

MENTAL ILLNESS

A Regional Handbook for Families

This handbook was developed by AMI-Québec Alliance for the Mentally Ill and Agency for Reintegration in the Community (Projet ARC) as a reflection of their commitment to supporting and serving persons with mental illness and their families. The Régie régionale de Montréal-Centre provided the financial support for this project with the aim of making available to Montreal and Laval families an updated compendium of information on mental illness.

Original conception

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Revision and adaptation

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**Canadian Mental Health
Association, Montreal Branch**
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Également disponible en français

This handbook is available free of charge to people with mental illness and their families in Montreal and Laval. See the back cover for the family association nearest you. Copies are available for purchase by the general population at

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The masculine gender is used without discrimination in the handbook.

The expression “affected person” used without any other qualifier in the text designates people suffering from mental illness.

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To the Reader

The production of this handbook is the result of a close collaboration of healthcare professionals and families of persons with mental illness. These families have learned to accept, with devastating sadness, that someone they love is a victim of schizophrenia, bipolar disorder or another serious mental illness.

Individuals who develop mental illnesses are disabled to varying degrees. Some need assistance from professional mental health workers for a relatively short period of time, while others will continue to need formal and informal support throughout their lives.

The handbook deals with the subject as it relates to both the hospital and the community, addressing the different aspects of concern to the affected person and his family. Please note, however, that this guide is not intended to replace professional advice. The information it contains is more suitable to adults than to children affected by mental illness.

In order to provide ongoing support and to also have a life of your own, you deserve to know as much as possible about mental illness: how to manage it and cope with it on a daily basis; what resources are available in the community; and the implications of the law regarding the rights of those with mental illness.

Spouses, parents, brothers, sisters, children, anyone affected by mental illness, this handbook is for you. It is our hope that the material inside will alleviate anxiety and pain in some small way. And remember...

You are not alone!

Keep this handbook somewhere you can refer to it easily. You may find different parts useful at different times.

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Mental Health Services in Hospitals and CLSCs

QUEBEC LAW

These laws concern the person affected by mental illness, his family and his trustees:

- An Act Respecting the Protection of Persons Whose Mental State Presents a Danger to Themselves or Others — La Loi sur la protection des personnes dont l'état mental présente un danger pour elles-mêmes ou pour autrui (Loi P-38.001)
- Public Health Protection Act — La Loi sur la protection de la santé publique (R.S.Q., c. P-35)
- An Act Respecting Health Services and Social Services — La Loi sur les services de santé et les services sociaux (R.S.Q., c. S-42)
- Quebec Charter of Human Rights and Freedoms — La Charte québécoise des droits et libertés de la personne (R.S.Q., c. C-12)
- Youth Protection Act — La Loi sur la protection de la jeunesse (R.S.Q., c. P-34.1)
- An Act Respecting the Public Curator — La Loi sur le curateur public (R.S.Q., c. C-81)
- An Act Respecting the Criminal Code — La Loi concernant le Code criminel (S.C., c. 46)
- An Act Respecting Access to Documents Held by Public Bodies and the Protection of Personal Information — La Loi sur l'accès aux documents des organismes publics et sur la protection des renseignements personnels (R.S.Q., c. A-2.1)

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MENTAL HEALTH SERVICES

Copies of the above official documents are available in French and usually in English at Les Publications du Québec, Tel. 1-800-463-2160

Copies of federal laws are available at Government Publications, 1185 University Street, Montreal, Tel. (514) 954-1633

SECTORIZATION

The Montreal and Laval regions organize psychiatric services by sector in order to offer better access. Each hospital with a psychiatric department offers inpatient and outpatient services to a determined section of the population. The person's postal code is the determining factor for admission.

Emergencies and certain specialized long-term programs do not come under the sectorization system. Note, however, that people can reserve the right to choose the hospital of their choice (R.S.Q., c. C-12, s.12 and R.S.Q., c. 42, s.6) on condition that the desired services are available.

The hospitals rotate responsibility for people without a fixed address in Montreal. If you are seeking treatment for a person in this situation, call an emergency ward and find out which hospital is responsible that week.

PSYCHIATRY AND JUSTICE

When a mentally ill person commits a minor offence, access to the appropriate mental health services is important. It is crucial that police officers be made aware that the individual is suffering from a mental illness, so that medical rather than criminal attention is received. Entering a detention centre and appearing before the courts must be avoided whenever possible.

Since September, 1996, an experienced group of psychosocial/justice healthcare workers who assist the mentally ill (UPS Justice) has been operating out of CLSC des Faubourgs. The teams help the police or social workers in obtaining appropriate services for people in crisis. They intervene at the site where there is a risk of danger. This helps avoid unnecessary imprisonment and, in many cases, a court appearance. The mandate of the psychosocial/justice intervention teams is recognized in Loi P-38.001. As of May,

2003, UPS Justice's services are expected to be available throughout the island of Montreal.

When someone with mental illness is brought before a court, a doctor must decide whether he is able to undergo trial. A judge can order a psychiatric evaluation of the person's mental state and keep him under observation for a period of 30 days. The individual can regain his freedom any time during this process if the judge so decides. As with psychiatric examinations, psychiatric treatment cannot be imposed without the person's consent. However, if he is declared incapable of undergoing trial, the courts can decide, on the basis of a doctor's testimony, to override the consent and submit the person to treatment which would allow him to be tried.

When a person is judged permanently inapt or found not responsible for a criminal act due to mental illness, he may be placed in detention in a hospital centre. Those hospital centres capable of receiving clients sent by the justice system are designated by ministerial decree. Patients are detained there for as long as the Administrative Tribunal of Quebec (TAQ) decides and released under conditions established by the Examination Commission (CE). A detained individual is said to be under OCE status (*ordonnance de la commission d'examen*). This status does not permit the detaining hospital to treat someone against his will unless the TAQ has specifically granted that right in the supervision order.

If incarceration cannot be avoided and the person finds himself in a detention centre such as Bordeaux or Tanguay, he could have access to psychiatric care. The Philippe-Pinel Institute and its affiliated Legal Psychiatric Centre of Montreal both offer specialized psychiatric services for agitated and violent clients. The referrals may come from the judicial or health network.

THE HOSPITAL MILIEU

Hospital Services

For many years hospitals were the major source of professional help for psychiatric patients. However, it is now recognized that individuals who remain in hospital for long periods of time become "institutionalized;" they lose their social skills and their quality of life deteriorates. The government has, for the past 40 years, been gradually shifting some treatment from hospitals to community-based care.

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MENTAL HEALTH SERVICES

General hospitals with psychiatry departments offer core services such as emergency, inpatient and outpatient programs. Other services vary from hospital to hospital. Psychiatric hospitals, such as the Douglas or Louis-H. Lafontaine, offer only psychiatric services. They usually offer a wider spectrum of services, including some long-term care. For further details contact the hospital in your sector.

Emergency

In general hospitals there is one emergency room for both physical and psychiatric crises. Anybody undergoing a psychiatric crisis who is not being followed by a psychiatrist or general practitioner (GP) must present himself at emergency. Someone who is being cared for by a psychiatrist in that same hospital can go to emergency if the crisis is too severe to wait until the next morning to contact the doctor or someone else on the treatment team.

Typically, people are first seen by a general physician to verify that there is no physical cause for the crisis. They are then referred to the psychiatrist on call. The psychiatrist conducts an evaluation, then proposes a treatment plan. The plan may include a stay in the hospital ER for further observation, a stay in the inpatient ward or discharge with a treatment plan. A violent or overly distraught patient can be given medications without his consent if there is a risk to his or another person's safety. If he represents a severe danger to himself or others and refuses to stay on his own accord, the psychiatrist may keep him in hospital against his will.

Inpatient

Inpatient services offer a structured environment where acutely ill patients can be closely monitored in order to establish a diagnosis and implement an acute-care plan designed to control their symptoms and stabilize their illness.

Patients who are acutely ill may be placed in psychiatric intensive care or high care, which is a closed or locked unit. They may be psychotic, dangerously depressed or suicidal and may require this level of care for their own protection. They are closely observed and their illness managed with medications.

Brief therapy offers observation, diagnosis and treatment of a wide variety of severe psychiatric problems. This therapy deals with the management of severe mood disorders, the investigation and treatment of pathological aggression, and treatments such as electroconvulsive therapy (ECT) for acute or chronic illness that is resistant to medication.

Along with general psychiatric services, some hospitals also provide specialized services for addictions, detoxification and rehabilitation, anxiety and eating disorders.

Outpatient and External Services

After treatment in a hospital, or after an assessment by the emergency room psychiatrist, outpatient or followup services are usually arranged. All hospitals have these services, which include assessments, followup of patients discharged from the ward or ER, outpatient clinics for people requiring long-term followup and often day programs. Some outpatient departments also offer specialized services for particular conditions such as Tourette's Syndrome, sexual dysfunction, gender orientation difficulties or substance abuse.

Crisis intervention is a service offered to people who visit the ER during a crisis. If the person is not a psychiatric patient at the hospital and is not stable enough to be treated in the community, the crisis team may provide short-term followup (average three months). During this time the psychiatrist or team member helps the person cope with the crisis as well as any accompanying social and situational stresses. Often, the psychiatrist prescribes medications and a team member provides psychotherapy. After the 3-month period, the person is either referred to a psychiatrist in the hospital for longer term followup or is referred back to his treating doctor in the community.

Day treatment programs can include transitional day programs (for people coming from an inpatient ward), day hospitals (intensive day program), rehabilitation day centres (a focus on rehabilitation) and acute-care day programs (for those too sick for regular followup and unable to participate in an intensive day program).

Some hospitals have an Assertive Community Treatment program (ACT) or a Community Link program that offers severely ill patients followup in their home or elsewhere in the community. Most of these patients would otherwise require frequent hospitalizations.

Hospital Family Support Groups

Psychiatry departments in some hospitals offer support and education to families. If you want to know whether your hospital does, ask your relative's treating psychiatrist, social worker or nurse.

Hospital Treatment Teams

Psychiatrists are medical specialists with expertise in evaluating, diagnosing and treating persons with a psychiatric problem. Their primary role is to stabilize and maintain their patients with medication and therapy. They may also act as consultants to general practitioners or follow patients with them in a “shared care” fashion.

Psychiatric nurses work in close collaboration with psychiatrists to develop a treatment plan for the patient. Psychiatric nurses frequently work as the “case manager,” and assist in connecting patients with appropriate services. They act as educators, therapists and may also regulate medications.

Social workers commonly serve as the liaison between the institution, the family and community resources. They make followup and housing arrangements for clients and arrange appropriate day programs. They may provide individual and/or group therapy either in hospital outpatient clinics or private practice. To arrange for social worker assistance, you must ask your relative’s doctor or make a request at the Social Services department in the hospital.

Clinical psychologists conduct psychological evaluations through interviews and tests. They offer counselling or therapy for the purpose of education, rehabilitation and alleviation of symptoms.

Occupational therapists (OT) assess a person’s functional and relational skills in organizing his daily activities. The OT’s role is designed to facilitate the person’s transition into the community through adaptation and rehabilitation. Their goal is to assist patients in achieving their maximum potential.

Orientation and rehabilitation counsellors evaluate a person’s skills, interests and occupational capabilities. They encourage the development of greater autonomy by helping the person readapt on a personal, educational and professional level. They work with community and institutional resources to develop rehabilitation programs tailored to each individual’s needs.

Treatment team / community partnerships Hospital teams sometimes use the services of orientation counsellors from community resources to develop aftercare programs for individuals. Some hospitals also offer classes taught by teachers from the adult-education division of school boards specialized in working with psychiatric populations.

Hospital Admissions

Patients can be admitted to hospital of their own accord or, under certain circumstances, against their will.

Voluntary

A person in crisis can go to the ER. You may wish to call the hospital beforehand. Hospital admissions are generally handled through hospital emergency services. Voluntary admission for someone new to the psychiatric network must go through the hospital's general emergency. Sometimes the family doctor is helpful in facilitating matters.

Admission of someone already known to, and followed by, the outpatient clinic may be arranged by the outpatient medical team. However, if a crisis occurs outside of office hours, the person must go through the emergency department.

Involuntary

It is always better to go to the hospital voluntarily. However, a person may not understand that he needs care and it is not always possible to convince him of the need for treatment. If he is already being followed by a psychiatrist or other mental health professional, you may ask for assistance in trying to convince him to enter the hospital voluntarily. If he still refuses, those close to the person become responsible for determining whether an involuntary psychiatric assessment for admission is necessary.

Involuntary admissions are the subject of An Act Respecting the Protection of Persons Whose Mental State Presents a Danger to Themselves or Others (Loi P-38.001). This Quebec law restricts the choice of confinement in an institution as much as possible.

In case of **immediate** danger, call 911 and state there is a psychiatric emergency. Upon arrival, the police will assess the situation. If they judge that the person requires an urgent psychiatric assessment in the ER, they will call Urgences Santé for transportation to the hospital.

If the police decide that there is no immediate crisis requiring hospitalization, but you still think that your relative poses a danger to himself and/or others, you can fill out a court order for involuntary psychiatric assessment. The order must be completed by an applicant and a witness who can testify to the person's disturbed behaviour or thinking. Note that the court order is not designed to treat

anyone against his will but simply to have him assessed in the hospital ER.

Court order forms can be obtained at your local CLSC or family association, where assistance in filling out the motion may also be provided. Court orders can be requested at the Palais de Justice every day during office hours. A same-day appointment can be made if you call in the morning.

Court Locations

Montreal

Palais de Justice
10 St-Antoine East
Montreal, Quebec
H2Y 1B6
Tel. (514) 393-2000

Laval

Division Manager
Service du Bien-être social de Ville Laval
298 des Prairies Blvd.
Laval, Quebec H7N 2V3
Tel. (450) 662-4595

After the court

If a court order has been granted, the signed form must be brought as soon as possible to the police station nearest the domicile of the ill person. The police will call an ambulance to escort the individual to the designated hospital. If the individual has fled or cannot be found, the police will open a file. The court order will remain valid until the individual is located.

Once in hospital, the person must be examined by two psychiatrists within a maximum period of 24 hours. Upon evaluation the psychiatrists will decide whether the person meets the criterion of grave and immediate danger and will either release or retain him for further treatment.

If the decision is for further confinement in hospital, the hospital must obtain its own court order permitting the person to be kept as an inpatient for up to 21 days. The court order may be lifted at any time during this period if the individual no longer presents a danger. This court order gives the hospital the right to retain the patient, but does not give them the right to administer involuntary treatment.

RIGHTS AND RECOURSES

The Quebec Charter of Rights and Freedoms guarantees each person the right to dignity and respect for private life and protects him from discrimination and exploitation.

Treatment Rights

According to the Civil Code, a sick person has the right to accept or refuse treatment, either totally or in part. This is called the right to consent to treatment. “No one may be given care without their **informed consent**. A person recognized as being able to give free and informed consent may thus refuse surgery that could save his life. While in some circumstances such a decision may seem to run counter to common sense, this right must nevertheless be respected by health professionals.”

The situation is different if the person is considered unable to consent or refuse the care required by his state of health. In such a case the hospital will seek to obtain the consent of a legally authorized person — the mandatory, tutor, curator, spouse, close relative or person who shows a special interest in the person of full age (Civil Code, art. 16). The same procedure can be used when a person of full age categorically refuses care even if he has been declared inapt, or incapable (Civil Code, art. 16).

The right to accept or refuse treatment also includes a right to receive adequate information so that the choice is meaningful. This right is known as “informed consent” or “consentement éclairé.” The information provided should include the nature and goals of the treatment, its effects, the procedures used, the possible risks and side effects, viable alternatives and their respective risks, as well as the expected consequences of a refusal or non-intervention.

In the case of a person who is unable to consent, a representative is entitled to the same right to information concerning treatment. This is your right: don't be afraid to ask questions.

People who have been admitted voluntarily have a right to leave the hospital whenever they choose, even though this may be against medical advice.

Rights of the Hospitalized Individual

Though a person admitted under confinement is deprived of his freedom, he nevertheless retains all his legal rights. These rights are guaranteed in An Act Respecting the Protection of Persons Whose Mental State Presents a Danger to Themselves or Others (Loi P-38.001), which also guarantees access to a lawyer and provides for written notification and legal recourse for the patient.

As previously stated, even if a person is under confinement in an institution, he has the right to refuse treatment, in whole or in part, unless he has been declared incapable of consent. “Any person who is dissatisfied with a confinement or a decision rendered under this act with regards to himself or his relative or inlaw may contest before the Administrative Tribunal of Québec.” (P-38.001, S. 21)

The decision of confinement in an institution may be contested at any point by a written request explaining the person’s or the third party’s dissatisfaction. When placed under confinement in an institution, the patient receives information about how to launch such proceedings.

No hospital may confine a person for more than 21 days without a new examination by two psychiatrists confirming the necessity for continued confinement. Another examination must be performed after three months and every six months thereafter.

The person has the right to an exchange of confidential correspondence with certain people: a lawyer, a notary, the Public Curator, the Commission des Affaires Sociales, a member of the National Assembly, a doctor, the protecteur du citoyen, the institution, the Régie Régionale and the Complaints Commissioner (see “Problems, Complaints and Grievances”).

Right to Access to Information

The Health and Social Services Act guarantees access to information (R.S.Q., c.42). A person may be allowed to consult his own medical file unless it contains certain information that would harm him to know. It is also possible to have certain facts corrected in the medical file. All medical reports and files remain confidential. This means that if the person does not want his family to see his medical files, they cannot access them. The right to confidentiality applies to everyone including those admitted under confinement in an institution.

The law also recognizes that each person has the right to choose the professional he deals with or the institution where he receives treatment or social services. This right is nonetheless subject to the institution’s constraints regarding its organization, operations and resources. Except in the case of an emergency, a professional also has the right to accept or refuse to treat a patient.

Right to Services in English

All emergency services must be able to assist English-speaking people. In Montreal, certain institutions are specifically designated, or specific services in other institutions are indicated to provide non-emergency services to anglophones. These designations have been made by the Ministry of Health and Social Services and are found in the Montreal Regional Access Plan. The Montreal plan and all other regional access plans are available for viewing at **www.chssn.org**. It is also possible to obtain the services of an interpreter if the patient speaks another language.

Right to Agree or Refuse to Participate in Research

People have the right to agree or refuse to participate in a scientific research program or an education project. As in treatment, if the person is incapable of consenting, another person who is authorized by law may do so, provided the study involves a minimum risk or inconvenience. In the absence of a representative, a court could give its authorization under certain conditions.

Right to Lodge a Complaint

In every hospital, you may obtain information regarding the rights of users and the complaints examination procedure from the ombudsperson. Psychiatric institutions must have a user committee to help their patients and assist them in their attempts to defend their rights (see “Problems, Complaints and Grievances”).

User Committees

- Douglas Hospital**(514) 761-6131 ext. 2273
- Rivière-des-Prairies Hospital**(514) 323-7260 ext. 2232
- Louis-H. Lafontaine Hospital**(514) 251-4000 ext. 3100

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This does not mean that a user cannot select a person of his own choice to help him defend his rights. Family support organizations and self-help groups play a key role in endorsing the rights of the mentally ill and providing vital information.

PSYCHIATRIC HOSPITALS AND DEPARTMENTS

Centre-East

Hôtel-Dieu (CHUM).....	(514) 890-8000
Psychiatric department.....	(514) 890-8132
Day Hospital.....	ext. 14380
Notre-Dame (CHUM).....	(514) 890-8000
Psychiatric emergency.....	ext. 26746
Psychiatric department.....	(514) 890-8230
Children's psychiatry.....	ext. 27254
Psychogeriatrics.....	ext. 28011
Saint-Luc (CHUM).....	(514) 890-8000
Psychiatric emergency.....	(514) 890-8352
Psychiatric department.....	ext. 36155
Community Mental Health Centre and Eating Disorders.....	(514) 866-6974
Psychogeriatrics.....	ext. 36155
Jean-Talon.....	(514) 495-6767
Psychiatric emergency.....	ext. 6319
Psychiatric department.....	ext. 6225
Child/adolescent psychiatry (outpatient only).....	(514) 729-3425
Psychogeriatrics.....	ext. 6418

Centre-West

Allan Memorial (MUHC).....	(514) 934-1934
Psychiatric emergency.....	ext. 34271
Psychiatric department.....	ext. 34530
Children's psychiatry.....	(514) 843-1619
Outpatient	ext. 34530
Psychogeriatrics.....	(514) 843-1518
Day Hospital	ext. 34525
Montreal General (MUHC).....	(514) 934-1934
Psychiatric emergency.....	ext. 42216

Psychiatric department(514) 934-8010
 Psychogeriatrics(514) 934-8010
 Community Mental Health Centre.....(514) 934-8013
 Rehabilitation Day Centre(514) 934-8012

Jewish General (514) 340-8222

Psychiatric emergency.....ext. 5654
 Psychiatric department ext. 5433
 Children’s psychiatry.....(514) 340-8226
 Children’s psychiatry (ages 16 to 21).....(514) 340-8210 ext. 8239
 Psychogeriatrics.....(514) 340-7506
 Day Hospitalext. 5056

St. Mary’s(514) 345-3511

Psychiatric emergency(514) 734-2690
 Psychiatric department ext. 3417
 Psychogeriatrics ext. 3349

East

Louis-H. Lafontaine..... (514) 251-4000

Psychiatric emergency.....ext. 4050
 Psychiatric department ext. 4036
 Psychogeriatrics ext. 3060

Maisonneuve-Rosemont..... (514) 252-3400

Psychiatric emergency(514) 252-3920
 Psychiatric department.....(514) 252-3914
 Children’s psychiatry.....(514) 252-3923
 Psychogeriatrics.....(514) 252-3914

North

Albert-Prévost..... (514) 338-4227

Psychiatric emergency.....(514) 338-4212
 Psychiatric department.....(514) 338-4237
 Adolescent psychiatry.....(514) 338-4280
 Children’s psychiatry.....(514) 338-4356
 Psychogeriatrics.....(514) 338-4390

Fleury..... 514) 381-9311

Emergency.....(514) 383-5050
 Psychiatric department.....ext. 3210

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MENTAL HEALTH SERVICES

South-West

Douglas.....	(514) 761-6131
Emergency.....	ext. 2221
Social Services.....	ext. 2520
Child and adolescent psychiatry.....	ext. 2053
Geriatric Psychiatry.....	ext. 2160
Eating Disorders Clinic.....	ext. 2895

West

Lakeshore General.....	(514) 630-2225
General emergency.....	ext. 2163
Psychiatric department.....	ext. 4299

Laval

Cité de la Santé de Laval.....	(450) 668-1010
Psychiatric emergency.....	(450) 975-5500
Psychiatric department.....	ext. 2758 or 2358
Psychogeriatrics.....	(450) 975-5544
Albert-Prévost.....	(514) 338-4227
Psychiatric emergency.....	(514) 338-4212
Psychiatric department.....	(514) 338-4237
Adolescent psychiatry.....	(514) 338-4280
Children's psychiatry.....	(514) 338-4356
Psychogeriatrics.....	(514) 338-4390

Hospitals serving children only

Montreal Children's.....	(514) 934-4400
General emergency.....	(514) 412-4499
Psychiatry.....	(514) 412-4449
Sainte-Justine.....	(514) 345-4931
Emergency.....	(514) 345-4611
Child and adolescent psychiatry.....	(514) 345-4695

In addition to their sectorized services, the Douglas and Louis-H. Lafontaine hospitals have certain programs that are available to the population-at-large in Montreal and Laval.

Rivière-des-Prairies (514) 323-7260 and Philippe-Pinel Institute (514) 648-8461 are dedicated psychiatric hospitals. Philippe-Pinel specializes in forensic psychiatry.

CLSCS LOCAL COMMUNITY SERVICE CENTRES

The CLSC is the frontline health and social services institution in your neighbourhood. Health and psychosocial services can be found there for you or your relative. It is also the ideal place to obtain information on available resources appropriate to your needs. Your postal code determines which CLSC serves you.

All CLSCs have an Info-Santé service available 24 hours a day, 7 days a week. Call your local CLSC and ask for Info-Santé. Outside regular business hours, your call will be automatically transferred to someone who will help you.

As a minimum, all CLSCs offer prevention and basic mental health services for people with mental health problems. They can also offer help for those with severe or persistent mental illness. A home-care psychogeriatric service is also available at most CLSCs.

CLSCs try to tailor their services to the specific needs and culture of their local population. As the organization of services varies from one CLSC to the next, do not hesitate to contact your local centre for more information.

Centre-East

Des Faubourgs.....	(514) 527-2361
Du Plateau Mont-Royal.....	(514) 521-7663
La Petite Patrie.....	(514) 273-4508
Saint-Louis-du-Parc.....	(514) 286-9657
Saint-Michel.....	(514) 374-8223
Villeray.....	(514) 376-4141

Centre-West

Côte-des-Neiges.....	(514) 731-8531
Métro.....	(514) 934-0354
NDG / Montreal West.....	(514) 485-1670
Parc Extension.....	(514) 273-9591
René-Cassin.....	(514) 488-9163

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MENTAL HEALTH SERVICES

East

Hochelaga-Maisonneuve.....	(514) 253-2181
CLSC-CHSLD Pointe-aux-Trembles/ Montreal East.....	(514) 642-4050
Mercier East / Anjou.....	(514) 356-2572
Olivier-Guimond.....	(514) 255-2365
Rivière-des-Prairies.....	(514) 494-4924
CLSC-CHSLD de Rosemont.....	(514) 524-3541
Saint-Léonard.....	(514) 328-3460
Saint-Michel.....	(514) 374-8223

North

Ahuntsic.....	(514) 381-4221
Bordeaux-Cartierville.....	(514) 331-2572
Montreal North.....	(514) 327-0400
Saint-Laurent.....	(514) 748-6381

South-West

LaSalle.....	(514) 364-2572
Vieux Lachine.....	(514) 639-0650
Pointe Saint Charles Community Clinic.....	(514) 937-9251
Saint-Henri.....	(514) 933-7541
Verdun/Côte Saint-Paul.....	(514) 766-0546

West

Lac Saint-Louis.....	(514) 697-4110
Vieux Lachine (Dorval).....	(514) 639-0650
Pierrefonds.....	(514) 626-2572

Laval

Des Mille-Îles.....	(450) 661-5370 / 5372
Du Marigot.....	(450) 668-1803
CLSC-CHSLD du Ruisseau-Papineau.....	(450) 687-5690
CLSC-CHSLD Sainte-Rose-de-Laval.....	(450) 622-5110

2

The Role of the Family

CAREGIVING

The family of a person with mental illness must often weather problem situations and events that can be somewhat dramatic. The family needs to be directed and supported. The information on the following pages will assist you in coping with mental illness and helping your ill relative, while maintaining as much normalcy as you can within your family.

The Family as Caregivers

As part of the shift toward a more balanced healthcare system, there is growing recognition of the role of families as primary caregivers or partners in care in both the hospital and the community. This is a welcome change of attitude. Families are generally deeply involved with their ill relative, but their insights and particular needs have often been overlooked. At one time professionals tended to blame the family for the person's becoming ill. Today more and more professionals realize the importance of building a healthy link with family caregivers.

Relatives have the right to ask questions. It is important to build a partnership with at least one professional member of the team in order to have these questions answered. Learn all you can about the illness. The patient may refuse to allow professionals to disclose information due to his state of mind. Nevertheless the family may request general information on the illness. It may be helpful to ask the following questions:

- What is the diagnosis?
- What is the treatment plan?
- Which symptoms are you most concerned about?
- What do they indicate?
- How are you monitoring them?
- What medication is the person getting?
- Is the response what was hoped for?
- Which side effects should be watched for?
- Has the team discussed with the person the diagnosis, medications, their side effects and the treatment plan?
- How often can we meet to discuss progress?
- What is the discharge plan?
- Will this plan ensure that the person can maintain stability in the community?
- How can I be of help to assure a team effort?

Remember: The attitude of the ill person determines the level of family involvement.

Family members need to understand how their behaviour toward their relative can be either supportive or detrimental. If there has been a sufficient exchange of information between the hospital and the family by the time the person is ready for discharge, this will be made clear. The family will know what to watch for, how to respond and how to effectively facilitate quality care by professionals. There must be continued contact between the professional team and the family members for an optimum outcome.

To help you help your ill relative, consider these suggestions:

- Try to accept the person as he is. Praise him for his courage in dealing with the illness. Try to imagine how frightening it must be.
- Tailor your expectations. Unrealistic expectations may mean a high stress level for your relative, which can be very detrimental. By trial and error and with good rehabilitation programs he will be able to modify his own expectations and get on with his life with a sense of dignity.
- Avoid placing blame and guilt.
- Be honest. Your relative needs to know that you can be trusted.

It is crucial that you treat him with dignity and respect. Consult him about everything you plan to do. He may disapprove of your intended action or may wish to handle matters differently. Your actions must inspire confidence.

- Do “normal” things in the house. The illness must not be the central governing force. Allow your relative some “space.”
- Set limits. The rules of the house must be the same for everyone.
- Establish boundaries. If you sacrifice your life and do too much for your relative, it could make things worse, and you risk getting sick. The more responsibility an affected person assumes for himself and the more you distance yourself from moment-to-moment involvement, the better. The less responsibility he assumes, the more entangled you become as you take on the burdens of the illness.
- If your relative is seeing, hearing or feeling things that are not real, do not argue, deny or try to reason at this time.
- Be alert to early warning signs: changes in sleep or social activities, increased hostility or suspiciousness may be signals that your ill family member is relapsing. Try to get him to seek professional help.

Knowing the System

Families must know how to be effective in getting help for a seriously ill relative. They need to know what questions to ask, whom to see and especially where to go when they feel overwhelmed and discouraged.

Some suggestions:

- Focus on finding one professional on the hospital team you can count on to provide or receive information concerning your relative.
- Do not accept vague answers or confusing statements. Ask for clarification or an explanation of anything you do not understand. If you are not satisfied, you may ask for a second opinion.
- If your relative is 18 years or over, you will need his written permission to review documents. In some situations your relative may grant only partial permission for you to obtain information such as medication prescribed or the treatment plan.

- Keep careful up-to-date records. List names, phone numbers, dates and circumstances of crisis events, admissions to hospitals and dates of discharge. Make notes of consultations and conferences. Keep copies of correspondence.
- Write letters of criticism where necessary. Send these to the hospital or agency director with copies to anyone else who may be involved. Send letters to local provincial representatives if there is no response. Write letters of appreciation when warranted.
- Be assertive. You are paying for health services either directly or through taxes. You are entitled to information, respect and courtesy. You are not asking for favours; you are simply helping your relative recover.
- If you are not getting the responses you feel you need, follow the procedures listed under “Problems, Complaints and Grievances.”
- Lobby your legislators for mental health services.

After Hospitalization

Suggestions for coping with a mentally ill family member after hospitalization:

- Try to work out a plan with the therapist or treatment team when the person is at his best. If possible, determine what led to hospitalization and agree on a course of action if acute symptoms reappear.
- Learn to recognize signs of relapse such as changes in sleeping or eating habits, withdrawal or sudden mood swings. A visit to the psychiatrist may help prevent a full-blown relapse, particularly when an adjustment of medications is needed.
- If you feel you cannot cope with a certain situation (aggressiveness, suicidal ideas), do not hesitate to consult a mental health professional or organization.
- Anticipate troublesome situations. If you know someone who cannot handle the relationship, do not extend an invitation when your ill family member is present.
- Do not agree to stop medications because the condition is “cured” or because the drug “makes me feel sick.” Refer these decisions to the treating team.

- Avoid pampering. Set reasonable rules and limits and stick to them. If you find this difficult, ask your relative's doctor, a counsellor or a support group for help.
- Do not suggest that the affected person "pull himself together." The illness makes that impossible. Remember that your relative's suffering and distress are even greater than yours.
- Do not insist that all peculiar habits be corrected at once. Focus on what is accomplished, not what is undone.
- At times a mentally ill person suffers from memory loss or inability to concentrate. This is frustrating and frightening. Do not insist that he try harder. Just repeat the information in a non-judgmental way.
- Do not fall in with delusional thinking. A person having mental health problems needs to be able to depend on someone who is objective and aware of what is really happening. On the other hand, do not argue or try to point out faulty logic.
- Your family member may hallucinate and see, feel, hear or otherwise perceive things not perceived by others. Be honest. Accept the perceptions. If asked, simply point out that you are not experiencing the hallucination. Discuss the hallucinations with the psychiatrist.
- Overly critical communication should be kept to a minimum as it can provoke unnecessary stress on the ill person.
- If re-hospitalization is required, promptly advise the Psychiatric Emergency of your relative's hospital.

Taking Care of Yourself

Those close to someone ill may become so involved in caregiving and so overwhelmed that they allow the quality of their own lives to deteriorate. Realizing the person is ill does not always overcome the hurt, anger, frustration or dismay felt by relatives and close friends.

Guilt is also a common feeling even though the family did not cause the illness. Remember that mental illness is a "no-fault" disease.

These suggestions will help you better care for yourself and your family:

- Think of joining a self-help group for families and relatives. You need the support of those who really understand your ordeal, especially when you feel like isolating yourself from the rest of the world. Some family associations also offer special meetings for brothers, sisters and adult children of the mentally ill.
- Don't let guilt feelings keep you from your outside interests. Schedule time for yourself. Exercise, rest and eat well. You must keep yourself healthy and able to cope because you are often the one who pursues the needed services for your loved one. Remember — there is more to life than mental illness.
- If you live as a couple, it is important to talk over the situation. Allow yourselves some precious time to develop your relationship. Learn to see that each of you is coping in the best way you know how. Be gentle on yourself and on each other.
- Sometimes a weekend away can do wonders. Respite care is available so that you can have some time to yourself.
- Do not neglect other loved ones, especially children, who may be feeling left out.
- Remember that other family members are also affected and they may also be experiencing denial, guilt and depression. Keep communication open by talking with them about these feelings.
- Maintain a support system even when things are going well.
- Do not be afraid or ashamed to acknowledge that you are the relative of a mentally ill person. This is the first step in removing the stigma attached to mental illness.

RESOURCES

Family Associations

These associations in Montreal and Laval comprise parents and friends of people with mental health problems. They offer support and guidance to ensure that families and their ill relatives receive personalized, quality care. Family associations promote the rights of the mentally ill and fight discrimination and stigma through education and empowerment. To prevent burnout often caused by the strain of caregiving, many family associations also offer respite through a variety of programs.

**Association québécoise des parents
et amis du malade mental AQPAMM**

Centre-East

1260 Ste-Catherine Street East, Suite 202A
Montreal, Quebec H2L 2H2
Tel. (514) 524-7131

**AMI-Québec Alliance for the Mentally Ill /
Alliance pour les Malades Mentaux**

Centre-West

5253 Décarie Blvd., Suite 150
Montreal, Quebec H3W 3C3
Tel. (514) 486-1448

**Association des parents et amis
de l'Hôpital Rivière-des-Prairies**

East

7070 Perras Blvd.
Montreal, Quebec H1E 1A4
Tel. (514) 323-7260, ext. 2215

**Association de parents pour la santé mentale
de Saint-Laurent-Bordeaux-Cartierville**

North

1055 Avenue St-Croix, Block G, bureau 114
Ville Saint-Laurent, Quebec H4L 3Z2
Tel. (514) 744-5218

La Parentrie

North

10780 rue Laverdure
Montreal, Quebec H3L 2L9
Tel. (514) 385-6786

**Association des parents et amis du
bien-être mental du Sud-Ouest de Montréal**

South-West

405 Terrasse Newman, Suite 260
LaSalle, Quebec H8R 2Y9
Tel. (514) 368-4824

**Friends for Mental Health, West Island /
Les Amis de la Santé Mentale, Banlieue ouest**

West

750 Dawson Avenue
Dorval, Quebec H9S 1X1
Tel. (514) 636-6885

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THE ROLE OF THE FAMILY

**Association lavalloise de parents
pour le bien-être mental**

Laval

1800 Boulevard Le Corbusier
Laval, Quebec H7S 2K1
Tel. (450) 688-0541

Société québécoise de la schizophrénie

East

7401 Hochélaga Street
Montreal, Quebec H1N 3M5
Tel. (514) 251-4000, ext. 3400
1-866-888-2323

**Autisme et troubles envahissants du
développement Montréal**

Regional

4450 rue St-Hubert, suite 320
Montreal, Quebec H2J 2W9
Tel. (514) 524-6114

Respite and assistance is also provided by:

**Projet ARC, Agency for Reintegration
in the Community**

Centre-West

(514) 735-9399

Répit ressources de l'est de Montréal

East

(514) 353-1479

Problems, Complaints, and Grievances

Users of health and social services are often unaware of their rights. Mentally ill people have the right to access their medical record, information on available resources and services, information regarding their state of health and the risks and consequences of a variety of treatment options. They are also entitled to receive services in either official language, either in a nearby institution or one listed in the Access Plan of their Régie Régionale.

In addition, they have the right to adequate and ongoing services tailored to their needs, the right to a choice of healthcare professional(s) and the establishment providing those services, the right to participate in decisions regarding their treatment, the right to accept or refuse treatment, the right to emergency care, assistance and accompaniment in obtaining information or services. They are also entitled to file a complaint.

Family members are often surprised to learn that because of concerns of confidentiality and refusal of consent on the part of their ill relative, they are given very little information. It is important to know that as a principal caregiver you do have certain rights. First, you have the right to lobby, to ensure that your relative receives any information, care or services listed above. If he does not, you have the right to lodge a complaint.

While confidentiality may limit the information professionals pass on to caregivers, you do have the right to present facts you feel are important for treating your relative. If you think you have not been given the opportunity to provide this information, you have the right to lodge a complaint. Feel free to speak to someone from your family association.

Anyone wanting to lodge a specific complaint or grievance may take the following steps:

- Discuss the problem with the treatment team leader.
- If the situation is not resolved, complain, preferably in writing, to the ombudsperson at the institution. Every hospital has an ombudsperson who is responsible for handling user problems in an impartial way.
- Should you require assistance in filing your complaint, or wish accompaniment during the process, you may contact CAAP Montréal (Centre d'assistance et d'accompagnement aux plaintes) at (514) 524-0607. CAAP is an independent organiza-

tion offering help with complaints concerning health and social services.

- Should your problem concerning access to services or health-care received not be satisfactorily resolved, people in the Montreal region can call Service d'aide à la clientèle of the Régie Régionale at (514) 286-5615. In the Laval region call (450) 978-2000. Calls from other regions should be directed to the local Régie.

The Régies represent the Ministry of Health and Social Services at the local level. Their client services aim at promoting people's rights and needs in matters of health and social services. They also ensure that institutions and community organizations subsidized by public funds respect users' rights and needs in compliance with the law.

- If you disagree with the Régie's findings, the decision can be submitted to the Complaints Commissioner, who is designated by the government to examine such issues. If the problem concerns a lack of resources or a reduction of available beds, complaints can be made to your MNA or to the Ministry of Health and Social Services.

If a Family Member Refuses Treatment

Even if treatment is refused, it is very important that family members have access to information and support services.

Those who refuse treatment may not be known to community or institutional organizations, or their file could be closed. In this case, it will be more difficult for you to receive information or services that could help your relative and minimize the undesirable effects of the illness. You can receive support and information from a family association in your area.

Legal Services/Legal Aid

It is occasionally necessary for families to seek legal advice. Common topics of concern are: family law (protection of mental patients), health law, juvenile law, criminal law, wills and estates, landlord/tenant rights, employment law and the right to unemployment insurance or welfare.

Legal Aid offers free lawyer or notary services to people with low incomes. To find the Legal Aid office in your sector, call (514) 864-2111.

If you live in Montreal and are ineligible for this service, contact the Barreau de Montréal at (514) 866-2490. The name of a lawyer will be supplied; you will be charged \$30.00 for a half-hour consultation. If you live in Laval, call (450) 686-2958 or L'En-Droit de Laval at (450) 668-1058.

You may also contact the Chambre des notaires at (514) 879-1793.

Project Genesis provides a free legal clinic one evening a week by appointment. Call (514) 738-2036.

McGill University law students run a free public legal information clinic. They can provide information on many issues, but no legal advice. The clinic is open 9-12 and 1-5, Monday through Friday. Call (514) 398-6792.

Trust Funds and Wills

Planning for the future care of a relative with a mental illness can be so daunting, many families delay. Yet parents in particular realize they must make arrangements to protect their son or daughter, and the sooner the better.

Early planning means decisions won't have to be made in the emotional turmoil of a crisis. Living arrangements, social support and legal and financial concerns must all be considered. These aspects generally fall into two major categories — financial and estate planning, and personal care planning.

Some families draw up a will that omits the relative, who benefits instead from a living trust fund. Another relative acts as trustee or co-trustee with a financial institution. A lawyer who specializes in this work should be consulted. Consider these suggestions when making financial arrangements for the future care needs of your mentally ill relative:

- It is recommended that the will be reviewed at least every five years and revised if necessary.
- A trustee is given considerable authority as to how the trust is administered. Therefore make the choice carefully. It is important that the trustee be reasonably close in age to the beneficiary. Your will should make provisions for an alternate trustee

should the original trustee die before the beneficiary.

- Consider the possibility that the beneficiary may some day be capable of handling his own funds.

For further information on trust funds, wills and related concerns, see “Sharing the Care: Financial and Legal Considerations in Planning for People with Mental Disabilities in Quebec” by Maître Marilyn Piccini Roy and AMI-Québec. The guide can be reviewed and downloaded from AMI-Québec’s website at www.amiquebec.org.

The Public Curator

There are times a mentally ill individual can benefit from the services of the Public Curator. For instance, if the responsible family members are in ill health or too old to deal with their relative’s affairs and property; or if the family is too divided on the issue of care. In such cases, the court can appoint the Public Curator as legal representative.

In 1990, Quebec established Bill 145, the Public Curator Act. Under this new law, the inability of an adult to care for himself or administer his property may be caused either by illness, deficiency or debility due to age which impairs his mental faculties or his physical ability to express his will (Civil Code, Art. 258 par. 1). This wording is sufficiently broad to cover a host of diverse situations, including mental illness, that disable a person and justify some form of protection.

The Act equally allows all persons of sound judgment to name a mandatary in writing in the event of a future incapacity. The mandatary would make decisions for the affected person regarding his personal affairs and/or his property. The person preparing the mandate can thus express his wishes and have them respected should he become unable to do so.

Apart from this mandate, there are three distinct forms of protective supervision:

- **An advisor to a person of full age:** Assists and advises the person in the administration of his property. This represents the most moderate form of supervision since the person of full age is generally capable of managing his own affairs. Only a private representative can assume this position.

- **Tutorship to a person and/or his property:** Provides for a person who is partially or temporarily unable to manage for himself. Whether public or private, the tutor has the task of ensuring the moral and/or material well-being of the protected person of full age. The person's condition, needs, faculties and all other pertinent factors should be taken into consideration.
- **Curatorship to the person and to property:** Reserved for a person totally and permanently unable to take care of himself and administer his property. The curator has full administrative powers over the property belonging to the protected person of full age. This type of protection is reserved for the most serious cases of inability. A private representative or the Public Curator can assume this position.

These forms of supervision strive to protect the person and/or the administration of his property. They also protect the person's need to exercise his civil rights while taking into account his level of inability. They are subject to an obligatory periodic reassessment as provided by the law or determined by the courts.

Only the courts can authorize a mandate or protective supervision. To do so, they must assess the person's level of inability to determine which level of supervision is best. Further information may be obtained from:

The Office of the Public Curator
600 René-Lévesque West, 10th floor
Montreal, Quebec H3B 4W8
(514) 873-4074 or 1-800-363-9020

3

Returning to the Community

COMMUNITY MENTAL HEALTH RESOURCES

With the gradual shift in mental health services from hospital to the community, community-based organizations are becoming increasingly important in facilitating the recovery process of the mentally ill. Unlike public institutions, many are not rigidly restricted to designated regions. Once discharged from the hospital, a person may need housing support, social activities or work training. The family should be supportive, but also be prepared for setbacks. Your relative is fragile and concentration can be difficult. Don't forget he is learning to take responsibility for his own life again. This chapter gives information on services and activities in the community.

CRISIS CENTRES

Crisis centres work with mentally ill persons in a state of crisis in order to try and avoid hospitalization or to facilitate the transition between a hospital stay and a return into the community. Most offer assessments, individual counselling, a helpline, short-term housing and after-crisis followup. Some have crisis teams that can be called in an emergency.

People in crisis should decide for themselves whether they need the services of a crisis centre. Crisis centres are sectorized and serve a designated area. For more information, contact the crisis centre in your area:

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RETURNING TO THE COMMUNITY

Centre-East

Le Transit Crisis Centre.....(514) 282-7753

Centre-West

L'Abri d'espoir (women).....(514) 934-5615

TRACOM Crisis Centre.....(514) 483-3033

East

L'Appoint.....(514) 351-6661

L'Entremise Crisis Centre.....(514) 351-9592

North

Association Iris.....(514) 388-9233

South-West

L'Autre Maison Crisis Centre..... (514) 768-7225

West

Services d'intervention psychosociale W.I..... (514) 684-6160

Laval

Association Iris.....(514) 388-9233

Regional

Suicide Action.....(514) 723-4000

HOUSING RESOURCES

The resources below offer short, medium and long-term supported housing to those with mental health problems. The support varies, so choosing a housing resource must be made in accordance with needs and preferences. The house should preferably be located in familiar surroundings.

Some resources can be called directly; others accept only those referred and followed-up by an institutional social worker. For more information, call a social worker or these resources:

Centre-East

Association d'entraide Le Chaînon.....	(514) 845-0151
Auberge Madeleine.....	(514) 597-1499
Maison L'Échelon.....	(514) 355-4223
Maison Le Parcours.....	(514) 276-6299
Maison Saint-Dominique.....	(514) 845-7793
Maison Saint-Jacques.....	(514) 526-4132

Centre-West

L'Abri en ville.....	(514) 932-2199
Residence Belvedere.....	(514) 932-3447
Club Ami.....	(514) 342-8015
Communauté thérapeutique La Chrysalide	(514) 866-6974
Forward House / Maison les Étapes.....	(514) 488-9119
Appartements Supervisés (Jewish community / communauté juive).....	(514) 738-4713
Montreal YWCA.....	(514) 866-9941
Maison Marguerite.....	(514) 932-2250
Old Brewery Mission.....	(514) 866-6591

East

Maison Grise.....	(514) 722-0009
Maison L'Échelon.....	(514) 355-4223
Maison Le Parcours.....	(514) 276-6299
Maison L'Intervalle.....	(514) 257-9494 ext. 228
Le Mûrier	(514) 254-6912
Résidence Fleurie.....	(514) 645-8359

North

Association Iris.....	(514) 388-9233
CAMEE.....	(514) 327-3035
Maison Leclerc.....	(514) 327-7829
Maison MGR de Montréal-Nord.....	(514) 593-7833 / 8029

South-West

L'Abri d'espoir (women).....	(514) 934-5615
Centre d'hébergement L'Entre-toit.....	(514) 856-3202
Habitations d'Aragon-Jogues.....	(514) 366-0891
Impact.....	(514) 939-3132
Maison Lucien-L'Allier.....	(514) 932-1898
Projet PAL.....	(514) 767-4701

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RETURNING TO THE COMMUNITY

West

- Omega Group Home..... (514) 683-1647
Service d'intervention psychosociale W.I.....(514) 684-6160
West Island Citizen Advocacy.....(514) 694-5850

Laval

- Association Iris.....(514) 388-9233
Habitation Familiale Noral II.....(450) 687-2667

These hospitals provide supervised housing for many of their patients. For further information call the department responsible for housing.

- Douglas(514) 761-6131 ext. 2516
Louis-H. Lafontaine.....(514) 251-4000 ext. 4017

EDUCATIONAL, RECREATIONAL, CULTURAL AND THERAPEUTIC ACTIVITIES; SELF-HELP GROUPS AND INFORMATION

People with mental health problems often need stimulating activities to help them regain control of their lives. Many resources organize different activities to respond to individual needs. Some of these are self-help groups for people who have a specific common problem or situation. Members share their experiences to alleviate their suffering and lessen their isolation. A number of resources also hold information meetings for the general public.

Centre-East

- L'Atelier d'artisanat centre-ville..... (514) 844-6458
Centre d'apprentissage parallèle de Montréal (CAP)... (514) 843-5658
Centre d'écoute et de référence Halte-ami..... (514) 987-8509
Centre de soir Denise-Masse..... (514) 525-8059
Cosame.....(514) 866-6974
Fondation Québécoise des maladies mentales.....(514) 529-5354
Les Impatients (art therapy)..... (514) 842-1043
Maison des amis du Plateau Mont-Royal..... (514) 527-1344
Maison L'Échelon.....(514) 355-4223

Maison Le Parcours.....	(514) 276-6299
Maison Multiethnique Myosotis.....	(514) 271-4407
Pracom.....	(514) 527-6766
Revivre — anxiety, depression, bipolar disorder.....	(514) 529-5619
Société canadienne du stress.....	(514) 926-3630
Fédération québécoise de l'autisme et des autres troubles envahissants de développement.....	(514) 270-7386
Solidarité-Alternative en Santé Mentale.....	(514) 271-1653
St. James United Church Day Program.....	(514) 288-0039

Centre-West

L'Abri en ville.....	(514) 932-2199
Amitié/Friendship.....	(514) 931-5757
Alzheimer Group.....	(514) 485-7233
Alzheimer Society of Montreal.....	(514) 369-0800
Centre d'écoute et de référence Face-à-face.....	(514) 934-4546
Centre d'écoute et de référence Multi-Écoute.....	(514) 737-3604
Club Ami.....	(514) 342-8015
Compeer Montreal/Entre Amis.....	(514) 489-1007
Forward House/Maison Les Étapes.....	(514) 488-9119
L'Hirondelle (Immigrants).....	(514) 281-5696
Jewish Family Services.....	(514) 342-0000
Maison Marguerite.....	(514) 932-2250
My Brother's Keeper/Gardien de mon Frère.....	(514) 855-1927
Projet ARC.....	(514) 735-9399

East

Alternative Day Centre.....	(514) 640-1200
Centre d'entraide Le Pivot.....	(514) 251-1869
Centre de jour L'Art-Rivé.....	(514) 648-4888
Centre de la Croix-Blanche de Montréal.....	(514) 251-1200
CLIC.....	(514) 494-6457
Comité des usagers (Louis-H. Lafontaine).....	(514) 251-4000 ext. 3100
Entraide pour hommes de Montréal.....	(514) 355-8300
Etincelle de l'amitié.....	(514) 351-6473
Maison L'Échelon.....	(514) 355-4223
Parrainage Civique de l'Est de l'Ile de Montréal.....	(514) 255-1054
Répit-Ressource de l'Est de Montréal.....	(514) 353-1479
Services communautaires Cyprès.....	(514) 252-0444

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RETURNING TO THE COMMUNITY

North

Accueil-Emilie.....	(514) 332-3848
CAMEE.....	(514) 327-3035
Centre de jour L'Art Rivé.....	(514) 648-4888
Centre Soutien-Jeunesse.....	(514) 744-1288
Clé des champs (anxiety, agoraphobia, social phobias).....	(450) 334-1587
Maison Leclerc.....	(450) 327-7829
Prise II.....	(514) 858-0111
Relax-Action.....	(514) 385-4868

South West

Action-Santé de Pointe Saint-Charles.....	(514) 933-5771
CADRE.....	(514) 367-3576
Centrami.....	(514) 761-1509
Expression LaSalle.....	(514) 368-3736
Groupe d'entraide Lachine/Saint-Pierre.....	(514) 639-4941
Impact.....	(514) 939-3132
Projet PAL.....	(514) 767-4701

West

Centre Bienvenue.....	(514) 421-2212
DMDA Pointe-Claire.....	(514) 696-6166
Ensemble.....	(514) 697-1230
Julia Kraft Celebration Centre.....	(514) 695-0633
Omega Centre.....	(514) 631-2760
Recovery Inc.....	(514) 697-5977
Self-Help Against Depression.....	(514) 684-9896

Laval

Association de loisirs pour les personnes handicapées psychiques	(450) 627-4525
Caf-Graf.....	(450) 668-6432
Centre d'implication libre de Laval.....	(450) 668-1771
Centre communautaire Val-Martin.....	(450) 973-8787
Centre Coumbit.....	(450) 662-9771
Entraide Pont-Viau/Laval-des-Rapides.....	(450) 663-8039
La Parentèle.....	(450) 662-9835
Prise II.....	(450) 858-0111
Service populaire de psychothérapie.....	(450) 975-2182
Société de l'autisme et des TED.....	(450) 663-5551

Regional

Alzheimer Group.....	(514) 485-7233
Alzheimer Society of Montreal.....	(514) 369-0800
Association for Assistance to Persons Suffering from Anorexia Nervosa and Bulimia.....	(514) 630-0907
Association multiethnique pour l'intégration des personnes handicapées du Québec.....	(514) 272-0680
Atelier d'artisanat Centre-Ville.....	(514) 844-6458
Centre d'écoute et de référence Multi-Écoute.....	(514) 737-3604
Centre d'apprentissage parallèle de Montréal (CAP)...	(514) 843-5658
Déprimés anonymes.....	(514) 278-2130
L'Hirondelle.....	(514) 281-5696
Maison St-Jacques.....	(514) 526-4132
McGill Loss and Bereavement Centre.....	(514) 398-7058
Phobie Zéro.....	(514) 276-3105
Quebec Federation for Autism and Other Pervasive Disorders.....	(514) 270-7386
Recovery Inc.....	(514) 697-5977
Regroupement des ressources alternatives en santé mentale du Québec (provincial).....	(514) 523-7919
RACOR en santé mentale de Montréal.....	(514) 847-0787
Réseau d'aide pour les personnes seules et itinérantes de Montréal.....	(514) 879-1949
Revivre (depression, bipolar and anxiety disorders)...	(514) 529-5619
Suicide Action Montréal.....	(514) 723-4000

Student Services

Supported education is designed to help students with mental illness succeed at attending class, studying and writing exams. Support programs accommodate consumers' academic needs. Services may include assistance in developing papers, catch-up tutoring support and library search, and technology assistance.

Temporary leaves are generally available for students who become ill during their studies. Guidance is available in determining a reasonable pace to help minimize the student's level of stress.

CEGEPs

Cégep André-Laurendeau — Centre d'aide à l'apprentissage.....	(514) 364-3320 ext. 155
Cégep Marie-Victorin — Services psychosociaux et de santé.....	(514) 325-0150 ext. 2200

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Cégep du Vieux Montréal — Services de santé.....	(514) 982-3437 ext. 2131
Cégep de Saint-Laurent — Psychologue.....	(514) 747- 6521 ext. 302
Champlain Regional College — Students with Disabilities.....	(450) 672-7360 ext. 250
Collège Ahuntsic — Psychologie.....	(514) 389-5921 ext. 2660
Collège Bois-de-Boulogne — Services de Santé.....	(514) 332-3000 ext. 311
Collège de Rosemont — Service de psychologie et d'orientation.....	(514) 376-1620 ext. 356
Collège de Maisonneuve.....	(514) 254-7131 ext. 4175
Collège Édouard-Montpetit.....	(450) 679-2631 ext. 275
Dawson College — Services for Students with Disabilities.....	(514) 931-8731 ext. 211
John Abbott College — Special Education..	(514) 457-6610 ext. 5308
Marianopolis College — Student Services..	(514) 931-8792 ext. 244
Vanier College — Counselling Services.....	(514) 744-7885

Universities

Concordia University — Health Services.....	(514)848-3565
McGill University — Office for Students with Disabilities.....	(514) 398-6009
Université de Montréal — Service d'orientation et de consultation psychologique.....	(514) 343-6853
Université du Québec à Montréal — Aide et information psychologique/ aide à l'apprentissage.....	(514) 987-3185

COUNSELLING AND THERAPY

AMCAL Youth and Family Services.....	(514) 694-3161
Argyle Institute of Human Relations.....	(514) 931-5629
Centre ASPA (addictions).....	(514) 529-0642
Centre for Applied Psychology, Concordia University..	(514) 848-7550
Centre de services psychologiques de l'Université du Québec à Montréal.....	(514) 987-0253
Centre Saint-Pierre.....	(514) 524-3561
Clinique universitaire de psychologie de l'Université de Montréal.....	(514) 343-7725
Famille nouvelle.....	(514) 525-0063
Family Mediation Service (Court).....	(514) 393-2285

McGill Couple and Family Counselling Clinic.....	(514) 398-2821
Montreal General Hospital Anxiety Clinic.....	(514) 934-8010
Montreal Pastoral Counselling Institute.....	(514) 481-0381
Mouvement Retrouvailles.....	(450) 646-1060
Ordre des psychologues.....	(514) 738-1223
Royal Victoria Hospital —	
Psychology Department.....	(514) 842-1231 ext. 4284
Victoria Institute (personality disorders).....	(514) 954-1848

ADVOCACY, FOLLOWUP AND ASSISTANCE

People with mental illness will need some degree of long-term support in their efforts to re-enter society. Advocacy, assistance and followup services can help them with their daily routine and their hopes of attaining greater independence.

Centre-East

Association multiethnique pour l'intégration des personnes handicapées du Québec.....	(514) 272-0680
Auberge Madeleine.....	(514) 597-1499
Maison L'Échelon.....	(514) 355-4223
Maison Le Parcours.....	(514) 276-6299

Centre-West

L'Abri en ville.....	(514) 932-2199
Amitié/Friendship.....	(514) 931-5757
Compeer Montreal/Entre Amis.....	(514) 489-1007
Jewish Community Support Program/ Jewish Family Services.....	(514) 342-0000
Forward House /Maison les Étapes.....	(514) 488-9119
Maison Marguerite.....	(514) 932-2250
My Brother's Keeper/Gardien de mon frère.....	(514) 855-1927
Projet ARC.....	(514) 735-9399

East

Comité des usagers (L.-H. Lafontaine).....	(514) 251-4000 ext. 3100
Maison L'Échelon.....	(514) 355-4223
Parrainage civique de l'est de l'Île de Montréal.....	(514) 255-1054
Répit-Ressource de l'est de Montréal.....	(514) 353-1479

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North

Centre Soutien-Jeunesse.....	(514) 744-1288
Relax-Action.....	(514) 385-4868

South-West

Impact.....	(514) 939-3132
Projet PAL.....	(514) 767-4701
Projet de suivi communautaire du Sud-Ouest.....	(514) 366-0891

West

Self-Help Against Depression.....	(514) 684-9896
Ensemble.....	(514) 697-1230
Perspective communautaire en santé mentale.....	(514) 696-0972
West Island Citizen Advocacy.....	(514) 694-5850

Laval

Association de loisirs pour les personnes handicapées psychiques	(450) 627-4525
Centre communautaire Val-Martin.....	(450) 973-8787
Centre d'implication libre de Laval.....	(450) 668-1771
Centre Coumbit.....	(450) 662-9771
La Parentèle.....	(450) 662-9835

Regional

Centre d'écoute et de référence Multi-Écoute.....	(514) 737-3604
Diogène.....	(514) 874-1214
L'Hirondelle.....	(514) 281-5696
Société québécoise de l'autisme.....	(514) 270-7386

HELPLINES AND FACE-TO-FACE HELP

When you are faced with a problem that seems insurmountable or are in need of an attentive and discreet ear, these helplines offer understanding and, in many cases, referral to a helpful resource.

T = telephone helpline

F = face-to-face help

Centre-East

- La Ligne Parents (T)..... (514) 288-5555
 Maison des amis du Plateau Mont-Royal (F)..... (514) 527-1344
 Solidarité-Psychiatrie (T).....(514) 271-1653

Centre-West

- Centre d'écoute et de référence Multi-Écoute (T, F)... (514) 737-3604
 Maison Marguerite (T, F)..... (514) 932-2250
 Shalom Line (T).....(514) 343-4343

East

- CLIC (T, F).....(514) 494-6457
 Entraide pour hommes de Montréal (T).....(514) 355-3066
 L'Étincelle de l'amitié (T, F)..... (514) 351-6473

North

- CAMEE (T, F).....(514) 327-3035
 Relax-Action (T, F).....(514) 385-4868

South-West

- Impact (T, F).....(514) 939-3132

West

- West Island Citizen Advocacy (T).....(514) 694-5850

Laval

- Centre communautaire Val-Martin (T)..... (450) 973-8787
 Société de l'autisme et des TED (T).....(450) 663-5551

Regional

- Alzheimer Group (T, F).....(514) 485-7233
 Alzheimer Society of Montreal (T, F)..... (514) 369-0800
 Anorexia Nervosa and Bulimia Quebec (T)..... (514) 630-0907
 Centre d'écoute et d'intervention Face-à-face (T, F).. (514) 934-4546
 Centre d'écoute et de référence Halte-Ami (T, F).... (514) 987-8509
 Centre d'écoute Le Foyer (T, F)..... (514) 493-6077
 Centre d'écoute Le Havre (F).....(514) 982-0333
 Depressed Anonymous (T).....(514) 278-2130
 Self-Help Against Depression (T).....(514) 684-9896

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Phobie Zéro (T).....	(514) 922-5964
Revivre (anxiety, depression, bipolar disorder)(T, F)..	(514) 529-5619
Suicide-Action Montréal (T).....	(514) 723-4000
Tel-Aide (T).....	(514) 935-1101
Tel-Écoute (T).....	(514) 493-4484
Tel-Jeunes (T).....	(514) 288-2266

LEGAL AND CRIMINAL MATTERS

These resources offer services such as housing, followup, advocacy and treatment for people facing legal and criminal problems. The services are accessible in the Montreal and Laval regions.

Action Autonomie.....	(514) 525-5060
Amitié/Friendship (assistance).....	(514) 931-5757
Centre d'hébergement L'Entre Toit.....	(514) 846-3202
Centre de psychiatrie légale de Montréal (treatment).....	(514) 328-7800
Diogène (followup and assistance).....	(514) 874-1214
L'Intervalle (community housing centre).....	(514) 257-9494 ext. 228
Maison L'Intervalle.....	(514) 253-2758
Philippe-Pinel Institute (treatment).....	(514) 648-8461
Project Genesis.....	(514) 738-2036
Réseau d'aide aux personnes seules et itinérantes de Montréal.....	(514) 879-1949
Résidence Fleurie (housing).....	(514) 645-8359

INCOME SECURITY (WELFARE)

Quebec provides a minimal income for people who do not have other resources. Benefits provided under this program can be called welfare, social assistance, last-resort assistance or income security. The most recent name given to the program is "Employment Assistance."

Categories of Employment Assistance benefits:

- People with severe employment limitations are entitled to the highest level of benefits. Entitlement is based on a person submitting a medical report that has been accepted by a multi-

disciplinary committee. The report must indicate that serious physical or mental impairment prevents the person from working for at least twelve months.

- If the medical report is not judged to indicate severe limitations, the committee may grant the person Temporary Employment Limitations status for less than one year. Some people maintain this status over a long term by continuing to submit medical reports. The Temporary Limitations status confers benefits of approximately \$100.00 per month above the base rates.
- People who do not fall into the Severe or Temporary Limitations categories are considered Without Employment Limitations and may be eligible for training measures offered by Emploi-Québec.
- The Parental Wage Assistance program (APPORT) grants an income supplement to low-income workers with at least one dependent child. Many factors such as marital status and sharing a dwelling are involved in determining the amount of income supplementation.

For further information concerning welfare in Quebec, you can visit a Centre local d'emploi or phone (514) 725-7744.

These organizations also provide information to those on social assistance:

OPDS Centre-Sud.....	(514) 527-0700
OPDS Mercier.....	(514) 354-1430
OPDS Montréal-Nord.....	(514) 322-5782
OPDS St-Michel.....	(514) 727-4056
Le BRAS de Villaray.....	(514) 495-8101
OPAS	
Bordeaux-Cartierville, Ahuntsic.....	(514) 872-4949
St-Laurent.....	(514) 345-0130
CPAS.....	(514) 931-6025

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RETURNING TO THE COMMUNITY

TRAINING AND ENTERING THE WORKFORCE

Returning to work after an illness can be extremely stressful. Fortunately, resources exist that ease re-entry to the workplace and provide support on an ongoing basis. Some offer employment on a part-time basis. Others may train people for work through activities such as art therapy courses.

Those wanting to return to work may consider a day program or a volunteer position first to assess their level of motivation, abilities and needs.

Centre-East

Maison des amis du Plateau Mont-Royal.....(514) 527-1344
Projet PART.....(514) 526-7278

Centre-West

Amitié/Friendship.....(514) 931-5757
Club Ami.....(514) 342-8015
Forward House / Maison les Étapes.....(514) 488-9119
My Brother's Keeper / Gardien de mon frère.....(514) 932-3267

East

Les Ateliers Quatre Saisons.....(514) 640-4747
Centre de transition Le Sextant.....(514) 354-3430
Centre de transition Le Transit.....(514) 642-3250
Maison L'Échelon (Journal Le Ruisseau).....(514) 355-4223
Le Mûrier (work section).....(514) 254-6652

North

Centre soutien-jeunesse.....(514) 744-1288
Prise II.....(514) 858-0111

South-West

CADRE.....(514) 367-3576

West

Centre Omega.....(514) 631-2760
L'Équipe Entreprise.....(514) 636-1081

Laval

Association de loisirs pour les personnes handicapées psychiques.....	(450) 627-4525
Centre communautaire Val-Martin.....	(450) 973-8787
Centre d'implication libre de Laval.....	(450) 668-1771
Prise II.....	(514) 858-0111

Regional

Accès-Cible (smt).....	(514) 525-8888
L'Arrimage.....	(514) 389-9393
Atelier d'artisanat Centre-Ville.....	(514) 844-6458
Centre d'apprentissage parallèle CAP.....	(514) 843-5658
L'Hirondelle.....	(514) 281-5696
Projet PART.....	(514) 526-7278

Other useful numbers:

Office des personnes handicapées du Québec..... (514) 873-3905
 Counsels employers on the preparation of hiring programs to
 integrate employees with difficulties such as mental illness.

Ministère de l'emploi et de la solidarité sociale.....1-888-367-5647

Employment clubs are available for those ready to work on a semi-
 regular basis. They teach techniques needed to look for work.
 Some offer temporary jobs (about two weeks).

Commission des Normes du travail.....(514) 873-7061

ADDITIONAL RESOURCES

These resources offer various kinds of assistance including food,
 clothing and furniture. It is advisable to call beforehand to find out
 precisely what each provides.

Accueil Bonneau (men only).....	(514) 845-3906
Café Boustifable.....	(514) 382-0330
Carrefour d'entraide de Lachine.....	(514) 634-3686
Chez Doris (women only).....	(514) 937-2341
Dîners rencontres Saint-Louis-de-Gonzague.....	(514) 521-8619
Fonds de Dépannage (West Island).....	(514) 683-0456
Julia Kraft Celebration Centre (West Island).....	(514) 695-1884

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Maison Benoît-Labre.....	(514) 937-5973
Meals on Wheels (West Island).....	(514) 631-3720
Moisson Montréal.....	(514) 381-6641
Multi-Caf.....	(514) 733-0554
NDG Food Bank.....	(514) 483-4680
Old Brewery Mission.....	(514) 866-6591
The Open Door	(514) 939-1970
Red Cross (emergency rescue).....	(514) 362-2929
Regroupement des cuisines collectives.....	(514) 529-3448
Relais communautaire de Pont-Viau.....	(450) 668-8727
Resto Plateau.....	(514) 527-5997
Resto-pop.....	(514) 521-4089
Resto-vie (West Island).....	(514) 421-0320
Saint Michael's Mission.....	(514) 844-8127
Salvation Army (discount stores).....	(514) 935-7425
Salvation Army (family assistance).....	(514) 288-7686
Société Saint-Vincent-de-Paul de Montréal.....	(514) 526-5937
Sun Youth.....	(514) 842-6822
Welcome Hall Mission.....	(514) 935-6395

Other Useful Numbers

Assistance aux femmes de Montréal.....	(514) 270-8291
Association des médecins psychiatres du Québec... (514) 350-5128	
Human Rights Commission of Quebec.....	(514) 873-5146
Info-Femmes.....	(514) 355-4529
Inform'elle (legal aid).....	(450) 443-8221
Info-Cult/Info-Secte.....	(514) 274-2333
Montreal Association for the Intellectually Handicapped.....	(514) 381-2307
Ordre professionnel des psychologues du Québec... (514) 738-1881	
Ordre professionnel des travailleurs sociaux.....	(514) 731-3925
Ordre des infirmières et infirmiers du Québec.....	(514) 935-2501
RACOR en santé mentale de Montréal.....	(514) 847-0787
Service du bien-être social de Ville Laval.....	(450) 662-4595
Urgence sociale (weekdays 5 PM to 9 AM; weekends 24 hrs).....	(514) 896-3100
Batshaw Youth and Family Services.....	(514) 935-6196
YMCA (head office).....	(514) 849-5331
YWCA (head office).....	(514) 866-9941
YM-YWHA	(514) 737-6551

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Mental Illness

In this section of the handbook, symptoms of mental illness are cited along with commonly used medications. The information contained here represents merely an introduction to a complex subject. Suggestions for further reading are listed, as well as web site addresses that may prove useful.

The listed Internet links to medical and health information are meant for general education only and are not intended as a substitute for consultation with your physician or other healthcare professional. Remember also that any information found on the Internet cannot be guaranteed accurate. If you or a family member are worried about a medical problem or symptom, please consult a qualified physician.

SYMPTOMS OF MENTAL ILLNESS

People with mental illness have disorders of thought, feeling or behaviour that result in an inability to cope with the demands of everyday life. Symptoms vary in type and degree from illness to illness and from person to person. They are often cyclical in nature and vary in severity over time. An acute episode may last from weeks to months for some and many years or a lifetime for others. The following list of symptoms **could** be warning signs of a mental illness developing. They should be taken seriously and, when more than one symptom appears in adolescents, should not be considered just a passing phase.

- Social withdrawal
- Depression
- Thought disorders
- Strong, absent or inappropriate expressions of feeling

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MENTAL ILLNESS

- Destructive behaviours
- Impaired thinking
- Disturbances in relationships with others

It is always best to start with a physical examination to rule out the possibility of an underlying medical disease (hypothyroidism, multiple sclerosis, brain tumour, disordered metabolism) when mental illness is suspected.

It is important to know that research is progressing at a steady rate and there are many medications that can help affected individuals lead productive lives. It is often suggested that combining the appropriate type of psychotherapy with medications and rehabilitation intervention can increase a person's chances of remaining stable and functional.

Canadian Mental Health Association

www.cmha.ca

(offers downloadable pamphlets)

Canadian Health Network

www.canadian-health-network.ca

National Alliance for the Mentally Ill

www.nami.org

American Academy of Child & Adolescent Psychiatry

www.aacap.org

TYPES OF MENTAL ILLNESS

Schizophrenia

Schizophrenia is a disorder of the brain that affects mental processes such as thinking and judgment, sensory perception and the ability to appropriately interpret and respond to situations. Contrary to popular belief, it is not a split personality.

A biological brain disorder, schizophrenia is no one's fault. About one percent of the adult population has schizophrenia. The first symptoms usually appear between ages 17 and 24 and can be confused with other common adolescent behaviours.

Many clinicians find it useful to describe typical schizophrenia symptoms as either "positive" or "negative."

Positive symptoms include:

- Hallucinations: hearing, feeling or seeing things that exist only in the individual's mind
- Delusions: persistent false beliefs, suspicions
- Communication difficulties or incoherence
- Bizarre and disorganized behaviour

Negative symptoms include:

- Deficiency in flow of thought, speech
- Inability to experience pleasure
- Lack of emotion or flatness of emotion
- Little desire for social contact
- Lack of interest or persistence
- Apathy

Both types of symptoms are part of the illness, but each person affected may have more of the positive or negative types. While schizophrenia cannot be cured, its symptoms can be treated successfully through medication.

Santé Canada

www.hc-sc.gc.ca/hppb/sante-mentale/pubs/la_schizophrenie

Schizophrenia Help Resource Center

www.schizophrenia-help.com

Schizophrenia Society of Canada

www.schizophrenia.ca

Société québécoise de la schizophrénie

www.schizophrenie.qc.ca

The Schizophrenia Home Page

www.schizophrenia.com

Schizoaffective Disorder

Some people have symptoms that place them at a point between schizophrenia and bipolar disorder. These disorders have not been very clearly defined or studied. Their symptoms include those of both schizophrenia and mood disorders, though not at the same time. Physicians often treat these disorders with a combination of antipsychotics or anti-depressants and mood stabilizers.

Depression Central

www.psycom.net/depression.central.schizoaffective.html

Affective Disorders (Bipolar and Depression)

Affective disorders or mood disorders include depression and bipolar affective disorder (manic-depressive illness). These are common psychiatric problems and affect 5 percent of adults at any given time. The essential characteristic is a disturbance in mood.

Bipolar illness is characterized by cycles of depression and/or mania.

Manic symptoms may include:

- Boundless energy, enthusiasm and need for activity
- Rapid, loud, disorganized speech
- Short temper and argumentativeness
- Involvement in activities that have painful consequences such as shopping sprees, reckless driving and unwise business investments
- Delusional thinking

When depressed, a person may:

- Have difficulty sleeping (too much or too little)
- Lose interest in daily activities, lose his appetite
- Suffer feelings of worthlessness, guilt or hopelessness
- Exhibit feelings of sadness
- Be unable to concentrate
- Experience extreme irritability

Major depression (described above) should not be confused with reactive depression or “the blues.” Reactive depression, sometimes called situational affective disorder, is a temporary condition triggered by life problems. Should this condition persist, the affected individual should consult a doctor to find out if it is becoming a major depression.

Postpartum depression, which many people consider “baby blues,” is also a form of major depression, not just a mild, short-term feeling of sadness after a baby is born. Along with the symptoms of depression, mothers may also experience:

- Lack of interest in the baby, family or friends
- Fear of being a bad mother

- Fear that harm will come to the baby
- Thoughts of harming the baby or herself

Postpartum depression is a treatable medical illness and should not be considered a natural reaction to being a mother of a newborn baby.

Depression in Women

www.symptoms-of-depression.com

Postpartum Depression

www.depressionafterdelivery.com

Depression Screening

www.depression-screening.org/

National Depressive and Manic Depressive Association

www.ndmda.org

Seasonal Affective Disorder

www.cmha.ca/english/sad/main.htm

Revivre Association québécoise de soutien aux personnes souffrant de troubles anxieux, dépressifs ou bipolaires

www.revivre.org

Déprimés Anonymes

<http://membres.lycos.fr/danonyme/>

Obsessive Compulsive Disorder

This is a spectrum of disorders causing people to be constantly troubled by persistent ideas and feelings (obsessions) that force them to carry out repetitive actions and rituals (compulsions). Patients consider these thoughts senseless and sometimes disagreeable, but are unable to ignore or resist them. One-sixth of the population shows mild obsessive symptoms. Obsessive compulsive disorder generally starts in adolescence and develops intermittently. More information and better treatment is becoming available for those with the disorder.

Common obsessions include:

- Violent thoughts
- Fear of being infected by germs or dust
- Perpetual doubts (is the front door locked?)
- Obsessive ruminations that oblige a return to the same word,

sentence or insolvable problem

Common compulsions include:

- Checking repeatedly
- Washing continually
- Cleaning to avoid contamination
- Arranging things JUST RIGHT by size, colour, number

Association française de personnes souffrant de troubles obsessionnels et compulsifs

<http://perso.club-internet.fr/aftoc>

Association/Troubles Anxieux du Québec

www.ataq.org

Vivre avec le TOC

<http://iquebec.ifrance.com/Vivre-avec-le-TOC>

Obsessive Compulsive Foundation

www.ocfoundation.org

OCD Online

www.ocdonline.com

Anxiety Disorders

Anxiety disorders affect approximately 7 to 15 percent of the population. One particular form, panic disorder, is characterized by recurrent panic attacks. The person experiences dizziness, chest discomfort, choking and sweating. The attacks generally last from a few minutes to a few hours. Panic attacks are accompanied by a sense of looming danger and a strong desire to escape. Anticipation of an attack and the subsequent fear of helplessness often complicate the problem and increase anxiety. Other forms of anxiety include fear of specific objects (phobias) or fear of going out (agoraphobia).

Anxiety Disorders and Youth

Recognizing the prevalence and effects of anxiety in youth, in 2001 the Régie Régionale embarked on a public awareness campaign to promote screening, referrals and treatment of anxiety among young people ages 14-25.

Association / Troubles Anxieux du Québec

www.ataq.org

Anxiety Disorders Association of America

www.adaa.org

Panic Disorder

www.panicdisorder.about.com

Revivre Association québécoise de soutien aux personnes souffrant de troubles anxieux, dépressifs ou bipolaires

www.revivre.org

Understanding Agoraphobia & Panic Disorder

www.paniccure.com

Personality Disorders

This very broad category of disorders is characterized by rigid and deeply rooted impaired patterns in relating to, perceiving and thinking about the environment and oneself. It is evident in individuals who fail to adjust to socially acceptable norms of behaviour in vocational and social settings and who cannot establish adequate, stable relationships. Some common symptoms of the disorder are:

- Inability to adapt to social situations
- Unreasonable insistence in always being right
- Unstable personal relationships
- Excessive stubbornness

Borderline Personality Disorder Central

www.bpdcentral.com

Screening Test

www.4degrez.com/misc/personality_disorder_test.mv

Obsessive Compulsive Foundation

www.ocfoundation.org

Eating Disorders

An eating disorder most often takes the form of Anorexia Nervosa (dramatic dietary restraint leading to excessive weight loss) or Bulimia Nervosa (the individual consumes a large amount of food and often purges it through vomiting, abuse of laxatives or compulsive exercise). Anorexia and bulimia are complicated disorders that point to underlying emotional problems. Fear of gaining weight and preoccupation with one's body are typical.

Warning signs can include:

- Statements about feeling or being fat; an increasing concern about body image
- Obsessive thinking about hoarding, consuming or avoiding food
- Refusing to eat from certain food groups for fear of gaining weight
- Constant weighing
- Regularly eating alone
- Obsessive dieting often followed by bingeing
- Irritability, anxiety or depression related to weight
- Loss of memory and concentration
- In women, there may be skipped periods or the absence of menstruation altogether

When left untreated, anorexia and bulimia can lead to severe health complications such as heart abnormalities, loss of bone density, kidney problems, stomach problems and, in extreme cases, death.

AES (Assistance Europe Santé)

www.aesfr.com

Anorexia Nervosa & Bulimia Quebec

www.generation.net/~anebque

Eating Disorder Shared Awareness

www.mirror-mirror.org/eatdis.htm

Substance Abuse

Abusive use of drugs and alcohol can lead to serious depression and other symptoms characteristic of mental illness. Per se they are not usually the primary cause of the illness; however such abuse may complicate diagnosis. Addiction may be considered an illness.

Abuse of alcohol, over-the-counter medications, prescribed medication or street drugs is very common. Substance abuse can be the “great imitator” and some surveys indicate that between 20 to 50 percent of general psychiatric populations are also substance abusers. Note that substance use and abuse can be a form of self-medication by an individual seeking relief from the symptoms of mental illness.

Detoxification is often recommended as a first step in treating substance abuse. The success of a detoxification program depends on an individual’s motivation to participate. Your relative’s treating physician should be informed of any decision to enter a detox program. Withdrawal from alcohol or drugs can cause severe side effects and it is important to determine whether the individual should be in a supervised setting.

Centre de toxicomanie et de santé mentale

www.camh.net/francais/about_camh/

Dual Diagnosis Website

<http://users.erols.com/ksciacca/>

Santé Canada

www.hc-sc.gc.ca/hppb/sante-mentale/problemes.htm

Post Traumatic Stress Disorder

PTSD can result from experiencing traumas such as rape, war, natural disasters, abuse, serious accidents or from witnessing or learning of a violent or tragic event. Exposure to multiple or ongoing traumas, especially early in life, can significantly increase the risk of developing PTSD. There is a greater prevalence reported among women than men.

PTSD usually starts at least one month after the traumatic event, but it can take years for the signs to show. Symptoms can include:

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- Re-experiencing the trauma
- Nightmares and obsessive thoughts about the incident
- Aversion to anything that recalls the event
- Survivor guilt
- Anger and hyper-vigilance; always being on the alert for danger

Anxiety Disorders Association of America, Inc.

www.adaa.org

Association canadienne pour la santé mentale

www.cmha.ca

Association / Troubles Anxieux du Québec

www.ataq.org

**Expert Consensus Treatment Guidelines For
Posttraumatic Stress Disorder: A Guide For Patients and Families**

www.psychguides.com

National Center for Post-Traumatic Stress Disorder

www.ncptsd.org

SUICIDE

Suicide is one of the 10 leading causes of death in Canada, with over 4,000 deaths per year. Quebec has one of the highest suicide rates in Canada. Middle-aged males, youth and the mentally ill are at particular risk. The risk of suicide is often difficult to assess and is related to an individual's personal history, life experiences and previous attempts. Suicide has a devastating impact on the family and on society as a whole.

People with mental illness are especially vulnerable due to the sometimes-insufferable symptoms of the disorders. The pain of depression, a constant barrage of inner voices and extreme paranoia are a few reasons why suicide is often considered and completed. A stressful or overly emotional situation can heighten the risk. The death of a close relative or friend, loss of a significant relationship, failure at work or school are examples of stressful triggers.

Some warning signs that a person may be contemplating suicide:

- Direct messages such as: "I want to be done with it all;" "life isn't worth living"

- Indirect messages such as: “you would be better off without me;” “I’m going away on a long trip”
- Extreme isolation or withdrawal
- Gives away valuable objects
- Abuses alcohol and/or drugs
- Interested in firearms or drugs
- Talks about the strength and courage of suicides
- Does not react to the loss of a friend or relative

Someone contemplating suicide may camouflage distress with a clownish or tough exterior. Symptoms can vary depending on personality.

Messages and warning signs must be taken seriously. This individual is in extreme emotional pain and looking for a means to end his suffering, not necessarily his life. He needs help to find solutions and a message of hope.

Don’t be afraid to ask point-blank if he is thinking about suicide. You need to determine if he has a plan and if he is in imminent danger. If so, get him to a doctor immediately or call 911.

Association québécoise de la suicidologie
www.cam.org/aqs

National Depressive and Manic Depressive Association
www.ndmda.org/suicide.html

Suicide Information & Education Center
www.suicideinfo.ca/

SAVE
www.save.org

MEDICATIONS

Medical research confirms that in virtually every major mental illness something has gone wrong in either the structure or function of the brain. For this reason, biological interventions such as medications are often considered an essential component of a comprehensive treatment plan that also includes therapy, lifestyle changes and social interventions. Medications are used both to control acute symptoms and to prevent recurrence or relapse. Like

medicine in general, many psychiatric medications are not 100% effective. They may not treat all aspects of an illness and do not alter a person's basic personality. With a chronic condition, they may need to be continued for indefinite periods of time. Typically they treat, rather than cure, the illness. Although progress is being made, they are still far from perfect. As with all medical treatments, the risks and benefits of all options must be considered.

Medications may have several names, including the generic chemical name and different brand names. Responsibility for one's own health care should include:

- Keeping track of all medications prescribed
- Informing other healthcare professionals what is actually being taken
- Asking why a medication is being prescribed, what are its side effects and if there are any interactions with other medications. Herbal preparations are drugs, too, and should be listed in what is being taken

Pills are not the only way medications can be given. Pharmaceutical companies are working with patches, sprays, slow-release pills, quick-dissolve wafers and various long-acting injections. Some of these delivery systems offer specific advantages in speed of effect and reduced side effects.

Psychiatric medications can interact in unpredictable ways with other medications, including over-the-counter or non-prescription pills and with alcohol. Pharmacists are often helpful in determining whether something like a cold remedy is safe to take with another medication.

Psychiatric medications vary greatly in the time needed to take effect, from a few hours (with anxiolytics) to weeks (antidepressants) to even months (some antipsychotic effects). Common medication errors include: stopping a medication before it has had time to work, not taking enough, not waiting for side effects to subside and not realizing that a medication's protective effect might last weeks or even months after it is stopped. Most people don't like having to take medications. Many people are shy about discussing embarrassing side effects with their doctor and so simply stop on their own, often bringing on a worsening of their illness.

Medications can be grouped according to their main mode of action. This is both useful and somewhat misleading, since many medications are used for more than one purpose. For instance,

antidepressants are useful in depression, OCD, pain, panic disorder and social phobia.

Antipsychotics

Antipsychotics, also known as neuroleptics or major tranquilizers, are prescribed to counteract the symptoms of psychosis. Antipsychotics help stop hallucinations and delusions and calm agitation. They also help prevent relapse. The newer drugs are known as “atypical” antipsychotics, since this group offers many advantages in terms of benefits and side effects. However, even old drugs are still seen as effective and suitable in specific cases. Commonly used antipsychotics include:

Generic Names

Trade Names

Chlorpromazine	Largactil, Novochlorpromazine
Chlorprothixene	Tarasan
Clozapine	Clozaril
Flupenthixol	Fluanxol
Fluphenazine	Moditen, Apo-fluphenazine
Haloperidol	Haldol, Peridol, Novo-peridol, Apo-Haloperidol
Loxapine	Loxapac
Mesoridazine	Serentil
Methotrimeprazine	Nozinan
Olanzapine	Zyprexa
Pericyazine	Neuleptil
Perphenazine	Trilafon, Apo-perphenazine
Pimozide	Orap
Quetiapine	Seroquel
Risperidone	Risperdal
Thioridazine	Mellaril, Novoridazine, Apothioridazine
Thiothixene	Navane
Trifluoperazine	Stelazine, Apo-trifluoperazine, Novoflurazine
Ziprasidone	Zeldox
Zuclopenthixol	Clopixol

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Some antipsychotics are available in long-acting injectable form. A single dose can last from one to several weeks. This way of giving medications is useful for people who regularly miss or forget doses. Often the overall dose is lower, since the medication is better absorbed in injection form. This may also be useful for those who experience many side effects. Included in this group are:

Generic Names	Trade Names
Flupenthixol decanoate	Fluanxol Depot
Fluphenazine decanoate	Modecate
Fluphenazine enanthate	Moditen
Fluspirilene	Imap
Haloperidol decanoate	Haldol LA
Pipotiazine palmitate	Piportil
Zuclopenthixol decanoate	Clopixil Depot

All medications, including antipsychotics, have side effects. It is important to ask the doctor or the pharmacist about the side effects of each medication, since they can vary greatly from drug to drug and with the dosage given. Regular checkups for side effects should be part of a good medical followup. Typical side effects can include:

- Dizziness, dry mouth, blurred vision, difficulty urinating and constipation
- Stiffness, shakiness, muscle spasms of the neck, eyes or tongue (dystonic reaction) and severe restlessness / need to fidget or walk (akathisia). Since these side effects are often uncomfortable or make the person look drugged, doctors often lower the dose of medication, switch to another drug, or add another medication to counter the effect

With some medications doctors will monitor the white blood cells to be sure they are not damaged. With others they might check for cataracts, heart disease or cholesterol problems.

Side effects are usually not permanent. Most, while uncomfortable, are not serious and may resolve over time with a reduction in drug dosage or with a switch to another medication. Usually side effects

are less severe than the effects of the untreated illness, so many people look for ways to minimize or cope with them. The exception would be an allergic-type reaction: fever, flu-like symptoms, sore throat, stomach pain, rash, diarrhea, vomiting or asthma. In that case, the healthcare team should be notified immediately, the medication stopped and other treatment measures started.

Some older antipsychotics might produce side effects only over the long term. Examples would include a permanent type of involuntary movement disorder, typically affecting the mouth and fingers, called “tardive dyskinesia.”

Antidepressants

Antidepressants are used to treat major depression, mild chronic depression (dysthymia), depression occurring in bipolar illness, various anxiety disorders, OCD and chronic pain. They are often successful in reducing and eliminating such symptoms as sadness, irritability, inability to enjoy life and agitation.

Antidepressants are slow to act, often taking 4 to 6 weeks to produce an effect. About 75 percent of people suffering from depression will see a moderate to marked improvement in their symptoms, although they may have to try more than one drug to find the one that is right for them. Antidepressants typically must be continued for the natural lifespan of a depressive episode. People who have recurrent depressive episodes should strongly consider staying on the medication indefinitely, particularly if the illness has a major impact on their health or their ability to function.

Antidepressants are grouped in many ways, sometimes based on the chemical structure of the medication (tricyclic), other times based on their main mode of functioning (Serotonin-specific reuptake inhibitors or SSRIs). Newer antidepressants tend to dominate the market because of their more favourable side-effect profile, but the older drugs are just as effective. Some medications are available in slow-release form (often labelled XR or SR) when this helps improve side effects.

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Older medications

Cyclic

Generic Names	Trade Names
Amitriptyline	Elavil, Novotriptyn, Levate
Clomipramine	Anafranil, Apo-clomipramine
Desipramine	Norpramin, Perofrane
Doxepin	Sinequan, Triadapin
Imipramine	Tofranil, Novopraine
Nortriptyline	Aventyl
Protriptyline	Triptil
Trazodone	Desyrel, Novo-trazodone
Trimipramine	Surmontil, Rhotrimine

Monoamine Oxidase Inhibitors

Generic Names	Trade Names
Isocarboxazid	Marplan
Phenelzine	Nardil
Tranylcypromine	Parnate

Others

Generic Names	Trade Names
Amoxapaine	Asendin
Maprotiline	Ludiomil, Novo-maprotiline

Newer medications

Serotonin specific reuptake inhibitors (SSRIs)

Generic Names	Trade Names
Citalopram	
Fluoxetine	Prozac, Nu-fluoxetine
Fluvoxamine	Luvox
Paroxetine	Paxil
Sertraline	Zoloft

Selective dopamine-reuptake inhibitor (SDRI)

Generic Name	Trade Name
Bupropion	Wellbutrin, Wellbutrin SR

Serotonin / Norepinephrine reuptake inhibitor (SNRI)

Generic Name	Trade Name
Venlafaxine	Effexor, Effexor XR

Serotonin-2 antagonist / reuptake inhibitor (SARI)

Generic Name	Trade Name
Nefazodone	Serzone

Noradrenergic / specific serotonergic antidepressant (NaSSA)

Generic Name	Trade Name
Mirtazapine	Remeron

Reversible inhibitor of monoamine oxidase A (RIMA)

Generic Name	Trade Name
Moclobemine	Manerix

Antidepressant side effects vary considerably from one medication to another. Common side effects can include dry mouth, blurred vision, trouble urinating, constipation (typical of older drugs), weight gain, jitteriness, sleep disturbance, stomach upset, sexual dysfunction or nightmares. Many side effects decrease over time and should be weighed against the overall benefits of the medication and the effects of the untreated illness itself.

Stopping some of these medications abruptly may cause very uncomfortable withdrawal symptoms. Antidepressants are tapered slowly to minimize the chances of this happening. Discontinuation should be planned in advance and discussed with the treating physician.

Boosting strategies are available for those who do not respond to treatment with a single antidepressant. These can include adding a mood stabilizer such as lithium, Lamictal or Epival. Other boosters include thyroid hormone and atypical antipsychotics such as risperidone. Sometimes more than one antidepressant may be

prescribed at the same time. Some people may also receive treatment directed at hormones, e.g. adding estrogen for postmenopausal women, testosterone for older men or checking for elevated cortisol levels.

Since people with recurrent, severe depressions may be on these medications for very long periods of time, there is always the concern about long-term side effects. Long-term effects of medications have to be weighed against the long-term effects of the illness itself: depression is remarkably toxic to a person's medical health and well-being. An open discussion with the prescribing doctor about the latest medical information on risk will help with this type of decision.

Some people believe that herbal products are safer and side-effect free because they are "natural" and turn to these products to treat their depression. Many modern medicines have "natural" origins. Common sense tells us that if something acts like a drug, then for all practical purposes it is a drug. Since careful, scientific studies are lacking for many herbal preparations, people should discuss this strategy with their doctor.

Mood Stabilizers

Medications in this category are used to treat hypomania (a state of extreme excitement with an overabundance of energy, lack of sleep, irritability), mania (symptoms of hypomania with the addition of psychosis) and for prevention in bipolar disorder. Many of the drugs used to control epilepsy are also very effective at controlling mania and bipolar illness. Some people will eventually find that one mood stabilizer is not strong enough and may have to take a combination of medications.

The most commonly used mood stabilizers are:

Generic Names	Trade Names
Lithium	
Valproic acid	Epival
Carbamazepine	Tegretol

Other drugs that may also be used in combination:

Generic Names	Trade Names
Lamotrigine	Lamictal
Gabapentin	Neurontin
Topiramate	Topamax

In the acute phase of mania, mood stabilizers alone are not strong or quick enough to provide adequate symptom control. Medications such as the antipsychotics risperidone (Risperdal) and olanzepine (Zyprexa), and benzodiazepine clonazepam (Rivotril) may be added.

Mood stabilizers often take several weeks to work. They are not tranquilizers, but rather have their own unique effect on the illness. Mood stabilizers are often prescribed for long periods of time because of the tendency of the illness to recur and the devastation a manic or hypomanic episode can cause. The level in the body of lithium, Epival and Tegretol can be monitored by blood tests to tailor the dose for the best effect.

Many mood stabilizers can cause thirst, weight gain, sleepiness and some degree of trouble concentrating. Tremor, gastrointestinal disturbance and rash may also occur. Your doctor or pharmacist should inform you if there are special precautions to take (a rash is usually serious, a cold or flu could be worrisome, constipation might only require a change in diet).

Anxiolytics

These drugs are used to relieve the symptoms of severe anxiety, panic attacks and short-lasting sleep disorders, and to increase the effects of antipsychotics among highly agitated patients. They also help to relax muscle spasms, reduce the agitation caused by antipsychotics (akathisia) and produce sedation. Addictive, they should normally be used for short periods of time. They may produce severe reactions when used with alcohol.

The most commonly used anxiolytic medications are:

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Generic Names	Trade Names
Alprazolam	Xanax, Novo-alprazol
Bromazepam	Lectopam
Buspirone	Buspar
Chlordiazepoxide	Librium, Novopoxide
Diazepam	Valium, Novodipam
Flurazepam, Novoflupam	Dalmane, Somnol
Lorazepam	Ativan, Nu-loraz
Nitrazepam	Mogadon
Oxazepam, Zapex	Serax, Novoxapam
Temazepam	Restoril
Triazolam	Halcion, Apo-triazo

Side effects can be dizziness, drowsiness, loss of muscle coordination, blurred vision, agitation, decreased memory, increased appetite and diarrhea.

Since anxiolytics often rapidly and effectively reduce anxiety, many people may become psychologically (if not physically) dependent on them. For certain chronic conditions, continuing anxiolytics long-term may be very reasonable. For other conditions they should only be used short-term.

DRUG INSURANCE

Quebec's public drug-insurance plan has been in existence since August 1, 1996. Anyone who is not eligible for coverage by a private plan must register for the public plan.

Not all drugs are covered by the public plan, only those on the "Formulary" list, which is updated regularly. Consult your pharmacist to find out if a particular drug is included. If your doctor prescribes medication that is not on the list, and this causes you financial hardship, your doctor may agree to fill out a form (called *médicament d'exception*) stipulating that the prescription should be processed as if the drug were covered.

The drug insurance plan sets out different amounts of deductibles, co-insurance payments, maximum contributions and premiums that vary according to a person's level and source of income. These amounts are subject to change.

- Medication is free of charge for people on welfare in the Severe Employment Limitations category. It is also free for children and full-time unmarried students aged 18-25.
- Medication costs a maximum of \$16.67 (deductible and co-insurance) per month for all other welfare recipients and for seniors receiving the full (maximum) Guaranteed Income Supplement.
- Seniors receiving the partial Guaranteed Income Supplement pay a maximum deductible and co-insurance of \$45.67.
- For all others, the maximum is \$68.50 per month.

Premiums under the drug plan are payable when filing the Quebec income tax return. Welfare recipients, full GIS seniors and people with income under the maximum GIS level do not pay premiums. There is a sliding scale up to \$422.00 for others.

For more information, contact the Régie de l'assurance-maladie du Québec at (514)-864-3411 or 1-800-561-9749.

Many professionals and community organizations feel that the drug insurance plan risks disrupting the stability and safety of people with severe mental health problems. They advocate continuously for an improved plan that will better accommodate the needs of these individuals. If you notice that this situation is hurting you or your loved one, notify your association or forward your perceptions and concerns to your MNA, the premier, or the provincial Health Minister. You might also lodge a complaint with the provincial Ombudsperson's office at 1-800-463-5070.

Suggested Reading

Bipolar Disorder

An Unquiet Mind; A Memoir of Moods and Madness Jamison, Kay, PhD. Alfred A. Knopf, 1995

Bipolar Disorder: A Guide for Patients and Families Mondimore, Francis Mark. Johns Hopkins Press, 1999

Démystifier les maladies mentales: les dépressions et troubles affectifs Leblanc, Dr. Jean et al. Boucherville, Gaétan Morin, 1996

Nous sommes tous des maniaco-dépressifs Fieve, Dr. Ronald. Editions Flammarion, 1980

The Bipolar Disorder Survival Guide: What You and Your Family Need to Know Miklowitz, David J., PhD. Guilford Press, 2002

Depression

La dépression et les troubles de l'humeur McKeon, Patrick. Montreal, Stanké, 1991

Undercurrents: A Life Beneath the Surface Manning, Martha. San Francisco, HarperCollins, 1996

Understanding Depression: A Complete Guide to its Diagnosis and Treatment Klein, Donald F. and Wender, Paul H. Oxford University Press, 1993

When Someone You Love is Depressed; How to Help Your Loved One Without Losing Yourself Rosen, L.E. and Amador, X.F. Free Press, 1996

Schizophrenia

Conquering Schizophrenia Wyden, Peter. Alfred A. Knopf, 1998

La schizophrénie expliquée Lalonde, Pierre. Montreal, Gaétan Morin, 1988

La schizophrénie : guide à l'intention des familles Santé et Bien-être social Canada. Ottawa, Le Ministère, 1991

Learning About Schizophrenia; Rays of Hope Schizophrenia Society of Canada, 1999

The Family Face of Schizophrenia Backlar, Patricia. Warner Books, 1996

Surviving Schizophrenia; A Family Manual Torrey, E. Fuller, MD. Harper and Row, 4th edition, 2001

Vivre et travailler avec la schizophrénie Seeman et al. Montreal, Gaétan Morin, 1990

Démystifier les maladies mentales: la schizophrénie Lalonde, Dr. Pierre et al. Boucherville, Gaétan Morin, 1992

Obsessive Compulsive Disorder

Getting Control — Overcoming Your Obsessions and Compulsions Baer, Lee. New York, Plume, 1991

Obsessive-Compulsive Disorder; New Help for Families Gravitz, Herbert L. Healing Visions Press, 1998

The Boy Who Couldn't Stop Washing; The Experience and Treatment of Obsessive Compulsive Disorder Rapoport, Judith, MD. Mass Market Paperback, 1997

When Once is Not Enough Steketee, Gail and White, Kerrin. Oakland, Nina Sonenberg, 1990

Children and Adolescents

Growing Up Sad; Childhood Depression and Its Treatment Cytryn, Leon, MD and McKnew, Donald, MD. Norton Professional Books, 1998

Is It "Just a Phase"? How To Tell Common Childhood Phases from More Serious Problems Swedo, Susan Anderson and Leonard, Henrietta L. Broadway Books, 1999

Reviving Ophelia Pipher, Mary. Ballantine Books, 1995

The Bipolar Child; The Definitive and Reassuring Guide to Childhood's Most Misunderstood Disorder Papolos, Demetri, MD and Papolos, Janice. Broadway Books, 2000

When Nothing Matters Anymore; A Survival Guide for Depressed Teens Cobain, Bev. Free Spirit Publications, 1998

Coping Strategies for Families

The Skipping Stone: Ripple Effects of Mental Illness on the Family Wasow, Mona. 2nd ed., Science and Behavior Books, 2000

How to Live With a Mentally Ill Person; A Handbook of Day-to-Day Strategies Adamec, Christine. John Wiley & Sons, 1996

Eating Disorders

Dying To Be Thin Sacker, Ira and Zimmer, Marc. Warner Books, 2002

Les illusions du bonheur : ces femmes qui sauvent les apparences Lerner, Harriet Goldhor. Montreal, Le Jour, 1997

Lorsque manger remplace aimer Roth, Geneen. Stanké, 1991

Surviving An Eating Disorder: Strategies For Families & Friends Siegel, M., Brisman, M. and Weinshel, M. Harper and Row, 1987

When Your Child Has an Eating Disorder; A Step-By-Step Workbook for Parents and Other Caregivers Natenshon, Abigail H. Jossey-Bass Publishers, 1999

General Interest

Je réinvente ma vie Young & Klosko. Montreal, Les Editions de l'Homme, 1995

Le Chemin le moins fréquenté Peck, Scott. Paris, Robert Laffont S.A, 1987

The Last Taboo : A Survival Guide to Mental Health Care in Canada Simmie, Scott and Nunes, Julia. McClelland & Stewart Ltd., 2001

Prendre soin de sa santé mentale Fortin, Bruno. Montreal, Méridien, Collection psychologie médicale, 1993

Websites of Interest

The following websites offer helpful general information about mental illness. For a specific illness, look under the appropriate heading in Chapter 4.

Government Sites:

www.cmha.ca
www.reseau-canadien-sante.ca
www.canadian-health-network.ca
www.gouv.qc.ca

Mental Illness:

AMI-Québec	http://www.amiquebec.org
Depression Central	http://psycom.net
Expert Consensus Guidelines	http://www.psychguides.com
NAMI	http://www.nami.org
Psych Central	http://psychcentral.com/

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