

# SHARE & CARE

THE RECOVERY OF HOPE ~ THE HOPE OF RECOVERY

*Edith Low-Beer*  
1916-2009



## A life cut large

There was an elegance about Edith, a natural grace that set her apart.

Engaging and engaged, she cared about numerous issues from the environment to the arts to science. Many organizations, AMI included, benefited from her foundation's generosity. She was showered with honors from universities and both federal and provincial governments.

Edith never cultivated the airs such a well-connected person might. On the contrary, if you were going through a rough patch, she was there for you. Catherine Quin, who met her when they were both AMI board members, recalls one such incident:

"I didn't know her well, but she had joined a group of friends and me several times for lunch. One day I happened to be going through a crisis with my son, who is ill with schizophrenia. A friend's son was in the hospital. Seeing how distressed we were, Edith shared at great length the sad details of her own son's mental illness. Later, when I drove her home, she invited me in.

"We all bonded with Edith that day. Hers was a selfless gesture done solely for our benefit. For a long time I had been intending to invite her to lunch again. When I finally resolved to act, I learned I was too late."

## OPENING MINDS, ROOTING OUT STIGMA

The Commission sends a message  
to the public



*Kirby launched the Opening Minds awareness program atop the Calgary Tower last October. The tower's flame symbolized bringing mental illness out of the shadows*

If you were watching CTV last fall you likely saw a bit of history in the making: step one of a multifaceted public awareness program by the Mental Health Commission of Canada to promote greater understanding of mental illness and turn negative attitudes positive. The program, national in scope, is called Opening Minds.

Three TV spots were produced. A woman recounts how she recovered from depression by seeking out the professional care she needed. A young man, an athlete, speaks of general anxiety disorder. A teacher describes living with schizophrenia. Noted broadcaster Valerie Pringle adds a message encouraging anyone with mental health problems to improve their life by getting help – and the sooner the better.

There are no fireworks here. Rather, the spots simply communicate that mental illness is not some alien intruder, but something that happens to ordinary people, that it can be treated and that a productive life needn't end

because of it.

To add dimension and muscle to this campaign, the Commission enlisted the cooperation of five high-profile partners – CTV, La Presse, The Globe and Mail, CHUM Radio and MuchMusic. Along with TV, the plan includes the Net, Facebook, YouTube and Twitter, print advertising, news features, interviews and human interest stories.

### Covering every base

On first asking for project ideas for Opening Minds, even the Commission must have been surprised by the volume of response: 250 proposals received. Forty-six were chosen for evaluation.

Several research projects are also on the agenda. There's a national survey to evaluate the impact of this year's public awareness campaign. A survey prepared with Statistics Canada will collect information about stigma and discrimina-

*continued on page 2*

## 2009 LOW-BEER LECTURE

FROM VICTIM TO VICTOR  
THE REINVENTION OF  
CHARLES BARBER

*Barber: anyone can do what I did*

**W**hen things look bleak, when the illness overwhelms and you're in despair, think of Charles Barber and take heart.

As a Harvard undergraduate he had it all: smarts, friends, a comfortably-off family, an enviable future. Yet this same person found himself whispering to Jesus, counting, blinking, repeating the word "black" over and over and losing the battle against highly disturbing thoughts.

"My hair was going, I looked unrecognizable and felt I was in hell," he says. "I saw myself as a classic victim. For self-protection, I developed a mantra: no thought, no fear, no action." It didn't work. Mantras don't work against OCD.

But cognitive behavioral therapy, psychotherapy and Prozac did. So did leaving school. Despite his parents' vehement objections he began working in group homes for developmentally challenged people, what he calls "the first step in reinventing myself."

Barber returned to university eventually, but he had changed. He now devoted time to a homeless shelter, where he identified with the mentally ill residents. He also uncovered a talent for writing and celebrated his new friends in his first book, *Songs from the Black Chair*. Barber was hired as a recovery movement researcher at Columbia and Yale Universities. He is currently lecturing in psychiatry at Yale and is writing a novel.

During the 20 years since the onset of OCD, Barber's looked long and hard at his own recovery to examine the lessons learned.

"Mental illness is a destructive force, but I used mine to my advantage," he remarks. "The conviction that I could find meaning and do something positive because of it likely prevented suicide. For me it was writing, but with a creative force of will anybody can decide how they want to remake themselves."

Barber's OCD is well controlled now, but it's chronic. Thoughts still flicker. The difference is, now he can put them in a box, as he says, out of harm's way. There's joy in that. □

*Opening Minds ... continued from page 1*

tion. A media-monitoring project will track news coverage of mental health topics, while major news associations are being invited to help develop guidelines for covering stories involving mental illness.

When he addressed our 2008 Low-Beer Lecture, Commission chair Michael Kirby promised a 10-year campaign to combat the stigma and discrimination associated with mental illness. Now it's started. Stay tuned. □

### Shaping opinions: not as easy as it looks

**I**t's one thing to deliver a message to the public, another thing to do it effectively. And when the issue is as emotional as attitudes towards mental illness, it's even trickier.

An article in the June 2009 issue of *Monitor on Psychology* revealed how the well-intentioned but unwary can get trapped.

"Most anti-stigma campaigns convey the message that mental illness is a disease like any other," said Bernice Pescosolido, a sociology professor at Indiana University. "They explain the biological causes of [the disorder], emphasizing that people can't just 'snap out of it.'"

Such was the case with the Real Men, Real Depression campaign run in the U.S., which focused on how common depression is. "Such campaigns may even increase stigma," Pescosolido continued. "The idea that mental illness has genetic causes may make disorders seem incurable." And emphasizing its prevalence may also reinforce fear in the general population.

A recent campaign in Scotland that was directed to reporters and editors focused on the harmfulness and inaccuracy of stereotyping people with schizophrenia as prone to violence. It, too, had some unintended consequences. Over the life of the campaign, coverage became more negative, with stories frequently depicting people with mental illness as objects of pity. An overall decrease in newspaper coverage of mental illness was attributed to journalists growing fearful of reporting the topic.

A study by Calgary researcher JianLi Wang showed 75 percent of Canadians correctly diagnosed a depressed person as described in a story and agreed with statements about the biochemical underpinnings of the disorder. But more than 45 percent of people surveyed in a follow-up study said they believed depressed people are unpredictable; 20 percent said they tend to be dangerous.

Anti-stigma campaigns promote tolerance best when they don't dwell on eradicating negative depictions, but instead tell stories of competence and positive contributions. The Commission's current media campaign does precisely that. It looks to be just what the doctor ordered. □

## Meet the staff

# FRANCINE WATERS: REAL ESTATE'S LOSS, OUR GAIN

Selling houses is hardly the training needed to succeed in an organization dedicated to helping families cope with mental illness. But Francine Waters made it work and even found that her experience as a real estate agent came in very handy at AMI.

Signing on eight years ago as program coordinator, Waters is the oil that keeps our in-house programs running smoothly. Excepting the high school education program, she's responsible for all the others: education programs, support groups, roundtable discussions, teleworkshops and telesupport.

And then there's SOS-Famille, where Waters meets with family members to help them solve critical problems involving their ill relative. So successful has this program become, it now accounts for a full half of Waters' time. The workload is shared with new staff member Blanche Moskovici.

"I guess you could call me a Jack of all trades," Waters laughs. "The coordinating suits my organizer side. As for SOS-Famille, I see myself there as a trouble-shooter. It's not my job to solve people's problems, but rather to help them find ways they can work things out for themselves."

### A gentle touch

Waters has the benefit of being easy to talk to, possibly the legacy of having grown up in friendly, down-home New Brunswick. Or maybe it's the message she communicates that she's not there to lecture or criticize. "For SOS-Famille to work, we have to be completely non-judgmental," she explains. "By the time families call to make an appointment, they're more than ready to talk. It's frightening to be out there alone when you don't know what to do. So they unburden themselves and I listen. Most of our work is showing families how to set limits, how to get everyone on the same page as to what's acceptable behavior and what isn't. And, very important, what they should do when a situation occurs that they just can't live with."



*Always listen, never judge is Waters' approach*

After leaving the real estate field and intrigued with the idea of working in mental health, Waters went back to school to earn her BA in psychology. During those five years she also began volunteering, helping with everything from care of the elderly to sexual-abuse cases. "Volunteering gave me a preview of my real world of today," she explains. "It's funny, but even the real estate job helped. To be successful there you need to know how to talk to people."

Looking back now, she realizes how narrow her focus on mental illness had been pre-AMI. "As a student, I saw it in medical terms, not necessarily something that concerned the family. Now, of course, that's all changed. It's very clear that someone suffering from a mental illness has the same dreams, goals and needs as everyone else, except they can't get where they want to go and sometimes they don't know why. They need help desperately."

### Still with us

Something that gets her back up is the power of stigma to deter people from seeking help. By people Waters means both consumers and their immediate families. And not only professional help, but even the comfort that supportive friends and other family members could provide. "Despite the progress, mental illness is still in the closet, still hush-hush because so much of the public still doesn't understand," she says. "And what we don't

understand we fear. The saddest part is that those who are trapped by stigma wind up only hurting themselves."

Waters is nevertheless a dyed-in-the-wool optimist who sees the picture for families as brighter than it was even eight years ago. That's largely because information is more readily available. With AMI's slate of programs, we play a big part, she's pleased to say, as does our website, which has attracted response from as far away as Newfoundland. "Hospitals are sending us more referrals, so while families still may not be receiving all the attention they crave from psychiatric personnel, at least they're being directed to a place where they can get support and information for themselves."

She envisions a time when, on that critical first day, instead of languishing on a bench in a very busy ER waiting for news about their just-admitted loved one, families will be told: "Rest assured, we're going to take good care of your relative. We don't have much time to talk now, but if you call AMI-Québec they'll give you all the facts and help you need."

There's seldom a day when Waters' desk looks uninhabited, rarely a quiet week in her schedule. And that's how she likes it. Loves the mix, the necessity to juggle so many balls at once and keep them all up in the air. It's what keeps her motor humming. "I'm thrilled," she confesses with a grin, "that after so long I'm still just as enthusiastic about my work." □





Thank you so much. AMI has received a substantial grant from the Canada Post Foundation for Mental Health, one of three in Montreal the Foundation announced this past fall. Above, executive director Ella Amir with Stewart Bacon, Canada Post senior vice-president and chief sales and marketing officer, at the announcement

## WANTED: CONSUMERS DREAMING OF SHOWBIZ

If your mental illness is under control, if you're being followed by a health professional and have a support system, if you've always thought you'd be good at stand-up comedy, here's your chance.

David Granirer, founder of Stand Up For Mental Health, will be conducting a 10-week training program for Montrealers that will culminate in a performance. The training will be offered in a group setting at AMI via Skype and DVD. Granirer, a resident of Vancouver, has been producing Stand Up for Mental Health successfully for a number of years and the performances have entertained groups in many cities. This is his first foray into Montreal. Training will be in English but the call is out for both English- and French-speaking participants.

For more information, call Kimberley at 514-486-1448. Visit [www.standupformentalhealth.com](http://www.standupformentalhealth.com) to learn more about the program and to view video clips. □

We have received a supply of Quebec's new handbook, "A Practical Guide to Mental Health Rights." Eight chapters contain all the legal information families coping with mental illness should know. Drop by the office to pick up your copy.

## WHO SHOULD BE HONORED?

### Help us decide

Nominations are now open for our annual awards and recognition. These kudos go to those whose exceptional efforts are helping us achieve our goals.

Know someone deserving? Mail or e-mail your nomination or nominations to the selection committee by March 1, 2010, including a short written rationale for your choice. The board of directors makes the final choice. Presentations will be made at the annual general meeting. For more information or help, call the office.

#### Monty Berger Award for Exemplary Service

Presented to an individual, usually an AMI member, who has made a significant voluntary contribution to AMI or its mandate over a long period of time.

#### AMI-Québec Award for Exemplary Service

Presented to someone working in the field of mental illness. Selection criteria include extraordinary care to those with mental illness, guidance and support to families struggling to cope and active participation in support of our goals.

#### Exemplary Psychiatrist Award

Presented to psychiatrists who endorse our agenda by guiding and supporting families, sensitizing health professionals to the pain and difficulties families face, promoting the inclusion of family members in treatment teams and increasing public awareness of mental illness.

#### AMI-Québec Volunteer of the Year

Presented to an AMI volunteer for service during the previous twelve months that far exceeded the norm as well as for outstanding and inspiring dedication to our objectives.

#### The Extra Mile Award

Presented to an individual or an organization for special efforts to promote the understanding of mental illness.

## Looking for those special people

Every year at this time AMI asks for its members' help in selecting nominations for its board of directors.

It's important, because an enthusiastic, energetic board can be a huge asset to our operations.

You probably know someone who fits the bill and would enjoy contributing. Send in your nomination along with a brief written rationale, snail mail, 514-486-1448, or e-mail, [amique@amiquebec.org](mailto:amique@amiquebec.org), to the office no later than March 1, 2010.

Board elections are held every June during the annual general meeting. □

# WINTER 2010

## SUPPORT GROUPS

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

### FAMILY for relatives

January 4, 11, 18; February 1, 8, 15; March 1, 8, 15

### PAC Parents of Adult Children

**7:00pm at AMI**

January 12; February 8; March 16

### SOUTH SHORE for relatives

**10 Churchill Blvd., suite 205, Greenfield Park**  
**Wednesdays 6:30pm**

January 13, 27; February 10, 24; March 10, 24

### SIBLINGS AND ADULT CHILDREN

January 11; February 8; March 8

### BIPOLAR DISORDER for consumers and relatives

January 4; February 1; March 1

### DEPRESSION for consumers and relatives

January 18; February 15; March 15

### OBSESSIVE COMPULSIVE DISORDER for consumers and relatives

January 18; February 15; March 15

### HOARDING GROUP (in collaboration with Quebec OCD Foundation)

January 4; February 1; March 1

### KALEIDOSCOPE for consumers

January 11; February 8; March 8

### OCD-TEENS for consumers

**7:00 pm at AMI**

January 11; February 15; March 8

### LIFELINE for consumers

**Thursdays 1:00-3:00pm**

**Alternative Centregens, 5770 Auteuil, Brossard**

**Registration required for programs below**  
**(Call 514-486-1448 for details)**

### Mood and Thought Disorders

6-session program begins February 1

### Recovery Workshop for Consumers

6-session program begins March 4

### Roundtable Discussions

January 25; February 22; March 22

### Teleworkshops

January 20; February 24; March 24

### Telesupport Group

January 13; March 17

### BOARD MEETINGS

**Tuesdays 7:00pm at AMI**

January 12; February 9; March 9

## JUBILATION RISING

**Fundraising concert a perfect storm  
of music, song and high spirits**



**W**e were prepared for a lively evening. It was the Montreal Jubilation Gospel Choir, after all. But then Karen Waxman raised the bar. “You’ll be on a high tonight, tomorrow and all weekend,” the fundraising committee co-chair promised at the start of the concert. And so we were.

Thirty-seven singers and a sextet of cool musicians presented a program of music so infectious they had the audience clapping along within minutes. Gospel, yes, but gospel far beyond the traditional. Now it turned jazzy, bluesy, even occasionally hinting at the operatic. “Scream and holler if you want, you don’t need my permission,” choir founder Trevor W. Payne urged in one of his periodic humorous asides. We did that, too.

We also danced at our seats and sang along to “Glory Train,” the last selection of the evening, when Payne coaxed members of the audience on stage to perform alongside the entertainers. The concert ended with much hilarity and applause for a memorable musical experience.

On a more pragmatic note, this second fundraiser was also a financial success, allowing us to reach our stated goal of raising \$100,000. The money is needed to support our growing range of programs and services. □

# YOUTH WILL BE BETTER SERVED

## The reform of mental health services is bringing a new sensitivity to the way young patients are cared for

**F**ive years ago Quebec launched an action plan to overhaul the delivery of mental health services in the province. Montreal's 30 CLSCs were merged into 12 CSSSs (*Centres de santé et de services sociaux*) and frontline psychiatry services are being transferred to them. The idea was to free up hospitals for more specialized, second-line services, thereby shortening wait times for patients. So how is life on the frontline? We looked in on two CLSCs to find out.

### CSSS de la Montagne

This is the city's only CSSS comprising three CLSCs: Metro, Park-Extension and Côte des Neiges. Joanna Broadhurst is responsible for the youth and adult mental health programs at Metro and Park-Ex.

Prior to 2007, CLSC family teams did everything from social work to dealing with autistic children and problem teenagers. Now Metro and Park-Ex share a separate youth mental health team. When it's fully staffed, expected very shortly, there'll be social workers, educators, nurses and psychologists – about 15 professionals in all – allocated according to need. Three child psychiatrists have come aboard as consultants. “Any family with a child needing mental health services now sees us first,” Broadhurst says. “Or their family doctor will refer them here. Our team evaluates the need, consults a psychiatrist if necessary and recommends follow-up services.”

In special cases involving, say, eating disorders, Cognitive Behavioral Therapy treatments or co-morbidity, the family will be directed to the appropriate hospital clinic. If a youth is released following a visit to the ER, now he or she will be referred to a CLSC rather than to in-

hospital psychiatry.

Broadhurst says this shared-care concept is the buzzword today in mental health circles in Europe and North America. It's a way of dealing with shortages of healthcare personnel. “We don't have enough psychiatrists to follow all the children who need help,” says Broadhurst. “The hope is that with training, support and psychiatric supervision, other mental health professionals will be able to take up the slack.”

Broadhurst finds the reform is tailor-made for multicultural communities like those her CSSS serves. “In my experience, families who've recently immigrated need some kind of help sooner or later. If they've lived through a war situation, the children are often traumatized. The



*Smooth-running in two years, Broadhurst predicts*

prospect of entering a large downtown hospital to face the hierarchy there was intimidating and they just wouldn't go. Now they can walk into a friendly, less formal CLSC close to home and meet with a social worker. No appointment necessary. I'd say that 90 percent of the families we're seeing today in our youth mental health program would never, ever have set foot in a hospital.”

Speed is another advantage. With the youth team in place, it's quick and easy to

set up appointments with a social worker and a psychologist.

Broadhurst predicts smooth sailing for the new operation within two years. “We have excellent people and the right atti-



*Moscovitz (l) and Germain value their community partners*

tude. We're able to reach youth better and serve more families. Many we're seeing would have gone without help before, not just new arrivals, but also those who have been here for several generations.”

### CSSS Cavendish

With a territory that includes Côte St. Luc, Hampstead and NDG, you'd think CSSS Cavendish was serving a comfortably-off, relatively homogeneous population. That would be wrong.

“You'd be surprised at the diversity,” says Nona Moscovitz, program manager for mental health services. “We see plenty of poverty, unemployment, single-parent families, immigrants from war-torn countries and people who speak neither official language.”

This CSSS grouped CLSCs René-Cassin and NDG. Social workers and nurses once made up their youth and family services programs. Now there's one large healthcare department divided into discrete units with more professionals and a wider choice of services. The youth mental health team includes a social worker, psy-

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## TRIBUTES & MEMORIALS

**In honor of Claudia Ikeman**  
Sherry Ellen  
David Sohmer, Spiegel Sohmer

**In honor of Danielle Medina**  
Pam Litman

**In honor of Alice Pomerantz**  
Fran and Howard Brenhouse

**In honor of Morley Miller**  
Marylin Block

**In honor of Annie Young**  
Winnie Margles  
Pam Litman  
Randy Zitrer

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

**In honor of Claudia and Jerry Ikeman's 50th anniversary**  
Barbara and Leonard Freedman  
Marilyn and Herb Isenberg  
Ann and Rod Suliteanu  
Jim and Elizabeth Tremain

**In honor of Sylvia Klein**  
Aida and Phil Salzman  
Shelley and Erle Schneidman  
and family

**In honor of Andy Nulman**  
R. Hoppenheim  
Nancy, Steven, Hailey and Gregory  
Krychman

**In honor of Jarred Grover's marriage**  
Karen and Jeff Waxman and family

**In honor of Bina and Leonard Ellen**  
Sherry Ellen

**In honor of Jon Young and Jen Levy's wedding**  
Sandra Kofsky  
Nan and Bill Lassner

**In honor of Elissa Hamilton**  
Paul C. Hamilton

**In honor of Karen and Jeff Waxman**  
Krayna Golfman

**In honor of Gwen and Barry Blidner**  
Annie Young

**In honor of Riva and Carl Gelber**  
Doris Evin

**In honor of Anita Miller**  
Frank Kagan

**In honor of Karen Waxman**  
Vivian Billick

**In memory of Lee Troster**  
Marylin Block  
Karen and Jeff Waxman and family

**In memory of Minnie Morgenbesser-Friedman and Morris Friedman**  
Saul Friedman

**In memory of Lois and Philip Berman**  
Herb Beiles  
Norma and Henry Botner

**In memory of Hershie Shtull**  
Becky Shtull

**In memory of May Gruman**  
Marilyn Fraiberg  
Marilyn Takefman

**In memory of Liz Kane**  
Sally McNamara

**In memory of Judy Ortenberg**  
Freda Baker

**In memory of Susan Leger**  
Sheila Leger

**In memory of James**  
Elizabeth Johnston

**In memory of Nichola Bush**  
Danielle Medina

**In memory of Mario Dugré**  
Gavin Wyllie

**In memory of Ruth Shamah**  
Gloria Aronoff

**In memory of Sonja Marcu**  
Gloria Aronoff

**In memory of Monty Berger**  
Alvin J. Guttman

**In memory of Maurice Fleishman**  
Marylin and Jeffrey Block

**In memory of Herman Zelikovic**  
Sandra Zelikovic

**In memory of Ruth Sohmer**  
Claudia and Jerry Ikeman  
Pat and Paul Rubin

**In memory of Cordélia Lavoie-Langlois**  
Diane Langlois

**In memory of Dr. Jonathan Andrew Block**  
Marylin Block

**In memory of Roberta Farquhar**  
The Ross family

**In memory of Ted Cormier**  
Moirra and Richard Edwards

**In memory of Sylvester Griffin**  
Heather and Denis Bernard

**In memory of Edith Low-Ber**  
Anonymous  
Jean Berger  
Marylin Block  
Canon Canada  
Micheline and Michel Chretien  
Andrea Cooper, Choeur des enfants de  
Montreal  
Rosetta M. Elkin  
Suzanne Brillant Fluehler  
Joan Haberman  
Belle Hittner  
Claudia and Jerry Ikeman  
Sylvia and Bill Klein  
Drs. Samarthji Lal and Maureen Kiely  
David Ludmer  
Kay Simpson  
Elizabeth and Jim Tremain  
Anthony Usher

**In memory of Bonnie Calderhead**  
Kay Simpson

**In memory of Sarah Gaulin**  
Angie Gaulin

**In memory of James Hughson**  
Ernest Hughson

**In memory of Doug Richardson**  
Kay Simpson

**In memory of Myrna Goldenberg**  
Patricia Block

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

*Youth will be better served ... continued from page 6*

chologist, psycho-educator, nurse and an art therapist. Also part of the team is a hospital-based psychiatrist who regularly meets with the CSSS staff and families needing assessments.

“Youth services always start with an evaluation of the family: how they view the problem and how they live, the child's experiences at home and at school, relationships with relatives and friends,” explains clinical supervisor Kateri Germain. Is it a behavioral issue? Anxiety? Withdrawal from regular activities? “To us what's more important than a label is understanding how a situation is playing out in the lives of

the family members.” Family intervention or therapy might follow, or maybe the child and the psycho-educator or art therapist start working one-on-one.

The Jewish General is the CSSS's formal partner for mental health for children, but they also partner with the Children's and Ste-Justine Hospitals. The shift in frontline services has allowed Cavendish to build stronger relationships with these partners and also with schools in their area.

But most families aren't interested in the details of internal reorganization. As at CSSS de la Montagne, perhaps the

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