

SHARE & CARE

THE RECOVERY OF HOPE ~ THE HOPE OF RECOVERY

HE TOUCHED US

**Mental illness as entertainment?
Howie Mandel made it happen at
our most successful fundraiser yet**

“It’s such an honor to be your mental case for the evening.” When those are the first words you hear from the star on stage, you know you’d better fasten your seat belt.

The fundraiser began with an introduction by CTV News anchor Mutsumi Takahashi. Stéphan Bureau, well-known journalist, would be interviewing Howie Mandel and we would gain insights into how OCD and ADHD



shaped Mandel’s life and career as a top-flight comedian and TV personality.

“I don’t touch anything. If you see me in the men’s room it’s like *Cirque de Soleil*.”

Mandel’s trademark one-liners exploded non-stop for over an hour. The difference was witnessing mental illness bandied about so candidly, no fear or embarrassment anywhere in sight. His problems began young.

“Growing up, everything was wrong. I wouldn’t tie my shoelaces. I showered and used 30 towels. I was thrown out of four schools because I couldn’t focus. No one thought that maybe I should see a psychiatrist.”

He was successfully hiding his disorders in plain sight until the facts accidentally slipped out on national radio. The possible



A Mandel zinger gets to Bureau

repercussions were terrifying, but a few days later a man stopped him on the street and confessed that he, too, had OCD. That disclosure helped turn Mandel into a crusader for improved attitudes towards mental health.

He attributes his success to his luck in being “surrounded by people who love me and great professionals.” That plus the fact that comedy is his passion and sanctuary, “the only place I’m at ease.” Society needs changing, though, and it has to come from the grassroots.

“We need more funding for research and legislation to give mental health the same importance in our schools and hospitals as physical health. There’s no shame in getting help. It should be part of the norm.”

Here’s The Deal: Don’t Touch Me is Mandel’s print exposé, a memoir of his battles

with and triumphs over mental illness. He touched many people that evening of May 18. Nothing physical, of course, but precisely where it counted the most — where our understanding lives. □



Takahashi with Lynn and Andy Nulman, guiding lights behind the fundraiser

BAD FOR YOUR HEALTH

**If you're a caregiver, stress is your constant companion.
But there are things you can do to end the relationship**

With so much attention focused on their ill relative, caregivers often feel not much heed is paid to their pressures and needs. That's not the case at the Centre for Studies on Human Stress at Louis-H. Lafontaine Hospital. Working through the prism of research and science, this group is dedicated to helping people understand and manage the effects of stress on both brain and body. The March 2011 issue of their publication, *Mammoth Magazine*, is devoted to caregivers and the stress of coping with their responsibilities. And as AMI families know only too well, that stress includes the stigma that sticks to mental illness.

This text is compiled and edited from articles by Nathalie Wan and Dr. Nicole Ricard.

It's estimated that 20 percent of the general population has elevated levels of psychological stress. Among caregivers it's 20-50 percent.

Caregivers' levels of depressive symptoms, sleep problems, clinical depression and anxiety are higher than those of the general population.

Diminished cognitive function, such as memory and attention, and general emotional distress also result from caring for a loved one with a mental illness.

Other family members suffer as well. Results of a 2004 study show that relatives of patients with schizophrenia are more apt to feel shame along with greater distress. They tend to view a mental illness in the family as a negative reflection on themselves. ("I am a bad relative." Or "I have faulty genes.")

Physical health

The immense stress and strain of caregiving affect caregivers' physiological functioning and increase the risk of worsening physical health. The problems include elevated blood pressure and stress hormone levels, heightened cardiovascular reactivity, risk for coronary heart disease, lower immune functioning and even increased mortality among spousal caregivers.

When there's a high level of care involved, daily self-care is often compromised. Caregivers typically have no time to exercise, see a doctor or rest when ill, and complain of insomnia. They forget to take the medications they're prescribed. Spousal caregivers are reported to experience a one-third increase in negative health symptoms and an increase in days ill due to infectious disease.

Social stigma

As if all that weren't enough, where there's mental illness there's bound to be stigma.

Research shows that about 70 percent of caregivers dealing with mental illness report feeling stigmatized. That perception brings with it depressive symptoms, poor physical health and a retreat from social activities. Children, spouses and siblings also suffer. They responded in a 2001 study that they felt their situation was so hard to bear, they considered suicide.

The World Health Organization has declared stigma and discrimination associated with mental disorder to be the single most important barrier to overcome in the community.

The stress is containable

What's stressful for one person doesn't necessarily apply to another. To find what works for you, it's important to pinpoint the stressful ingredients in your situation and work through each one in turn. Two websites can help:

www.humanstress.ca/stress/understand-your-stress/sources-of-stress.html and www.humanstress.ca/stress/trick-your-stress/principles-of-stress-management.html

1. The golden rule: keep a sane level of emotional distance from your ill relative. It's vital that you understand that you can help, but that you're not responsible for the behavior of your loved one.

2. Sidestep thoughts that place the blame on you. You can still be close to your relative while keeping a certain distance. By avoiding personal blame, you'll be better able to manage any situation that arises.

3. Surround yourself with people you can count on should you need them.

4. Learn to delegate certain responsibilities and to accept help when it's offered. One research study found that 42 percent of caregivers didn't ask for help during a crisis. There's a hefty price to be paid for going it alone.

5. If you haven't already done so, join a support group. Sharing experiences with other caregivers will provide you with information and tools you can use on a daily basis. (Check out AMI's range of support groups on page 5.) To learn more about the Centre for Studies on Human Stress, visit their website, www.humanstress.ca □



AMI volunteers have fun. They also play a big part in helping to keep the organization running smoothly. Which is why AMI hosts a 5-à-7 every year to say, "We appreciate your contribution and thank-you for a job well done." You have spare time? Join a great group. Call Kimberley at the office to discuss it. Shown l-r: Marilyn Fung, Janice La Giorgia, Emilia Grancharoff, Sophie Glorieux, Marty Zidulka

ONCE A WILD CHILD



Could that gentle voice on the phone really be Sylvie Albert?

Remember public school? There was invariably one trouble-maker in the class. He (it was usually a he) was the noisy one, the disrupter who spent an inordinate amount of time in the corridor or the principal's office as punishment.

Sylvie Albert was the disturber champ in her school. "They called me the brat and I was proud of it," she admits. "I was a good learner when I put my mind to it, but I had no discipline whatsoever and I loved showing off. Every impulse I had was out there for all to see. I held nothing back."

Her concerned parents finally took their 10-year old to a psychologist. "Today there'd probably be a diagnosis of ADHD," Albert says, "but not in those years."

She can't explain where the wildness came from. It certainly bypassed her two siblings, older brother Daniel and France, her younger sister. She describes them as calm, even reserved, though she suspects that they were both living with some sort of hidden anxiety.

Her father had mental health problems thanks to military conscription. A bachelor in his twenties during World War II, he was drafted and posted to an army base in Nova Scotia. He never saw active duty but returned home a radically changed man with a stutter. "The most anxious person I've ever met in my life" is Albert's description.

Her mother fancied herself a princess and lived in a fantasy world of designer clothes, fine restaurants and travel. Albert was her confidante and privy to confessions young daughters are better off not hearing. "My parents were married for 46 years," says Albert. "I believe it was a good marriage despite my mother's regrets that reality never measured up to the dream." Her father died eight days after 9/11. Her mother, now well into her 90s, still sees herself playing the role of the princess she always wanted to be.

Albert seesaws between wishing she could enjoy those same escapist fantasies and knowing full well she's too grounded for that ever to happen.

Goodbye to all that

In her late teens Albert went from being famously hyper to withdrawn and depressed. By the time she was in her 20s she had been diagnosed with anxiety, but it was only the beginning. She began to suffer a different sort of attack, episodes that lasted 30 minutes and even longer. "They were horrible. I'd start to lose touch with reality and hyperventilate. It was hard to breathe. My eyes would fill with tears so I couldn't see. And I'd feel depressed. I remember thinking, 'I have to be treated or I'll die.'"

This time the diagnosis was panic attacks.

It was pure coincidence that put Albert in touch with AMI. As she recalls, she saw a flyer and made a phone call. It was 1992 and Albert began attending depression-manic depression support groups. (There were no anxiety groups in those days.) One afternoon a week she took over the reception desk duties as a volunteer.

The days she wasn't at AMI, she worked at a pharmaceutical company where she screened volunteers for participation in research studies. Then the economic recession hit and in the summer of '09 Albert found herself unemployed. Just as she was feeling really low, AMI offered her a permanent position as receptionist.

It was win-win. Today we have a level of continuity and organization at reception that simply wasn't possible when shifts of volunteers were routinely sharing the work. Involved with Teleworkshop and Telesupport as well, Albert contacts local media in order to increase community awareness and promotion of our programs.



A thirst to learn

From pottery and tap dancing to clarinet lessons and weaving, Albert could never resist the lure of learning something new. "I'd finish one course, then start another," she says. "Why, I have no idea. I can only guess it was something to do and I was very much into doing." And now? "Now I'm more of a being person."

What she wants to be is more knowledgeable. Albert has been a part-time adult education student at the *Université de Montréal* for over 10 years. She has certificates in geriatrics and mental health intervention and expects to soon finish her third, in violence, victims and society. With the three in hand she'll have achieved her Bachelor's degree. "I've put in a huge amount of effort for my A and A+ results," Albert says. "Not that I plan to do anything with my degree. It was a challenge, a goal I wanted to achieve. Maybe one day people will say, 'With all her difficulties, she achieved this.'"

She's hard on herself, but generous with others. It was Albert, along with a friend, Valerie Gold, who started AMI's Kaleidoscope support group for consumers in the nineties. Gold, who suffers from schizophrenia and who has called the streets home for much of her life, has drifted out of contact. Albert mourns the loss. "We were both trying to recover. She had so many plans. She wanted to write, to go back to school, to put some discipline in her life. I'm fighting back, but I say to myself, 'Why me and not so many others I know? Why not Valerie? She had so much to offer.'"

continued on page 8

34th annual general meeting

MODESTY ASIDE, WE HAD QUITE THE YEAR

Proof that AMI's reach and stature in Montreal's mental healthcare community are continuing to grow is clear from a glance at what we were up to in our last fiscal year.

Apart from our well-established support, education and guidance programs, we took on new challenges like never before. Government funding is allowing us to extend our *SOS-Famille* counseling to elderly caregivers in Montreal and beyond. A pilot project with the Douglas Institute will see an AMI employee helping families in the ER as a member of the hospital's crisis intervention team. We introduced the English Montreal School Board to a resiliency-building program for children and youth.

We were thinking big in fundraising, too, with an eye on broad public appeal. The approach paid off beautifully when the recent Howie Mandel evening took our fundraising image and revenue to a whole new level.

In her address at the annual meeting, president Annie Young called 2010-11 "a very eventful and exciting year." Can we keep up the momentum? Just watch us. □



Beppie Boudens (l) and Béatrice Thériault (r) of the South Shore support group presented a **Volunteer of the Year Award** to Lise Bluteau, calling her "the perfect example of a volunteer in the field of mental health"



Dr. Simon Amar (r), winner of the **Exemplary Psychiatrist Award**, was lauded by Dr. Warren Steiner as "a psychiatrist who understands what recovery means and never loses hope"

Board of Directors 2011-2012

Executive Committee: Annie Young, president; Danielle Gonzalez, vice president; Jean-Claude Benitah, vice president; Anna Beth Doyle, treasurer; Joseph Lalla, secretary; Renée Griffiths, immediate past president

Members: Elva Crawford, Guy Dumas, Moira Edwards, Claudia Ikeman, Lorna Moscovitch, Anne Newman, Lynn Nulman, Judy Ross, Lynn Ross, Paul Rubin, Norman Segalowitz, Joanne Smith, Karen Waxman

Directors Emeritus: Marylin Block, Queenie Grosz, Sylvia Klein, Dorothy McCullogh, Anita Miller, Monica Reznick, Sylvia Silver, Kay Simpson, Elizabeth Tremain



*"AMI shaped me in my relationship to people and social justice," said **Laura Easty** (l) as she accepted her **Volunteer of the Year Award** from staffer Kimberley Jackson*



*Graphic artist **Joyce Cohen** took home the **Extra Mile Award**, presented by fundraising consultant Pam Litman*

Winners in absentia: the **Monty Berger Award for Exemplary Service** to immediate past president **Renée Griffiths**; the **AMI-Québec Award for Exemplary Service in the Field of Mental Illness** to **Gillian Bowman** of Vanier College

Job opening for a new AMI project

We're looking to hire someone full-time for a new position: peer support for family caregivers in the ER. Experience caring for a loved one with a mental illness is essential. Candidates must also be able to communicate effectively and offer knowledge and understanding to families in distress without their own situation intruding. Full details at our website, www.amiquebec.org

SUMMER 2011

SUPPORT GROUPS

Mondays 7:30pm 4333 Côte Ste-Catherine Road unless otherwise indicated. No registration necessary.

FAMILY for relatives

July 4, 18; August 1, 15; September 12, 19, 26

SIBLINGS AND ADULT CHILDREN for relatives

July 18; August 15; September 19

BIPOLAR DISORDER for consumers and relatives

July 18; August 15; September 26

DEPRESSION for consumers and relatives

July 18; August 15; September 12

OBSESSIVE COMPULSIVE DISORDER for consumers and relatives

July 4; August 1; September 19

HOARDING GROUP (in collaboration with Quebec OCD Foundation) for consumers and relatives

July 4; August 1; September 26

KALEIDOSCOPE for consumers

July 18; August 15; September 19

ANXIETY for consumers and relatives

July 4; August 1; September 12

PAC Parents of Adult Children

7:00pm at AMI

No meetings July or August

Resume September 13

SOUTH SHORE for relatives

Wednesdays 6:30pm

Greenfield Park Baptist Church, 598 Bellevue North, Greenfield Park

July 13, 27; August 10, 24; September 7, 21

LIFELINE for consumers

Last Tuesday of the month 1:30–2:30pm

Alternative Centregens, 5770 Auteuil, Brossard

BOARD MEETINGS

Tuesdays 7:00pm at AMI

August 2, September 6

FIRST RESULTS ARE IN

Many thanks to the 147 AMI members who helped launch an important research study

Three years ago executive director Ella Amir invited principal caregivers in AMI families to participate in a research project she was initiating as part of her PhD studies. The two-stage study, supervised by Carsten Wrosch of Concordia University's department of psychology, would investigate the impact of caring for a relative with a mental illness. The goal was to learn why some caregivers become stressed, depressed and even ill while for others the effect is quite the opposite.

It was hoped that the study would be able to identify some of the factors contributing to a positive outcome. Because caregiving techniques can be learned, caregivers and their families stand to benefit down the road from the knowledge acquired.

The investigation, parts of which were published in the *Journal of Personality and Social Psychology* last May, followed caregivers over a 17-month period. Seventy-eight percent of the group were women. Of these, 41 percent had relatives diagnosed with schizophrenia, 37 percent had relatives with a mood disorder and the relatives of 22 percent suffered from other disorders, such as OCD and ADHD.

Three main findings

Re-examining goals and ambitions proved key to sustaining a high level of well-being. Those who found it easier to adjust



For Amir, a goal achieved

and lighten their load blamed themselves less frequently for problems. They turned to alcohol or other drugs less often as a way of coping.

The study also found that while pursuing new goals can add purpose to life, caregivers should tread lightly, as increased responsibilities may negatively impact their well-being.

The big surprise of the study was learning just how heavy the caregiving burden is when a mental illness is involved. It surpasses even the levels reported among those caring for relatives with dementia, commonly considered the stressful ultimate.

"To everyone who participated in this study, my heartfelt thanks," says Amir. "It was a goal of mine and you played an enormous part in having it work out so well." The final report of the study will follow in about a year. □

TRIBUTES & MEMORIALS

In honor of Butsie Ross-Walfish's special birthday
Sherry Ellen

In honor of Mark Spires' birthday
Saul Friedman

In honor of Emmy Zemel
Marla and Lloyd Cooper and family

Welcome home to Rabbi Sherril Gilbert
Saul Friedman

In honor of Harvey Rosenbloom's special birthday
Sherry Ellen

In honor of Camille Dagenais
Pat and Paul Rubin

In honor of Ella Amir
Evelyn Lusthaus

In honor of Joseph Levy's special birthday
Sherry Ellen

In memory of Sol Aronoff
Shirley and Bob Smith

In memory of Pat Henderson
Shirley and Bob Smith

In memory of Hilary Griffiths
Suzanne Aubin Khalifa
Danielle Gonzalez
Alison Hall and Denis Barsalo
Judith Phillipson
Judy and Lynn Ross
Joanne Smith
Béatrice Thériault

In memory of Muriel Pater
Martha Bishop
Judy and Lynn Ross
Joanne Smith

In memory of Benjamin Feldman
Marilyn and Steve Fichman

In memory of Evelyn Ortenberg
Marylin Block
Arlene Brooks Nash
Diane Brooks
Rachel and Marty Cohen and family
Riva and Carl Gelber
Louise and Edgar Goldstein and family
Lysa and Mark Hornstein
Bruce Isenberg
Blanche Kaufman and Lena Royes
Sylvia and Bill Klein
Felice and Robert Levey
Elaine and Sid Milech and family

Monica and Maurice Reznick
Joan Rosenfield
Lana Rosenwald
Anita Shugar and family
Kay Simpson
Joanne Smith
Sylvia Soicher

In memory of Marion Jean Verrall
Robert Verrall

In memory of May Gruman
Kay Simpson

In memory of Monty Berger
Kay Simpson

In memory of Lionel Swift
Pat and Paul Rubin

In memory of Juan Garcia Casanova
Anonymous
Lina Garcia
Susan and Miguel Garcia
Daphné Santos-Vieira, on behalf of Karina Garcia's colleagues at CBC

In memory of Alexander Small
Elizabeth Tremain

In memory of Nuchim (Norman) Finkelstein Z"L
Saul Friedman

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

DANGER: RELAPSE AHEAD

The rocky bipolar road and how to navigate it

In the world of bipolar disorder there's no such thing as a final relapse episode. Whether a period of wellness is followed by the return of depression or a manic episode, relapse is part of the illness itself.

And it's self-perpetuating: once relapse happens, the more likely it is to happen again. A 1999 study published in the *American Journal of Psychiatry* reported that 73 percent of those diagnosed with bipolar disorder experienced at least one relapse over a five-year period. Two-thirds of the group had multiple relapses.

No one's clear as to why this happens. It's possible to follow all the best advice — eat well, exercise, minimize stress, take medication as prescribed, get enough sleep — and still experience relapse.

One theory is that the cycles are caused by changes at the cellular level, but the reason for that is also a mystery.

A few things are known: Those diagnosed with bipolar II are more likely to relapse than those with bipolar I. Their highs and lows are often shorter, but tend to return more often. They're also far likelier to relapse into depression than into mania or hypomania. By one estimate, there's a 40-to-1 ratio of depression to mania in bipolar II; it drops to 3-to-1 in bipolar I.

Now here's the critical fact: Even the mildest symptoms of depression and mania should be treated as potentially hazardous. Don't ignore any suspicion that relapse may be on its way. Apart from the impact on your behavior, there are other critical reasons to be on your guard.

Dr. Allan Young, department of psychiatry chair at the University of British Columbia, reports that people who have had multiple relapses — in the range of 20-30 over a few decades — tend to have worse brain scans. The scans show a loss of brain volume and structure, a decrease in grey matter and tiny lesions in white matter. This may lead to impaired cognition and emotional regulation, even, in extreme cases, fine-level paralysis.

Relapse also contributes to symptoms such as high blood pressure, high cholesterol and an increased risk of heart disease. When relapse is allowed to become more severe and frequent, health problems are

likelier to occur. It's like opening the door to suffering, morbidity and mortality.

Meds can't do it all

People who stop taking their medication have an 80 percent chance of relapsing within three months, Young notes. But despite their importance and no matter what you're being prescribed, meds alone can't prevent relapse. You need to avoid activities that may act as triggers.

These are some techniques people find effective:

A relapse prevention plan. Adria keeps a chart to track her thoughts, feelings and actions in several areas of her life, including finance, family, employment and health. When she feels a setback coming on, she's in touch immediately with her support group or therapist. It's been almost two years since her last relapse.

Mindfulness-based cognitive therapy, a combination of cognitive therapy and meditation, helps patients become more aware of their thoughts and helps reduce anxiety. Elly started practicing yoga and meditation twice a day to help calm herself and deal with her racing thoughts. She hasn't had a relapse since 1991 and credits the holistic approach as a good reason why.

Therapy sessions with his family were part of Michael's commitment to preventing relapse and improving family relations. Studies show that by reducing conflict,

improving communication and increasing empathy, family therapy leads to longer periods of wellness and less severe manic and depressive symptoms.

Minimize the impact

Here are some tried-and-true-strategies everyone can use to reduce and even delay the roller coaster swings of bipolar disorder.

- Take your meds. Compliance can help prevent recurrent depressive and manic or hypomanic episodes. If relapse occurs, your dose might need an adjustment, but that's no reason to go off your medication.
- Adequate sleep, physical activity and social contact are all important for preventing or minimizing relapse. Know your rhythms and work seriously at maintaining them.
- Both the illness and its course have a genetic component. If other family members have been diagnosed, note their relapse triggers and look for similar patterns in your own experience.
- See your healthcare professional at the first sign of a relapse. Mild symptoms early on are relatively easy to treat. The longer you wait, the harder the treatment becomes. □

Text of bipolar articles edited from material in BP Magazine, spring 2011, and bphope.com

Dear AMI, I need to know...

Live with a mental illness in the family and sooner or later you find yourself with more questions than answers.

We've come up with a new way we can help our members: a write-in feature in *Share&Care*. Write or e-mail us with your question and we'll print it along with our response in the newsletter. You can ask about caregiving, community resources, family dynamics, whatever's on your mind. You'll get the information you want and, at the same time, you might well be doing a favor for another family with your same problem.

Look for our postal and e-mail addresses on page 8 of the newsletter and drop us a line soon. □

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 wish to support your work with a donation

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

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

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

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

- VISA MASTERCARD Cheque

Card number _____

Name on card _____ Exp. date _____

Send payment to **AMI-Québec**,
6875 Décarie, Suite 300, Montréal, Québec H3W 3E4

Albert ... continued from page 3

That's why I find it impossible to boast about my recovery." To those struggling she would extend an offer: "Here, take half of my recovery so you can also be well."

Despite this self-denigrating approach, Albert has to admit that she's gained the upper hand. The panic attacks are gone, the anxiety triggers, such as crowds of people, are known. You're not apt to find Albert in a cocktail party whirl or even in stores at peak times.

Swimming twice a week helps control the stress, as do the sauna, the bicycle, meditation and companionable friends. She's done with the antidepressants she had been taking since her 20s. Now she takes a bit of an anti-anxiety pill, but only when it's really major, and does well on supplements like Omega-3.

No one would call mental illness a benefit, but some good accrued in Albert's case. It's brought her self-understanding and taught her to take responsibility for her life. She says she's more humble now. "That's a reality check for someone who once tried hard to picture herself as a princess, like her mother."

Six years ago Albert left her basement apartment and bought her own little castle — a condo in Park Ex. So there's a mortgage that needs paying. And if funds are available, she'd like to travel more. But what really rings her bell on a daily basis is the feeling of being involved at work, of contributing and accomplishing something worthwhile.

The wanna-be princess and the wild child have both landed on solid ground.

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, widely viewed as 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.

Annie Young, *President*
Danielle Gonzalez, *Vice President*
Jean-Claude Benitah, *Vice President*
Joseph Lalla, *Secretary*
Anna-Beth Doyle, *Treasurer*
Renée Griffiths, *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)

