40 YEARS AND COUNTING...

At AMI’s annual general meeting in June, we asked attendees to think about our past, present, and future. Here is what they said about AMI at 40.

Tips for families struggling with mental illness

Mental illnesses often present many challenges for family members. Periods of remission may be followed by relapses, and hope may be dashed by despair. Family members can play a critical role in helping loved ones seek help and embark on a journey of recovery, but it’s not easy!

The following list includes tips that may help families reflect on their relationships with their loved ones and the way they try to help.

1. **Allow yourself to grieve the illness and share it**
   Recognizing you are not alone can be half the battle.

2. **We can only change ourselves**
   We can’t change our loved one, but a change in ourselves may trigger a change in them.

3. **Change in attitude**
   Adopting a positive attitude can help you to see challenges differently.

4. **Viewing the illness as a medical condition**
   Helps to be less judgmental and be more compassionate; would you be hard on someone with diabetes?

5. **“Emotional Seizures”**
   In mental illness the brain is misfiring; instead of the body going into convulsions think of the brain going into convulsions.

6. **Don’t take things so personally**
   Help to keep perspective, stay calm.

7. **Get educated**
   Take classes, watch webinars, search the internet...

continued on page 2
8. Take care of yourself
Think about your needs, get help and support, regain composure, do things you like

9. Join a support group, be with others who are struggling
Feeling you are not unique or alone and sharing experiences helps to break isolation and can be very comforting

10. Read books
Not only on mental illness; books on parenting, mindfulness, or spirituality, can offer invaluable insights

11. Try to accept that you do the best you can
Recognize your limits

12. Be compassionate
You would likely reach out to help your loved one; have compassion for yourself too

13. Practice forgiveness
For your loved one and for yourself

14. Be present, be in the moment
And try to react to the ‘here and now’

15. Lose the judgment
Accept that your loved one is doing what he can at the moment

16. Learn to validate
Doesn’t mean you agree but you can see things from your loved one’s perspective

17. Stop fixing
If you try to solve your loved one’s problems and prevent the consequences of their actions they will not learn. Guide instead

18. Helping is good, enabling – not so much
Helping is doing something that one cannot do on his own; enabling is doing something one should do him/herself

19. Respect your loved one’s rhythm
It may be a slow progression for your loved one to accept his illness and seek help

20. Pull back and find a balance
You may need support from professionals

21. Be patient, plant seeds
It takes time to change, make suggestions without judgment

22. Social media and other resources
Blogs of patients can help you understand how they feel

23. Don’t give up
Remember that things are dynamic and are likely to change; don’t lose hope!

24. Remember: you can’t control someone else’s life, save him, or live his life!

25. Join AMI programs (support groups, workshops, counseling...)
Visit our website amiquebec.org or call 514-486-1448.

Based on a webinar titled An Open Discussion with a Family Member on Borderline Personality Disorder and Improving Relationships, available at mcleanhospital.org/bpdinitiative.

THE DOUBLE WHAMMY OF CAREGIVING IN MENTAL ILLNESS & DEMENTIA

(Editor’s Note: this is Ella Amir’s introduction to the book The Unravelling)

The Unravelling is the story of Liv and his family. Liv has schizophrenia. His mother, his caregiver of many years, is sinking into the abyss of dementia. His brothers, who provide ongoing support, pick up the pieces whenever the healthcare system fails. Who or what is unraveling in this story? Liv? His mother? His brothers? The system?

Caregiving can be complicated. In some cases the line between caregiver and recipient can be blurry. For years Liv’s mother cared for him, and in return Liv provided emotional support, companionship, and physical help to her. What happens when the delicate balance is interrupted by the onset of ill health, old age, and dementia, and the once reliable caregiver becomes the care recipient? Other family members intensify their engagement, now caring for a brother with schizophrenia as well as a mother with several physical health issues and escalating dementia. Clem, Liv’s brother and the narrator of this story, seems to sail through the murky waters of schizophrenia and dementia care with much poise. He is an experienced caregiver and knows how to navigate the system,
Mental health is a universal issue affecting hundreds of millions of lives around the world; stigma, inadequate resources, and a general lack of education are universal. These challenges have inspired some countries to tackle mental illness in truly innovative ways.

“Friendship Benches” in Zimbabwe

The World Health Organization cites depression as the leading cause of disability worldwide, and Zimbabwe is no exception. In the Shona language, it’s referred to as *kufungisisa*, or “thinking too much,” a term used to describe mental, social, and/or spiritual depression or anxiety. Despite Zimbabweans being aware of the issue, the severe shortage of mental health care professionals means they need to come up with creative solutions.

The Friendship Bench Project is an ingeniously straightforward answer to this complex challenge. Primary care clinics first screen incoming patients using a questionnaire to assess their symptoms. If the patient’s score is above a certain threshold, they’re referred to a Friendship Bench, which is essentially a park bench staffed by a Harare health authority employee who has been trained to provide problem solving therapy. This way, patients can receive effective counselling in a manner that is both culturally familiar and highly accessible. The program is based on cognitive behavioural therapy and has been so successful that organizers are planning on expanding it into neighbouring areas.

Singapore Recognizes an Untapped Workforce

Mental illness is considered a “curse” in many parts of Asia. As a result, people dealing with various psychological conditions are often shunned both socially and professionally. This makes finding employment particularly difficult for Asians with more severe illnesses; without sustainable income their circumstances are likely to deteriorate. Luckily, an organization in Singapore called The Mindset Learning Hub is working hard to prevent people from slipping through the cracks. Not only do they offer certification in retail, food and beverage, and custodial services, but they also teach their clients how to write a resume and prepare for interviews. They’ve already partnered with at least forty employers and are looking to start training programs in hospitality and healthcare.

Argentina’s Love of Therapy

While the vast majority of the world is still trying to wrap their heads around mental health, Argentinians are already leaps and bounds ahead when it comes to therapy and counselling. In fact, with approximately 198 psychologists per 100,000 residents, the country boasts the largest number of psychologists per capita, according to Quartz. It’s extremely common for people there to talk openly about seeing their therapist. This is because they consider therapy an essential element of staying healthy, just like exercise and eating a balanced diet. Argentinians understand the value of talking through common issues like relationship troubles, financial stress and grief regardless of age, background, or socioeconomic status — so much so there’s even a neighbourhood in Buenos Aires nicknamed Villa Freud!

Educating Australian Youth

Children and teens often get left behind in the conversation about mental health, but they can be just as susceptible to depression, anxiety, and other psychological problems. To raise awareness among youth about mental health, the Australian Government Department of Health has funded headspace, a program aimed towards youth aged 12-25 with the goal of teaching them about mental and physical health, addiction, and school- and work-related topics. *Headspace* is focused on prevention and early intervention, and actively pursues a mantra of inclusivity and impartiality towards anyone who seeks their services.

Unlike similar initiatives, *headspace* isn’t just an online resource. They have several physical locations all over Australia, including several rural areas. The centers were designed using feedback from youth to make them as inviting and effective as possible and provide a wide range of healthcare services, from doctors and psychologists to social workers and employment specialists. According to their website, 60% of the youth who have accessed a headspace center have significantly improved, while the remaining 40% are still in recovery and continue to seek support and treatment.

Taken from an article on lifespeak.com: http://bit.ly/4World

**4 fascinating ways mental illness is addressed around the world**
ON ADDICTION AND THE HUMAN BRAIN

Highlights from the 2017 Low-Beer lecture

What's it like to be addicted to a drug and what takes place in someone's brain when suffering from drug addiction? This year’s Edith and John Hans Low-Beer Memorial lecture, presented by Dr. Nora Volkow, a world renowned psychiatrist and director of the U.S. National Institute on Drug Abuse at the National Institute of Health, gave us some insights into the human brain. What are the structural changes that occur in the human brain as a result of drug use, and what are common risks and protective factors that could suggest if someone may become addicted? The consequences of drug use on the human brain are rather complex, Dr. Volkow pointed out. So is the life story that lies behind a young adult who takes his/her first dose of a drug that may lead to addiction.

The complexity of the situation doesn’t stop here. There is a significant correlation between people who live with a mental illness and those who are addicted to drugs. The mental illness can be the cause or the consequence of drug addiction. Those who are both addicted and suffer from a mental illness face the dual challenge of taming their desire for a certain drug and recovering from a disease that requires a great deal of resilience and inner strength.

One fascinating example: cigarettes contain hundreds of chemicals, many of which are hazardous to your health, but some of which work on the dopamine/serotonin levels of the brain. One reason why there is a greater proportion of smokers in people living with mental illness is that they are self-medicating in this way. However, they must provide their own yoga mat. Space is limited. Visit amiquebec.org/for details.

There is hope, however. Much can be done to break the cycle of addiction. Preventive measures to curb risk factors, and to promote protective factors, are important strategies. Protective factors that can shield one from developing addiction are in the individual, family, school, and community domains. They include positive relationships, parental monitoring and support, academic competence, capacity for self-control, and anti-drug use policies. These factors are especially important during the years when the brain develops the most: childhood through early adulthood. Social isolation and poverty, as Dr. Volkow pointed out, are among the leading environmental risk factors contributing to addictive behaviour. So are early aggressive behaviour, poor social skills, lack of parental supervision, substance availability and abuse. They hinder the development of the connectivity between two parts of the brain that are involved in one’s ability to manifest self-control later in life—the prefrontal cortex, which is responsible for rational thinking, and the limbic system, which is responsible for emotions.

The good news is that scientists are gradually zeroing in on both the associated risk and protective factors. It is our hope that prevention and treatment programs, which are currently lagging behind the existing knowledge, will catch up and benefit the millions who suffer with mental illness and addiction.

– Cristina Plamadeala

Watch the lecture on our YouTube channel: http://bit.ly/AMIVolkow17

Introducing Yoga for Carers

MI-Quebec will offer yoga workshops beginning in January 2018 for caregivers of those with mental illness. “Yin yoga brings you deep within your body and mind,” says Debbie Hoffman, who will be teaching the workshops. “Yin helps you to go beyond the muscular system into the connective tissue, the fascia, the ligaments and the bones, helping you to open up your body, calm your mind and your nervous system, enabling you to turn inward and focus on your breath. This type of yoga is slow paced, with poses being held for longer periods of time.”

Recent studies suggest yoga can have a positive impact on mental health. According to Dr. Chris Streeter at Boston University’s School of Medicine, “…the practice has far fewer side effects and potential drug interactions than mood-altering medications.” The most common complaint was a small one—temporary muscle soreness. Some people who haven’t responded to traditional treatments might do well with yoga, because unlike antidepressant drugs, yoga and deep breathing target the autonomic nervous system.

This workshop is free but registration is necessary for each session, and you must provide your own yoga mat. Space is limited. Visit amiquebec.org/yoga or call 514-486-1448 for details.

Adapted from an article on Time’s website: http://ti.me/2y4uVFp
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, 2018 to submit. The board of directors makes the final decision. Presentations will be made at our annual general meeting June 12.

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.

NOMINATIONS OPEN FOR AMI’S AWARDS AND RECOGNITION

The 40th Anniversary Gala held on October 12, 2017 was a huge success. Over 200 guests were treated to great music and a fabulous auction and raffle prizes. A video reflecting on AMI-Québec’s 40th Anniversary was shown and Andrew Carter, CJAD’s morning host, was honoured for his advocacy in helping to eliminate the stigma of mental illness.

An endowment has been created to secure funds in perpetuity for AMI-Québec’s building. To date just over $70,000 has been raised, and we are looking to raise $400,000 for this effort.

Executive Director Ella Amir; Founders Sylvia and Bill Klein

Over the past year, several individuals have come up with their own initiatives to raise money for AMI’s programs. For example, Viveka Yoga collected $871 by requesting donations at their yoga classes and open house. These initiatives help raise awareness, and they also bring in funds that allow us to continue growing our programs.

Our annual campaign is on now. Please help support our programs by donating online: amiquebec.org/donate or by phone: 514-486-1448 (1-877-303-0264 outside Montreal).

Visit amiquebec.org/gallery for more Gala photos and our 40th Anniversary videos.
**SUPPORT GROUPS**
For family, friends and people with mental illness unless otherwise indicated.
For details visit amiquebec.org/support
Mondays 6:30pm 4333 Côte Ste-Catherine Road (near Cote-Sainte-Catherine metro)
unless otherwise indicated. No registration necessary.

**FAMILY for relatives and friends**
December 4, 11, 18; January 8, 15, 22; February 5, 12, 19; March 5, 12, 19

**BPD for relatives and friends**
December 11; January 15; February 12; March 12

**ANXIETY**
December 4; January 8; February 5; March 5

**BIPOLAR DISORDER**
December 11; January 15; February 12; March 12

**DEPRESSION**
December 11; January 15; February 12; March 12

**HOARDING**
December 18; January 22; February 19; March 19

**OBSESSIVE COMPULSIVE DISORDER**
December 4; January 8; February 5; March 5

**KALEIDOSCOPE for people living with mental illness**
December 18; January 22; February 19; March 19

**SOUTH SHORE for relatives**
Wednesdays 6:30pm
Greenfield Park Baptist Church, 598 Bellevue North, Greenfield Park
December 13, 27; January 10, 24; February 7, 21; March 7, 21

**LIFELINE for people living with mental illness**
Alternative Centregens, 462 Sainte Foy Blvd, Longueuil, QC J4J 1Y2
Call 450-651-0651 for dates and times.

**BOARD MEETINGS**
Tuesdays 7:00pm at AMI
December 5; February 6; March 6

Registration required for programs below. Call 514-486-1448 or visit amiquebec.org/programs for details or to register.

**Teleworkshop: Addiction and Mental Illness**
December 5

**Yoga (see p.4)**
January 11, 18, 25; February 1

**Recovery**
January 24

**Introduction to BPD for families**
January 30

**Communication**
February 5

**Treatments for Mental Illness**
February 22

**Teleworkshop: Types of Mental Illness**
February 27

**Coping Skills**
March 19

**Creative Expression**
March 21

While Mad in America may not be everyone’s cup of tea, we think it is important to be aware of diverse opinions and different research findings. You be the judge!

**Mad in America**

Mad in America is a non-profit organization whose mission is to serve as a catalyst for rethinking psychiatric care in the United States (and abroad). The organization believes that both scientific research and the lived experience of those who have been diagnosed with a psychiatric disorder call for change in the way psychiatric drugs are prescribed today.

Mad in America (madinamerica.com) publishes a webzine that provides news of psychiatric research, original journalism articles, and a forum for an international group of writers to explore issues related to psychiatry. Among them are people with lived experience, peer specialists, family members, psychiatrists, psychologists, social workers, program managers, journalists, attorneys, and more.

Mad in America also runs Mad In America Continuing Education, which hosts online courses taught by leading researchers in the field. These courses provide a scientific critique of the existing paradigm of care, and tell of alternative approaches that could serve as the foundation for a new paradigm—one that emphasizes psychosocial care, and de-emphasizes the use of psychiatric medications, particularly over the long-term.

Mad in America believes that a mix of journalism, education, and societal discussion can provide the seed for a much-needed remaking of mental health care in the United States. It believes that the current “brain disease” model is flawed and suggests it should be replaced by a model that emphasizes our common humanity, and promotes robust, long-term recovery and wellness.

Mad in America believes it is important to provide readers with the opportunity to add their voices to the discussion. It encourages readers to leave comments and submit personal stories and op-ed submissions.

While Mad in America may not be everyone’s cup of tea, we think it is important to be aware of diverse opinions and different research findings. You be the judge!
AMI-Québec’s Board of Directors is a dedicated group of individuals who work together to ensure that AMI’s mission is achieved. Most members have or have had a family member with mental illness or mental health issues, and some have professional experience in mental health or related fields.

Board members are volunteers who believe that family engagement is critical to the eradication of the stigma that is still associated with mental illness, and to the promotion of a whole person view of people with mental illness. They trust that a more humane and compassionate society can help people with mental illness realize their potential and lead satisfying and fulfilling lives. The main focus of the Board’s work is to support families in their role as caregivers while helping them to sustain their own wellbeing.

Candidates are reviewed by the Nominating Committee and submissions can be made throughout the year. Familiarity with AMI-Québec’s work and previous experience (such as serving on a committee, attending or facilitating support groups, etc.) is recommended.

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.

Complete the application form (for yourself or someone you are nominating) at amiquebec.org/board/.

The submission deadline for the coming year is March 1, 2018. The Board of Directors is elected each year during the Annual General Meeting (June 12, 2018).
but his endurance is tested time and again. Dementia, as Clem notes, “isn’t a decline: it’s a plummet from a precipice. And as you fall you strike against the rocky cliff face, each strike removing another portion of who you were.” For Liv, the pain of losing his mother — his main support — to dementia is compounded by the feeling that he has failed to take care of her.

With most of us, if not all, expected to be caregivers or care recipients at one time or another, and with the current state of health care throughout the country, the picture is bleak. This book is a testimony to the trials and tribulations of one family, whose patience and good will are exhausted by an unfriendly, often hostile healthcare system; it is also a manifesto against the skewed priorities that create the many shortcomings of health and social services.

This very personal and intimate book is extraordinary in its description of ordinary situations. Accompanied by Liv’s moving drawings, which are at once filled with compassion, confusion, fear, and at times humour, it is a must read for us all.

The Unravelling is available at the AMI library.