

SHARE & CARE

THE RECOVERY OF HOPE ~ THE HOPE OF RECOVERY

MONTREAL JUBILATION GOSPEL CHOIR

It's our second gala fundraiser and on October 21 this treasure of a group will be singing for us alone

You've seen their name, maybe heard bits of their performances on radio or TV. But an entire evening in the presence of the Montreal Jubilation Gospel Choir is entertainment on a whole other level.

The choir has become an institution on the musical scene, attracting fans since its first public concert in 1982. Under the direction of Trevor Payne, the stirring repertoire will keep your spirits lifted until the last note is sung. (These days we could all use a little of that, no?)

Fun aside, this fundraiser has a serious mission. Money raised will be invested in our education and support programs so we can continue to grow and make a positive difference in the lives of family caregivers. The Fundraising committee, co-

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2009 Low-Beer Lecture

A LIFE-CHANGING EXPERIENCE — IN A GOOD WAY

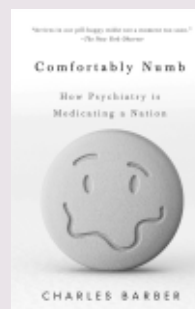
Charles Barber was in his freshman year at Harvard when OCD came calling.

The illness turned his world upside down and turned him into a man his

previous self may well have considered a complete stranger.

Hear the fascinating details of Barber's life journey at the John Hans Low-Beer Memorial Lecture on October 14. His address, **An Unexpected Gift: how a mental illness enriched my life**, recounts his decision to put his academic dreams on hold to work with developmentally disabled groups, the time he spent in homeless shelters and halfway houses, his struggles with recovery and the lessons learned — both beautiful and not so much — from the people he met.

Today Barber lectures in psychiatry at the Yale University School of Medicine. He's also the author of two books: *Songs From the Black Chair* (University of



Nebraska Press, 2005), a memoir about his recovery from OCD, and *Comfortably Numb* (Pantheon Books, NY, 2008), in which he pulls the plug on the overuse of psychiatric medications and advocates for alternative approaches to psychiatric issues. Our Monty Berger

library has both volumes.

The Low-Beer Lecture takes place on **Thursday, October 14, 7:00pm at Oscar Peterson Concert Hall, 7141 Sherbrooke St. W.** The event is co-sponsored by AMI and Concordia University's department of psychology. Free admission, English presentation. Don't miss it. □



TWO IMPORTANT NEW SUPPORT PROGRAMS BEGIN THIS FALL

Telesupport and OCD-Teens

This year's expanded lineup of support options reflects our commitment to offering AMI members the help they need to successfully cope with mental illness. Expertise, experience and choice — our education and information programs have it all. Pick the program that suits your needs and reap the benefits for yourself

SUPPORT GROUPS

Telesupport. If distance or other difficulty prevents you from attending our regular support groups in person, Telesupport allows you to join an English-language group over the telephone right from your home. This is a pilot project with a trained facilitator. **7:00-8:15pm on November 18, January 13 and March 17.** Caregivers only, limited space. Call **1-866-396-2433** or visit **www.careringvoice.com** to register.

Our **OCD-Teens** group is the first ever. It meets **once a month, September 14 to June 7.** Monique Lahoud, an associate of Dr. Kieron O'Connor at *Centre de recherche Fernand-Seguin*, heads a team of three group leaders. As signs of OCD often begin in childhood, the program aims to lessen the severity of the illness in adolescence and beyond.

All other support groups operate year-round, no registration or other commitment necessary. These are open-agenda sessions led mostly by family members. A proven way to connect with others who understand your problems. See *Calendar*, page 5, for a complete listing.

EDUCATION PROGRAMS

For all education programs, call the office to register and secure the place you want. Programs are open to relatives, consumers and caregivers. At AMI, 7:00-9:00pm. Free for AMI members and those on limited incomes.

Four six-week **Mood and Thought Disorders** groups. Group 1 begins **September 15**; group 2, **October 22**; group 3, **February 1**; group 4, **April 22**.

Obsessive Compulsive Disorder sessions start **October 28** for six consecutive weeks.

RECOVERY FOR CONSUMERS

Six weeks starting **March 4**.

ROUNDTABLE DISCUSSIONS

So much in demand, **two additional sessions** have been added. At AMI, 7:00pm. For families and consumers. Registration required.

September 21. Your pharmacist knows: the straight facts about medications and their interactions. Dr. David Bloom, psychiatrist.

October 26. Those powerful court orders: what they can and can't do. Police officer Michael Arruda and Carole Cormier, court clerk for mental illness.

November 30. Anger: does it control you or do you control it? Social worker Tom Caplan.

January 25. How to communicate so that your message gets across. Moira Edwards, nurse and psychologist.

February 22. The double whammy of mental illness and addiction. Rita Spataro, Portage.

March 22. Financial assistance for people with disabilities: eligibility, access, conditions. Margaret Van Hooten, Project Genesis.

TELEWORKSHOPS

You're linked by phone to a healthcare professional and other people with your same concerns. Register by calling **1-866-396-2433** or go online to **www.careringvoice.com**.

September 30. Your pharmacist knows: the straight facts about medications and their interactions. Dr. David Bloom, psychiatrist.

October 28. Post-partum depression: it's not just a mother's pain. Dr. Barbara Hayton, psychiatrist.

November 25. What's normal and what's a warning sign in teen behavior. Dr. Ashok Malla, psychiatrist.

January 20. The double whammy of mental illness and addiction. Rita Spataro, Portage.

February 24. How to communicate so that your message gets across. Dr. Perry Adler, psychologist.

March 24. Understanding a diagnosis: how it's decided, how it can change. Dr. Marc LaPorta, psychiatrist. □



Aiming high: co-chairs Waxman (l) and Young

Choir ... continued from page 1

chaired by Karen Waxman and Sharleen Young, is hoping to outdo last year's fundraiser. They've set their sights on a return of \$100,000.

There are many ways you can get involved. Be there, of course. Ticket prices are \$100 (includes a \$55 tax receipt) and \$150 (with a \$75 tax receipt and pre-show cocktail reception). You can also help with ticket sales or sponsor solicitations. Should you wish to become a sponsor yourself, our website, www.amiquebec.org, has a program contract you can fill out and email to us. Call Pam Litman at the office if you have any questions concerning sponsorships.

The Montreal Jubilation Gospel Choir performs **October 21, 7:30pm, Oscar Peterson Concert Hall, 7141 Sherbrooke St. W.** Call 514-486-1448 to reserve your tickets or for any other information. □

WHO's mission of mercy

The World Health Organization takes on a herculean challenge: improving treatment standards for mental disorders in the developing world

The mental healthcare problems we regularly cope with here pale in comparison to those experienced by people living in the developing world.

There, more than three-quarters of those who have mental, neurological or substance abuse disorders receive no treatment at all. That statistic comes from the World Health Organization (WHO), which has been working to change things.

Their six-year Mental Health Gap Action Programme has been launched in an effort to bridge the gap between what's needed and what's available in low- and middle-income countries. The program targets eight conditions: depression, schizophrenia and other psychotic disorders, suicide, epilepsy, dementia, disorders due to alcohol and illicit drug abuse and mental disorders in children. The goal is to spread the use of cost-effective interventions that have already been proven to work elsewhere.

Recognizable problems

The countries' lack of action to date in grappling with these disorders is the result of all-too-familiar barriers. "Policymakers and others often don't understand," says psychiatrist Shekhar Saxena, program manager in WHO's department of mental health and substance abuse. "They don't know that mental disorders are so frequent or that they're the root of so much disability and economic expense. They also don't know that something very substantial can be done about the situation." And even when they do recognize the importance of treatment, those same people typically don't know how to go about implementing it. The WHO program emphasizes both the development of political commitment and policies as well as appropriate clinical interventions. A team of psychologists, psychiatrists

and other experts is now combing through scientific literature for psychosocial and pharmacological interventions that are both effective and cost-effective and that would be suitable for use in primary and secondary care settings in developing countries. Once WHO has compiled recommended intervention packages for all

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Montreal Walks for Mental Health Call it a step in the right direction

Got sneakers? Up for some healthy activity?

Join in the very first Montreal Walks for Mental Health. The event, hosted by honorary chair Margaret Trudeau, takes place **Sunday, October 18, at 11:00am** and consists of a walk that starts and ends in **Pierre-Elliot Trudeau Park, 6975 Mackle Rd., Côte St-Luc** — a very doable five kilometers in all.

This is an all-too-rare happening in the city: a public event aimed at increasing awareness of mental health issues and fighting stigma. Participating organizations will have a presence in the registration tent. AMI is one of those groups, along with CSSSs Cavendish and de la Montagne,

Agence OMETZ, L'Abri en ville, Forward House and the Cummings Jewish Centre for Seniors.

You can walk solo or — even better — put together a team with friends or family. Registration is Sunday, 10:00am at the park. The walk goes rain or shine (sorry, no pooches allowed). You'll be rewarded with refreshments and entertainment and a chance to meet some members of the local mental health community.

This is fun that's good for you and good for a cause you care a lot about. As they say, just do it. For more information, call Noga Yudelevitch, 514-735-7721, ext. 3095 or Marcie Klein, 514-342-0000, ext. 3412. □

REGRETFULLY NECESSARY

As long as there's incapacity we'll need a public curator. What we don't need are the problems attached

It's sad when, for whatever physical or mental reason, anyone becomes incapable of looking after themselves or managing their affairs. Even sadder when there's no relative or friend willing or able to step in as private curator. In that case, once a judge confirms incapacity, the public curator automatically takes over.

The public curator is a large bureaucracy of some 650 employees. It's headed by a government appointee named for a five-year term. Their headquarters and a branch office are here in Montreal; other branch offices can be found throughout the province. Despite being government-funded, the operation functions completely independently, administers its own affairs and is answerable to no one. The files of their wards are confidential, safe from access by outside individuals.

Just from that short description Ura Greenbaum can spot three problems that cause trouble for people dealing with the public curator. Greenbaum, a jurist and a long-time member of AMI, is a director of Public Curator Surveillance, short for Association for the Defense of People and Property under Public Curatorship. Public Curator Surveillance, in existence since 1995 as a civil society watchdog, is a non-profit community resource for those who seek help in dealing with the public curator. Their operation is province-wide and the only one of its kind.

The ground rules

"The Public Curator Act spells out the organization's three main functions," Greenbaum explains. "Namely, they look after people deemed incapable by the court, supervise the management of the

private curator or tutor if there is one, and if a mandatory had been chosen in the event of incapacity, the public curator has the right to investigate any complaint of abuse by the mandatory of the incapable person."

The Act also specifies what the public curator can or can't do. "All decisions must



When curator troubles pile up, Greenbaum is a good man to know

be in the best interest of the incompetent person," says Greenbaum. "But that's open to interpretation. The public curator is a civil servant who often has no prior experience in healthcare or knowledge of the person they're supposed to be looking after. There's no connection to the ward's background or circumstances other than hospital or CLSC reports. They may think their decisions are in the ward's best interest, but family members may have different ideas."

When problems and misunderstandings arise, the resulting conflict can be a bitter one, as by law the public curator has the final say. That includes the right to decide on everything from medical care to residency. The ward's possessions have been inventoried. Money and property rights have been transferred into the curator's hands. Mail has been redirected to

the curator's address.

Bottom line, there's the law and there's reality. "An article in the Act states that the public curator must consult the ward on all decisions," says Greenbaum. "But what we see in practice is that the curator will meet with a person once a year at best. Many times it's less than that. Obviously if you don't see someone, there can't be consultation. With the standard plea of insufficient budget and a lack of personnel and resources, the curator simply makes decisions independently."

Recourse options

By law, anyone declared incompetent must be reassessed every five years; every three years for partial or temporary incompetence. That can be a long wait, particularly if there's been a misdiagnosis. That can and has happened. "In theory a ward can always go to court, but it's not easy," says Greenbaum. "When someone's been judged incompetent, when their finances are beyond their reach, when maybe their actions and speech are erratic, the chances of finding a sympathetic lawyer are slim."

Should someone be determined to petition for quick release from curatorship, there are steps and documents involved: re-evaluation by a doctor or a psychiatrist, a psychosocial report by a social worker, release applications by a lawyer. "We once had a client who suffered from anxiety and was misdiagnosed as incompetent," says Greenbaum. "We found legal representation for her, all the resources she needed and had her re-evaluated. It took over a year. In the end the judge released her. She never received a cent in compensation or damages. Not even an apology. She could have sued, but that would have been costly, drawn out and impractical. The public curator has 30 lawyers on staff."

Planning ahead

So what's a family to do? If you have an ill relative who's been declared incompe-

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eight aforementioned conditions (anticipated by year's end), countries or regions will then be able to adapt them based on local conditions, such as cultural beliefs.

Specialists needed

Integrating these healthcare services into primary care will be key. WHO doesn't want to be in the position of telling countries which drugs they ought to be prescribing, so the emphasis of the intervention packages will be psychological rather than pharmacological. And that poses yet another problem: the dearth of psychologists and other mental health specialists in the developing world. "We're conscious of the fact that the limitations of the personnel's time and skill levels are very significant," says Saxena. "We're looking for interventions that are effective but at the same time will require an investment in terms of time, training and cost that is realistic in these countries." In addition to helping develop the interventions, psychologists will also help put the program into action. It is hoped that the International Union of Psychological Science and national psychological associations in the targeted nations will be key players during the implementation phase. Visit www.who.int/mental_health/mhgap/en to learn more. □

Text adapted from an article by Rebecca A. Clay in *Monitor on Psychology*, June 2009.

A plan for the future at our second 5-à-7



Lawyer Mintz (l), Pat Rubin and Sharleen Young (r) share news and views

How will your ill relative fare when your care is no longer available? Guests at our second 5-à-7 cocktail evening last July heard the facts.

Hosted by Pat and Paul Rubin, the event was themed **The Special Care Trust Program: a safety net for the future**. Explaining that safety net were Samantha Mintz, a lawyer with Jewish Community Foundation who specializes in gift and tax planning, and John Quesnel, a case manager in the mental health support services department at Agence Ometz. The Special Care Trust Program was established to ensure the continuity of financial and personal support when there's no family caregiver on the scene.

You can call **514-342-0000, ext. 3412** if you'd like more information. □

AUTUMN 2009

October 14: Low-Beer Memorial Lecture. Charles Barber. *An Unexpected Gift: how a mental illness enriched my life*. Oscar Peterson Concert Hall, Concordia University, 7141 Sherbrooke St. West, 7:00pm (See page 1)

October 21: Montreal Jubilation Gospel Choir. Oscar Peterson Concert Hall, Concordia University, 7141 Sherbrooke St. West, 7:00pm (See page 1)

SUPPORT GROUPS

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

FAMILY for relatives

September 14, 21; October 5, 19, 26; November 2, 9, 16; December 7, 14

SOUTH SHORE for relatives

Wednesdays 6:30pm
10 Churchill Blvd., suite 205, Greenfield Park
September 9, 23; October 7, 21; November 4, 18; December 2, 16, 30

SIBLINGS AND ADULT CHILDREN

September 21; October 19; November 9; December 14

PAC Parents of Adult Children

At AMI
September 8; October 7; November 9; December 14

DEPRESSION

for consumers and relatives
September 21; October 26; November 16; December 14

BIPOLAR DISORDER

for consumers and relatives
September 14; October 5; November 2; December 7

OBSESSIVE COMPULSIVE DISORDER

for consumers and relatives
September 14; October 26; November 16; December 7

OCD-TEENS

At AMI
September 14; October 19; November 2; December 7

KALEIDOSCOPE

for consumers
September 21; October 19; November 9; December 14

HOARDING GROUP (in collaboration with Quebec OCD Foundation)

for consumers and relatives
September 14; October 5; November 2; December 7

LIFELINE for consumers

Alternative Centregens, 5770 Auteuil, Brossard
One Tuesday every month 1:00-3:00pm
For dates call 450-445-5427

Holiday party

December 6

BOARD MEETINGS

Tuesdays 7:00pm at AMI
September 1; October 6; November 3; December 8

BOTH SIDES NOW

Is there a place for spirituality in an age so enamored of science and technology?

Dr. Abdu'l-Missagh Ghadirian has been a professor of psychiatry at McGill since 1977. He was director of the Mood Disorders Clinic of the Allan Memorial for 24 years. Teaching, clinical work and especially scientific research have been his life passions. He says that the biological approach to psychiatry is not enough and that a human dimension needs to be added.

The Baha'i Faith was founded in Persia in 1844. Along with its central belief in the unity and equality of the human race, Baha'i also champions the harmony of religion and science. The attraction for Ghadirian was inevitable.

S&C: Would you call yourself a religious man?

AMG: I've always had a sense of balance between my spiritual and scientific values.

S&C: Has that been the approach to your work?

AMG: Very much so. Despite my involvement in the biological aspect of psychiatry, I have a special interest in the psychosocial aspects of psychological issues and in suffering. Why are some people able to accept and endure their suffering while others can't? I did a study on why some of us break down and others become resilient.

Most clinical work relies heavily on biology, pharmacology, medications and so forth. This is important but not sufficient. There needs to be a human dimension that embodies the emotional and the spiritual. By the same token, I can't tell a patient, "If you pray hard a miracle will happen and you'll improve." So my work has always been both psychosocial and biological.

S&C: Is there a difference between spirituality and religion? Can you be spiritual without being religious?

AMG: Many people think so. I personally believe they're interconnected, but a person can be accepting of God and spiritual values yet have no attachment to any formal religious institution.

S&C: How would you define spirituality?

AMG: To me it's like a journey in which the goal is not only the destination, but also

the process. It's becoming aware of our relationship to God and our humanness, our ability to translate our sense of faith and belief into positive action for humanity.

S&C: If someone has no belief in a God, does that mean they can't be spiritual?

AMG: A person who may not necessarily believe in religion or God can still believe in a force beyond and consider that force important to rely on. Many moral values — a sense of compassion and understanding, a love for humanity, a love for patients — are not something we get from science.

S&C: So then are spiritual values something we're all born with?

AMG: I think we all have the potential. Carl Jung, the great psychologist and psychoanalyst, believed spirituality and religion were part of the inherent quality of every human being. Today many scientists, physicians and skeptics look down on religion. It's also been given a bad name by terrorists and others who use it for their own purposes.

S&C: Is there a tie-in here to mental illness?

AMG: At a time of crisis, spirituality gives you a feeling of assurance, confidence and reliance in a higher power. For those who are spiritual, prayer is an important way to cope. It's one of the oldest methods of therapy. Prayer and meditation also help in the acceptance of the illness.

There have been many studies done in the past few decades to learn if spirituality plays any role in mental health or health in general. There are good reasons to believe there's a connection. How do you give significance to the life of a patient who won't take his medication and says, "I don't care, I just want to die."? Through the understanding

that we're all on a spiritual, physical and mental journey and that there's a meaning to it. The meaning is to mature and develop,

to become more and more perceptive on our way to the next world. Life is not just something to be gotten rid of. You may be ill with bipolar or schizophrenia, but your soul is still evolving. You're not helpless. This gives a sense of hope.

S&C: Is that the reason many people who are mentally ill are drawn to religion or spirituality?

AMG: I believe so. Even if their medical treatment fails, they still have the hope that there's meaning in life. They have the confidence to carry on. That's the impact of spirituality.

S&C: But there's no way that a lack of spirituality contributes to a mental illness.

AMG: No. But without it people become more distressed. A study found that spirituality plays a role in diminishing the risk of heart attacks, high blood pressure and peptic ulcers. All sorts of studies have been done about spirituality and mental health, spirituality and mental illness. Spirituality does help prevent anxiety, distress and mild depression. But no, not major illnesses such as schizophrenia or bipolar. My personal belief is that religion can't solve those problems without science. And science can't fully promote healing without the help of religiosity. The two should harmonize so that we can provide better help for patients. □



Ghadirian finds answers in coexistence

Two of Dr. Ghadirian's books are available in the Monty Berger Library: *Alcohol and Drug Abuse: a psychosocial and spiritual approach to prevention* (George Ronald, Oxford, 2007) and *Creative Dimensions of Suffering* (Baha'i Publishing, 2009). He is presently at work on *Materialism and Discontent*.

Is stigma catching?

Like an infectious disease, it gets around.
Even children don't escape

We've all heard the buzz, first anecdotal, now attracting widespread media attention. Rather than put up with the normal rambunctiousness of children, impatient parents are turning to counseling and medication.

That's one side of the story. But new research funded by the National Institute of Mental Health in the U.S. suggests that something else is going on and that quite the opposite may be true.

Bernice Pescosolido, a sociology professor at Indiana University who headed the National Stigma Study — Children, reports that parents fear diagnoses such as depression or ADHD will stigmatize their children. As a result, they may avoid treatment. "I don't know one parent who had to make this decision who didn't struggle mightily with it," she says.

Results from a nationally representative survey of Americans, published in *Psychiatric Services*, confirm the likelihood that parental attitudes and worries like these are indeed widespread.

- 45 percent of respondents believe mental health treatment makes a child an outsider at school.
- 43 percent say children suffer as adults if others learn about their past mental health treatment.
- 57 percent doubt that confidentiality protections work to keep

community members from finding out about children's mental health treatment.

- 81 percent report that childhood depression is the parents' fault.

Study co-author Jane McLeod, also an Indiana University sociology professor, says the research results suggest that people are less stigmatizing of children with mental health problems than they are of adults. However, parents fear a diagnosis may follow their children throughout their life, limiting their opportunities.

These are not hollow concerns.

"Whether because of the symptoms of the disorders themselves, or because of the stigmatizing responses of others, children with emotional and behavioral problems have a lot of trouble as they transition into adulthood," McLeod notes.

There is growing evidence that the roots of mental illness in adolescents and adults often take hold earlier than previously suspected. And now here's evidence that stigma is in the mix from the beginning, spreading its ugliness that can take a lifetime to overcome. □

Based on a report by S. Dingfelder in *Monitor on Psychology*, June 2009.

TRIBUTES & MEMORIALS

In honor of Pat and Paul Rubin's anniversary

Sherry Ellen

In honor of Chana and Alex Werzberger's anniversary

Sherry Ellen

In honor of Sharleen Young's birthday

Pam Litman

Claudia and Jerry Ikeman

Francine Gagnon

In honor of Rachel Hoffman

Marylin Block

In honor of Elizabeth and Jim Tremain's 50th anniversary

Claudia and Jerry Ikeman

Judy and Philip Johnston

In honor of Dana's wedding

Sherry Ellen

In honor of Leigh Bacal

Sherry Ellen

In honor of Stanley Cons

Annie Young, Sharleen and Ron Gesser

In honor of Sylvia Klein

Marylin Block

In memory of Barry Lipson

Saul Friedman

In memory of Wayne Gregory

Saul Friedman

In memory of Norman Nulman

Andrea, Andy and Matt Aisen

Tina Baer, Stan Leibner and Lauren

Baer-Tenenbaum

Battle of the Bands Committee

Lisa Blobstein and Stephen Lisiak

Joanne, Bradley, Jori and Adina Brodtkin

Claudine and Stephen Bronfman

Susan and Matthew Cameron

Jack and Anita Cooperstone

Joanne, Howard, Harris, Justin and

Laura Cooperstone

Connie Di Nardo

Karen Flam and family

Benita, Stephen, Jamie, Bryan, Jonathon

and Eric Greenberg

Bonnie and Bart Kitner

The Kravitz family

Eric and Heather Levy

Gail and Alan Marcovitz

Hannah Mercer

The Milgram family

Richard and KC Pedvis

Marsha and Jeff Rothpan

Pat and Paul Rubin

Kelsey, Jordana, Gayle and

Allan Schwartz

Elizabeth Shamie and Bruce Hills

Fern Stark and Carey Singer

Reisha Sofer

Susan, Zack, Sy and Lauren Sofer

Hilda and Saul Stark

Karen and Jeff Waxman

Liat and Benny Zaidenberg

In memory of Robert Bond Fullerton

Marjorie Fullerton

In memory of Violette De Pippo

Karen Waxman

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

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FOR US TO ACKNOWLEDGE YOUR GENEROSITY, SUPPLY DONEE'S NAME AND ADDRESS

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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**,
5253 Décarie, Suite 200, Montréal, Québec H3W 3C3

Regretfully Necessary ... continued from page 4

tent, Public Curator Surveillance can provide you and your relative with information and help in dealing with the public curator. With the avenues of communication they've developed, they can call on the assistance of the Ombudsman, the Office of Handicapped People and the Human Rights Commission. (The latter will investigate any abuse of a vulnerable person.) While Greenbaum's organization doesn't get involved in litigation, they will supply you with lists of lawyers and notaries and advise you in your choice.

In 1997 the Ombudsman released a scathing report that called for major changes in the operations of the public curator. The government instituted a thorough overhaul. There've been changes, Greenbaum notes, but the basic problems were never addressed: non-accountability, a bureaucratic approach to personal human care and inaccessible files.

To optimize the future of an ill loved one, the time to act is before a crisis happens. The wise approach is to make sure there will always be someone available — a relative, a close friend — to take over as private guardian if and when it becomes necessary. And if more than one person agrees to be involved, so much the better.

Call 514-906-1845 to contact Greenbaum at Public Curator Surveillance.

amiquébec

Agir contre la maladie mentale
Action on mental illness

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

Mental illnesses, 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.

- Renée Griffiths, *President*
- Danielle Gonzalez, *Vice President*
- Annie Young, *Vice President*
- Joseph Lalla, *Secretary*
- Anna-Beth Doyle, *Treasurer*
- Lorna Moscovitch, *Immediate Past President*
- Ella Amir, *Executive Director*

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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Member of La Fédération des familles et amis de la personne atteinte de maladie mentale (Québec)

