

SHARE & CARE

THE RECOVERY OF HOPE ~ THE HOPE OF RECOVERY

HOT TOPICS AND COOL NOTES TWO SPECIAL EVENTS YOU WON'T WANT TO MISS

Does great jazz ring your bell? Ever wonder what really goes on behind the scenes in Ottawa? Either way or both, you have a date this fall with an exciting evening. On September 25, the Hon. Michael Kirby, driving force behind the Mental Health Commission of Canada, speaks at the John Hans Low-Beer Memorial Lecture. October 29, renowned jazz stars Oliver Jones and Raneé Lee will be doing what they do best at our fundraising concert.

You'll be enlightened and entertained, and it's a sure bet you'll go home happy. Put these two events at the top of your must-attend list.

WHAT TOOK SO LONG?

The blood, sweat and tears behind the launch of the Mental Health Commission of Canada

The go-ahead to set up the Mental Health Commission was a major step forward on the long road towards improved healthcare policies and services in Canada. Getting there was no piece of cake.

Michael Kirby, chair of the Commission, was involved from the beginning (he *was* the beginning, in fact) and he knows better than anyone the effort it took. Everyone with a connection to mental illness should hear what the Commission has been doing to date and what's on its agenda for the future. Kirby will inform you.



He also has stories to tell that you won't find any time soon in your newspaper or on the Net. A fascinating evening is in store. **Thursday, September 25, 7:00pm at Oscar Peterson Concert Hall, 7141 Sherbrooke St. W.**

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

A Tribute to Oscar Peterson

Even if you're not a diehard jazz fan, you recognize the names Oliver Jones and Raneé Lee. They're the top and they'll be pulling out all the musical stops in October as they salute the memory of Oscar Peterson.



This is our third fundraising concert and it's different from the others. For the first time we've brought a professional manager on board and engaged big-name artists with international reputations as superb entertainers.

What hasn't changed is the fact that we need to

strengthen our financial base and we're counting on this fundraiser to do just that. Our programs are growing because the need is growing. We've also developed some new ideas for helping families trying to cope with mental illness. It all takes money.

Call us, 514-486-1448, for more information or to reserve your tickets. You won't be available? Here's an idea: why not buy a ticket and treat a friend. Great music makes a wonderful gift.

General admission, \$75. Concert with partial tax receipt, \$100. Concert, partial tax receipt and a cocktail reception, \$150. October 29, 7:30pm, Oscar Peterson Concert Hall, 7141 Sherbrooke St. W. □



KUDOS TO THE GLOBE AND MAIL

for their all-out attack on the myths and stigma surrounding mental illness

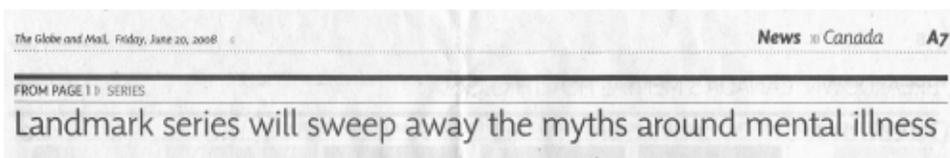
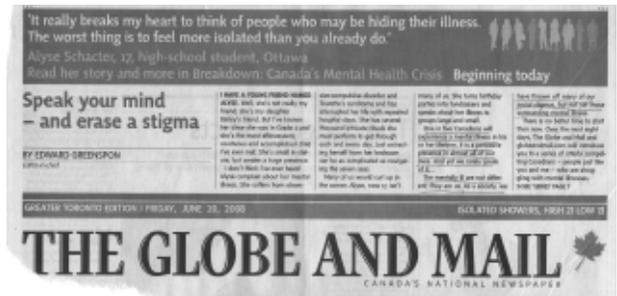
Last June *The Globe and Mail* launched *Breakdown: Canada's Mental Health Crisis*. This was a no-holds barred project on mental illness that began on June 20 and dominated both the newspaper and *The Globe and Mail* website for eight days. The goal was multi-layered. It aimed to break down the wall of silence many consumers and their families take refuge behind; to erase stigma; to help the public see that mental illness is not something alien, but an all-too-common part of the world we live in; and, ultimately, to provoke governments into producing more effective public policy.

Readers were given full-page accounts (all true, with names attached) on subjects ranging from addiction as a brain disorder to trouble in the workplace, difficulties experienced in hospitals and the horrors of prison life. The series concluded with an essay entitled *What Needs to be Done: The Solutions* and a piece by the Hon. Michael Kirby, *Fighting the Stigma*.

There were extras, too, such as research findings and reprints of online stories,

including those posted by hockey superstar Guy Lafleur and Ottawa Senators captain Daniel Alfredsson, who discussed mental-health challenges in their own families. Most poignant and shocking was an excerpt of a story, *At the Asylum*, first published in *The Globe* in 1890. (If you think there's a lot to complain about now, this was an eye-opener as to how primitive attitudes and approaches were little more than a century ago.)

What may sound like a week of unalloyed gloom in fact wasn't. Many of the



accounts were inspirational, as they proved once again that mental illness doesn't have to be considered the end of a fulfilling life.

Newspaper readers were urged to share their stories by going online to

globeandmail.com/breakdown. The website offered videos, interactive graphics, resource lists, links, live discussions daily with professionals in the mental health field and an audio slideshow featuring *The Globe and Mail's* Editor-in-Chief, Edward Greenspon.

Greenspon's introduction on June 20 promised readers "a series of utterly compelling Canadians — people just like you and me — who are struggling with mental illnesses." He expressed his hope that the project would "sweep away the myths around mental illness" and "explain how public policies are failing...." He urged people to fight stigma by standing up and speaking up. "The time has come," he wrote, "to speak your mind, to erase the stigma of mental illness and acknowledge the contribution that those with mental-health issues... can make to society.... The more of us who do that, the more mental illness will be accepted as a normal part of life. And the more it is accepted, the more we can do to adopt the proper policies and combat it."

To which we can only add a very loud "Bravo!" ☐

Too much time has elapsed since June for a guarantee, *The Globe and Mail* advised us, but interested *Share&Care* readers can try accessing at least some of this large project by searching online under Mental Health or Breakdown.



A cake and warmest best wishes on Anita's 90th birthday

Anita Miller, an AMI member since way back when, marked her ninetieth birthday in August. A group of her long-time friends, also veteran members and AMI directors emeritus, made the boardroom celebration special. Clockwise from bottom left: Miller, Marilyn Block, Kay Simpson, Sylvia Klein.

What's your problem?

For solutions that work, check out our education and information programs

Many of the advantages of being an AMI member are listed right on this page. Our education and information programs are designed to counter the confusion, uncertainty and hurt of coping with a mental illness. From friendly discussions to more structured sessions, the 2008-09 lineup offers variety to suit every need and schedule. With so much expert advice and experience yours for the asking, why grapple with your problems alone? Choose the help you need and make this the year things start looking up.

"It's all so overwhelming."

EDUCATION PROGRAMS

When you have the right information you're on the path to solving problems.

We offer **four Mood & Thought Disorders groups**. Each runs six-weeks but with different start dates. Group 1 begins **September 16**; group 2, **October 30**; group 3, **March 17**; group 4, **April 23**.

One **OCD session** is scheduled for **September 29**.

You must register (call the office, 514-486-1448) to secure the place you want. Education programs are open to relatives, consumers and caregivers. At AMI, 7:00-9:00pm. Free for AMI members and those on limited incomes.

"Will things ever get better?"

RECOVERY PROGRAM

Don't let anyone tell you recovery is a pipe dream. This six-week program has proven so popular, we've doubled the schedule for 2008-09. All workshops at AMI, 7:00-9:00pm. Registration necessary.

Recovery for consumers starts **November 5**. Topics include choices in the quest for goals, building self-confidence and improving relationships with others.

Recovery for families begins **February 5**. Learn coping strategies, self-care routines, techniques to encourage change and more.

"No one really understands me."

SUPPORT GROUPS

Never underestimate the importance of a support group to help you cope with a mental illness situation. Here's where you meet others who've been through what you're going through, who understand and sympathize. These are open-agenda sessions led mostly by family members. They operate year-round. No registration necessary. Come and go as you please. See *Calendar*, page 5, for meeting locations.

"Shouldn't my opinions count for something?"

ROUNDTABLE DISCUSSIONS

Here's your chance to speak your mind — and hear other points of view, too. Four themed sessions are led by knowledgeable professionals. Participants exchange opinions as full partners in the give-and-take. At AMI, 7:00pm. Registration required.

November 24. Registered Disability Savings Plan: how it works and how your relative can benefit. With Me Sylvain Carpentier.

January 26. Finding the laughter in mental illness: why it can be good for you. With Albert Neurenberg.

February 23. Wills, trusts and other ideas to maximize financial security. With Sid Peck and Jerry Dworkin.

March 30. Mental illness: the third partner in your relationship. With Sylvia Smith and Ian Smith.

"I'm stuck at home and there's no one I can talk to."

TELE-WORKSHOPS

Here's a perfect solution for anyone who's housebound, living in a remote area or where English-language services are minimal. Through teleconferencing technology you're linked by phone to a healthcare professional and other people with your same concerns. You get to exchange information, experiences and ideas. All workshops operate from 7:00-8:00pm. Call AMI, 514-486-1448, for information and to learn how to connect. To register, call 1-866-396-2433.

Sept. 4: The caregiver's challenge: you can stop stressing and start enjoying.

Host: Doreen Whitehead, nurse.

Oct. 2: The challenges of depression in older adults.

Host: Alan Regenstreif, social worker.

Nov. 19: Why are you so angry? A management guide.

Host: Tom Caplan, social worker.

Jan. 28: Psychiatric medications and other treatments: what's behind all the controversy?

Host: Dr. David Bloom, psychiatrist.

Feb. 25: Truths and myths about bipolar disorders.

Host: Dr. Allan Fielding, psychiatrist.

Mar. 28: Personality disorders: more common than you think.

Host: Dr. Joel Parris, psychiatrist. □

HOME AWAY FROM HOME

Call it a support group, but for many on the South Shore it feels more like family

Calendars in a good number of South Shore homes have September 13 circled. The date marks exactly 15 years of existence for our South Shore support group and there's going to be a party. Everyone who is now, or has ever been, involved with the group is invited to celebrate.

Bepie Boudens was instrumental in getting the ball rolling. She and husband Pieter, Kay Simpson and Elsie and Doug Richardson were among the AMI members living on the South Shore who found that travelling to support groups in Montreal was becoming a grind. They pushed for something nearby. It would help not only them, they argued, but would also serve the larger English-speaking community, which had little if any such service available to them. The first group met on September 13, 1993. They've been meeting every two weeks all year round ever since.



Facilitator Sheila Geraghty (top left) and early arrivals at a recent support group

It's been said that family is where, when you go there, they have to take you in. As news of the support group's existence spread, many people wanted in. They came from South Shore towns wherever there was an English-speaking community: St. Lambert, Brossard, Longueuil, Greenfield Park, Chambly, St. Bruno, Otterburn Park and Châteauguay.

Different by design

From the beginning, South Shore did things their own way. "We decided we wouldn't have professionals as leaders," says Boudens. "Instead we chose three couples who would be our facilitators. Even today, the only professional we have at the meetings is a psychologist from the CLSC who comes by every two months, not to counsel but to listen and answer questions."

The South Shore support group operation is small compared to AMI's and that can be an advantage. "For instance," says Boudens, "our facilitators always phone people in advance to remind them of a meeting. All those who've attended in the past year get a call. It reinforces the connection. People feel good that we're thinking of them. We've also handed out some home phone numbers which anyone can use in case they want to talk one-on-one."

Beatrice Thériault, an active group member for over a decade, points out another difference: "Most support groups stick to one subject only, mental illness and the problems because of it. Not us. We start our meetings that way, but after everybody's had their say, the conversation can go anywhere. We wind up chatting about ordinary, everyday things." That turns people with problems into people with lives. Empathy and closeness grow.

Thériault credits the support group with keeping her sanity intact. "I was at my wit's end when I came in the first time," she recalls. "I think a lot of people are in that same situation. Finding this support group has been a life-saver."

All in the family

Over the course of 15 years, South Shore has attracted some 120 people. They num-

ber 10-12 per meeting, an above-average turnout. Thériault recalls an evening when they were 18 squeezed around the table.

"Some people have been coming back for close to 15 years and it's not that they're still in crisis," Boudens says. "On the contrary, things have sometimes worked out really well for them. They come because



Boudens (l) and Thériault: well worth all the hard work

they think it's important to let others know how situations can change, that there's hope and they don't have to despair. That says something about the kind of spirit we have."

It also says some-

thing about the vital need the support group has tapped into. "There aren't many other places around here you can go to talk," says Thériault. "Unless your neighbor has the same problems, they won't understand. It's hard to get the sympathy you need in two or three minutes from your family doctor. Even from a social worker, it's not always possible. Whereas here you can come in just to get a load off your shoulders. It's really special."

An unexpected compliment: over the years more than one psychologist has mentioned how much they've learned by being present at the support group meetings. Their reactions are similar: they never imagined what families go through; they should know more; they've come away with a greater respect for the bigger picture.

At the ripe old age of 15 the support group can take pride in the fact that they've become a factor in the South Shore community. They've often worked to exhaustion, given it their all and now they're taking a well-deserved bow. The family has done well. □

Starting September 3, South Shore support groups will meet in Greenfield Park at 10 Churchill Blvd., corner of Victoria, suite 205.

PLAN's newest idea: online help for families interested in the Registered Disability Savings Plan

Planned Lifetime Advocacy Network (PLAN) is the organization that conceived, developed and pushed hard until Ottawa made the Registered Disability Savings Plan (RDSP) a reality. If you're just catching up, this savings plan works much like the Registered Retirement Savings Plan, only it's children with disabilities, such as those who suffer from a mental illness, who benefit.

Now PLAN has introduced an online calculator to help families project the estimated future value of an RDSP. This will allow them to determine how best to take full advantage of the plan along with its matching federal grants and bonds.

How it works

As PLAN explained in their press release, once you answer a few simple questions, the calculator determines the amount of grant and bond your relative is eligible for and the value of your future payments.

Example: a family with a nine-year old child decides to invest \$500 per year for 20 years in an RDSP. The calculator reveals that by the time the child is 39 years old, the \$10,000 investment would provide \$57,372 in payments between the ages of 39 and 83 (based on a potential growth rate of 5.5 percent).

If the same family invests \$1,500 per year, the calculator estimates the RDSP would provide payments of \$1,282,623 between the same ages.

A printable summary of any scenario you enter is available.

The calculator is now available at www.plan.ca or www.rdsp.com. For more information on the RDSP itself, log onto www.rdsp.com.

The RDSP is now, finally, scheduled to start on December 1. That's at the federal level. Some provinces, including Quebec, are still working their way through the technicalities. Join the Roundtable Discussion on November 24 (see page 3) and be up to date on all the details. □

10 YEARS OF GROWTH FOR DEPRESSION SCREENING WEEK

October 5-11 marks an important anniversary for Depression Screening Week.

It was 10 years ago, in 1999, that the event was launched. Depression Screening Day (it was only a day at the time) was largely an AMI initiative. Its goal was to alert the public to the symptoms of depression and to provide screening facilities and referrals for those who

felt they needed help.

The Day grew into the Week in 2005. Partners in this year's campaign include a cross-section of Montreal-area CEGEPs, universities, CLSCs and community organizations. A program of varied activities has been planned to further the growth of public awareness and participation.

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

AUTUMN 2008

SPECIAL EVENTS

September 25: Low-Beer Memorial Lecture. *What Took So Long? The blood, sweat and tears behind the launch of the Mental Health Commission of Canada.* Oscar Peterson Concert Hall, Loyola Campus, Concordia University, 7141 Sherbrooke St. West, 7:00pm (See page 1)

October 29: Oliver Jones and Ranelee Lee in concert. *A Tribute to Oscar Peterson.* Oscar Peterson Concert Hall, Loyola Campus, Concordia University, 7141 Sherbrooke St. West, 7:30pm (See page 1)

SUPPORT GROUPS

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

FAMILY for relatives

September 8, 15, 22; October 6, 20, 27; November 3, 10, 17; December 1, 8, 15

SOUTH SHORE for relatives

Wednesdays 6:30pm

As of Sept. 3: 10 Churchill Blvd., suite 205, Greenfield Park
September 3, 17; October 1, 15, 29; November 12, 26; December 10, 17

SIBLINGS AND ADULT CHILDREN

September 15; October 20; November 10; December 8

PAC Parents of Adult Children

At AMI, 5253 Decarie, suite 200

September 10; October 8; November 17; December 17

DEPRESSION

for consumers and relatives

September 22; October 27; November 17; December 15

BIPOLAR DISORDER

for consumers and relatives

September 8; October 6; November 3; December 1

OBSESSIVE COMPULSIVE DISORDER

for consumers and relatives

September 22; October 27; November 17; December 15

KALEIDOSCOPE for consumers

September 15; October 20; November 10; December 8

HOARDING GROUP (in collaboration with Quebec OCD Foundation)

September 8; October 6; November 3; December 1

LIFELINE for consumers

Alternative Centregens, 5770 Auteuil, Brossard
Thursdays, 1pm

HOLIDAY PARTY

December 7

BOARD MEETINGS

Tuesdays 7:00pm at AMI

September 2; October 7; November 4; December 2

THE SECRET WORLD OF HOARDERS

IT'S A STRANGE LIFE WHEN "STUFF" TAKES OVER YOUR HOUSE

We all know people who sheepishly confess they own too much. They may buy a lot, even buy compulsively, but they're not defined as hoarders. Neither are genuine collectors, whether their passion is art or paperweights or bottle caps. And neither are those who don't mind being less than meticulous about tidying up the house.

A hoarder will accumulate things of little perceived value and, no matter how unhappy with the situation, is unable to stop. The stockpiling of junk mail, newspapers and magazines, empty cartons, plastic bags and the like goes on and on until the house becomes a warehouse of worthless clutter and living there becomes difficult, if not impossible.

Not everybody agrees on exactly what hoarding is. Many professionals categorize it as a subtype of Obsessive Compulsive Disorder (OCD). In the Diagnostic Manual it's listed under Obsessive Compulsive Personality Disorder (something quite different from OCD). A third opinion rejects both these and holds that hoarding should be in a category of its own.

Someone with first-hand knowledge is Gail Adams. She has worked on controlling her own problems with OCD and hoarding for over 20 years and is the facilitator of the new hoarding support group (see *Calendar*, page 5).

"There are two ways people hoard," she explains. "Either they can't bring themselves to throw things out or they feel compelled to keep buying more of what's already inundating their life."

Based in anxiety

Hoarding affects one to two percent of the population. At its most basic, it's an

anxiety problem. There are those who develop an abnormal sentimental attachment to every little thing they own, even something as trivial as a store receipt, which they must keep because it reminds them of someone or something else. They can't differentiate between what's important and what's not.

Others hoard because they think something might eventually be useful and they want to be prepared. But instead of saving one or two plastic bags, say, they'll save every last one they acquire. And of course, the critical day they're ready for never comes.

Anxiety can also stem from fear of making a wrong decision: should I keep this or not? What if I don't and then I'm sorry? The piles that a hoarder sees as "only temporary" are anything but. The

anxiety triggered by the thought of having to sort and organize is so intense, it's easier to procrastinate. "Later becomes later and later," says Adams. "Before you know it, you're living with mountains of clutter. For sure the more you avoid something, the more anxious you get about it and the fewer skills you have in dealing with it."

There are cases of children who hoard, but the problem is mild enough not to interfere with their life. The disorder tends to worsen with age, often accelerating when people leave home and need to cope for the first time with things like newspapers and incoming mail. As a consequence, they can be in their 40s or 50s before they finally seek help.

The degree of hoarding severity is generally measured by how little living space is left in the house. In the most extreme cases, the bed is invisible and no longer usable. Ditto the living room furniture, even the kitchen and bathroom. There

may be just a narrow strip of floor to get from one place to another.

The dangers are obvious: fire, vermin, injuries from falling and other health concerns. But hoarders are in a trap. If they're renters and the stove or toilet needs repairing, they're afraid to call the janitor lest he promptly get them evicted. Even if they're in their own home, they gravitate to a constricted, isolated life, constantly fearing that any visitor will be shocked and report them to the municipal authorities.

"It has to be one of the worst problems for a family to deal with," says Adams. "It touches everyone. Often the hoarder will try to convince the others not to throw anything of theirs out either. Children can't invite their friends over, so it affects their social life. There's a lot of annoyance and disgust in the household. Frustration, too, because the family wants to understand what's happening to their loved one and it's beyond them. They won't even go to a social worker for help, because there's always the worry that the children could be taken away."

As for hoarders, they suffer greatly from guilt, shame and depression. The irony is that despite the shambles they've created around them, they're not messy about themselves and can be well organized in other areas of their life. Somewhere inside they would really like their place clean and neat. Except they can't do what needs doing, because the problem is beyond them, as well.

Where to go for help

No matter how tempting, the worst thing anyone can do, says Adams, is to have the clutter forcibly removed. The hoarder is devastated, the problem remains and the re-cluttering begins, perhaps even at a swifter pace. Adams knows of one case where the city moved in without advance notification and stripped the household bare. The resident was so traumatized that checking into the legality of how the operation was conducted was never even considered.

continued on page 8



Adams' help is based on personal experience

*They hate what they're doing
but can't stop doing it*

MENOPAUSAL AND DEPRESSED?

START WALKING

Women seeking natural therapies to ease mid-life symptoms can walk away their anxiety, stress and depression. That's the word from American researchers.

According to Dr. Deborah Nelson of Temple University in Philadelphia, a brisk stroll every day can stave off a variety of psychological symptoms in menopausal women.

In 1996 researchers began recruiting women for an eight-year study. Their sample of 380, which included 49 percent African-Americans, was 42 years old on average; 58 percent reported education beyond high school, 38 percent were smokers. They recorded their physical activity level and menopausal symptoms, including stress, anxiety, depression and hot flashes.

The study found that high levels of physical activity were most beneficial to post-menopausal women and the African-Americans. These women, who walked at a moderate pace (four miles per hour) for 90 min-

How you can be part of Tributes & Memorials

Here's a special way to recognize a friend or family member (and give AMI a helping hand at the same time).

To mark an important occasion — birthday, anniversary, Christmas or other holidays, birth of a child or grandchild — make a donation to AMI in the name of that person you care about. Likewise, when someone passes on, you can express your sympathies to the bereaved family. AMI will send a card on your behalf personalized with any message you request.

Tributes & Memorials is a thoughtful way to show you care. It also helps to enhance our fundraising efforts and secure our programs. For more information on how to make a donation, call the office at 514-486-1448.

utes at least five times a week, reported lower levels of perceived stress than those who did not exercise.

“You don't have to run 20 miles a week to reap the benefits of exercise,” Nelson said. “If you stick to a moderate-paced walking schedule, it can keep your body-mass index down and

lower the risk of stress, anxiety and depression.”

Regretfully for many, the study didn't show that exercise reduced physical symptoms such as hot flashes. □

Edited from *Anchor*, spring 2008.

TRIBUTES & MEMORIALS

In honor of Monica and Maurice Reznick

**Kay Simpson
Esther Berkowitz
Doris Brown
Ruth Shugar
Myrtle Stark
Henry Botner
Diane Brooks
Joan and Hershel Pesner**

**In honor of Sharleen Young
Karen Indig**

**In honor of Arlene Berg
Elaine Baer**

**In honor of Ellie and Gord Kadonoff
Gloria and Steve Kadonoff**

**In honor of Evelyn Ortenberg
Marylin Block**

**In honor of Sargent Normand Tougas
Fran and Howard Brenhouse**

**In honor of Gregory Stroll
Lisa Blobstein and Steve Lisiak**

**In honor of Paul Rubin
David Saltzman
Norma and Leonard Newman
Elaine and Ted Matthews
Sherry Ellen
Solomon Malus**

**In honor of Sherry Ellen's daughter's marriage
Claudia Ikeman**

**In memory of August Franck
Dr. Robert Franck**

**In memory of Debby Richardson
Kay Simpson**

**In memory of Gus Boudens
Kay Simpson**

**In memory of Judy Ortenberg
Freda Baker**

**In memory of John Ross
Helen Donahue
Anne Lynch**

**Roger Cote, Student Services
Concordia
Theravada Buddhist Community**

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

