

SHARE & CARE

THE RECOVERY OF HOPE ~ THE HOPE OF RECOVERY

MENDING MINDS AND EVEN FENCES

The Douglas Hospital is spearheading a new era in mental healthcare in the Cree territory of northern Quebec

Once every month Dr. Janique Harvey boards an Air Creebec plane for a flight into another world. She's off to the Cree territory on the eastern shore of James Bay, where she spends a week ministering to clients with mental health problems.

The connection has its roots in a Quebec government program called *Réseau Universitaire Intégré de Santé* (RUIS). Begun in 2003, it divided the province into four sectors and gave each of the province's medical schools responsibility for one of them. McGill's sector, which includes the Cree and Inuit territories, is the largest of the four. An agreement between the Cree and the Douglas spells out the services the hospital will provide, both up north and in Montreal.

Harvey is a trans-cultural psychiatrist who trained at McGill and in Africa. She was hired in 2008 to run what the Douglas calls its supra-regional team, meaning services are provided outside the hospital itself.

"The area is called region 18," she says, "and I'm responsible for nine communities there." The largest has a population of 4,000, the smallest, 400. Roads built in the '70s opened up eight of the nine. Only Whapmagoostui, the northernmost, remains isolated. Harvey needs a plane for that trip.

She only has time to visit two or three communities in a week, which means a client sees her once every four months. Locally based professionals fill in



Harvey is building bridges in nine communities

between visits. A psychologist makes the rounds regularly and social workers hold workshops. It may not be ideal, but it's better than it once was.

Harvey's heavy schedule continues back in Montreal with external follow-ups and an out-patient clinic. All day every day there are calls to and from healthcare workers in the territory.

The Cree Board of Health and Social Services of James Bay manages medical and social services in region 18. These jobs are held by residents living there permanently. Today a program is in place to encourage and train natives as healthcare professionals. There's a Cree doctor now and more than 10 Cree nurses. Nurse Marie-Louise Snowboy has worked with Harvey from the beginning, introducing her, acting as her interpreter and giving her a crash course in Cree life.

A noxious legacy

The predominant mental health problem Harvey sees is post-traumatic stress disorder, a direct result of the era of residential schools, which Cree students were forced to attend. They were forbidden to speak their language or cel-

You can make the world a YUMMIER PLACE

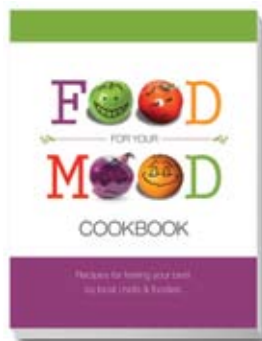
Calling all foodies, chefs and anyone who just loves to cook.

Why not share your favorite dish, the one that always wows your guests, with others who appreciate the delicious things of life.

Food For Your Mood is a cookbook project being coordinated by the fundraising committee. Book sale proceeds will go towards AMI's support and education programs.

You can participate simply by sending us one or more recipes. Submission deadline is this coming August, so don't delay. One prerequisite: your choice must be a creation of your own.

For more information, call Pam Litman at 514-486-1448. Submissions to the office by snail mail or email to pam@amiquebec.org. □



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Meet the staff

Kimberley Jackson

A PASSION FOR COMMUNITIES



Jackson: lessons learned and applied

She did it her way. In that sense she's very much her mother's daughter — and Grandmother's granddaughter, too. Individuality is a Jackson hallmark.

Her grandmother was a war bride and a member of British royalty banished from the fold for marrying a Canadian soldier. Mother Linda Jackson has a finishing-school education and thinks ignorance is a choice people make for themselves. She believes in families and keeping them together, yet chose to raise Kimberley and her brothers as a single parent.

"Growing up, I was taught to be a lady," Kimberley says. "I had to learn table settings, how to speak well and greet people properly. At the same time my mother identified with street life and the struggles of people with problems. I was exposed to different communities because we would only ever live in minority neighborhoods. My mother ran a sort of informal home where women got help and paid if and what they could. She opened a palliative care haven for children and was approached to take care of high-risk kids with physical or mental disabilities.

Her motto: do everything and do it well

"I'd ask her, 'Mom, why are you doing all this?' And she'd answer, 'Because you have to give back in life. It's not enough just to talk.'"

The road less travelled

Jackson lives with her husband and children, two boys, two girls, ages 17-24. She's been on staff at AMI for five years and has the title of Family Outreach Coordinator, which inadequately describes all she does.

Her learning choices as a Concordia student gave no clue that one day AMI would be part of her life. She was working towards a degree in Commerce Management, which often points to a corporate career. There

was also a passing interest in anthropology, but, as she puts it, dealing with living individuals was more satisfying than examining cultures of some other place and time.

Once the community bug bit, it never let go. Her CV shows a stint in restaurant management and a period at Project Chance, where she was coordinating a residential program for single mothers. Volunteering and work contracts involved her with community projects.

Lucky the community that caught Jackson's fancy. She undertook projects with the Verdun police station, helped hybrid family groups and worked with seniors. Little Burgundy churches had parenting programs that needed help and a school lunch program that required setting up. She started a park festival that's still going on and even began volunteering at a summer camp on condition that her kids be there with her, so they could enjoy weeks of country life away from TV and city parks.

It still wasn't enough. Jackson returned to Concordia with the goal of gaining a degree in applied human sciences. She began toying with the idea of taking a master's in human systems. Or maybe social work. She had a good knowledge of people and communities, so why not?

Jackson calls the decade of the '80s "my time" and had bought into the credo that women could not only do everything, they could do everything well. If you weren't balancing home, family, career and any other interests, what was wrong with you? In Jackson's case, what was wrong was postpartum depression following the birth of her youngest child.

"I had caught a second bout of chicken pox at the end of my pregnancy," she says.

"All the kids and my husband had it, too, and the baby was born with it, so you can imagine the stress. The depression was a short one fortunately and after six months of medication and treatment I was functioning well. But it made me re-evaluate my life. I adore my family, I wanted to spend more quality time with them, but that '80s image wouldn't go away. That plus the awareness that my mother was an incredible role model. She did so much and excelled at it all. What I did was, I got right back in the saddle."

But life was about to deal an even nastier hand. Jackson's husband Hugo, who had been a successful general contractor, was stricken with a severe case of chronic depression and could no longer work. On his way to recovery now, for a few years he was bedridden. Jackson's erratic hours and the often-unpredictable demands of community volunteering were no longer appropriate. Neither was the job at Project Chance, which required much night work.

AMI filled the bill.

A perfect fit

Jackson had already done some Recovery work under contract, now she became a full-time employee. And there's as much variety in her schedule as she could want.

For two years she spent half of every week in the in-patient wards at the MUHC

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trying to set up a support program for families. While that project fell short of its goals for reasons well beyond Jackson's control, her mandate to develop our reception area succeeded fully. Five years ago, AMI had no formal receptionist position. Today it runs smoothly, managed by salaried staff, well-trained volunteers and Jackson's ongoing support.

A large chunk of Jackson's week is devoted to intake. She also trains stagiers, schedules volunteers, supervises summer

students and is involved with tele-workshops, videoconferencing, roundtable discussions and support groups. She recently co-organized Stand Up For Mental Health's appearances in Montreal (see page 6). In fact, Jackson volunteers for just about anything. She loves the feeling of helping to keep the machinery humming.

"What's great is, every day at AMI we make a difference to somebody," she says. "I do an intake and help solve a problem. Somebody arrives in distress and they're

not shaking as much when they leave. Families and people living with mental illness feel they have a home here." She can identify, because her own family has been afflicted with an extraordinary range of mental disorders.

It's a nice twist of fate that someone once resigned to putting a hold on the pleasure she derived from community work and volunteering now earns a living where she can enjoy both. What goes around comes around. □

Mending Minds ... continued from page 1

celebrate their culture and often became the victims of physical, mental and sexual abuse. So deep were their wounds that a trans-generational trauma has developed.

"The original trauma was never treated," says Snowboy. "Students became mentally fragile and unable to cope with problems as they grew older. The tragedy of our elders has passed down from generation to generation." Much of the domestic violence, depression, suicidal thoughts and alcohol and drug abuse that exist today can be traced to the same source.

Before the agreement with the Douglas, a psychiatrist only turned up sporadically and not in every community. Anyone with a full-blown psychosis would be sent to Montreal for an indeterminate hospital stay. Once back home, there was little if any follow-up and patients would slip through the cracks. People were wary of Harvey when she first arrived, afraid that if they agreed to meet with her they would be automatically sent away.

Harvey and Snowboy have worked to break down social barriers and increase the awareness and understanding of mental illness. They've screened movies and discussed them after. They want to add mental health information to community websites. They're also exploring ways to be able to treat more people up north.

Family benefits

Close families are a Cree tradition, and while that's no longer always the case, the family unit generally remains strong. This benefits a relative who develops a serious mental illness.

"Families willingly care for their ill relative as long as they understand the diagnosis," says Snowboy. "I explain that illnesses that cause psychosis can be controlled with medication. Once that idea gets through, they're supportive. Their relative still plays a role and remains very much a part of the family."



Snowboy hopes many will follow in her path

The Cree approach to illness is complex, as Harvey learned. "It's not unusual that a belief can be cultural, religious and scientific all at the same time," she says. "Someone can understand psychosis as a biological problem, see it in spiritual terms and also describe it as a gift, a special talent. We have to reach those three visions and respect them if we want to help the client."

The agreement with the Cree runs for three years before it's up for renewal. Despite the growing pains, there have been successes.

"The James Bay area is huge, but our clients don't get lost in the system. Whether they see a doctor in the territory or in Montreal, we're in control," notes Snowboy. She's based in Chisasibi, where the regional mental health office is located. She hopes that before too long there'll be a mental health worker in every community.

"I think ours is the only native program tied in with a specific hospital and with one psychiatrist in charge," Harvey says. "I'm now following at least 200 clients. That's a positive sign." She dreams big, imagines the Douglas with a dedicated program to help all the native groups of northern Quebec.

With their respectful approach to healthcare, the Douglas is not only treating mental illness, it's encouraging the Cree back from a very dark place. □

The new Cree confidence

Her mother and aunt were hospital workers. Now Marie-Louise Snowboy has gone a step further. A graduate of John Abbott College in 1993, Snowboy is the clinical nurse for mental health for nine Cree communities.

She's part of the Cree wish to participate in today's world — and still remain Cree. They're reviving traditional values and ceremonies. Children are being taught to speak and write the language. As a role model for youth in the territory, Snowboy is the face of a better future in the north. □

33rd annual general meeting

A TIME FOR CHANGE AND GROWTH

Can it be 33 years already since AMI's genesis, when four couples struggling with a loved one's mental illness had only themselves to lean on for help and support?

Today we are, in the words of outgoing president Renée Griffiths as she addressed our annual meeting, "an ever-growing and dynamic group" with a comprehensive lineup of education and support programs and a lengthening list of successful projects partnered with other community organizations.

We've been lucky over the years in attracting dedicated people committed to our goals. Through their efforts, we've become a force in our field and a haven for families wrestling with the problems of mental illness.

So is the job over, then? Not according to Annie Young, AMI's incoming president. A 15-year member with energy to

burn, she reminded us of the major challenges that lie ahead. "This work must never stop," she said.

A performance by the comics of Stand Up For Mental Health Montreal (see story on p. 6) ended the meeting with laugh-out-loud merriment. □



The AMI Québec Award for Exemplary Service went to Judy Ross and Lynn Ross, the dynamo team behind the establishment of Mental Health Estrie. Ella Amir (l) did the honors



Dr. Warren Steiner (r) praised the achievements of the two distinguished Exemplary Psychiatrist Award recipients: Dr. Fiore Lalla, Medical Director of mental health services at the HSSC West Island, prime mover in revitalizing the institution; and the late Dr. Samarthji Lal, who established the Douglas research centre and founded Canada's first brain bank there. Maureen Kiely accepted the award in memory of her husband

Board of Directors 2010-2011

Executive Committee: Annie Young, president; Danielle Gonzalez, vice president; Jean-Claude Benitah, vice president; Anna-Beth Doyle, treasurer; Joseph Lalla, secretary; Renée Griffiths, immediate past president

Members: Arlene Berg, Elva Crawford, Moira Edwards, Sherry Ellen, Claudia Ikeman, Lorna Moscovitch, Anne Newman, Judy Ross, Lynn Ross, Paul Rubin, Norman Segalowitz, Joanne Smith, Karen Waxman

Directors Emeritus: Marylin Block, Queenie Grosz, Sylvia Klein, Dorothy McCulloch, Anita Miller, Evelyn Ortenberg, Monica Reznick, Sylvia Silver, Kay Simpson, Elizabeth Tremain



*"For her many endeavors and sense of commitment," said Francine Waters in turning over the **Extra Mile Award** to **Sherry Ellen** (r)*



*Kay Simpson presented the **Monty Berger Award for Exemplary Service** to **Jean-Claude Benitah***



***Karen Waxman** (l) and **Sharleen Young** (r) took home **Volunteer of the Year Awards**. "Short involvement, great impact," noted presenter Pam Litman*

A mental health court in Montreal?

Many say it's the right way to go. Now a pilot project will determine if the right way is also the most effective

When good intentions go awry, people with mental illness often pay the price. Such was the case with deinstitutionalization, which emptied our hospitals of many mental health patients but failed to follow through with the necessary higher level of services and resources in the community.

Result: increased numbers of severely mentally ill people living on the street without medical attention. All too often the situation has led to conflicts with the law and imprisonment over such minor offenses as petty theft or disturbing the peace. A good number of these offenses are drug- or alcohol-related. Less often there's violence. People can also find themselves incarcerated not for having committed a delinquent act, but because they pose a danger to themselves or others and need to be in protective custody.

The growth in the population of mentally ill homeless people has only exacerbated what was already a serious problem for the legal system. The percentage of people with a mental disorder in prison today is four times higher than in the general population. While they're not all homeless, incarceration is not likely to be an effective punishment and certainly not good for their mental health.

Laudable goals

In 2008 a mental health court was set up as a pilot project in Montreal. Known in French as the *Programme d'accompagnement justice-santé mentale*, or PAJ-SM, the three-year project is a joint effort of the City of Montreal, the Quebec Justice Department and the Ministry of Health and Social Services. It aims to put the brakes on the criminalization of the mentally ill and improve the way offenders facing minor criminal charges are treated. This is being done through better assessment and help.

Attached to the court are professionals with wide-ranging expertise in mental health issues. They include three prosecuting attorneys, a defense attorney from legal aid, nine judges, a probation officer, a GP specializing in mental health, two health and social services liaison officers and an emergency case manager from UPS Justice (a group of psychosocial/justice healthcare workers).

Between them, they ensure that municipal court judges and lawyers understand mental health issues and that even those defendants without financial means

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SUMMER 2010

SUPPORT GROUPS

Mondays 7:30pm 4333 Côte Ste-Catherine Road unless otherwise indicated. No registration necessary.

FAMILY for relatives

July 5, 19; August 2, 16; September 13, 20, 27

SIBLINGS AND ADULT CHILDREN for relatives

July 19; August 16; September 20

DEPRESSION

for consumers and relatives

July 19; August 16; September 27

BIPOLAR DISORDER

for consumers and relatives

July 5; August 2; September 13

OBSESSIVE COMPULSIVE DISORDER

for consumers and relatives

July 5; August 2; September 27

HOARDING GROUP

(in collaboration with Quebec OC Foundation) for consumers and relatives

July 5; August 2; September 13

PAC Parents of Adult Children

7:00pm at AMI

No meetings July or August

Resume at AMI September 14

KALEIDOSCOPE for consumers

July 19; August 16; September 20

SOUTH SHORE for relatives

Wednesdays 6:30pm

10 Churchill Blvd., Suite 205, Greenfield Park

July 14, 28; August 11, 25; September 8, 22

LIFELINE for consumers

1 Tuesday every month 1:00-3:00pm

Alternative Centregens, 5770 Auteuil, Brossard

Call 450-445-5427 for dates

BOARD MEETINGS

Tuesdays 7:00pm at AMI

July 6; August 31; no meeting in September

NOT JUST FOR LAUGHS

Stand Up For Mental Health makes its debut in Montreal

They stole the show at our annual general meeting. They also made fans of hundreds of other Montrealers who know a good joke when they hear one.

They're the troupe of nine comics who introduced Stand Up For Mental Health here in June. Their routines are very funny — and a lot more besides.



Stand-up performers and one wanna-be comic. Back, l-r: Lorenzo Vizza, David Granirer and son Jonathan, Joe Medgessy, Marty Zidulka, Susan Gray. Front, l-r: Colin Price, Emilia Grancharoff, Rita Fert, Pam Cantor. Absent: Mark Latour

David Granirer, the architect of Stand Up For Mental Health, visited AMI in 2009. Teacher, counselor, author and personally acquainted with depression, Granirer shows people living with mental illness how they can turn their problems into stand-up comedy material that makes the public laugh. He hones their writing and delivery techniques and books them for live performances. It's his way of helping those with mental health issues build their confidence and put the lie to the outworn clichés behind stigma and discrimination. His concept has gone over well in B.C., Ontario and Alberta. Now, Granirer told AMI, he wanted to add Montreal to that list. With our help, he has.

Staffers Kimberley Jackson and Diana Verrall jumped in. Jackson began recruiting potential performers by contacting various organizations, preparing a flyer and circulating the word in mental healthcare circles. Over 30 people responded.



Mark Latour onstage at Le Belmont

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are referred to the right resources. They also help defendants navigate through the maze of professionals attached to the regular courts and see to it that no one is sent home without appropriate care.

A more human approach

Prior to 2008, anyone with a mental illness committing an offense had to stand trial before a regular court in the criminal justice system. Now he or she has a choice, albeit one with limitations. Defendants considered fit to stand trial and criminally responsible can choose the mental health court if the charges they face fall under the responsibility of Montreal's municipal court. And those charges must be minor, a category that includes misdemeanors, threats, public order disturbances and simple assaults.

The mental health court works to avoid unnecessary detention by taking a non-adversarial approach instead. It promotes supervision and psychosocial/medical follow-up in the community. It values follow-up to decrease the risk of recidivism and

believes there's too much time at present being spent in detention for psychiatric assessment.

But this is not a free ride for offenders. They have to do their part if they want the benefits of the mental health court's approach.

Once the hearings are over, a care team will be appointed and offenders are presented with a contract containing various restrictions. It's a moral rather than a legal contract, one that's tailored to the individual's circumstances. The list of restrictions may include no alcohol or drug consumption, avoiding contact with specific individuals and respect for the recommendations of the care team.

No additional charges will be laid if the contract is contravened, but clearly it's not a good idea. For defendants who make good progress in the program, life can become easier. Conditions for release can be softened. The number of mandatory appearances before the court can be reduced. Even better, as a reward for respecting the conditions of the contract, the prosecutor

will ask for the charges to be dropped or will recommend a non-custodial sentence.

The consequences of not respecting the terms of the contract are unpleasant. The defendant must go back to a regular court, where a judge may very well apply the law more strictly without taking into account the person's mental health state.

There are close to a dozen mental health courts in Canada and more than 150 in the U.S. Will the concept succeed here? Dr. Anne Crocker, a researcher at the Douglas Institute, is directing a research team to find out. They want to compare the operation, impact and effectiveness of the court in Montreal with those in other jurisdictions. To do so, they're tracking the clientele and assessing the attitudes and opinions of staff, participants and their families.

Early findings indicate there has indeed been a decrease in the detention and recidivism rate and a better use of services since the start of the pilot project. Whether or not Montreal will have a permanent mental health court could well depend on the final research results. □

TRIBUTES & MEMORIALS

**In honor of Peggy Greenberg
Sherry Ellen**

**In honor of Dr. Stephen Block
Marylin and Jeffrey Block**

**In honor of Peter Boretzky
Sylvia and Bill Klein**

**In honor of Harvey Bucovetsky
and family
Pat and Paul Rubin**

**In honor of Annie Young
Helen, Andre and David Levy**

**In honor of Faige Gasco
Sherry Ellen**

**In honor of Dan Drudi
Leonard Drudi**

**In honor of Sherry Ellen
Ronna Ellen
Helene Kliger
Gillian Zanre**

**In memory of Monty Berger
Marsha Korenstein
Kay Simpson**

**In memory of May Gruman
Kay Simpson**

**In memory of Barbara Swan
Kay Simpson**

**In memory of Elsie Johns
Kay Simpson**

**In memory of Pieter Boudens
Marylin Block**

**Mary Ann and Giorgio Bresba
C.A.A.N.S.-A.C.A.E.N.**

**Claudia and Jerry Ikeman
Sylvia and Bill Klein
Dorothy and Bruce McCulloch
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**Ahmed and Ursula Qureshi
Kay Simpson**

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Peter and Hetty Smulders**

**Petrus and Trientje Tijssen
Elizabeth Tremain**

**Elberta Vandenhoeven
Toos Vollering, Pauline and Daniel,
Alain and Lise, Denis and Marie
Ange, Pierre and Louise, Nicole**

**In memory of Gus Boudens
Kay Simpson
Elizabeth Tremain**

**In memory of Sam Litman
Marie Luce Boyer**

**Claudia and Jerry Ikeman
Pat and Paul Rubin
Annie and Sharleen Young**

**In memory of Jackie Dealy
Cheryl Jacobson
The Zorbas family**

**In memory of Helen Elmslie
Shirley and Bob Smith**

**In memory of Lillian Rothstein
Claudia and Jerry Ikeman**

**In memory of Matt Preiss
Marylin and Jeffrey Block**

**In memory of Hy Chinks
Lynn, Andy and Hayes Nulman**

**In memory of Richard Bornstein
Lynn and Andy Nulman**

**In memory of Marie-Claire Strickland
Katherine E. Waters**

**In memory of Marcia Yachnin
Marylin and Jeffrey Block**

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

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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.

- I wish to renew my membership
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- I have a mental illness
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5253 Décarie, Suite 200, Montréal, Québec H3W 3C3

Not Just for Laughs ... continued from page 6

She also contacted comedy clubs, lounges and theatres where the group might perform. The Fringe Festival liked the idea so much they made it a special event, helped us find a venue and sell tickets, and gave us access to their promotional vehicles. June 13, the day before our annual meeting, Stand Up For Mental Health was onstage at Le Belmont.

Jackson also contacted Community Learning Centres (CLC), a Heritage Canada program. They offer English services to English-speaking populations across Quebec, which they reach through videoconferencing. June 15, the stand-up group was performing for CLC, as well.

As preparation, the budding comics had attended 10 weeks of two-hour training sessions at AMI, where they polished their routines. Verrall, who organized the scheduling, publicity and media contacts, also oversaw the training-session technology. Through a larger-than-life Skype projection on the wall, the group was able to see and speak with Granirer in B.C. just as though he was coaching them in person.

A stand-up comic himself, Granirer has always maintained that humor works wonders, both on the performers and their audiences. "There's nothing like it to challenge people's perceptions of what it means to have a mental illness," he commented.

He was proven right on all counts at the Fringe Festival event. The comics gave the audience of over 200 the laugh-filled evening they came for and a gift of new understanding to take home.

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.

Annie Young, *President*
Danielle Gonzalez, *Vice President*
Jean-Claude Benitah, *Vice President*
Joseph Lalla, *Secretary*
Anna-Beth Doyle, *Treasurer*
Renée Griffiths, *Immediate Past President*
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SHARE&CARE

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

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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

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