

# SHARE & CARE

THE RECOVERY OF HOPE ~ THE HOPE OF RECOVERY

## THE ONE AND ONLY

**In all of Canada there's no other psychiatry clinic like MUSIC**

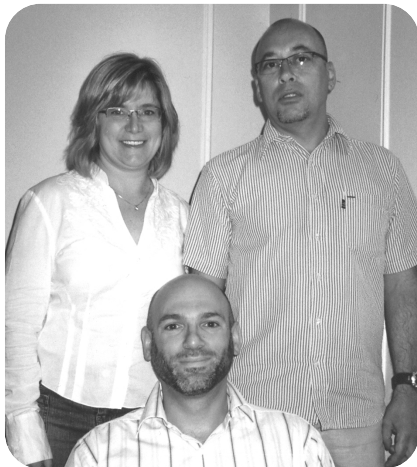
From the time they were residents, Drs. Karine Igartua and Richard Montoro planned that one day they'd set up a centre where the gay, lesbian and bisexual communities could receive quality psychiatric services and treatment in a non-judgmental atmosphere of respect and understanding.

That day arrived in September, 1999, when the two doctors, along with nurse Philippe Perras, opened the McGill University Sexual Identity Centre (MUSIC).

They couldn't have chosen a more opportune moment: psychiatry's traditional attitudes towards gays were changing. Until 1973 the medical profession had categorized homosexuality as a disease. It was only in 1987 that prob-

lems with homosexual identity were redefined as adjustment disorders.

Still, some healthcare professionals are less than comfortable dealing with the subject even today. As a result, sexual minorities often receive substandard care. Rather than risk feeling discriminated against, many gays and lesbians steer clear of all doctors, GPs as well as psychiatrists. MUSIC has become a sort of safe haven for Montrealers and people in outlying Quebec regions looking for help in coming to terms with their sexual orientation. Located in the psychiatry department of the Montreal General Hospital, the clinic is run on an outpatient basis. It offers diagnostic assessments and therapy for individu-



*Living the dream: Karine Igartua, Richard Montoro, Philippe Perras (r)*

*continued on page 7*

**There's nothing  
borderline about  
Borderline  
Personality Disorder.  
It causes all-out  
misery**

Don't be misled by the name. Borderline Personality Disorder (BPD) is a serious, full-blown illness. It belongs to a group of personality disorders affecting about 10 percent of the general population. Psychiatrists consider it one of the most difficult and troubling mental problems they treat. It's also the most common.

Emotional instability is its distinguishing feature. Borderline patients are unstable, emotional rollercoasters. They react badly to stress and respond with wide swings of mood. Most describe a continuous state of emotional chaos, swinging from extremes of depression, anger and anxiety. Their impulsive behavior is frequently self-destructive and they may have brief psychotic episodes. Not infrequently a

*continued on page 6*

## SMART THINKING HOW YOU CAN USE ANNUITIES AND LIFE INSURANCE TO BENEFIT A FAVORED CHARITY — AND YOURSELF

We all want to keep as much money as possible out of the taxman's grasp. This very reasonable urge has led to the burgeoning popularity of tax and estate planning. It's the area of expertise of Botica Financial Group, a 20-something year old brokerage firm that deals in insurance, annuities and investments. We recently spoke with Serge Assayag, an actuary who is Botica's presi-

dent and owner, to learn how some clever strategies can both lighten our tax burden and satisfy our charitable generosity.

### Annuities

They're sold only through insurance companies. The company invests your money and in return guarantees you periodic payments. Those payments can be made monthly, semi-annually or yearly.

They can be for life, for a fixed period or for life with a guaranteed period of payment.

You can use an annuity to donate to a registered charity by assigning the payments to them. In that case, the charity issues you a receipt for the total purchase cost of the annuity and you get a tax credit that you can apply against 75 percent of your taxable income.

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# TREATING SCHIZOPHRENIA:

The debate begun in the last issue of *Share&Care* continues in letters from Drs. Abram Hoffer and David Bloom

(Written to Sara Sochaczewski by Dr. Hoffer)

What a contrast in the two accounts. Dr. Bloom is full establishment and in his point of view Big Pharma can do no harm. In his answers there are gross distortions of the true facts.

1. The new drugs are much better tolerated. By whom? By the drug companies and by modern psychiatrists, but not by the patients ....

The Catie report, which he dismisses casually, ... showed that, given a chance, patients ran away from the modern drugs as much as from the old ones. My experience is that the older drugs had serious side effects but they were not nearly as dangerous. They did not cause the metabolic syndrome. Dr. Bloom also casually dismisses that. One cannot take lightly the increase in diabetes in patients placed on the drugs and the increased death rates from elevated blood lipids. In fact, when we used orthomolecular methods with the old drugs there were hardly any side effects. Tardive dyskinesia was easily controlled with manganese and by the need for smaller doses of the drugs.

2. He mentions advising patients of alternatives but I doubt he will ever tell them about the alternative called orthomolecular.

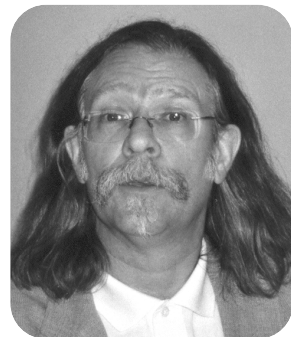


3. The headline talks about cutting edge. That is so amusing. After 50 years of drugs we have none that are any better, none of them cure and yet it is considered cutting edge. It is like calling Model T Fords cutting edge in the car business today....

Robyn's [Sochaczewski's daughter] account is honest and accurate. Please congratulate her. I wonder what the psychiatrists must think when they hear that a lowly naturopath is helping her get well. This account distributed by AMI-Québec illustrates how much education we must do.

*Dr. Abram Hoffer is co-founder of the International Society of Orthomolecular Medicine.*

(Dr. Bloom's response to Dr. Hoffer)



1. There is ample evidence ... that second generation antipsychotics are better tolerated in general than the first generation antipsychotics. Metabolic problems are more frequent in newer drugs, but it is well to remember that schizophrenia itself is a risk factor for diabetes. While older drugs do not seem to directly cause diabetes and lipid problems, many can cause weight gain, which can lead to both these difficulties. There is no evidence whatsoever that patients on newer drugs have a higher mortality rate than on older drugs. One area that is forgotten is ... the drug-induced parkinsonism (tremors, stiffness, slowness), restlessness and general deadening of motivation and mood which the older drugs cause so much more frequently. These were probably responsible for considerable functional handicap in patients who were too slowed/unmotivated to participate in rehab/social reinsertion activities, not to mention the physical and psychological suffering. Where we do fall down with the newer drugs is in not having weight control and activity programs in place everywhere. Where these are in place, metabolic problems diminish considerably. Older drugs also seem to provoke tobacco use.

2. Dr. Hoffer could not know that I was raised in a house overflowing with vitamins and other food supplements. I tried supplements and dietary changes over several months to help me with a severe hip arthritis, which eventually was helped with surgery. I suggest vitamin E and B6 treatments for tardive dyskinesia, but I have found no evidence to support manganese use in this condition. We also suggest Omega-3 supplements for depressed patients in particular. When patients ask about vitamin/mineral therapies, I always say they could safely try it. I do not recommend orthomolecular therapy because I have not seen the clear evidence so far. If a patient gets well in spite of our ther-

## AMI's newest support group chooses to be different

They now have a name: PAC (for Parents of Adult Children). Since last January they've been meeting once a month to air problems and exchange ideas on the best approach to dealing with their mentally ill grownup children.

Rather than designating one person as regular facilitator, PAC opted instead to give everyone a chance to set the agenda. Each month a different member chooses the subject for discussion and runs the meeting.

Behavior and attitude, housing and orthomolecular therapy are just some of the topics grappled with so far.

"This is shaping up to be an eclectic and vibrant support group," says member Ruth Roach. "We've come a long way in a very short time."

There's only one qualification for joining: you need to be a parent of a mentally ill son or daughter aged 25-50. Those interested should call **Catherine Quin, 450-458-2434**. □

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*Smart Thinking ... continued from page 1*

Your rate is locked in at the time you buy. If interest rates rise, you don't benefit. That's the disadvantage. On the other hand, an annuity is a fully guaranteed product that provides a stream of income to the annuitant or the designated charity with no money management or risk involved.

**Assayag's assessment:** "Recent changes to the tax laws have made annuities less attractive as charitable donations than they once were. In fact, there's really no difference to your tax status between going the annuity route and writing the charity a cheque for one lump sum. Either way you benefit from the same one-time credit. The charity may well prefer your cheque, because then they receive the full amount of money at once."

### Life insurance

There are two tax-planning strategies for using life insurance to leave money to a charity. The first is to simply name the charity as the beneficiary of your policy. Your premiums are not tax-deductible. Upon your death, payment goes to the charity and the charity issues your estate a receipt for the full amount they've received. Your last tax return will show a charitable contribution, which reduces the amount of money your estate owes to the government and thus benefits your heirs.

The second strategy is to buy life insurance and transfer the ownership of the policy to the charity. Although the charity will now own your policy, you continue to pay the premiums, which in this case are tax-deductible.

**Assayag's assessment:** "Most often the first approach is more advantageous. People like to deduct their premiums every year because it seems like an immediate benefit. But unless your premiums are very high, the tax credit is minimal compared to the credit your estate would eventually receive. Moreover, you can only deduct the premiums against 75 percent of your income, whereas your estate would be able to apply its tax credit against your total income in the year of death. There are additional advantages to naming the charity as beneficiary through your will rather than on the policy."

### Insurance/annuity combination

This strategy, called a back-to-back, is an alternative to buying a GIC. Suppose

you invest \$100,000 at six percent in a GIC. Assuming a 48 percent tax rate, you receive about \$3,120 after tax. Now suppose you buy a life annuity with that same \$100,000 and use the periodic payments (after tax) to purchase life insurance worth \$100,000. Based on your age, you'll have a net cash flow (after tax and insurance premium)

of about \$4,300. That's \$1,180 more than the GIC approach. You can either keep the change, make a charitable donation or, even better, use the money to buy another life insurance policy and name a charity as beneficiary. These strategies can be customized to your particular situation, including whether



*Assayag's specialty: more value for your money*

your funds come from a corporation or a RRIF.

What's important is, there are ways you can be generous to the charity you believe in at the same time as you save on tax. It just takes smart planning. Speak to your financial planner. Or call Assayag at Botica, 514-288-7979, local 236. □

## The National Network of Mental Health has a message just for consumers: join us!

**T**alk about feeling connected and comfortable. At the National Network of Mental Health (NNMH), all the members, the entire Board of Directors and virtually all the staff are consumers. In fact, you can't become a member of this organization unless you are a consumer — or, to use their words, a consumer/survivor.

Begun in 1991, NNMH now has a presence coast to coast. There are 550 individuals and 70 self-help, self-support groups on its membership list and the numbers continue to grow.

NNMH's mission is clear: to benefit the consumer/survivor community by instigating social, economic and political changes that will improve their quality of life. It works towards this goal through a broad range of initiatives — from doing research, providing information and resources, and developing education and skill-training opportunities for people wishing to enter the workforce to working with governments on all levels to secure consumer-friendly changes to legislation.

And where do you personally fit into all this? Right at the centre. NNMH is headquartered in St. Catharines, Ont., but a website that's truly a highway of mental illness information brings the group right home to you. The site will keep you up to date on news, events and activities. You'll be able to meet other consumers, voice your opinions and have your questions answered. There's also a newsletter to fill you in on consumer doings across Canada.

Consumer activist Loïse Forest, winner of AMI's Extra Mile Award in 2005, has been a NNMH member for four years. "The great thing is, they're totally non-judgmental," she says. "You're accepted for who you are and no one will ever even talk about your illness — unless you bring the subject up yourself." Currently on the Board, Forest devotes much of her time to building interest in NNMH. "We're like a large family that's working to improve things. We now want a say in what affects our lives. Nothing about us without us," she adds, quoting a slogan familiar in NNMH circles.

Joining NNMH is free and membership forms are available at AMI. If enough consumers are interested, Forest will try and set up a meeting to provide more information.

In the meantime, check out these three websites: [www.nnmh.ca](http://www.nnmh.ca); [www.ccamhr.ca](http://www.ccamhr.ca); [www.builtnetwork.ca](http://www.builtnetwork.ca). □



# ONE BEAUTIFUL EVENING

## Good vibes rule at our annual general meeting



**Béatrice Thériault, Volunteer of the Year.** "A nuts and bolts person, a doer with boundless energy, our liaison with other South Shore groups," said **Pieter Boudens** in presenting the award

**W**as it something in the air? Maybe we felt long overdue for a happy event. Or perhaps it was simply the pride in knowing that AMI had just completed an exciting and productive year.

President Lorna Moscovitch enumerated the achievements: our *SOS-Famille* and Family Outreach programs, thriving. PAC, a new support group for parents, launched. A new intake telephone service, working to direct callers in need. Education programs so popular a decision was taken to extend them year-round. A thank-you for our work in depression: winning the 2005 Douglas Utting Prize.

But those successes don't completely explain the genuine pleasure and enthusiasm that greeted the award

recipients as they stepped forward to claim their just rewards. Rounds of applause, lots of laughter, banner-waving and even a few tears punctuated the proceedings. And beneath it all, the very clear message that the gathering was indeed family, working together, each in their own way, to do battle against the ravages of mental illness and better the lives of all those touched by it.

It was a perfect end to 2005-2006 and a most auspicious launch to AMI's thirtieth year of operations. □



Montreal police officer and agent **Michael Arruda** accepted our **Library Memorial Fund** books and videos from **Lori Goodhand**. Destined for the general library, the materials will help Arruda in his efforts to educate Montreal police to mental illness and sensitize them to the needs of consumers in crisis. Since 2003, thanks to Arruda's efforts, over 20 percent of the force have been trained in mental health intervention. It's the third force in Canada to receive mental health training



### Board of Directors 2006-2007

**EXECUTIVE COMMITTEE:** (L-r) Lorna Moscovitch, president; Annie Young, secretary; Renée Griffiths, vice president; Giovanna Donnini, vice president; Claudia Ikeman, treasurer; Paul Rubin, immediate past president

**MEMBERS:** Jean-Claude Benitah, Alison Clark, Elva Crawford, Moira Edwards, Danielle Gonzalez, Joseph Lalla, Judy Phillipson, Judy Ross, Lynn Ross, Norman Segalowitz, Joanne Smith, Sylvia Smith, Al Winslow

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**Karine Igartua and Richard Montoro, Exemplary Psychiatrist Awards.** Co-founders of McGill University Sexual Identity Clinic (MUSIC). "They are dynamic, empathetic and caring psychiatrists who have trained many, treated hundreds and saved lives," said presenter **Warren Steiner** of his former students

To **Thérèse Wallace**, retired nursing manager at the MUHC, the **AMI-Québec Exemplary Service Award**. Described by **Warren Steiner** as a progressive force, a leading light in changing how psychiatric services are provided in Montreal. "She transformed psychiatry for the better and left us quite a legacy."



**Moira Edwards, the Monty Berger Award for Exemplary Service.** One of the first non-family members of AMI's Board, facilitated education groups for eight years. "A great honor to present this award," said **Elva Crauford**, citing Edwards as a pioneer in community nursing with a passion for nursing and compassion for patients



**Forward House, the Extra Mile Award.** Praised by **Nancy Grayson** for dedication, skill and flexibility over close to 50 years of operation and "the belief that patients can be contributing members of society." The award was accepted by (l-r) **Nathalie Laurin, Jean Imbault and Susan Howlett**

## SUMMER 2006

**Note: Families joining a support group for the first time are encouraged to join "FAMILY for relatives." Consumers attending groups are expected to be stable enough to benefit.**

### SUPPORT GROUPS

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

### FAMILY for relatives

July 10, 24; August 7, 21; September 11, 18, 25

### SOUTH SHORE for relatives

Wednesdays 6:30 pm  
2499 rue St-Georges, room 200, Le Moyne  
July 5, 19; August 2, 16, 30; September 13, 27

### PAC Parents of Adult Children

No meetings July or August  
Resume at AMI September 21

### SIBLINGS AND ADULT CHILDREN

July 24; August 21; September 18

### DEPRESSION for consumers and relatives

July 24; August 21; September 25

### DEPRESSION/BIPOLAR DISORDER for consumers and relatives

July 10; August 7; September 11

### OBSESSIVE COMPULSIVE DISORDER for consumers and relatives

July 24; August 21; September 25

### KALEIDOSCOPE for consumers

July 10; August 7; September 18

### LIFELINE for consumers

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

### BOARD MEETINGS

Tuesdays 7:00 pm at AMI  
July 4; (no meeting in August) September 5

## AMI-Québec South Shore launches lecture program with Borderline Personality Disorder

Members of AMI South Shore chose psychologist Hugh Young, currently working at CSSS Champlain, to speak at the South Shore's first lecture evening, held last February. Young, a specialist in BPD, has a background of clinical expertise working with youth.

His address covered Borderline characteristics, treatment and medication. "Annie," whose daughter suffers from the illness, was a bonus speaker. Her account of the problems BPD caused in the family added a personal and poignant touch.

AMI-Québec South Shore presents video screenings and lectures followed by open discussions every month at the Centre Champlain in Brossard. □

## MUHC PERSONALITY CLINIC OFFERS HELP FOR BPD PATIENTS

A 12-week program designed to stabilize and treat people suffering from borderline personality disorder is given three times a year at the Allan Memorial Institute. The program consists of individual and group therapy along with psychopharmacological management.

To be accepted by the clinic, you need to supply a written referral that includes a summary of past treatments and a diagnosis (certain or probable) of BPD. There must be a pre-arranged follow-up available immediately after discharge.

Start dates for the program are the beginning of the year, spring and fall. Upon completion you will receive a written report. Out-of-sector patients are accepted.

Mail your referral to **Barbara Morningstar, coordinator, MUHC Personality Clinic, Allan Memorial Institute, 1033 Pine Ave. W., suite 104, Montreal, Que. H3A 1A1. Or fax 514-398-4370. For more information, phone 514-934-1934, ext. 35317.** □

*BPD ... continued from page 1*

disappointment or a quarrel can end with a drug overdose or a slashed wrist and a visit to Emergency. Some patients become suicidal and remain so for months and even years.

Borderline patients have serious problems with boundaries. They become quickly involved — and quickly disappointed — with people. They make great demands on others and easily become frightened of being abandoned by them. Needless to say, such behavior seriously affects work and relationships.

There is no one single cause of BPD. Biological, psychological and social factors all play a

role. Biologically, impulsivity and emotional instability are heritable traits. Research suggests that the impulsivity is associated with decreased serotonin activity in the brain.

The psychological factors vary greatly. Patients recount differing experiences, from childhood trauma to severe emo-

tional neglect to parents with impulsive or depressive personality traits.

Social pressures arise due to the fragmented nature of urban life today. Extended families and communities don't provide the support they once did. This bodes badly for children vulnerable to

BPD, who may have an extra-strong need for consistency and emotional security.

Most likely, BPD develops when all three factors impinge. Vulnerable people who only need to deal with one of the three may be lucky enough to avoid the illness.

BPD is a young person's illness, usually beginning

before adulthood. About 80 percent of patients are women. The illness is normally chronic: severe problems often continue to be present for many years. Borderline pathology tends to burn out in middle age, however, and most, but not all, patients function significantly better by ages 35 to 40. A minority will recover

completely, enjoying a successful career and a happy marriage. (It is still not understood why this happens.) Yet there's not always a happy ending. Some BPD patients continue to suffer and about 10 percent eventually succeed in committing suicide.

The road to recovery from BPD is often long and difficult. There is no specific or universal method of treatment. Drugs can sometimes take the edge off the impulsive symptoms, but the mainstay of treatment remains psychotherapy. The focus is on building a strong working relationship between patient and therapist. The hope is that providing a safe haven will facilitate work on developing better relationships with other people.

Of particular interest to parents: BPD can be very burdensome for a patient's family. Parents often wonder if they are at fault for their child's condition. Sometimes patients (and even some therapists) lay the blame at their doorstep. Scientific evidence, however, doesn't justify that conclusion. There is no proof that the family bears primary responsibility for the development of BPD. □

*Text excerpted and adapted from a speech by Dr. Joel Paris, professor & chair of psychiatry, McGill University and SMBD-Jewish General Hospital.*

**A one-day conference  
on BPD scheduled for  
December 1 at the  
Douglas Hospital will be  
open to both families  
and professionals.  
Details in the fall issue of  
*Share&Care*.**



*MUSIC ... continued from page 1*

als, couples, groups and families. Responsibilities also include ongoing research, teaching, training of other mental health professionals and community involvement.

Every year MUSIC registers about 350 new patients. Together with repeat business, it adds up to 1200 visits yearly. Two-thirds of the patients are men. Most people are ages 25-40, although Igartua has seen a 13-year old and Montoro has treated a man in his 80s. Initially the doctors' idea was that anyone who didn't feel comfortable with mainstream psychiatry and was not exclusively heterosexual could visit the clinic for a consultation. Today the focus is on people who have some sort of anguish directly related to their sexual identity. "It's the tip of the iceberg in a very complex subject," admits Montoro, "but we're constricted by time and staff. If we had more of both we'd be happy to expand our services."

### **The mental illness connection**

Obviously, homosexuality doesn't cause mental illness. But it can be a stressor in many areas of life and the cause of deteriorating mental health. Stigma against gays and lesbians in society-at-large remains alive and well, and there are those who can't shake the negative self-image they've absorbed from the homophobia around them. They live full of self-loathing because of their orientation, a situation that often brings on depression, anxiety and drug or alcohol abuse. Sooner or later there are impaired family and work relationships, and not infrequently thoughts of suicide. Not only adults are affected. That bleak scenario can begin in early adolescence among children who grow increasingly confused about their sexual identity, but are too frightened to speak to their parents.

A minority of MUSIC's patients also suffer from a severe and persistent mental illness. Things get even more complicated for them because the thinking then goes, "I can't be totally honest with my treating team, can't tell them what's really on my mind because

when they find out about me I'll be rejected." The ensuing communication problems and self-induced isolation often result in less effective care and even medication non-compliance. Recovery becomes harder. When there's a severe and persistent mental illness in the picture, Igartua and Montoro assist the regular treating team to help the patient adjust to his or her sexuality.

### **A force against stigma**

Despite all the difficulties, says Igartua, the future looks brighter for the homosexual community in Quebec. "When same-sex unions were recognized, a lot more legislation was changed at the same time. Discrimination was actually eliminated from the civil code." Same-sex partners can now be named as mandatories. The names of two mothers or two fathers can appear on a child's birth certificate. And that child also has legal ties to the parents' parents and other relatives. "I'd say that kids growing up today will have a very different experience of knowing gay people and dealing with homosexuality than the older generations did," Igartua adds. "It won't be so strange or scary for them. There'll be positive role models out there."

One unanticipated result of Bill 84 is that by eliminating so much legal discrimination, it's helping people recognize that sexual orientation is not an acceptable cause for prejudice, whether the prejudice stems from others or from themselves.

Success in the world of MUSIC is really about quality of life, explains Montoro. "If through our interventions people are able to have satisfying relationships with their family and friends, are able to be productive and enjoy their environment no matter what their sexual orientation — that's pretty much what we're working for."

MUSIC offers bilingual services, is covered by Medicare and is non-sectorized. You will need a referral from your family doctor or a psychiatrist. For an appointment, call **514-934-1934, extension 43585**. □

*Drs. Igartua and Montoro are recipients of AMI's 2006 Exemplary Psychiatrists Award (p.5).*

## **TRIBUTES & MEMORIALS**

**In honor of Lindsay Hope Finkelstein**  
Queenie Grosz

**In honor of Aтира and Francine Frankel**  
Queenie Grosz

**In honor of Glenda and Gary Susser**  
Queenie Grosz

**In honor of Jasmine Kimberly**  
**and Amber Finkelstein**  
Queenie Grosz

**In honor of Dr. Joan Keefler**  
Ilyse Segal

**In honor of Jim Miller**  
Rita Hirscheimer and Morrie Bergman

**In honor of Lorna Moscovitch**  
Marylin Block

**In honor of Jonathan Berry**  
Deborah and Denis Faber

**In honor of Fran and**  
**Howard Brenhouse**  
Norman Brenhouse

**In honor of Sonia Weinzwieg**  
Sylvia and Bill Klein

**In honor of the late Judy Gutwillig**  
**and her family**  
Elizabeth and Jim Tremain

**In memory of Joyce and Bill Allan**  
Kay Simpson

**In memory of Reva Lack**  
Claudia and Jerry Ikeman

**In memory of William Allan**  
John E. Macdonald

**In memory of Sorryl Hoffer**  
Pat and Paul Rubin

**In memory of Seymour Issenman**  
Pat and Paul Rubin

**In memory of William B. Findlay**  
Marylin Block and family

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

**In memory of Maxine Winslow**  
Al Winslow

**In memory of David Scher**  
Marylin, Johnathan and Jeffry Block

**In memory of Helen Elmslie**  
Shirley and Bob Smith

**In memory of Uri Schok**  
Linda and Sam Mahler

**In memory of Fanny Greenbaum**  
Hanna Engel

*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

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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

### Donations

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

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

*Treating Schizophrenia ... continued from page 2*

apy or because of someone else's therapy, I think most psychiatrists would be happy....

3. Luckily the cutting edge changes. Dr. Hoffer and the orthomolecular therapy theories were indeed on the cutting edge in the '50s, '60s and even '70s. Since scientifically controlled trials (and not anecdotal experience) did not support this approach, it has not been cutting edge since. Modern theories of schizophrenia, including neurodevelopmental and genetic problems, the role of obstetrical risk factors (low oxygen to baby, among others) and various neurotransmitter abnormalities do not base themselves on Dr. Hoffer's work. And these are not all researchers and clinicians who have been bought and sold by Big Pharma.

Dr. Hoffer spoke of a need for education and I agree.... Dr. Hoffer and the orthomolecularists would do well to supply us psychiatrists with up-to-date scientific studies that would convince us of the benefits of their approach rather than mock us from the sidelines. I am sure they have helped many people with their hopeful and caring approach, but I am also sure that they do not have the cure for schizophrenia any more than I do. ☐

*Dr. David Bloom is medical chief at the Douglas Hospital, adult psychiatry division.*

## amiquébec

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

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, *Vice President*  
Annie Young, *Secretary*  
Claudia Ikeman, *Treasurer*  
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Ella Amir, *Executive Director*

## SHARE&CARE

*Share&Care* is published quarterly for members of AMI-Québec and mental health professionals.

Ella Amir, *Managing Editor*  
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