

SHARE & CARE

THE RECOVERY OF HOPE ~ THE HOPE OF RECOVERY

ZOWIE! IT'S HOWIE!

On May 18 spend an unforgettable evening with Howie Mandel, celebrated comedian and TV personality



Everybody knows Howie. He's one of today's big names in the world of comedy and TV. But not everybody knows he's struggled for years with a mental illness.

Put the two sides of Howie together and you get one stage performance like no other.

This fundraiser, AMI's fifth, will entertain you, enlighten you and even surprise you. Starting with the clue in the title, "Here's the Deal, Don't Touch Me," it's an event you'll be talking about for a long time.

General admission tickets, \$175 with a \$100 tax receipt; patron tickets, \$300 with a \$200 tax receipt and an invite to the pre-show cocktail reception. Proceeds from the event will benefit AMI's growing slate of support and education programs. Call the office to order tickets or for more information. □

**"Here's the Deal, Don't Touch Me"
Wednesday, May 18, 7:30pm
Centre Mont-Royal, 2200 rue Mansfield**



That was then ...

... this is now



PLEASE NOTE OUR NEW ADDRESS

We've made an important move. At the end of February, we pulled up stakes and put down roots in a fine new building where we can all work in maximum comfort and efficiency. The address has changed, but our phone and fax numbers, our website and email all remain the same. Keep our coordinates handy. □

Address: 6875 boul. Decarie, suite 300, Montreal H3W 3E4

Telephones: 514-486-1448;
1-877-303-0264 (outside Montreal)

Fax: 514-486-6157

Email: info@amiquebec.org

Website: www.amiquebec.org

WHEN YOU SUSPECT A MENTAL ILLNESS

Tips to help you convince someone to get help

Last fall, Dr. Allan Fielding, associate director, outpatient department, MUHC department of psychiatry, supplied our Teleworkshop participants with invaluable advice on what to do when there's concern about the possibility of a mental illness in a loved one. We're passing along the pivotal points of his presentation in this edited format.

Having the opportunity to access the expertise of top professionals has motivated many AMI members to take part in our Teleworkshop program. For more information on the program and how to take part, call Francine Waters at the office.

I. Warning signs

Each illness has its own set of early symptoms. These red flags are often missed, explained away or passed off as just a phase. When you're doubtful, a frank discussion with other family members can be useful.

Watch for these significant changes from the usual: **changes in behavior**, including sleep, mood, appetite and interactions with others; and **changes in thinking, concentration, memory and attention** that can affect functioning at school, work or relationships with others.

Depression clues include trouble falling asleep and early-morning waking. The person is sad, expresses feelings of worthlessness and uselessness. There's a loss of appetite and disinterest in personal care and formerly pleasurable activities.

Someone suffering from **mania** is too busy to sleep, becomes euphoric, irritable, hard to interrupt. Overspending,

poor judgment, rapid speech and impulsive behavior are common.

When a **psychosis** is developing, the person withdraws, feels increasingly isolated. Oversleeping, a loss of interest or pleasure and, often, bizarre behavior and thinking can occur. Don't ignore violence, whether directed towards others or self-inflicted. Giving away possessions or suicidal thoughts are danger signs. With drug use, you'll likely see mood swings, irritability and defensive, secretive behavior. Alcohol on the breath and dilated pupils are giveaways.

2. Broaching the subject

The way you communicate can make all the difference. Do your homework first: gather your thoughts and observations, even make notes. Test your remarks on yourself — would you be convinced? Finally, choose a time that will allow for a comfortable discussion. If you're not the best person for the job, find a trusted third



party to speak with or for you.

- Opt for "I" rather than "you" statements: "I understand you might be going through rough times these days" is a face-saving approach.
- Be prepared for defensiveness, but reassure your relative of your love and concern.
- Shame and embarrassment can be reasons people don't want to open up or seek help. Be non-judgmental and understanding. Sometimes "Help me understand" is better than "I understand."
- Should you see danger signs of suicide, don't shy away from the subject. If the thoughts are indeed present, you won't be bringing up anything new. Try to negotiate a watchful waiting period and another discussion in a few weeks.
- It may take multiple attempts, but if you can build a link and elicit some agreement that there's a problem, you can progress to the idea of getting help.
- Many people fear treatment before they've even been diagnosed. Be prepared to address that fear and say you'll help advocate for acceptable treatment. Offer accompaniment and any other assistance, such as transportation, that would facilitate things.
- Ask if your relative has any ideas or preferences on how to proceed. Try to agree on the urgency, offer to research some options and set a time frame for looking and a follow-up discussion.
- Be patient, but have a Plan B ready and decide what development would prompt emergency action.

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There's place for you during April and May in these programs. Register now

TELEWORKSHOPS

Your at-home telephone link to professional expertise.

- **April 20.** Bipolar disorder: truths and myths. Dr. Serge Beaulieu
- **May 18.** Understanding and dealing with schizophrenia. Dr. Ridha Joobar

TELESUPPORT

Group support sessions via telephone from your home.

- **April 26 and May 24.**

Call 1-866-396-2433 or visit

www.careringvoice.com to register.

ROUNDTABLE DISCUSSIONS

- **April 18.** Violence and mental illness: separating fact from fiction. Dr. Louis Bérard
At AMI, 7:00-9:00pm. Call 514-486-1448 to register.

Free English-language telephone services for people living outside the Montreal area
Call toll-free 1-877-303-0264

FILLING THE GLASS

Sophie Glorieux's amazing trip back from depression

She figures she suffered from it since she was 12. Not that she saw it as anything unusual at the time. Depression ran in the family, affecting her parents, grandparents and brother. Glorieux took it for granted that living with perpetual sadness was par for the course.

As she grew into adulthood her life increasingly centered around visits to the doctor, lengthy hospital stays and a growing list of medications that never worked beyond two years. Depression robbed her of the teaching career she loved and became so bad that one day, leaving her psychiatrist's office, she said to herself, "Short of a miracle I'll die from this illness. It's so painful I can't take much more."

That miracle happened in the form of a pilot project to treat depression.

Readers of *The Gazette* saw an article last October describing on two new forms of brain-stimulation therapy to treat major depression in patients for whom medications are no longer effective: transcranial magnetic stimulation and transcranial direct current stimulation. These techniques stimulate brain activity by delivering either a magnetic pulse or a bolt of electricity at such low voltage that the patient suffers no convulsions and requires no sedative or anesthesia.

Worth the gamble

Before transcranial brain stimulation arrived, deep-brain stimulus was state-of-the-art. Patients suffering from Parkinson's disease were having their symptoms treated with electrodes implanted in their brain. To everyone's surprise, it was found that not only did the Parkinson's improve, so did their depression.

In 2005, with equipment now available specifically for depression, Glorieux jumped at the opportunity to be part of an experiment that was still at the pilot-project stage. She was the very first person chosen to be treated with the new electrodes. The surgeon told her, "It's not 100 percent guaranteed to work." Glorieux answered, "Considering my situation now, I'd prefer a 60 percent chance to nothing."

Day one she was in the OR for some 10 hours. Her brain was scanned for place-

ment purposes and two electrodes were inserted. The top of her skull had been frozen, but Glorieux was totally awake and could hear the doctors talking. "And did you ever feel like joining the conversation?" we jokingly asked. "I was so depressed," she answered. "You don't ask a depressed person to talk!" And then she



Glorieux with treasured cat Fluffy

loosed her wonderful laugh, a peal of glee so infectious you find yourself laughing along with her.

On day two, they inserted the stimulator—a thin subcutaneous wire placed below the collar bone. She'll wear it the rest of her life.

The stimulation itself is controlled by a tiny computer. The trickiest part was arriving at the right formula for the current—what level, how long on and how long off. Glorieux has a remote control that tracks the status of the current by beeping and changing color from green to red. Her doctor, whom she visits every month, has a similar remote so he can check the strength of the battery and readjust her current formula if necessary.

Apart from an iffy spell when the formula had not yet been fine-tuned and those

all-too-familiar feelings of sadness began recurring, Glorieux calls herself a depression-free zone. The first preview of what her new life would be like occurred immediately following the second operation while she was still on the operating table. "It was incredible," she recounts. "My doctor said, 'Just tell me how you're feeling.' I answered, 'I feel like I'm breathing better.' Then I opened my eyes. 'It seems there's more light in the room.' I really felt better. I wanted something to eat. I said to my doctor, 'You know, it's time for us to go and dance a little bit.'" Her doctor later told her she had the operating room team jumping for joy.

Unexpected bonuses

Today Glorieux looks on life as a gift. She has more friends and more interests. Last year she started volunteering at AMI and likes working with children, so that's something she'll be looking into. And she's given the boot to another disorder. Glorieux used to hate winters because she suffered from SADD (Seasonal Affective Disorder Depression). This year, she watched the snow fall and decided to join a ski school.

And then there's the anorexia, which she traces back to her teen years. "My depression was so bad there was only one thing I felt capable of doing—and that was to stop eating." The anorexia is history now and Glorieux sees a link between that happy development and the deep brain

stimulation. At the Douglas Institute, where she was being followed for her eating disorder, Dr. Mimi

Israel, psychiatrist-in-chief of the psychiatry department, has written a paper on the subject advancing the same hypothesis.

Pessimists are said to see the proverbial glass of water as half-empty; optimists, as half-full. Glorieux's glass has gone from bone-dry to full-to-the-brim. "So do you call yourself an optimist now?" we asked. "Now, yes," she replied. And then came that gleeful laugh again. □

"I'd prefer a 60 percent chance to nothing."

WHEN A CHILD DIES

Grief. Anger. Guilt. Stigma. The problems shared by The Compassionate Friends are all too familiar to AMI families

Those who've lived through it say there's no loss as devastating as losing a child. Faced with that tragedy, two couples in Coventry, England, previously strangers, began meeting and soon realized how much comfort there was in empathy. They imagined an organization where other parents grieving the death of a child could help each other by sharing their feelings and experiences.

That was 1968. The next year The Compassionate Friends (TCF) was founded. It has grown worldwide beyond anything the four founding members envisioned. In Canada there are chapters in eight provinces, 12 in Quebec alone, including a French and an English group in Montreal.

Wayland Amy is a former director of the national organization responsible for Quebec. Though they're less involved these days, he and his wife Louise remain active members.

The English chapter here is about as informal as a self-help support group can be and still remain a group. It's open to everyone with one qualification only: you must have lost a child. That loss can be from any cause — illness, accident or suicide. About 100 people comprise Wayland's mailing list. Those whose children died young are likely to be under 40 years old. (One of these members has started a sub-group for people grieving the death of babies, an event that gives rise to its own set of issues.) In the case of adult children who have died, the parents are probably over 50. Wayland can't be positive about ages, because apart from phone numbers and email addresses, no other personal information is solicited. And there's no membership fee. "We feel peo-

ple shouldn't be asked for money to join us," he says. "They've already suffered the worst possible loss."

Out of the public eye

A charitable organization, The Compassionate Friends operates on corporate and individual donations and that's



For the Amys, talking trumps pills

a very thin shoestring indeed. Yet despite the lack of substantial funds, there are mailings, a library of some 150 books and regular two-hour monthly meetings. It wasn't easy finding the right place to meet. "We had been using space at the Children's Hospital for many years," says Louise, "but it was too heartbreaking for parents to have to walk through the emergency ward where they watched their child die to get to the boardroom. Fortunately our present location is central and comfortable. It's perfect for our needs."

And where exactly is it? That's not for us to tell. TCF doesn't give out its address to the general public and it never appears in newspaper community events listings. The fundamental rule applies: only people who have lost a child are welcome. "If it's your first time attending a meeting, you need to phone in advance and we'll be on the lookout to greet you," says Wayland.

"We've learned by experience that having people just wandering in upsets our members and is detrimental to the aims of the meeting."

Some of those wanderers might be taking grief courses at McGill or the Université de Montréal. "Students often want to come and talk to bereaved parents," says Wayland. "We've had students writing papers who pose as grieving parents in order to glean information firsthand. Once they learn what they want to know, they don't return. We understand that students have to do research, but we can't oblige."

On meeting nights there's usually a subject for discussion. People give their names, the names of their children, how and when they died, and the names of any surviving siblings.

Occasionally a speaker is brought in. On one such night, representatives of five different religions discussed life after death. And surviving siblings have also been invited. Mostly, though, it's all about the parents.

Grief, as is known, has all the symptoms of depression, but as Louise notes, "No pill ever invented will have you recover from grief. A psychologist once advised us that we need to talk it out, which is what we've

been doing all along as a self-help group."

In the Amys' opinion, no one gets to the core of a bereaved

parent's grief more effectively than another parent who has been through the same traumatic experience. If that connection isn't there, Louise says, "It's like describing a sunset to someone who can't see."

The elephant in the room

It's an eye-opener to realize how much these parents and AMI families have in common. There's anger, either at the healthcare system, circumstance or a DUI driver. There's guilt: Could I have done

"...like describing a sunset to someone who can't see."

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A link to our past remembered



Some thirty years ago, when AMI's resources were few and our ties to the healthcare community even fewer, one asset we did have was Muriel Pater. She was the first Douglas Hospital social worker who helped by offering support and advice to a group of families bewildered by the burden of mental illness.

Sylvia Klein, now an emeritus AMI board member, was in that group. She recalls Pater, who died last December, with appreciation and affection.

"Muriel came faithfully to our monthly support groups and would meet privately with parents in distress between meetings. She listened to everyone needing help, which was all of us. In those early days, we knew nothing about mental illness or how to deal with the problems it caused our families. At the time, doctors routinely kept parents at arm's length and we had no one else to turn to. Muriel willingly imparted her knowledge and experience, and we depended on her heavily.

"When our parent group increased in number, Muriel convinced the Douglas Hospital to provide a second social worker and, later on, a third as our support groups continued to grow. Her help was invaluable to us for many years.

"We've come a long way since those beginnings. Many parents now serve as support-group facilitators. But Muriel Pater's contribution to our understanding and ability to cope with a mental illness in the family set the standard for caring and selfless dedication." □

GOOD NEWS FOR SENIOR CAREGIVERS

A new AMI program will focus on the problems you face caring for an adult family member with a mental illness

Are you a senior responsible for the care of an ill loved one, a grown child perhaps? Are you trying to balance grief, anxiety, your own health and worries about finances and the future? Your caregiving needs are special and now AMI has special help for you. Thanks to a grant we received from the Quebec government, we're planning to introduce a new program exclusively for caregivers in your same situation.

The grant is part of a broader, ongoing initiative by the minister responsible for seniors, Marguerite Blais, to improve the quality of life for seniors and encourage them to play a more active role in society.

Our program is called *SOS-Aînés* and right now we're busy working towards its launch in the near future. The goal of the program is to make your life as easy as possible by helping you understand and resolve the problems you're facing, by providing you with strategies for coping with stressful situations and by giving you the knowledge you need to face future challenges. We're already taking steps to hire a new employee for the position of coordinator, counselor and advocate; to set up appropriate intake and monitoring systems; and to familiarize the healthcare community with our program through outreach and publicity.

During the first year *SOS-Aînés* will limit its clients to Montreal. We intend to expand the project into other regions of Quebec in the second and third years. Watch your mail and *Share&Care* for further developments. □

TRIBUTES & MEMORIALS

In honor of Annie Young
Randy Zitrer

In honor of Hildie Shadley
Susan Stelcner

In honor of the birth of Sherry Ellen's granddaughter
Karen and Jeff Waxman

In memory of Muriel Pater
Sylvia Klein
Monica and Maurice Reznick
Kay Simpson

In memory of Gino Motafferi
Helena Casey

In memory of Barbara Wilson
Betty Pichette

In memory of Hilary Griffiths
Bina, Gerry, Alanna and Elliott Abish
Robert and Linda Beauchamp
Jean-Claude Benitah
Muriel Morris Bérubé
Marylin Block
John Bower

Nissen Chackowicz
Joan Crossley
Patrick and Rania Devey
Lise Devey
Moirra Edwards
Queenie Grosz
Cynthia and Douglas Hicks
Claudia and Gerry Ikeman
Wanda Jarjour-Giacobbi
Sylvia and Bill Klein
Stella Lacoursière
Ian F. Le Lievre
The family of Rebekah Lusthaus
Ani Markarian
Elizabeth Mavor
Joanne and Don McLeod
Lorna and David Moscovitch
Catherine and David Pemberton
John and Ann Pichovich
Catherine Quin
Pat and Paul Rubin
Ruthie and Rick Sherman
Kay Simpson
Shirley Smith
Virginie Sondermeyer

Elizabeth and Jim Tremain
Maria Vavatsikos
Carolyn Ward
Karen Weatherby
Joanne and Peter Yaworski
Annie Young and Sharleen Young-Gesser
Lynn and Michael Zagiewicz

In memory of Marvin Zarr
Pat and Paul Rubin

In memory of Elsie Johns
Kay Simpson

In memory of Gordon Calderhead
Kay Simpson

In memory of Mark Dranov
Sylvia and Bill Klein

In memory of Sylvia (Tsiril) Freedman-Cohen
Saul Friedman

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.

The buzz around SAME

It's being lauded in some quarters as an additive that greatly helps those suffering drug-resistant depression. It's also cited for its anti-aging properties. But is it too good to be true?

If you've never heard of SAME, you're not alone. SAME, pronounced Sammy, is short for S-adenosylmethionine. It's not a drug, but a naturally occurring molecule found in living cells that supports many chemical functions necessary for normal brain activity.

In the December 2010 issue of the U.S. magazine *Life Extension*, David Hoffnung reports that the publication introduced SAME in 1997. Back then, he writes, SAME was enormously popular in Europe but unknown in the U.S. [and, we assume, equally unknown in Canada]

His seven-page report makes for fascinating reading. An edited synopsis follows.

People with depression exhibit a variety of chemical imbalances. The most common involve neurotransmitters such as serotonin. With too little of it, the brain can't sustain a positive mood and depression results.

SAME helps control the synthesis of both serotonin and norepinephrine in brain cells, supports a host of chemical functions necessary for brain activity and affects cell membrane fluidity. In addition, it is involved in the ability of cells to activate or suppress specific genes based on environmental influences. SAME crosses the blood-brain barrier, making it readily available to the brain and nervous system. This is important because SAME levels in the spinal fluid of depressed individuals

have been shown to be significantly lower than in that of healthy people.

Other countries were far ahead of the U.S. in carrying out laboratory experiments with SAME.

Over two decades ago, Japanese scientists found a reduction of aggression in rats treated with SAME. At the turn of the twenty-first century, researchers in Spain and Italy showed that SAME reversed experimentally-induced depression in rats more quickly than the antidepressant imipramine. The Italian researchers demonstrated that SAME restored diminished brain levels of polyamines, molecules that are reduced in depressed patients. And more recently, scientists at the University of Massachusetts used a drug containing SAME on aging mice with a disease similar to Alzheimer's, in which there is often depression. The combination rapidly enhanced cognitive function and prevented or reversed aggression.

Hoffnung reports that by some accounts as many as 30 percent of patients being treated for depression fail to respond. A good number also stop using their medications because of a variety of side effects, including weight gain, dry mouth and constipation.

When SAME finally began finding clinical acceptance in the U.S., it was because new,

rigorously controlled trials found that many people suffering from major depression who were not benefiting from their selective serotonin reuptake inhibitor (SSRI) medications were significantly helped when SAME was added to the drugs.

In a landmark 2010 study designed by a team of Harvard psychiatrists and funded by the National Institute of Mental Health, 73 "non-responders" to standard SSRI antidepressants took their medication augmented with 800mg of SAME or a placebo. They did this twice daily for six weeks. Thirty-six percent of the supplemented patients responded to treatment; 26 percent experienced complete remission of their depression. This compared to 18 percent of the placebo recipients who felt a difference and 12 percent who experienced complete remission. The SAME side effects were termed mild or trivial.

SAME has been shown to confer enormous benefits to the liver and joints, halting and even reversing various degenerative conditions. Reduced levels of SAME in the brain are known to be directly linked to Alzheimer's disease and recent research reveals a direct correlation to Parkinson's disease, as well.

Hoffnung's article also extols SAME for its anti-aging properties. For the past 13 years, SAME has been on *Life Extension's* top-10 list of the most important steps to take to ensure optimal longevity.

A second opinion

Seeking a medical perspective closer to home, we asked Dr. Allan Fielding, associate director of the outpatient department, MUHC department of psychiatry, about SAME.

"SAME was a cover story in *Maclean's* a few years back," he told us. "I saw it at

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When you suspect a mental illness ... continued from page 2

3. Accessing care

There are multiple ways to access care, each with its pros and cons. Many pastors, priests and counselors at schools, CEGEPs and universities are experienced in detecting mental illness and have rosters of healthcare professionals available.

GPs now provide access to much of the mental health system. If you're without a family doctor, your local CLSC is your best option. CLSCs have mental health teams on staff that conduct assessments.

If these options are not available and the situation is urgent, your best recourse is a hospital emergency room.

Should there be grave and immediate danger to your relative or

anyone else, you can use legal means to have a psychiatric evaluation for your relative by taking out a court order. [Call AMI for help with this or download the handbook *Practical Guide to Mental Health* from www.amiquebec.org] In an extreme emergency, the police will take your relative to the ER.

During this stage, your support is more important than ever. Help your relative by encouraging persistence and providing transportation and accompaniment when necessary. Things will go more smoothly if you're prepared for questions and interviews with lists of medications taken, medical and family histories, contact information and a timeline of developing symptoms. □

WANT YOUR NEWS ELECTRONICALLY?

Some AMI members have told us that they'd be interested in receiving their copies of *Share&Care* via email. What's your opinion? Do you enjoy having your newsletters mailed to you as always? Or would you prefer the convenience of reading and storing your copies electronically?

Share&Care is produced for you, to help and inform you, so it stands to reason that you should have a say in how you receive it. Call the office, **514-486-1448**, or email us at **info@amiquebec.org** and let us know your preference. □

When a child dies ... continued from page 4

anything differently? Why did I cause dissension by overreacting to trivial differences between us? And then there's stigma. A terrible stigma besets bereaved parents, who pay the price for the fear and awkwardness of others.

"People don't want to talk to us because they're afraid they'll start crying. Or they think we'll start crying," says Louise. "Their solution to avoiding an unhappy situation is to avoid us. Or, in the spirit of meaning well, they'll come out with quick fixes or flippant remarks. 'Shouldn't you be over it by now? It's already been six months.' Or 'How come you haven't given away the clothes yet?' And 'Why aren't you back in school pursuing your life?'"

"Your friends change, a lot of your relatives won't talk to you," adds Wayland. "It's as though you had a disease they think they're going to catch."

The Amys' son Derek died in an accident at age 23 when he fell off a hay wagon while helping someone else. How much of their personal experience of grieving colored their comments during our conversation is impossible to know. But they communicated some universal truths:

Out-of-order is the big problem. Our children are always our children and we expect them to outlive us. The first few years after the loss are so traumatic, grieving parents don't even know they exist. A number of TCF parents have said things were so difficult they contemplated suicide. It takes time to find a place in your heart for the love you bore your child.

Wayland spoke of a woman who began going to TCF meetings after her son committed suicide. For two years she never uttered a word, never even mentioned her name. She's in her fourth year of meetings now, doing well, progressively talking more and more. Shared experiences, understanding and genuine concern can work wonders.

For more information about The Compassionate Friends in Montreal or to attend a meeting, call Jane at **450-458-3164**. For a broader perspective on the organization, there are websites for many different countries. The Canadian site can be found at **www.TCFCanada.net** □

SPRING 2011

SUPPORT GROUPS

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

FAMILY for relatives

April 4, 11; May 2, 16, 30; June 13, 20, 27

SIBLINGS AND ADULT CHILDREN for relatives

April 11; May 16; June 20

BIPOLAR DISORDER for consumers and relatives

April 11; May 30; June 27

DEPRESSION for consumers and relatives

April 4; May 30; June 27

OBSESSIVE COMPULSIVE DISORDER

for consumers and relatives

April 11; May 16; June 20

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

April 4; May 2; June 13

KALEIDOSCOPE for consumers

April 11; May 16; June 20

ANXIETY for consumers and relatives

April 4; May 2; June 13

PAC Parents of Adult Children for relatives

7:00pm at AMI 6875 Decarie, Suite 300

April 12; May 10; June 14

SOUTH SHORE for relatives

Wednesdays 6:30pm

10 Churchill, Suite 205, Greenfield Park

April 6, 20; May 4, 18; June 1, 15, 29

LIFELINE for consumers

Thursdays 1:00-3:00pm

Alternative Centregens, 5770 Auteuil, Brossard

**Registration required for programs below
Call 514-486-1448 for details or to register**

Mood and Thought Disorders

6-session program begins April 13

Roundtable Discussions

April 18

Teleworkshops

April 20; May 18

Telesupport Group

April 26; May 24

BOARD MEETINGS

Tuesdays 7:00pm at AMI

April 5; May 3; May 31

ANNUAL GENERAL MEETING

7:00pm 4333 Côte Ste-Catherine Road

June 6

AMI-Québec Membership & Donation Form

NAME _____

ADDRESS _____

CITY _____ PROVINCE _____

POSTAL CODE _____ TELEPHONE _____

EMAIL _____

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**,
6875 Décarie, Suite 300, Montréal, Québec H3W 3E4

SAMe ... continued from page 6

Costco a year ago but not since, so it may not be easily available. There is some evidence to suggest it is an effective antidepressant, both on its own and in combination with SSRIs as a booster. It is often reported as having 'no side effects,' but generally what this means is low-level.

"I actually imported some pharmaceutical-grade SAMe from Italy for a few patients several years ago — it was the only place you could acquire pure SAMe. All three patients tolerated it very well, but it was completely ineffective in their cases. I would place SAMe in the same category as the Omega-3s: probably effective, best as a single agent for mild to moderate cases [of depression]. It may add something to the treatment of severe cases, but possibly not as a single agent. In my opinion, some research is still required as to the optimum dose and we are still missing good studies as to SAMe's long-term effects and toxicity."

More than likely, discussing SAMe with your doctor is the wise way to go.



This issue of *Share&Care* has been made possible by an educational grant from Janssen-Ortho.

ami québec

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, widely viewed as 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*
- Ella Amir, *Executive Director*

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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