

SHARE & CARE

THE RECOVERY OF HOPE ~ THE HOPE OF RECOVERY

More kudos come our way

We're honored. AMI has been chosen as 2011 Champion of Mental Health in the Community category by the Canadian Alliance on Mental Illness and Mental Health (CAMIMH).



Executive Director Ella Amir accepts our award from Graham Richardson of CTV Ottawa at the Champions dinner.

The award was presented last October in Ottawa during Mental Illness Awareness Week.

What impressed the Alliance? In a nutshell, our "outstanding contributions" in advancing Canada's mental health agenda and our work in helping families manage the effects of mental illness.

CAMIMH, which presents the Champion awards every year (this was their ninth) in a variety of categories, is an alliance of 19 national organizations representing consumers and their families, health care and social service providers, community and research organizations and professional associations.

CAMIMH was the organizing force behind the launch of Mental Health Awareness Week in 1992.

ALMOST THERE

Canada will soon have a national mental health strategy. What will it say?

And why should you care?

As people have often pointed out lately, Canada lags behind many industrialized countries (including the U.K., Australia and New Zealand) that already have a mental health strategy. Fortunately that's about to be corrected.

When the Mental Health Commission of Canada (MHCC) was set up in 2007, it was given a critical mandate: to improve the lot of those suffering from psychiatric and psychological illnesses by transforming the mental healthcare system. Creating a national mental health strategy has been in the works for more than two years, with data being compiled through in-depth consultations across the country as well as an on-line survey.

Now the final revisions are being put in place and the Commission expects to unveil its strategy some time early in 2012.

One coin, two sides

The writing of the document has been nothing if not a delicate balancing act. The complexity stems from the fact that there are two mainstream approaches to mental healthcare today. One reflects the role treatment and psychiatric input play, sometimes called the neuroscience approach; the second focuses on empowerment and recovery through a person's own growth experience.

Although some find these two views contradictory, others, including AMI's executive director Ella Amir, see them as complementing each other, providing an option to healthcare providers and patients that best corresponds to individual needs. Amir, chair of the MHCC's Family Caregiver Advisory Committee, is confident the strategy will be an inclusive one reflecting a broad range of views and pertinent to improving outcomes for people living with a variety of mental disorders. "To me it should function as a road map, a guide to a better mental healthcare system where we'll all have a role to play," she says.

For its part, the MHCC hopes the strategy will act as a catalyst for governments to set priorities, co-ordinate services and ensure that no group needing mental healthcare is overlooked or neglected.

To that end, these are among the issues you can expect will be addressed:

- **Strengthening the mental health infrastructure.**
- **Early intervention when and wherever people are ill.**
- **The relationship between those living with mental illness and the criminal justice system.**
- **Strengthening the capacity of communities to permit better accommodation of mental healthcare needs and services.**

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UNDER SUSPICION

At the Low-Beer Lecture: unsettling questions about the medications we trust to treat mental illness

Why has the prevalence of bipolar disorder in adults increased 100-fold since modern drugs were introduced?

Why has depression gone from episodic to chronic?

How accurate is the belief that mental illness stems from a chemical imbalance in the brain?

Robert Whitaker, speaker at this year's Edith and John Hans Low-Beer Lecture, can recall exactly what first caused him to question the use of psychiatric medications. It was two studies released by the World Health Organization and a

statistic revealing that recovery outcomes for patients suffering from schizophrenia in poor countries are substantially better than those for people who live in developed countries. The kicker: no more than 16 percent of patients in the former case take antipsychotics.

He immersed himself in studies and statistics concerning major mental illnesses and the methods being used to treat them. What he uncovered shocked him.

The past 20 years have seen a 50-fold

increase in drug usage in the U.S. Mental illness disability numbers have grown dramatically over the same period of time. And not just in the U.S. In Iceland, the number of

new disability cases has increased by 250 percent annually; New Zealand and Australia have seen a four-fold rise.

Why is this happening?

Part of the reason, says Whitaker, can be attributed to our understanding of how drugs act on the brain. Much of what was taken as gospel 40 years ago, such as the serotonin theory of depression and the dopamine theory of schizophrenia, is now being questioned and even discredited. As one research project concluded in

2005, "We have hunted for big, simple neurological explanations for psychiatric disorders and have not found them."

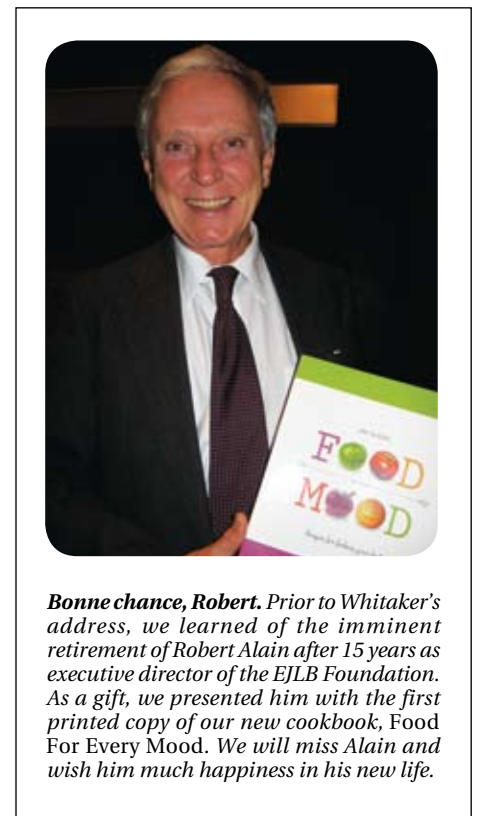
True, Whitaker notes, drugs do help patients in the short term, but that exposure changes the brain. As a result, patients relapse more often in the long term when they go off their medication. He presented study after study that arrived at the same conclusion.

Whitaker has no magic solutions to these problems. He is an author and journalist

by trade, not a scientist or a doctor of any description. He addressed the Low-Beer as an instigator, "the messenger," he calls himself. His mission for some 20 years has been to provide a platform for those living with mental illness to speak up about their concerns and to remind society that it has a responsibility to listen and act. □



"I am the messenger," Whitaker says. His address prompted many questions from lecture attendees.



Bonne chance, Robert. Prior to Whitaker's address, we learned of the imminent retirement of Robert Alain after 15 years as executive director of the EJLB Foundation. As a gift, we presented him with the first printed copy of our new cookbook, Food For Every Mood. We will miss Alain and wish him much happiness in his new life.

Help us find that special someone

Much of AMI's progress depends on dedicated individuals whose time and efforts lead us closer to our goals. So every year we salute those people with awards and recognition.

If you know someone who fits the bill, tell us who and

why. Mail or email your nomination along with a brief written rationale for your choice to the selection committee by March 1, 2012. Presentations take place at our annual general meeting in June. The current board of directors makes the final decision. For more information or help, call the office.

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LAWYER FINDS DREAM JOB IN ER

~ SERIOUSLY ~

Meet Donna Goodman, an AMI employee as of last October. At first glance it seems an unlikely move away from her chosen career.

As the saying has it, be careful what you wish for. Looking back on her brief stint in the legal world, Goodman wonders why she didn't realize sooner that it wasn't the right fit. "I was never the cliché type of lawyer. In fact, I should have put two and two together when I was a law student and doing a stage in the psychiatry department at the Jewish General. Working there was an unbelievably rewarding experience. Later on as a paralegal and during the years I spent in practice, I was always trying to find my way into a helping area. I left corporate for family law and youth protection, but it wasn't enough. I came to the conclusion that if I stayed working as a lawyer I'd never be able to give back in a way that I wanted to."

Concurrent with Goodman's growing legal dissatisfactions, AMI had a goal of its own. One of the most frightening experiences anyone with a mental illness in the family has to contend with is arriving at an ER with their ill relative for the first time. Logically the hospital's focus is on the patient. The family tends to be overlooked. But what if there were someone in Emergency whose job it was to give their full attention to family members, to explain, to help, to empathize? For five years we wrestled with the idea, discussing it with various hospital personnel, trying to find the right working formula.

Then a few months ago it all fell into place. The Douglas Institute agreed to a pilot project. And Goodman was a lawyer with an itch to switch.

Her official title is Family Peer Support Worker, the salient word being peer, meaning being able to identify with families through a shared caregiving experience. The person we chose had to be able to give families the sort of support and empathy that can only come from having lived through their same problems. It had

been an essential qualification in our hiring search.

A perfect match

Goodman has that and more, more than we imagined we'd find.

Not only is she currently a caregiver to her partner, she herself is a model of recovery, having lived with a mental illness since the age of 16.



"It happened out of the blue," she told us. "One minute I was like any high school kid, good friends, top of my class, then boom! In grade 10 I began getting symptoms of anxiety and panic attacks almost daily. I'd have the attacks anywhere — shopping malls, theatres, outdoors in public, even at home. I finally had to drop out of school. I was confined to my house, where I became agoraphobic for over two years." The symptoms developed into full-blown depression.

There was no AMI back then. For families trying to cope it was self-help or no help. The burden of caring for Goodman fell on her parents, her mother in particular. "We didn't know much about mental illness, but we tried to learn and find out everything we possibly could: what it was, what to expect, what treatments and therapies were available. My parents had nobody to turn to and

they struggled terribly because of it. I was so lucky to have them, but it broke my heart to see what they were going through."

Goodman credits her parents' support with being the key to her ultimate recovery, that along with medication, therapists and various therapies, including cognitive behavioral therapy, meditation and relaxation techniques.

The first time she set foot in the Douglas was to accompany her ill partner, who also suffers from depression. Now she works in the ER four days a week as first-line contact for families. The minute they arrive Goodman is there for them with a sympathetic ear, a helping hand and a shoulder to cry on. She's supporting people who are often completely overwhelmed, confused and at a loss for where to turn. Typically they've arrived with a family member who's just had a first-time episode. Or it could be someone who's been a caregiver for years, is now totally exhausted and doesn't know where else to go for help. Many families facing an emergency situation often call the Douglas rather than 911 and they're being referred to Goodman, as well.

The one day a week she's not in the ER, Goodman's at AMI attending staff meetings and sitting in on supervision, where difficult cases are discussed. She's also been attending support groups and bolsters our outreach efforts by speaking to high school, CEGEP and university students. She gave her first presentation last November at John Rennie High School. "It's a phenomenal program that really helps students and reduces stigma," she says. "And it's so important, given the overwhelming rate mental illness is growing among young people."

What goes around...

It's interesting that so many events in Goodman's life which originally caused difficulties and unhappiness are now proving to be an asset.

Law wasn't for her, but her legal expertise can be a great help to families.

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NEW KNOWLEDGE FROM THE ONGOING QUEST TO UNDERSTAND DEPRESSION

Adult depression traced to childhood

Why are some people suffering from depression able to rebound more easily than others?

One answer appears to lie in their childhood experiences.

Adults who were mistreated as children are twice as likely to develop multiple, long-lasting depressive episodes. They also are less likely to be responsive to treatment for their illness.

These are the conclusions drawn from research led by Dr. Andrea Danese, a teacher in the Department of Child & Adolescent Psychiatry at the Institute of Psychiatry, King's College, London. They're the result of 26 separate studies, all focusing on childhood abuse and depression.

It's estimated that about one in 10 children worldwide suffers some form of abuse, including psychological, physical and sexual maltreatment as well as neglect. Consistent observations over the years point to stress as being the culprit link between abuse and depression. People exposed to stressful situations tend to be more vulnerable to depression as well as to other illnesses. Those stressful experiences may be particularly detrimental in a young life, when the brain is still developing.

So strong is the link to the risk of depression that Dr. Danese and his colleagues suggest that childhood abuse should be regarded as a complement to emerging genetic markers of vulnerability for the illness. The hope is that their study will help doctors identify high-risk patients as early in life as possible, ideally before their first depressive episode, and will lead to the development of early intervention techniques and improved treatments. □



The gang was all there. Staff, volunteers and friends of all ages joined the AMI group as part of Montreal Walks for Mental Health last October. Many participants turned out for this, the third walkathon, the weather cooperated and we got our message across. No better way to spend a Sunday afternoon.

Is exercise an antidepressant?

A recent study discovers a fascinating connection

Many people suffering from intractable depression face the unpleasant necessity of adding a second medication to their treatment regime.

Here's another option: get on the treadmill instead.

A recent study conducted by a research team at the University of Texas Southwestern Medical Center found that adding regular exercise to their antidepressant treatment can improve effectiveness, even to the point of full remission, for patients with major depression.

Participants in the four-year trial were limited to those who had not achieved remission while previously being treated with an SSRI antidepressant, including Prozac, Paxil, Celexa, Zoloft and Lexapro. The researchers' aim was to learn whether exercise was an effective "augmentation" therapy that could reduce depressive symptoms when SSRI treatment alone was not enough.

If their theory proved right, it would be good news. Adding a second antidepressant to treatment therapy always increases the risk of side effects. And the psychotherapy that's often part of augmentation therapy is not always effective in treating-resistant patients.

A group of 126 patients was selected — men and women ranging in age from 18 to 70 who had been suffering continuously from depression for an average of seven years. Two groups were formed. One adhered to a lower level of daily aerobic exercise for a 12-week period; the other committed to a higher level of exercise that would require them to expend four times as much energy over the same period. All the exercises were done on treadmills and stationary bicycles.

After adjusting for baseline differences, results of the study showed remission rates of 28.3 percent for the higher-level exercise group, 15.5 percent for the lower. "The study tells us that exercise can be as effective as adding another medication," says Dr. Madhukar H. Trivedi, director of the Mood Disorders Research Program and Clinic at the university.

It's common knowledge that exercise improves cardiovascular and muscular health. Now it's known that what's behind the exercise-depression connection is the fact that exercise triggers biochemical changes in the brain. Perhaps it's that same trigger that makes possible the feeling of well-being so often touted by those who work out regularly.

Parsing the research data provided still more insight into the contribution that exercise can make in combatting major depression. An important part of the parsing involved compensating statistically for the different profiles of the study participants: men vs. women, for example, and those with a family history of mental illness vs. those without. These results indicated that the heavy exercise routine was more likely to result in remission for men regardless of their family history and for women whose family history showed no mental illness. The women with a family history of mental illness appeared to benefit more from the light exercise routine.

"We've concluded that the type of exercise patients need depends on their specific characteristics and that we should tailor the treatment to the individual," says Dr. Trivedi. □

Both articles edited from Brain & Behavior Research Foundation's eNews, September 2011.

A smokin' cookbook launch

Our new cookbook, *Food For Every Mood*, received its official debut at a launch-cum-open house at AMI's offices in late November.

And what an event it proved to be. Called for 3pm-7pm, the first guests began arriving before 2:30. By the time we all said our goodnights, we had tallied close to 150 visitors and 137 books sold.



Almost stealing the spotlight was the food catered by Paola along with nine varieties of cookies, cake, biscotti and brownies baked by fundraising committee members from cookbook recipes. (More than one person was spied filling a napkin of goodies to take home.)

Food For Every Mood costs \$40 including tax with proceeds going to support AMI's programs. Own a copy or surprise a friend over the holidays. ☐



Photos by Lyon & Rohan Photography.

Where to shop

In addition to the supply at AMI, *Food For Every Mood* is available at these six locations. (Note that our office will be closed December 23-January 8.)

- **Annie Young Cosmetics**
6775 Decarie Blvd.
- **Les Nettoyeurs Astra**
5802 Côte St-Luc Rd.
- **Cummings Jewish Centre for Seniors gift shop**
5700 Westbury Ave.
- **Lindaz**
2360 Lucerne Rd., suite 6
- **Ritsi**
4863 Sherbrooke St. W.
- **Kinatex**
5501 Cavendish Blvd.

WINTER 2012

SUPPORT GROUPS

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

FAMILY for relatives

January 9, 16, 23; February 6, 13, 20; March 5, 12, 19

SIBLINGS AND ADULT CHILDREN for relatives

January 16; February 13; March 12

BIPOLAR DISORDER for consumers and relatives

January 23; February 20; March 19

DEPRESSION for consumers and relatives

January 9, February 6; March 5

OBSESSIVE COMPULSIVE DISORDER

for consumers and relatives

January 16; February 13; March 12

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

January 23; February 20; March 19

KALEIDOSCOPE for consumers

January 16; February 13; March 12

ANXIETY for consumers and relatives

January 9, February 6; March 5

PAC Parents of Adult Children for relatives

7:00pm at AMI

January 17; February 16; March 15

SOUTH SHORE for relatives

Wednesdays 6:30pm Greenfield Park Baptist Church
598 Bellevue North, Greenfield Park

January 11, 25; February 8, 22; March 7, 21

LIFELINE for consumers

Last Tuesday of the month 1:30-2:30pm

Alternative Centregens, 5770 Auteuil, Brossard

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

Mood and Thought Disorders

6-session program begins February 14

Roundtable Discussions

February 2; March 28

Tele-workshops

January 25; February 22; March 21

BOARD MEETINGS

Tuesdays 7:00pm at AMI

January 10; February 8; March 6

Lawyer ... continued from page 3

Taking on the role of caregiver for her ill partner honed her skills in navigating the healthcare system and familiarized her with community services and resources.

And who better to speak to students about mental illness and stigma than someone who's been there and done that?

The ordeal her parents went through drove home the importance of family support and education. In fact, what surprises her most these days is how little people know about mental illness and how unaware they still are of where to go in the community for the help they need.

The family peer support pilot project at the Douglas is scheduled to run for two years. The hope is that the concept will prove so beneficial to both patients and their families that the hospital will make it a permanent part of their ER operation.

And we would like nothing better than for the approach to be adopted by other hospitals and eventually even become the norm, the established way of helping families keep their wits together while going through a most traumatic time in their lives. □



***She's the big cheese.** Congrats to AMI's Kimberley Jackson, whose dish was voted most delicious in the Up House Mac 'n' Cheese Competition held last October. Marty Zidulka of Up House (l) took second place; third place winner was Henry Perrault of Project PAL.*

OVER-HYPED HOLIDAYS, DREARY WINTER: how to cope with them both

by **Giovanna Nicolo,**
communication and
outreach coordinator

The heavily marketed holiday season insists that we all be joyful and surround ourselves with loving family and friends. This storybook ideal, followed by the dark, frigid months of winter, can boomerang. And you don't have to live with a mental illness to want to shut the door on it all.

I put the problem to Elizabeth Gluch, a special needs adult education educator, for some practical ideas on how you can come out ahead during the next few months.

GN: Expectations during the holidays are so unrealistic. What's the best way to deal with them?

EG: At this time of year, we're often invited to social and family gatherings we'd rather not attend. We may also feel we don't have the physical or mental stamina to deal with the heightened responsibilities and expectations. Our focus group came up with some good ideas.

"Acting in our own best interest." We should try to separate what we look forward to from what we dread, so we can enhance the one and decrease the other. That may mean limiting our social obligations and deciding ahead of time whom we would really like to spend time with and under what circumstances.

"Anticipation" is a great word. Remember how you reacted in the past during a demanding situation or when a relative brought up an unpleasant incident? Be proactive instead. For instance, you can redirect the course of a conversation by asking others about

their interests. That way you won't feel like a victim of unwanted scrutiny.

GN: What about someone on a limited budget?

EG: If money is tight, why not focus more on the spirit of the season? You could suggest limited gift-giving (in dollars and/or number of individuals). How about exchanging skills, talents and passions instead of merchandise? Try to avoid frenzied last-minute shopping, when desperation and overspending often take over.

GN: Can anything counteract feelings of loneliness and isolation?

EG: Maintaining existing support networks at this time can be crucial. If you belong to a club, sports team, support group or a spiritual organization, participate. Phone friends whose company you really enjoy. If you don't feel like socializing but dread staying home alone, have a short list of alternative destinations: a museum, a library, the gym, a park.

Establishing a routine is helpful for many of us. So is being part of some sort of meaningful activity. Volunteering can be an intellectual stimulus and a great way to meet new people.

For really difficult days, there's help at **Tel-Aide**, 514-935-1101, and **Suicide Action Montreal**, 1-866-277-3553. An infinite number of websites, including AMI's own, offer information and support. □

Elizabeth Gluch animates a variety of wellness and lifestyle groups at the day hospital of the Allan Memorial Institute.

Nominations ... continued from page 2

Monty Berger Award for Exemplary Service

Presented to a volunteer, usually an AMI member, who has made a significant contribution to AMI or its mandate over an extended 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 difficulty 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 12 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. □

Board of directors nominations now open

Every year we ask for our members' help in finding the best people to serve on our board of directors.

The choice is important because a better board inevitably means a better AMI.

If you know an enthusiastic person interested in helping us reach our goals, let us know. Send in your nomination with a brief written rationale to the office, snail mail or email, no later than March 1, 2012.

Board elections are held at our annual general meeting in June. □

TRIBUTES & MEMORIALS

**In honor of Karen Waxman
Irwin Woods**

**Blessings to Chavurah Mile-End
Saul Friedman**

**In honor of Meryl Elman
Cheryl and Sheldon Jacobson**

**In honor of Lillian and Billy Mauer
Barbara and Jerry Sheiner**

**Rosh Hashana wishes to Mr. and
Mrs. Marc Kimmel and family
Karen and Jeff Waxman and family**

**Rosh Hashana wishes to Mr. and
Mrs. Hershey Goldenblatt and family
Karen and Jeff Waxman and family**

**Rosh Hashana wishes to Mr. and
Mrs. Barry Rapkowski and family
Karen and Jeff Waxman and family**

**Rosh Hashana wishes to Mr. and
Mrs. Warren Werbitt and family
Karen and Jeff Waxman and family**

**Rosh Hashana wishes to Mr. and
Mrs. Jimmy Garfinkle and family
Karen and Jeff Waxman and family**

**Rosh Hashana wishes to Mr. and
Mrs. Joshua Cohen and family
Karen and Jeff Waxman and family**

**Rosh Hashana wishes to Mr. and
Mrs. David Moysé and family
Karen and Jeff Waxman and family**

**Rosh Hashana wishes to Mrs. Andrée
Shadowitz and sons**

Karen and Jeff Waxman and family

**In honor of Anita Miller
Frank Kagan and Elsa Kisber**

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

**In honor of Carole Hebert
Karen and Jeff Waxman and family**

**In honor of George Stern
Karen and Jeff Waxman and family**

**In memory of O'Linda Cuffaro
Paul Rubin**

**In memory of Fay Freedman
Bessie and Leonard Kaufman**

**In memory of Michael
Efthimiakopoulos
Dionisios and Violetta Kotrokois
Sandra Zeliotis**

**In memory of Nicolas Busch
Ann Toth
Debbie Toth**

**In memory of May Gruman
Marilyn Fraiberg**

**In memory of Liz Kane
Sally McNamara**

**In memory of Jacqueline Dealy
John M. Dealy**

**In memory of Barbara Bornstein
Karen and Jeff Waxman**

**In memory of Marion Verrall
George and Christine Morin**

**In memory of Izabella Smolka
Ernest Rashkovan**

**In memory of Leonard Neil Lazare
Jean Berger**

**In memory of Bonnie Calderhead
Kay Simpson**

**In memory of Douglas Richardson
Kay Simpson**

**In memory of Dr. Samarthji Lal
Kay Simpson**

**In memory of Pieter Boudens
Kay Simpson**

**In memory of Doreen Kane
Jane and Jerry Auchinleck
Irene and Bryan Cyr
Kathleen Shuman
Kay Simpson**

**In memory of Maxine Sevac
Donna Kuzmarov**

**In memory of Paul Panet-Raymond
Sylvia and Bill Klein**

**In memory of Beatrice Greenberg
Karen and Jeff Waxman and family**

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

