

SHARE & CARE

THE RECOVERY OF HOPE ~ THE HOPE OF RECOVERY

OUR CHANGING POLICE FORCE

13 years of evolving attitudes towards the mentally ill

In 2002 *Share&Care* reported on a pilot project involving the Montreal police department, CLSC des Faubourgs and the Régie Régionale. It was a prototype of an initiative developed in Memphis, Tennessee, that aimed to make crisis interventions more effective for the police and less traumatic for the individual.

At a later date we met with Michael Arruda, a veteran SPVM officer with various responsibilities for developing and refining the new approach to mental health. Arruda left the police force for new challenges this past fall, but he gave us one last opportunity to share his thoughts on 13 years chock-full of change.

The one-time pilot project has since matured both in breadth and depth. It has a name, the Mental Health and Crisis Intervention Unit, and a partner, CSSS Jeanne Mance. There's a coordinator and an über-boss, Commander Khanh Du Dinh.

The unit consists of three main intervention models (think of a triangle trisected horizontally). At the bottom is the largest, the medical model. It's used when police answer a call where someone's in crisis but there's no violence. Most requests for police assistance fall into this category. Once the location is secured and the person is not in danger, a medical team is called in, usually a psychologist and/or a social worker, to help assess the situation

and decide on the next step.

The mixed-team model called ESUP (*Équipe de soutien aux urgences psychosociales*) is the second layer of intervention. A police officer and a social worker arrive in an unmarked car to circumvent the possibility



After more than a decade as a police officer, Arruda signed on with the Centre for the Prevention of Radicalization Leading to Violence, an initiative officially inaugurated in November. He is coordinator of training and crisis prevention.

of curious neighbors and stigma. If there's violence, out of concern for the safety of the social worker a marked car will be dispatched to secure the area.

The third model is called RIC, *Réponse d'intervention de crise*. These acute crisis calls are the least frequent, but also the most dangerous. They require the presence of officers who've been trained in de-escalation techniques and how to intervene without using force when a person is violent, has a weapon or is otherwise at risk. There are close to 300 officers qualified to work at this level.

The police and CSSS Jeanne Mance also partner in an outreach model called EMRII (*Équipe mobile en intervention itinérance*). Separate from the other three, it deals exclusively with the most difficult cases of homelessness, most often people who've been living on the street for 10 years or more.

180 degree about-face

"It's a given that much of police work is associated with repression," says Arruda, "gangs, guns, vice, organized crime, highway safety. But today the pub-



Who's in charge — you or your anger?

Five ideas, including some you likely never dreamed of, to keep you from losing control

We all lose our cool from time to time, but mental illness stirred with anger can make for a particularly emotional cocktail. Whether you're ill yourself, caring for a sick loved one or part of the picture in some other capacity, resentment and frustration can simmer until, seemingly out of the blue, you let it all out in an unpleasant scene.

Here are five strategies to help you manage your anger and avoid doing or saying something you may later regret. It's not always easy, but doable. And well worth trying.

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Police ... continued from page 1

lic expects its police force to also know how to deal with social situations. For instance, don't arrest prostitutes but learn why they're doing it. What's behind a crisis situation? Why do people accept to live on the street?"

As the public began questioning the old law-enforcement ways, it was clear that police training needed to change. Arruda maintains that growing numbers of officers today don't want to routinely use strong-arm tactics. The big question became how to intervene and also avoid repression?

The new approach was not universally admired and convincing took time, but now other jurisdictions in Quebec are changing their methods and so has the Police Academy in Nicolet. Their curriculum finally includes a volunteer course in mental health issues.

The training is 40 intense hours over five days. It's not a medical course and the instructors aren't mental health professionals. The focus is on providing the police with the right tools for better intervention outcomes. It starts with a half-day on the behavior the police are apt to face. The second day is devoted to legal issues. On the third and fourth days the officers face professional actors playing people in crisis as they learn communication techniques. On the fifth day, family members, mental illness survivors and psychologists are brought in for a variety of discussions.

Helping, not hurting

Although he's no longer a member of the police force, Arruda is still associated with the Police Academy, where he gives a course on de-escalation. The first thing he does is ask his students why they want to become police officers. "Ninety-five percent of them reply that they want to help people and that they're there to serve the community. If they say they want to catch bad guys, I ask them to leave. These days society doesn't want us to catch guys as much as they want to help them out."

Admittedly guns and police are necessary partners, sometimes tragically so. But to Arruda the key is education. "If we can teach police communication skills we're a lot better off than teaching them how to use guns."

And he says there are even officers on the street who are asking to be trained. "Police work isn't always a gratifying job," he admitted. "So when we get thanked by parents, even by some of the people we helped in crisis — that recognition is our reward." □

2015 Low-Beer Memorial Lecture

THE BATTLE FOR PSYCHIATRY

It's become a face-off between science and compassion. And guess who's caught in the middle

Dr. Paul Garfinkel objects. When he began his career as a psychiatrist over 40 years ago, he thought he had opted for a helping profession. But by the end of the '70s he was starting to wonder.

Science was becoming the motor propelling psychiatry. Out went the classic Freudian techniques of helping people to restore their mental health. In came a quicker fix — drugs. Unconscious drives were redefined as a chemical imbalance. Many psychiatrists found themselves swiftly reaching for their prescription pads. As a consequence, Garfinkel maintains, the art of medicine, the caring part, was being pushed aside and the patient, the human being in distress, counted for less.

Not that science didn't produce benefits. To name a few, it ushered in new research on the brain, improved treatment measurements and attracted highly skilled people to the profession.

But results have not always been ideal. The arrival of the DSM (the Diagnostic and Statistical Manual of Mental Disorders) has improved diagnosis reliability, but doctors regard the diagnosis as the problem, prescribe medication and sidestep the human being behind the suffering.

Some of Garfinkel's harshest criticism was directed at the buddy-buddy relationship between medicine and the pharmaceutical industry. Once again it's a mixed bag of gains and losses for psychiatry. "When drug companies fund research they can skew the studies and control the data. Doctors accept gifts and money from generous sources, a situation that has to change. On the other hand, drug companies with deep pockets are only too happy to fund continuing education, thereby encouraging better medical and scientific industries for the future."

As the title of Garfinkel's address asked, *What's Next for Psychiatry?* Despite his concerns, Garfinkel remains the optimist — with provisos. "Sure, science is necessary, but it's not sufficient." And he repeated: "For psychiatry to remain relevant, there must be room for both science and compassion. Only then will people get the help they really need." □



Balance is key, says Garfinkel

IN PRAISE OF VOLUNTEERS

There's hardly a corner of the healthcare sector that doesn't count on volunteers to help keep its wheels turning smoothly. We are most fortunate in our motivated crew, amazingly over 100 in number, that shares our dedication to improving life for those coping with a mental illness.

In our new series of profiles we'll reveal what makes our volunteers tick, how they help and what first brought them knocking on our door.

Sonia Teoli: "You could call me a normal."

It may be a politically incorrect turn of phrase to some, but after what she's been through, it's how Teoli happily, even proudly, describes herself.

She was, quote-unquote, not at all normal in 2000 when she received a depression diagnosis. A string of crises over the years that followed drained her life of hope. "I tried suicide twice, was taken from my house in a coma, underwent dialysis and was given about 40 electrocardiograms," she says. "I was in and out of the hospital three times, including a stay of two months in 2006."

Teoli recalls the despair of feeling totally alone, not knowing what to do or where to turn for help. Which both explains a lot and puzzles, given the fact that she grew up in a household beset by mental illness. Her father, who has since moved to a nursing home, suffers from paranoid-schizophrenia. "I'm 42 now," she says. "When I was a teenager, for instance, I never heard a word about community resources where families could look for support. Nobody ever visited my school to explain what mental illness was or how best to live with an ill relative. My mother, brother and I, we were on our own dealing with my father's cycles of verbal abuse and unpredictable behavior. I was ashamed of his illness, a secret I kept for years until I met some understanding friends at school who didn't judge me. They were my unofficial support group."

A step towards recovery

Those memories stood her in good stead during her own illness, when a hospital caseworker suggested she check out a for-real support group at AMI. "I liked the routine from the beginning. We'd sit in a circle and exchange ideas: what works for me, what didn't work for somebody else. I bought some books and a workbook and

began to educate myself. Sharing others' experiences, I no longer felt alone. And I learned an important lesson — that I was



more than a mentally ill person. Sure, I was coping with clinical depression, but I was not the illness itself."

She was asked if she'd tell her story to the group, which she found therapeutic. She also said yes to becoming a volunteer. She's particularly drawn to our outreach program and visiting high schools, where at first she'd simply share her story. Now she's also taken on the job of overall presenter.

"The more I know, the more I appreciate what AMI's doing in schools. Every time I make my presentation there are one or two students who stay behind. They're

so grateful for my information that they hug me and cry. There's such a need for relationships out there. And just by having a person like me willing to open up in front of strangers, it's also a very good way to break down barriers and stigma."

Taking charge

Teoli credits both the good hospital care she received along with the support group for speeding her recovery. She remembers her steps back to wellness as clear as day: from lockdown to medium care, then regular care, three or four months of outpatient rehab and finally rehab for reintegration into the outside world. At long last she was going back to work, albeit progressively, starting with one day a week. She had lucked out with her employer and co-workers, who all clearly knew the reason for her long-term absences, always respected her doctor's orders concerning her limitations and never caused her grief.

If life had been different, maybe Teoli would be a social worker today, but there are no regrets. She has a job she likes in

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We're looking for a great board. The search begins with you

As an AMI member or supporter, one of the most important ways you can contribute to our success is to help us elect an excellent board of directors.

If you know an enthusiastic person dedicated to seeing us reach our goals, tell us who that is. Send in your nomination, mail or email (info@amiquebec.org), with a brief rationale for your choice. You have more than one candidate on your list? So much the better.

Submission deadline is March 1. Board elections are held in June at our annual general meeting.

Too often caregivers allow their responsibilities to their ill loved one to take over their life by foregoing time for their own interests and enjoyment. Are they driven by an oversized sense of obligation? Or are they concerned that maintaining a life of their own might appear as selfish?

Truth is, nothing could be less selfish. As a caregiver, you make major contributions to the well-being of your relative and those benefits also enhance the lives of others in the household. You can't carry out that role effectively if your own mental or physical health suffers from chronic exhaustion and stress.

No family needs another sick person in the house. Here's what you can do to safeguard both your health and your caregiving skills.

Know what you're dealing

with. There are print and online resources galore that can help you understand any mental illness, its repercussions and how best to preserve family relationships despite its presence. Your AMI membership is a valuable ally for support and education. Invest the time to explore the wealth of material available.

Face your stress. Make peace with the illness by acknowledging your grief, anger, sadness or guilt. And ditch any unrealistic expectations that no longer apply. If you accept that changed circumstances will inevitably affect your family and plans for the future, you'll find it easier to discover new ways of enjoying your life.

It's not just mental. Your physical health also counts. Adopt the habit of exercising, eating well and getting enough rest

regularly. An hour's walk or a session at the gym is not a luxury.

Don't go it alone. Feeling isolated can be depressing and exhausting. Support groups offer relief by allowing you to talk openly about the ups and downs of your situation. You'll hear from other caregivers about useful, practical coping techniques they use and receive a good helping of sympathy and understanding along the way. Check AMI's support group schedule on page 7.

Peer support doesn't need to be face-to-face. Go online and you'll find support groups, forums and blogs offering an exchange of opinions and advice. There's also helpful information on our website, www.amiquebec.org.

Step back. A mental illness shouldn't monopolize your life. To recharge you need to enrich your days with activities outside your caregiver routine. Make it a point to spend time with people who have no connection to the mental health community. Consider a movie or getting away for the weekend. A hobby is ideal. So is something as simple as a relaxing bubble bath. Exercise, yoga and gardening do more than provide a break. They're known to be therapeutically beneficial to your mental health. Even in the event of a crisis, it's easy enough to fit in a short walk, phone a friend or pop into a nearby café for coffee.

If feasible and practical, think of setting up some "me" time by recruiting an understanding relative, a close friend or even a paid assistant to help you.

continued on page 6

The farthest thing from selfish



Caregivers who take time to care for themselves are in reality helping not just their ill relative but the whole family, as well

Anger ... continued from page 1

1. Slow down. The cliché of counting to 10 endures because it works. Anger gets your adrenaline going and raises your heart rate and blood pressure. You have a strong urge to act immediately. But separating what-ever roused your anger from your response is a good thing. Counting to 10 (or 50 or 100) works for some, but here's another approach: Think of a song or a verse now that you'll always use when you're angry. It could be a soothing refrain such as "Somewhere Over the Rainbow" or a more upbeat song such as "I Will Survive." Remember to use it when you need to put space between what you're feeling and your response.

2. Get physical. Therapists often urge their clients to "pound your pillow." Releasing the physiological part of your anger can free you from its grip and allow you to figure out

what you want to do. If your body is revved up with the fire of anger, you're not likely to make good decisions. Pounding a pillow may be exactly what you need, perhaps adding words that you wish you could say to the source of your anger. Some other exertion — a run or a brisk walk — could provide a similar release.

3. Write a letter to the person or situation that's making you angry. This is a message you'll never send. Its purpose is to cool your feelings so that you can decide what to do with your anger. Feel free to accuse, blame or denigrate. Your letter might even turn out to be the prelude to a more controlled and strategic message that you would actually send.

4. Write to yourself. It's important that you recognize your anger and give it credibility.

In your letter be understanding of yourself and pinpoint exactly what is making you angry. For instance, you might reassure yourself that "I have a right to feel angry." The question to answer is what you want to do with that anger.

5. Light a candle as a signal. Sometimes your anger can embarrass you and make you feel ridiculous. This secondary reaction can effectively interfere with a discussion about the cause of your anger. Lighting a special candle that you use for this one purpose can send a message that you're angry about something but not quite ready to talk about it. The candle can buy you some time. □

Edited from *5 Ways to Manage Anger*, bphope.com, October, 2015.

SMOOTHING THE ROAD TO RECOVERY

The return to a rewarding life is often called a personal journey, but families can help bring the goal that much closer

It's only human to hope for a detour around mental illness, even psychosis, back to a happier life. And families can play a major role in helping their relative do just that.

So say the authors of the CHIME recovery framework. CHIME is an acronym for Connectedness, Hope, Identity, Meaning and Empowerment. These five factors are diminished and often even destroyed by the presence of a mental illness; yet, as CHIME maintains, they're key contributors to the recovery process.

The equation is simple: understanding a problem leads to finding a good solution. In the world of caregiver families, a good solution is one that provides the support and encouragement their loved one needs most.

Connectedness

We all need to feel we're valued and that our life has meaning. For your relative, that involves re-acquiring former valued social roles or mastering modified or new ones. Family members, friends and understanding neighbors, too, are a primary source of human connection. So are support groups. Including your relative in even the simplest of social activities — walks in the park or shopping trips, for instance — can do much to counter the sense of isolation brought on by living with a mental illness. This is especially important during times of crisis, when the support of others can become most strained.

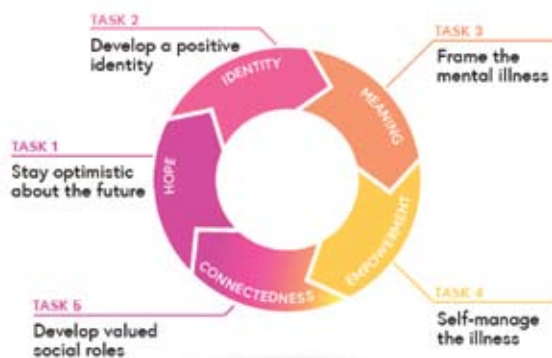
Hope

Your relative craves hope and optimism about the future to maximize the possibility of recovery. Caregivers who sustain their belief in recovery become "holders of hope" and have a central role to play. A positive attitude will help their relative as well as the whole family ease the trauma of a mental illness. For extra help, credible role models, such as those in peer-support groups

who have found a form of recovery that works for them, can be inspirational.

Identity

A key task of recovery is reconstructing a positive identity, one apart from being someone with a mental illness. This may mean your loved one needs to find new meaning in their self-image and mental-health experiences. Which sense of self will be most acceptable and personally valued is primarily a personal decision. But family members can lead the way by moving beyond a sense of loss and fear, focusing instead on resilience and strength. They can also overcome stigma and other negative perceptions by



not being limited in their own lives to the roles of caregivers or service users.

Meaning

What does it mean to have a mental illness? Making sense of the experience as just one aspect of a broader life can limit the illness to being only part of a person, not the whole individual as they once were, are and will become. Caregivers should strive to encourage and support their relative to achieve meaningful goals in life. Finding spiritual connection and meaning might be a very individual quest, but you can help by listening and discussing this aspect of recovery.

Empowerment

Recovery requires that your relative transition from being clinically managed to becoming more personally responsible for his or her well-being. This change would likely include seeking help and support from others when necessary. Letting go of some of your caregiver responsibilities has nothing to do with abandoning someone in need. Rather, it means you'll be strengthening your loved one's ability and facilitating opportunities to take control of their own life. □

Adapted from a review and synthesis of CHIME recovery framework in *British Journal of Psychiatry*, 2011, 199, 445-452.



Time to say goodbye. Francine Waters, counsellor and program coordinator, took her retirement in December after 14 years with AMI. Recognized by staff and members for the warmth of her personality, Waters has given us an admirable farewell gift of caring and commitment. Remarked executive director Ella Amir: "We hope we'll have her with us again as a volunteer from time to time in the future." □

MENTAL HEALTH ESTRIE CELEBRATES NO. 10

It was a lucky day for English-speaking families in the Eastern Townships when Judy and Lynn Ross crossed paths with AMI. That eventful year was 1999. Since its incorporation in 2005, Mental Health Estrie has grown to become a potent source of help and support for families coping with mental illness in the region.

Read the whole inspiring story of the little group that could — and did — in the next issue of *Share&Care*. □

Caregivers ... continued from page 4

Accentuate the positive. A burden though it may be, caring for someone with a mental illness can make you a kinder, more compassionate person, a better listener and more appreciative of small blessings like a beautiful day or a good meal. Your loved one is still your loved one, with attributes you admire. Focusing on what's good can make it easier to cope with the situation and encourage a better outcome. □

Adapted from *Help for Helpers*, Josh P. Roberts, *BP Magazine*.

TRIBUTES & MEMORIALS

In honor of Charna and Mannie Young
Annie and Abe, Sharleen and Ron, Jon and Jen

In honor of Gail and David Mizrahi
Gillian Gilbert

In honor of Sid Milech
Liana Rubin

In honor of Karen Golfman
Krayna Golfman

In honor of Sheila Schouela
Barbara and Gerald Sheiner

In honor of Norma Nutkevich
Lynn and Andy Nulman

In honor of Barbara and Jack Singer
Lynn and Andy Nulman

In honor of Fanny Stark and Seymour Coviensky
Lynn and Andy Nulman

In honor of Steven Goldberg
Helene and Beverly Kravitz

In honor of Dorothy McCullogh
Kay Simpson

In honor of Carrie, Peter and Paige Mazoff
Evan Savelson

In honor of Annie Young and Abe Gonshor

Joan and Hy Bloom
Frayda Gonshor Cohen
Dora Gesser
Anna and Aron Gonshor
Daniel and Julia Gonshor
Queenie Grosz
Ingrid and Robert Gurman
Sandra and Harvey Kofsky
Dorothy and Charles Kon
Elaine Kotler
Pam Litman
Jackie and Herb Sibli
Joanne Smith
Irwin Tauben

Beverly Young
Jacquie and Brian Young
Charna and Mannie Young
Liz Young

In honor of Brenda Cormier's Walk for Mental Health

Kristina Ashqar
Rachel Azzopardi-Gruet
Frederick Cormier
Julie Cusmariu
Josee Delli Colli
Marc Elman
Lyne Faucher
Dino Forgione
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Lavonne Zdunich

In honor of Irene Calagui-Painchaud
Pascal Painchaud

In honor of Roni and Leo Kolber
Lynn and Andy Nulman

In honor of Moshe Donath
Glenna and Matthew Wener

In honor of Hannah Sklar
Rosalie Avigdor

In memory of Leslee Gelber
Tina Baer
Aaron Gelber

In memory of Fred Kastner
Lynn and Andy Nulman

In memory of Iris Hazan
Lynn and Andy Nulman

In memory of Leonard Mariano
Barbara Green Mariano

In memory of Pieter Boudens
Beppie Boudens-Alexander

In memory of Molly Serbin
Lisa Serbin

In memory of Brian Griffis
Kay Simpson

In memory of May Gruman
Kay Simpson

In memory of Monty Berger
Kay Simpson

In loving memory of Barbara Simpson
Kay Simpson

In memory of Barbara Simpson
Sylvie Albert
Elva Crawford
Maureen Kiely
Sylvia and Bill Klein
Janis and Ron North
Patricia and Allan O'Beirne
Joanne Smith

In memory of Hilary Griffiths
Elizabeth Mavor

In memory of Lillian Zlotnick
Mindy Barbarush
Annette Bass
Graham Boeckh Foundation
Mahjong Ladies: Shirley, Evelyn, Sonia,
Gertie and Molly
Rhoda Rappaport
Helaine and Morton Schwam
Blossom and Morty Wiltzer

In memory of Berneice Fielding
Allan Fielding

In memory of Szlomo Szwimer
Lynn and Andy Nulman

In memory of Tamara Shacter
Sylvia and Bill Klein

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.

Nominations open for AMI's awards and recognition

Every year we salute those doing exceptional work in support of our goals with a tangible acknowledgement of our appreciation.

If you know one or more people whose efforts fit that description, add your own thank-you to ours with a nomination for an AMI award or recognition.

Mail or email us (info@amiquebec.org) your choice along with a brief rationale for each person you nominate. You have until March 1 to submit. Presentations will be made at our annual general meeting in June. The board of directors makes the final decision.

Monty Berger Award for Exemplary Service

Presented to a volunteer, usually an AMI member, making a significant contribution to our organization over an extended period of time.

AMI-Québec Award for Exemplary Service

For someone working in the field of mental health. Selection criteria include extraordinary care to those with mental illness, guidance and support to families and active 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.

Ella Amir Award for Innovation in Mental Health

Recognizes individuals or organizations for their innovations in building awareness of mental health issues in the community through research, service, advocacy, combatting stigma or calling the public's attention to the needs of family caregivers.

Volunteer of the Year

Awarded for services to AMI during the previous 12 months that far exceeded the norm along with 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. □

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.

WINTER 2016

For details visit amiquebec.org/programs-support

SUPPORT GROUPS

For family, friends and people with mental illness unless otherwise indicated.

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

FAMILY for relatives and friends only

January 11, 18, 25; February 8, 15, 22; March 7, 14, 21

ANXIETY

January 11; February 8; March 7

BIPOLAR DISORDER

January 25; February 22; March 21

DEPRESSION

January 11; February 8; March 7

HOARDING GROUP (in collaboration with Quebec OCD Foundation)

January 25; February 22; March 21

OBSESSIVE COMPULSIVE DISORDER

January 18; February 15; March 14

KALEIDOSCOPE for people living with mental illness

January 18; February 15; March 14

SOUTH SHORE for relatives and friends

Wednesdays 6:30pm

Greenfield Park Baptist Church, 598 Bellevue North, Greenfield Park

January 13, 27; February 10, 24; March 9, 23

LIFELINE for people with mental illness

Alternative Centregens, 3820 Montée St-Hubert in St-Hubert.

Call 450-651-0651 for dates and times.

Registration required for programs below

Visit amiquebec.org/programs-support or call 514-486-1448 for details or to register.

COPING WORKSHOPS caregivers only

January 26; March 22

INTRODUCTION TO LEAP caregivers only

February 16

TELEWORKSHOPS

January 20; February 17; March 16

WEBINARS

February 23; March 29

BOARD MEETINGS

Tuesdays 7:00pm at AMI

February 2; March 1

AMI-Québec Donation & Membership Form

NAME _____

ADDRESS _____ APT.# _____

CITY _____ PROVINCE _____

POSTAL CODE _____ TELEPHONE _____

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Donations

Tax receipts given for donations of \$10 and over. Vist amiquebec.org/donate

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

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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

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Send payment to **AMI-Québec**,
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 We never share, trade or sell donor information.

Teoli ... continued from page 3

customer service, is a member of the company's volunteer committee and has been with the same organization for 17 years. She takes her antidepressants faithfully, hasn't relapsed since 2008 and considers herself recovered.

A different type of volunteer work involves her spiritual side as a devout Christian. "I read the bible and teach it. My belief gives me a purpose, another reason for living. People praying together — they're also like a support group for me."

So what's the hook? Why the urge to volunteer? "For me it's partly knowing I'm able to help someone, partly being able to say to the world, "Look, I was sick, but that was then."

She urges anyone with a mental illness not to restrict their treatment to medication and the professionals, but to empower themselves by taking responsibility for their own recovery. "Learn, keep fit, eat healthy and be part of a support group. Never accept the limits that anyone might try to impose on you. Trends are just fads. Unless you're like my father, who doesn't have the cognitive ability to manage it, be your own person and reach for something more."

You could call her a normal.

amiquebec

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.

Anna Beth Doyle, *President*
 Norman Segalowitz, *Vice President*
 Joanne Smith, *Secretary*
 Donna Sharpe, *Treasurer*
 Jean Claude Benitah, *Immediate Past President*
 Ella Amir, *Executive Director*

SHARE&CARE

Share&Care is published quarterly.

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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