

SHARE & CARE

THE RECOVERY OF HOPE ~ THE HOPE OF RECOVERY

Page 4: Education and information programs
2011-2012 schedule

HOW GOOD ARE THEY REALLY?

Prepare to be surprised as our 2011 Low-Beer Lecture takes a look at the pros and cons of psychiatric drugs

If the new generation of psychiatric medication is so effective, why isn't everyone applauding? Why is long-term recovery still so elusive?

Robert Whitaker has strong opinions on the matter and he knows whereof he speaks.

Science, medicine and pharmaceuticals have been Whitaker's bailiwick for over 20 years. He has won multiple citations and awards both as an investigative journalist and an author of short stories, history, biography and nonfiction (his book *Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs and*

the Astonishing Rise of Mental Illness is in our library).

Whitaker's address, **Doing more harm than good? Time to revisit the use of psychiatric drugs**, promises to pull no punches in examining a subject pertinent to both consumers and their families. This is one lecture you won't want to miss.

The Edith and John Hans Low-Beer Memorial Lecture will be held **Wednesday, October 26, 7:00pm at Oscar Peterson Concert Hall, 7141 Sherbrooke St. W.** The event is co-sponsored by AMI and Concordia University's department of psychology. Free admission. Presentation in English. □



Silky Coconut-Pumpkin Soup

a bowl of sunshine to brighten your day



Black Bean and Couscous Salad

wins you bragging rights



Lover's Lasagne

almost as good as a kiss



Chocoholic Brownies

we dare you to stop at one

Hungry for more?

Check out page 3

NEW THINKING BRINGS NEW HOPE

From the U.S. come surprising approaches to treatment and therapy, all encouraging for recovery prospects

It's news that falls into the "well, how about that?" category. An item in the spring 2011 issue of *The Quarterly* reports on three new techniques in treatment and therapy for people living with mental illness.

Smart Phone App helps post-traumatic stress disorder

Veterans and service members dealing with the symptoms of PTSD can turn to their smart phones for help. The app in question is called the PTSD Coach application. Created by the Department of Veterans Affairs and the Department of Defense, it lets users track their symptoms, links them with local sources of support, provides accurate information about the illness and teaches individualized strategies for managing symptoms. It's also free. While PTSD Coach is primarily designed as a service enhancement for individuals already receiving mental health care, it's also deemed helpful for those considering entering care or anyone who just wants to learn more about the disorder.

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Early warning signs

Different ages, different signals that a mental illness may be developing

It's a given that the earlier a mental illness is diagnosed the better the chance for recovery. So it's important to note what those first hints of trouble might be and how they vary depending on age. While some signs and symptoms remain the same, many change, mirroring the ways our lives evolve as we grow older.

ADULTS

- Confused thinking
- Prolonged sadness or irritability
- Feelings of extreme highs and lows
- Excessive fears, worries and anxieties
- Social withdrawal
- Dramatic changes in eating or sleeping habits
- Strong feelings of anger
- Delusions or hallucinations
- Growing inability to cope with daily problems and activities
- Suicidal thoughts
- Denial of obvious problems
- Substance abuse

TEENS & PRETEENS

- Substance abuse
- Inability to cope with problems and daily activities
- Changes in sleeping and/or eating habits
- Excessive complaints of physical ailments
- Defiance of authority, truancy, theft and/or vandalism
- Intense fear of weight gain
- Prolonged negative mood, often with poor appetite or thoughts of death
- Frequent angry outbursts

YOUNGER CHILDREN

- Changes in school performance
- Poor grades despite strong efforts
- Excessive worry or anxiety: refusing to go to school or bed
- Hyperactivity
- Persistent nightmares
- Persistent disobedience or aggression
- Frequent temper tantrums

Source: *The Quarterly*, spring 2011

CANADIAN CAREGIVER COALITION

the friend you probably didn't know you had

It's calculated there are more than 4 million caregivers in Canada. Estimates reveal they provide more than 80 percent of the care needed by people with long-term difficulties and contribute more than \$5 billion in unpaid labor annually to the health-care system.

So why don't governments give caregivers a better deal?

In 1999, with initial funding from Pfizer Canada, an organization was formed to advance a caregiving agenda across the country. The founding meeting of the Canadian Caregiver Coalition was held the following year with some 50 participants attending, including caregivers, professional care providers, researchers, government officials and interested organizations.

The core of CCC's mission is to influence government policy at all levels so that the needs of caregivers are better served. The non-profit group is working to raise public awareness of caregiving issues and ensure that improved caregiver programs and services are put in place.

They say, for instance, there should be initiatives to minimize the excessive financial burden placed on family caregivers. The flexibility and availability of respite care needs to be increased, as does access to user-friendly information and education. And it's necessary to create a workplace mindset that respects employees' caregiving obligations.

Of course, nothing governmental happens overnight. But CCC is encouraged by the fact that, in the 2011 federal elections, for the first time ever caregiving and the needs of Canada's aging population were part of every major political party's platform.

You can read more about CCC on their website:

www.ccc-ccan.ca □



Corrections

In the profile of Sylvie Albert in the last issue of *Share&Care*, her siblings were wrongly identified. Her sister France is the oldest of the three, Daniel is her younger brother.

Valerie Gold was working in the McGill library when she and Albert started the Kaleidoscope support group. At a later date, Gold went off her medication, left the city and Albert is no longer in contact with her.

Coming your way soon...

FOOD FOR EVERY MOOD

Make a place in your kitchen for this very special cookbook

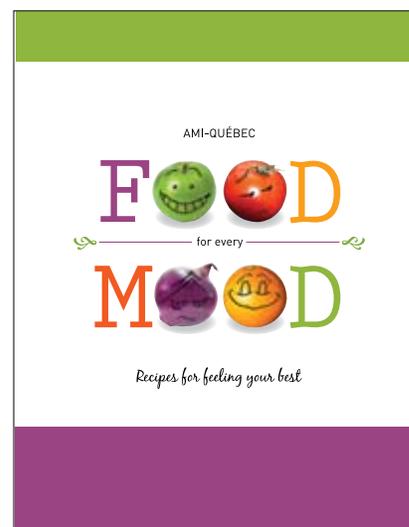
Here's a must-have book for everyone who loves to cook. *Food for Every Mood* is brimming with delicious recipes (over 80) from the proverbial soup to nuts. And they're originals, contributed to



us especially for this project. You won't find the exact same recipes in any other collection.

A treat for the eye as well as the palate, *Food for Every Mood* is enhanced with charming illustrations. A terrific addition to your own cookbook collection, a welcome hostess gift and, with the holidays on the horizon, the perfect present to spread some good cheer.

Food for Every Mood is a fundraising committee project. Proceeds will go towards AMI's support and education programs. Cost: \$40 including tax. Quantities of the book will be available at AMI by the middle of November and possibilities are being explored to have it sold in a few retail locations, as well. Call the office, 514-486-1448, for more information. □



Healthy Apricot Bread

Yield: 2 small loaves or 1 medium loaf

3/4 cup (185ml) dried apricots,
covered with warm water to soften
Juice of 1 orange
Zest of 1 orange
2/3 cup (160ml) sugar
2 tablespoons (30ml) melted butter or oil
2 eggs or 2 egg whites
2 cups (500ml) all-purpose flour
2 teaspoons (10ml) baking powder
Pinch of salt
1/2 cup (125ml) chopped nuts (almonds or walnuts)
1 teaspoon (5ml) vanilla

Preheat the oven to 350°F (180 C). Lightly grease 2 (8 by 4 by 2 1/2-inch / 20 by 10 by 6cm) loaf pans or 1 (9 by 5 by 3-inch / 23 by 13 by 8cm) loaf pan.

Drain the water from the apricots, reserving the soaking water in a large bowl. Add enough orange juice to the soaking water to make 1 cup (250ml) of liquid.

Chop the apricots and add them and the orange zest to the orange juice mixture.

Combine the sugar and butter (or oil) in a small bowl and add to the apricot mixture. Stir in the eggs (or egg whites) until well blended, then stir in the flour, baking powder and salt. Add the nuts and vanilla and stir to combine.

Spread the batter in the prepared loaf pan(s) and place in the oven. Bake for 1 hour or until a toothpick inserted in the centre comes out clean.

2011-2012 EDUCATION, INFORMATION AND SUPPORT PROGRAMS

the place to bring your problems and worries

The more you know, the better for your confidence and ability to cope. And that applies whether you're a primary caregiver, a family member or someone living with a mental illness.

Our 2011-12 lineup of education, information and support programs offers choice, flexibility and, above all, the expertise of knowledgeable professionals. Help yourself by letting us help you. Call the office for more information or to register.

Videoconferencing equipment adds a new dimension to roundtable discussions

Through interactive videoconferencing, our roundtable discussions will now be reaching English-speaking groups in many different areas of Quebec.

We acquired our equipment through the support of the Community Health and Social Services Network and are linked up with Community Learning Centres in communities as far away as Îles-de-la-Madeleine. The technology allows viewers there not only to watch our discussions, but also to contribute their opinions and queries, just as though they were at the table themselves.

"Where can I find people who'll understand me?"

ROUNDTABLE DISCUSSIONS

Spend an evening with people who share your same concerns. Five sessions this year, led by professionals. Open to families and consumers. At AMI, **7:00-9:00pm**. Registration required.

October 13. Understanding court orders. Michael Arruda, Montreal police, and David Parry.

November 16. Wills and estate planning. Me Sylvain Charpentier.

February 2. Laughter: why it's good for you. Albert Nerenberg, laughologist.

March 28. Could it be a mental illness? How to encourage someone to get help. Dr. Allan Fielding, psychiatrist.

May 16. Medications and treatments: what's available. Dr. David Bloom, psychiatrist.

"I'm stuck in the house and feel isolated."

TELEWORKSHOPS AND INDIVIDUAL COUNSELING

If you're housebound, living in a remote area or have difficulty accessing English language services, link up via telephone to a like-minded group and the guidance of a professional. One-hour

conversations, 7:00-8:00pm. To register, call **1-866-2433** or go to www.careringvoice.com.

September 21. Your anxiety is getting worse. Now what? Dr. Joseph Rochford, psychopharmacologist.

October 19. Why are you so angry? A guide to management. Tom Caplan, social worker.

November 23. Understanding personality disorders. Dr. Suzane Renaud, psychiatrist.

January 25. How to keep stress from running your life. Dr. Camillo Zacchia, psychologist.

February 22. Suicide: dos and don'ts that could save a life. Sharon Casey and Melissa Lutchman, Suicide Action Montreal.

March 21. Know your way around the mental health system. Kimberley Jackson, AMI-Québec.

April 25. Depression: when it doesn't go away by itself. Dr. Joseph Rochford, psychopharmacologist.

May 16. Double whammy: mental illness and addiction. (speaker to be announced)

There's one-on-one help in the office or by telephone. For out-of-towners via Skype. For details, call the office, **514-486-1448**, or **toll-free 1-877-303-0264** outside the 514 area.

"There's just been a diagnosis and we have so much to learn."

EDUCATION PROGRAMS

Having the facts from the get-go can save you all kinds of problems down the road. These programs are open to caregivers, relatives and consumers. Free for AMI members and those on limited incomes. At AMI, **7:00-9:00pm**. Register to reserve your place.

Mood and Thought Disorders. All groups run for six weeks but with different start dates. Group 1 starts **September 28**; group 2, **October 20**; group 3, **February 14**; group 4, **April 4**.

Obsessive Compulsive Disorder. One session only, **September 20**.

"Where can I talk freely without embarrassment?"

SUPPORT GROUPS

Everyone coping with a mental illness in the family needs to meet others facing the same problems and worries. These open-agenda sessions are led mostly by family members. They operate year-round, no registration necessary, come and go as it suits you. See *Calendar*, page 5, for dates and locations. □

How families can help recovery

Every day families – and especially mothers – have opportunities to improve the strength of their ill relative's recovery. It's not complicated. Just be aware of the messages you're sending by what you say and do.

A recent research study set out to better understand the trajectory of recovery. The authors believed that the attitudes of family members would have an impact on their ill relatives' self-image. Their view was based on the well-known fact that a positive self-image is vital to recovery. Those who see themselves as less competent, able or successful tend to behave in a like manner. This internalized stigma can diminish the quality of life and increase the risk of illness symptoms.

Results confirmed the authors' instincts: there is indeed a connection between how families perceive their ill relatives, how the relatives think others perceive them and how they perceive themselves. The study also indicated that mothers' perceptions were particularly relevant to their relatives' levels of symptoms, self-efficacy and quality of life.

The esteem of those near and dear can exert an effect similar to social supports and may predict the reduction of symptoms. Negative feedback may facilitate just the opposite. The connection holds true despite the fact that a family's harmful behavior often stems from the best intentions and only reflects their awkward attempts to cope with the demands of a serious mental illness.

Some see recovery from mental illness as more than symptom control (often posited by a narrow medical model). This 2011 study reinforces that opinion and concludes that, at least in part, recovery is a social-psychological process: the way people regard those with mental illness affects the beliefs and actions of the latter and strongly influences the trajectory of their illness and recovery. □

Edited from *Stigma, Reflected Appraisals and Recovery Outcomes in Mental Illness*, Fred E. Markovitz et al, *Social Psychology Quarterly*, June 2011.

Lace up and walk for mental health



The third Montreal Walks for Mental Health takes place **October 16**. An easy 5km walk, the event raises funds for improved mental health services, boosts awareness of mental health and helps to counter stigma. It's also a ton of fun. Team up with family or friends and make it a great Sunday.

Walking begins rain or shine at **Phillips Square** (St. Catherine St. at Union across from The Bay) at **11am**. Pre-registration at 10am.

You may also pre-register or donate by phone, **514-935-5770**, or go to **www.montrealwalksformentalhealth.com**. □

FALL 2011

October 26: Low-Beer Memorial Lecture. *Doing More Harm than Good? Time to revisit the use of psychiatric drugs.* Robert Whitaker. Oscar Peterson Concert Hall, Concordia University, 7141 Sherbrooke St. West, 7:00pm.

SUPPORT GROUPS

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

FAMILY for relatives

September 12, 19, 26; October 3, 17, 24; November 7, 14, 21; December 5, 12, 19

SIBLINGS AND ADULT CHILDREN for relatives

September 19; October 17; November 14; December 12

BIPOLAR DISORDER for consumers and relatives

September 26; October 24; November 21; December 19

DEPRESSION for consumers and relatives

September 12; October 3; November 7; December 5

OBSESSIVE COMPULSIVE DISORDER for consumers and relatives

September 19; October 17; November 14; December 12

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

September 26; October 24; November 21; December 19

KALEIDOSCOPE for consumers

September 19; October 17; November 14; December 12

ANXIETY for consumers and relatives

September 12; October 3; November 7; December 5

PAC Parents of Adult Children for relatives

7:00 pm at AMI
September 13; October 6; November 15; December 13

SOUTH SHORE for relatives

Wednesdays 6:30pm
Greenfield Park Baptist Church, 598 Bellevue North, Greenfield Park
September 7, 21; October 5, 19; November 2, 16, 30; December 14, 28

LIFELINE for consumers

Last Tuesday of the month 1:30–2:30pm
Alternative Centregens, 5770 Auteuil, Brossard

HOLIDAY PARTY

December 4

BOARD MEETINGS

Tuesdays 7:00pm at AMI
September 6; October 11; November 8; December 6

WOMEN CRY, MEN DENY

Stress can seriously affect a man's mental health.

The problem is getting him to admit that a problem exists

According to the age-old masculine stereotype, a real man is strong, stoic, invulnerable. Though some may call it an outdated concept, still the image persists.

Those men who buy into the mythology tend to avoid addressing emotions. They ignore aches and pains that can signal illness. As Robert-Paul Juster, an editor-in-chief of *Mammoth Magazine*, writes, "The male tendency is to shy away from troubles rather than shed tears to express them. We have the tendency to externalize much of our inner conflicts rather than acknowledge their powerful dynamics."

Camouflaging stress can lead to major difficulties, both physical and mental. It's not surprising that men are especially prone to substance abuse, conduct disorders and even suicide. Attention deficit disorder also appears to affect men in particular and may persist throughout their life.

Substance abuse

For a long time substance abuse was seen as a form of psychological distress mainly associated with men.

The first phase is the development of compulsive consumption and the pleasure it brings. But that pleasure eventually wanes and the user focuses instead on avoiding the unpleasant effects associated with withdrawal. These include stress, anxiety, depression and irritability.

The rate of relapse after treatment for substance abuse is high. Two essential factors have been identified as perpetual causes: stress and environmental triggers. They provoke the craving and, ultimately, consumption recurs. Cognitive-behavioral therapy aims at helping patients identify stressful situations and teaching them methods to better cope.

Asking for help

The Mental Illness Foundation of Quebec offers information and referrals to anyone seeking help. Unsurprisingly, the number of phone and mail requests coming from men is estimated at only 30 percent of the total. The most frequent reasons they call are revealing. They're

usually about someone else: a spouse is suffering or in distress; a child is experiencing a mental health problem; a roommate in distress refuses to seek consultation.

When men do call for themselves, the complaints are often depressive thoughts, anxiety, sleep problems and low self-esteem. Conflicts with the boss or colleagues at work also figure, as do disconnects with family members and lack of friends.

Nothing startling there, but men exhibit a typical behavior pattern even when asking for help. Seventy percent who take the first step and seem satisfied will not bother making a second call. Some want a very clear plan of action in response to their questions: Where do I start? What do I do next? They need to have answers and to know what condition they're suffering from. This desire for a clear-cut and precise plan is seen as a way of gaining a sense of control over the situation.

Men and suicide

Year in, year out, four out of five suicides are committed by men. It remains the number-one cause of mortality in the 25-44 age group, but no ages from 20 to 64 are immune.

Why is suicide essentially a masculine tragedy?

It's a vicious circle: mental health problems are present in most suicide cases, but male depression is under-diagnosed and under-treated. Substance abuse is also considered a risk factor and it, too, is more common in men.

The underlying factor is, again, the fall-out from adhering to the traditional masculine role: resolving problems by oneself, keeping emotions bottled up, pressure to succeed in business, difficulty asking others for help.

A changing standard

Over the last 30 years, particularly in North America where the majority of women are no longer stay-at-home Moms, the masculine ideal has been changing. Today's with-it man should be independent but also attached, stoic yet capable of expressing emotions, tough but caring

and sharing. Ironically this can create still more stress in men, who often aren't sure which way to turn.

The problem with stress is that it's easy to underestimate its potential to cause trouble. It's too often accepted as an inevitable byproduct of the fast-paced, conflicted world we live in.

At the Centre for Studies on Human Stress at Louis-H. Lafontaine Hospital they know differently. *Mammoth Magazine*, their publication, devoted its entire June 2011 issue to stress and men's mental health. They've also included a few practical tips that men and those who care for them can act on.

Spouses, children and close friends are usually the first to notice the changes in behavior that accompany stress. If it's your spouse, relative or good friend, you can suggest accompanying him to your family doctor. You can also search for information and resources for him. If the stress deteriorates to the point where you fear his life could be in danger, immediately consult a crisis centre. **Suicide Action, 514-723-4000**, offers professional services 24/7.

If you're a man who's ready to improve your own mental health, you have options. Your family doctor is qualified to offer an evaluation and guide you to more specialized resources. If you lack a family doctor, contact the psychosocial unit of your local CLSC.

If a psychologist is too costly, there are centres, such as **Concordia University Applied Psychology Centre and Argyle Institute**, that offer psychotherapeutic service at reduced prices. Should your stress deepen into depression and thoughts of suicide, seek help without delay.

Stress is a health issue and there's no more important responsibility than seeing to your well-being. As Juster noted: "In my opinion, admitting that we have a problem and knowing when it is time to seek help... is what truly defines a real, strong, brave and wise man." □

Article based on texts by Bruno Marchand, Nicole Paquette and Stéphane Potvin.

Report from the Commission

Go online for an interactive look at what the organization has been up to

The Mental Health Commission of Canada was established four years ago to answer a need. It was created in response to a national survey, the largest mental health study in Canada's history, in which thousands of Canadians coast to coast expressed a strong desire to see a better mental health system in place.

Since the beginning, the Commission has been chaired by former senator Michael Kirby, a man whose life has been touched by a loved one's mental illness and who is perhaps the country's highest-profile advocate for reforming Canada's approach to acute healthcare.

The Commission operates with a board of directors and eight advisory committees. The Family Caregivers committee is chaired by AMI's executive director, Ella Amir. The Commission comprises individuals and organizations from every province and territory.

The Commission is working to realize its self-image as a catalyst for change. Its stated goal is to bring about a society that values and promotes mental health and assists those living with a mental illness to lead meaningful and productive lives. □



Since its founding in 2007, the Mental Health Commission of Canada has worked towards improving mental health services across the country. When their national strategy is complete, it is expected to better the lives of people with mental illness and their families. To read about the Commission's work during the past year, visit www.mentalhealthcommission.ca and click on their 2010-2011 annual report.

TRIBUTES & MEMORIALS

In honor of Annie Young
Ingrid Kon

In honor of Michael Waxman's Bar Mitzvah
Linda and Irwin Zelniker

In honor of Miriam Monez
Gloria Kadonoff

In honor of Jim Tremain
Nancy Walkling

In memory of Pierrette Angrignon Young
Muriel and Philippe Berube

In memory of Joyce Krasnow
Lina Rappaport and Marilyn and Richard Rochester

In memory of Hilary Griffiths
Caroline Ward

In memory of Steve Brook
Marylin Block

In memory of Fannie Freedman
Andrea Burstein
The Dunkelman family
Bonnie and Bart Kitner
Helen and Andre Levy and family
Mary Nacawa
Joan Smith
Donna Young

In memory of Ruth Gorofsky Schiffman
Pat and Paul Rubin

In memory of Shirley Bomer
Queenie Grosz

In memory of Elca Ralph
Karen and Jeff Waxman

In memory of Gus Boudens
Beppie Boudens
Kay Simpson

In memory of Douglas Richardson
Elsie Richardson

In memory of Deborah Richardson
Elsie Richardson
Kay Simpson

In memory of Adrienne Bullen
Miles R. Bullen

In memory of Michael Efthimiakopoulos
Robson Lin
Barbara and Leonard Rosen

In memory of May Gruman
Kay Simpson

In memory of Monty Berger
Kay Simpson

In memory of John Simpson
Kay Simpson

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

