

# SHARE & CARE

THE RECOVERY OF HOPE ~ THE HOPE OF RECOVERY

## YOU SPOKE, THEY LISTENED

**Family caregivers' concerns are at the heart of new guidelines by the Mental Health Commission of Canada that recommend much-needed changes to mental health services**

It's a hefty document with an even heavier title: *National Guidelines for a Comprehensive Service System to Support Family Caregivers of Adults with Mental Health Problems and Illnesses*.

It was written following more than a year of preparation, including interviews with focus groups in cities across Canada. Family caregivers, adults living with mental illness, service providers and not-for-profit community organizations were all represented in the groups. The guidelines, 41 recommendations in all, are addressed largely to mental healthcare planners and providers, but also include governments, community decision-makers and organizations, like AMI, that help caregiver families and people living with a mental illness. The all-over goal is to improve or start implementing currently-unavailable services and supports that address the needs of caregivers. When that ambition is fulfilled, it will be a breath of fresh air for those coping with the difficult task of caring for an ill loved one.

### Collateral casualties

A grim phrase, unfortunately all too accurate. The Commission uses it to describe what happens to family members whose own mental and physical health is compromised due to the chronic stress of caregiving.

## Renowned psychologist to address the Low-Beer Lecture

**Dr. Xavier Amador to speak on a subject close to his heart: how to help an ill relative who has no idea help is needed**

If Amador's name sounds familiar, it may be because of his international best-seller, *I Am Not Sick I Don't Need Help!* The book, published in 15 languages, deals with a problem many family caregivers share: convincing a loved one with mental illness to accept treatment.

Founder of the LEAP Institute, Amador is an internationally sought-after speaker. He's been a featured guest on many top-rated TV shows, including Good Morning America, the Today Show, 60 Minutes and NBC Nightly News. His forensic expertise has involved him in numerous high-profile cases, such as the Unabomber, the Elizabeth Smart kidnapping and 9/11 conspirator probes.

Amador's address, **I am not sick I don't need help! Winning on the strength of your relationship, not your argument**, is personal and real. He went through the same distress convincing his brother, who suffered from schizophrenia, that he was indeed sick and needed medication. No stranger to tragedy, Amador fled Cuba as a child when Castro murdered his father. He is known as an avid proponent of human rights and a tireless advocate for the mentally ill.

The Edith and John Hans Low-Beer Lecture will be held **Thursday, November 7, 7:00pm at Oscar Peterson Concert Hall, 7141 Sherbrooke St. W.** Be there because it's bound to be special. Co-sponsored by AMI and Concordia University's department of psychology. Free admission. Presentation in English. □



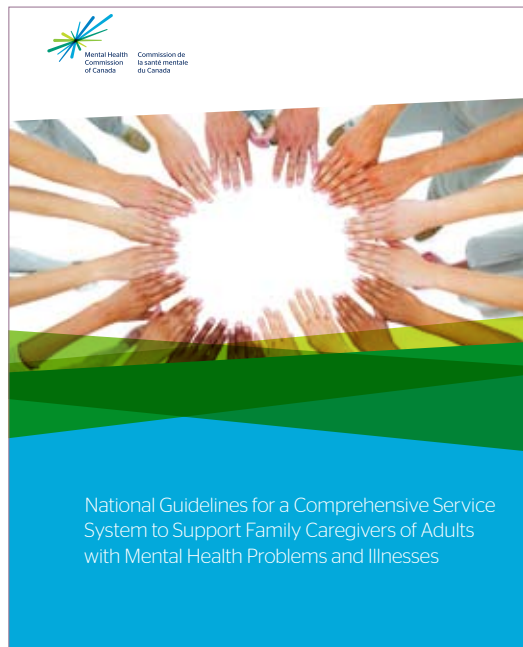
Since forever families have felt overlooked and lost on the sidelines when the wheels of mental health services start spinning. They worry about a lack of information and direction, whether their relative will receive the service and support necessary to rebuild the best life possible and what will happen after they, the caregivers, have passed on. Here's just a sampling of the Commission's recommendations to address those concerns. The bottom line is to involve families in their loved one's care as team members right from the beginning.

*continued on page 2*

New Guidelines ... continued from page 1

- **Make an ER-based staff member available at all times to assess newly arrived patients and provide prompt explanations and guidance to family caregivers.**
- **Create family peer navigator positions for admission and emergency areas, people who would offer families direct information and empathetic help. (AMI has led the way here by spearheading the inclusion of just such a position at the Douglas Hospital.)**
- **Require service providers to assess the needs of family caregivers and encourage them to become engaged in their relative's care.**
- **Provide relatives with timely access to appropriate education.**
- **Expand availability of evidence-based family therapy.**
- **Require service providers to include family caregivers in treatment plans.**
- **Develop information and tools for family caregivers wanting advice on personal and financial planning.**
- **Establish a dedicated family coordinator role to develop and coordinate family-support services where possible.**
- **Establish a process of clear hospital protocols for involving family caregivers in discharge and follow-up care plans.**

The document also includes guidelines addressing community services and ongoing care, training for service



providers, government policies, public awareness and partnerships between mental health service providers and community groups such as police, schools and family support organizations.

The guidelines were officially launched last June. Now comes an even harder step: getting the word out to service providers, governments and communities. This the Commission has begun to do in a variety of ways, from face-to-face meetings to conferences and webinars. Family associations like AMI have the task of encouraging their members to become familiar with the guidelines and help spread the word.

Download the guidelines at [www.mentalhealthcommission.ca](http://www.mentalhealthcommission.ca) or [amiquebec.org/national-guidelines-for-caregivers](http://amiquebec.org/national-guidelines-for-caregivers). □

## STAY INFORMED

Our website is updated regularly with the latest news about our programs, services and upcoming events. Get the good habit of checking our homepage often. There's always something happening. [www.amiquebec.org](http://www.amiquebec.org).

## October 20 is the fifth annual Montreal Walks for Mental Health. Step up and be counted

Here's an event in support of mental health that keeps on getting better. Last year, over 1,000 participants walked and over \$41,000 was raised. Plan now to be part of this year's Sunday fun.



*Memories of 2012. On they came, spirits and placards raised high*

Rain or shine, the walk starts at 11am at **Phillip's Square**, Ste-Catherine at Union, and covers an easy five kilometers — no hills, no sweat.

Join the AMI team or organize a team of family or friends. You can register by phone at **514-935-5770**, on-line at [mtlwalks.com](http://mtlwalks.com) or on-site starting at 10am.

Montreal Walks for Mental Health is a win-win way to build awareness, fight stigma, raise funds for your favorite organization and do your body a favor, as well.

The AMI team will be there and we'll be looking for you. □

# A DAY IN THE COUNTRY

**We visit a farm where hurt minds are nurtured back to health**

**Y**ou have a mental illness. You're taking your meds and working at recovering your life as best you can. Here's a different idea: Pack a bag, you're off to spend some time in the country.

Wotton Centre in the Eastern Townships used to be an inn. Lately it's been evolving into a therapeutic healing farm for people whose lives have been dis-

rupted by a mental illness. Here you and your fellow residents (there's room for 24) live comfortably and safely beyond the range of urban noise and tumult. You're like a small community sharing responsibilities. You all work, learn and live together. There are innovative programs to develop your life skills and activities that feed both your mind and body. You have the help of a caring staff, a life-skills coach for guidance and, should the need ever arise, the security of professional healthcare and a 24-hour emergency response system.

ity that first opened its doors in 1995. Says André Rochon, founder and director: "We take a non-traditional approach to recovery. It places relationships and relationship-centered care at the core of the process." In its relatively short history, NuHab has used the approach to help hundreds find purpose and direction.

Wotton Centre, not far from the town of the same name, is a 143-acre property with the Nicolette River running through it. We were taken on a tour of this farm-in-the-making. We saw barns with coops for chickens, geese, turkeys, quail and pheasants. There were beans, potatoes and mushrooms growing in the vegetable garden and greenhouses with a potting shed. (Making things



*Shumway proudly led us around the gardens*



*L-r: André Rochon, vice-president Cindy Shumway, property manager Michael Sabourin*



*Lectures increase residents' understanding*



*Creativity on display in the art room*

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## Clean air, new attitudes

Wotton and a sister facility called Ascot House are projects of NuHab Centre, a not-for-profit corporation and registered char-

ity that first opened its doors in 1995. Says André Rochon, founder and director: "We take a non-traditional approach to recovery. It places relationships and relationship-centered care at the core of the process." In its relatively short history, NuHab has used the approach to help hundreds find purpose and direction.

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grow is wonderful for the soul.) There are also walking trails and an area designated for camping. It's hoped that eventually six two-bedroom cottages will be constructed; the land is already zoned and waiting.

Indoors, the emphasis is on learning. As part of the core program, people spend at least 10 hours Monday to Friday in class. It could be a lecture on brain chemistry and how it relates to emotional responses, an audiovisual presentation or a group discussion. Residents are also able to expand their knowledge of important basics such as nutrition, diet and medication.

There's no one-size-fits-all at Wotton. You are you and it's the way you want to structure your healthy, purposeful life that counts. You're given plenty of free time to spend reading in the library or browsing the Internet for whatever piques your interest. A well-equipped art therapy room and talent galore are responsible for the truly beautiful

creations we saw on display.

Towards the end of the day we met Chris. Once a promising young athlete who was subsequently diagnosed with bipolar disorder, he is a Wotton resident. He had tried other recovery programs, but it wasn't until Wotton that he finally felt supported and understood. "The farm has been wonderful," he told us. "They've helped me learn so much." Now working towards a degree in art therapy, Chris hopes that one day he'll be part of the Wotton staff. "To pay back," he explained.

For more information about Wotton, phone **819-563-1804** or e-mail **CentreNuHab@gmail.com**. □



# GOOD NEWS FOR CAREGIVERS

Our 2013-14 education and support program  
includes coping workshops and webinars

**W**e've never offered so many ways to make you wiser, more confident and better able to cope with the difficulties caused by mental illness. For those who haven't participated before, this is the best year ever. So check the lineup and call the office, 514-486-1448, to register or for more information. Better still, visit our website, [amiquebec.org/programs-support](http://amiquebec.org/programs-support).

## COPING WORKSHOPS

### Help for a caregiver's toughest challenge

Your effective coping skills make life easier for everyone. Our new coping workshops focus on what you can do to steer clear of emotional discord and improve your relationship with your ill relative. You'll learn how to say what you really mean, how to set limits and how to avoid anger and frustration. Having trouble adjusting your expectations? No time to take care of yourself? Here's where you'll find help.

These are free, one-session workshops, but you can attend as often as you choose. For caregivers only. Register to guarantee your place. At AMI, 7:00-9:00pm. **October 17, January 30, March 2, May 8.**

## WEBINARS

### Like seminars, only online

Professionals bring their knowledge directly to you in free one-hour sessions on the Net. Interactive, so you can ask questions. Open to all. Registration required. 7:00-8:00pm.

**October 23. When stress starts to control you.** Dr. Camillo Zacchia, psychologist.

**November 20. Depression: when it doesn't go away by itself.** Dr. Mark Ellenbogen, psychologist.

## ROUNDTABLE DISCUSSIONS

Knowledgeable presentations followed by questions and answers. Open to families and people with mental illness. Free but registration beforehand is necessary. At AMI, 7:00-9:00pm. Outside Montreal, participation via interactive videoconference. Contact your **Community Learning Centre** or call us toll-free at 1-877-303-0264 for more information.

**September 25. Sexuality and mental illness.** Dr. Gerald Wiviott, psychiatrist.

**January 29. Everything you wanted to know about schizophrenia.** Dr. Marc Laporta, psychiatrist.

**April 23. So you have a mental illness. You can still have a life and a good one.** Moira Edwards, nurse and psychotherapist.

## TELEWORKSHOPS

Your phone connects you to presentations and a Q&A period led by healthcare professionals. Registration necessary. 7:00-8:00pm. Call 1-866-396-2433 or go to [www.caringvoice.com](http://www.caringvoice.com).

**September 18. Bipolar disorder: truths and myths.** Dr. Allan Fielding, psychiatrist.

**October 16. Medications and alternative treatments: don't swallow everything you hear.** Dr. David Bloom, psychiatrist.

**November 13. Eating disorders: what to do when food becomes a problem.** Dr. Mimi Israel, psychiatrist.

**January 15. Why are you so angry? A management guide.** Tom Caplan, social worker.

**February 19. How best to communicate with your ill relative.** Perry Adler, psychologist.

**March 19. Frightened to death? There is help for your phobias.** Dr. Karen White, psychologist.

**April 16. Good anxiety, bad anxiety. Know the difference and when to get help.** Dr. Luisa Cameli.

**Living in the moment: improve your life with mindfulness and meditation.** Dr. Joe Flanders, psychologist.

## INDIVIDUAL COUNSELING

If your situation needs one-on-one attention, AMI offers three choices. In the city, call us to book an appointment with **SOS-Famille**. If you live outside Montreal or in a remote area, are housebound or have trouble accessing English-language services, we can help you by telephone or Skype. For further details, phone 514-486-1448 or 1-877-303-0264 toll-free.

## EDUCATION PROGRAMS

Open to relatives, friends and people with mental illness. Free for AMI members. Advance registration necessary. At AMI, 7:00-9:00pm.

**Mood and Thought Disorders.** Two six-week groups start **October 9** and **March 5**.

**Obsessive Compulsive Disorder.** **February 6.**

**Borderline Personality Disorder.** Family caregivers only. **October 21** for nine weeks.

## SUPPORT GROUPS

Open-agenda sessions led mostly by family members. No registration necessary, come and go as you please. See Calendar, page 5, for dates and locations or visit [amiquebec.org/support-groups](http://amiquebec.org/support-groups).

# Nipping trouble in the bud

**Mental health problems  
at colleges and universities  
are on the rise.**

**A new guide helps educators  
take action so students can  
get help promptly and right  
on campus**

**P**ost-secondary schools across Canada recently received information that could greatly improve their response to what a national survey finds is a growing rate of mental health issues among students.

Called *Post-Secondary Student Mental Health: Guide to a Systemic Approach*, the guide is the first of its kind, the result of a collaboration between students, faculty members and health professionals. The Canadian Association of College and University Students (CACUSS) and the Canadian Mental Health Association (CMHA) played a leading role in the initiative.

## Three phases took three years

Action began in 2010. Everybody met at a national town hall gathering to discuss all aspects of mental health. Next came an examination of existing resources. Finally, through a series of online seminars, over 300 people from 70 post-secondary institutions, including students with lived experiences of mental health trouble, put their heads together to see the project through.

The guide provides a framework, strategies and tools for schools to improve the quality and availability of the mental health support system they currently offer. Because not all campuses are the same size or have the same funding ability, preparedness varies from no program at all to one that functions well. The CMHA says the guide provides resources for all situations and is flexible enough so the information can be customized.

The research referred to above was a survey regarding the health and wellness of over 30,000 college and university students. It confirmed what other studies have found: students today are more stressed than ever. And the levels are growing, a likely combination of adjusting to the challenges of a new stage of life and the anxiety of coping with the demands of courses and exams. To that you can safely add the wobbly economic scene and even the political times we all currently live

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## FALL 2013

**November 7:** Low-Beer Memorial Lecture. *I Am Not Sick I Don't Need Help! Winning on the strength of your relationship, not your argument.* Xavier Amador. Oscar Peterson Concert Hall, Concordia University, 7141 Sherbrooke St. West, 7:00pm.

### SUPPORT GROUPS

**For details visit [amiquebec.org/programs-support](http://amiquebec.org/programs-support)**  
Mondays 7:00pm 4333 Côte Ste-Catherine Road  
unless otherwise indicated. No registration necessary.

### FAMILY for relatives

September 9, 16, 23; October 7, 21, 28; November 4, 11, 18; December 2, 9, 16

### SIBLINGS AND ADULT CHILDREN for relatives

September 16; October 21; November 11; December 9

### BIPOLAR DISORDER for consumers and relatives

September 23; October 28; November 18; December 16

### DEPRESSION for consumers and relatives

September 9; October 7; November 4; December 2

### OBSESSIVE COMPULSIVE DISORDER

#### for consumers and relatives

September 16; October 21; November 11; December 9

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

September 23; October 28; November 18; December 16

### KALEIDOSCOPE for consumers

September 16; October 21; November 11; December 9

### ANXIETY for consumers and relatives

September 9; October 7; November 4; December 2

### SOUTH SHORE for relatives

Wednesdays 6:30pm

Greenfield Park Baptist Church, 598 Bellevue North, Greenfield Park  
September 4, 18; October 2, 16, 30; November 13, 27; December 11, 18

### LIFELINE for consumers

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

Alternative Centregens, 5770 Auteuil, Brossard

### BOARD MEETINGS

Tuesdays 7:00pm at AMI

September 3; October 1; November 5; December 3

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

### Mood and Thought Disorders

6-session program begins October 9

### Borderline Personality Disorder

9-session program begins October 21

### Roundtable Discussion

September 25

### Teleworkshops

September 18; October 16;  
November 13

### Coping Workshops for caregivers only

October 17

### Volunteer appreciation

November 26

# CONTROVERSY SPINS AROUND THE DSM-5

The fifth edition of the Diagnostic and Statistical Manual, the widely used guidebook for diagnosing psychiatric illness, was recently released to a chorus of yeas and nays. For an unbiased opinion, we spoke to psychiatrist **DAVID BLOOM**, who filled us in and minced no words doing it

**S&C: We believe the DSM is produced by the American Psychiatric Association, yes?**

**DB:** Yes. They brought out their first manual in the late 1950s, early '60s. In those years, we didn't have PET scans, MRIs or sophisticated blood tests, no genetic testing of any sort, in fact. Psychiatric diagnoses were often very imprecise. The APA saw their manual as a means of correcting that problem. With the arrival of more biological and psychosocial research and the advances in medicines and psychotherapies, we were able to offer patients treatments we didn't have before. But the need for diagnostic accuracy became even more critical.

**Who's responsible for the DSM contents?**

The APA might occasionally work with outsiders and they hold outside consultations at the final stages, but essentially the work is done by their members. The editor-in-chief appoints sub-committees for the different illnesses and they, in turn, appoint still smaller committees. There's one committee per diagnostic group — schizophrenia and schizophrenia-spectrum disorders, bipolar disorders, depressive disorders, cognitive disorders, anxiety disorders, everything.

**Who decides what's accurate and what's off the mark?**

The manual has created its own bureaucracy and business. There's politicking and horse-trading, which leaves the process open to criticism. At the end of the day, they try for a consensus. If they can't agree, the committee chairman decides.

**Sounds like a lengthy process.**

The work on DSM-5 began about 12 years ago. They looked at the strengths and weaknesses of DSM IV and made revisions accordingly. There are always problems. As science moves forward, people see things in a slightly different way.

**What exactly can psychiatrists learn from the DSM? Don't you already have those facts?**

We do but we don't. It's like four people reading the same book and coming away with different interpretations. One of the difficult issues is the matter of experts. Who's an academic expert? Generally it's people who write and publish a lot of research. The trouble is that in the U.S. most of these experts only see patients in the context of a study, not for follow-ups or in a clinic or a ward. That leads to another criticism leveled at the DSM: committee members often push their own interests to validate the work they're doing.

**It's been said that the DSM approach has turned the ordinary tribulations of living into mental illnesses. Have they gone too far?**

The manual presents those tribulations as a code, not mental illnesses. The codes are there to increase diagnostic precision. They cover every problem a person may have that's important for clinical attention. I understand their reasoning, but personally I think the codifying details have gone overboard. For instance, there's now a formal PMS [premenstrual] syndrome. Before they had it in an annex, but it was decided there's enough evidence for it to be a true diagnosis. Who decided? Well, the men on

the committee who do research on PMS. You can imagine that many women find their decision offensive and controversial.

**Cynics see a connection between the increase in syndromes and medication prescriptions.**

There's an element of truth in that. For things like PMS you could make a good argument that there's no psychotherapy for the condition, so the answer is usually an antidepressant or birth control pills. People want the best care as quickly as possible, so pressure is applied. I think the public needs to take more responsibility. And more doctors should say to their patients, "I don't think it's right for you."

**There's a huge rise in antipsychotics. Does**

**the pharmaceutical industry exert too much influence over psychiatrists?**

There's also a huge rise in the use of antibiotics and statins. You could say the prescription situation is being driven by the pharmaceutical industry, but I don't think that applies to major illnesses like schizophrenia, where a person is suffering and needs medication.

**How often do you use the DSM?**

Almost never. When we make a diagnosis, most of us are already using a similar approach to the one in the manual.

**So do you give DSM-5 a yea or a nay?**

It's a research-based look at things and it has some good points. We need a diagnostic classification system. It exists in the rest of medicine and it's part of being



*Too multidimensional for everyday clinical life*

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# How technology is empowering families to better understand and deal with mental illness

**R**apidly-evolving technology is exerting a heavy influence on the way mental health issues are viewed, both by individuals and the medical community. Consider these four developments that would have been inconceivable even 20 years ago.

### People are talking

The phenomenon of social media is encouraging people to write openly about their experiences and connecting them with others going through similar experiences. An open dialogue about mental health and illness serves to break down the stigma that so stubbornly persists. It also helps remove the pressure on people to hide their problems and live in fear of seeking help. It's probably the most valuable benefit to the arena of mental health that technology is creating right now.

### Specialized information freely available

Between the countless websites, blogs, podcasts, videos, message boards and other avenues of digital media, all sorts of information and support have become available on virtually every mental health issue and experience. Anyone connected to the Net can access that information and interact with others in private while remaining anonymous if desired. While not everything found online should be taken at face value, mental health forums and message boards are, for the most part, well maintained. There is occasional negativity, but only helpful, positive people are allowed on the boards.

### A therapist in your pocket

A smartphone gives you access to all sorts of mental health apps. There are apps to help you track changes in mental health, others that act as an encyclopedia of mental health conditions and their symptoms, and even apps that stand in for a therapist. Technology has made help incredibly affordable and accessible and available at any hour.

### A goldmine of information

Certain traditional treatment methods — professional

face-to-face counseling, for one — are hard to match digitally. But online information and support should encourage anyone concerned about a mental health issue to seek treatment. And the Internet is a great tool for people living with a mental illness and for families eager to learn and understand more.

While we still have a long way to go with things like understanding the brain and the causes of mental illness, technology is constantly changing our approach to treatment and medication. It will only continue to help us improve diagnosis and treatment. □

**Follow AMI on Facebook (AMI-Quebec) and Twitter (AMIQUEbec).**

Adapted from an article by Anna Johansson in *DigitalJournal.com*

## Au Contraire A FILM FESTIVAL TO TURN PREJUDICE UPSIDE DOWN

**C**heck out the city's newest festival. Au Contraire screens films about mental illness, but hardly the same-old same-old. These are powerful stories designed to entertain as they flip stigma and cliché attitudes on their ear.

Au Contraire is an initiative of UpHouse in partnership with the Montreal Museum of Fine Arts. Take in one or more films **October 17-20** at the museum on Sherbrooke St. You'll be supporting an effort to increase Montrealers' awareness of mental illness. And you'll walk out feeling good about yourself, too.

Au Contraire's on-line box office opens September 10. For more information call **514-787-1475**, email **info@acff.ca** or visit **www.acff.ca**.

## TRIBUTES & MEMORIALS

**In honor of William Klein  
Marylin Block**

**In honor of Lynn Nulman  
Gloria Mintz**

**In honor of Irving Goldenberg  
Marylin Block**

**In honor of Liz Neff  
Fran and Howard Brenhouse**

**In honor of AMI South Shore  
Beppie Boudens**

**In honor of Mrs. Morley Miller  
Marylin Block**

**In honor of Zelda Myers  
Naomi Lapin**

**In honor of Irwin Leder  
Marylin Block**

**In memory of Richard Corbeil  
Tina Gisondi**

**In memory of Guus Boudens  
Beppie Boudens**

**In memory of Jane C. Marsh  
Margaret Marsh**

**In memory of Nuchim (Norman)  
Finkelstein  
Saul Friedman**

**In memory of Vicky (Paci) Drudi  
Leonard Drudi**

**In memory of Leonard Ellen  
Joanne Smith**

**In memory of Kay Stewart  
Beppie Boudens**

*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/](http://amiquebec.org/donate/).*



