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SHARE & CARE

THE RECOVERY OF HOPE ~ THE HOPE OF RECOVERY

What your ill friend needs from you

The road may be bumpy, but sensitivity and empathy can prevent a mental illness from derailing a friendship. Here's what you can do to accentuate the positive and, if not eliminate, at least minimize the negative.

Stay in touch

You haven't spoken in a while? Don't be reluctant to make the first move, whether it's phoning, getting together or emailing. Your friend will be happy to know that you're there and you care.

Don't be a fixer

It's not your job to solve your friend's problems. Instead, help in any way to make things easier, maybe it's offering a lift, running a message or simply spending an evening listening to music. Just ask.

Listen, listen, listen

Your friend undoubtedly has grievances that deserve to be aired. Be a listener who really listens. Knowing there's someone who understands and sympathizes can make a big difference.

Plan an outing

Living with a mental illness can result in too much time at home. A movie, lunch at a café, a walk, there are all sorts of ways you can brighten a monotonous routine. Suggest a plan. If the answer is no, try again soon.

Be positive

The saying "misery loves company" doesn't apply here. Even if your friend is going through a rough patch, it's important that you keep your spirits up and show a positive outlook. Your positive energy will likely be a comfort and, with any luck, may even have a rub-off effect.

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Fundraising event ❖ June 2

THEY LED A DOUBLE LIFE

Celebrity outside, depression inside. Two high-profile names in the world of sports reveal the toughest battles they faced

Michael Landsberg and Stéphane Richer had it good, or so it seemed. Landsberg (left, below), a renowned sports journalist, launched his career with TSN when the TV channel began in 1984. He's hosted his own talk show, "Off the Record," since 1997, interviewing athletes from local heroes to the illustrious likes of Wayne Gretzky and Steve Nash. Little did anyone suspect that Landsberg, famed for his fearless probing, suffered from generalized anxiety disorder and depression.

Richer, a left-winger with the Montreal Canadiens, played in 1,054 career NHL games. Twice a 50-goal scorer, a Calder Cup winner and two-time Stanley Cup champion, he awed opponents with his speed and bullet shots. But all the while he was making sports headlines, Richer was fighting a more insidious adversary — clinical depression.

Our 2013 fundraiser will broaden your perspective on coping with mental illness and provide a behind-the-scenes look at pro sports. Local TV sports anchor Paul Graif will moderate. Proceeds to benefit our support and education programs.

General admission tickets, $175. Tickets at $250 include a cocktail reception to meet the evening's personalities and preferential seating. Partial tax receipts issued for both. $75 tickets for young adults 25 and under, no tax receipt. Call the office and order now. ❐

Sunday, June 2, 8:00pm

Espace Reunion, 6600 rue Hutchison (north of Beaubien)

NO ESCAPE

When a mental illness strikes, the whole family suffers.

At a special meeting last January, family therapist Naomi Ashkenazy focused on the unique burden borne by siblings

Everyone pays a price. When it's a child who's stricken with a mental illness, parents live with heartbreak, worry, exhaustion and a constant struggle to come to terms with the new reality.

When a mother or father is ill, the child becomes the *de facto* guardian. Taking on responsibility for the parent's basic physical needs and psychological comfort is a caregiver's role that can extend for years and become more stressful as time passes.

But what about children growing up with a mentally ill sibling?

Siblings' problems are overshadowed

The invisible children

Ashkenazy has found that healthy siblings occupy a special place in the household and so does their suffering. Because they are well, their job is to compensate for their sibling's difficulties and help the family by being a source of happiness and joy.

"We talk about emotional caregiving in reference to children whose parents are either coping with a sibling's illness or their own," says Ashkenazy. "These children are not told directly how to behave, but the pressure is on. They get the message that it's up to them to keep their parents afloat, to be peacekeepers and not bring any additional trouble into the home. They hold their problems inside, invisible to the others and acquire a maturity beyond their years. They often feel they themselves are invisible to the rest of the family."

But the benign appearance can be deceiving. Well siblings who are expected to be tolerant, to overlook others' disruptive behavior and not complain have needs that are hardly if ever acknowledged and they suffer in silence.

In her address at the meeting, Ashkenazy identified 10 components as being part of the healthy sibling's experience. Among them, a burden of shame, unexpressed rage and resentment. Add to that the difficulties of living under the same roof where all the attention, albeit negative, is directed to the ill sibling. And the ultimate cruelty: the happier the sibling relationship had been, all the harder to give it up and the more devastating the grief and the mourning process become.

Impact through the years

"Many younger children have a certain type of resiliency that acts to prevent the stress of their family life from taking over completely," says Ashkenazy. "Typically their performance in school isn't affected, but there's a limit to how much they can take. If things deteriorate at home, they often express their inability to cope by showing anxiety and acting out at school. It's not surprising if their marks begin to slip."

As teenagers, siblings can understand and express more, but they're going through their own developmental turmoil and they'd rather hang out with their friends than be part of the family chaos. The domestic scene can be more difficult for them to accept simply because they'd sorely like to distance themselves from it.

It's common among siblings growing up as the healthy but forgotten child who's expected to be perfect that their experience morphs into a drive to compensate by becoming overly visible.

In school years, this can mean excelling scholastically or in extra-curricular activities. It sounds good, but not in this case, when it's being fueled by anxiety. This same compulsion eventually creates adults who are extra-competent, overachievers in everything they do. Now they feel psychologically safe, visible in the family at long last and protected against being anything like their damaged sibling. Once more, it all sounds good, except that it's coming from the same unhealthy place: anxiety. No matter what their achievement, there's little pleasure in it, because the guilt and comparison to the ill brother or sister are always present.

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Help us spread the *right* word

Our outreach program visits schools and organizations to foster understanding about mental illness, separate truth from fiction and combat stigma. To continue being effective, we need speakers and presenters. Experience isn't necessary, but you should be comfortable speaking to various types and sizes of groups. We'll provide training and mentoring throughout. Your travel expenses will be covered and you'll be paid an honorarium.

Interested? Want to know more? Call Kate Fredette at **514-486-1448** or email **outreach@amiquebec.org**.

Speakers

Share your own story from illness to the road to recovery. Never done it before? We'll help you with your speech and anything else you need.

Presenters

Help break down myths and prejudice by providing the facts about mental illness and recovery. If you have basic computer skills, so much the better. ❐

Correcting the imbalance

Shouldn't employees' mental well-being deserve the same attention as their physical health?

It should. And action is now being taken to accelerate that happening. Earlier this year a document called the National Standard for Psychological Health and Safety in the Workplace was released.

The project is a collaborative effort of the Mental Health Commission of Canada, the *Bureau de normalisation du Québec*, the CSA Group and a committee composed of volunteers from a variety of sectors.

The Standard is designed to increase employers' sensitivity to mental health issues and help them avoid or correct workplace factors that might cause psychological distress. It provides a framework, a systematic approach to developing and sustaining a working environment that's psychologically safe and healthy.

A costly oversight

Figures show that mental health problems and illnesses are the leading cause of short- and long-term disability in the country, accounting for nearly 30 percent and rising to almost 50 percent in some major employment sectors. Work defines us as a society. Yet although many people living with mental illness have talents and skills and want to work, trying circumstances on the job have too often short-circuited their efforts.

The Standard includes guidelines on issues such as:

- how to identify psychological hazards in the workplace
- how to introduce practices and a culture that support and promote mental health and safety
- how to assess and control risks stemming from situations that can't be eliminated, such as stress due to change or job demands

Employees need to feel confident enough to report a mental health issue without fear of stigma or reprisals. Early identification and treatment can help bring about quicker recovery and a faster return to work.

For its part, management needs to understand how to deal with issues such as time off, flexibility, return-to-work and performance management, and how best to respond to employees' disclosures so they won't regret speaking up.

Promoting psychological health and safety is socially responsible and cost-effective. It helps attract and keep good employees. It also helps an organization's bottom line, yet at present only 15 percent of Canadian companies have a mental health strategy and training for their managers. The National Standard for Psychological Health and Safety in the Workplace is a first step in addressing a critical need. Next come presentations to major employers. That work has already begun. ❐

Why the Standard is necessary: a true story

In another life, Connie was manager of the cosmetics department in a large, pharmacist-owned drug store, part of a chain. She loved her job, it was what she had trained for. And she liked her staff.

If only the working environment had been better. Pressure was off the chart. Management didn't seem to care if lunch had to be skipped or if days stretched to 12-hour shifts. The owner was impatient and it was believed that employees paid a price for crossing him.

"I was always frightened but I had no voice... no one to advocate."

For years Connie had struggled with psychological problems that no medical practitioner could pinpoint. The illness and her working conditions deteriorated together, and when she was finally diagnosed with bipolar disorder, emphasis on depression, the combination was lethal.

"I became short-tempered with my colleagues and quite inappropriate," she says. "I couldn't cope and was scared of losing my job. I really would have liked to work fewer hours or take some time off."

The store manager was understanding, but he didn't have much authority. The owner had all the authority, but little sympathy for illness, mental or otherwise, when it pertained to his employees. It took her doctor's insistence for Connie to take a leave of absence.

"My doctor kept telling me I should get out of the house. But with a mental illness, you don't look sick. A colleague who was also a close friend would come over for coffee because I was afraid to leave in case anyone would see me and figure I was faking. We once had a family function that was held outside the home. All I could think of was what if someone saw me there?"

Neither her doctor nor the company's Human Resources Department ever officially notified the pharmacy owner about Connie's illness. She never received a call asking how she was doing. All management wanted to know was when she was coming back. She never did.

Depression permitting, Connie says she'd like to hold down a job again one day, something different, maybe start gradually, ideally with someone working alongside her. Meanwhile, for the past five years she's been volunteering at AMI.

The worst part of her job experience: "I was always frightened but I had no voice. My parents aren't that fluent in English and there was no one else to speak for me, no one to advocate."

Ironically, while Connie was having problems at the pharmacy, the same store was filling prescriptions for her illness. ❐

Don't just sit there

Depression can rob you of motivation to do much of anything. Here's a plan to get you moving again

Depression leads to inertia and inertia feeds depression. The vicious circle leaves you feeling useless, hopeless and incapable of accomplishment.

Psychologist William J. Knaus offers a five-step program that can help. The strategy is to focus on small goals that are meaningful, measurable and attainable. Choosing small goals and pushing yourself to meet them will fend off your low mood and recharge your internal battery.

1. Keep it simple

"The more specific the goal, the better your chance of succeeding," says Dan Bilsker, adjunct professor, Health Sciences Department, at Simon Fraser University in Vancouver. "If you want to take a walk, write down that you will walk four blocks after lunch on Thursday. When you check something off your to-do list, no matter how trivial, that success will make other things more doable."

Split large chores into smaller, more focused jobs. Tina in Winnipeg divides bathroom-cleaning into four parts: toilet, sink and mirror, tub, floor. Not only does each task seem more manageable, Tina winds up with four accomplishments to celebrate.

2. Be realistic

Creating unreachable goals only sets you up for failure, so don't go overboard in an attempt to make up for lost time. Instead, set a few goals for yourself each day. Accomplishing two out of five is more encouraging than achieving two out of 10.

It also helps if you accommodate the ups and downs of your depression. On down days, give yourself permission to move more slowly and do a bit less.

3. Five minutes at a time

It's easier to be motivated if you set a time limit to an activity you take on. Choose something you know is beneficial but that you've been putting off. After five minutes, decide whether you want to stop or continue for another five minutes. Repeat the process until the project is completed or you decide to take a break. Knowing you have the power to choose gives you a sense of control, an important step on the path to positive change.

4. Ditch the downers

Feeling that you're no good, that whatever happens to you is beyond your control and that nothing you do will make a difference only zaps the motivation you need to set and reach goals.

One way to move beyond this depressive thinking is to decide that you own your illness (not vice versa), that you understand it and that you won't use it as an excuse for inaction.

Bilsker suggests asking trusted friends and family members to support and encourage you in reaching your goals.

5. Go easy on yourself

Recognize each success, no matter how small. Berating yourself when you don't reach a goal won't help you move forward. Give yourself the same encouragement and praise you would offer a friend who has done something worthwhile.

An internal battery that's hard to boost is part of living with depression. In a national survey on depression conducted in Canada, 90 percent of respondents reported lack of motivation as a symptom of their illness.

Taking action, as reluctant as you may be, works as an antidote. The more you can accomplish, the better you'll feel and the easier it will become to fend off your depressive lethargy. ❐

Adapted from *Putting the GO in GOALS* by Sharon Anne Waldrop, *Esperanza*.

MENTAL ILLNESS UNDER THE GUN

Every time there's a mass shooting in the U.S., mental illness takes the rap. s.e. smith, for one, protests

With two horrific mass shootings in one week, one of which left 20 children dead in Connecticut, the national conversation in the United States has once again turned to the epidemic of gun violence that appears to have the nation firmly in its grip.

Much of such rhetoric is incorrect, damaging and frustrating — especially if the goal really is to put a stop to these kinds of shocking events.

Everyone assumes that the shooter must have been "crazy," because "no sane person would do something like this." Such tactics are distancing, allowing people to imagine that the capacity for the kind of evil that would lead someone to march into a school and mow down innocent children only lies in mentally ill people. The assumption is also hugely stigmatizing: along with the attitude that mental illness lies at the root of gun crime is the idea that armed violence could be solved by locking mentally ill people away or, in the case of more compassionate suggestions, by providing better mental health services. These ideas presume that it is possible to predict dangerousness on the basis of mental health status.

One in four

Mental illness doesn't cause gun crimes and speculation about the role of mental illness covers up the real problem, which is the lack of gun control.

Here are some actual facts rather than speculation about mental illness and violence.

- An estimated one person in four in the U.S. requires treatment for mental health issues in any given year.

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SPRING 2013

SUPPORT GROUPS
Mondays 7:00pm 4333 Côte Ste-Catherine Road
unless otherwise indicated. No registration necessary.

FAMILY for relatives
April 8, 15, 22; May 6, 13, 27; June 3, 10, 17

SIBLINGS AND ADULT CHILDREN for relatives
April 15; May 13; June 10

BIPOLAR DISORDER for consumers and relatives
April 22; May 27; June 17

DEPRESSION for consumers and relatives
April 8; May 6; June 3

OBSESSIVE COMPULSIVE DISORDER
for consumers and relatives
April 15; May 13; June 10

HOARDING GROUP (in collaboration with Quebec OCD Foundation) for consumers and relatives
April 22; May 27; June 17

KALEIDOSCOPE for consumers
April 15; May 13; June 10

ANXIETY for consumers and relatives
April 8; May 6; June 3

PAC Parents of Adult Children for relatives
7:00pm at AMI
April 11; May 21; June 13

SOUTH SHORE for relatives
Wednesdays 6:30pm
Greenfield Park Baptist Church, 598 Bellevue North, Greenfield Park
April 3, 17; May 1, 15, 29; June 12, 26

LIFELINE for consumers
Last Tuesday of the month 1:30–2:30pm
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 16

Roundtable Discussion
May 8

Teleworkshops
April 17; May 15

BOARD MEETINGS
Tuesdays 7:00pm at AMI
April 9; May 7; June 4

ANNUAL GENERAL MEETING
Tuesday, June 11

FUNDRAISING EVENT (See p.1)
Sunday, June 2

Under the gun *... continued from page 4*

- About one in 17 lives with what is known as a "serious mental illness" — schizophrenia, bipolar disorder or major depression.
- Of those living with mental illness, 25 percent can expect to be victims of violent crime. Three percent of the general population lives with the same expectation.
- Alcohol and drugs are much more significant contributors to violent crime than mental health status.
- You are three times more likely to be hit by lightning than killed by a person with schizophrenia.
- Half of police shootings involve mentally ill people, many of whom are killed after their families called for help because of a lack of mental health services or as a result of their not understanding orders from police.

Bottom line: mentally ill people have more to fear from society than society does from them.

Damaging and stigmatizing

In addition to being incorrect, the false linkage between violence and mental illness is damaging and stigmatizing for mentally ill people. And it's troubling to see it coming up again and again after mass shootings because it steps around the really serious issue. Innocent people are dying in the U.S. not because the country is filled with crazed maniacs armed with automatic weapons, but because of the liberal and poorly regulated availability of very dangerous weaponry. It is this we need to focus on rather than the distancing tactic of pretending that no one "normal" could do something so awful.

After all, with 25 percent of the country experiencing mental health issues at any given time, chances are high that more than one person around you has or will have a mental health condition or period of poor mental health. By reinforcing stigma, it becomes that much harder for mentally ill people to access treatment and compassionate care, and resources are directed at the wrong problem. If you want to stop violent crime, limit the kinds of weapons people can legally obtain.

Mass shootings leave everyone searching for an explanation of why someone would engage in such horrible and needless acts of violence, but ultimately the truth is complicated and often lies locked within the mind of the killer. It's important that we work on means to reduce the risk factors that lead to mass shootings, but we should also remember that some things may never be explained. ❐

Abridged and edited from *Actually, Mentally Ill People are More Likely to Be Victims of Violence* in *Care2 Inc.*, an on-line social network. s. e. smith is a writer based in California.

Marie Luce Boyer (l), fundraising committee member, was the spark plug behind a donation recently made to AMI by the Bank of Montreal. Boyer, seen here with Executive Director Ella Amir, is Relationship Manager at BMO.

Recent Science

A stunning discovery from the world of research

Five mental illnesses are found to be genetically linked

We've always thought of them as separate and distinct. But think again. Thanks to a groundbreaking study published online in March in *The Lancet*, we now know that a handful of genes is shared by people living with five seemingly different mental disorders: major depression, bipolar disorder, schizophrenia, autism and attention-deficit hyperactivity disorder. Which means the five may have more in common than we ever imagined. And that means the door may be opening to finding new and better methods of diagnosis and treatment.

Back in 2007, researchers from 19 countries formed the Psychiatric Genomics Consortium. Since then the group has analyzed DNA from 33,000 people suffering with either major depression, bipolar disorder, schizophrenia, autism or ADHD. Their DNA has been compared with that of 28,000 individuals without any of the same five.

Among the group with mental illness, four regions of the genetic code carried the same variations. Two of the affected genes help control the movement of calcium in and out of brain cells. While this may not at first sound critically important, it is. The calcium movement provides a key way that brain cells communicate. Subtle differences in the flow could cause problems that, depending on other genes or environmental factors, might eventually lead to a full-blown mental illness.

What's next?

It's been known for years that some major mental health conditions run in families. This is especially true for bipolar disorder, major depression and schizophrenia.

But while scientists are making progress in identifying genes associated with certain mental illnesses, they still have a long way to go. For instance, the genetic variants the Consortium researchers discovered are weak risk factors for the five illnesses. They won't immediately help clinicians either diagnose mental illness or warn individuals that they're at risk.

But that doesn't diminish the significance of the researchers' findings. Dr. Jordan Smoller, who led the report, is director of psychiatric genetics at Massachusetts General Hospital and professor of psychiatry at Harvard Medical School. "While each variant by itself accounts for a small amount of the risk," he says, "the fascinating thing is that there might be such variants that cross our clinically distinct syndromes."

If, as the Psychiatric Genomics Consortium so tantalizingly hints, schizophrenia, bipolar disorder, major depression — and possibly autism and ADHD, as well — may not be as distinct as everyone thought, is it possible they're different manifestations of the same underlying disorder?

If that proves to be the case, it could change the way we view mental illness and pave the way to more effective therapies. And one fine day even prevention may no longer be just a dream. ❐

Edited from a report posted by Internet Publishing, *Harvard Health Publications*, Harvard Medical School.

The sperm, not the egg

New research overturns long-held beliefs about parents, age and schizophrenia

It was traditionally assumed that older mothers were the biggest risk factor in their children's developing schizophrenia. Sorry, Mom, it was Dad all along.

Results of a research study from Iceland, published last year in the on-line journal *Nature*, identify fathers' age as the main culprit in increasing a child's vulnerability to developing brain and behavioral disorders, specifically schizophrenia and autism.

A triumph for Iceland

The project team sequenced the whole genome of 219 Icelanders, 78 families in which parents had no sign of a mental illness but whose children were diagnosed with schizophrenia (21) or autism spectrum disorder (44). For comparison purposes, 1,859 other Icelanders were also genome-sequenced.

It was the first time that a research study ever quantified how often male reproductive cells divide with age. Sperm cells divide about every 15 days. By the time a man turns 40, those cells will have divided 610 times. When he reaches his 50s, the number rises to 840. Each time the cells divide, the likelihood grows that mistakes in the DNA chain will occur. These random mutations can be passed on at conception. The research team found that the average child born to a 20-year-old father has 25 random mutations that can be traced to

continued on page 7

News so good we couldn't wait to share it

Xavier Amador, the internationally acclaimed speaker, psychologist and author of the best-seller *I Am Not Sick, I Don't Need Help!*, has accepted our invitation to address this year's Low-Beer Lecture. It's November 7 but you'd be wise to mark your calendar now. We guarantee you an evening to remember. ❐

Sperm *... continued from page 6*

paternal genetic material. The number increases steadily by two mutations a year, reaching 65 mutations for the offspring of 40-year-old men.

By contrast, a woman has her full complement of eggs from birth and those cells are relatively stable. Although it's well known that women who conceive at an older age are at higher risk of babies with Down syndrome, the Icelandic study found the average number of maternal mutations to be 15, no matter how old the woman. And her age had no bearing on the risk for schizophrenia or autism.

When researchers removed the paternal-age element, they found no difference in genetic risk between those living with either schizophrenia or autism and the disorder-free control group. Kari Stefansson, chief executive of deCode Genetics in Reykjavik, which led the study, calls it "absolutely stunning" that the father's age accounted for all the added risk, given the possible influence of environmental and population-diversity factors. "And it's also stunning," he added, "that so little is contributed by the age of the mother."

So does this mean that men should avoid fatherhood beyond a certain age? Hardly. Experts calculate the overall risk for a man in his 40s or older at around two percent. Most of his sperm-cell mutations will likely have little impact on his child's health. And other, as yet unknown biological factors could be implicated. As Evan E. Eichler, professor of genome sciences at the University of Washington in Seattle, puts it: "There are tons of guys in their 50s who have healthy children." ❐

Compiled from reports in the *New York Times, Wall Street Journal* and the *Globe and Mail.*

No escape *... continued from page 2*

Many studies show that well siblings' adult relationships are also affected. "At the core is a sense of non-entitlement, what we call survivor guilt," says Ashkenazy. "Because adult siblings have had years of emotional caregiving, they don't recognize that their own feelings need to be acknowledged or that they deserve their own happiness. As a result, they continually sacrifice their needs to those of their partners – sometimes to a fault."

What you can do

While much has been written about adult children grappling with mental illness in a parent, according to Ashkenazy the sibling experience has been largely under-acknowledged.

It's what motivated AMI to offer the evening last January for those with either ill siblings or parents. So successful was the event, so clear was the need for more, that planning has started for additional meetings. To learn more, call the office at **514-486-1448** or check our website periodically, **www.amiquebec.org**.

Support groups offer a unique opportunity for understanding and comfort. Consider participating in SAC, our group for siblings and adult children, It meets monthly, check Calendar, page 5, for dates.

There are books to read in our library: *Troubled Journey* (Diane Marsh & Rex Dickens), *The Normal One: Life with a Difficult or Damaged Sibling* (Jeanne Safer) and *Mad House: Growing up in the shadows of mentally ill siblings* (Clea Simon).

A good portion of Ashkenazy's practice involves helping families cope with a mental illness. You can reach her at **514-483-0893**. No referral necessary. ❐

TRIBUTES & MEMORIALS

In honor of Julian Middling
Joanne Cutler

In honor of Therese Wallace
Kirsten Wallace

In honor of Elinor Abend
Marylin Block

In honor of Gertie Kerbel
Marylin Block

In honor of Carole and Allen Spector
Claudia and Jerry Ikeman

In honor of Max Eisenberg
Claudia and Jerry Ikeman

In honor of Norman and Norma Freedman
Claudia and Jerry Ikeman

In memory of Betty Saxe
Marylin Block

In memory of Lynda Percival
Martin Done

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Angie Gaulin

In memory of Douglas Simpson
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Joanne Smith

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Saundra Abramson

In memory of Yacov & Sara
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Sylvia and Bill Klein
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Lynda and Leslie Lauer
Leah and Gerry Lefson
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Rosalie Moscovitch
Bernice Ostroff
Freda and Ralph Seal
Helen and Morrie Silverman
Lottie and Harold Singer

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Sylvia and Bill Klein

In memory of Monty Berger
Marsha Korenstein

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

AMI-Québec Donation & Membership Form

NAME

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E-MAIL

Donations

(Tax deductible Business Number **89652 4071 RR0001**)

I wish to support your work with a donation

☐ $50 Sponsor ☐ $100 Sustaining Donor
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FOR US TO ACKNOWLEDGE YOUR GENEROSITY, SUPPLY DONEE'S NAME AND ADDRESS

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Our monthly giving program is an easy and effective way of ensuring regular support. (By Visa or MasterCard only.)

☐ $5 ☐ $10 ☐ $20 ☐ Other_____
(minimum $5/month)

Monthly donations will be deducted from your credit card the 15th of every month. You can change or cancel your monthly donation by calling 514-486-1448.

New Membership

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

Existing members receive their renewal notices in the mail

Membership ($25 annual): $_____

Donation: $_____

Total amount enclosed: $_____

Payment may be made by cheque, VISA, MASTERCARD or 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
We never share, trade or sell donor information.

Your ill friend *... continued from page 1*

Get personal

You may be generally well informed about mental illness, but what about your friend's particular case? Don't be shy about asking. If a question crosses the line, let it go. There will still be plenty of leeway for discussion and the more you know about what your friend is going through, the more comfortable the two of you will be in conversation.

Have respect

Because of the stigma surrounding mental illness, some people may be hesitant about opening up. Respect those feelings even if you disagree with them.

Confiding in someone is a sign of trust. If you receive a confidence, return the compliment by respecting that trust. Unless you're told differently, keep the information to yourself.

As everyone's situation is individual, there are no cut-and-dried rules of behavior. The best way to find out what would work for your friend is simply to ask. The right approach one week may be wrong the next. Because mental illness affects the brain, moods and feelings can change inexplicably. It's nobody's fault.

So be flexible, be considerate, be caring. Basically what your ill friend needs is no different from what we all need: someone we can count on to be there for us. ❐

Text adapted from *Ten ways you can support a friend with a mental illness* by Megan McCarther, Christine Carew, Ardath Whynacht and Dr. Stan Kutcher, *Moods* magazine, summer 2012.

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, 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.

SHARE&CARE

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

Ella Amir, *Executive Editor*
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