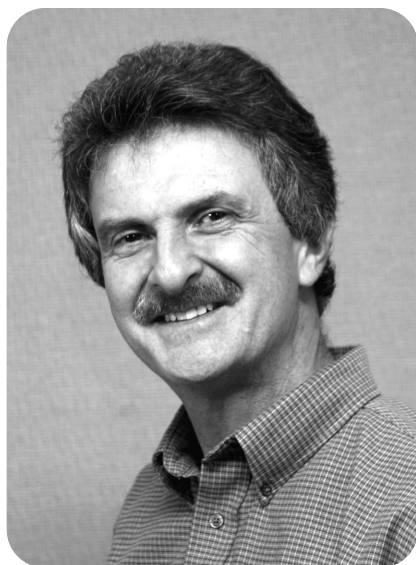


SHARE & CARE

THE RECOVERY OF HOPE ~ THE HOPE OF RECOVERY

Thursday, September 29, 7:00 PM

HOW TO SURVIVE TRAUMA?



Tedeschi: your hurt can be healed

Learn the techniques that work at the Low-Beer Memorial Lecture

You're stronger than you think. So says psychologist Richard Tedeschi — and no one knows better. Tedeschi, this year's guest speaker at the John Hans Low-Beer Memorial Lecture, is a specialist in bereavement and trauma.

Professor of psychology at the University of North Carolina at Charlotte, where he teaches personality and psychotherapy, Tedeschi has led support groups for bereaved parents since 1987. With his colleague Lawrence Calhoun he has published three books on post-traumatic growth and a clinician's guide to helping bereaved parents. He has also served as a consultant to the American

Psychological Association in developing materials on trauma and resilience for use by psychologists and the public.

Tedeschi's address, **Picking Up the Pieces: After Mental Illness and Other Traumas**, promises to provide valuable insights, comfort and encouragement for consumers and family members alike. Hear it all on September 29, 7:00 pm, at **Oscar Peterson Concert Hall, Loyola Campus of Concordia University, 7141 Sherbrooke St. W.**

The Low-Beer Memorial Lecture is cosponsored by AMI and Concordia's Department of Psychology. Presentation in English, free admission. □

New initiatives from AMI will make it easier for families to get the help they need

When you need advice or help, you want it right and you want it fast. AMI's on your side with new ideas to ease the stress and confusion a relative's mental illness can cause.

Family Outreach Program

This innovative in-hospital pilot project with the psychiatry department of the MUHC is due to begin this fall.

An AMI employee will be working at the Allan Memorial Institute two and a half days a week (maybe more later on) to offer

on-the-spot help to families.

That means instead of realizing in frustration weeks later that they still haven't found the information or advice they're looking for, families will have our support right at the start, while their relative is receiving treatment in hospital.

Our idea is to help insure that no family's needs get overlooked amid the confusion that often surrounds a hospitalization. All families, AMI members or not, will be encouraged to benefit from our in-hospital presence. That

WE'VE MOVED UP

Please note that AMI's offices are now located on the second floor, suite 200, at 5253 Decarie Blvd. Details on page 4.

includes both families with no prior experience with mental illness hospitalization and those familiar with the routine.

The project is a first in partnership with the MUHC's psychiatry department. It will be evaluated on an on-going basis and our hope is that by next summer we'll have clear guidelines for its continuity and growth.

continued on page 4

Sexuality, Spirituality and Mental Health: A CONFERENCE WITH A DIFFERENCE

**Spend the day on November 4. Leave with
new insights into what it means to be human**

There was a good reason the conference planners chose such an intriguing theme for this event as *Sexuality, Spirituality and Mental Health*.

"It's because sexuality and spirituality are fundamental parts of life for most of us," says the Reverend John Matheson, director of pastoral services at the Douglas Hospital. "And life doesn't stop simply because a person develops a mental illness. These powerful expressions of our human nature can bring us great joy. On the other hand, they can also lead us down very destructive paths."

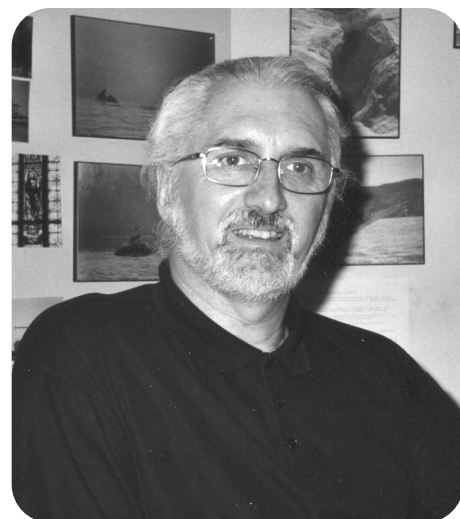
Sexuality, Rev. Matheson points out, involves hopes and dreams, the yearning to live happily ever after in a supportive relationship with another human being. But mental illness can make it difficult to establish a long-term relationship. Either the interpersonal skills aren't there, or the emotional stability is missing or the illness causes potential partners to keep their distance.

Spirituality is not a synonym for religion — it goes deeper still. Where did my illness come from? Will I ever get better? If this is my life from now on, is it worth it? "Anyone who suffers from any illness puz-

zles over these same questions," says Rev. Matheson. "When we realize there's no instant answer to the why of life, that's precisely when we begin searching for it. The quest for the meaning of our existence — that's spirituality. And it's an essential part of mental health."

Fondation Embarque is the organizing group behind this, their third annual conference. This year's speaker is Marie-Paul Rose, a woman who has devoted years to studying how we relate to each other as sexual creatures and probing the spiritual side of our nature. She has given presentations around the world on these topics. An educator, a nurse, a therapist and a psychologist, she also happens, intriguingly enough, to be a nun. "Everyone I've spoken to about her promises we're in for a treat," says Rev. Matheson.

The conference will be conducted in French with simultaneous English translation. The day includes Rose's presentations in the morning and afternoon, lunch and bilingual workshops. Registration deadline is October 24. For more information, call Barbara Mizera at 514-983-6159 or e-mail info@embarque.org. □



John Matheson's aim: making human completeness visible in a fresh way

Date: November 4, 8:00 am-4:30 pm
Place: Douglas Hall, Douglas Hospital, 6875 LaSalle Blvd.
Cost: general admission, \$90; consumers and family caregivers, \$25

The Consta saga continues

Now Quebec pays, but not always

The last issue of *Share&Care* carried an article about Risperdal Consta, a second-generation injectable antipsychotic that, although considered more effective and having less side effects than older injectables, was not on the list of medications covered by the province and therefore was unaffordable for many consumers.

In a letter AMI had written to Philippe Couillard, minister of

health, and to Lucie Robitaille, executive director of the *Conseil du Medicament*, the body that decides which drugs to include on the formulary list, we pointed out the unfairness of the situation. Robitaille responded that changes were expected to be made in June and sure enough they were.

Consta is now covered by the prescription drug insurance plan. But here's the catch: Coverage is extended only to those individuals who have trouble complying with oral antipsychotics, to those who do not tolerate conventional injectable antipsychotics and to those whose treatment with conventional injectables has been ineffective for other reasons. A doctor's letter explaining the circumstances is required.

Bottom line: for some consumers things are better now. Others hoping simply to be able to access the best that pharmacology has to offer are still having to settle for less. It's still not even-handed healthcare, it's still unfair and we still need to continue advocating for a better deal. □

Learn what, why, who and how.

AMI education programs: EVERYTHING YOU NEED TO KNOW ABOUT MENTAL ILLNESS

EDUCATION PROGRAMS START DATES

OBSESSIVE COMPULSIVE DISORDER

Wednesday, October 19

MOOD & THOUGHT DISORDERS

(combines schizophrenia and depression/bipolar disorder in a non-diagnosis-specific program)

Group 1, Tuesday, October 18

Group 2, Thursday, October 20

All sessions open to relatives, consumers and caregivers.
At AMI, 7:00-9:00 pm for 6 weeks.

It's amazing what an education program can teach you in six weeks. First off, symptoms, diagnosis, treatments: you'll get mental illness ABCs from every angle. You'll also be taught grieving and coping strategies, learn who does what in the healthcare community and how best to navigate the system. You'll end up with a clear understanding of the impact mental illness has on family and friends — and know how to deal confidently and effectively with your new reality.

Education programs are closed group sessions led by teams of professionals and family caregivers. Admittance is free for AMI members and those on limited incomes. Registration is a must. Do it today.

GRIEF AND RECOVERY

A workshop just for consumers

Starting October 17 and continuing for six weeks, these two-hour sessions are professionally led. They're designed to help you recognize the impact on your life of the choices you do or don't make and that you can certainly opt for positive choices despite your personal circumstances.

You will learn to communicate without increasing con-

flict, live cooperatively with your family and others, and set achievable goals so you can face your life with confidence.

At AMI, 7:00 pm. Registration is necessary.

Call Francine at 514-486-1448 for more information or to register for an education program or the grief workshop.

Join a support group to complete your learning experience

Support groups give you the chance to share your insights — and talk to others who understand just what you're going through. Conducted year-round, these are warm and informal "open agenda" sessions led mostly by family members. You come and go as you please, no registration required. A benefit on their own, they're the perfect complement to the education program you attend. Check page 6 for meeting locations. □

SUPPORT GROUPS

CATEGORY	PARTICIPANTS	DAYS/TIMES
Family	Relatives	Mondays 7:30 pm
South Shore	Relatives	Wednesdays 6:30 pm biweekly
Siblings & Adult Children	Siblings, adult children	Mondays 7:30 pm monthly
Depression/Bipolar Disorder	Relatives, consumers	Mondays 7:30 pm monthly
Depression	Relatives, consumers	Mondays 7:30 pm monthly
OCD	Relatives, consumers	Mondays 7:30 pm monthly
Kaleidoscope	Consumers	Mondays 7:30 pm monthly

BIGGER AND DEFINITELY BETTER



Summer student Matthew Sloan pitches in



Fresh paint for our new reception area

We'd been there in our first floor space since 1993, expanding twice, but in the end it still wasn't enough.

So on August 18 we took possession of suite 200. With six comfortable offices, a spacious, well-situated boardroom and ample place for supplies and equipment, we now have the working – and breathing – room we need.

AMI is constantly growing. Today we offer more programs, help more people and stand taller in the healthcare community than ever. And now we have an address to match our new maturity. Come visit and see for yourself.



Francine Waters (l) and Lori Goodhand elbow-high in cartons



Flotsam and jetsam from the previous tenants



Taking a breather (l-r): Ella Amir, Francine Waters, Mike Santoro, Lori Goodhand

Initiatives ... continued from page 1

SOS-Famille

Introduced last January, this new program is a complement to our traditional support and education.

A phone call to the office about a specific family situation initiates one or more face-to-face meetings. The problem is discussed, solutions suggested and family members are encouraged to follow a plan

of action that will resolve the difficulty.

SOS-Famille's immediate goal is to find solutions to the crisis that sent the family seeking help. The long-range aim is to assist families in developing the necessary skills to be able to deal with trouble that may occur in the future.

Welcome to AMI

With the growth in the number of AMI programs and services, there was a need to optimize the assistance we provide to

those people dropping by to ask for guidance.

Now visitors to the office (in person and also on the phone) will be greeted by an employee whose chief responsibility is to spend the time necessary to explain exactly what we have to offer. This new approach will not only lighten the workload of other personnel, it should make it easier for people to quickly determine their best course of action and how AMI can help. □

**Depression
Screening Day
becomes
Depression
Awareness
Week.
October 3-10**

For all the misery it causes among teens, adults and the elderly, depression remains, to a surprising degree, misunderstood and trivialized by the population at large and even by some professionals.

This year a major step has been taken to correct that situation. Instead of the usual single screening day, now there's Depression Awareness Week. Seven days in which participating CLSCs, CEGEPs, universities and community organizations will be offering the public information, screening tests, evaluations and referrals. In-house training for professionals is a new feature. There will also be a stronger push to reach out to people in the community, to increase public awareness of the prevalence of depression and to explain the treatment options.

Depression rates in Canada are among the highest in the world. Ironically, while the illness so often goes undiagnosed and untreated, research indicates that 80 percent of cases can be treated successfully.

Depression Screening Day was launched in 1999 as an AMI initiative. For Depression Awareness Week sites, hours and other information, call AMI at 514-486-1448. The October 3-10 schedule coincides with Mental Awareness Week. □

DEPRESSION AND HEART DISEASE

The evidence is mounting: depression kills

by **Bill Wilkerson**

A year ago, my older brother died suddenly at home alone. The medical examiner told me that while a blood clot zapped his heart, effectively he was killed by his "depressed mood." Apparently Bob wasn't taking the medication that his doctor prescribed to control either his depression or blood disorder.

Scientists now know that depression may cause blood clotting and may predict heart attack, that it's as physical as a broken back and as emotional as breast cancer. Depression kills.

Depression and heart disease are a lethal mix. This form of mental illness is linked to physical functioning and can produce physical death. The reasons behind this dynamic are still not well understood scientifically. Nonetheless, it is well established that a person's emotional and psychological state can impair or uplift the functioning of the heart. Depression is projected by public health researchers at Harvard University to become the leading cause of work-years lost through premature death and disability over the next two decades. Consider the following:

- About 20 percent of people who suffer heart attacks show signs of a major depression at the time.
- Heart victims who suffer depression do not have the same chance of surviving a heart attack after one year as those without depression.
- Women who are in hospital with a heart problem are twice as likely to have a major depression compared to men. But once depression sets in, men and women face about the same risk of experiencing a fatal heart attack.
- There is some evidence in Canadian studies which says that the rate of depression among women in specific coronary units runs at about 52 percent. That's more than double the average in the gen-

eral population of women. Research is needed to understand why.

Medical knowledge is expanding our understanding of the systemic human links between depression and heart disease.

- Depression may predispose patients with damaged hearts to arrhythmia and sudden death. Arrhythmia makes up an estimated 25 percent of all heart problems. It is believed that five percent of the population develops an arrhythmia at some point in their lives.
- Studies suggest that depression may increase blood clotting, which can impair the supply of blood and oxygen to the heart, a cause of heart attack.
- Researchers at the Montreal Heart Institute say that symptoms of depression among heart patients may predate eventual heart attacks by many years.
- Among 222 post-heart attack patients studied by the Montreal Heart Institute in the 18 months after hospitalization, the risk of death from cardiac causes for those with depression was 14 percent higher than for those in the study group not suffering depression.
- The Montreal Heart Institute has also documented the negative impact of depression on the recovery outlook of patients admitted for unstable angina. Studies found that depression following hospitalization for unstable angina quadrupled the risk of cardiac-related death or non-fatal heart attack.
- By the end of one year after a heart attack, the mortality rate of those who are depressed is three times higher than for those heart victims who are not depressed.
- Studies in the Netherlands point to a condition called "vital exhaustion," which involves a combination of fatigue, irritability and poor morale predating the heart attack by several months.

continued on page 8

AUTUMN 2005

GUEST SPEAKER EVENINGS

Mondays 7:30 pm 4333 Côte Ste-Catherine Road

September 29: Low-Beer Memorial Lecture. Richard Tedeschi, *Picking Up the Pieces: After Mental Illness and Other Traumas*. Oscar Peterson Concert Hall, Loyola Campus, Concordia University. See page 1

October 24: Speakers & film presentation by CBC, National Film Board, Jewish Family Services. *Pride & Prejudice: Work & Mental Health*

November 28: Dr. Kieron O'Connor, *Institut Fernand Seguin* and University of Montreal. *Psychological Approaches to Overcoming OCD*

December 11: holiday party

SUPPORT GROUPS

Mondays 7:30 pm 4333 Côte Ste-Catherine Road unless otherwise indicated

FAMILY for relatives

September 13, 20, 27; October 4, 18, 25; November 1, 8, 15, 22; December 6, 13, 20

SOUTH SHORE for relatives

Wednesdays 6:30 pm
2499 rue St-Georges, room 200, Le Moyne
September 15, 29; October 13, 27; November 10, 24;
December 8, 22

DEPRESSION for consumers and relatives

September 27; October 25; November 15; December 13

DEPRESSION/BIPOLAR DISORDER for consumers and relatives

September 13; October 4; November 1; December 6

OBSESSIVE COMPULSIVE DISORDER for consumers and relatives

September 13; October 18; November 15; December 13

SIBLINGS AND ADULT CHILDREN

September 20; October 18; November 15; December 6

KALEIDOSCOPE for consumers

September 20; October 18; November 22; December 20

LIFELINE for consumers

Alternative Centregens, 570 Auteil, Brossard
Thursdays 1:00-3:00 pm

BOARD MEETINGS

Tuesdays 7:00 pm at AMI Guests welcome
September 6; September 27; November 1; December 6

A (very) personal perspective on treating mental illness

Last May, the International Society of Orthomolecular Medicine held its 34th annual international conference in Ottawa. Founded by Dr. Abraham Hoffer and the late Dr. Linus Pauling, the society advocates nutritional medicine for treating physical and mental illnesses. Sixteen speakers addressed the conference. There was, as well, this account by Janet D, titled *Schizophrenia Can Be Cured*.

My 25-year old son, John, was diagnosed with schizophrenia at the age of 15. At the time of his diagnosis he was paranoid, depressed and withdrawn. He was cutting and burning himself, and he had violent outbursts.

John was placed on the usual variety of medications: Thorazine, Risperdal, Zyprexa, Abilify, Geodone, Depakote, Lithium, Welbutrin, Remeron, Prozac, Effexor, Seroquel and probably several others that I don't recall. The drugs caused very troubling side effects, including facial tics, trembling, weight gain and fatigue. Worse, despite the medications John still suffered from paranoia and manic attacks.

Around two years ago, he began to have violent fantasies of murdering strangers and even family members. One night my youngest son awoke to find John standing over him with a knife. After that, we locked our bedroom doors at night and kept all sharp items hidden. John still managed to cut himself several times a week and attempted suicide. He was in and out of the local psychiatric hospital at least six times.

John's psychiatrist and our entire family felt he should be placed in hospital for long-term treatment, but I resisted. Nothing the doctors had done had worked so far and I was afraid my son would be lost forever. I just kept urging the doctor to try new medications and prayed that something would work.

Last October 22, I became aware of Dr. Hoffer's amazing work with vitamin B3. At first, I did not really believe that something so simple could actually work and John's doctor assured me that it would not help.

About two weeks later, John went into the woods and sliced his wrist with a razor. I was certain that it was only a matter of time before he took his own life and maybe someone else's, too.

Overnight improvement

Before we tried orthomolecular treatment, John had been taking extremely high doses of prescription medications daily: 600 mg Effexor, 360 mg Geodone, 10 mg Zyprexa and 200 mg of Depakote. With his schizophrenia symptoms still out of control, I felt there was nothing to lose and I started him on niacin (vitamin B3). After the very first 500 mg dose, the suicide attempts and self-mutilation completely stopped.

We gradually raised the niacin over the first two weeks to 1000 mg and the paranoia was gone for the first time in over ten years. We added other supplements and continued to see improvements. John now takes 4500 mg

continued on page 7

Perspective ... continued from page 6

of niacin (a combination of niacin and no-flush inositol hexanicotinate) and 600 mg of vitamin B6 daily. He also takes omega-3, vitamin C, magnesium, zinc and a multi-vitamin. He recently also began taking 5THTP. As Dr. Hoffer recommends, John has also cut his caffeine and sugar intake.

His prescription medications have been reduced to 150 mg Effexor, 240 mg Geodone and 10 mg of Zyprexa. We will continue to reduce these slowly.

John is now free of all paranoia and delusions. He remembers on his own to take his supplements and medication. He is comfortable in crowds and goes to the mall or supermarket without a second thought.

John always dreamed of working on ships at sea, like most of the men in his family. His father is a ship captain, but it was completely unthinkable for John to do this. Well, today John is working on a ship. He is a happy and productive young man.

John feels angry when he thinks of all the years he suffered because we didn't know there was a treatment that works. "I don't understand how such a simple cure for such a bad problem can be ignored by medical professionals," he told me. Neither do I. □

Janet D.'s account has been edited for *Share&Care*. For more information on orthomolecular medicine, visit the Natural Medicine Centre of Montreal website: naturalmed@bellnet.ca

DBSA'S TOP 20 WELLNESS TIPS ARE WORTH A TRY

Depression and Bipolar Support Alliance (DBSA) is a not-for-profit corporation based in Illinois, USA. At their recent 20th anniversary conference, attendees voted the following strategies the top 20 wellness tips. They recommend you set a goal of investigating one or two ideas that may be new to you.

1. Support groups are safe, welcoming, confidential, understanding gatherings.
2. Music has the power to help motivate or calm us, whether we listen or perform.
3. Avoid fats, sugars, cholesterol and salt; drinking water and balancing our food groups can help improve mood.
4. Exercise/walking/movement can get us through depression or use up extra energy if mania seems close at hand.
5. Our pets offer us unconditional love and they never get tired of us.
6. Keep a journal. Setting aside time each day to think through what has occurred and write about it can help us look for patterns and better understand ourselves.
7. Sleep. It's impossible to overestimate how important regular sleep and wake times can be for people living with mood disorders.
8. Creative writing and poetry allow us to process information in artistic ways that can be healing and safe.
9. Meditation can help us become more calm and focused. Just sit quietly and do your best to clear your mind.
10. Arts and crafts can help us explore issues non-verbally. Pick your favorite and

try it out. Don't worry about the end results.

11. Mood tracking. Taking 60 seconds a day to track our moods can alert us to problems earlier and help us address them.

12. Friends and family can be our shelter from the storm.

13. Work. Having a job that forces us to get out of bed every day helps our self-esteem and self-discipline.

14. Education about our illness empowers us to make decisions with our healthcare providers.

15. Spirituality. Belief in and reliance on something more powerful than yourself is an important aspect of wellness for many.

16. Volunteering. Whether you are working or not, adding a volunteer job helps you to give back as a part of your recovery journey.

17. Yoga. Combining the benefits of exercise and meditation, yoga is a wellness tool for many.

18. No drinking/substance use. Getting clean and/or sober can work wonders on your moods and treatment effectiveness.

19. Gardening. The combination of exercise, beauty and being outdoors makes this wellness strategy irresistible to many of us.

20. Tracking triggers (predictable actions or situations that destabilize moods) and preparing for them can help us avoid severe mood episodes. □

Reprinted and edited from the summer 2005 edition of DBSA's newsletter *Outreach*. DBSA can be reached at 1-800-826-3632, website www.DBSAlliance.org

TRIBUTES & MEMORIALS

**In honor of Annie Young
Helaine Herman**

**In honor of Elva Crawford
Barbara Margolis**

**In memory of Lois Berman
Jane and Seymour Hollander**

**In memory of Bronka Grzwacz
Fran and Howard Brenhouse**

**In memory of Mireille Zabler Morgan
Ann and Bruce Garland**

**In memory of Saul Karanofsky
Claudia and Jerry Ikeman**

**In memory of John Simpson, Debbie
Richardson and Gus Boudens
Kay Simpson**

**In memory of Earl Zlotnick
Anne and Gerald Rosen
Noreen and Manny Hershorn
Phyllis and Sam Bernstein
Edith and Sy Torobin
Gloria and Josh Kayson
Shirley and Bernard Oliver
Sarah and Phil Katz
Ettie and Jack Caron**

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

AMI-Québec Membership & Donation Form

NAME _____

ADDRESS _____

CITY _____ PROVINCE _____

POSTAL CODE _____ TELEPHONE _____

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Membership

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

- ☐ I wish to renew my membership
- ☐ I wish to become a member
- ☐ I have a family member with a mental illness
- ☐ I have a mental illness
- ☐ I am a mental health professional

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(Tax deductible Business Number 89652 4071 RR0001)

I wish to support your work with a donation

- ☐ \$50 Sponsor ☐ \$100 Sustaining Donor
- ☐ \$250 Patron ☐ \$500 Benefactor ☐ Other: _____
- ☐ In honor of ☐ In memory of

NAME AND ADDRESS

- ☐ I would like information about including AMI-Québec in my estate planning

Membership (\$25 annual):	\$ _____
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Total amount enclosed:	\$ _____

Payment may be made by cheque, VISA or MASTERCARD
(Payments may also be made by phoning 514-486-1448)

- ☐ VISA ☐ MASTERCARD ☐ Cheque

Card number _____

Name on card _____ Exp. date _____

Send payment to **AMI-Québec Alliance for the Mentally Ill Inc.**,
5253 Décarie, Suite 200, Montréal, Québec H3W 3C3

Depression ... continued from page 5

• Other studies show that depression may predict cardiovascular disease — separate and apart from cardiac function itself. This is yet another way depression may increase the odds of a heart attack.

Research points to more evidence of the danger depression poses to healthy heart functioning — as well as health in general.

- Depression may compromise the immune system. Those who are depressed are less capable of defending themselves against germs and viruses.
- Similarly, people who cope poorly with today's stressful way of life experience a substantial outpouring of hormones, particularly steroids, which suppress the body's basic defense against disease.
- Depression may increase blood clotting by affecting the regulation of platelets in the blood, a serious risk for heart patients.
- Middle-aged men who feel hopeless or think of themselves as failures may develop narrowing of the arteries more quickly.
- Conversely, the mind (specifically our beliefs) can process hope and foster wellbeing. ☐

Reprinted from *Moods Magazine*, summer 2005, www.moodsmag.com, and edited for *Share&Care*. Bill Wilkerson is the co-founder and CEO of Global Business and Economic Roundtable on Addiction and Mental Health, an affiliate of the Centre for Addiction and Mental Health.

amiquébec

Alliance pour les malades mentaux Inc.
Alliance for the Mentally Ill Inc.

AMI-Québec, a grassroots organization, is committed to helping families manage the effects of mental illness through support, education, guidance and advocacy. By promoting understanding, we work to dispel the stigma still surrounding mental illness, thereby helping to create communities that offer new hope for meaningful lives.

Mental illnesses, known to be biologically-based brain disorders, can profoundly disrupt a person's ability to think, feel and relate to others. Mental illness affects not only individuals, but also their families, friends and everyone around them.

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SHARE&CARE

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Ella Amir, *Managing Editor*
Bryna Feingold, *Associate Editor*
Liane Keightley, *Designer*

Articles and comments are invited. Anonymity will be respected if requested. Guest articles reflect the opinions of the authors and do not necessarily reflect the views of AMI-Québec.
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