www.amiquebec.org

Spring 2016 VOL. 39 No. 2

SHARE & CARE

THE RECOVERY OF HOPE ~ THE HOPE OF RECOVERY

FROM HUMBLE BEGINNINGS TO A SECURE FUTURE...

AMI-Quebec is moving to a new, permanent home

AMI-Quebec was created in 1977 by four couples struggling to cope with mental illness in a loved one who had nowhere to turn to for guidance and support. Our mission has been to address the needs of families who face serious challenges but are often overlooked. Over the years we have developed a wide menu of programs and expanded our outreach to English speaking families throughout the province.

Our goal from the start has been to make sure that no family in need of support is left alone, and therefore ensure that we can continue to offer our current programs and develop new ones as required. The constant reforms in the health and social services sector make AMI's role more critical than ever before.

To demonstrate our commitment and to send a message that we are here to stay, AMI has recently purchased a building, and will be moving into its new, permanent home on April 1st. This decision was not only economically viable but will allow us to grow and improve our programs.

Our new home is a three-storied building of 3,600' (40% larger than our current office), and is wheelchair accessible. It is situated at 5800 Decarie, on the southwest corner of Decarie and Bourret, and is easily accessible by bus and metro, with lots of parking on side streets.

To adapt the new property to our needs, certain upgrades were required. We have, therefore, embarked on a renovations and upkeep campaign, aimed at raising $250,000. This is a wonderful opportunity to perpetuate the memory of a loved one, show support, and create a legacy for your family. For information please contact Pam at 514 486 1448 or at pam@amiquebec.org.

We will hold an open house later in the year but we invite you to drop by and say hello! ❐

The Butterfly Effect: 10 Years of Mental Health Estrie

It's a story most of us have heard before. A family spun into chaos battling mental illness; we sat down with Judy Ross who says her relative was "so sick that I hardly even recognized him."

After two years of misdiagnoses and scarce resources in the Estrie area of southeast Quebec, the Ross family began looking elsewhere for support.

Judy and her husband Lynn were referred to AMI-Quebec and their support groups two hours away in Montreal. They were desperate for help, and the journey to get it would not be an easy one. This was January 1998, days after the infamous Ice Storm that shackled much of the region with power outages, downed trees, and a deep freeze for weeks. "The bridge (to Montreal) was pretty bad. The roads were not great," says Ross. They were lost as they entered the city in near darkness.

The Rosses arrived late to their first support group meeting.

As they walked on the frozen sidewalk, there were two women who were leaving the building — the facilitators for the support group. No other participants had shown up. But for the next two hours, Judy and Lynn had the undivided attention of the facilitators Sylvia Klein and Muriel Pater. Says Ross, "For the first time in those two years, we finally had a glimpse of hope."

Despite the distance, Judy and Lynn decided to return to Montreal every week. They attended AMI's support groups, lectures, and education sessions. They took counseling. Book references. Movies to watch. The Rosses just kept coming back.

Over the next few months, Judy slowly realized that her neck of the woods needed these services just as much as she did. "I was afraid to start," says Ross. She went to

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The Special Care Trust: A safety net for the future

If you are the parents of an adult child with mental illness, the future can be a little uncertain. Dealing with illness and trying to maximize wellness, as well as handling important financial decisions, are major concerns. Having – and managing — the funds to ensure quality of life is the bottom line.

The Special Care Trust at the Jewish Community Foundation helps address those concerns before they arise and makes sure the funds are there should you no longer be able to care directly for your loved one. The Foundation will work with Ometz – a social service agency – to see to your child's care and financial management after your lifetime.

How it works

- A trust is created at the Foundation via the parents' Wills.
- A contractual arrangement with a social service agency (Ometz) will be created to ensure your loved one is looked after.
- The JCF will invest the funds and use the trust fund (both income and capital) to take care of your child's needs, ensuring that the funds are prudently managed and allocated.

In some cases services to the beneficiary are put in place while the parents are still alive. This may be a good option that allows for a smooth transition and provides the parents with an opportunity to see for themselves how the arrangement works.

The worry about the future care of a loved one with a disability is shared by most parents, however many families delay decisions and arrangements which may, inadvertently, add to their burden. If you wish to explore your options, you can contact the Jewish Community Foundation at 514-345-6414 or at info@jcfmontreal.org ❐

For more information about financial planning for a loved one who has a mental illness, visit www.amiquebec.org/financial16 for a recorded webinar featuring featuring Sid Peck, President of Peck Group & Annuity Brokers Inc. and Jerry Derkson, J. Derkson Agencies.

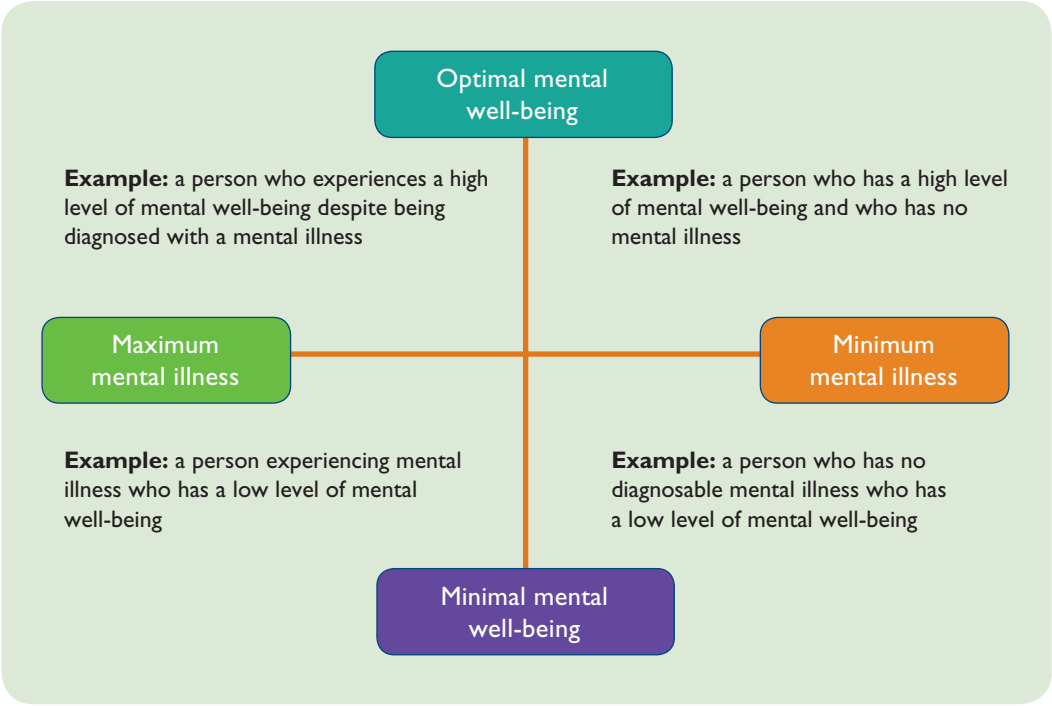
A WIDER GLANCE AT MENTAL HEALTH

In recent years, there has been a shift towards a more comprehensive definition of mental health. There is a growing consensus that mental health is not merely the absence of mental illness, but it also includes the presence of positive feelings (emotional well-being) and positive functioning in both individual life (psychological well-being) and community life (social well-being).

The Public Health Agency of Canada defines mental health / psychological well-being as:

> The capacities of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections, and personal dignity.

In the table below, the mental health continuum ranges from optimal (or flourishing) to minimal (or languishing), whereas the mental illness continuum ranges from no mental illness to serious mental illness.



Continued on page 3

A wider glance ... continued from page 2

MENTAL HEALTH CONTINUUM MODEL

HEALTHY	REACTING	INJURED	ILL
• Normal fluctuations in mood • Normal sleep patterns • Physically well, full of energy • Consistent performance • Socially active	• Nervousness, irritability, sadness • Trouble sleeping • Tired/low energy, muscle tension, headaches • Procrastination • Decreased social activity	• Anxiety, anger, pervasive sadness, hopelessness • Restless or disturbed sleep • Fatigue, aches and pains • Decreased performance, presenteeism • Social avoidance or withdrawal	• Excessive anxiety, easily enraged, depressed mood • Unable to fall or stay asleep • Exhaustion, physical illness • Unable to perform duties, absenteeism • Isolation, avoiding social events

ACTIONS TO TAKE AT EACH PHASE OF THE CONTINUUM

• Focus on task at hand • Break problems into manageable chunks • Identify and nurture support systems • Maintain healthy lifestyle	• Recognize limits • Get adequate rest, food, and exercise • Engage in healthy coping strategies • Identify and minimize stressors	• Identify and understand own signs of distress • Talk with someone • Seek help • Seek social support instead of withdrawing	• Seek consultation as needed • Follow healthcare provider recommendations • Regain physical and mental health

Mental health is best understood as a matrix, where people can move among states of mental well-being regardless of mental illness. They can flourish or languish, depending on individual functioning, social well-being and mental health issues.

Therefore, a person with mental illness may flourish and, conversely, someone without mental illness may languish with less than optimal mental health. People diagnosed with a mental illness can still have high levels of general mental well-being, while those without a diagnosed mental illness can show low levels of mental well-being.

In the model above, people who are healthy (green) can go through mild and reversible distress or functional impairment (yellow), to more severe, persistent injury or impairment (orange), to clinical illnesses and disorders requiring more concentrated medical care (red).

The arrows under the four-color blocks suggest a continuum, with movement in both directions along the continuum, indicating that there is always the possibility for a return to full health and functioning. In this way, no one is written off simply because they are showing symptoms of an illness, or are being treated for a disorder or disease. There is also a recognition that the earlier that intervention of some sort is provided, the easier it is to return to full health and functioning (green).

These two models emphasize that **mental health is not simply the absence of mental illness**. You may not have control over your mental illness, but you can strengthen your mental health! ❐

Edited from http://www.togethertolive.ca/mental-health-continuum and https://www.mcgill.ca/counselling/raising-awareness-0/mental-health-vs-mental-illness

Ella Amir, AMI's Executive Director, weighed in on the thorny issue of

INVOLUNTARY COMMITMENT AND INVOLUNTARY TREATMENT

at a McGill Disability & Human Rights Law Seminar, January 2016

One of the delicate balances in the issues surrounding mental health care of individuals with serious mental illnesses is the one between *protection* and *freedom*. Unfortunately, opinions are often sided with either civil liberty-associated arguments or with the desire to help an ill person regain his health. We don't often hear opinions that attempt to reconcile these seemingly opposing views and consider a balance that could respect both.

The massive discharge in the 1960s of hospitalized individuals with serious mental illness was prompted by a reaction to past abuses and neglect of this population. In Quebec, the *Virage ambulatoire* of the 1960s was designed both to shift resources and to transfer much of the responsibility of care from the hospital to the community. There was also an idealistic goal of returning these individuals to their communities with the help of newly developed neuroleptic medicines. This, I believe, was guided by a genuine hope to improve the lives of persons with serious mental illness; the results, however, were mixed.

Comprehensive services that were needed to support patients once they were discharged were lacking; a large portion of the money that was saved by closing beds did not follow the patients to the community. Waiting lists grew, patients fell through the cracks of a struggling healthcare system and families became increasingly helpless and frustrated. The number of homeless increased, and so did the number of mentally ill persons in jails. The need-for-treatment, which was the standard for involuntary treatment prior to 1969, was no longer sufficient criteria for commitment; dangerousness to self or others has increasingly become the dominant basis for commitment.

To address the unwanted consequence of this trend, efforts have been made to increase the use of involuntary commitment so that persons with serious mental illnesses could benefit from treatment. However, these efforts have not been successful for many reasons.

For example, the high value placed on individual liberties guided patients' rights advocates to press for patients' freedom to refuse hospitalization and to refuse medication, and laws have been passed and upheld to ensure patients' greater choice in treatment, even when this choice is for no treatment at all.

On the other side, proponents of involuntary commitment argued that individuals with serious mental illness cannot make meaningful choices without support and structure; they maintained that without the option of involuntary commitment such individuals can-

> The scars of involuntary commitment… can be deep for both the ill person and the family

not function effectively in the community and end up alternating between homelessness and repeated hospitalizations.

Weekly at AMI-Quebec we get families asking for help with a request for a court order for psychiatric evaluation. Committing a loved one against their will can be especially painful for families, but it is often viewed as the only solution after much effort to reason with the person has failed.

In my experience, however, requests for involuntary commitment are often misinformed or misguided. In many cases the challenges associated with the illness are not going to be resolved by involuntary commitment, and at best addressing them may be delayed. Once a crisis has been stabilized in the hospital and the person is being discharged, families often find themselves with a loved one who is not only upset and angry, but also persists in his refusal to accept treatment and therefore is likely to experience another crisis anytime thereafter. The scars of involuntary commitment, therefore, can be deep for both the ill person and the family; trust and relations may be compromised for a long time, and so is the opportunity to provide meaningful help.

Some conditions do justify involuntary commitment. However, I believe that if approached in different ways, many cases could be resolved more effectively without the need to resort to involuntary commitment.

When an ill individual is straying from a healthy path and presents risky behaviours, a typical reaction is focused on the *illness*, not necessarily on the *person*. "Why don't you take your medications? Why don't you go to your doctor?" This is often the reaction not only of families but also of practitioners. We often fail to see the whole person.

Psychologist Xavier Amador in his book *I am Not Sick, I Don't Need Help* (available in the AMI library), offers practical advice and concrete strategies for meeting anger, fear, and paranoia effectively. His non-violent and respectful communication strategies have been embraced by families and practitioners across the world. I am not suggesting that changing approaches is always successful, but I have seen enough cases where uncooperative individuals with serious mental illness have come to be engaged in the treatment process instead of resisting it.

We also have to remember that non-compliant or treatment-resistant individuals often have good reasons for their reluctance to accept treatment. The main form of treatment in past decades has been pharmaceutical; other forms of treat-

Continued on page 5

Amir ... *continued from page 4*

ment such as psychotherapy or community support are often either not available or not being offered. But psychotropic drugs are often associated with adverse side effects that may be more challenging than the symptoms of the illness itself.

A few words about Community Treatment Orders (CTO)

Families have a major role as stakeholders in outpatient commitment. Most individuals with severe mental disorders live with family members, and caring for them may have a deleterious effect on the health of family members.

The interests of individual patients and their families do not always coincide. Legal and clinical practice conventions inevitably emphasize the rights and needs of the individual patient over the rights and needs of those close to them. However, it is pragmatic to recognize that individuals with mental illness cannot be considered in isolation.

The great majority of families we see are caring families who do their best under difficult and challenging situations and at a significant cost to their own physical, emotional, and financial well-being. Aware of the ethical and other dilemmas associated with compulsory community care, such as coercion and intrusion on individual rights, families are often in favour of community treatment orders. They often notice a positive influence on their relative as they better adhere to treatment and reduce the risk to their well-being; family relationships, and relations with the clinical team, also tend to improve. It is interesting to note, however, that the clinical effectiveness of CTOs remains uncertain.

Involuntary commitment for a psychiatric evaluation:
involves getting a court order for evaluation in the hospital for a person presenting danger to himself or others. A legal process subject to the Mental Patients Protection Act (Loi 38 in Quebec).

Voluntary commitment:
a person experiencing mental health difficulties agrees to be hospitalized.

Community Treatment Order:
a tool to assist a person with severe mental illness to comply with treatment while in the community. Criteria are established by the Law.

In sum, the discussion about involuntary commitment and involuntary treatment needs to be held in a broader context that takes into consideration different treatment modes. The legal definition is only a starting point; a greater challenge is the interpretation of the law. Of an even greater importance is our responsibility, as a caring society, to provide a broad range of services and options in the community that could mitigate the need to act against the will of persons with mental illness. If the goal is to offer the best possible support, and if we wish to reduce the use of involuntary commitment to a minimum, we need to agree that proper alternatives must be available so that individuals with mental illness can be offered various options and become effectively engaged in their own treatment. ❐

BRYNA FEINGOLD
(1935 - 2016)

Bryna was a volunteer with AMI-Quebec for the past 19 years, and also a friend. The professional quality of our *Share & Care* was a reflection of her talent and writing skills. Her dedication over so many years was exemplary.

We will miss her and remember her with much affection.

TRIBUTES & MEMORIALS

In honour of Lynn Nulman
Avrum Stark

In honour of Pam Litman and Anne Newman
Stephen Rothstein

In honour of Jeff Waxman
Rhonda Abbey

In honour of the Mannella family
Rosalie Avigdor

In honour of Fred and Frances Westley Bird
Adrian Geller

In honour of Team P2
Lynn Nulman

In honour of #BellLetsTalk
Mitch Garber

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Louise Roskies Goldstein

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Leonard Freedman

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Albert
Marylin Block

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Anna Beth Doyle

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In memory of Richard Smith
Johanne Yates

In memory of Gino Motafferi
Helena Casey

In memory of Ann MacNeil
Lynn and Andy Nulman

In memory of Hilary Griffiths
Andree Boyer

In memory of Bessie Waxman
Marc Kimmel

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

Mental Health Estrie ... *continued from page 1*

Ella Amir, the Executive Director of AMI-Quebec, for advice on launching her own organization. Ross was concerned about making situations worse for people in crisis. Amir responded, "How could you make it any worse?"

> "If nothing ever changed, there would be no butterflies"
> *– Unknown*

In January 2001, Judy and Lynn, with the aid of volunteers, held an introductory education session in the Estrie region. The turnout was impressive. "60 people came and stayed for the day. They brought their own lunch," says Ross. "It was obvious there was a great need."

Over the next few years, the Rosses assembled a working committee, a community organizer aided with the paperwork, a location was found, and supplies were donated. The timing was vital; the Quebec government had ordered CLSCs to focus on serving communities better in certain fields. Mental Health was pushed suddenly to the forefront.

Judy and Lynn proudly launched Mental Health Estrie in 2005; it was named after the region so desperate for support. Ross noted, "Estrie is spread over an area of about a radius of 80 kilometers (50 miles) from Sherbrooke. It's a big territory. So getting known was the first big hurdle." Plus the area lacked major public transportation, and there were economic challenges. "The vast stretches are very isolating for the English community," says Ross.

Mental Health Estrie didn't expand their services much that first year; they focused on establishing themselves in the community. They slowly began offering support groups — ones for individuals with lived experience, and ones for family caregivers; a template borrowed from AMI-Quebec.

"AMI has been our big model," says Ross. "That's our goal; to reach the level of services that AMI has." The Rosses were asked to join AMI-Quebec's Board of Directors early on, the two organizations growing symbiotically. "AMI really saved our lives," says Ross. "They gave birth to our organization."

Moreover, Mental Health Estrie began to bring in guest speakers, although uncertain how the community would respond. Their first speaker was Dr. Ashok Malla, a world-renowned schizophrenia expert. Fifteen minutes before his presentation began there was barely anyone in the building. "I was just a nervous wreck thinking no one is going to come," says Ross. Then the floodgates opened. "We had 150 people turn up. The venue was only supposed to have 100."

The feedback on the guest speaker was just as poignant as the attendance. "We've had people tell us it that its first time they had the opportunity to speak to a psychiatrist." says Ross. "Or the first time they ever learned anything about bipolar, psychosis, depression or whatever the subject."

Life had slowly come full circle for Judy Ross. "At the beginning we had absolutely nothing," says Ross. "Now we have another employee, an office, services four days a week." Their organization has become a life preserver that the area so badly needed.

Today Mental Health Estrie's website proudly displays the logo of a white and gold winged creature. "The butterfly represents tremendous change," says Ross. "In the throes of it, you are wrapped in the cocoon. ... Metamorphosis. To us that's what mental illness is."

It's been quite a journey for the Ross Family, and the butterfly is now finally free. ❐

— Marc Griffin

A Student's Struggle with Disclosure

Navi Dhanota is a student at York University who lives with mental health challenges. When she was asked to name a specific disability as part of the standard procedure to register for academic support, she filed a complaint with the Ontario Human Rights Tribunal. Two years later, students now do not have to disclose a specific diagnosis; they only need confirmation from a doctor that academic accommodation, like taking an exam in a private room, is needed.

The number of students seeking academic support because of mental health disabilities has skyrocketed. Counseling and disability services at York University say that knowing a student's diagnosis helps them determine the appropriate accommodation.

Is this a win for individuals living with mental health issues because they can get help without specifying their difficulty? Or does not talking about mental illness help perpetuate stigma? Please email your comments to info@amiquebec.org. ❐

Adapted from an article in the Toronto Star by Diana Zlomislic, Staff Reporter
www.thestar.com/news/gta/2016/01/12/york-university-student-wins-mental-health-fight.html

A Phone App for the Future of Mental Health

Receiving mental health services can have great outcomes on an individual's well-being. But what happens when those services are not accessible like other medical services? There are many factors such as cost, stigma, and lack of knowledge on where to look for them, not knowing how to properly choose one, or simply fear of the lack of anonymity during a psychotherapy session.

Fortunately, people such as clinical psychologist Jeff Perron create revolutionary ideas to aid such problems. Perron talked to AMI-Quebec about TruReach Health, an application for Android and iPhone that helps individuals dealing with mild to moderate anxiety or depression. Although Perron claims "he is not a technology guy, he is a mental health guy" he came up with this brilliant idea when trying to figure out the quickest and easiest way to reach people who need help and aren't getting it.

Now, you may ask yourself *how did he manage to get a therapist inside a phone app? That's not possible.* And you're right.

Perron says the app does not replace one-to-one therapy with a mental health specialist, nor should it be seen as a cure. But it provides a first step mental health service by providing information and techniques from scientifically proven Cognitive Behavioural Therapy (CBT). This form of therapy focuses on changing thinking patterns and actions in order to retrain our brains to behave in a more efficient and balanced manner.

These techniques are presented as lessons in a platform style game; to unlock a new lesson, you first need to unlock the previous one. This aspect of the app makes it even more alluring since it's intriguing to see what you are going to be able to unlock next. There are twelve completely free lessons and six others that are $7.99 for all six; the profits are to be used to further develop TruReach, and to expand into lessons on social anxiety and panic attacks.

Now, don't think you'll only get lectures from your app; you need to practice what you learn as you proceed. That's where the interactive thought journal comes in. The journal allows you to write down situations that may be causing anxiety and depression at the moment; you can rate the intensity of each emotion that is being experienced on a scale from 0 to 100. The journal allows you to view such situations in an alternate and more real-

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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.

For regular updates, follow us on
AMIQuebec and @AMIQuebec

SPRING 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
March 21; April 4, 11, 18; May 9, 16, 30; June 13, 20, 27

ANXIETY
April 4; May 9; June 13

BIPOLAR DISORDER
March 21; April 18; May 30; June 27

DEPRESSION
April 4; May 9; June 13

HOARDING
March 21; April 18; May 30; June 27

OBSESSIVE COMPULSIVE DISORDER
April 11; May 16; June 20

KALEIDOSCOPE for people living with mental illness only
April 11; May 16; June 20

SOUTH SHORE for relatives and friends only
Wednesdays 6:30pm
Greenfield Park Baptist Church, 598 Bellevue North, Greenfield Park
March 23; April 6, 20; May 4, 18; June 1, 15, 29

LIFELINE for people living with a 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 or call 514-486-1448 for details or to register.

BORDERLINE PERSONALITY DISORDER for caregivers
9 session program begins April 18

COPING WORKSHOP for caregivers
May 24

TELEWORKSHOPS
April 13 (Bipolar Disorder); May 25 (Anxiety)

WEBINARS
March 29 (Helping a Family Member who is Suicidal); April 26 (Healthy Parent-Child Relationships)

BOARD MEETINGS
Tuesdays 7:00pm at AMI
April 12; May 3; May 31

ANNUAL GENERAL MEETING
Tuesday, June 7

AMI-Québec Donation & Membership Form

NAME

ADDRESS APT. #

CITY PROVINCE

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E-MAIL

Donations

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

I wish to support your work with a donation

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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

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.

Phone App *... continued from page 7*

istic scenario by using the knowledge and concepts from the lectures. This is a wonderful tool, given we often focus on the negative aspects of a situation and fail to see the whole picture. As you get further into the lessons there is a cathartic effect as you learn to properly identify situations and emotions and how to approach them.

The interface and the way the lessons are delivered make you pay attention, as the lessons are delivered in a swift five minutes each. The app is completely confidential, but Perron has received feedback from people of all ages.

Since its release in September 2015, Perron says the success of the app has been "overwhelming". He says, "It's really shocking to see'' people using the app in countries like India and Australia. Recently Perron has enlisted organizations such as Canadian universities to make the app available as part of their health services to students.

Today Jeff receives emails and messages from people around the globe who say that he's changed their lives. Says Perron, "I've gotten a few of them. When you see that, it's something special. It's corny to say it makes it all worth while, but it really does."

So now knowing that TruReach exists, you don't have to go to your local bookstore to get a first step of support. Plus you can bring it everywhere you go: it's private, interactive, and in your phone. Does it get any better than that? ❐

Visit www.TruReachHealth.com for more information.

— Alejandra Vergara

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
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Ella Amir, *Editor*
Diana Verrall, *Associate Editor*
Marc Griffin, *Associate 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 **1-877-303-0264**
Website: **www.amiquebec.org** E-mail: **info@amiquebec.org**
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Member of La Fédération des familles et amis de la personne atteinte de maladie mentale (Québec)