

# SHARE & CARE

THE RECOVERY OF HOPE ~ THE HOPE OF RECOVERY

## Caregivers can now learn online with MOOC

**H**ere's a terrific new approach to learning — and it's all free. MOOC, which stands for Mass Open Online Courses, is the result of a widely researched development in distance education.

Wherever you live, you can get involved simply by registering. This gives you unlimited access via the web to any subjects being offered. In addition to such traditional materials as filmed lectures, readings and quizzes, many courses provide an interactive capability, which enables viewers to connect with professors and teaching assistants while the courses are in session.

**Caring for People with Psychosis and Schizophrenia** will be available for two weeks starting October 12. Developed by King's College London, England, it explores the key issues related to caring for an ill relative. While psychosis is the focus, caregivers of people with other diagnoses will find much that's relevant and important.

The course is accessible any time after its two-week schedule, but you must register before it starts. The interactive component will be in effect only during its initial two weeks.

To register, go to [www.futurelearn.com/courses/caring-psychosis-schizophrenia](http://www.futurelearn.com/courses/caring-psychosis-schizophrenia) and follow the instructions.

Want to know about other Future Learn courses? Check everything out at [www.futurelearn.com](http://www.futurelearn.com). □

## PSYCHIATRY AND THE FUTURE

Hear what's coming at our 2015 Low-Ber Lecture

**I**f anyone has a vision for psychiatry it's Dr. Paul Garfinkel. Now psychiatry professor at the University of Toronto and staff psychiatrist at that city's Centre for Addiction and Mental Health, where he was president and CEO for over 20 years, his lifelong career has covered it all.

Garfinkel is the author and editor of nine books on eating disorders and is a well-known lecturer. He's a strong advocate for psychiatric science and education and has played a leading role in the fight against mental illness stigma. He's served as visiting professor in England, Ireland, Italy and the U.S. Since 1996 Garfinkel's work has earned him a host of distinguished honors, including Officer of the Order of Canada in 2009.

His biography identifies Garfinkel as a researcher, a clinician and an administrator. Yet underpinning it all is a dedicated physician whose concern for his patients is as passionate as it is therapeutic. This condensed excerpt from his book *A Life in Psychiatry: Looking Out, Looking In* (Barlow Books Publishing) recalls his distress at losing a patient to suicide:

**"Debbie's death shocked and deeply saddened me. It was one of the most emotionally devastating moments of my professional life, and I was just not prepared for it. I felt guilty. Could I have done more? Could someone else have done a better job? Could someone else have saved her?"**

**As these questions circled in my mind, I noticed my grief was turning to anger, as if I had been betrayed. I had worked so hard for so long and she had**



**been succeeding. I thought she would be okay. Why this?"**

Meet this compelling personality at our Edith and John Hans Low-Ber Lecture, October 29. He'll be discussing the future of psychiatry and how he sees it affecting those who need help. 7:00pm at Oscar Peterson Concert Hall, 7141 Sherbrooke St. W. Co-sponsored by AMI and Concordia University's department of psychology. Free admission. Advance registration not required. Presentation in English. □

People with bipolar disorder are kidding themselves if they think they can go it alone says Stephen Propst, who has lived with the illness for decades. A noted public speaker, he is the former chair of the Depression and Bipolar Support Alliance in the U.S. Here are Propst's 10 golden rules for helping family and friends better understand bipolar and provide the sort of support that keeps life more harmonious for everyone.

## THE GOLDEN 10

### \* 1. Never give up hope

The first 10 years of my dealing with bipolar disorder were a seemingly insurmountable struggle. But despite all the frustration and hopelessness, my loved ones never doubted my recovery. Their confidence kept me going and still does today.

My advice to those wanting to help someone with bipolar disorder: keep the faith and never give up. Let your hope spread — it's contagious.

### \* 2. Take some time

We all want immediate results, but the road to recovery from bipolar is a winding path with delays, downtimes and detours. Thinking there's a miracle cure only makes matters worse. Instead help your loved one set realistic goals.

Progress takes time. Let patience be your guide.

### \* 3. Face the facts

Acknowledge that bipolar is a legitimate disorder. Saying things like "It's all in your head" or "Just snap out of it" denies that reality.

Like diabetes or cancer, bipolar disorder requires medical treatment and management. It is initially unfamiliar and frequently unpredictable, gut-wrenching and, at times, scary.

### \* 4. Adopt the right attitude

Family members can make their relative feel as though it isn't bipolar but rather a character flaw or something brought on by the individual. Some view a setback as permanent doom. Living with bipolar requires constructive feedback, not destructive rhetoric, and more support, not more shame. Base your reactions on reality instead of myths.

### \* 5. Get educated

People with bipolar disorder often deny that anything's wrong and frequently go off their medications. It's important to learn about these and other aspects of the disorder. There are many resources available today, including the Internet.

An educated family member or friend is our best advocate and our greatest source of support.

### \* 6. Treat us like adults

Bipolar disorder can arrest a person's emotional maturity and cause behavior that appears very adolescent and reckless. Our world can be full of chaos and confusion. Low self-esteem is common.

You can help by remembering that there's an adult underneath it all and showing respect for the grownup struggling behind all the symptoms.

### \* 7. Give us some space

Daunting though it may seem, it is best to establish a loving distance between yourself and the person you want to help. That way you can be supportive, patient and understanding — without being used.

Setting boundaries and establishing consequences encourage bipolar patients to work on their recovery themselves.

### \* 8. Forget the past

Frustration often accompanies bipolar disorder. Family and friends can spend hours, even years, wondering what went wrong.

Pointing fingers and blaming solve nothing and getting angry only makes matters worse. Bitterness and resentment can sometimes trigger more of the behavior you want to stop. Instead focus on helping to make tomorrow better.

### \* 9. Take care of yourself

The family suffers right along with its ill relative, so it's important that you develop your own coping skills. All too often caregivers end up becoming ill themselves. Only if you take care of yourself can you help your loved one.

### \* 10. Find a healthy balance

To deal well with bipolar, you need to balance your own welfare with that of your loved one.

Learn to take things in stride, one day at a time. There's a time to help and a time to step back; a time to speak and a time to listen; a time to be patient and a time to be insistent. □

Adapted and condensed from Propst's *Mind over mood: Points to ponder*, bphope.com

### 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.amiquebec.org](http://www.amiquebec.org).

# DO YOUR MENTAL HEALTH A FAVOR. GET A PET

**Sharing your life with a cat or dog can work wonders to heal the all-too-familiar consequences brought on by a mental illness, most particularly loneliness, low self-esteem and the empty feeling of being unneeded in this world**



A substantial body of research confirms that pets offer us something that other people can't or won't always provide: unconditional love. They're loyal, supportive and non-judgmental. They don't mock or criticize. They're truly friends in need. Here are some of the ways cats and dogs have been found to raise the health level of an owner's mind, spirit and body.

**1. They get you moving.** Walking or playing with your dog outdoors takes you into the sun and fresh air, a sure way to elevate your mood. Even a simple walk boosts your energy and allows you to let off steam. The extra activity helps to strengthen your muscles and bones, making you more physically fit. As a bonus, if you make an

effort to listen to the sounds of nature while you're outside, you'll find it can be a calming influence.

**2. The magic of touch.** The results of many different research studies agree: the healing power of touch is amazing. So it's not surprising that stroking or grooming your cat or dog can boost levels of serotonin and dopamine as well as lower blood pressure and heart rate. How nice that something your pet loves is so beneficial for you, too.

**3. A welcome distraction.** Being engaged with your pet takes your mind off issues that bug you. Rather than worrying about the past or what the future may bring, you're just having fun being involved in the moment. Some professionals claim that distraction is the only effective ther-

apy for combatting a depressed state of mind that's too difficult to handle.

**4. Never alone.** Good times or bad, your dog or cat is always there for you. Sometimes pets will even intuitively seek you out and stay close to you when they sense you're feeling down.

**5. The perfect listener.** You can talk to your pet (and many people do) about your day, divulge your innermost thoughts or your politically incorrect opinions. You're getting things off your chest — and you can trust that your confidences will never be judged or betrayed.

**6. Unconditional love and acceptance.** Seeing the happiness your pet displays when you walk in the door can be an instantaneous mood-lifter. No matter how badly things are going, your dog or cat will love you just for being you.

**7. You're important.** Being responsible for a pet's health and comfort compels you to take the focus off yourself and your troubles. According to depression research, responsibility promotes mental health and self-esteem. As well, taking care of a pet brings structure to the day. When a hungry animal counts on you for breakfast, sleeping till noon is no longer an option. And that's a good thing.

**8. A soothing presence.** Studies indicate that the heart rate and blood pressure of pet owners are significantly lower both before and while performing stressful mental tasks. People recover from heart attacks more quickly and survive longer when there's a pet at home. It seems as though the mere presence of an animal is beneficial. □

Sources include Therese J. Borchard, PsychCentral; *Moods Magazine*, spring 2015, and huffingtonpost.com.

## If you have bipolar disorder, computers and smartphones may be your sleep's worst enemy

An organization of researchers is out to spread the word to the public about the ill effects of blue light. That's the name that describes artificial illumination in general, notably the light beamed at us by our computer and smartphone screens.

Blue light can affect the brain and cause trouble to our health, in particular that of those suffering from bipolar disorder.

Prolonged exposure to computers and smartphones at night throws off our bodies' natural production cycle of melatonin, a hormone that regulates our sleep-wake rhythms. People with bipolar tend to be especially susceptible to these disruptions, an ironic reaction given that good sleep is essential to managing their illness and sticking to a consistent sleep schedule is very difficult to do even without blue light. (A new study done in the U.S. documents the link between poor sleep and more frequent and severe episodes of depression and mania in women.)

Experts recommend that in addition to maintaining regular sleep hours, you turn off your devices early in the evening.

If that sounds like too harsh a suggestion, here's a consolation: Taking in blue light early in the day, especially as part of the full spectrum of daylight, appears to establish a healthy sleep-wake rhythm. □

Edited from *bp Magazine*, July 2015.

# GOOD NEWS AND MORE GOOD NEWS



## We're adding 6 webinars and 2 LEAP workshops to our education and support program for 2015-16

The steady growth and pertinence of our education and support program over the years is a big plus for AMI members. Happily this year is no exception. For 2015-16 AMI members have at their fingertips an exceptional lineup of professional

expertise offering facts, answers and just about any other help they need to reduce the pressures of coping with a mental illness in the family.

The program takes a big step forward with the introduction of webinars and LEAP workshops. Read

through the information below and you're sure to find at least one subject that perfectly suits your needs. Take advantage of your AMI membership to get involved, so you can live life with less stress and more confidence. Knowledge will do that for you.

### WEBINARS

We're jacking the convenience level way up by substituting webinars for our previous roundtable discussions/videoconferences. Whether you live on or off Montreal Island, you can participate right from your home. Just settle down in front of your computer and the webinar comes to you. Guest speakers make their presentations, then questions and answers follow. The technology is interactive and allows you to participate, anonymously if you choose. **7:00-8:00pm**. Registration is necessary. Call **1-866-396-2433** or visit [amiquebec.org/webinars](http://amiquebec.org/webinars).

If you live in a remote region where limited bandwidth makes connecting by computer difficult, participation is possible via telephone or the Community Learning Centre in your area. To learn if there's one nearby, call AMI at **514-486-1448** or toll-free **1-877-303-0264**.

**September 29. Coping with stress in your family.** Dr. Mark Ellenbogen, psychologist.

**October 20. Behavior management: how to avoid putting your foot in it.** Tom Caplan, social worker.

**November 10. Medications.** Dr. David Bloom, psychiatrist.

**February 23. Wills and financial planning.** Nathan Leibowitz, investment advisor.

**March 29. Suicide prevention from a family perspective.** Sharon Casey, Suicide Action, Montreal.

**April 26. Children + youth mental health issues.** Dr. Dale Stack, psychologist.

### LEAP WORKSHOPS

LEAP (Listen, Empathize, Agree, Partner) is based on simple common sense along with evidence-based principles. The idea

is to strengthen mutual respect and trust, thereby allowing people with diverse attitudes and opinions to develop effective partnerships. It's the type of approach that can help to reduce your anxiety and improve your relationship with your ill loved one.

Dr. Xavier Amador, who developed this renowned communication program, held a training session for caregivers and service providers in Montreal last February. If you missed his visit, take this opportunity to catch up and familiarize yourself with help that works. At AMI. **7:00-9:00pm**. Limited space, registration necessary. Call **514-486-1448** or visit [amiquebec.org/LEAP](http://amiquebec.org/LEAP).

**November 17.** Dr. Anna Beth Doyle, psychologist.

**February 16.** Dr. Ella Amir, AMI executive director.

### TELEWORKSHOPS

Use your phone to spend a rewarding hour dedicated to learning more about a single disorder and how it affects daily life. Hosted by specialists in their field. Presentations followed by an interactive Q&A period. Registration necessary. **7:00-8:00pm**. Call **1-866-396-2433** or go to [amiquebec.org/teleworkshops](http://amiquebec.org/teleworkshops).

**September 16. Borderline personality disorder.** Sally Butterworth, psychologist.

**October 21. Depression.** Dr. Andrew Ryder, psychologist.

**November 11. Eating disorders.** Miriam Yaffe, social worker and psychotherapist.

**January 20. OCD.** Dr. Adam Radomsky, psychologist.

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

**March 16. Substance abuse and mental illness.** Kathryn Gill, psychologist.

**April 13. Bipolar disorder.** Dr. Allan Fielding, psychiatrist.

**May 25. Anxiety.** Dr. Karen White, psychologist.

### BORDERLINE PERSONALITY DISORDER

For family caregivers only. Two nine-session programs, one beginning in October, one in April, focus on theory and strategies for solving everyday problems. Follow-up booster sessions allow you to review and practice the techniques you've learned. Attendance essential for the full nine weeks. Booster attendance limited to those completing either of our BPD programs. Registration necessary. At AMI, **7:00-9:00pm**. Phone the office or visit [amiquebec.org/education](http://amiquebec.org/education).

**Fall starts October 19**

**Spring starts April 18**

**Boosters: January 18, February 22, March 21, July 18, August 22, September 26.**

### COPING SKILLS WORKSHOPS

Four evenings dedicated to solving one of the stickiest worries for caregivers: how to deal with stressful situations and keep harmony in the family. One single event examined per workshop. At AMI, **7:00-9:00pm**. For details or to register, call **514-486-1448** or visit [amiquebec.org/coping\\_skills](http://amiquebec.org/coping_skills).

**October 27.** Moira Edwards, nurse.

**January 26.** Bernie DiGiglio, nurse.

**March 22.** Dr. Anna Beth Doyle, psychologist.

**May 24.** Moira Edwards, nurse.

### INDIVIDUAL COUNSELING

Should you need a personalized one-on-one for a particular problem or situation, we're here for you. Call the office to book an appointment with **SOS-Famille**. For those who live outside the city or in a remote area, who are housebound or having difficulty accessing English-language services, there's help by telephone or Skype. For further information, call **514-486-1448** or **1-877-303-0264 toll-free**. Or visit [amiquebec.org/counselling](http://amiquebec.org/counselling). □

## FALL 2015

**October 29:** *Low-Beer Memorial Lecture. What's Next for Psychiatry? Will People Get the Help They Really Need?* Oscar Peterson Concert Hall, Concordia University, 7141 Sherbrooke St. West, 7:00pm.

### SUPPORT GROUPS

**For details visit [amiquebec.org/support-groups/](http://amiquebec.org/support-groups/)**

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

#### FAMILY for relatives and friends

September 21, 28; October 5, 19, 26; November 9, 16, 23; December 7, 14, 21

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

September 21; October 5; November 9; December 7

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

September 28; October 26; November 23; December 21

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

September 21; October 5; November 9; December 7

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

September 21; October 26; November 23; December 21

#### OBSESSIVE COMPULSIVE DISORDER

for family, friends and people with mental illness

September 28; October 19; November 16; December 14

#### KALEIDOSCOPE for people with mental illness

September 28; October 19; November 16; December 14

#### SOUTH SHORE for relatives

Wednesdays 6:30pm

Greenfield Park Baptist Church, 598 Bellevue North, Greenfield Park

September 9, 23; October 7, 21; November 4, 18; December 2, 16, 30

#### LIFELINE for people with mental illness

Alternative Centregens, 3820 Montée St-Hubert, St-Hubert

Call 450-651-0651 for dates and times

### BOARD MEETINGS

Tuesdays 7:00pm at AMI

September 8; October 6; November 3; December 1

**Registration required for programs below. Call 514-486-1448 or visit [amiquebec.org/programs-support/](http://amiquebec.org/programs-support/) for details or to register**

#### Borderline Personality Disorder

9-session program begins October 19

#### Coping Workshops for caregivers

October 27

#### Introduction to LEAP

November 17

#### Teleworkshops

September 16; October 21; November 11

#### Webinars

September 29; October 20; November 10

# WHEN GRIEF MET ITS MATCH

**There's mental illness grieving that can crush a person for years. And then there's Rosalie**

**D**rug dealers were on their way and Rosalie's son, Jake, age 18, knew what to do: He'd warn his two younger sisters and all their friends to be on the lookout for trouble.

Jake's life was full of tumult, especially those voices and noises in his bedroom that didn't give him a moment's peace. Lining the walls with cork would be the solution, he told his parents, but they didn't buy it.

Instead they worried and harangued and waited for the delusions and paranoia to end. When it was clear that nothing was going to change, they reached their own conclusion, a diagnosis that was soon professionally confirmed. Jake was suffering from schizophrenia.

Rosalie Fagen has learned much about mental illness since those days almost 30 years ago. She's known to AMI members as a support group leader, Family and Depression, to name two. Her back story is both typical yet different. That she went from novice caregiver to a mother who lives with her grief safely under control should bring hope and encouragement to many.

## No fingers to point

One big difference in Fagen's case: Jake was adopted, so there couldn't be a genetic connection. But growing up had presented other issues. "He was never a typical kid," Fagen recalls. "In his teens there were problems in school. He had trouble concentrating, socializing, even sitting still."

To make matters worse, Jake developed an addiction to alcohol, one that continues to plague him to this day.

"Life at home was frustrating and disappointing, more for the rest of us than for Jake at that point," says Fagen. "We were angry and unsympathetic. If he'd only try harder everything would be fine!"

Attitudes changed with the awareness that the problem was much more serious than bad behavior. Now the focus was on treatment for Jake and learning how best to deal with his illness. There were six months of meetings with a psychiatrist. The hard parental line softened, but fam-

ily life was still erratic, unhappy, often intolerable, and grief was a constant companion.

Desperate for a solution, Rosalie and her husband thought their son would do better in an apartment of his own, but things never went smoothly. Jake would move in and out of the family home until he was 30.

"I grieved the loss of Jake's future," says Fagen. "He was never going to lead a regular life, continuing his schooling, finding jobs, getting married. He had artistic talent that would likely never be developed. And I grieved for myself. How did I deserve this? I had done something good. I took in a beautiful boy who didn't have a home."

For the most part, family and friends were understanding and supportive. Yet Fagen found herself clamming up about Jake. "Sooner or later everybody knew," she says, "but I was reluctant to talk. It wasn't embarrassment, just my way of protecting our son and wanting people to like him. Any conversation about him would always start by my saying what a great guy he was."



*Those were the days. Jake, 8, with Rosalie and sister Jenny*

And although she says she's never come face-to-face with it, Fagen knows there's stigma out there, people denigrating Jake and blaming parenting for his illness. "I'm guessing they think that puts them in a better light," she says. "Their kids are healthy therefore they must be better par-

ents. In my opinion, even if it improves, there's always going to be stigma concerning mental illness."

## On her own

The fact that Jake had been adopted only reinforced the family's certainty that they didn't cause the schizophrenia and it wasn't their fault. What Fagen did take personally was the challenge to crush the grieving. Her psychiatric help had fallen short and she didn't know anyone else she could count on.

"I was dedicated to that goal," she explains. "I wanted to have a good life and I came to the conclusion that there was nothing productive about wrapping my existence around grief. It wasn't constructive for me or anyone else. I constantly worked on being strong and stable."

In Fagen's mind, there was no mystery to it. "You have to keep telling yourself there's nothing you can do except be there." No to enabling and moping alone at home, yes to having a support system and keeping busy.

"When things are good with Jake, I think they'll last forever. And then a setback happens. Still, I'm much better at handling a life with mental illness now. I'm not devastated or nervous. I don't lose sleep."

What differentiates grieving mental illness, of course, is the fact that it's not time-limited. "But that's exactly why you have to get on with your life," says Fagen. "Just because there is no closure."

Jake, more capable and independent these days than ever before, lives in a group home conveniently near his hospital. Through Ometz he has found employment that Fagen prays will work out. She continues to be the caregiver in his life, helping with groceries and whatever else he might need. □

## Build your support system

**Support groups give you the opportunity to talk about your experiences with others who are kind and understanding. Strangers, Fagen points out, are the easiest people to talk to precisely because they don't know you. And you need to talk, she adds. Keeping things inside will only fester and hurt you. See our support group schedule on p. 5. Or go to [amiquebec.org/support-groups](http://amiquebec.org/support-groups).**

## You're in recovery? Great! Time to rebuild your life

**Vincent F. Caimano, a psychologist in California, offers his three-pronged plan for recreating the fulfilling life you had before mental illness intruded**

I've been struck by how often people in recovery accept living a diminished life, working at jobs that don't fully utilize their talents or abilities. They've given up on their hopes and dreams, seeing themselves as fundamentally flawed or damaged. They think of their lives as a daily battle to avoid falling back into the pit and work hard to climb a series of difficult hills.

This type of "recovered" person is functional, but can often be described as the "walking wounded." They frequently feel they're missing out on many things and often wish they could re-establish the career or life they once had.

Is it possible? Can someone in recovery have a reason to get up every day feeling energetic and ready to conquer the world?

Yes, but not with a cookie-cutter approach. The creation of a more meaningful, even compelling life requires an exploration of various options and the willingness to experiment.

### Engage in self-assessment

First of all, work from a foundation of your strengths. What have you done easily and well in the past? What successes have you had? Answer in a generous way, giving yourself credit for whatever you feel positive about.

It's also useful to understand your values, meaning the things that are important to you. These are life guideposts that can help you set goals and make wise decisions that will be helpful

even when you encounter problems. They're an enduring way to assess which investments of your time and resources are worthwhile.

### Write a personal mission statement

When people have been injured from a fall, they sometimes become fearful of falling once more, so they look at their feet when they walk. This may actually increase the likelihood of their falling again.

The same applies if you've experienced emotional trauma in your life. It's natural to focus on every little problem, issue or potential threat that comes your way.

Looking out instead of down can help you to move away from the nitty-gritty to a bigger picture of your life's purpose. Having purpose in your life helps to energize your journey and keeps a clear vision of hope ahead of you.

One way to get in touch with such purpose is to write a personal mission statement. For instance:

**"At the end of my life I want to be able to say I gave everything I had to give."**

Or **"I wish to live life fully by engaging in a balanced variety of social, physical, mental and spiritual activities."**

There is no best way for you to describe what you want your life to mean. What's important is that you have a statement about

*continued on page 8*

## TRIBUTES & MEMORIALS

### In honor of Ella Amir

Anonymous  
Marylin Block  
Kay Simpson

### In honor of the Selwyn House Grad Class of 2015

The Selwyn House School Class of 2015

### In honor of Ross Paperman

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### In memory of Rosita Bissell

Lynn and Andy Nulman

### In memory of Ella Bloomfield

Lynn and Andy Nulman

### In memory of Bernard Wexler

Shelley and Mark Sherman and family

### In memory of Hazel Raimondo

Angie Gaulin

### In memory of Michael Shaffer PSW

Saul Friedman

### In memory of Leslee Gelber

Fasrs Kasa Inc.  
Loretta McCulloch

### In memory of Daniel Segal

Glenna Devine

*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/).*

## AMI-Québec Donation & Membership Form

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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:** \$ \_\_\_\_\_

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Payment may be made by cheque, VISA, MASTERCARD or by phoning 514-486-1448

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Send payment to **AMI-Québec**,  
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### Recovery ... continued from page 7

your priorities. This will allow you to make important choices and set goals.

The process of writing a mission statement and spending time thinking deeply about what matters to you can in itself be uplifting and inspiring. Brainstorm a draft and revisit it a few times until it feels right.

#### Add “flow” experiences

If you understand your strengths and values and have a clear purpose for your life, what you finally choose to do will come more easily.

You may want to consider building in “flow” activities. These are very engaging activities that you feel extra-good about. One description is a moderately challenging activity that engrosses you and puts you in control, so much so that you lose track of time and awareness of other needs when you’re working at it.

It could be solving a crossword puzzle or completing a project in the house. The idea is to actively seek out “flow” experiences and build them into your day-to-day activities.

However you go about making your life more compelling, view yourself as an experimenter. Why not try on some new ways to reframe how you view yourself and your life? I believe you will discover a way forward — a way to keep hope alive and vibrant on the journey ahead.

Text adapted and edited for space limitations from *Beyond recovery — creating a compelling life*, Vincent F. Caimano, *Moods Magazine*, spring 2015.

## amiquebec

Agir contre la maladie mentale  
 Action on mental illness

AMI-Québec, a grassroots organization, is committed to helping family caregivers\* 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.

\* Family caregivers are those in the circle of care, including family members and other significant people, who provide unpaid support to a person living with mental illness.

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