “How can our services better help our clients reach the goals they’ve set for themselves? That’s the big one.” The big no-no would be to inadvertently slip back into the old medical-intervention mode. “But the staff here is all on the same wave length,” she adds, “and I don’t think any of us would let that happen.”

On the bulletin board near the front door is a notice: Chess classes for those wanting to learn or play. We’re betting the chess boards get a good workout. □

The Wellington Centre is located at 4932 Wellington St. in Verdun, tel. 514-768-2668. At present referrals are required.

“They decide, we respond.”



Instruction in the must-have skill

there, the door’s always open. “The question of when people can leave and become totally independent is a difficult one,” says Lahaie. “We have a committee of staff and

RESEARCH STUDIES MAKE WAVES

The CATIE Report, Phase 2

The ongoing question of how best to treat schizophrenia

In September, 2005, the first phase of a major research study funded by the National Institute of Mental Health in the U.S. was released. Called the CATIE Report, it compared the effectiveness of an older schizophrenia medication with four of the newer, atypical antipsychotics. The study found that patients stopped or changed their therapy as often with the older as with the newer drugs, suggesting that they were more or less equally effective. Controversy quickly arose as to whether the new drugs are worth their substantially higher cost. Many doctors disagreed with CATIE 1, saying that schizophrenia symptoms such as tardive dyskinesia are better controlled with atypicals. They proposed exercise and diet to help counter the weight and cholesterol gains often incurred with the newer drugs.

CATIE 2 results were released last April. This phase studied how atypicals compared with each other for efficacy and tolerability. About a third of the schizophrenia patients who had dropped out of CATIE 1 participated. Success was measured by how long they stayed on their medication rather than how well the medication worked. (Those who stay on their medication typically do much better than those who don't.)

The results showed that each drug had its advantages and not one was best at everything.

For chronically ill patients whose symptoms didn't improve with the first medication, clozapine produced substantial symptom reduction and considerable improvements in medication adherence.

For those who had stopped their therapy in Phase 1 because of psychotic symptoms, olanzapine and risperidone produced better medication adherence and symptom reduction than ziprasidone or quetiapine.

For people who dropped their medication during Phase 1 because of side effects, no differences were noted between the four in side-effect reduction.

The evidence that antipsychotic medications are not interchangeable and that different people respond differently to different drugs reflects the theory that schizophrenia is likely to be multiple disorders with similar symptoms.

It's hoped that CATIE 2 will provide guidance to doctors about switching or adding a second medication when a patient doesn't respond to the first. □

Compiled with information from an article by Stacie Z. Berg in *Schizophrenia Digest*, summer 2006, and from NAMI's website.

Bombshell results in Britain

Study finds newer antipsychotic drugs no better than the old

In a study funded by Britain's National Health Service and published last October, schizophrenia patients were found to do at least as well on older antipsychotic drugs as on newer medications.

So stunned were the researchers involved, they double-checked to make sure their data hadn't been reversed.

The study was commissioned to determine whether the newer drugs, which can cost substantially more, are worth the difference in price. It compared treatment results of a broad range of older antipsychotics to those of newer ones.

227 schizophrenia patients were assigned at random to two groups. One group received a newer antipsychotic, the other an older drug. The researchers had expected a difference of five points on a quality-of-life scale in favor of the newer drugs, but the study found the reverse was true: the patients' quality of life was slightly better with the older drugs. A conservative interpretation of the data suggested there was no difference at all.

The new antipsychotics have been welcomed because they produce fewer side effects. But there is growing concern that all antipsychotics, some newer ones in particular, may cause metabolic problems. With the release of the research results, reaction was swift.

Columbia University psychiatrist Jeffrey Lieberman, the lead researcher in the CATIE project, wrote that the claims of superiority for the atypicals "may have been encouraged by an overly expectant community of clinicians and patients."

Peter Jones, a psychiatrist at the University of Cambridge in England, stated that his colleagues were "beguiled" by the new antipsychotics. His was just one voice blaming drug studies that focused

on positive short-term results rather than on how patients fared long-term.

A spokesperson for Eli Lilly, makers of Zyprexa, said it was problematic to compare large groups of medications because there are differences between the drugs in each class.

That's important for consumers and families concerned about the most effective treatment plan to remember. Results from both the British study and the CATIE report are evidence that no two antipsychotics are identical and that every person will react in his or her own way to medication. □

Information provided and edited from a report by staff writer Shankar Vedantam in the *Washington Post*, October 3, 2006.

Not one drug
excelled at everything

No two people will
react in identical fashion

THE DINOSAUR IN OUR LIVES: WHAT TO DO ABOUT STIGMA AND DISCRIMINATION

Prejudice against the mentally ill: like the dinosaur, it's big, it's ugly and it goes back a long way. The difference is, stigma and discrimination are still with us, causing misery for families and impeding the chances of recovery for countless consumers.

The Mood Disorders Society of Canada organized a Stigma and Discrimination conference last October to investigate how best to get a handle on the problem.

Several related issues were identified as needing swift attention. Developing a comprehensive research agenda that focuses on consumers and families is vital. There's a need for support materials to accelerate the establishment of a commission dedicated to mental health issues. (Just such a commission was recommended in the long-awaited Kirby Report of May, 2006; the initiative has so far been sidelined by a less enthusiastic Conservative government.) Also important are the building of collaborative research teams and networks and an effective exchange of ideas. And on a

broader scale, national and international partnerships need to be encouraged between families, consumers, researchers and funding sources.

Among the conference activities was a two-day research workshop, which brought together representatives from all sectors of the mental health field. AMI was

represented by executive director Ella Amir.

"Discrimination doesn't only come from a close-minded landlord or employer," she noted. "Everyone at the workshop was very

concerned about the fact that there's also stigma against consumers perpetrated by some members of the helping professions. Needless to say, that attitude can have a devastating impact on a person's confidence and ability to recover."

Workshop attendees were asked for their opinions as to which issues should be given research priority. These five were among the questions voted in greatest need of answers:

1. What would be the most effective strategies to reduce stigma and discrimi-

nation associated with mental illness and addictions among health and social service providers?

2. What would be needed to help service providers recognize and change their own stigmatizing attitudes and behaviors?

3. What role do post-secondary educational systems and health and professional training play in either perpetuating stigma and discrimination or empowering consumers and families?

4. In what ways do children and youths experience stigma and discrimination?

5. How effective are existing consumer-led anti-stigma programs?

No surprise, the next big challenge will be finding the necessary resources to fund the studies that would track down those answers. Prejudice is a complex and multilayered problem that resists easy solutions. All the more reason to move on it quickly. Dinosaurs don't belong here any more. □

The Douglas Hospital is planning a two-day conference on stigma March 15-16. The public is welcome to attend. For details, call 514-761-6131, ext. 2717. Or visit www.douglas.qc.ca.

Not only close-minded landlords and employers are guilty

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, 2007.

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

A PRAISEWORTHY PUBLICATION from Health Canada

The Human Face of Mental Health and Mental Illness in Canada 2006 is a report that's not only up to date but also genuinely pertinent to Canadian readers. Published by Health Canada with the aim of raising public awareness and increasing understanding of mental health and mental illness, it contains Canadian statistics and a broad range of issues written in a Canadian context. The first of its kind and much better late than never.

It was launched during the Stigma and Discrimination conference and is available for downloading in PDF format. <<http://www.phac-aspc.gc.ca/publicat/human-humain06/index.html>> □

REVOLUTION AT THE LOW-BEER

Larry Davidson asks families to help him right the wrongs of mental illness treatment

“Things are terrible. It’s high time they got better.”

“What a person is or does is more important than the state of their sanity.”

“Psychiatry has it all backwards.”

Who ever thought they’d hear that sort of talk from a clinical psychologist?

Larry Davidson says it all and much more besides. He’s in the front ranks of a revolution that’s begun shaking up the tra-



A stirring message and ...

ditional attitudes of mental health practitioners towards their patients.

Director of the Program for Recovery and Community Health at Yale University and an associate professor of psychiatry there, Davidson had a packed audience in the palm of his hand at our Low-Beer Lecture last September.

Instead of putting patients’ lives on hold while treatment for their illness goes on and on, he wants to see people given back their right to a life right from the start. “I say, first you get an apartment and a job, then you get normal. But for far too long mainstream psychiatry has been doing just the opposite. They want you normal first. Well, in my opinion, with that approach you’ll never be normal enough to satisfy the doctor, never mind to earn money, live on your own and find someone to love you.”

That, in essence, is Davidson’s revolution: instead of first treating individuals to affect a recovery, restore their rights so they can get back to the business of living.

He isn’t pretending there’s a cure for mental illness. For Davidson, recovery means recovering a life and enjoying participating in society despite the illness.

He doesn’t let consumers off the hook. They have a part to play and it takes courage: Make sense of your illness and learn to live with it. Regain and maintain hope. Reconstruct a sense of yourself and your life within the limitations imposed by your illness. Your reward, he says with tongue just slightly

in cheek, is you’ll be like anyone else with only ordinary worries on your mind.

As for families, “The revolution will come about from the bottom up,” he predicts, “by families demanding different care than they’ve received for themselves and their loved ones over the last 50 years.”

Earlier that day, Davidson gave a similar address to healthcare professionals as the keynote speaker at a conference on recovery and clinical practice. We’ll all be watching to see who got the message. □



... endless questions

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, 2007. 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.

AMI-Québec Award for Exemplary Service

Presented to someone working in the field of mental illness. Selection criteria include extraordinary care to those with mental illness, guidance and support to families struggling to cope and active participation in support of our goals.

Exemplary Psychiatrist Award

Presented to psychiatrists who endorse our agenda by guiding and supporting families, sensitizing health professionals to the pain and difficulties families face, promoting the inclusion of family members in treatment teams and increasing public awareness of mental illness.

AMI-Québec Volunteer of the Year

Presented to an AMI volunteer for service during the previous twelve months that far exceeded the norm as well as for outstanding and inspiring dedication to our objectives.

The Extra Mile Award

Presented to an individual or an organization for special efforts to promote the understanding of mental illness.

IN MEMORIAM

Remembering Monty

Monty Berger, who played a seminal role in shaping AMI into the dynamic organization it is today, died last November at age 88.

He joined AMI in 1988, when our membership numbered just slightly over 100, and served as president from 1990 to 1993. A consummate professional endowed with boundless energy, he inspired his team to live up to his own personal standards of excellence. Most of the time we succeeded.

AMI is fortunate to have been on the receiving end of Monty's generosity, wisdom, caring and humanity. Speaking for myself and for all of us who knew him, we shall miss him tremendously.

Ella Amir
Executive director



June, 2003: Monty Berger, centre, celebrating his 85th birthday with AMI members

TRIBUTES & MEMORIALS

In honor of May Gruman
Marylin Block

In honor of Elizabeth and Jim Tremain's wedding anniversary
Nancy Grayson

In honor of Marie and Claude DesRosiers
Lucie DesRosiers

In honor of Ella Amir
Nancy Grayson

In honor of Lorna Moscovitch's special birthday
Irving Rudy

In honor of Sylvia Klein's birthday
Sonia and Henri Weinzwieg

In honor of Monty Berger
Alvin J. Guttman

In honor of Gisèle Amzallag
Alain Amzallag

In honor of Riva and Carl Gelber's birthdays
Doris Evin

In memory of Gordon Calderhead
Kay Simpson

In memory of Hershie Shtull
Becky Shtull

In memory of John Simpson
Kay Simpson

In memory of Gus Boudens
Kay Simpson

In memory of Debbie Richardson
Kay Simpson

In memory of Judith Ann Ortenberg
Kay Simpson
Ruth Ilieff
Evelyn Raphael

In memory of Michael Ortenberg
Evelyn Raphael

In memory of Gabriel Grosz
Kay Simpson

In memory of Douglas Herbert Galbraith
John E. Macdonald

In memory of Tim Roach
Marilyn and Neil Caplan

In memory of Gary Molloy
Ann Molloy

In memory of Shelley Noble
Roseanne and Robert Pincombe

In memory of Sig Swanbergson
Kay Simpson

In memory of Harold Kahn
Marylin and Jeffrey Block

In memory of Ann Wax
Dorothy Bierbrier

In memory of Klara Eigenmacht
Susan Goldstein

In memory of Deborah Richardson
Elsie and Doug Richardson

In memory of Rosa and Paul Baatz
Rosanne Baatz

In memory of Susan Leger
Sheila Leger

In memory of Liz Kane
Sally McNamara

In memory of Lois and Phillip Berman
Herb Beiles

In memory of Jimmy Miller
Pat and Paul Rubin

In memory of Rosalynd Weinberger
Pat and Paul Rubin

In memory of Ted Outram
Heather Geary

In memory of Christopher Morris
Jean Morris

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

WINTER 2007

GUEST SPEAKER EVENINGS

Mondays 7:30 pm 4333 Côte Ste-Catherine Road

March 26: Dr. David Bloom, medical chief, adult psychiatry division, Douglas Hospital. *Medications: Efficacy and Side Effects*

INTERACTIVE WORKSHOPS (AMI office)

January 24: Financial planning. Earl Kaplin, Assante senior securities representative; Jeremy Hampson, Assante investment advisor

February 27: Mental health through orthomolecular therapy. Sara Sochaczewski, director, Montreal chapter, International Schizophrenia Foundation; Kim Corbett, ND; Kadeja Lefebvre, ND

SUPPORT GROUPS

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

FAMILY for relatives

January 8, 15, 22; February 5, 12, 19; March 5, 12, 19

PAC Parents of Adult Children

7:00 pm at AMI

January 16; February 13; March 13

SOUTH SHORE for relatives

Wednesdays 6:30 pm

2499 rue St-Georges, room 200, LeMoyne
January 3, 17, 31; February 14, 28; March 14, 28

SIBLINGS AND ADULT CHILDREN

January 15; February 12; March 12

DEPRESSION/BIPOLAR DISORDER for consumers and relatives

January 8; February 5; March 5

DEPRESSION for consumers and relatives

January 22, February 19; March 19

OBSESSIVE COMPULSIVE DISORDER for consumers and relatives

January 22; February 19; March 19

KALEIDOSCOPE for consumers

January 15; February 12; March 12

LIFELINE for consumers

Thursdays 1:00-3:00 pm

Alternative Centregens, 5770 Auteuil, Brossard

BOARD MEETINGS

Tuesdays 7:00 pm at AMI

January 9; February 6; March 6

Tell the government to get moving and set up a Canadian Mental Health Commission

Last May saw the release of the long-awaited Kirby report on mental illness. The report strongly recommended the creation of a Canadian Mental Health Commission as a first step towards a much-needed national strategy to improve our mental health system.

To date, the federal government has made no move in that direction. It's time to put the pressure on.

The Schizophrenia Society of Canada has launched an on-line letter writing campaign. Join it by clicking on the Health Campaign web site listed below and e-mailing a letter to your Member of Parliament. The site provides a prototype letter and your MP's e-mail address. It even sends the letter for you.

This is a fast, easy and powerful way to tell Ottawa that enough is enough: Canada must have a national strategy to deal with mental health and illness issues, and the Canadian Mental Health Commission needs acting on without delay.

Make your move. Visit www.healthcampaign.ca today. □

VERY SCARY...



BUT VERY NICE



Skeletons, ghosts and a witch's brew of creepy creatures gathered at the Jardin Tiki Restaurant last October 28 for an evening of pre-Halloween revelry. Organized by administrative assistant Mike Santoro and a team of his relatives, the evening had a serious side: raising funds for AMI. Thanks to an enthusiastic crowd of staff, volunteers, family members and friends, over \$1800 was collected.

