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SHARE & CARE

THE RECOVERY OF HOPE ~ THE HOPE OF RECOVERY

OUR CHANGING POLICE FORCE

An action plan is at work to increase the effectiveness of crisis interventions

There's a problem at your house. It's your ill relative and you're frightened. You call 911. The officer who responds understands what's happening and knows what to do. Escalation is avoided, calm is restored.

It's not wishful thinking, but a goal, and the machinery is operating right now at Montreal police headquarters to give officers the wherewithal they need to succeed.

Michael Arruda, a 16-year veteran with the force, is operations manager and an advisor to the administration on mental health issues. Mental health has been his bailiwick for 10 years. (A 2005 AMI award for exemplary service hangs prominently on his office wall.)

Arruda dates the roots of the action plan back to the late '90s, when representatives from the force visited Memphis, Tenn., to learn more about that city's successful approach to training officers to handle mental health crisis interventions. They wanted to determine if the Memphis model could work here. It could. A partnership was subsequently formed with CLSC des Faubourgs and the Régie Régionale. Ten officers from four downtown stations received special training in mental health. The CLSC arranged for social workers or psychologists to be available to go on call at officers' requests.

Fast forward to 2012. Police stations across the island, not just the four downtown, are now involved. Over 650 officers have been trained and, rather than one model of first-line responders, the norm for most cities, Montreal has three types of intervention teams.

The police model, the original one from Memphis, consists of two trained officers. The mental health model comprises psychologists, social workers and nurses who answer calls as needed. The third, the police/health model, sends an officer and a social worker out on call together. In addition, there's a second-line team that works with the homeless.

33,000 and counting

Incidents involving homeless individuals suffering from a mental illness are headline-grabbers, but in fact the street accounts for only about 10 percent of crisis interventions. The vast majority of calls for police help are domestic. Research was recently done to learn how often over a year those domestic calls come in. "We detected more than 33,000 and that's just the tip of the iceberg," says Arruda. "Those were just the calls made to 911, usually by a family member or friend." U.S. statistics indicate that mental health issues are a factor in seven percent of all police calls. Pro-rate that figure for Montreal and it would put the total number of such calls the police receive annually at over 70,000.

Stigma is notoriously tough to erase, but here's another encouraging sign that it's happening: "Ten years ago it was difficult to talk to the officers about mental health," Arruda acknowledges. "Now they're curious, they're open and they themselves are asking to be trained. We're all in agreement that the three hours of crisis intervention training we originally allotted was nowhere near enough." That number has since risen to 40 hours minimum.

In addition to a better understanding of mental illness, the training puts the emphasis on developing techniques and tools for the officers to use when answering a call. Those tools are not, to use Arruda's words, the bells and whistles they have around their belts. "Ninety percent of police work is talking to people," he explains. "When someone's in crisis, attitude and approach are most important: what we say and how we say it, how we negotiate to bring about a de-escalation. My first aim is to have the

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Celebrate with us to mark AMI's 35th anniversary

June 5

Our annual meeting with a special tribute to honor our founding members and past presidents

June 7

A gala evening with invited guest Justin Trudeau. You'll enjoy prizes, music, a silent auction, Java U food and much more

Details coming your way soon.
Be sure and save the dates.

Police ... *continued from page 1*

officer create a link with the person and develop their confidence. That contact is vital."

The police distinguish between four levels of crisis call. A distress call may be someone who's thinking bizarre thoughts or lost and needs help, but there's no immediate danger. A crisis call involves a person thinking about or planning to do something. When it's a crucial crisis call, someone is putting a plan into action, perhaps threatening or breaking things, but there's no weapon involved. A call is labeled an acute crisis call when the person is in a psychotic state and has a weapon.

Talking is our best weapon, says Arruda

Eventually all Montreal officers should have the intervention knowhow to defuse any sort of crisis. Everyone wants a decrease in the tragic events that too often occur when a mental illness situation faces the wrong end of a gun.

The next step

Which touches on a whole other set of problems for the police. After they defuse a crisis, then what?

Arruda says their options are limited. "After we evaluate a situation, we have to decide whether to leave the person there or bring them to a hospital. They can always refuse to go. Or if they do go and are released, what do we do if they cause the same sort of trouble again?Arrest them? We try to avoid the judicial system, because the individual is sick, not a criminal."

But sometimes, after repeated crisis interventions, it's either back to the hospital once more or make an arrest. If accusations are brought, the police report will note the need for psychiatric help and hopefully the judge will order the person to obey.

Arruda with his superior, commander Vincent Richer

What frustrates the force is when someone is released and given an appointment to visit a clinic, but then never shows up. It's a sure bet the crisis cycle will start all over again. One of Arruda's responsibilities is to work at finding solutions to these conundrums.

The action plan runs three to five years, at which time it will be evaluated to see what if anything needs improving. The aim is to have the great majority of officers trained by the end of the third year. Whatever other changes are made, the Memphis model of crisis intervention team is here to stay.

We put the question to Arruda: shouldn't familiarization with mental health issues be on the learning agenda earlier on? The police think so, he replied. They've been suggesting to government and education officials that officers be educated in the subject right from the start, while they're still at police school. It's a development families would only applaud. ❐

BRAIN RESEARCH TAKES A HIT

Big Pharma is closing the door on many drug discovery programs that were set up to find treatments for brain disorders

Last December came news that Swiss-based Novartis would be shutting its neuroscience facility in Basel. They weren't the first. The year before, AstraZeneca and GlaxoSmithKline announced the global closure of all their neuroscience divisions. The latter stopped funding drug-development programs in psychiatry, pain and cognitive neuroscience, citing problems with unrealistic animal models, unpredictable results from early trials and difficulties in diagnosing and allocating patients to trials. Pfizer and Merck in the U.S. and Sanofi in France have made moves in the same direction by reducing their commitment to research into brain disorders.

In Montreal it's hard times for research in general. Merck closed its research lab here in 2010. Last year PharmaNet Development Group and Teva Pharmaceutical Industries also announced closures. Johnson & Johnson will shut its Montreal research and development centre this year and Sanofi will be laying off workers. AstraZeneca's research centre in St. Laurent will disappear in 2013.

In the case of brain research, the underlying motivation to opt out is invariably economic. Developing drugs for brain disorders has become a high-risk activity. Most efforts fail after years of expensive clinical trials and the market is flooded with less expensive generic products, antidepressants and antipsychotics among others. Companies that look for new drug targets find the search difficult, because so little is still known about the biology of the brain and its disorders.

A spokesman for the Tufts Center for the Study of Drug Development in Boston sums it up: "Standard approaches to developing drugs for mental health have not reaped significant benefit

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Partners for Mental Health

Mental health in Canada is not healthy. Here's a golden opportunity to change things

Partners for Mental Health is a new national organization focused on putting things right for mental health in Canada. That means erasing outdated mindsets, increasing understanding and convincing governments that they need to take serious action to improve the mental health-care system and the difficulties facing families affected by it.

All through April you'll be noticing an advertising campaign called Not Myself Today. Its message will make the point that most of us have days when we just don't feel like ourselves and that it's okay to talk about it. The campaign will urge Canadians to make a decision to champion the mental health cause.

Become a partner

Partners for Mental Health is looking for members among companies, organizations and people like you, who agree that a healthier era for Canada's mental health system is long overdue and who want to help make it happen.

Visit the website **partnersformh.ca** (running as of April 2) and complete the membership form you'll find there. The form lists six ways you can help, such as supporting someone you know who is living with a mental illness, looking after your own psychological well-being or volunteering your time. As a member of the AMI family you're likely already helping in your own way. But now, as a Partners member, your efforts will have heightened impact because you'll be part of a nationwide family of like-minded people taking action.

As Michael Kirby, chair of Partners for Mental Health, says: "Together we can transform the way people think about mental health and behave towards people living with a mental health issue." Changing the face of mental health in Canada: it's an opportunity you shouldn't miss. ❐

CAN WE FEED A BRAIN BACK TO MENTAL HEALTH? IF ONLY

Beware the false prophets and the health food stores, warns Dr. Joe

It's such an alluring idea: nutrition can help heal the organs in our body, and seeing as the brain is an organ, why can't its disorders be helped by what we put on our plate or in our glass?

Dr. Joe Schwarcz, director of the McGill's Office for Science and Society, is used to such questions. Most of the 25 or so queries he receives daily deal with people's concerns about diet and disease. "It's an understandable conclusion," he says, referring to the food-brain connection. "Food is the only raw material that goes into our bodies, so we reason there must be a nutritional link."

Schwarcz is dedicated to clearing a path through the information glut

Logical, perhaps, but not true. The human body is the most complex machine on earth. The brain, more complicated still. Even food as simple as an apple contains over 300 chemical compounds. "You can't put all that complexity together and expect to come up with a simple solution," Schwarcz explains.

But that doesn't stop people from trying. Schwarcz cites two examples that have been in the news for their glimmer of hope.

Coconut oil and Alzheimer's

One involves the relation between Alzheimer's disease and fats in the diet. A physician whose husband was stricken with Alzheimer's claims she greatly improved his condition by feeding him large doses of coconut oil.

"In Alzheimer's the brain doesn't utilize glucose as efficiently as a healthy brain, so the cells can't function properly," says Schwarcz. "When that happens, the brain can use something called ketone bodies, which are formed from medium-chain fatty acids found in coconut oil. The physician reports that the oil dramatically improved her husband's condition and the video I saw about it is very compelling. I'd say there's some theoretical justification here."

But… and there's usually a but: the physician has written a book and in the scientific world such personal testimonials are taken with a grain of salt. Schwarcz has looked for controlled research done on the subject and has found one study, which concludes that the before-and-after difference is minor.

Pigs that bite

Pigs raised in captivity tend to bite each others' tails and ears,

continued on page 7

"HISTORY WILL BE KIND TO ME BECAUSE I INTEND TO WRITE IT."

When it comes to the future security of your ill child, heed the wisdom of Winston Churchill

We all procrastinate sometimes. But it's surprising how many families stall on making perhaps the most important move of all to protect their ill relative: financial planning.

As an investment advisor at Assante Capital Management Ltd., Nathan Leibowitz sees the syndrome constantly. "I know it's daunting," he says, "but you just have to start. The worst thing you can do for your child is nothing."

The underused RDSP

A perfect example of benign neglect is the Registered Disability Savings Plan. Here's a federal initiative tailor-made to help protect those living with any sort of disability, including mental illness. Yet a recent survey shows that in all of Canada only about 10 percent of eligible people have taken advantage of it. At Assante seminars, Leibowitz will ask, "Who's aware of the RDSP?" It will invariably be less than 50 percent.

The plan was launched in 2008. It's open to any resident of Canada having a valid social insurance number and eligible for the federal disability tax credit. A form needs to be completed by a doctor or therapist stating that the individual is markedly restricted in one of the activities of daily life or significantly restricted in two or more of them.

Not only the individual, but relatives, friends — anyone can contribute to the plan. There's a $200,000 lifetime maximum, but no restrictions as to how much or how little can be contributed in any one year. The holder of the plan controls it and has to okay any money contributed. If a child is a minor, it's usually the parents who are the holders. Over 18, the child becomes the holder unless there's a curatorship or a tutorship in place.

The money put into an RDSP is not tax-deductible, but it is tax-deferred. As long as it's in the plan, there's no tax owing. Any interest or growth that accumulates inside the plan is also tax-deferred.

Government generosity

Depending on the family income, there are grants and bonds the government adds to the plan annually that can substantially increase its value. For families earning less than $83,000, the government will match 300 percent on the first $500 deposited and 200 percent on the next $1,000. Above the $83,000 threshold, there's a matching grant of 100 percent on the first $1,000.

Among the clients Leibowitz helps, some 75 are concerned for their ill relative's future

The bond program, which is skewed towards lower-income earners, applies every year whether there's a contribution or not. For family incomes below $23,000, $1,000 will be deposited into the plan. This amount slowly lessens as income rises; it stops when family earnings total $42,000.

RDSP contributions can be made until the end of the year in which the beneficiary turns 59. The government's contributions continue until the end of the year the beneficiary turns 49. "The reason for that is what I call the government's 10-year rule," says Leibowitz. "Any time you withdraw funds from the plan, whatever money the government put in during the previous 10 years has to be remitted to them. Any amount in the plan for more than 10 years you get to keep. So if money starts being withdrawn at age 60 and the government money has been there since age 50 – there's your 10 years. That's why the earlier you start the plan, the more beneficial it is. You can start taking money out earlier and not worry about the 10-year period."

The 10-year provision isn't carved in stone. The government can waive it in the case of very limited life-expectancy or if the restriction is deemed to cause undue hardship.

At first glance all this appears complicated, which Leibowitz says may be one of the reasons the plan has made so few inroads among eligible Canadians. Last year the government announced a three-year RDSP review, soliciting feedback from institutions such as Assante and other stakeholders to learn their opinions and suggestions for improvement.

Social Solidarity

There are other avenues by which help is available for people living with a disability.

Social Solidarity is a provincial social welfare program that helps those over 18 whose situation prevents them from working. It provides benefits of about $900 a month, but there are restrictions, namely an income test and an asset test. Many parents put aside money for their child to use later on, but they need to understand that once there's more than $2,500 in the child's name or total assets of $80,000, the Social Solidarity benefits are cut off.

How does this cap impact the RDSP? It doesn't while the plan is growing, because RDSP money is considered an exempt asset. Only when money is withdrawn might Social Solidarity benefits be affected. "You really have to look at the two programs and plan strategy so that your child will benefit from both over the long term," says Leibowitz. "That's another reason to start the RDSP as soon as possible. The 10 year period will finish earlier in the child's life and funds can start being withdrawn without affecting the Social Solidarity." An individual can take out as much as $300 a month and still continue to receive the maximum Social Solidarity benefit.

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MENTAL ILLNESS AND PROBLEM DRINKING

Yes, there really seems to be a connection

Éduc'alcool, is an independent, non-profit organization that includes the Quebec Liquor Control Board and the SAQ, members of the beverage alcohol industry and people from public health, education and the media. The information below is edited from "Alcohol and Mental Health," one in their series of *Alcohol and Health* publications.

It's not inevitable that people with mental disorders will abuse or be dependent on alcohol any more than anyone else. Yet numerous studies confirm the frequent association between mental health problems and those involving drinking.

Fifteen to 20 percent of people with mental disorders have substance problems, according to a 2009 study by the Canadian Centre on Substance Abuse. People who are traumatized, anxious or suffer from a mood or psychotic disorder are among the most vulnerable.

Those living with schizophrenia are three times more likely than others to have a drinking problem.

Among anxiety disorders, panic disorder is the one most closely linked to alcohol dependence.

Abuse is particularly common among people who have impulse-control disorders or those who are thrill seekers. And a survey on major depression found that people who had suffered from that illness in the previous year were more likely (12.5 percent) to have abused alcohol than the general population (seven percent).

Theories abound

Some experts suggest that the neurological basis of mental illness may be very similar to that of alcohol dependence.

One theory links predisposition to alcohol abuse with particular personality traits, hereditary genetics, social factors and other characteristics of people with mental disorders.

Another theory holds that people with mental illness are more sensitive than others to the harmful effects of psychoactive substances and that the same amount of alcohol will have a stronger effect on them.

And still another research study has shown a relationship between psychotic disorders and drinking problems based on common genes or brain abnormalities.

While no definitive conclusions have been reached yet, Éduc'alcool advises anyone suspecting or diagnosed with a mental illness to play it safe and avoid alcohol altogether. ❐

Éduc'alcool can be reached at 1-888-252-6651 or by email at **info@educalcool.qc.ca**

SPRING 2012

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

FAMILY for relatives
April 2, 16, 23; May 7, 14, 28; June 4, 11, 18

SIBLINGS AND ADULT CHILDREN for relatives
April 16; May 14; June 11

BIPOLAR DISORDER for consumers and relatives
April 23; May 28; June 18

DEPRESSION for consumers and relatives
April 2; May 7; June 4

OBSESSIVE COMPULSIVE DISORDER
for consumers and relatives
April 16; May 14; June 11

HOARDING GROUP (in collaboration with Quebec OCD Foundation) for consumers and relatives
April 23; May 28; June 18

KALEIDOSCOPE for consumers
April 16; May 14; June 11

ANXIETY for consumers and relatives
April 2; May 7; June 4

PAC Parents of Adult Children for relatives
7:00pm at AMI
April 17; May 15; June 19

SOUTH SHORE for relatives
Wednesdays 6:30pm Greenfield Park Baptist Church,
598 Bellevue North, Greenfield Park
April 4, 18; May 2, 16, 30; June 13, 27

LIFELINE for consumers
Last Tuesday of the month 1:30–2:30
Alternative Centregens, 5770 Auteuil, Brossard 450-445-5427

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

Mood and Thought Disorders
6-session program begins April 4

Roundtable Discussions
May 16

Tele-workshops
April 25; May 16

BOARD MEETINGS
Tuesdays 7:00pm at AMI
March 27; May 1; May 29

ANNUAL GENERAL MEETING
7:00 pm, 4333 Côte Ste-Catherine Road
June 5

35th ANNIVERSARY GALA
June 7 *(see p. 1)*

A global view of mental health

THE FOREST, NOT THE TREES

Yes, we have problems here and there's much that needs improving. But it pays to cast an eye beyond our borders to gain a broader perspective on attitudes and circumstances concerning mental health in different countries of the world. Sometimes we come across positive initiatives that could work very well for us, too. Reading other reports, we can take a fresh look at our own situation and conclude that, for all our difficulties, we're doing pretty well, thank you.

BEIRUT, Lebanon. Doctors and activists note that "enormous numbers" of inmates in Lebanon's prison system are in the grip of a mental disorder, but only a few ever receive treatment. Critics blame outdated laws governing criminal insanity and unenlightened attitudes towards mental illness.

ISLAMABAD, Pakistan. The head of the Pakistan Institute of Medical Sciences' psychiatry department says the persistent belief that marriage is the best help for someone with a mental illness reflects a need for better awareness of mental health issues. A request has gone out for a government strategy to deal with rising rates of mental disorders.

LONDON, England. Figures from the National Health Service Information Centre show that since the onset of the 2007 recession, outpatient appointments for anxiety disorders and panic attacks have soared nearly fivefold; hospital admissions are up by a third. The use of antidepressants in England has also jumped during the same period, increasing by 28 percent. Experts point to financial insecurity, the uncertain job climate and other stresses caused by the economic crisis and say that many more cases of anxiety and depression have probably gone untreated.

DUBLIN, Ireland. A two-week arts festival dedicated to promoting mental-health awareness was staged in Dublin. It included music, film, theatre and specially commissioned street art. The event was held in partnership with a government-backed initiative that seeks to challenge discrimination on mental health issues.

SINGAPORE. A vocational service that helps people with mental illness find jobs has successfully placed about a quarter of its applicants in the past two years.Some 70 companies are participating in the Institute of Mental Health's Job Club.

Information edited from *Esperanza*, Winter 2012.

***Brain Research** ... continued from page 2*

in the past two decades." That's ironic, because the market for mental-health drugs is large and growing, and current treatments don't work particularly well for most patients.

Where the money goes

Mental illness carries an astronomical price tag. In fact, it's the largest healthcare financial burden on countries worldwide. According to a recent report, brain disorders cost Europe almost $1 trillion U.S. a year — more than cancer, cardiovascular disease and diabetes combined. Mood disorders and dementia top the cost estimates. Direct healthcare costs, including drugs, visits to doctors and hospitalizations, make up 37 percent of the bill. Non-medical costs, such as informal care, social services and nursing homes, account for a further 23 percent. The indirect costs of mental illness, defined as lost productivity or early retirement, make up 40 percent.

No other directly comparable reports exist, but several studies have scrutinized the costs of individual illnesses in both Europe and the U.S. They conclude that, overall, the costs per person are similar in both regions.

Jes Olesen, the University of Copenhagen neurologist who headed the European report's survey team, says it's clear that greater scientific effort is required to tackle brain disorders. "The only way is to increase research and understand these disorders better," he advises.

But with drug companies increasingly shying away from their traditional scientific role, where is that understanding to come from?

Genetics to the fore

As one door closes, another opens, and the genetic approach has spurred scientific activity on many fronts.

In 2009 a public-private partnership was launched by the European Commission to speed the development of treatments for schizophrenia and depression. Scientists have used genome information to identify a variant they believe will be important in understanding the pathology of schizophrenia.

Novartis will be setting up a new research division in Cambridge, Mass., to study the genetics of psychiatry and cognitive disorders. They call it "a real scientific opportunity…even if new drugs only arrive in the distant future."

More than one company is hoping to be able to find genetic biomarkers that will allow them to identify individuals who are likely to respond to a particular drug. Some are also using gene sequencing to look for new targets.

But not everybody has shut the door on traditional brain research. Lundbeck, an Icelandic company, remains committed to drug discovery in psychiatric disease and has signed an agreement with Otsuka Pharmaceutical in Japan to develop and market products for mental disorders.

Johnson & Johnson is also keeping the faith, one of the few major international firms to do so. "Things are cyclical," a spokesperson says. "For those who stay the course, the breakthroughs will finally come." ❐

Information compiled and edited from information in *Nature News*.

Feed a Brain ... continued from page 3

which brings on infection and sales problems. A farmer says his pigs stopped biting when he began feeding them vitamins and minerals. Noting that the animals' aggressive behavior was similar to that shown by some people with mental illness, he gave the same supplements to an ill relative and claims he saw improvement. A Calgary researcher also saw improvement. Now there's a company that's made a bundle by selling vitamin pills for mental illness on the Net.

Research in a more traditional vein is being done to uncover a relationship between nutrients and illnesses such as schizophrenia and bipolar disorder. Schwarcz regrets that the science has too often been hijacked by the proponents of supplements.

Many readers are familiar with orthomolecular medicine, which has claimed for years that mental illness can be traced to nutritional deficiencies. The founder, the late Abram Hoffer, a psychiatrist, reportedly treated over 500 cases of schizophrenia with nutritional supplements and produced significant improvement. Others have tried to duplicate his results without success. The psychiatric community does not recommend vitamin supplements as a treatment for schizophrenia and Schwarcz concurs.

"It's a fact that if someone has very poor nutrition and a low intake of B-vitamins, that can bring on psychiatric symptoms," he notes. "People with pellagra, which is a B-vitamin deficiency, do get dementia. It disappears if niacin is restored to a normal level. But that's with a severe deficiency. It's a stretch to say that anyone living with a mental illness will improve if they take vitamin supplements."

Depression and serotonin

Depression is linked to a low level of serotonin. The precursor of serotonin is an amino acid called tryptophan. Again, it's intriguing to think that just by feeding the body the right raw material, the brain will receive what it needs. But taking tryptophan won't help depression; other problems prevent the brain from carrying out the necessary conversion.

Same applies to a neurotransmitter called acetylcholine, which is in short supply in Alzheimer's disease. Increasing choline, which can be isolated from eggs, has been explored and it doesn't work.

It's understandable that people suffering from a brain disease want to believe that nutrients can work magic. Yet despite all the news flashes of breakthroughs and discoveries, the scientific evidence is still lacking. "This is one of the problems we now face," says Schwarcz. "There's so much scientific and quasi-scientific literature being published, from good to bad, you can find a paper to back up almost any position you take."

So what to do? Ignore the latest hot discovery and stick with the tried-and-true. Eat healthy is Schwarcz's best advice. For all of us, mental illness or not, that means a diet that's mostly fruit, vegetables and whole grains; fish most days; a small portion of red meat once a week.

And walk on by the health food stores, which in Schwarcz's opinion are low on food and high on bottles with claims that are largely unsubstantiated. Maybe some day there will be proof. But not now. ❐

TRIBUTES & MEMORIALS

In honor of Gerald Sheiner
Marion and Arthur Levitt
Mona and David Saltzman

In honor of Harold Bricks
Marylin and Jeffrey Block

In honour of Elaine Ziff
Marylin and Jeffrey Block

In honor of Sylvia Itzhayek
Louise Renaud

In honor of Fran Brenhouse
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In memory of Elsie Johns
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In memory of Shirley Browman
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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

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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.

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***Future security** ... continued from page 4*

Henson trusts

Before the RDSP, the planning tool most commonly used for people with disabilities was a Henson or discretionary trust. Instead of leaving money directly to their child (which would eliminate Social Solidarity), parents leave money to a trust. That way the child can receive Social Solidarity and also a supplement from the trust. That is, as long as authorities don't see the trust payments as regular income. Like all things financial, it should be set up and administered properly.

More and more people are managing their own investments these days, but planning, in Leibowitz's view, goes far beyond that. He recommends putting a financial road map in place to assure a better life for you and your loved ones, especially when there's a disability involved. To do that well, to take maximum advantage of every opportunity, most of us need professional help — whether from a financial planner, a notary or an accountant. Churchill would call it writing your future yourself. ❒

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

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.

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Danielle Gonzalez, *Vice President*
Jean-Claude Benitah, *Vice President*
Joseph Lalla, *Secretary*
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