

# SHARE & CARE

THE RECOVERY OF HOPE ~ THE HOPE OF RECOVERY

## 40 YEARS AND GOING STRONG

**A**MI-Québec was started 40 years ago by four couples who got together to share their experiences and offer support to each other. As Sylvia Klein, one of the founding members, recalled, "at the time there wasn't very much information to be had." Moreover, families were often viewed as the cause of mental illness. The connection was immediate, says Sylvia: "I was able to talk about all the problems we were having...problems that we could not even discuss with our parents, brothers, sisters, or even close friends. It was too difficult to share with family or friends who really did not understand.

Nobody understood."

An article in the then Montreal Star drew 30 new people to an information meeting at the JGH Institute of Community and Family Psychiatry. Shortly thereafter the group was allowed to use the Institute's premises for support groups and monthly lectures, and thus laid the foundation for the organization. Social workers from the Douglas Hospital helped families to learn how to cope and manage, and how to live with a relative with mental illness. This was invaluable to the group. A season-



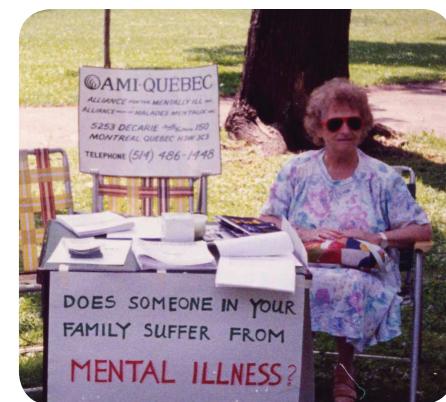
al newsletter, typed on a manual typewriter in a member's living-room for the first 13 years, became a lifeline. In addition, advocacy efforts were started, including meeting with the psychiatric departments of all the hospitals to introduce them to the new organization for families. Since its early years, AMI has been instrumental in the development of FFAPAMM, the umbrella group of family organizations across Quebec, and other service organizations in Montreal and beyond.

It is the determination and perseverance of the founding members and the people they brought in that guided the trajectory of the organization. From a small nucleus with no funding for the first 13 years, AMI

is now a thriving organization with ten staff and some 130 volunteers, offering a wide menu of programs and activities to address the needs of families. Continuous evaluation and adjustment of programs ensure we remain relevant and helpful.

Nothing sums up AMI's *raison d'être* better than Sylvia Klein's words: "(We) came from the four corners of this city, from all walks of life and different cultures. We all shared a common pain, a family member with some form of a mental illness. We blended together as an extended family without barriers. Our goal was to help each other." □

For more information about the history of AMI-Québec, visit <http://amiquebec.org/history/>



*Reaching out has been in our blood since the early days...*

## Grieving Mental Illness

**When a loved one suffers from severe mental illness, families may need time to grieve the loss of the person who was, and the loss of the person who may never be, before they can move on**

**G**rief is associated with loss. Loss can be tangible – such as the death of a loved one or losing a job. It can also be less tangible and associated with, for example, loss of dreams or hopes. Research on grieving has distinguished *sudden grief* from *anticipatory grief*. The former is common when an unexpected event such as a car accident or an earthquake happens, while the latter is associated with an ongoing situation such as terminal illness.

*Continued on page 2*

*Grieving... continued from page 1*

Mona Wasow in her book *The Skipping Stone* (2000) writes, "Capturing the essence of grief in writing is like trying to capture the wind in a box or the ocean in a glass." She quotes Webster's Dictionary's definition of grief as "deep and poignant distress caused by bereavement", and suggests that grief also refers to a process that evolves over time. While many studies have focused on the first year of grieving, it has been suggested that grief can go for much longer and that chronic grief and sorrow may last forever.

Grief over severe mental illness doesn't fit with any of the above-mentioned descriptions and can be viewed as a category by itself. Welling up in response to an ongoing, often chronic illness, grief itself may become chronic. The closure that is usually expected in grief cannot be easily achieved when mental illness is being grieved.

Grief and severe mental illness need to be further researched, and families touched by a loved one's mental illness need to recognize their grief and its impact on their lives.

The illness creates agony not only for the stricken but for their entire family, by losing the original relationships with the ill relative, as well as dreams and hopes for their future. Families are often left feeling inadequate, misunderstood, and isolated.

Wasow says, "A loss within the family creates an intensity and longevity of grieving unlike any other loss... The closer the bond, the more profound the grief we feel over any misfortune or loss." The experience of grief is personal; parents grieving their child's mental illness may experience it differently, and thus also have to adjust to being with a changed spouse.

Society does not sufficiently recognize this grief, adding to the challenge of grieving mental illness in a loved one. McGregor, in *The Skipping Stone*, writes, "People like us have joined an underclass of grievers disenfranchised by society from the normal grieving process, because their loss is not openly acknowledged, publicly mourned, or socially supported." He also points out that mental health professionals seldom address grief responses of families of relatives with severe mental illness. To complicate it further, the fact that mental illness affects the brain — the organ that makes us human — implies changes in other aspects of human capacity.

Grief's lack of resolution poses many risks. If we don't find ways to cope with loss, we run the risk of getting locked into our sorrow or even trapped by it. A loved one with severe mental illness does not go away, so we have a harder time wrestling with the losses. Grief is usually accompanied by a variety of symptoms, such as depression, sleep and appetite disturbances, anxiety, crying, anger and guilt; unresolved grief can further complicate these symptoms and add hostility, self blame, somatic problems, and emotional and social withdrawal.

Living with grief can be intensely difficult; dealing with the complexities associated with severe mental illness adds a host of negative emotions to the process. The family experiences dual loss: loss of the person who was, and loss of the person who may never be. Additionally, many family members share an empathic grief with the ill relative, whom they sense is also mourning and grieving for his or her own lost hopes and dreams.

Going through the grieving process is not linear and is affected by many variables. Social support offered by fam-

ily and friends helps us feel cared about and validated, and can be critical in times of grief. Time usually lessens and numbs pain, but grief does not usually go away if we ignore it. The process is long and uneven and, while the general tendency may be upward, it often involves occasional bouts of depression, yearning, loneliness, guilt, anxiety, sadness, frustration, desperation, and anger. Such incidences are often interspersed with increasingly longer periods of relief and well-being. To be able to move forward, it is important first to acknowledge grief, then recognize its inevitable impact on our lives, and then move on, one step at a time. □

Don't miss our teleworkshop on Grieving Mental Illness on April 26th: <http://amiquebec.org/tele0417/> Sign up today!

Mona Wasow's *The Skipping Stone, Ripple Effects of Mental Illness on the Family*, and Virginia Lafonds' *Grieving Mental Illness, A Guide for Patients and their Caregivers* are available at the AMI library.

## NEW, PRACTICAL GUIDE FOR CAREGIVERS

**If you have a loved one who is living  
with mental health challenges,  
this Guide can help YOU!**

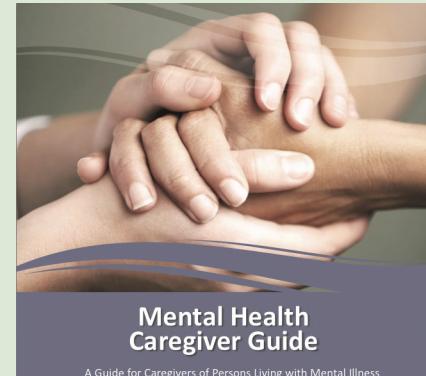
The Mental Health Caregiver Guide was created to fill a gap in resources for caregivers of persons living with mental illness or experiencing mental health challenges.

It is intended to provide caregivers with helpful tips, tools and information, and includes various activities.

The Guide is divided into two main sections: *Caring for You* and *Caring for the individual* (with mental illness). It is further divided into Child, Youth, Adult, and Older Adult sections to reflect caring for individuals across the lifespan and the responsibilities associate with caregiving.

This Guide is a collaboration between Ottawa Public Health (OPH), the Canadian Mental Health Association (CMHA), the Canadian Public Health Association (CPHA), and Military Family Services (MFS). □

The Guide can be viewed free of charge at <http://bit.ly/2ka9hVz> or on our homepage [www.amiquebec.org](http://www.amiquebec.org).



# ARE WE CLOSER TO UNDERSTANDING SCHIZOPHRENIA?

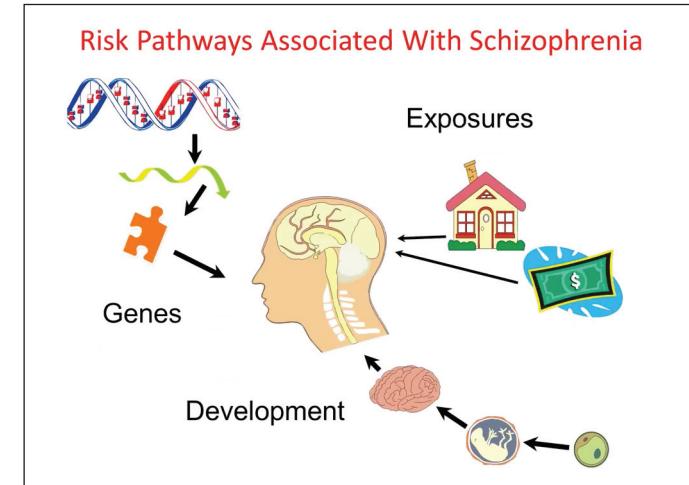
**D**r. Dolores Malaspina, last year's speaker at the Low-Beer Memorial Lecture, focused her presentation on the nature-nurture conundrum in the development of schizophrenia. Having a close relative with the condition, Malaspina stressed her passion for providing families with a better understanding of what might contribute to the development of schizophrenia and what may offer protection. She described the move from blaming the family (mainly mothers) for causing the disorder to relying on genes for an explanation, and more recently to a more nuanced view of the complex mix of possible contributing factors.

Dr. Malaspina suggests that certain circumstances could double or triple the risk for developing schizophrenia. Among them is the mother's medical condition, parental exposure (such as infection, malnutrition, and stress), trauma during childhood and adolescence, environmental exposure, and genetic predisposition. However, while such circumstances can elevate the risk, there are factors that could strengthen resilience and offer protection. Dr. Malaspina refers to 'vulnerability plasticity' and suggests that an enriched environment, social support, and early intervention for behavioural abnormalities

could be important in staving off risks.

Plasticity can be explained by epigenetics. The term epigenetics was coined by Conrad Waddington in 1942 to describe the influence of genetic processes on development. In recent years research interest has grown and focused on the study of potentially heritable changes in gene expression that does not involve changes to the underlying DNA sequence, and in turn affects how cells read the genes. Epigenetic change is a natural occurrence, but can also be influenced by several factors, such as age, the environment and lifestyle. Epigenetic modifications can manifest as commonly as the manner in which cells terminally differentiate to end up as skin cells, liver cells, brain cells, etc. Or, epigenetic change can have more damaging effects that can result in diseases.

Scientists have struggled to understand



schizophrenia for centuries. The study of epigenetics enriches the understanding of the complex mix of influences that contributes to its development and offer hope for better treatments and — ultimately — prevention. □

Listen to Dr. Malaspina's lecture on our SoundCloud channel here: <http://bit.ly/LowBeer2016>

Watch Dr. Malaspina's webinar on Identifying Risk Factors and Protective Pathways for Schizophrenia at <https://www.youtube.com/watch?v=bA2zVypneg0>

## From a Humble Beginning to a Secure Future

**C**elebrating our 40<sup>th</sup> Anniversary in 2017 marks a milestone for AMI-Quebec. Our services and programs have grown over the years and so have our fundraising goals and initiatives. Here are some ways you can become involved.

### Building Endowment Campaign: 2016-2019

We are raising capital to create a \$400,000 endowment fund that will remain in perpetuity for the purpose of upkeep and maintenance of our new home. To honour donors, recognition opportunities are available.

### 40 New Gifts

A large portion of AMI's annual budget is raised through the generosity of donors. To sustain our high quality services and

programs we invite new donors to show their support. If you are an existing donor, please help by introducing us to a new friend.

### Planned Giving

If you or a family member was helped by AMI-Quebec, we hope that you will consider a bequest to the organization in your will. A fixed amount or a percentage of your estate can be designated to AMI-Quebec.

If you have already included AMI-Quebec in your will, we would appreciate if you could notify us, so that we can acknowledge and thank you for your support and generosity.

### 40<sup>th</sup> Anniversary Main Event

Plans are underway to celebrate this milestone year. We have a vibrant fundraising committee. If you would like to volunteer we welcome your participation.

For more information or to become involved, please contact Pam Litman by calling our office at 514-486-1448 or by emailing [pam@amiquebec.org](mailto:pam@amiquebec.org). □

# Are we doing enough to promote wellness and prevent illness?

## INVESTING IN CHILDREN MAY BE THE ANSWER

**W**ith over 70% of mental illness symptoms appearing before the age of 25, our youth are a vulnerable demographic. Early intervention and education can have a significant positive impact, but research shows that less than 1 in 5 children in Canada will receive the proper mental health care and treatment they need. This leaves a huge gap to fill!

A licensed psychologist and a professor at Concordia University, Lisa Serbin does developmental and clinical research. We sat with her recently to speak about some of the risk factors children face. What can be done to reduce the risks and equip children with the tools and coping skills they need to thrive?

**AMI-Quebec:** What are some of the biggest risks related to mental illness in youth?

**Lisa Serbin:** There's a genetic risk, so having a parent or other close relative (with mental illness) raises the risk index. I always speak of the risk index, because there's no one deciding factor. There's an accumulation and interaction of factors. And another one is environmental risk, which has to do with stressful or dangerous environmental conditions.

We learned that a child experiencing severe stress and having difficulty coping expresses it differently at different ages. Whereas with very small children you're more likely to see acting out, when kids get older it's easier to notice more internalizing kinds of problems; the child may become withdrawn, quiet. But often it takes a form of anxiety and so I'd say by the time they are school aged if your kid is considerably more anxious than others, that's pretty serious. Having serious issues with other children during the elementary school years, fighting and conflict, is a danger sign as well. Being victimized by peers, bullying, also puts a child at risk for mental health issues later on.

**AQ:** Building resilience can help develop coping skills and tools from a young age. How can we build resilience?

**LS:** For very small children, we're really talking about security, safety, routines, basic needs met, a lot of attention and love. Those don't go away as the kid gets older, but their needs become more complex. Needs for social stimulation outside of the home, attachments with peers, stable environment at school are very, very important. When you get into adolescence, you get more into the need for a supportive peer group, but you still need the supportive home; support from adults is still critical in terms of positive outcomes. If the family is under a lot of stress themselves (financial, physical, mental, environmental) and can't provide that for their child, that may be a big problem. So what you might want to do is provide more support to the family in such situations.

So I would say that support to the family is number one. And number two is direct support to children and the environments in which they live.

**AQ:** What is the best approach to educating youth?

**LS:** Schools have a huge role and I can't stress enough how important education is in terms of well-being. It's the number one predictor of outcomes, whether we're talking about mental or physical health. If you want an antidote to bad community environments and behavioural problems — the antidote is education. And it's not just the teachers, it's the whole school environment that can be set up to structure these things.

Children need to be engaged in school. That requires positive attitudes at home; it also requires positive attitudes by the kids, by their peers, by the teachers, so they

need to be motivated and encouraged. In Quebec too many kids don't finish school and these are huge challenges. But apart from positive motivation and engaging activities and programs youth need their own strength and self-regulation of emotion. Good social skills and good academic abilities that are built at the primary level are critical. If a child leaves primary school without basic reading and writing skills, we can pretty well predict that he will not finish high school.

One very important thing is employment opportunities for youth — being able to get a decent summer job — this makes a huge difference in a child's prospects because early employment opportunities translate to learning skills which then become lifelong skills.

**AQ:** Does peer support play a big role?



**LS:** Enormous. Even at the elementary level, good social skills with your peers, being able to interact, give and take, being liked by your peers (which tends to come from being able to interact socially); those things are hugely supportive. At the high school level it's even more important because the peer group's attitudes towards education really matter; they can matter as much as the parents' and the teachers' attitudes.

The "Three Ps" is the classic public health perspective; it stands for Prediction (risk and protective factors), Prevention, and Promotion. The prediction research is aimed at informing the prevention programs. If you can prevent problems from happening it's so much less costly to the individual and to society. You want to encourage children to talk about what is on their mind, both positive experiences

*Continued on page 8*

# AMI-Quebec is on YouTube and SoundCloud!

## New ways to learn, available 24/7



**A**s the world increasingly moves towards the internet, AMI-Quebec has begun a video and podcast series to provide valuable resources and information online. We've created a YouTube channel with a variety of videos including conversations with mental health specialists. Upcoming in our video series, we have a discussion on Psychotic Disorders with The Douglas Institute's Dr. David Bloom. This spring we will produce a video on Navigating The Quebec Healthcare System. We also have public service announcements on services and workshops available at AMI-Quebec. Finally, there is a video archive of appearances and events from years past that will continue to grow.

Our second new service is SoundCloud, a home for all of our audio podcasts. SoundCloud is the audio equivalent of YouTube. There you can listen to our recorded Teleworkshops series with local professionals. We also have recordings of presentations like our Low-Beer Memorial Lecture, including last year's lecture by Dr. Dolores Malaspina on Nature vs Nurture. All of this audio can easily be heard on a computer, or downloaded to a smartphone, so you can listen anywhere.

Joining us for this venture is Montreal based filmmaker Ashley Gilmour who will work in tandem with AMI's Program Coordinator Marc Griffin. All of our videos and podcasts are free; this material is at your disposal twenty-four hours a day from anywhere globally. So check out our YouTube and SoundCloud pages and *subscribe*—you'll get an alert every time there is something new to watch or listen. Tune in for more great resources from AMI-Quebec for the digital age. □

- YouTube: <http://bit.ly/YouTubeAMIQUEbec>
- SoundCloud: <https://soundcloud.com/amiquebec>

### STAY INFORMED

Want the latest news about our programs, services, and upcoming events?

Sign up for our emails:

[www.amiquebec.org/email](http://www.amiquebec.org/email)

Visit our website: [www.amiquebec.org](http://www.amiquebec.org).

Follow us on



Or call us: **514-486-1448** (1-877-303-0264 outside Montreal)

# SPRING 2017

### SUPPORT GROUPS

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

**For details visit [amiquebec.org/support](http://amiquebec.org/support)**

**NEW TIME:** Mondays, 6:30pm 4333 Côte Ste-Catherine Road (near Cote-Sainte-Catherine metro) unless otherwise indicated. No registration necessary.

#### FAMILY for relatives and friends

April 3, 24; May 1, 8, 15, 29; June 12, 19, 26

#### BPD FOR CAREGIVERS for relatives and friends

April 3; May 15; June 19

#### ANXIETY

April 3; May 8; June 12

#### BIPOLAR DISORDER

May 1, 29; June 26

#### DEPRESSION

April 24; May 15; June 19

#### HOARDING

May 1, 29; June 26

#### OBSESSIVE COMPULSIVE DISORDER

April 24; May 15; June 19

#### KALEIDOSCOPE for people living with mental illness

April 3; May 8; June 12

#### SOUTH SHORE for relatives

Wednesdays 6:30pm

Greenfield Park Baptist Church, 598 Bellevue North, Greenfield Park  
April 5, 19; May 3, 17, 31; June 14, 28

#### LIFELINE for people living with mental illness

Alternative Centregens, 3820 Montée St-Hubert in St-Hubert.  
Call 450-651-0651 for dates and times.

### BOARD MEETINGS

Tuesdays 7:00pm at AMI

April 4; May 9; June 6

**Registration required for programs below.**

**Call 514-486-1448 or visit [amiquebec.org/programs](http://amiquebec.org/programs) for details or to register**

#### Borderline Personality Disorder Information Session for families

April 12

#### Family Connections Borderline Personality Disorder program for families

Starts April 22

#### Mindfulness (no registration required)

April 4, 18; May 2, 16, 23; June 6, 20

#### Resilience for families

April 20

#### Skills for Caregivers

May 18

#### Teleworkshop: Grieving Mental Illness

April 26

### ANNUAL GENERAL MEETING

June 13

# SEE HOW SOCIAL SUPPORT CAN IMPROVE YOUR LIFE

Increase your social support by joining a club, talking to your neighbours, calling a friend or family member, or asking a coworker out for lunch.

## MEASURING POSITIVE MENTAL HEALTH IN CANADA: SOCIAL SUPPORT

### POSITIVE MENTAL HEALTH

is the capacity of people to feel, think, and act in ways that enhance the ability to enjoy life and deal with challenges.

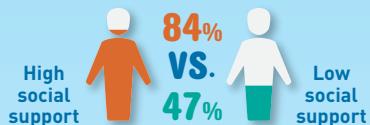
### POSITIVE MENTAL HEALTH IS ABOUT FEELING GOOD AND FUNCTIONING WELL

**means feeling happy and satisfied with life.**

**means participating in meaningful activities and having positive relationships with others.**

#### Adults with strong social support are more likely to:

Report being happy



Have high psychological well-being



Report high life satisfaction



Report a strong sense of belonging to their local communities



Report their mental health as "very good" or "excellent"



#### Social support

means feeling loved and cared for, and having a network of family, friends, neighbours, co-workers and community members that are there in times of need.



Source: Canadian Community Health Survey – Mental Health 2012, based on self-reported data of Canadian adults aged 18 years and older.

Please visit us online for the latest data: <http://infobase.phac-aspc.gc.ca/positive-mental-health>



Public Health  
Agency of Canada

Agence de la santé  
publique du Canada

Canada

# HOARD NO MORE!



## A workshop for those who have too much stuff

**A**re you having trouble letting go of excess stuff? Is your home so full of stuff that it gets in the way of your daily living? Are you struggling to stop yourself from acquiring yet more stuff that you don't really need? If this sounds all too familiar, consider registering for the Fall 2017 *Hoard No More!* Workshop.

Recovering from a hoarding problem is a daunting task, and one that is very difficult to accomplish alone. In this workshop you will find an encouraging, supportive, and nonjudgmental environment in which to learn and practice the skills you need to free yourself from your excess belongings. You will learn how to let go of your excess stuff, resist the urge to acquire yet more stuff, and organize the stuff you decide to keep.

This workshop requires a strong commitment to recovery

from your hoarding problem. You will need to be able to attend every class, be on time, participate in class discussions, and do the weekly homework, which will consist of written exercises and in-home decluttering exercises. Don't worry, you won't be asked to let go of anything until you're ready!

The next workshop runs from September 2017 to March 2018. It consists of 22 weekly classes, 12 in the fall and 10 more in the winter.

If you are interested in attending, please contact AMI-Québec at 514-486-1448 or complete the form on our website (<http://amiquebec.org/hoardnomore/>). Afterwards, you will fill out a questionnaire to evaluate if the workshop is a good fit for your needs. The deadline for submitting the questionnaire is June 2, 2017. Space is limited! □

### Help for Hoarding:

- What is Hoarding:  
<http://amiquebec.org/the-goods-on-hoarding/>
- AMI has a **support group** for hoarding that meets once a month (open to both people living with hoarding challenges and their loved ones):  
<http://amiquebec.org/support/>
- For more **information** and other organizations, visit our resource list:  
<http://amiquebec.org/hoarding/>
- We have several **books** on hoarding in our AMI library.
- We can also guide you by **phone**. Call 514-486-1448 (1-877-303-0264 outside Montreal).

## TRIBUTES & MEMORIALS

**In honour of Jenny and Jeffrey Quintana**  
Arlene and Danny Berg

**In honour of Mark Griffiths**  
Nissan Chackowicz

**In honour of Queenie Grosz**  
Rosalie Roslyn

**In honour of Fanny Issley**  
Myra Issley

**In honour of Benjamin Librowicz**  
Oro Librowicz

**In memory of Angela Litman**  
Eileen Rabinovitch

**In memory of Anita Miller**  
Frank and Elsa Kagan

**In memory of Lynda Percival**  
John Done

**In memory of Edwin Caswell**  
Sharol Nelson

**In memory of Edward Schulman**  
Marilyn and Neil Caplan  
Sharon, Laurie, and Jessica Kamens

**In memory of Jean Bourassa**  
Yves Bourassa

**In memory of Natalia Toyota**  
Jack Toyota

**In memory of Leslee Gelber**  
Eleaizer Gelber and Family

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

