www.amiquebec.org

Winter 2014 VOL. 37 No. 1

SHARE & CARE

THE RECOVERY OF HOPE ~ THE HOPE OF RECOVERY

RIVETING TO THE MAX

Valuable advice revved with drama turned Xavier Amador's Low-Beer address into a bravo performance

At times you almost felt you were being entertained, yet the topic of our 2013 Low-Beer lecture couldn't have been more serious: how to help someone with a mental illness accept treatment.

The root of the trouble is a cognitive deficit called anosognosia. It renders many people with schizophrenia or bipolar unable to recognize the fact that they are indeed ill.

Amador has an enviable style. He talks *to*, not *at* his audience, often inviting their participation. Referring to the title of his address, *I Am Not Sick, I Don't Need Help!*, he asked: "How many of you have heard those words spoken?" Hands shot up. He termed anosognosia a worldwide problem, one that well-intentioned families too often approach all wrong.

Amador learned long ago what not to do. In 1981 his adored older brother Henry, "my role model and father figure," developed full-blown schizophrenia. The two argued for seven years, Henry denying he was ill despite repeated stays in hospital and medication tossed in the garbage.

Amador owned the room from the start

One day a colleague told Amador: "Stay one step behind your patient. Reach out and encourage. Don't be aggressive, don't argue." Amador said to Henry, "I'll never again try to convince you you're mentally ill." They stopped fighting. Amador started tuning into Henry's goals and became his brother's partner and friend.

Common beliefs, commonly wrong

Amador appears to enjoy playing the role of iconoclast, upending widely held beliefs he considers wrong, even harmful. For instance:

Denial impairs common-sense judgment about the need for treatment and services. It doesn't. If you know you're not sick, you don't need to get better. That's logic, not stubbornness. At any given time 50 percent of people with schizophrenia and bipolar disorder won't take medication. Anosognosia is the chief cause.

Family support alone is sufficient for happiness. Not so. What an ill person needs most is a safe-haven relationship with someone who can be counted on to listen and respect without judging. That includes expressing empathy for a relative's delusional beliefs, their desire to prove "I'm not sick" and their wish to avoid treatment. Suggesting that treatment might be

continued on page 7

Calling all volunteers ages 18-35

We've launched a new committee and it's just for you. Our Young Adult Fundraising Team is in place to help us boost awareness of mental illness, put the kibosh on stigma and, of course, raise money to support our programs.

How will you do that? This is a sky's-the-limit sort of committee. If you're enthusiastic, motivated and full of fresh ideas, you've got what it takes.

To join the team, call Pam Litman at the office, 514-486-1448, or email her at **pam@amiquebec.org**.

The group, a fundraising committee extension, is chaired by Stephanie Kligman. ❐

Need for psychotherapy being neglected

Good luck if you have a mental illness and need psychotherapy as part of your treatment plan. You can either pay for it (not cheap) or do without, because at the moment the service within the public healthcare system is insufficient.

This inequity, reported by the Quebec Health and Welfare Commissioner in December, 2012, has prompted the creation of the **Coalition for Access to Psychotherapy (CAP)**. The group comprises stakeholder organizations, including AMI, and healthcare specialists.

CAP's aim is to have publicly-funded psychotherapy made available to anyone suffering a mental disorder. A program of activities to achieve this goal includes presentations to government bodies and public education to broaden the understanding of psychotherapy's benefits and why universal access is important.

There's a link to CAP's website on ours, **www.amiquebec.org/social-action**. Or visit **www.capqc.ca** for information about CAP's objectives and activities along with a rundown of initiatives undertaken by its spokespeople and members. You'll also find reports and studies outlining the benefits and need for psychotherapy services.

SAD SEASON IS BACK. CHEER UP

Living with Seasonal Affective Disorder doesn't have to be the downer its morose acronym suggests

Every autumn as days grow shorter and sunlight wanes, some people's mood takes a nosedive. They may call it depression, but it's not. This downward spiral is known as autumn SAD, a disorder that persists until spring and the sun return.

Unlike many other disorders, SAD's trigger is well known. Dr. Nancy Low, a psychiatrist, assistant professor and staff clinician, and researcher in the MUHC's Mood Disorders program, explains:

"We're certain that SAD is tied into the seasons and the shift in light that begins in early fall. In countries lying close to the equator, its prevalence is almost zero. The farther away from the equator, the higher the incidence. SAD affects about two percent of the population in Canada.

"Researchers suspect that an abnormality in the circadian function of brain cells is related to our perception of light and that's what accounts for the change in mood as fall gives way to winter."

Helping yourself is easy, Low says

Women 4 to 1

Women are about four times likelier than men to get SAD. It generally occurs in the thirties or forties. If you've been diagnosed with depression, you're more vulnerable. SAD isn't strictly hereditary, but if someone else in your family suffers from depression, that also increases your risk.

The Diagnostic and Statistical Manual of Mental Disorders (DSM) identifies SAD as a subtype of depression. It feels a lot like it, but not exactly. There may be stomach aches and headaches. People find they eat more and especially crave carbohydrates. Two major differences: while those with SAD tend to sleep longer hours, they don't have to cope with the insomnia typical of depression. Most important, neither are they plagued with thoughts of suicide.

The DSM also identifies SAD as a sub-type of bipolar disorder. "It may seem strange at first, but in patients with bipolar, autumn may bring on either depression, mania or hypomania," says Low. "Sometimes a manic episode can be triggered simply by traveling across time zones, which shifts the circadian rhythm. Holidaying on your own in hot countries can be dangerous if the time-zone change triggers your mania and no one realizes what you're usually like." Low knows of worried parents who have sent detectives down to the Caribbean to find their ill adult children.

You may have heard of summer SAD. Some deem it a true diagnostic entity wherein low moods are triggered by sunshine. Not everyone agrees, however, and that group includes Low. "All the reading I've done and the patients I've seen, if you really have SAD the problem should resolve itself during the summer. Some people mistake SAD for what we call an 'anniversary reaction.' A death or other negative life event occurs — it could be any season — and people regularly feel sad at that time. Having undiagnosed symptoms can rob your life of pleasure. That's why it's important to be diagnosed." Your GP or a psychiatrist can help.

See the light

There are several ways of treating SAD. Going outside won't give you the intensity of light you need, but light therapy will. It's simple and effective, a lamp about twice the width of a computer screen that you use at home. Sit about 18 inches away for half an hour a day in the morning, eyes open, but don't stare into it. Look for a lamp without ultraviolet rays and with an intensity of 10,000 Lux. Average price: around $250. Some companies allow you to try a lamp for two weeks, by which time you should know if the therapy is working. You need to continue the treatment until spring.

SAD can also be treated with antidepressants or cognitive behavioral therapy.

"Living with depressive symptoms for a good part of the year, you lose interest in the things you once enjoyed," says Low. "You avoid your friends, become less social and develop negative thinking patterns. Talk therapy can help you eliminate those thoughts before they become a permanent part of your personality."

There's also plenty you can do to help yourself. Being

continued on page 7

WHO SHOULD JOIN OUR BOARD OF DIRECTORS?

Tell us what you think by nominating your candidate now

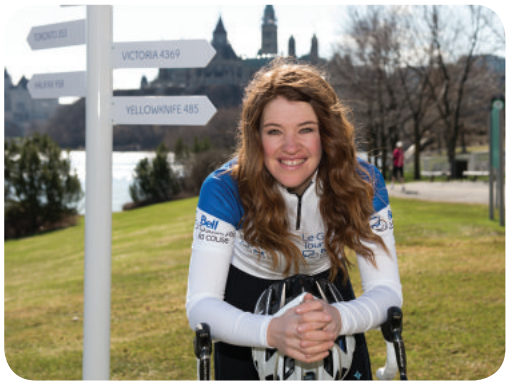
The better our board of directors, the brighter our future will be. As an AMI member, you can help us have both. If you know an enthusiastic person dedicated to helping us reach our goals, submit your nomination, mail or email (**info@amiquebec.org**), along with a brief written rationale for your choice. You have more than one possibility in mind? So much the better.

Deadline for submissions is March 1. Board elections are held at our annual general meeting in June. ❐

110 DAYS, 12,000 KILOMETERS — NOW THAT'S A BIKE RIDE

Olympian Clara Hughes is set to travel around Canada for Bell's Let's Talk mental health initiative

It's a grueling challenge that eclipses the toughest Olympic event. On March 14 Clara's Big Ride will leave Toronto for a marathon pedal through every province and territory of the country. En route, Hughes will be welcomed by 95 communities, where a variety of local events is being planned to mark her arrival.



To many Canadians Hughes symbolizes the triumph of recovery

The idea is to start more people thinking and talking about mental health, not around some boardroom table, but by sharing stories at a grassroots level where synergy can grow and awareness can thrive. It's well known that Hughes, Bell's national spokesperson for mental health, struggled with depression during her athletic career.

Her itinerary is daunting: east from Toronto through Quebec and Atlantic Canada, north across Nunavut, the Northwest Territories and Yukon, south to Vancouver Island, then east through British Columbia, Alberta, Saskatchewan, Manitoba and Northern Ontario until, whew, finally a finish in Ottawa on July 1 to celebrate Canada Day.

"I can't wait to share stories with people in so many different communities," says Hughes. "Fighting the stigma around mental illness, building awareness, taking action — together we can make a real difference."

Hughes is due in Montreal on March 26. Details of her visit here and how you can participate will be announced in plenty of time for you to make plans to share in the event. Keep an eye and ear open for the news. ❐

Guiding Clara's Big Ride is an advisory committee of mental health experts from across Canada. Hughes, second from right, bottom row; Ella Amir, AMI's executive director, third from right at top

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.**

Time for awards and recognition nominations

A great way to say "You're the best"

Know someone whose exceptional efforts are helping us achieve our goals? Show you appreciate their work by submitting their name for an AMI award or recognition. Mail or email us (**info@amiquebec.org**) your choice or choices along with a brief rationale for each. Presentations are made in June at our annual meeting, but the deadline for submissions is March 1. So it's not too soon to start making your list. Call us for more information or help. The current board of directors makes the final decisions.

Monty Berger Award for Exemplary Service

Presented to a volunteer, usually an AMI member, who has contributed significantly to AMI 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 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 difficulties families face, promoting the inclusion of family members in treatment teams and increasing public awareness of mental illness.

AMI-Québec Volunteer of the Year

Awarded 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 organization for special efforts to further the understanding of mental illness. ❐

12 harmful myths about childhood depression

and the facts parents need

Until recently it was widely believed that children couldn't experience depression, that they didn't have the emotional capacity or cognitive development to feel its despair and helplessness. Today we know better. Children, even babies, suffer from what is termed pediatric depression and the rates are higher now than ever.

Depression affects children as well as adults in all cultures across the world. More common than AIDS, cancer and diabetes combined, depression is predicted to become the second-leading cause of disability worldwide by the year 2020. Pediatric depression affects a child's emotional, social, behavioral and physical health. It's important that parents separate myth from fact when facing the possible presence of this very real medical problem.

Myth #1: Good parents can always detect if their child is depressed.
Fact: Most children suffering from depression mask their thoughts and feelings. The only way for parents to understand what's happening is to be aware of the age-specific behaviors and symptoms. Depression is not a result of bad parenting.

Myth #2: A depressed child is a loner.
Fact: Children can appear untroubled and happily socialize with friends, yet on the inside be struggling with negative thoughts and feelings of hopelessness.

Myth #3: Depression will go away on its own.
Fact: A serious mental illness can't be willed away or brushed aside by a change of attitude or ignoring it. Depression is serious but treatable. The success rate is over 80 percent for those who seek intervention.

Myth #4: The stigmatizing of children and teens who live with depression is in decline.
Fact: Sadly the reverse is true. There is still so much shame regarding mental illness that statistics indicate only one in five actually seeks treatment.

Myth #5: Children with mental illness are prone to violence.
Fact: Research shows that children with mental illness are more likely to be victims of violence than the cause of it.

Myth #6: Talking about depression gives kids ideas and makes matters worse.
Fact: Discussing depression with your child actually helps to reduce symptoms. Support and encouragement through open communication promote feelings of being loved, cared for and not alone.

Myth #7: Reporting your child's condition will be seen as betraying a trust.
Fact: Because depression depletes energy and self-esteem, it often interferes with a child's ability to reach out to others. While there may be anger if a friend speaks up or you seek professional help, it won't last. Once their depression eases, most children are relieved that someone intervened on their behalf.

Myth #8: When your child refuses help, there's nothing you can do.
Fact: If your child won't go to talk therapy or take medication, your hands aren't tied. A trained mental health specialist can explain how you can help despite the absence of sessions or medication. In a crisis situation, you can drive your child to the nearest hospital emergency room or contact family, friends or your local police for assistance in getting there.

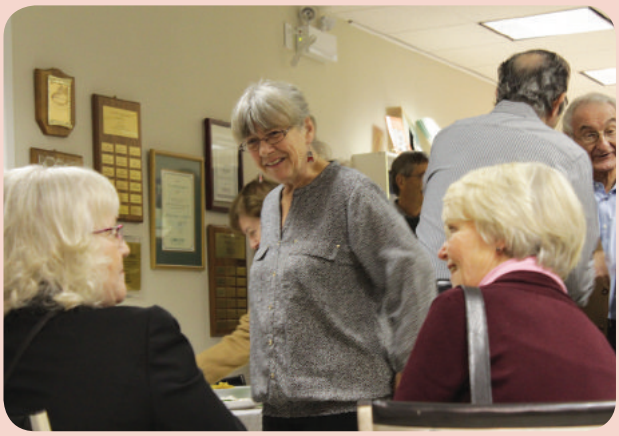
Myth #9: Antidepressants are a quick fix. They don't really cure depression.
Fact: Most antidepressants take a minimum of four to six weeks to work. They adjust brain chemistry, which improves mood and cognition and allows for healthier lifestyle choices and problem-solving. Antidepressants are not addictive. A child won't develop a craving for them.

Myth #10: Antidepressants will change your child's personality.
Fact: Antidepressants normalize the range of moods in children who have a mood disorder like depression. They won't alter a personality.

Myth #11: You shouldn't worry if your pediatrician says your child's moodiness is just a phase.
Fact: General practitioners and pediatricians, while trained in aspects of mental illness, aren't specialists. If you get a don't-worry-it's-just-a-stage response to your concerns, seek a second opinion from a mental health professional.

Myth #12: The risk of suicide for children is greatly exaggerated.
Fact: Suicide is the third leading cause of death in youth 15-24 and the sixth leading cause of death in children ages five to 14. Suicide is significantly linked to depression, so early diagnosis and treatment are essential. ❐

Adapted from an article by Dr. Deborah Serani in *Moods Magazine*, fall 2013.



Our annual Volunteer Appreciation event is always fun and well attended.

THE DAY WE GOT LUCKY

"Try the Low-Beer lecture," the teacher suggested, "you'll find it interesting"

It was good advice her teacher gave Samantha McAdam and good for us that she listened. A CEGEP student at the time, Sam had a curiosity about psychology. While at the lecture she overheard people talking about AMI and became curious about us, too.

Helping is becoming a McAdam family tradition

She was already a seasoned volunteer, monitoring elementary school children weekly through Big Brothers & Big Sisters. Like a real-life big sister, she assisted with homework and talked out problems. She found that volunteering was another word for helping people and that made her happy. Some five years ago she offered her volunteer services to us.

Three generations

Could be that the instinct for helping people runs in the family. McAdam's grandmother once owned a nursing home. Her mother, who went the nursing route, works mostly with private-care patients. McAdam facilitates our support group for family members. "I really look forward to those evenings," she says. "They're never the same so I'm always learning something new. Everybody has their own individual perspective and I get involved with family dynamics I never thought twice about before. I'm in kind of a mixed-up mood when I leave, heavy yet full of hope at the same time."

McAdam describes mental health as a connector between people, something even those without a mental illness can relate to. She's now in her third year at Concordia studying (what else?) psychology. Because she's taken a few semesters off, her education has been prolonged, but she hopes to graduate in 2014. In the meantime, she's weighing the idea of eventually going into psychiatry. And as if her plate weren't already full enough, she also works in human resources for a research company.

Asked if she thought volunteering had changed her in any degree, she didn't hesitate. "My everyday grind is work and school. Conversations are usually all about those subjects and get to be rather superficial. Volunteering has opened the door to experiences on a deeper level."

continued on page 8

WINTER 2014

SUPPORT GROUPS
Mondays 7:00pm 4333 Côte Ste-Catherine Road
unless otherwise indicated. No registration necessary.

FAMILY for relatives
January 6, 13, 20; February 3, 10, 17; March 3, 10, 17

SIBLINGS AND ADULT CHILDREN for relatives
January 13; February 10; March 10

BIPOLAR DISORDER for consumers and relatives
January 20; February 17; March 17

DEPRESSION for consumers and relatives
January 6, February 3; March 3

OBSESSIVE COMPULSIVE DISORDER for consumers and relatives
January 13; February 10; March 10

HOARDING GROUP (in collaboration with Quebec OCD Foundation) for consumers and relatives
January 20; February 17; March 17

KALEIDOSCOPE for consumers
January 13; February 10; March 10

ANXIETY for consumers and relatives
January 6, February 3; March 3

SOUTH SHORE for relatives
Wednesdays 6:30pm
Greenfield Park Baptist Church, 598 Bellevue North, Greenfield Park
January 8, 22; February 5, 19; March 5, 19

LIFELINE for consumers
Last Tuesday of the month 1:30–2:30pm
Alternative Centregens, 5770 Auteuil, Brossard

BOARD MEETINGS
Tuesdays 7:00pm at AMI
January 14; February 4; March 4

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

Coping Skills Workshops
January 30; March 20

Obsessive Compulsive Disorder
6-session program begins February 6

Mood and Thought Disorders
6-session program begins March 5

Roundtable Discussion
January 29

Teleworkshops
January 15; February 19; March 19

Your friend seems headed for a mental health crisis
Do you know how to help?

We're all familiar with the way first aid works for physical injuries. It's that all-important first step that alleviates the problem until medical care can take over.

Same applies to mental health. Help a person in distress when the signs first appear, before professional treatment is located or the incident is resolved, and you can prevent a whole lot of trouble from happening, perhaps even save a life.

That's the concept behind Mental Health First Aid (MHFA). A project of the Mental Health Commission of Canada, it provides the skills and knowledge necessary to better manage potential or developing mental health problems. And that applies equally to your own condition or that of a friend, family member or colleague at work.

MHFA provides different courses for different needs: a 12-hour basic course suitable for the general public, three- and five-day courses for anyone interacting with youth (think education and sports personnel, health providers and parents) and a course that focuses on dealing with problems in the workplace, ideal for managers and co-workers. There's also a five-day training course for people wishing to become mental health first aid instructors. On completion, they're certified to teach MHFA courses to the general public independently or on behalf of their employer.

In varying degrees and emphases, MHFA courses include information on mental health and illness, from mood disorders to substance abuse. They explain how to recognize the signs and symptoms of common problems and crisis situations, how to intervene effectively and how best to access professional help. Participants also learn ways to provide comfort on the spot and prevent the problem from becoming more serious.

Being knowledgeable about mental health first aid helps you to remain calm, confident and able to respond when no one else can. Because recovery improves with early detection, your help actually has twice the impact — first at the time of initial problem and again down the road.

Mental Health First Aid was developed in Australia in 2001 and is now being taught in 18 countries worldwide. It has been offered in Canada by the Commission since 2010. This past year courses in Quebec were given in Kahnawake, Montreal and Quebec City. For 2014 schedules, fees and other information, call **1-866-989-3985** or go to **www.mentalhealthfirstaid.ca**. ❐

TRIBUTES & MEMORIALS

In honor of Leib Reuven Feldman
Saul Friedman

In honor of Blossom Thom
Anna D'Alessandro
Stephanie Ein
Zav Levinson
Poppy Quintal
Lidia Santos
Lina Vadacchino

In honor of Barbara and Abe Weiss
Fran and Howard Brenhouse

In honor of Dr. Daniel Frank
Fran and Howard Brenhouse

In honor of Ted Chazin
Rita Chazin

In honor of Elana Fogel
Lynn Nulman

In honor of Julie Couture
Lynn Nulman

In honor of Ella Bloomfield
Nina May

In honor of Liana and Mike Martow
Jeffrey Mendel

In honor of Leslie Prihoda
Bernice and Henry Triller

In honor of Claudia Ikeman and family
Suzan Wiltzer

In honor of Brenda Cormier's Walk for Mental Health
Kristina Ashqar
Buffet Roma
Frederick Cormier
Leo Dimora
Dino Forgione
Alana Geller
Alina Ghitulescu
Audrey Hadida
Arlene Lapointe
Mina La Rocca
Jo-Ann Lempert
Susan Maruya
Julie Michaud
Irena Piorkowski
Gloria Pratt
PSB Boisjoli
Gregory Ramsay
Nadia Sevo
Lori Vinebaum
Julia Waxman
Alan and Janice Wood
Lavonne Zdunich

In memory of Dorothy Mosel
Marylin Block

In memory of Lorraine Zavergiu
Marguerite Cardoso
Colavecchio family
Pat Cossette
Connie Cuffaro
Lisbeth Kondratuk
Adriana McAuley
Domenic Monteferrante
Arthur Propst
Margaret Seliskar

In memory of Sarah Gaulin
Angie Gaulin

In memory of Mark Weitz
Marylin Block

In memory of Hilary Griffiths
Elizabeth Mavor

In memory of Leonard Mariano
Barbara Green-Mariano

In loving memory of John Simpson
Kay Simpson

In loving memory of Douglas Simpson
Kay Simpson

In memory of Elgin Doidge
Kay Simpson

In memory of Bonnie Calderhead
Kay Simpson

In memory of Barbara McAskill
Shirley and Robert Smith

In memory of Helen Emslie
Shirley and Robert Smith

In memory of Judy Gellert
Shirley and Robert Smith

In memory of Pieter Boudens
Beppie Boudens-Alexander

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/.

WHY SHOULD FAMILY CAREGIVING COST SO MUCH?

An Action Table has been organized to find ways of reducing the financial burden

Last October, four organizations sat down with a select group of invitees to tackle one of the most stressful concerns among family caregivers: the financial hardship that results as a consequence of seeing to the needs of their ill loved one.

The one-day forum, titled **Canada, a Caring Society: Action Table on Family Caregivers**, was the brainchild of the Canadian Cancer Action Network, the Canadian Cancer Society, the Canadian Caregiver Coalition and the Mental Health Commission of Canada. Their invitees included organizations and individuals in a position to offer insight, influence change and accelerate initiatives to fulfill the forum's aims.

While financial difficulties are only one aspect of the stresses caregivers face, the forum participants recognized that caregiving responsibilities create an inordinately heavy money burden for families, one that ideally should and could be mitigated through changes adopted by the health, social and economic sectors.

First things first

Four priorities for action were identified at the meeting: increasing awareness of the caregivers' financial overload; improving caregiver access to resources and support services; making workplace environments more flexible; and adopting or adapting government support programs across Canada.

Providing long-term care often compromises families' physical, mental and emotional well-being as well. Caregivers need help for themselves in order to provide the best life possible for their relatives, something many families are denying themselves at present because of budget worries. The October forum is expected to follow up with an action plan.

The October Action Table's four partners have released several reports containing a series of recommendations for governments and key stakeholders to implement. These can be viewed and downloaded from AMI's website, **www.amiquebec.org/action-table**.

Participants have endorsed the forum's priorities by their commitment to ensuring that attention will be paid and action will be forthcoming. Our website also has updates on their progress. Visit **www.amiquebec.org/social-action**. ❐

SAD ... continued from page 2

proactive is the key. Starting in the fall, sign up for an exercise regime and go at least three times a week. Socializing and being productive are important — join a book club, a walking group, a cooking class. If you love food, plan to try a new meal every week. And fall could be the perfect time to delay SAD's impact by taking a warm-weather vacation.

Before anything, though, Low advises you to get diagnosed. "You may think you have SAD, but your mood could be due to another condition entirely — hormonal change, hypothyroidism, iron-deficiency anemia or even pregnancy."

And if you do indeed have SAD, look on the bright side. It's a problem you can do plenty to alleviate. ❐

Amador ... continued from page 1

beneficial is one thing; trying to win by badgering is another.

Doctors know best. They may know more, but they don't always know best. What the patient thinks is what matters and collaboration is the best medicine.

LEAP and learn

Amador founded the LEAP Institute on four pillars that support improved conversations and relationships: Listen, Empathize, Agree, Partner. The idea is to find common ground and move forward on goals you and your relative agree can be worked on together. When opinions clash, remember Amador's three As:

1. **Apologize** if your point might feel hurtful or disappointing.
2. **Acknowledge** fallibility. "I could be wrong. I don't know everything."
3. **Agree.** "Let's agree to disagree. I respect your point of view and hope you can respect mine."

An implacable foe

Anosognosia is unrelenting. Amador recalled a neurological patient with a paralyzed arm which, despite conflicting evidence, he consistently denied. When asked to move his arm to prove he could, he would reply, "I don't feel like it." Or "You've done something to it."

A man in the audience had his own tale of woe. His wife Maria and he have three children. He wants to be with them but there's a restraining order in effect. He violates it, the police are called and he has a choice — jail or hospital. The hospital provides medication for his illness and a judge dismisses the case. Once on his own, the man goes off his meds and tries again to see his family. Same result. He's been stuck in the predicament for years.

The room is sympathetic. Then out of the blue a woman identifies herself as the man's wife. Yes, they're happily married. It was all an invention, Amador's dramatic approach to illustrating the tenacity of illness-denial.

As for Henry, with the brothers' new, solid relationship, he became compliant, stopped relapsing and started enjoying life. Amador claims this happened in large part because Henry cared about his brother and also about Betty and James, the owners of the house where he lived. The couple did nothing more complicated than show him love.

"We need to reach out to the mentally ill," Amador urged, "not isolate them the way we too often do."

Despite treatment and his life changing for the better, Henry never did acquire broader insight into his illness. Anosognosia prevailed. ❐

You can find Amador's renowned book *I Am Not Sick, I Don't Need Help!* in our library. Copies are also available for sale at the office, $20.

AMI-Québec Donation & Membership Form

NAME

ADDRESS APT. #

CITY PROVINCE

POSTAL CODE TELEPHONE

E-MAIL

Donations

(Tax deductible Business Number **89652 4071 RR0001**)

I wish to support your work with a donation

☐ $50 Sponsor ☐ $100 Sustaining Donor
☐ $250 Patron ☐ $500 Benefactor ☐ Other_____

I wish to make this donation ☐ in honor of: ☐ in memory of:

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

I wish to become a monthly donor

Our monthly giving program is an easy and effective way of ensuring regular support. (By Visa or MasterCard only.)

☐ $5 ☐ $10 ☐ $20 ☐ Other_____
(minimum $5/month)

Monthly donations will be deducted from your credit card the 15th of every month. You can change or cancel your monthly donation by calling 514-486-1448.

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): $_____

Donation: $_____

Total amount enclosed: $_____

Payment may be made by cheque, VISA, MASTERCARD or 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
We never share, trade or sell donor information.

Lucky *... continued from page 5*

She says she's come to see people differently, especially those friends she knows who are living with a mental illness. "Before I could dismiss it if they did something a little strange. Now I try to be more understanding. I wonder about their motivation and why they act the way they do. l also feel free to mention an article or bring up something I learned in class. That usually starts a conversation and they'll often share their stories. Before no one would talk. I've met people who still won't, especially if there's no one accepting to listen."

How long will she continue volunteering? Maybe forever. Because just as it makes her happy to help others, she believes the same can apply in reverse.

Last year McAdam sat in on our Mood and Thought Disorders program. She was there to observe, perhaps some day to assist. She could do many things as an AMI volunteer, but so far it hasn't occurred to her to ask. "I don't know whether I'd fit in or not," she says in her typically unassuming manner.

She needn't be so modest. Francine Waters, program coordinator, remarks: "I get great feedback about Sam. As a facilitator she knows how to keep her support group focused. She's attuned to people's feelings without having them feel that they're being given short shrift. Family members recognize that she's there for them. It's a talent not everybody has."

McAdam continues to attend Low-Beer lectures. She hasn't missed one in five years. ❐

amiquébec
Agir contre la maladie mentale
Action on mental illness

AMI-Québec, a grassroots organization, is committed to helping family caregivers* 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.

* Family caregivers are those in the circle of care, including family members and other significant people, who provide unpaid support to a person living with mental illness.

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.
Legal deposit: Bibliothèque Nationale du Québec, National Library of Canada.

6875 Décarie, Suite 300, Montréal, Québec H3W 3E4
Telephone **514-486-1448** Toll-free **1-877-303-264** Fax: **514-486-6157**
Website: **www.amiquebec.org** E-mail: **info@amiquebec.org**

Member of La Fédération des familles et amis de la personne atteinte de maladie mentale (Québec)