I remember attending annual conferences of the National Alliance for the Mentally Ill in the US (today called National Alliance on Mental Illness) in the 1990s, when a concerted effort was being made to establish mental illness as a brain disease. The 1990s were dubbed the decade of the brain. Alas, the decade has come and gone, and we are not much closer today to understanding mental illness as a biological disease than we were then. In fact, we may be farther away as new, fresh understandings become available.

Two excellent books shed light on the subject. Johann Hari explains the path that lead him to writing his recent book *Lost Connections: Uncovering the Real Causes of Depression – and the Unexpected Solutions*; he was on anti-depressants for more than a decade, but was still depressed. That fact, along with the continuing increase of depression and anxiety in the western world, compelled him to embark on a search for some answers: what are the causes, and what may be the solutions.

Depression and anxiety have three kinds of causes, says Hari: biological, psychological, and social. The social and psychological causes have been ignored for a long time, while the biological – the chemical imbalance theory – reigned. He quotes the World Health Organization – the leading medical body in the world – which in 2011 said: “Mental health is produced socially: the presence or absence of mental health is above all a social indicator and therefore requires social, as well as individual, solutions”.

He continues by quoting the United Nations’ official statement for World Health Day in 2017: “the dominant biochemical narrative of depression” is based on “biased and selective use of research outcomes” that “cause more harm than good, undermine the right to health, and must be abandoned.”

Years earlier, Robert Whitaker, author of *Anatomy of an Epidemic*, stumbled upon some research findings that changed his journalistic trajectory. From a starting point where he believed that psychiatric medications were like “insulin for diabetes”, Whitaker embarked on a new journey, trying to better understand what he thought he understood all along.

While reporting on studies that involved withdrawing schizophrenia patients from their antipsychotic medications, he came across a 1994 Harvard Medical School study, which claimed that outcomes for schizophrenia patients in the US had worsened during the previous two decades, and were no better in 1994 than they had been a century earlier. The second finding Whitaker found was by the WHO, which has twice found that schizophrenia outcomes were better in poorer countries (like

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Mental Health in Pro Sports:
Focus on the National Basketball Association

Today we see professional athletes as god-like heroes with million dollar contracts, endorsement deals, beautiful spouses, traveling the world. We glorify their strength, endurance, agility, and mental fortitude; they appear to be living the dream. This illusion was dismissed by NBA star DeMar DeRozan; one lonely night in February 2018 during NBA All-Star Weekend he bravely tweeted, “This depression get(s) the best of me.”

What followed was a tectonic shift in the NBA landscape. Another star, Kevin Love, went public about his panic attacks, depression, and anxiety. The dominoes began to fall. It became apparent that basketball had a silent

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10 Ways to Help Someone Living with Mental Illness

When someone is diagnosed with a physical illness, they often get support from their families and friends. When someone is diagnosed with a mental illness, that support is frequently not given. Maybe this is partly because people aren’t sure what to do or how they can help. In fact, it’s not that different from a physical illness. Here are ten ways that you can help someone who is living with mental illness.

1. Listen without judging or trying to fix the problem
   It can be hard to listen without offering advice, but sometimes being heard is more important than fixing the problem.

2. Let them know you are available to talk when they need to
   It’s comforting to know that you are there, even if the person doesn’t feel like talking at the moment.

3. Ask what they need help with
   Sometimes what seems like a simple task can be daunting and overwhelming. Offer to help with dishes or dinner to lighten their workload. Or maybe they need helping picking their kids up from school, ask to see what you can help with.

4. Take them out for coffee, encourage them to do things together out of the house
   Sometimes people with mental illness can isolate themselves. Try to find something they enjoy that you can do together, like getting a bite to eat, going to the movies, or going for a walk outside.

5. Continue inviting them to do things together
   Keep inviting them even if they decline your invitation. Social anxiety or other reasons might keep them from showing up, but they will appreciate being included.

6. Understand when they need some space or alone time
   Sometimes people need some time by themselves, and it doesn’t mean they are mad at you. Try not to take it personally and respect their space.

7. Offer to go to a support group with them
   Especially if they have never been to a support group before, they might be nervous about going by themselves. It might be easier to go if they have a trusted friend with them. And even if they don’t want you to go with them, they will likely appreciate that you offered. (Visit amiguebec.org/support for information about our support groups.)

8. Reassure them that they are still fully valid participants of society
   Let them know that their lives have meaning. The illness does not define them and should not limit them.

9. Be supportive of their treatment plan
   Even if it’s not the same treatment plan you would choose for yourself.

10. Educate yourself
    The more you learn, the better you will be able to understand and communicate.


India and Nigeria). The reason, he was told, was that in the poor countries families were more supportive of people with mental illness. Not satisfied, he investigated further, and learned that in the poor countries only 16 percent of patients were regularly maintained on antipsychotic medications.

Medications, he found out, have been associated with increased rates of disability in many patients diagnosed with schizophrenia, and patients today are more chronically ill than they were a century ago. The conclusion of his exhaustive exploration was that medication should be used judiciously and in a limited manner. Moreover, there may be other, often superior and more effective ways to treat mental health problems and illnesses. He describes a program in Finland, where it is recognized that individuals who have experienced serious difficulties in life need to be integrated into society, rather than isolated from it: needs-adapted and non-drug treatments that delve into the cause of such difficulties are used rather than medications that only treat their symptoms. (Please note: if you are on medication for a mental illness, consult your doctor before stopping or changing medications.)

Johann Hari puts it beautifully: “You aren’t a machine with broken parts, you are an animal whose needs are not being met. You need to have a community. You need to have meaningful values, not the junk values you’ve been pumped [...] telling you happiness comes through money and buying objects. You need to have meaningful work. You need the natural world. You need to feel you are respected. You need a secure future. You need connections to all of these things [...] You are not suffering from a chemical imbalance in your brain, you are suffering from a social and spiritual imbalance in how we live.”

Describing mental illness as a biological disease may have evolved out of a desire to show it to be as real and as affecting as physical illness, and in so doing help remove some of the stigma associated with it. But I would suggest that understanding mental health problems and illnesses in a broader context can return the control to the suffering person, who—with proper support—can start identifying the real causes, not just the symptoms, on the way to recovery.

Both books are available in the AMI library.

– Ella Amir, AMI’s Executive Director
HOW THE VOICE OF ONE CAN CHANGE THE LIVES OF MANY

There is no denying the impact a group of people can have on society. Take the Underground Railroad: without collaboration, the initiative would have easily failed. Helping others on that scale would be almost impossible without people working together for a common goal. On the other hand, we have also seen how the influence of one person can influence societal change. A prime example is Mahatma Gandhi. His method of non-violent protest led a nation to its independence. The voice of one can amplify the voices of countless individuals who might not have been heard before.

You may be asking yourself what this has to do with mental health. In reality, it has everything to do with it! Although services for those affected by mental illness have progressed significantly, there are still problems that need to be addressed. Having more free resources for those who cannot afford to see a psychologist and ending the stigma of mental illness are just some of the issues. How can we tackle this? By speaking up.

Let’s go back in time to see how one person can change everything. One of the most significant and important changes in mental health history is the work of Philippe Pinel. During the later half of the 18th century, Pinel witnessed the unjust and inhumane treatment of people who were housed in what were called insane asylums. These patients were treated abhorrently, some being put in ghastly contraptions that resembled cages and chained to walls. Pinel recognized that this was absolutely wrong, and spent part of his life eliminating the use of barbaric methods. Instead of using techniques like bleeding and blistering, which were regularly used in these institutions, Pinel used a type of therapy in which he was able to relieve symptoms of mental illness.

**Pro Sports ... continued from page 1**

epidemic on its hands. John Lucas, an assistant coach who once struggled with addiction and currently runs a wellness aftercare program, estimated that 40% of NBA players struggle with mental health issues, many of them undiagnosed. As a result, players are self-medicating with alcohol and marijuana instead.

In 2012 there was a canary in the coalmine: college basketball star Royce White publically disclosed his Generalized Anxiety Disorder. He then signed with the Houston Rockets and publicly feuded with the organization and league over how they addressed mental health without any protocols. Within a year, White was essentially blacklisted from the NBA, and relegated to playing in Canada and overseas. Today, at age 27, in what should be the prime of his career, he focuses his time on mental health advocacy.

Renowned psychologist Gabor Mate readily states that childhood trauma is often at the core of mental health issues we face as adults. These root issues are omnipresent in the NBA, a league which is 75% African-American, many coming from childhood poverty, violence, drugs, gangs, and single parent homes. Cognitive Behavioral Therapy seems to be one solution. Current players Kevin Love and Marcus Morris and former player Bruce Bowen all believe therapy focusing on childhood trauma has been instrumental in their recovery.

In the autumn of 2018 the NBA implemented a holistic mental health program. Every team now has access to private psychiatrists, workshops on meditation, visualization, and education for coaching staffs. Critics state that it’s not a universal system, that each team participates as much or as little as it wishes. The league also partnered with phone app Headspace to provide its mindfulness services to all 7,000 employees.

Yet the stigma remains.

The key is confidentiality; some athletes are worried that a public announcement of their mental illness may nullify their next big contract or sneaker deal. Likewise there is fear of public backlash—that peers, family, friends, or the millions on social media may not support that once invincible warrior. Only time will tell how the NBA, its fans, and its sponsors will react to this brave new world of vulnerability.

Meanwhile, amateur sports are leading their own grassroots change. For example, Oklahoma State University has brought in acclaimed mental health specialists to mentor student-athletes, and host weekly mental health roundtables with coaching staff, and between team captains and younger players. Topics include detaching from praise/criticism from crowds, journalists, and social media fan bases.

Things are moving quickly. It’s been a year since DeMar DeRozan sparked a movement with his tweet. Other major leagues, including the NHL, NFL, and MLB are working on their own initiatives. It’s only a matter of time before the rest of the sporting world will have to face up.

– Marc Griffin

References:

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www.amiquebec.org

For regular updates, follow AMIQuebec on:
Facebook | Twitter | YouTube

Sign up for monthly emails:
amiquebec.org/email

Or call us:
514-486-1448 (1-877-303-0264 outside Montreal)
An Interview with Marc Griffin, AMI’s Program Coordinator

From filmmaking, writing, and journalism to taking care of AMI’s programs

Marc Griffin was raised in upstate New York, and studied and worked in Kingston, San Antonio, Toronto, and Los Angeles before deciding to make Montreal his home. Montreal is a natural fit for his eclectic foodie tastes and embrace of his creative talents. When he turned thirty he made the move and took on various jobs seeking his sense of place.

In the summer of 2011 he was moonlighting as a sports journalist when three NHL players died in a mix of drug abuse, mental illness, and suicide. This prompted him to write about the need for young men’s mental health to be discussed. He wrote a blog about the issue and it went viral, with nearly 200,000 hits. The topic was also a personal trigger as his own father had taken his life when Marc was a toddler.

When Marc heard about the open program coordinator position with AMI-Quebec, he knew this was a calling for him to make a difference in people’s lives. He had long decided he needed a change from the stresses of the corporate world to work in the nonprofit sector. He had the technical and creative skills, he was naturally drawn to psychology, and had always had a sense of wanting to give back to the community.

As program coordinator, Marc organizes, plans, schedules, and manages AMI’s many programs. He also trains volunteer facilitators for the support groups. There is no cost to attend AMI’s programs, and there has been explosive growth in attendees and number of workshops. 92.5% of participants rated this year’s programs as excellent or very good.

Since 2015, Marc’s efforts have helped spur a growth in AMI’s support groups by 30%. Even in that time, demographics have shifted, with more young adults and more men attending support groups. An important factor has been the reduction in stigma in seeking help with mental health issues. In the groups there is a sense of commitment, a sense of respect and a forum for listening. Isolation is a universal problem. Reaching out and connecting can make all the difference.

Marc believes that an essential service that AMI provides is getting the word out in the community, and his background in filmmaking has certainly come in handy. Facebook Live Hot Topic Videos, YouTube conversations with professionals, and SoundCloud podcasts have been added—all recordings are continued on page 7

BEING IN THE COMPANY OF PEOPLE WE LIKE

Friendships that really count

From Nobel laureates in economics to positive psychologists to spiritual gurus, the subject of happiness has been a topic of much research. Since 2012 the UN’s Worldwide Happiness Index has ranked countries based on overall well being for their citizens. The Scandinavian countries consistently make the top of the list due to their well funded social care system, decent working wages, and sufficient leisure time to pursue meaningful activities. Economist Angus Deaton, Nobel prize laureate (2012), agreed that in general poor people are less happy than rich people but was confronted with the paradox of why very poor people often report high levels of happiness, and at times even higher levels than the very rich. Genetic research has further suggested this could be attributed to a DNA predisposition towards optimism. Optimistic people, however, still get depressed. The psychologist Daniel Kahneman, also a noted Nobel laureate (2002), best described his own happiness, after 20 years of research, by saying that he is “a lucky person and fairly happy - mainly because, most of my life, I’ve worked with people whose company I’ve enjoyed.” This statement rang true for me in dealing with my own struggles of depression.

I grew up in a low-cost rental project in Ottawa. Lack of money was a constant and my mother was struggling with depression and an addiction to benzodiazepines. Coming home from school and seeing an ambulance outside my front door with my mother being wheeled out on a stretcher was not an uncommon occurrence. She was on her way to the Royal Ottawa Sanatorium for taking another overdose of her prescriptions. Visits to ‘The San’ were a regular part of my and my older brother’s childhood. We would joke, darkly, to each other whether we’d get another macrame belt or lampshade for Christmas from ‘Mom’s therapy class’.

continued on page 5
The happiest I ever saw my mother, however, was on the ‘Friday Night Poker Night’ with the other ladies of the project. This was a select group my mother liked. Eli the Jamaican sociology student she met at an evening class and the mother of four children under 9, Jean the cheery Newfoundlander with the broken nose she couldn’t afford to fix, Helen the Irish lady with the alcoholic husband, and Eva the Hungarian refugee who spoke four languages. Everyone in the group had issues, whether it was with money or addictions or domestic abuse or illness. But when ‘Friday Night Poker Night’ arrived at each of their bland, row houses with the broken garden gates, nothing else mattered but having a laugh, a dream of winning the big pot (penny antes making for $10 being a big pot), and sharing stories of their lives.

Denmark has an all encompassing word for a deep sense of warmth, friendship and contentment; it is called ‘Hygge’. Pronounced Hue-guh. The word originates from the Old Norse word ‘hugr’ which means soul, mind, and consciousness. ‘Hug’ is also a derivative. In 2016, the Oxford dictionary declared ‘Hygge’ as the word of the year and accepted it as part of our English vocabulary. This Danish cultural description, I think, well defines the feeling of happiness my mother was experiencing and what Dr. Kahneman was talking about.

My mother is 87 years old now, has dementia and resides in a 24 hour care home. Similar to other dementia sufferers, certain traumatic memories get continuously repeated. When my mother’s anxiety revs up from her past traumas I remind her of her old friends in the project. I find this greatly relieves her anxiety. She can’t remember what she just ate or did a few minutes prior but, oh, how she can remember those poker nights! She smiles widely and her eyes brighten with the memory. Was her life meaningful? Did she reach her goals? Does she feel successful? Doesn’t matter. That memory is stored and accepted it as part of our English vocabulary.

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Upon reflection of my own enjoyment, my friendships have involved people who enjoy spontaneous dancing, sharing a walk in nature, exchanging ideas of new discoveries, eating Polish cabbage rolls, or singing silly songs. I can even feel a kinship with a person on the subway who I notice is reading the same book as me, and without a word, I know I’d like this person. The poet Maya Angelou sums this up best when she said, “We may forget what people said. We may forget what people did. But we’ll never forget how people made us feel.”

– Julie Zielsinski Pieters
HELP FOR MENTAL HEALTH IN COLLEGE: A TRANSITIONAL TIME

College and university students are seeking help for their mental health at unprecedented rates. This generation has grown up learning about mental health and are not falling victim to stigma nearly as much as previous generations. That people are asking for help is good news, but it is putting a burden on an already overstretched system, as these are educational institutions, not treatment centres. What is to be done?

It’s no secret that levels of anxiety, stress, and depression are on the rise, whether diagnosed or not. This certainly includes post-secondary students who face many academic and personal stressors. In the past, people would not necessarily openly talk about the struggles they are facing. In recent years, however, we have seen an increase in conversations about mental health. Organizations like Jack.org and Bell Let’s Talk are speaking out to end the stigma associated with mental illness and reaching out for help. Because of this reduction in stigma, some students who are having a tough time with schoolwork, peers, or adjusting to university life may be self-diagnosing with mental illness when in fact they are dealing with normal life challenges. These students need support to prevent a mental health issue from getting worse.

More university students are reaching out to their school’s counseling centers, but a lack of resources and extremely long wait lines make it difficult to receive the help they need. Some students have to wait weeks before seeing a psychologist or counselor. Others have trouble booking an appointment for a simple prescription renewal. So the conundrum is that more young people are reaching out, but the journey to help has become, in some ways, more challenging.

Colleges and universities are finding that teaching students resilience and coping skills can go a long way toward helping combat mental health issues. Many universities are moving away from a “one size fits all” treatment plan to one that recognizes that each student is different and has different struggles. By collaborating with students who want to bring change to their campus, schools can set the building blocks for the next step. This will allow a more tailored approach that will meet the diverse needs of students.

There is a need for specific resources for students who are diagnosed with a mental illness but also for those with other challenges to their mental health. Services often group them together, but they are different audiences with different needs. Everyone has mental health, whether you have an illness or not, and it is important to take care of any mental health issues. Suggestions include creating toolkits to provide students with tips on managing stress, anxiety, and depressive symptoms, and group interactions and more collaborative experiences.

In addition to relying on university services, students are rallying together to help each other. Some students are creating safe spaces to support each other in art therapy sessions that teach the benefits of creative activities; some practice mindfulness or hold peer support groups where they talk about what they are going through. Although this is not the same as professional help, it is a way for students to share with each other and see that a lot of people might be experiencing the same things they are. It is encouraging to see that the ways we approach the conversation about mental health are changing. Even though there are still struggles and more has to be done, it is reassuring to see that students are coming together to support one another in a time of their lives that are full of stressors and uncertainties.

— Gabrielle Lesage

References:

Moira Edwards

It is with very heavy hearts that we announce that Moira Edwards, our Board member and dear friend died on Tuesday, March 5. Moira was a member of our board for 23 years and was involved in many aspects of our organization’s life, including education, various programs, representing AMI on various external committees and more. Her rich nursing experience in the public sector and her personable and very accessible demeanour made her a real asset to AMI and her contributions over the years have been numerous. She will be greatly missed!
accessible online anytime, anywhere. Looking toward the future, AMI is thinking about establishing more support areas for young carers (teens to 20’s). This is a long underserved group who are responsible for taking care of a family member; this can have a significant, negative impact on their mental health.

Marc is now 41 and in the three years he has worked at AMI he has learned a great deal, improved his caregiving skills, and invested in self-growth. The eclectic staff he works with, the creative leverage he is given, and the immediate feedback from surveys participants fill out has made him feel he is living the dream in a caring, supportive, stable environment. It was never about making a lot of money but about having rewards and challenges and making a difference.

Marc is currently writing a memoir about his life and his dad’s suicide. “Asking yourself, ‘what am I passionate about and what kind of changes can I make in my life to make it better’, then taking the first step towards that, is the game changer. It is why AMI exists”.

– Based on an interview with Julie Zielinski Pieters
How the Voice of One ... continued from page 3
to speak with the patient and came up with what came to be known as moral therapy. This revolutionized psychology and psychiatry, and paved the way for change.

If Pinel had not spoken up, what would have happened? Would insane asylums still exist? Perhaps more people would have suffered at the hands of these institutions. In this case, the voice of one person changed the lives of countless people.

In the end, the message I am trying to convey is to not be afraid to speak up about what you believe in. Although you may think that your voice is not strong enough to change the lives of those around you, remember that every movement starts with one idea. In the words of Gandhi:

It’s the action, not the fruit of the action, that’s important. You have to do the right thing. It may not be in your power, may not be in your time, that there’ll be any fruit. But that doesn’t mean you stop doing the right thing. You may never know what results come from your action. But if you do nothing, there will be no result.

– Gabrielle Lesage