

# SHARE & CARE

THE RECOVERY OF HOPE ~ THE HOPE OF RECOVERY

## GOOD NEWS: FAMILY PEER SUPPORT AT THE JEWISH

**We're partnering with the Jewish General Hospital's psychiatry department to launch this important pilot project. Your support will help it succeed**

Family peer support in the ER has long been a dream of ours. It would assure that family members arriving with a loved one in psychiatric crisis (they're the ones too often overlooked in the ensuing turmoil) would get the attention and understanding they so desperately need.

The Jewish liked our proposal for such a project and agreed to welcome an AMI staff member to work in their ER. So while hospital personnel are busy doing their job, our employee will attend to the distraught families, answering their questions

about hospital procedure, the healthcare system, where to find good information on mental illness and what they should do to prepare for the life-changing challenges they'll inevitably be facing as caregivers.

Everything's set. Now all we need is a generous gesture from you.

### A non-event event

We're calling our September joint fundraiser a non-event event. What that simply means is there's no social affair to attend, no evening to give up, no speeches to sit



*Ella Amir, AMI executive director, with Dr. Michael Bond, head of the hospital's psychiatry department*

### A special Low-Beer Lecture

## THE FIGHT OF HIS LIFE

**He was a career soldier for 29 years.**

**Then a battle with PTSD spurred**

**Stéphane Grenier to reinvent himself**



He thought he'd become inured to conflict over the years, but then came a 10-month deployment to Rwanda. As Lt. Col. Grenier tells it, "I came back and fell off my rocker. In the aftermath, I was just trying to keep it together." Like so many others on similar missions, Grenier had plunged into the desperation of post-traumatic stress disorder and depression.

PTSD and the military's approach to helping its affected personnel is an issue much in the

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through. You just uncap your pen, click your mouse or tap your smartphone and your part is done. This is the one and only appeal we'll be launching all year and we're hoping your response will be generous.

Our goal is to raise \$100,000. That sum will keep this essential pilot project thriving during its first two years. Our sponsors are happy to thank you for your donation by offering a discount on flowers from Main Florist and a delicious meal for a reduced price at Otago Café.

We can guarantee you that the worried families you'll help through your contribution will thank you even more. Watch your mailbox in mid-September for our non-event invitation, or donate online at [amiquebec.org/donate](http://amiquebec.org/donate). □

# When a parent has bipolar disorder, what happens to the children?

## The RUSH program is here to help

When there's bipolar disorder in a household, the children have higher stress hormone levels on a day-to-day basis and are very apt to be looking at mental health trouble down the road. In fact, as these children become adults, between ages 18 and 30 they're likely to develop disorders three to four times as often as those who grew up in bipolar-free families.

So says Concordia University's Dr. Mark Ellenbogen, Canada Research Chair, clinical psychologist, associate professor and the driving force behind a family program just launched called RUSH (Reducing Unwanted Stress in the Home).

RUSH is a follow-up to the studies of bipolar disorder in families that Ellenbogen and his team conducted for many years. At the beginning they wanted to understand the connection between family dynamics, stress and risk factors for the illness. How does the stress of coping with bipolar disorder affect family life? Are some families more susceptible to the fallout? Can children be impacted and what would be the long-term results for them? "The studies went on for 10 years," says Ellenbogen. "The kids, who were four to 12 years old when we began, were tracked into their late adolescence and early adulthood. The

RUSH program is based on the many things we learned about how we could change lives for the better."

### The RUSH strategy

RUSH is a prevention, not a treatment program. Documented evidence shows that there's more stress in homes coping with bipolar disorder, which can create a difficult childhood environment.

"Even in the most loving homes, things don't always run smoothly," says Ellenbogen. "There can be squabbles, a rough patch at school, disagreements between parent and child and crises such as job losses or illnesses. Bipolar disorder just magnifies the emotional intensity. And even when the issue isn't primarily about them, kids are like sponges. They absorb it all."

So RUSH aims to put the brakes on the development of future mental disorders

by lowering the level of stress in a family's everyday life. This, Ellenbogen explains, can be achieved by providing family members with the understanding and tools necessary to fight stress and anxiety.

### How it works

Ellenbogen hopes to recruit a total of 30 families for the program — preferably both parents along with their children ages six to 11. Those are the critical years for youngsters, because childhood or early adolescence is when the origins of mental illness are believed to develop.

Adults from five or six families form a group that meets for 12 consecutive weeks, one hour-and-a-half session per week. (The children have their own separate group, but it's shorter, about



Even 6-year-olds can benefit, maintains Ellenbogen

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news these days. Through the prism of his illness, which in retrospect he calls "poorly treated," and his extensive reading about the relationship between war and mental health, Grenier became convinced that peer support would be invaluable in facilitating recovery for himself and for his suffering comrades-in-arms and their families.

He's succeeded perhaps even beyond his most optimistic expectations. The non-clinical programs he developed utilized the power of lived experience



For Grenier, something good out of Rwanda

through formal peer support and delivered peer-based mental health education to over 20,000 military personnel each year. Official appreciation has come in the form of a Meritorious Service Cross from Governor General Michaëlle Jean in 2007 and a Champion of Mental Health Award by the Canadian Alliance on Mental Illness and Mental Health.

The story of how Grenier (retired since 2012) overcame the military's initial resistance to peer support and how his commitment has since reshaped his life and that of so many others makes for an inspiring address. Don't miss ***The sweetest victory: how his battle with PTSD changed a soldier into a champion for peer support*** at this year's Edith and John Hans Low-Ber lecture. **October 30, 7:00pm at Oscar Peterson Concert Hall, 7141 Sherbrooke St. W.** Co-sponsored by AMI and Concordia University's department of psychology. Free admission; no need to register in advance. Presentation in English. □

# WHEN HEARING VOICES IS A GOOD THING

**In North America they're dreaded.  
What do people in other countries  
know that we don't?**

**A**uditory hallucinations are one of the most frightening aspects of schizophrenia. They torment their victims throughout the day, jeering or nudging them to violence.

Now a new study out of the U.S. suggests that the way schizophrenia sufferers experience these voices depends on their cultural context. Some people with serious psychotic disorders living in other countries claim their hallucinations are good, even magical. They don't hear the same notoriously dark and vicious demons.

Psychological anthropologist Tanya Luhrmann and her colleagues at Stanford University interviewed 60 adults diagnosed with schizophrenia — 20 each in California, Ghana and India. The patients were asked how many voices they heard, how often they heard them and what they were like.

Everyone responded that they heard both good and bad voices, unexplained hissing and whispering. But while the groups in Africa and India reported predominantly positive experiences, not one American did. They were more likely to describe their experiences as violent and hateful, evidence of a sick condition. To quote from the study: "... like torturing people, to take their eye out with a fork or cut someone's head and drink their blood, really nasty stuff."

## Oceans apart

A good number of the Indian and African participants revealed that their hallucinations reminded them of someone they knew, friends or family, even a human-like spirit that was also known to them, and that the voices could be playful and entertaining. One individual from Chennai, India, said, "I have a companion to talk to. I need not go out to speak. I can talk within myself."

Such genuine human relationships with their voices exist despite sometimes not even liking them. Luhrmann describes one patient, a 20-year-old Dutch man, whose voices were urging him to study Buddhism for hours each day. He cut a deal with his demons, telling them he'd say Buddhist prayers for one hour per day, no more, no less. And it worked. The voices subsided and he was able to reduce his medication.

At a support group, the same man mentioned that a new "nice" voice had threatened to get mean. The group told him he had to talk to the voice and say, "We have to live with each

other and make the best of it. We can do it only if we respect each other." He followed their advice and his voice became "nice" once more.

The Stanford researchers attribute the contrasting perceptions to distinct social values. Americans value individuality and independence, and the voices are seen as an intrusion into a self-made mind. African and Eastern cultures tend to emphasize relationships and collectivism. A hallucination is seen as just another component of a

person's already extensive social network. Some participants were so simpatico with their hallucinations that they didn't even see themselves as mentally ill.

Luhrmann hopes her insights might help in the development of new therapies for schizophrenia sufferers the world over. While there still is no cure for the illness, there are some therapies that urge patients to develop relationships with their voices, like the Dutch man did, so as to be able to negotiate with them. It's worth a try. □

Edited from an article by Clifton B. Parker, Stanford University website.

## How to get through to your ill relative

**Spend a day with Dr. Xavier Amador learning the techniques that work**

**T**here's nothing more discouraging than repeatedly trying to convince a relative who's ill to get help when your efforts fall on deaf ears.

Psychologist Xavier Amador knows precisely how to avoid that deadlock. His famous LEAP program (Listening, Empathizing, Agreeing, Partnering) is based on simple, common-sense principles that break down the stubborn barrier between caregivers and relatives who've been diagnosed yet won't comply because they lack all awareness of their mental illness.

Amador addressed our 2013 Low-Beer lecture on the subject to an overwhelmingly enthusiastic audience response. Now AMI is hosting his return, your chance to spend a day learning about LEAP and how to apply its approach to your particular situation. The daylong session is free for family caregivers (must buy book) and includes lunch.

**November 18** is the date, **9:00am-3:30pm** the time, **Montreal West United Church, 88 Ballantyne N.**, the place. Note: space is extremely limited and registration is strictly on a first-come-first-served basis. **Call 514-486-1448 or register online at [amiquebec.org](http://amiquebec.org).** □

Amador's acclaimed book, *I am not sick I don't need help!*, is available in our library, at our office for \$20, and also in stores.



# EDUCATION AND SUPPORT

## Our 2014-15 program offers new ways to provide the help you need — whatever you need

**W**ith a realignment here and a tweak there we've made this year's education and support program even more pertinent and responsive to the needs of AMI members. Check it all out and you'll find everything from basic information about mental illnesses to proven strategies that can keep you and your family in control whenever difficulties come your way. Bottom line: a better life is possible. Put our program to work for you and find out how.

### TELEWORKSHOPS

Now there are eight interactive workshops, each devoted to information about a single disorder and how it affects daily life. Led by professional specialists. Your phone connects you to the presentation and the Q&A period that follows. Registration necessary. **7:00-8:00pm**. Call **1-866-396-2433** or go to [amiquebec.org/teleworkshops](http://amiquebec.org/teleworkshops).

**September 17. Schizophrenia.** Dr. Marc Laporta, psychiatrist.

**October 8. Depression.** Dr. Andrew Ryder, psychologist.

**November 5. Hoarding.** Dr. Kieron O'Connor, psychologist.

**January 14. Borderline Personality Disorder.** (Speaker to be confirmed)

**February 11. Eating disorders.** Dr. Mimi Israel, psychiatrist.

**March 11. Obsessive Compulsive Disorder.** Dr. Adam Radomsky, psychologist.

**April 8. Anxiety.** Dr. Karen White, psychologist.

**May 20. Bipolar Disorder.** Dr. Allan Fielding, psychiatrist.

### ROUNDTABLE DISCUSSIONS/VIDEOCONFERENCES

Six sessions this year comprising informative presentations followed by questions and answers. Families and people with mental illness are welcome. At AMI, **7:00-9:00pm**. Participation via interactive videoconferences for regions outside Montreal. Contact your **Community Learning Centre** or call us toll-free at **1-877-303-0284** for more information. Prior registration is necessary; call **514-486-1448** or visit [amiquebec.org/roundtables](http://amiquebec.org/roundtables).

**September 17. How to diffuse aggressive behavior.** Tom Caplan, social worker.

**October 22. How best to communicate with a loved one with mental illness.** Camillo Zacchia, psychologist.

**November 19. Medication and other treatments for mental illness.** Dr. David Bloom, psychiatrist.

**February 18. Future planning for your loved one (financial and personal).** Marcie Klein, manager mental health support services, Ometz Agency; Nathan Leibowitz, investment advisor.

**March 18. The double whammy of mental illness and addiction.** Dr. Ron Fraser, psychologist.

**April 22. Coping with a loved one with a mental illness (frequently asked questions).** Dr. Warren Steiner, psychiatrist.

### INDIVIDUAL COUNSELING

If personalized attention is what you need, you have three choices. In Montreal, call us to book an appointment with **SOS-Famille**. For those living outside the city or in a remote area, if you're housebound or have difficulty accessing English-language services, we offer help by telephone or Skype. For further information, phone **514-486-1448** or **1-877-303-0264 toll-free**.

### BORDERLINE PERSONALITY DISORDER

For family caregivers only. Learn theory and strategies for solving everyday problems. Two nine-session programs, starting fall and spring. Follow-up booster sessions provide a chance to review and practice techniques. Attendance essential for all nine weeks. **Mondays, 7:00-9:00pm**, at AMI. For information or to register, call **514-486-1448** or visit [amiquebec.org/education](http://amiquebec.org/education). Boosters are for graduates of any BPD program only.

**Fall: starts October 20**

**Boosters: January 19, February 16, March 16.**

**Spring: starts April 20**

**Boosters: July 20, August 17, September 28.**

Boosters are for graduates of any BPD program only.

### COPING SKILLS WORKSHOPS

Four Tuesday evenings devoted to helping caregivers solve problems, deal with stressful situations and keep harmony in the family. At AMI, **7:00-9:00pm**. For information or to register, call **514-486-1448** or visit [amiquebec.org/coping-skills](http://amiquebec.org/coping-skills).

**Fall: starts October 2 (Thursdays)**

**Spring: starts March 25 (Wednesdays)**

### FAMILIES LIVING WITH MENTAL ILLNESS

Communication, coping and resiliency, material that used to be part of our education programs is now here. Two programs teach effective ways of handling the problems family members can face due to the presence of a mental illness. At AMI, **7:00-9:00pm**. For information or to register, call **514-486-1448** or visit [amiquebec.org/education](http://amiquebec.org/education).

**Thursdays: starts October 2**

**Wednesdays: starts March 25**

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60 minutes, followed by play and refreshments.) For convenience and time-saving, the meetings for parents and children are held in tandem.

They're all learning how to deal with and manage stress, but the two approaches are, logically, vastly different. The parent groups are adult-focused, the children's sessions are appropriate to their ages.

Over the 12 weeks, the youngsters learn to understand what stress is, what it feels like and how to cope with it. They're taught how to stop worrying and keep the stress level down when they're face-to-face with important events in their life, such as an unhappy situation at school, an argument with their parents or a falling-out with their best friend. It's not too much even for a six-year-old to absorb, because it's all done from a child's perspective through the intermediary of games, exercises, pictures and other fun activities. These are well-known techniques that have been used by child psychologists for years.

### \$360 for extra time spent

Because RUSH is a research project, it's vital to record facts and progress. Assessments are conducted before the program begins, during, at the end and six months later. There are diagnostic interviews, questionnaires to be completed and measurements of cognitive development. Participants receive \$360 as appreciation for the extra time they invest in these important parts of the study. The active program itself is a gift. Ellenbogen estimates it would cost \$100 per session if done privately.

Of course, children don't all go on to develop a mental health problem just because they grew up in the presence of bipolar disorder. Call RUSH an ounce of prevention, even though in some cases, for any given reason, some people are bound to slip through the cracks. Ellenbogen is realistic. "If we can cut the number of kids who develop a mental disorder by 20 or 30 percent, we'll be extremely happy," he says. "We're optimistic the program will work. By stopping the early anxieties from happening and altering the family environment, we can help children lead a better life by preventing some serious disorders from happening later on."

For more information about RUSH or to participate in the program, email Ellenbogen at [concordia.rush20144@gmail.com](mailto:concordia.rush20144@gmail.com) or phone 514-848-2424, ext. 5213. □

Ellenbogen recommends a book called *Bipolar Disorder Survival Guide: What you and your family need to know* by David J. Miklowitz, Guilford Press. Available at the AMI library.

### STAY INFORMED

Our website is updated regularly with the latest news about our programs, services and upcoming events. Get the good habit of checking our homepage often. There's always something happening. [www.amiqubec.org](http://www.amiqubec.org).

## FALL 2014

**October 30:** Low-Beer Memorial Lecture. *The Sweetest Victory: how his battle with PTSD changed a soldier into a champion for peer support.* Oscar Peterson Concert Hall, Concordia University, 7141 Sherbrooke St. West, 7:00pm.

### SUPPORT GROUPS

For details visit [amiqubec.org/programs-support](http://amiqubec.org/programs-support)

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

#### FAMILY for relatives and friends only

September 8, 15, 22; October 6, 20, 27; November 3, 10, 17; December 1, 8, 15

#### SIBLINGS AND ADULT CHILDREN for relatives only

September 15; October 20; November 10; December 8

#### BIPOLAR DISORDER for family, friends and people with mental illness

September 22; October 27; November 17; December 15

#### DEPRESSION for family, friends and people with mental illness

September 8; October 6; November 3; December 1

#### OBSESSIVE COMPULSIVE DISORDER

for family, friends and people with mental illness

September 15; October 20; November 10; December 8

#### HOARDING GROUP (in collaboration with Quebec OCD Foundation) for family, friends and people with mental illness

September 22; October 27; November 17; December 15

#### KALEIDOSCOPE for people with mental illness only

September 15; October 20; November 10; December 8

#### ANXIETY for family, friends and people with mental illness

September 8; October 6; November 3; December 1

#### SOUTH SHORE for relatives

Wednesdays 6:30pm Greenfield Park Baptist Church, 598 Bellevue North, Greenfield Park

September 3, 17; October 1, 15, 29; November 12, 26; December 10

#### LIFELINE for people with mental illness

Alternative Centregens, 3820 Montée St-Hubert in St-Hubert. Call for dates and times. 450-651-0651.

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

#### Families Living with Mental Illness

4-session program begins October 2

#### Borderline Personality Disorder

9-session program begins October 20

#### Roundtable Discussions/Videoconferences

September 17; October 22; November 19

#### Teleworkshops

September 17; October 8; November 5

#### Coping Skills Workshops

October 28

#### Volunteer appreciation night

November 25

#### BOARD MEETINGS

Tuesdays 7:00pm at AMI

September 9; October 7; November 4; December 2

# A walk on the fun side

## Be part of Montreal Walks for Mental Health on Sunday, October 5

The event is back again for the sixth year and there are all sorts of good reasons you should count yourself in.

**It's a good cause**, a way to build awareness, fight stigma and raise funds for your favorite organization.

**It's good for your health**. If you're like most of us, walking is what your body craves but doesn't enjoy often enough.

**It's a good time**. The walk starts at 11am, rain or shine, at



**Phillips Square, Ste-Catherine at Union**. Join the AMI team, go solo or organize your own group with family or friends. To register, call 514-935-5770, visit [mtlwalks.com](http://mtlwalks.com) or be at the site at 10am.

Last year hundreds of people raised thousands of dollars and had a fun Sunday doing it. Join us on October 5. □

## TRIBUTES & MEMORIALS

**In honor of Bayard Whittall**  
Dan Wise

**In memory of Guus Boudens**  
Kay Simpson

**In loving memory of John and Douglas Simpson**  
Kay Simpson

**In memory of Elizabeth Tremain**  
Sylvie Albert  
Muriel Morris Bérubé  
Patricia Borland (the Are Prayer Group)  
Janice Kirshner  
Kay Simpson  
Joanne Smith

**In memory of Bruce McCullogh**  
Joanne Smith

**In memory of Jeffrey Zemel**  
Felice and Phil Abtan  
Sheryl and Freddy Adler  
Lisa and Jimmy Alexander  
Richard Belitzky  
Naomi and Richard Faraj Bell  
Monica Berger  
Karen, Robbie, Jessica, Emily and Hannah Bloom  
Faigie and Harold Borden  
Phyllis Boyer  
Judith and Stanley Cadloff  
Ellen Cytrynbaum  
Glenna Devine  
Marlene and Warren Dick  
Maureen and Jack Dym  
Bina Ellen  
Rona Ellen  
Kathy and Ron Emanuel  
Heather and David Felsky  
Dorothy Flomen  
Riva and Carl Gelber

David Gold  
Gail Gold  
Beatrice Goldman  
Mona Golfman  
Brenda, Eric and Franki Gralnick  
Elana Green  
Leslie and Michael Hier  
Claudia and Jerry Ikeman  
Felicia and Johnny Karls and family  
Livia Kerner  
Frances and Gerald Kessner  
Rhoda Kirsch  
Sandra, Barry, Jackie and Warren Klamen (Jennifer and Brian Singer)  
Sylvia Kohn  
Rhona and Irwin Kramer  
Lois and Abbey Kreisman  
Brenda Langburt  
Leah and Jerry Lefson  
Tina Leibner  
Rachel Lester  
Lillian and Jack Linder  
Linda, Mathias, Samuel, Howard and Raphaelae Mamane  
Edna and Victor Mashaal  
Marla and Michael Mashaal and family  
Jodie and Howard Melnick  
Carolyn and Joe Mendelssohn  
Resa, Alan, Sami and Danielle Milstein  
Jeanine and Marc Mintzberg  
Sherri Moyse  
Cindy and Freddie Naimer  
Ida Pencer  
Lorne, Harlie, Jayme and Merrick Persiko  
Rob Persiko  
Ellen and John Reider and family  
Noonie Reisler  
Gail and Hy Rissman  
Adam Rubin and family

Beverly, Marlene and Martin Salomon  
Randi and Peter Satok  
Greg Scruton  
Barbara Sederoff  
Carole Shiller  
Darlene and Julia Singerman  
Sandy and Myer Snitzer  
Jeff Stanier (Adobe Systems)  
Faigie Stark and Seymour Coviensky  
The Tauben Family Foundation  
Trudy Weinstein  
Marilyn and Leo Weiss  
Julie Wiener  
Fran and Tully Yagod  
Sandy Yancovitch  
Sharleen Young  
Charna and Mannie Young  
Ida and Jerry Zelnicker  
Jodi Zentner and Lorne Krane

**In memory of Helen Fahey**  
Nathan Fahey

**In memory of Sandra Mistretta**  
Diane Lamarre

**In memory of Dorothy Bierbrier**  
Marylin Block

**In memory of Maurice Reznick**  
Marylin Block  
Sylvia Klein  
Kay Simpson

**In memory of Michael Shaffer PSW**  
Saul Friedman

**In memory of Jared Colon**  
Marylin Block

**In memory of Norman Liben**  
Jodi Zentner

**In memory of Voyo Kovalski**  
The Bérubé family

*AMI-Québec extends sympathy to the bereaved and appreciation to all donors for their generosity.  
If you wish to honor someone with a donation, please phone 514-486-1448 or visit [amiquebec.org/donate/](http://amiquebec.org/donate/).*

# NOT ONLY FOR ADULTS

## Schizophrenia and schizoaffective disorder have been diagnosed in children as young as 10

It's common knowledge that the onset of psychosis typically occurs in the late teens, early 20s or 30s. But that's not the whole story.

Diagnosing children comes with its own set of problems. Schizophrenia symptoms begin much more slowly in youngsters than in adults. What makes reaching an accurate conclusion still more difficult is the fact that the symptoms of both illnesses can resemble others such as autism or Asperger's syndrome, bipolar disorder, depression, PTSD and obsessive-compulsive disorder.

Symptoms in children may also mimic various normal developmental phases they go through, including sleep troubles, having imaginary friends, irritability, lack of motivation, depression and diminished school performance or social skills.

Communication can be another stumbling block, as younger children have a harder time expressing their feelings, thoughts and ideas. This often frustrates parents and professionals, who find they may need to rely on reports from family members, schools, other healthcare providers and possibly even hospitals and police.

As a parent, you're in the best position to notice early deviations in your child's behavior. They could be just a passing phase or advance warning signs of illness. For starters, here's what you should know:

### Possible red flags

While every child's situation is unique, some common signs and symptoms of schizophrenia or schizoaffective disorder do become apparent. Left untreated, they can permanently impact later development and behavior.

- **Hallucinations.** The most common hallucination is **auditory**. A child may hear voices and carry on active conversations. Sometimes it's two or more voices in their head that are speaking to each other. With **visual** hallucinations, things or people are visible that nobody else can see. **Tactile** hallucinations produce poking sensations on or in the body; spiders may be imagined to be crawling on the skin. A child with **olfactory** hallucinations smells odors that aren't present.
- **Delusions.** These are bizarre or illogical beliefs such as the inability to distinguish dreams from reality. A child may think the TV is sending personal messages. They may believe they're famous, that aliens are in control or that they have special super powers and are immortal.
- **Paranoia or extreme anxiety.** Children may experience panic attacks, become suspicious of everyday things, people and animals. They may feel that some-

one or something is always hiding and watching them.

- **Disorganized speech or behavior.** This includes repeating words over and over or inventing words; talking about random topics or stringing dissimilar thoughts together; giggling or smiling for no apparent reason. Social skills (loss of friends, withdrawal, isolation) and daily functioning (grooming, cleaning, eating) could decline. Behaving like a much younger child might show as a lack of impulse control and inappropriate responses to situations, maybe laughing at a funeral or crying at a comedy show.
- **Apathy.** An expressionless or flat gaze might indicate a lack of emotion and interest in everyday things.
- **Violence.** Breaking items around the house or at school; self-harming or hurting other people or animals.
- **Concentration.** An inability to concentrate; forgetfulness; a loss of cognitive abilities that had previously been acquired.
- **Out-of-control moods.** Severe mood swings from one extreme to the other, including depression, sleeping too

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## Join us for a movie date Saturday, October 25

It's the closing night of this year's Au Contraire Film Festival, the movie event dedicated to increasing awareness of mental illness. It's also a fundraising evening for AMI.

The film being shown is a documentary called *Unlisted: A Story of Schizophrenia*. Produced and directed by Dr. Delaney Ruston, a Seattle general practitioner, it tells the story of the relationship being rebuilt between Ruston and her ill father. What is the responsibility of parents, children and society

towards those suffering from a severe mental illness? The film examines the challenges and questions faced one way or another by every AMI family.

Of additional interest to our members, the film will be followed by a dessert reception and a panel discussion with Ruston. It's a chance for you to meet the panelists and tour the Fine Arts Museum's beautiful Stewart collection of 20th century decorative arts.

**Tickets are \$75 each with a \$40 tax receipt.** At the **Maxwell Cummings Auditorium, Montreal Museum of Fine Arts, 1379 Sherbrooke St. W., 7:00pm.** Call us, 514-486-1448, or visit [amiquebec.org](http://amiquebec.org) for information and ticket purchase.

Au Contraire is partnered by Paradis Urbain and the Museum. □

