

SHARE & CARE

THE RECOVERY OF HOPE ~ THE HOPE OF RECOVERY

HOW ARE THINGS AT HOME?

Family dynamics, never easy, can turn impossible with a mental illness in the mix. That's why caregivers should know about the growing attention being paid to a concept called Appreciative Inquiry (AI).

The name may be obscure, but AI is used to improve real-life family situations. It has the down-to-earth aim of achieving a more fulfilling quality of life and happier relationships for everyone involved. The formula is simple. At its core AI encourages us to look at people's strengths and possibilities rather than fixating on their weaknesses and problems.

The theory was developed in the 1980s by David Cooperrider of Case Western Reserve University in the U.S. He set out to analyze business organizations in a revolutionary way, meaning he began looking for what worked instead of what didn't. He consistently found that employees (and therefore their employers) thrive in an environment where the focus is on encouraging their natural skills and interests rather than tackling problems by trying to fit square-peg abilities into round holes. AI has subsequently been adopted

(Pick one)

- A. WE'RE MUDDLING THROUGH, THANKS
- B. MENTAL ILLNESS RUNS THE SHOW
- C. IT'S BECOME COMPLAINT CITY
- D. DO YOU NEED TO ASK?

to help foster positive change by health-care systems, educational and religious institutions, communities and local governments.

"You can apply the idea anywhere," says Ella Amir, AMI executive director. "I see it helping our members because it's tailor-made for families coping with the stress of an ill relative. It's similar to the recovery concept we've been promoting in that it entails accepting the disability, learning how to deal with it and building a full and rewarding family life in spite of it."

Everyone plays a part

For Appreciative Inquiry to succeed, all parties need to make an effort to change their attitudes and behavior. It's not easy but it's doable and worthwhile.

If you're a consumer remember that you have the right to shape your own life. So get serious about examining your interests. Have you had work experience? What sort of work would you like to do? If you wanted to be a lawyer or a teacher before you got ill,

maybe those careers aren't realistic now. But you might well be successful in a less demanding capacity in those same fields. Is there a sport or other activity you'd enjoy? Many community organizations are in need of volunteer help. Make it a project to see what's out there.

As caregivers well know, medication is often a hot topic in a household, one that easily degenerates into a battle.

"Did you take your medication? Must I

continued on page 6



Amir: well worth the effort

IT'S THE LAW

Everything you need to know about the legal aspects of mental illness is covered in the newly updated *Practical Guide to Mental Health Rights*

Ten years after the publication of its first Guide, the *Ministère de la Santé et des Services sociaux* has released a new, more user-friendly update.

Written in direct, easy-to-understand language, the handbook explains the legal rights of people suffering from a mental

health disability, the scope of those rights and the ins and outs of the law as it applies.

There are eight chapters. Each deals with a specific topic including, among others, consent to care, the right to service, confidentiality, protection and mandates. Answers to frequently-asked questions are provided and a glossary contains definitions of commonly-used legal terms and expressions.

Families, friends, in fact anybody concerned for the well-being and protection of someone with a mental illness should have this booklet on hand. AMI will soon have a supply available in both French and English and it's free. Stop by the office or call to reserve your copy. 514-486-1448. □

A gem of a place for a good book or video



The facts are right on hand for family outreach coordinator Kimberley Jackson

Our Monty Berger Library is an invaluable resource for anyone who needs information on mental illness. The shelves are stacked with over 500 books and close to 200 videos and DVDs. We've added more than 100 new items this past year alone.

Whether you're coping, recovering, have a loved one who is affected or want to know more about mental illness, you'll find how-to help and information on specific disorders. There are sections for non-fiction, biographies, adolescent information, fiction and books for children and teenagers.

The library is user-friendly, with a color-coded system to help you find the subject you want. Members may borrow two items for two weeks with an additional two-week extension possible.

Stop by soon and take home something good. Call Diana Verrall at the office for all library inquiries. □

SOME RECENT ADDITIONS

Books

- ~ *The Boy Who Finally Stopped Washing*, John B.
- ~ *Comfortably Numb: How Psychiatry is Medicating a Nation*, Charles Barber
- ~ *The Lily Pond*, Mike Barnes
- ~ *Setting Boundaries with Your Adult Children: Six Steps to Hope and Healing for Struggling Parents*, Allison Bottke
- ~ *Positive Family Dynamics*, Dawn Cooperrider Dole et al
- ~ *Hurry Down Sunshine*, Michael Greenberg
- ~ *Madness*, Marya Hornbacher
- ~ *Blue Genes*, Christopher Lukas
- ~ *Treatment of Borderline Personality Disorder: A Guide to Evidence-Based Practice*, Dr. Joel Paris

- ~ *Schizophrenia: Medicine's Mystery, Society's Shame*, Marvin Ross
- ~ *Beyond the Blues: A Workbook to Help Teens Overcome Depression*, Lisa M. Schab
- ~ *Stopping the Pain: A Workbook for Teens who Cut and Self-Injure*, Lawrence E. Shapiro
- ~ *The Mindful Way Through Depression*, Mark Williams et al

DVDs

- ~ *Depression: Out of the Shadows*
- ~ *Really Achieving Your Childhood Dreams (The Last Lecture)*
- ~ *Stigma in Mental Health and Addiction*

NEW IDEAS IN FUNDRAISING

The success last fall of our first professionally coordinated fundraiser, *A Tribute to Oscar Peterson*, not only earned us some welcome revenue, it opened our eyes to new dimensions and possibilities in fundraising.

The Fundraising Committee, now larger in size, has been busy drawing up plans for the year ahead. Another major event is coming up. If the idea of participating in outreach and helping to secure AMI's financial health (not to mention being involved and having some fun) appeals to you, join the committee. Call fundraising consultant Pam Litman at the office, 514-486-1448. □

A new way to donate — even monthly

AMI has recently signed on with CanadaHelps. This is a public foundation that helps non-profit organizations by promoting and encouraging charitable giving and it's all done online. Through the CanadaHelps website, donors can use their credit cards to make either a one-time donation to AMI or, for those who like the idea of providing steady support, CanadaHelps can arrange for monthly donations to be automatically deducted from their cards. Donors receive their electronic tax receipts instantly.

With advanced security features and extensive fraud detection in place, online donating is not only convenient and easy, it's safe, too. To learn more, click on www.CanadaHelps.org. There's also a link on our website, www.amiquebec.org. Administrative assistant Diana Verrall is the one to call for further information.

THE LONG AND BUMPY ROAD AHEAD

Canadian attitudes towards mental illness are so archaic, it will take a dedicated effort to change them

Even those who think they've heard it all are taken aback by many of the findings uncovered in a national survey done last year.

Conducted for the Canadian Medical Association (CMA) by Ipsos-Reid, the survey polled 2,024 Canadians. Their responses were disturbing, shocking even.

Nearly one in two Canadians believes mental illness isn't always "real" but a copout for bad behavior and personal weakness.

One in four Canadians is afraid to be around someone with a serious mental illness. About half of the respondents surveyed online said they would avoid socializing with or marrying someone suffering from a mental disorder.

Attitudes towards addictions are evidently so passionately held they're described, in the words of David Goldbloom, senior medical adviser in education and public affairs at Toronto's Centre for Addiction and Mental Health, as almost bordering on religious judgment. Canadians judge people involved with alcohol or drugs to be sinners. "Whether through genetic vulnerability, social disadvantages or a culture that often glamorizes [legal and illegal substances], there are all kinds of reasons why people fall prey to these problems," Goldbloom says. Apparently Canadians aren't buying that approach. The survey found that fewer than half of us think that addiction to alcohol or drugs is a mental illness. Taking the moral high ground, only one in five Canadians would socialize with someone struggling with substance abuse.

The research findings were released at the CMA's annual meeting in Montreal last year.

"In some ways, mental illness is the final frontier of socially-acceptable discrimination," commented CMA president Brian Day. "The survey shines a harsh and frankly unflattering light on the attitudes we Canadians have concerning mental health."

Stranger and stranger

The irony in all this is that increasing numbers of Canadians are beset by some sort of mental health disturbance.

Fifteen percent of the adults polled reported they have been diagnosed by a doctor as being clinically depressed. Another 23 percent reported feelings of worthlessness and helplessness.

According to the prescription-tracking firm IMS Health Canada, 27.4 million prescriptions worth \$1.2 billion were filled for antidepressants in 2007. That's up from 23.4 million only two years earlier. Quebec saw the biggest increase during that time, a rise of 19 percent, followed by British Columbia and Ontario. Looking at the big picture, the number of prescriptions dispensed for antidepressants in the country is now approaching one per Canadian per year.

A vicious circle

Alan Scoboria is a clinical psychologist at the University of Windsor. He notes that while it's true that many people are being medicated for "normal sadness and normal distress in life," many others with diagnosable problems aren't accessing treatment. "More people could be seeking help and more doctors asking about it," he maintains.

Michael Kirby, chair of the Mental Health Commission of Canada, says he knows where the blame lies. "If someone said to

you they had a pain in their stomach, you wouldn't assume it was fake. You would assume they had a problem and had to get it looked

25 percent of Canadians are afraid to be around someone with a serious mental illness

at. But people aren't willing to recognize that mental illness is a genuine illness."

Kirby compares the stigma towards the mentally ill to the early days of AIDS, when a disclosure of HIV sent people "running for cover." [The mental illness stigma is ages older than that of AIDS, of course.]

The tragedy is that those who hold views of mental illness that are outdated and just plain wrong can be easily caught in a web of their own making.

A psychiatric diagnosis can threaten a person's sense of identity, and Goldbloom calls that, in and of itself, a huge source of fear.

That fear is easily magnified by media coverage of horrific violence, such as the gruesome slaying of Greyhound bus passenger Tim McLean in July '08 and the multiple-murder suicide in Calgary in May '08, when Joshua Lall killed his wife, two of their three children and a tenant, then took his own life.

The fact that violence committed by the mentally ill accounts for a very small percentage of all the violent acts in our society is a truth that doesn't seem to be getting through. Fear instills a reluctance to reveal in those who need help.

To Goldbloom, the Ipsos-Reid survey delivers a very clear message: people suffering from mental disorders are not going to talk about their problem. They're going to do their utmost not to disclose anything at all. And that situation will last as long as mental illness continues to provoke such ingrained reactions of shame, secrecy and stigma in Canadian society.

A good number of family members and other stakeholders are taking steps to reduce the prejudice against mental illness. Victories have been noted. But the battle to change the hearts and minds of Canadians on a large scale has yet to be engaged. If the findings of this survey are any indication, the project may prove much tougher than we think. □

This account is based on a report in *Schizophrenia Digest*, fall 2008.

On making a difference

BETTER NEWS: FIVE OUT OF FIVE

by Sylvia Smith,
education and outreach program coordinator

The facts are public knowledge now: one in five of us has, or at some point will develop, a mental health problem. That leaves four who won't.

For too many years nobody knew the facts. Living with a mental illness meant struggling with secrecy and shame. Only recently, despite the stigma, have brave people stepped up to tell their stories. That's good news. Even better news is that five out of five can actually do something to make a difference. Everyone can be encouraged to play a significant role in overcoming the stigma.

I grew up in the '60s watching some of the most significant events of our history taking place: assassinations, the cold war, civil rights movements, Vietnam War protests. As an older teenager, I realized that getting involved in a worthwhile cause could make a difference. I volunteered for many. I boycotted and protested, wrote letters and marched. But with the onset of my own mental health problems, it became clear that no one was marching for people like me. Even I hadn't cared much until I became a statistic. Perhaps it's our nature to wait until we're personally affected before we try to change a situation.

As education and outreach program coordinator, I'm still working for change. I have many opportunities to speak to young people and I see in them a wealth of potential. They have the requisite time and energy, the idealism and the sophistication. I believe that, given the chance, they will be the standard bearers for a new future in the public's approach to mental illness. So I leave them with this question: "What do you plan to do?"

By igniting a spark in their minds, we can help them to understand the nature of mental health problems while simultaneously providing them with guidelines to productive action. Government policies can be modified and changed through letter-writing campaigns and petitions. They can become watchdogs for insensitive and wrongful portrayals of mental illness in the media. They can join in fundraising efforts for research and support services.

After one presentation at a local CEGEP, two students told me they had never thought of doing anything before. They weren't sure how their actions would be perceived by the rest of the school community. They decided, however, they would set up a small booth with posters and talk to their fellow students. The world changes, one person (sometimes two) at a time. I left feeling more hopeful that day.

How you can help

We currently have place in our education and outreach program for guest speakers to tell of their experience with mental



Involvement began in Smith's teenage years and has never stopped

illness. If you're in a healthy recovery mode, ideally (but not essentially) between ages 18-35 and with some flexibility in your daily schedule, you can help us improve the way society looks at mental health problems. Perhaps you may also know of someone you can recommend.

We address many different audiences — high schools, universities, churches, Ys and other community organizations — and work to match the right speaker to the right venue. Speakers are coached and receive a small stipend for their participation.

You could help change someone's life — maybe even your own. Call Sylvia Smith at 514-486-1448 or click on www.amiquebec.org for more information. □

Research study to focus on families and their concerns

Quebec's action plan intends to transfer many mental health services from hospitals to community organizations. Though not yet fully implemented, change is coming and sooner or later it will affect caregiver families.

Close to 60 percent of mentally ill patients are being cared for by their relatives, who often receive less than satisfactory help for themselves in return. Now a new research study wants to take a closer look at their situation, so that their worries, problems and concerns for the future can be better understood and hopefully addressed.

Jean-Pierre Bonin of the *Université de Montréal* and Melanie Lavoie-Tremblay of McGill University are heading the project team, which includes representatives from a variety of community organizations. Phase One of the study is a questionnaire, which will be sent to families associated with those organizations by next May. This will be followed by focus groups, when family members will be able to discuss their caregiving responsibilities and situations in greater detail.

As AMI is a project-team participant, you may soon find a research questionnaire in your mail box. Take the time to reply. Your answers are important for the future well-being of your ill relative, your family and others coping with your same struggle. □

Good medicine

**To overcome stress, anxiety and burnout,
more and more of us are
turning to meditation**

This could well be the point where East finally meets West. Meditation is an age-old spiritual discipline, a pillar of eastern cultures and present in one form or another in many philosophies and religions. In the East, spiritual enlightenment has traditionally been the goal of meditation devotees, while the more pragmatic West has come to value it as a way of improving health by managing a variety of stress-related disorders. (Heads up, family caregivers.)

How meditation works

Scientific studies using electroencephalograph (EEG) technology to map the brain's activity during meditation clearly show significant changes. Brain waves called alpha waves come to the fore, causing relaxation of the entire nervous system. During an alpha wave state, the parasympathetic half of the autonomic nervous system becomes dominant, resulting in lowered blood pressure and heart rate, a reduction in stress hormones and slowed metabolism. With regular practice, meditation can be a powerful healing tool to bring about feelings of calm, heightened energy and awareness. When you meditate you learn how to take control over your mind and quiet it. You're able to focus your attention — not always as easy as it seems.

There are different techniques for achieving this, including:

- **Concentrating on your breath (noticing as you inhale and exhale or counting your breaths in a variety of ways)**
- **Clearing your mind (pushing aside any stray thoughts or allowing thoughts to float in and out of awareness)**
- **Focusing on an object (gazing intently at the shape, color and texture of, for example, a petal or a candle flame)**
- **Using a mantra (repeating a word or phrase over and over aloud or silently)**
- **Movement (coordinating your breath and body through physical techniques such as yoga or tai chi)**

How to practice

You don't need special equipment to meditate, just a quiet place and anywhere from five minutes to half an hour without distraction.

Sit comfortably on a sofa or chair or on the floor. Sitting up in bed is fine, but don't lie down — in your relaxed state you just might fall asleep.

Try to set aside the same time every day for your meditation. This will help you develop the habit. And don't be impatient if your attention wanders or nothing happens immediately. Meditation has been called a way of life rather than the quick fix many of us are used to. Allow several weeks of practice before you start to feel any effects.

The benefits

Numerous claims have been made citing the effectiveness of meditation as a treatment for a wide range of disorders, including anxiety, chronic pain, depression, headaches, high blood pressure, insomnia,

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SPRING 2009

EDUCATION

7:00-9:00pm at AMI

Mood and Thought Disorders

6-session programs begin *March 17* and *April 23*

Roundtable Discussions

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

SUPPORT GROUPS

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

FAMILY for relatives

April 6, 20, 27; May 4, 11, 25; June 1, 15, 22

SOUTH SHORE for relatives

10 Churchill Blvd., suite 205, Greenfield Park
Wednesdays 6:30pm
April 1, 15, 29; May 13, 27; June 10

PARENTS of adult children

7:00pm at AMI
April 16; May 12; June 16

SIBLINGS AND ADULT CHILDREN

April 20; May 11; June 15

BIPOLAR DISORDER for consumers and relatives

April 6; May 4; June 1

DEPRESSION for consumers and relatives

April 27; May 25; June 22

OBSESSIVE COMPULSIVE DISORDER for consumers and relatives

April 27; May 25; June 22

KALEIDOSCOPE for consumers

April 20; May 11; June 15

HOARDING GROUP (in collaboration with Quebec OCD Foundation) for consumers and relatives

April 6; May 4; June 1

LIFELINE for consumers

Alternative Centregens, 5770 Auteuil, Brossard
Thursdays 1:00-3:00pm

ANNUAL GENERAL MEETING

June 8 (details to come)

BOARD MEETINGS

Tuesdays 7:00pm at AMI
April 7; May 5; June 2

RECOVERY: HOW YOU CAN EXERT SOME CONTROL

Condensed from an account by Sabrina Hassan

With psychiatric illnesses, symptom relapse is more common than not and medications often do not treat every symptom a person experiences. Is recovery, then, an impossibility? The answer is no.

One aspect of recovery involves a person's self-concept. If you become used to experiencing yourself as ill and being treated as such, your illness becomes your identity and you cannot separate the two. This is often referred to as "engulfment."

Research has shown that those who rediscover skills, interests or talents that were neglected or forgotten during their course of illness can rebuild confidence and recognition of themselves as more than just patients. People who see themselves as productive, active in influencing their own lives and part of a larger group have greater opportunities to try new things and to disengage from the patient role and engulfment.

You can also facilitate recovery by learning how to get around stubborn symptoms. Becoming familiar with your symptoms and what triggers them, then making conscious efforts to avoid or minimize contact

with those triggers in your daily routine, is one approach. Another is knowing where and when to obtain treatment.

Symptom management is also about understanding how the illness has changed your life and what adjustments must be made in order to live as meaningfully as possible. These may include decreasing

responsibilities for a while, asking for assistance with household chores or childcare, reducing work hours or even taking a leave of absence. You may find it worthwhile to take advantage of periods of wellness to set up automatic payments for basic needs, discuss powers of attorney or make plans for other responsibilities that are difficult to handle when you actively experience symptoms.

Living with illness — rather than in spite of it — is the last aspect of recovery. There is research that shows that feelings of connectedness, optimism, hope and self-effi-

cacy can actually improve a prognosis. It's important to preserve ties to the greater community, whether as a volunteer, employee, family member or friend. Some people use their experience to assist others with recovery via peer support or community education. Others contribute their talents in art, music or writing. Still others

offer loving homes to pets. Where it is not possible to return to a previous role,

you can work at cultivating new relationships and continue to reach out and connect with the greater community.

While there are no cures for mental illness in the same way that physical ailments may be cured, it is still very possible to lead a well-rounded and fulfilling life. The recognition that the illness can be managed, that one can exert control over how to handle one's experience, is empowering. □

Hassan's original article appeared in *Moods magazine*, fall 2008.

Connectedness, optimism, hope and self-efficacy can improve a prognosis

How Are Things ... continued from page 1

always remind you?"

"Must you always bug me?"

"That back-and-forth doesn't work because it focuses on the negative. It's all about what a person doesn't do," says Amir. "Try and see medication as just one tactic for getting better. The AI way would be to talk instead about what it means to get better and how to go about it." Insisting on the use of a medication that produces unpleasant side effects isn't necessarily the answer. Checking into other treatment modes might be.

"Why don't you clean your room?"

"Can't you see I'm too tired?"

"The magic word to move a discussion out of any similar dead-end isn't 'why' but 'what,'" says Amir. "What do you want? What can I do to help you achieve it?" That happy state of cooperation will come about when everybody's on the same page: when ill relatives get beyond their illness to see themselves in a positive light, decide how they'd like to live their lives and allow their families to help them; and when family caregivers come to appreciate the

abilities in their relative, help them turn on that positive light and commit to supporting them in their efforts to build a satisfying life.

If you ask a professional healthcare provider about Appreciative Inquiry you're likely to get a blank stare. The theory is not universally well-known in the healthcare field, Amir explains, because AI's starting point is to strengthen assets, not to deal with liabilities or solve problems. The traditional approach to treating mental health patients is problem-solving.

"Under the best of circumstances, even without a mental illness, parenting is a difficult proposition. So if things are working well in your family and everybody's happy, there's no reason to try a new approach," says Amir. "But it's no secret that most families have their ups and downs and maybe some fresh thinking wouldn't hurt."

Where to learn more? Our support and education programs have integrated parts of AI philosophy. You can borrow *Appreciative Inquiry: Change at the Speed of Imagination* by Jane Magruder Watkins and Bernard J. Mohr from our library. You can also click on www.taosinstitute.net/appreciative/appreciative.html or appreciativeinquiry.case.edu/research/bibPublished.cfm. □

TRIBUTES & MEMORIALS

In honor of Monica Reznick
Myrtle Stark

In honor of Annie Young
Randy Zittler

In honor of Judith Anna Phillipson
Bernadette Laroche

In honor of Mr. and Mrs. Gordon Peacock
Judy Phillipson

In honor of Sandy Voronka
Judy Phillipson

In honor of Anne O'Neil
Judy Phillipson

In honor of Bernadette Laroche
Judy Phillipson

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In honor of Marianne Brown
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In honor of Rabbi Sherril Gilbert
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Eleanor Beattie

In honor of Abe Weiss
T.G. Gould

In honor of Sefi Amir and Marc Cohen's wedding
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Jewish General Social Work
Department

In memory of Debbie Richardson
Charlotte and Eric Bracegirdle

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In memory of Gino Motafferi
Laya and Harry Feldman
Sylvie Marcotte, Physiopro Inc.
TGO Orthodontics
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In memory of Stanley Schneider
Rona and Morley Miller

In memory of Barbara Swan
Kay Simpson

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

AMI-Québec Membership & Donation Form

NAME _____

ADDRESS _____

CITY _____ PROVINCE _____

POSTAL CODE _____ TELEPHONE _____

E-MAIL _____

Membership

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

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

Donations

(Tax deductible Business Number 89652 4071 RR0001)

I wish to support your work with a donation

- \$50 Sponsor \$100 Sustaining Donor
- \$250 Patron \$500 Benefactor Other _____

I wish to make this donation in honor of: in memory of:

FOR US TO ACKNOWLEDGE YOUR GENEROSITY, SUPPLY DONEE'S NAME AND ADDRESS

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

Membership (\$25 annual): \$ _____

Donation: \$ _____

Total amount enclosed: \$ _____

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

- VISA MASTERCARD Cheque

Card number _____

Name on card _____ Exp. date _____

Send payment to **AMI-Québec**,
5253 Décarie, Suite 200, Montréal, Québec H3W 3C3

Good Medicine ... continued from page 5

migraines and stress. If that all seems too good to be true, the benefits that accrue certainly sound important enough not to dismiss out of hand: improved physical, emotional and mental health; focused and clear thinking; enhanced sense of self and personal presence; increased emotional balance; greater relaxation and ease; more equanimity when facing challenges; an improved sense of spiritual fulfillment and awakening.

At their annual conference last summer, members of the Royal College of Psychiatrists in London, England, heard an address by Dr. Julia Head, who coordinates recovery training programs for 300 mental health practitioners. She noted that spirituality is increasingly recognized as a vital part of good mental health care and reported that the National Institute of Mental Health had begun recommending that practitioners provide spiritual support alongside physical treatments for their patients.

That endorsement, while encouraging for stressed-out family caregivers, may not be intended for everyone. The Better Health Channel in Australia advises that meditation be used with caution, if at all, by those suffering from a severe mental illness. Consumers would be wise to check with their doctors before getting involved.

If you're interested in learning more, there are websites, reading materials and courses on meditation you can check into. Much of the information in this article was found at www.betterhealth.vic.gov.au. □

amiquébec

Agir contre la maladie mentale
Action on mental illness

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

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

Renée Griffiths, *President*
Danielle Gonzalez, *Vice President*
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SHARE&CARE

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

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

Articles and comments are invited. Anonymity will be respected if requested. Guest articles reflect the opinions of the authors and do not necessarily reflect the views of AMI-Québec.
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5253 Décarie, Suite 200, Montréal, Québec H3W 3C3
Telephone 514-486-1448 Fax: 514-486-6157 Internet: www.amiquebec.org
E-mail: amique@amiquebec.org

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

