

SHARE&CARE

THE RECOVERY OF HOPE ~ THE HOPE OF RECOVERY

Treating Schizophrenia

ATYPICAL ANTIPSYCHOTICS ARE CUTTING EDGE.
ORTHOMOLECULAR THERAPY HAS ITS CHAMPIONS. IS THERE
MORE THAN ONE PATH TO HEALING?

Antipsychotic medicines aren't perfect, but they're the best we have today, says Dr. David Bloom, medical chief, Douglas Hospital, adult psychiatry division

S&C: How long have atypical antipsychotics been available in Canada?

DB: Since the '90s. Risperidone arrived in 1993, Olanzapine in 1997, Seroquel in 1998. Clozapine was reintroduced here in 1991 and now we also have Risperidone Consta. They're the best known.

S&C: What benefits do they offer?

DB: They're much better tolerated. With the older drugs, patients have motor problems much more often, including

tremors, stiffness, muscle cramps, imbalance and sometimes difficulty in swallowing and speaking. Unless the dose is regulated very precisely, there can be a deadening effect. There are also more sexual side effects.

People with schizophrenia can have anxiety or depressive symptoms without necessarily having depression or an anxiety disorder. The new drugs tend to be better at treating those mood symptoms. We also see cognitive improvement more frequently. The atypicals can help patients recover the



Bloom: all drugs have side effects

ability to concentrate, remember or think in an orderly way. It won't be a total recovery, but they can go back to reading or fol-

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Thinking outside the box: dissatisfied with her drug therapy, Robyn Hertz went orthomolecular

At age 24 Robyn Hertz began hearing voices, suffering panic attacks and finding it difficult to concentrate. She was hospitalized. The diagnosis: schizophrenia. That was March, 2005.

Finding the right medication proved easier said than done. First she tried Risperdal, then Prozac, Zoloft and Paxil. Then it was back to Risperdal along with Zyprexa. "The medicine helped to a point, but they also gave me new problems," says Hertz. "I gained about 30 pounds and I was so exhausted every day I was always sleeping. And the voices were still there."

The fall 2005 issue of *Share&Care* carried a speech given by one Janet D. which described how orthomolecular treatments restored her son's health after he had suffered for 10 years with schizophrenia. As luck would have it, Hertz's mother, Sara Sochaczewski, read the story and took action.

Last fall, under the guidance of a naturopath in Toronto, Hertz was started on a regime of natural medicine. In addition to 1 mg of Risperdal and 25 mgs of Zyprexa, she's now taking niacin (vitamin B3), 3,000 mgs of vitamin C, 50 mgs of zinc, 100



Hertz (l) and Sochaczewski: orthomolecular therapy did what traditional treatment couldn't

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lowing a TV program.

S&C: There was some bad press about the new drugs a few months ago.

DB: They have a downside in what we call the metabolic aspects of a person's health. Some of the new drugs can increase weight more than the old ones. They're also associated with a rise in cholesterol and lipid levels in general. A few clearly increase the risk of high blood sugar and diabetes. We need to pay close attention to any warning of that, because people with schizophrenia are more at risk for diabetes.

S&C: Those are dangerous disadvantages.

DB: Yes, if they're not monitored. If you know a side effect is apt to occur, you can head it off. If it does happen, it can be controlled. The important thing is to be aware of all the possibilities and stay on top of the situation.

S&C: How popular are the atypicals?

DB: They dominate the market in most western countries, particularly in North America. I'm sure they account for at least 80 percent of the market.

S&C: So the pharmaceutical companies must have been very upset by those negative findings.

DB: You're referring to the CATIE report*. It was an effectiveness study that compared the older medicines with a group of the newer ones and suggested that the older drugs were just as good. They said that because there were as many patients who stopped or changed their therapy with the newer medicines as with the older ones, that meant the new products weren't any better at treating schizophrenia and, in fact, did a poor job of it. But when you talk to doctors who treated patients in the old days and are treating them now, none of them really believes that. In my opinion, the advantages of the new drugs and their tolerability for most patients is such that it would be hard to go back to the others right now. Their symptoms are better controlled and their suffering is diminished.

S&C: That still leaves the diabetes and cholesterol issue.

DB: All drugs have side effects. The more serious the illness we're treating, the more likely we'll have a drug with a serious side effect. That's just usually how it works. With simpler illnesses, the medicines tend to be on the milder side because you're not worried about life and death issues. A serious illness, you want to treat it in the most effective way. But we do expect side effects. And patients need to be informed.

A good example is lithium. It's been around a long time for treating manic depression and is in many ways still the gold standard. Yet a small percentage of people taking it experience kidney failure and wind up on dialysis. About four percent of users develop hypothyroidism and will have to have hormone replacement therapy. It can also produce weight gain. But if a drug is really effective, we're reluctant to get rid of it. It's really a matter of advising people, explaining the risks and the alternatives.

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mgs of vitamin B6 and 100 mgs of ginkgo biloba.

"After just one month I felt significantly better," Hertz says. "Today I feel great, back to my regular self. My schizophrenia symptoms are completely gone. I'm not anxious or paranoid." She's also losing the unwanted weight. In fact, the only side effect to date has been an outbreak of acne, which began clearing up after the ginkgo biloba was substituted for vitamin B12.

Sochaczewski is now using her time and energy to promote an awareness and understanding of natural medicines. She's working with the International Schizophrenia Foundation, an organization started by orthomolecular sage Dr. Abram Hoffer. Based in Toronto, the Foundation holds yearly conferences and produces a quarterly publication, *The Journal of*

**Practiced for decades,
still not well-known in
Quebec**

Orthomolecular Medicine. Opening a chapter in Montreal is high on the Foundation's list of priorities.

To launch that project, they're co-sponsoring, with the Jewish General Hospital Foundation, an evening featuring Margot Kidder. She'll be speaking on May 10, 7:30 pm, at the Stephen Leacock Bldg., room 132 (McGill campus, corner Dr. Penfield and McTavish). Admission is free.

Kidder, whose star once shone brightly in Hollywood, made headlines of another sort several years ago for her behavior when in the throes of bipolar disorder. Kidder credits orthomolecular medicine for her recovery and is now a spokesperson for the cause.

Orthomolecular therapy has been practiced for decades in many countries. According to Sochaczewski, thousands of case studies have been published. Yet the concept is still not well-known in Quebec. The problem is three-pronged. First, the average person hears "vitamin therapy" and can't believe it works. Second, doctors who are trained in conventional medicine don't know much about this alternative approach. The third deterrent is that naturopaths aren't regulated in Quebec. Anyone can put out a shingle and open for business. "In Ontario a naturopathic doctor has to go through some 4,000 hours of training and must be licensed," says Sochaczewski. "Here people can say and do what they want. There's a monitoring organization now and there are about a dozen certified naturopaths in Montreal. But as for some of the other practitioners — who knows who they are?"

Both mother and daughter have high praise for Hertz's naturopath in Toronto. "He wrote to my psychiatrist in Montreal explaining everything and sent him reading materials. They work together now," says Hertz. "I was my psychiatrist's first patient to go on vitamin therapy. Fortunately he had an open mind. He just wanted to be sure that it was right for me and that it was working."

The assurance to that end is the way Hertz looks and feels and talks and acts. Just like anybody else. She sees both doctors regularly and is now on reduced levels of medicine. The

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SPRING 2006

GUEST SPEAKER EVENINGS

Mondays 7:30 pm 4333 Côte Ste-Catherine Road

April 24: Dr. Gustavo Turecki, director, McGill Group for Suicide Studies, Douglas Hospital Research Centre. *What You Must Know About Suicide*

May 29: Dr. Joel Paris, chair, McGill University Dept. of Psychiatry. *Borderline Personality Disorder*

June 12: Annual General Meeting (further details soon)

SUPPORT GROUPS

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

FAMILY for relatives

April 3, 10; May 1, 8, 15; June 5, 19, 26

SOUTH SHORE for relatives

*Wednesdays 7:00 pm
2499 rue St-Georges, room 200, Le Moyne
April 12, 26; May 10, 24; June 7, 21*

PARENTS of adult children

*April 20 & May 18 (4333 Côte Ste-Catherine Road, room G24); June 15 at AMI
(See page 7 for details)*

SIBLINGS AND ADULT CHILDREN

April 10; May 8; June 19

DEPRESSION/BIPOLAR DISORDER for consumers and relatives

April 3; May 1; June 5

DEPRESSION for consumers and relatives

April 10; May 15; June 26

OBSESSIVE COMPULSIVE DISORDER for consumers and relatives

April 10; May 15; June 26

KALEIDOSCOPE for consumers

April 3; May 8; June 19

LIFELINE for consumers

*Alternative Centregens, 5770 Auteuil, Brossard
Thursdays 1:00-3:00 pm
For more information, call 450-445-5427*

BOARD MEETINGS

*Tuesdays 7:00 pm at AMI
April 4; May 9; June 6*

Join an AMI education program this spring. *Be smarter by summer*

Our education programs on obsessive compulsive disorder and mood and thought disorders start next month.

Led by teams of professionals and family caregivers, these closed-group sessions cover everything from symptoms to services and living arrangements. Grieving and coping strategies are part of the course.

Participation in an education program can make you more knowledgeable and stronger about coping with mental illness. It can also encourage recovery in your family. Attendance is free for AMI members and those on limited incomes. Be good to yourself and your loved ones. Register now. □

Education program spring session

Obsessive Compulsive Disorder

Starts April 12 for 7 weeks

Mood and Thought Disorders

Group 1 starts April 11 for 6 weeks

Group 2 starts April 20 for 6 weeks

All sessions open to relatives, consumers and caregivers. At AMI, 7:00-9:00 pm. Call Francine at 514-486-1448 to register or for more information.

FROM GRIEF TO RECOVERY: TOOLS TO BUILD THE LIFE YOU WANT

Starting Monday, April 24, at 7:00 pm, we will be offering a series of professionally-led, two-hour workshops on the nature of grief and how to move on from it. The sessions are designed to help you recognize the impact of the choices you do or don't make and realize that positive choices are possible despite your personal circumstances.

You will discover how to communicate without increasing conflict and learn how to live cooperatively with your family. Through hands-on exercises, you'll practice setting achievable goals so you can face your life with confidence.

There will be two groups, one for consumers and one for family members/caregivers. The workshops will run for six or eight weeks.

Consumers found their fall workshops stimulating and helpful:

"I thoroughly enjoyed it!"

"I can now step back. I don't get as angry anymore."

"I'm less judgmental. Everyone has a right to their feelings."

"I don't feel so guilty during our family exchanges."

"Are you kidding? It was the best!"

If you're interested in learning more about grief and recovery this spring, act quickly. Call the office at 514-486-1448. □

THE POWER OF STIGMA

by Lauren Marina

My first inkling of the stigma surrounding mental illness came about 14 years ago. I had been diagnosed with depression and twice required some time off work. When I returned the second time, I told my boss that I didn't want people to treat me differently, as if I had a handicap. Her response was "you are handicapped," the implication being "expect to be treated as such." Her words were a shock, but only a mild example of the stigma that people with mental illness face.

Fast forward 12 years and I was diagnosed with type II bipolar disorder. The sting of shame pierced me once again. In my fragile mental state, the stigma I experienced was magnified. I was terrified that people would find out, afraid of what they would think of me, how they would treat me, of being rejected.

People with mental illness are not physically marked as different, but the negative attitudes that keep them out of society make it clear that they are branded. Stigma is one of the greatest barriers they must face. It is often as distressing as the symptoms themselves.

Stigma has power. It degrades self-esteem, contributes to feelings of loneli-

ness and hopelessness and fuels anxiety. It deters people from accepting their illness and seeking the help they need. It stops them from reaching out to friends and family for support. It influences policies and funding for mental health programs. It also affects the responses of employers, landlords, schools and even healthcare providers, thereby preventing people from getting jobs, finding housing and getting an education.

Many people living with a mental illness live under a blanket of shame and secrecy. Because of this secrecy, the main source of information to the general public comes from the media. A U.S. study shows that mental illness is the most commonly depicted health problem on TV. Up to 10 percent of the characters on prime-time programs are portrayed with either an illness or psychological problems. These characters are 10 to 20 times more violent than real people with psychiatric illnesses: over 72 percent of the people with a mental illness in prime-time dramas have either killed or injured someone.

Such portrayals are exaggerated. Eighty to 90 percent of people with a mental illness never commit violent acts. They are more likely to have a crime committed against

them than to commit one themselves.

The media's inaccurate depiction has fed negative stereotypes, causing ignorance, prejudice and fear within the general community. People who suffer are viewed as violent or crazy and hurtful terms such as "psycho" or "nuts" fall into everyday language.

Mental illness costs Canada \$14 billion a year. Two-thirds of those who require medical attention for their illness do not seek help, either because they do not understand the symptoms or they fear the stigma. Awareness and knowledge clearly need to be increased. The way to break down stigma is to promote education, understanding and respect.

The gay and lesbian community, as well as those living with AIDS, have proven it's possible to reduce stigma by creating widespread change in social attitudes. They have shown that despite the enormity of the task, there is hope in ending, or at the very least minimizing, the stigma surrounding mental illness. □

This article appeared in Moods, winter 2006. It has been edited for Share&Care.

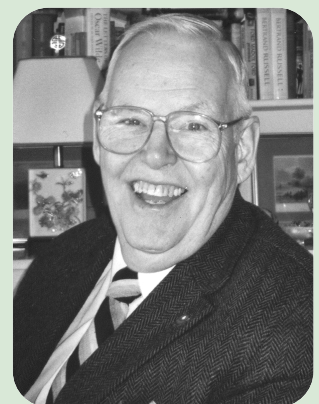
Grappling with stigma

The Douglas Hospital's new communications plan includes initiatives to enlighten the public about mental illness

This is a special year for the Douglas Hospital: the celebration of its 125th anniversary. To mark the occasion, work is underway to offer a variety of activities and events to the public. There will also be something of a precedent set. For the first time in its history, the Douglas has plans to begin breaking down stigma, the public's fear and prejudices concerning mental illness and those who suffer from it.

Jim Tremain, has been a Douglas Foundation trustee for 13 years, is a vice president of the executive committee and is also on the hospital Board. He was the one who started the anti-stigma ball rolling. "There's mental illness in my family, so I've seen first-hand the unhappiness stigma can cause," he explains. "It

was bothering me so much I finally met with Jacques Hendlisz, director of the hospital. He was convinced that we could and should do something about the problem." A meeting was convened with the heads of the research centre, the hospital, the communications department and the Foundation. Everyone



Tremain: illness in the family provided the incentive

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goal is to eventually eliminate the drug component altogether. "Some people can even go off the vitamins completely and live perfectly well," she says. "Others need to take them the rest of their lives. I'm probably looking at a good five years before I'd even consider doing without them. Maybe I will have to take them for life. That doesn't bother me."

Hertz is doing volunteer work, going to school part time and planning to find a summer job. She's studying sociology, has her eye on getting her BA degree, then maybe going into hotel management.

She's taking it slowly, she adds, but so far she can handle the work, is doing well and doesn't get too stressed out.

Like diabetes, there is no cure for mental illness. "But Dr. Hoffer has a definition that I like a lot," remarked Sochaczewski. "He says, 'The cure is when the person is either back in school full time or paying taxes.'" In other words, getting on with life. Like Robyn Hertz. □

Learn more about orthomolecular therapy from AMI's library of books and videos:

- **Adventures in Psychiatry:** the scientific memoirs of Dr. Abram Hoffer. (KOS

Publishing, 2005)

- **Orthomolecular Treatment of Schizophrenia.** Dr. A. Hoffer. (Keats Publishing, 1999)

- **Finding a Cure for Depression.** Robert Sealey. (SEAR Publishers, 2001)

- **Nutrition & Mental Illness:** an orthomolecular approach to balancing body chemistry. Carl C. Pfeiffer, PhD, MD. (Healing Arts Press, 1987)

- **Mask of Madness: Science of Healing.** International Schizophrenia Foundation (video)

Grappling ... continued from page 4

agreed to make stigma a priority. The project became part of the 125th anniversary communications plan, which was presented to the Board last January.

Stigma is nothing new. It's as old as leprosy, as contemporary as AIDS. "There was a time when you didn't speak in a loud tone of voice about cancer or epilepsy," says Tremain, "but we've moved beyond that now." So what's the problem with mental illness?

In many ways, it's not unlike other illnesses. They all have a biological root. People recover from them all. But brain disorders have a ripple effect that sets them apart. They produce a change of behavior that can be unpredictable and that families find hard to respond to. Likewise, consumers have to re-learn how to relate to others and themselves. Determining the right medication can be a drawn out and anguishing business. Side effects take their toll. Relations with friends and the community are upset. "The complexity of any mental illness makes it difficult for people to comprehend," adds Tremain, "and it's human nature to be frightened of and avoid what we don't understand."

But the Douglas strategy is not to dwell on the negative aspects of stigma. Instead, they've decided on a positive approach to making mental illness more understandable and less intimidating. The public will be hearing about the increased potential for recovery and the contribution the hospital has made over the years to that goal. They have lots to talk about. The Douglas research centre has an outstanding record and reputation. On the clinical side, improved concepts in the delivery of care have moved many services out of the hospital and into neighborhood clinics. Another achievement for the hospital during the last 10 years is something called biopsychosocial treatment. Broken down into its components, "bio" pertains to brain chemistry and medications, "psycho" is short for one-on-one therapy, "social" refers to the ways people can interact and overcome the social negatives of having a mental illness. Every patient can benefit from a treatment plan composed of one, two or all three elements and hospital clinicians have had good success in striking the right balance for each.

The Douglas' traditional focus has been on its core mandate: research, care and recovery. "Relationships in the world outside were never the primary concern," says Tremain. Except this year. Which is why 2006 is a double milestone. On its 125th anniversary (an impressive enough achievement), the hospital is tackling, at last, the thorny, sensitive issue of stigma.

"What's the best way to ultimately root it out?" Tremain asked. "We have no definitive answer yet. But we're taking the important first step." And that's a good thing. □

Leslie Waxman was a consumer whose gentle, inquiring mind was reflected in his poetry. This work was submitted to Share&Care by his mother, Fay Waxman, in his memory.

The Lathe

Consider the lathe: an ingenious
Device by which a block of wood
Turning on a spindle is shaped
By a cutting tool into desired contours.

Time is a spindle to which
Our lives are attached. A chisel
Wielded by an unseen hand hews
Us into multifarious shapes.

What are the contours of our selves?
Some are meek, some are bold.
Some are vile, some are pure.
Some are lucky, some ill-fated.

And what of the unseen hand?
Has it no compassion; has it
No care for the finished work?
We are subjects of its merest whim.

Leslie Waxman
February 2004

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S&C: Are patients in general as well informed as they should be?

DB: More and more are. Families certainly are. I try to make my patients the best patients they can be by encouraging them to participate. We always ask about side effects. We insist on blood tests. If there's a problem, we suggest the family doctor get involved.

People with psychiatric illnesses tend to have poor physical health, whatever medicine they're on. But nearly 1/3 of our patients don't get good medical care because they don't have a family doctor. We have to do better to find solutions. For starters, we need programs in place that promote physical activity and a healthy diet. In places where they can afford to fund such pro-

grams, you have patients who don't gain weight, whose blood cholesterol is under control, who don't develop blood sugar problems.

S&C: What playback do you get from your patients who've switched to the new medicines?

DB: Most of the time they're much happier. Their psychotic symptoms are usually improved. In fact, their whole subjective experience is much better. □

**A summary of the CATIE study (Effectiveness of Antipsychotic Drugs in Patients with Chronic Schizophrenia) can be found at <http://content.nejm.org/cgi/content/abstract/353/12/1209>*

TRIBUTES & MEMORIALS

In honor of Monty Berger
Ellayne and Howard Berger
Rae Buckman

In honor of Jean Berger's special birthday
Janet and Gerald Smith
Rae Buckman

In honor of Edith Low-Beer's 90th birthday
Eleanor Beattie
Janet and Gerald Smith
Marylin Block

In honor of Dr. Lucia Fernandez De Sierra
Theodore Chazin

In honor of Elizabeth and Jim Tremain
Frances Sault

In honor of Elizabeth Tremain
Mike Gutwillig

In honor of Judith A. Phillipson
Bernadette Laroche

In honor of AMI's 2005 Douglas Utting Award
Shirley Smith

In honor of Ena Steer
Nancy Cree

In memory of Gabriel Grosz
Mr. and Mrs. George Grosz
Anna and Martin Kaufman
Emanuel Weiner
Francine and Gavin Mills
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Anat Benedict Gerstein, Jeff Gerstein and family
May Gruman
Claudia and Jerry Ikeman
Vanessa, David and Stephanie Cohen
The Bowman family

In memory of Marilyn Itovitch
Sherry Ellen

In memory of Jack Rubin
May Gruman

In memory of Ted Outram
Rosemarie and Hugh Outram
Andrea Segal

In memory of Tim Roach
Ruth and Terry Roach
Elsie and Doug Richardson

In memory of Gus Boudens
Elsie and Doug Richardson
Ruth and Terry Roach

In memory of Deborah Richardson
Elsie and Doug Richardson
Ruth and Terry Roach

In memory of Joan, Watson and Stuart Gall
John Gall

In memory of Lynda Percival
John Done

In memory of Rose Moses
Pat and Paul Rubin

In memory of R. J. Kane
Doreen Kane

In memory of Georgia M. Dawe
Arthur Dawe

In memory of Helen Elmslie
Marion and Alphonse Schoots

In memory of Morton Feingold
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In memory of Frank Velgos
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In memory of Faye Friedman
Marylin, Jonathan and Jeffrey Block

In memory of Carl Urban
John E. Macdonald

In memory of Anthony
André, Lise, Monica, Paul and Katia Giannikakis

In memory of Bessie Wasserman
Claudia and Jerry Ikeman

In memory of Issie Werk
Claudia and Jerry Ikeman

In memory of Ann Berger
Marsha Korenstein

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

IT'S TRUE: EXERCISE AND DIET DO MAKE A DIFFERENCE

When AMI member ROBERTA SAVOIE took the fitness plunge, she expected there'd be some health benefits. What she never predicted was the astonishing improvement in her mental health



Exercise

I joined the “Y” about a year ago. Now, at age 55, I can't believe how much better I feel. I attended an AMI support group recently and only then learned why I've been feeling so good. Our group leader explained that by running on a treadmill for 15 minutes, the endorphins known as “feel-good hormones” get going.

Since I like to know the meaning of words, I went to my dictionary for some definitions:

Endorphins: any class of chemicals occurring in the brain which have a similar effect to morphine

Morphine: extracted from opium; used in medicine as a sedative

Sedative: having a soothing or calming effect

So that explained it. Now I understood why I was feeling so much better — just by running for 15 minutes on a treadmill every second day.

I've always been physically active except when I couldn't function due to horrific depressions. Although I was diagnosed with bipolar disorder thirty years ago, the depressions and anxiety got progressively worse as I aged. The suffering was indescribable and paralyzing, not

only inside me but also on my body.

At present, my daily exercise routine consists of the treadmill, Pilates, yoga, stretching exercises and walking.

Now that I'm benefiting from so many positive, visible and ongoing results, even if I miss a few days, I would never think of stopping my routine. Why would I want to feel miserable again? Feeling good is self-motivating — even if it takes discipline to keep at it.

Diet

Sticking to a healthy diet is harder for me than exercising. Eating well takes time. I have to constantly remind myself to shop for healthy, fresh food. It takes concentration and effort — I sometimes forget to eat.

I posted a magazine article on my wall to remind myself of what and when to eat and which pitfalls to avoid. It helps. I also have recipes written on index cards, which I post in my kitchen and keep in a little box for quick reference.

Right now I'm replacing poor eating habits with healthy ones, although I confess I allow myself some occasional junk food. It's an ongoing process and I've got to allow the slow change to happen.

More Positive Results

- No more long depressions; only manageable symptoms.

- Whether I feel good or low when I wake up in the morning, sunny day or not, I can get out of bed and stick to a routine.

- My thinking is clearer and less confused; the obsessive, destructive thoughts that wore me out happen less frequently. I don't lose things. I make quicker decisions.

- I have more moments of happiness (not mania). I feel calm inside, more peaceful, gentler.

- My moods are less irritable and grouchy. I don't feel that old desperate anxiety that used to consume me.

- I get a lot done each day.

- I've lost 15 pounds. My body is stronger and I feel more at ease with myself.

- I reach out to people more often because I feel cheerier and more caring.

I'm well aware that, like before, those dark moods can come back overnight and take away all these good feelings. But as my support group says, “Just for today...” I breathe a sigh of relief and I'm so thankful to be well. It's almost like being given a second chance. □

HAVE YOUR SAY

Share&Care welcomes submissions from all AMI members as well as the healthcare community-at-large. Send your article to Editor, *Share&Care*, AMI-Québec, 5253 Decarie Blvd., suite 200, Montreal, Quebec H3W 3C3. Or email it to amique@amiquebec.org

New support group for parents of adult children

Parents of children in their twenties and thirties who suffer from an ongoing mental illness have formed AMI's newest support group. Off to a solid start, the first three meetings were well-attended. Now three additional dates have been scheduled for April 20, May 18 and June 15 (see Schedule, p.3). If attendance continues to grow, this group will be integrated into AMI's regular support group schedule.

If you're interested in sharing the experiences you've encountered with your adult children, in learning how other parents cope and in finding solutions to the problems you may face, this group is for you. Call AMI at 514-486-1448 for more information. □

AMI-Québec Membership & Donation Form

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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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NAME AND ADDRESS

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Membership (\$25 annual): \$ _____

Donation: \$ _____

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

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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



We're not just in high schools any more. To reflect the expansion of this successful initiative, our High School Education program has been renamed Education & Outreach. Young people are still an important audience for our presentations, but we are now aiming to take our message about mental illness to a variety of organizations. Lori Goodhand and Rachel Hoffman, the Education & Outreach team, are presently recruiting and training volunteers to help with the program. Call AMI and plan to get involved. **Photo: Hoffman addressing Centennial Academy students in February.**

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.

Lorna Moscovitch, *President*
Giovanna Donnini, *Vice President*
Renée Griffiths, *Secretary*
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Paul Rubin, *Immediate Past President*
Ella Amir, *Executive Director*

SHARE&CARE

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Ella Amir, *Managing Editor*
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