www.amiquebec.org Summer 2013 VOL. 36 No. 3

SHARE & CARE

THE RECOVERY OF HOPE ~ THE HOPE OF RECOVERY

Hiding in plain sight

Mental illness stigma almost ruined the lives of our two fundraiser celebrities

You might think that our spring fundraising event, which featured a conversation between two high-profile sports figures, would produce a lot of muscle-bound jock talk. You'd be wrong.

Michael Landsberg and Stéphane Richer proved to be warm and funny, not that easy to be when the subject is depression. Both suffered in silence for years from the illness, but they made up for it that evening as story after story held the fundraising audience captive.

They coped with their problems in distinctly different ways. Landsberg, a sports broadcasting personality since 1984 and today the host of TSN's Off The Record, fearfully concealed his problem for 10 years. Was he so skillful that nobody noticed? Perhaps closer to the truth: mental illness then was even more of a taboo than it is today, certainly not a subject for friendly inquiries. "In all that time," Landsberg says, "not one person ever asked me if I was feeling okay or if there was something wrong. Lucky for me, I finally realized that help was available. I believe what saved my life was going to a doctor who started me on medication."

There's a big need for candor out there. One night, newly emboldened, Landsberg spoke of his depression during a show. Emails from 20 men followed, all conveying the same message: "You've convinced me. I'll go for help tomorrow."

Richer, a forward with the Montreal Canadiens, achieved two 50-goal seasons with the team, twice winning the Molson Cup. He had money and fame, he had a Porsche, and it all counted for very little. He couldn't wait to get home and shut the door behind him. Suicide seemed the only solution. In '95, the year his skill helped the New Jersey Devils win the Stanley Cup, he hit bottom and thought seriously of running his Porsche off the road.

Unlike Landsberg, Richer felt no one could help him and rejected the doctor route, determining he'd look after his depression himself. He divided the world into, as he describes it, good people and bad people and decided he would spend time only with those who loved and respected him for who he was. That included his family and excluded hockey. Today a businessman with 85 employees, he travels a good deal and speaks to groups about mental illness. "You should zero in on what you need most and then go for it," he advises.

Stéphane Richer (above) and Michael Landsberg are long-time pals

Now that they've gone public about their depression, what's the most common question Richer and Landsberg get asked? Answer: What do you have to be depressed about? "Imagine," says Landsberg, "many people still don't understand that depression is an illness, not a choice, and that you can't judge a person by the job they hold down." Still, there's progress. "What we're doing tonight could never have happened 10 years ago," he continued. "But until we live in a world where mental illness doesn't scare people away from speaking out, we'll continue to suffer."

Our fundraiser attracted an enthusiastic capacity crowd

While their lives are infinitely better today than yesterday, they're resigned to the fact that depression will likely be with them for keeps. Some days are good, others not so much. The most terrifying moment, they both agree, is always that flash of fear on first waking up when you have no idea what sort of day it will be. ❐

THE IMPORTANCE OF BEING RESILIENT

Your mental health actually depends on it

Being resilient doesn't mean living a life free of difficulty or distress. Rather, resilience is the ability to adapt, bounce back and even become stronger in the face of adversity, trauma or tragedy — the very challenges that families coping with a mental illness face on an ongoing basis.

Resilience isn't a trait we either have or don't have. Fortunately it can be built through behavior, thoughts and actions. Many studies show that the primary factor in resilience is having caring and supportive relationships inside and outside the family. Relationships that create love and trust and offer encouragement and reassurance help enormously. But in the end the path to resilience is a personal journey and different techniques work for different people. Here are some to try:

Strategies for building resilience

Make connections. Good relationships with close family members and friends who can offer you help and support are important. Membership in a local group or volunteering your time and expertise can also be beneficial.

Realize that change is part of living. Accepting that certain dreams may be out of reach can help you focus on those circumstances you can alter.

Develop realistic goals. Instead of fixating on tasks that seem unachievable, do something regularly — even if it seems trivial. Tackle problems decisively rather than disengaging and wishing the difficulty would just go away.

See yourself in a positive light. Living through tragedy and hardship can result in better relationships, a greater sense of strength and self-worth, and a heightened appreciation of life. Developing confidence in your ability to solve problems and trusting your instincts help build resilience.

Keep a long-term perspective. Even when dealing with stressful events, by looking beyond the present and considering a broader context you can change your reactions and interpretation. Avoid seeing crises as insurmountable problems.

Be hopeful. An optimistic outlook allows you to expect that good things will happen. Try visualizing what you want rather than worrying about what you fear.

Take care of yourself. Pay attention to your own needs and feelings. Participate in enjoyable, relaxing activities. Exercise regularly. Keeping your mind and body in shape helps you cope with situations that require resilience.

The upside to adversity is that your personal growth and development are enhanced when you're in unfamiliar territory, when your comfort levels are breached and you're out of your depth and struggling. A resilient response promotes growth and development, even life-enhancing change.

To read more on resilience, you'll find two new books in our library: *The Resilience Factor*, Karen Reivich and Andrew Shatté (Three Rivers Press) and *Resilience: The Science of Mastering Life's Greatest Challenges*, Steven M. Southwick and Dennis S. Charney (Cambridge University Press). ❐

Data on resilience edited from articles by Rod Warner, Cape Town, South Africa, and the American Psychological Association.

Make resilience training for students part of the school curriculum, we say

Three years ago AMI helped launch a pilot project with the English Montreal School Board. The program, called FRIENDS for Life, is designed to prevent depression and anxiety in children and teenagers by building the resilience they need to cope with the many stresses of their world. The idea originated over 10 years ago in Australia and is being used today by schools worldwide.

A different world

Childhood is no longer the carefree time grownups like to recall. Technology has put a new, all-too-adult stamp on fun and games. Both parents working full-time, overprogramming children's lives, relentless injunctions to excel — it's an emotional burden that's too heavy for most kids.

If you need further evidence that something's gone off the rails, consider the six-year study carried out by university teams with mothers of Quebec-born children. It showed that close to 15 percent of preschoolers had high levels of depression and anxiety. Their ages ranged from five to 50 months.

The first two schools chosen for the FRIENDS project were General Vanier in St-Léonard and Gerald McShane in Montreal North. Three schools in Laval were subsequently added. On AMI's initiative, Dr. Robert Savage, a researcher at McGill's faculty of education, was chosen to analyze and evaluate the data supplied by teachers and parents from the program in Laval.

continued on page 3

"SICK? NO WAY I'M SICK!"

Don't be aggravated. Your ill relative truly believes everything's just fine

It's hard to imagine that someone with psychotic symptoms can be totally oblivious to the fact. But that's often the case with people suffering from schizophrenia and bipolar disorder.

Anosognosia (pronounce it ano-so-nosia) is also known as "lack of awareness" or "lack of insight." In moderate to severe degrees, it affects about half of those living with schizophrenia and 40 percent of people whose bipolar disorder includes psychotic features. It's the most common reason for stopping or refusing to take medication.

Most of us use denial from time to time as a psychological defense tactic to deflect or reject unpleasant information. That's different. Anosognosia's roots are biological, not psychological. Neurologists agree that anatomical damage to the structure of the brain, especially the right brain hemisphere, is what causes the problem.

The term "anosognosia," first used by a French neurologist in 1914, has long been recognized as a symptom that can occur with strokes, brain tumors, and Alzheimer's and Huntington's diseases. It's been a topic in psychiatric circles since the 1980s.

The severity of anosognosia can vary. Awareness may improve during periods of remission, then worsen during a relapse. Studies suggest that about one-third of those with schizophrenia and an even larger percentage of people with bipolar disorder have greater awareness of their illness when they take antipsychotic medication. But it's a catch-22. How do you convince someone to take their medication when there's no perceived reason for it?

Without medication a mentally ill person becomes more vulnerable to such undesirable consequences as arrest, incarceration, homelessness, victimization, suicide and violence. It's in everyone's best interest to find a way around the situation.

Xavier Amador's book *I Am Not Sick, I Don't Need Help!* is considered a classic on the subject of anosognosia. (It's in our library and available for purchase at the office.) He's bound to include the topic when he addresses our Low-Beer Lecture on November 7. An important reason for you to be there. ❐

Tips for family caregivers

There are techniques to help you cope with your relative's non-compliance. First, understand that denying the obvious isn't a matter of being contrary. So don't judge, criticize or try to force an admission that the illness really exists. Focus on motivation instead. Discuss which symptoms improve when medication is taken and what changes occur when it's stopped. Making your point this way will allow your relative more of a say in their treatment and will concurrently boost their confidence in you.

A friendly reminder about our website

To keep you well informed, we update our website regularly with information about our programs, services and upcoming events. Make it a habit to check our homepage for the latest news at **www.amiquebec.org**.

Resilience *... continued from page 2*

His report contained a conclusion that Savage called "good news": Teacher, parent and student perceptions all pointed to evidence of measurable, positive social change, including a significant reduction in emotional symptoms, hyperactivity and peer problems. There was also a significant reduction in the number of socially rejected children.

AMI is spearheading a policy group that aims at encouraging the government to consider integrating resiliency programs such as FRIENDS in school curricula. We strongly believe that developing resilience at a young age is valuable ammunition for preventing some mental health problems down the road.

Note to parents: In 2004 the BC Ministry of Children & Family Development implemented the FRIENDS program province-wide. A complementary FRIENDS for Life Parent Program was subsequently developed by the F.O.R.C.E. Society for Kids' Mental Health. It teaches parents how to reinforce the FRIENDS skills at home. You can download the six interactive segments, including workshops and resources at **http://friendsparentprogram.com/** ❐

Annual general meeting

CHANGING OF THE GUARD

Jean Claude Benitah takes over as president

Jean Claude Benitah, a seven-year veteran of the board, was elected AMI president at our annual general meeting. In his incoming address, Benitah provided both a look at our current programs and also an overview as to where our interests and involvements will likely be taking us during 2013-14. (Read a summary of his remarks on the facing page.)

In addition to the awards we normally present at the meeting, this year we offered special recognition to Louis Béland, our accountant and auditor during the past 20 years, whose generosity and dedication to our welfare have contributed greatly to our success.

Well-deserved recognition for Louis Béland

The Exemplary Service Award to Reuven Feldman for exceptional care

Another departure from tradition was the awarding of the AMI-Québec Award for Exemplary Service to Reuven Feldman. Unbidden, he created "Feldman's Home," which for over 30 years has been a refuge for the most marginalized of people suffering from mental illness.

The evening concluded with a screening of a video by psychologist (and speaker at our Low-Beer Lecture next November) Dr. Xavier Amador. The video deals with a problem most AMI families face at one time or another: how to effectively communicate the need for treatment to a loved one who's ill. ❐

Barbara Sheiner (l) and Miriam Byers — volunteers of the year

The Monty Berger Award to Annie Young, outgoing president

Lynn Nulman, Fundraising committee chair, winner of the Extra Mile Award

The Executive: (l to r) Joanne Smith, Annie Young, Jean Claude Benitah, Anna Beth Doyle, Norman Segalowitz

Board of Directors 2013-2014

Executive Committee: Jean Claude Benitah, president; Anna Beth Doyle, vice president; Norman Segalowitz, treasurer; Joanne Smith, secretary; Annie Young, immediate past president

Members: Simon Amar, Elva Crawford, Guy Dumas, Moira Edwards, Danielle Gonzalez, Joseph Lalla, Anne Newman, Lynn Nulman, Carol Plathan, Judy Ross, Lynn Ross, Paul Rubin, Donna Sharpe, Karen Waxman

Highlights from Benitah's speech

AMI-Québec is in a sound financial situation and its name is well recognized throughout the province. As a result, my future efforts as your new president will be that of continuity. **We will make sure that family caregivers continue to be the focus** of our program and attention. We will continue to explore the best ways to support and guide caregivers as they cope with mental illness. We will continue to review and adjust our programs to best respond to their needs.

We will also **aim at providing information and support as early as possible**. To achieve that, we will seek to enhance our presence in hospitals and other medical institutions, so families arriving in crisis would have immediate attention from a peer support worker. A pilot project now operating at the Douglas ER reinforces our conviction that families benefit from early support and the presence of a person who is a caregiver can be an invaluable source of support and comfort.

In addition to serving our local communities, we will **continue to offer support to English-speaking families in regions outside the Montreal area**. We will add webinars [conferences via computer] to the tele-workshops and video-conferences already offered to remote regions. We will continue to use Skype for long-distance individual counseling.

[We have designated] **stigma-fighting as a key strategy** in the area of public awareness. We will therefore apply this strategy to combat stigma through public awareness activities. As in past years, we expect to visit schools, universities, CEGEPs and community organizations, make presentations about mental illness and mental health and inform them about available resources. We will offer workshops to schools in regions through distance learning.

We will continue to **play a leading role in the mental health promotion and illness-prevention process**. In collaboration with community partners, AMI has introduced a resiliency-building program for children and youth in a number of schools in Montreal. In the coming year we expect to lead a policy group that would articulate a recommendation to include such a program in school curricula across the province.

We will continue to explore fundraising opportunities in order to secure our programs. About half of our operating budget comes from fundraising activities, so we must continue to be vigilant in this very important area. ❐

SUMMER 2013

SUPPORT GROUPS

Mondays 7:00pm 4333 Côte Ste-Catherine Road

unless otherwise indicated. No registration necessary.

FAMILY for relatives

July 8, 22; August 5, 19; September 9,16, 23

SIBLINGS AND ADULT CHILDREN for relatives

July 22; August 19; September 16

BIPOLAR DISORDER for consumers and relatives

July 22; August 19; September 23

DEPRESSION for consumers and relatives

July 8; August 5; September 9

OBSESSIVE COMPULSIVE DISORDER for consumers and relatives

July 22; August 19; September 16

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

July 8; August 5; September 23

KALEIDOSCOPE for consumers

July 22; August 19; September 16

ANXIETY for consumers and relatives

July 8; August 5; September 9

SOUTH SHORE for relatives

Wednesdays 6:30pm

Greenfield Park Baptist Church, 598 Bellevue North, Greenfield Park

July 10, 24; August 7, 21; September 4, 18

BOARD MEETINGS

Tuesdays 7:00pm at AMI

July 30, September 3

CAN WE EVER BEAT STIGMA?

Despite numerous efforts to crush it, the age-old prejudice is still alive and kicking

Go figure: a major international study involving 16 countries and 19, 508 participants found that despite the acknowledgment of mental illness as a disease that can be effectively treated, people living with conditions such as depression and schizophrenia are seen as undesirable for close relationships and positions of authority.

Even in those countries more understanding and accepting of mental illness, stigma exists when it comes to marriage, caring for children, self-harm, civic responsibility and holding responsible positions at work.

In England, an anti-stigma campaign called Time to Change ran from 2008-2011. Its primary goal was to shift public attitudes and the impact it had was encouraging. People with mental health problems reported less stigma and discrimination among friends and family; they felt more empowered and enjoyed more social contact.

One group, however, bucked the trend: attitudes among healthcare professionals barely improved.

No simple answers

Dr. Rob Whitley is an assistant professor of psychiatry at McGill. He's worked in research at the Douglas since 2010 trying to dissect stigma and understand what helps people recover from mental illness. While studies to pinpoint how stigma in the media affects consumers are a specialty, he's also investigated attitudes towards the mentally ill among healthcare providers.

He isn't surprised that England's Time to Change campaign had only minimal, if any, impact on healthcare workers. "In my view, their focus was too broad," he says. "If you want to change people's attitudes and perspectives, you need to run really targeted campaigns."

Mental illness stigma is old as dirt and that's a problem. Over the centuries it's become so ingrained in society that even intelligent, well-educated people can have negative attitudes and not realize it. Only when it's pointed out, Whitley says, do they see how offensive and hurtful they're being or how damaging their words and actions can be.

I'm shocked but optimistic, says Whitley

Last summer Whitley conducted interviews with McGill graduate students in their 20s and 30s. He asked a simple question: "What comes to mind when I mention the term mental illness?" Half the group answered, "I think of violence." Or "People who are aggressive." Even "I think of Down syndrome."

It's safe to say we're all carrying around preconceived notions of one sort or another. One of Whitley's investigations, a study of Canadian media to learn how people with a mental illness were being portrayed, produced some unexpected results when compared with data from studies done in the U.S. and the U.K. "We like to imagine there's more empathy and less titillation in our own back yard," he says, "but we discovered that media in Canada are just as guilty of stigmatizing clichés as media elsewhere."

We also prefer to think that an extra helping of humanity is what attracts people to the caring professions and keeps them there. But as explanations for the minimal shift in attitudes among mental healthcare professionals after the Time to Change campaign indicate, that's not always the case. One worrisome conclusion is the possibility that over time care workers become more hardened and cynical about patients. Many lay the blame on the stress of working in England's overstretched system with its too-long waits and too-little money. (Sound familiar?)

But if overwork and burnout affect attitudes, notes Whitley, so does the very nature of mental illness interventions. "Healthcare professionals are no different from anyone else. They like cases that are clear-cut and can be resolved quickly. Unfortunately mental illness is complex and recovery doesn't happen overnight. That can wear down a person's patience and tolerance."

What can be done?

Planning is underway in England for the second phase of Time for Change, part of which will include face-to-face talks with royal colleges and other organizations representing health professionals. Whitley believes the workshop concept — meeting with formative people such as healthcare providers, journalists, editors and teachers to explain how stigma hurts and which interventions could be most effective — would work well here. In fact, together with the Mental Health Commission of Canada, he's already had sessions at a few journalism schools to reach the upcoming generation.

At the beginning, Whitley was shocked at how widespread mental illness stigma is in Canada. Undeterred, he's convinced it's possible to change people's attitudes and believes anti-stigma initiatives are so important they should be funded. "Just like we did with racism or sexism, we need to create an atmosphere where it's unacceptable for people to act on their stigmatizing impulses, even if they privately think them."

And another suggestion from Graham Thorncroft of the Time for Change campaign: "Let's stop calling it stigma and take action against discrimination instead. Discrimination is what it really is and that's a word that everyone understands." ❐

An unexpected connection

Ella Amir, AMI's executive director, discusses the link she sees between recovery and a well-known approach to helping organizations become more effective

S&C: These two ideas seem so different. What's the tie-in?

EA: A few years ago I read about David Cooperrider. He's a professor who turned business strategy upside down with a publication called Appreciative Inquiry. He said that for organizations to function at their best, they need to focus on their strengths rather than trying to correct their defects. He also saw that workers would be more valuable to their employers if they were given the freedom to contribute their own unique gifts. At the time it was a revolutionary thought.

S&C: What was the reaction in the business world?

EA: Very positive, and not only in business. AI, as it's come to be known, is a strength-based concept. The underlying message is that we all have a say in how we shape our lives. The model has been applied everywhere, in organizations, communities, families and among individuals, too.

S&C: So that's the link you see to recovery?

EA: Both ideas share the same building blocks. In recent years, we've seen a new approach to psychiatric care. It's often called the recovery vision. Traditional treatment wanted to eradicate symptoms and keep the illness under control. Recovery vision aims to maximize functionality and help the person participate more fully in community life.

S&C: But that will always be harder for some.

EA: Of course. It depends on the nature of the illness. But the theory holds that everyone, no matter how disabled, can still find experiences that are worthwhile, enjoyable and meaningful. And everyone, in one way or another, has a contribution to make and can be capable of living a fuller life. As with Appreciative Inquiry, the emphasis is on taking advantage of possibilities and opportunities instead of fixating on weaknesses.

Amir: accentuate the positive

In 2006 the Center for Mental Health Services in the U.S. published a statement defining recovery as "A journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential." That's a long sentence that sums up recovery in a nutshell.

S&C: The theory is wonderful, but how practical is it?

EA: We now know that recovery from a serious mental illness doesn't depend on mini-

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TRIBUTES & MEMORIALS

In honor of Sophie Bessette
Alex Chan

In honor of Sandra Eissi
Maria DiSalvio

In honor of Sharleen and Annie Young's new boutique
Sharna and Mannie Young
Ida and Jerry Zelnicker

In honor of Jocelyne Dubois and Brian Campbell's marriage
Maxianne Berger and Doug Williams

In honor of Gail Bernstein
Marsha Bernstein

In honor of Mr. and Mrs. E. Leo Kolber
Lynn and Andy Nulman

In memory of Ruth Shugar
Nina Cass
Diane Brooks
Marilyn Goldfarb
Allan Hockmitz
JAM Industries
Sherry and Brandon Krupp
Elaine and Brian Sher and family
Heidi Sher
Eva Vininsky
Trudy Weinstein

In memory of Jacques Dalpé
Gregg Blachford
Concordia University
Communication Services
Luc Dalpé
Billy Freedin
Benoit Rancourt
Huguette Tardif
Jocelyne Vaillancourt
Marla Vannicola

In memory of Leonard Ellen
Claudia and Jerry Ikeman
Lynn and Andy Nulman
Pat and Paul Rubin

In memory of my parents
Sally Verrall

In memory of May Gruman
Kay Simpson

In memory of Monty Berger
Kay Simpson

In memory of Anita Miller
Kay Simpson

In memory of Muriel Pater
Kay Simpson

In memory of Jake Cherry
Elva Crawford

In memory of Sadie Levy
Elva Crawford

In memory of Irving Bricks
Marylin and Jeffrey Block
Ruth Sher

In memory of Donald Martz
Lynn and Andy Nulman

AMI-Québec extends sympathy to the bereaved and appreciation to all donors for their generosity.
If you wish to honor someone with a donation, please phone 514-486-1448 or visit amiquebec.org/donate/.

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New Membership

Membership includes the quarterly *Share&Care*, other mailings and lecture announcements, access to the AMI library and all other activities. Complimentary membership is available for people with limited incomes.

Existing members receive their renewal notices in the mail

Membership ($25 annual): $_____

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An Unexpected Connection *... continued from page 7*

mizing symptoms or other deficits. Instead, the illness ought to be incorporated into a sense of hopefulness about one's future. Recovery needs to be recognized as ongoing, even lifelong. And a recovery-oriented care system should facilitate what's possible for people with serious mental illness and what their role can be in pursuing that possibility. In this way those with psychiatric disorders can rightly identify themselves as "normal" people who still strive for a whole, meaningful and gratifying life while accepting the fact that their illness may well be with them for the rest of their lives.

S&C: Is this happening? Are people starting to play a greater role in their own recovery?

EA: A growing number of healthcare initiatives are helping by moving in that direction. Recovery doesn't refer to any specific service or intervention, but to what people do themselves to manage their illness and get their lives back. Again, I find a strong resemblance to Appreciative Inquiry. Both share principles of respect, acceptance and inclusion for individuals. They both promote a climate of optimism and hope. This enriches everybody and the communities we all share. ❐

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.

SHARE&CARE

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

Ella Amir, *Executive Editor*
Bryna Feingold, *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)