

SHARE & CARE

THE RECOVERY OF HOPE - THE HOPE OF RECOVERY

YOU CAN DO IT!

A free tool that will improve your life

If someone handed you a free tool that would give you more energy, better sleep, reduce your stress, and improve your mood, you would take it, wouldn't you? Exercise is that free tool! You don't need to be an Olympic athlete, and it doesn't have to cost any money or take a lot of time. It can be as simple as taking a walk. Start today!

But I'm too out of shape/tired/busy/overwhelmed.

Start small. Park further away from the store, get off the elevator a floor early and walk up the last flight of stairs. Take an extra five minute walk twice a week. Next week walk for six minutes.

I hate exercise and I'm not at all athletic!

Exercise is easier if you focus on things that you actually enjoy. Don't like running on the treadmill? Don't do it! Do you prefer to take a walk around your neighbourhood? Do that! If you pick a physical activity you don't like, then you won't feel motivated to actually do it.

How am I supposed to exercise when I have trouble even getting out of bed?

Doing physical activity will increase your energy levels and reduce fatigue (it sounds counterintuitive but it's true). Any increase in physical activity is a step in the right direction. Try to do so at the time of day when your energy is highest.

But I have trouble staying motivated!

This is completely understandable! Exercise is hard work. Don't like to exercise alone? Ask somebody to join you! Having even just one person



What to do if someone you know is suicidal

Thinking that someone close to you is contemplating suicide is a terrifying thought. What can you do to help? You may be thinking *What if I make things worse*, or *Talking to them about suicide will lead them to actually do it*. Actually, research shows that voicing your concern is better because it lets the individual know they are not alone and that they can openly talk about their struggles with you. Often, people who contemplate suicide don't want to actually die; they just want the hurt and pain to stop. This is why it is crucial for you to voice your concern. Read on for tips on how you can start a conversation and the best practices to adopt to help an individual who is thinking of suicide.

What are the signs?

Identifying the signs that someone might be suicidal is an important first step. There are several key signs that you should watch out for, including:

1. Increased feelings of helplessness or hopelessness
2. Feelings of no purpose in life
3. Dramatic changes in their mood
4. Talking about suicide and increased interest in death
5. Withdrawing from friends and family
6. Loss of interest in activities they once loved
7. Engaging in risky behaviour
8. Unable to sleep, or sleeping all the time
9. Saying goodbye as if it is the last time you will see them
10. Getting affairs in order, like giving most of their possessions away
11. A sudden sense of calm after having struggled for a period of time

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Exercise ... continued from page 1

participate with you or to talk to can help you stick to your routine. When you have finished exercising, reward yourself. Watch an extra episode of your favourite show, or go grab a tasty smoothie at the mall. Small pockets of joy can go a long way!

What if I have a disability, illness, injury, or other condition that limits my mobility?

Talk to your healthcare provider about how you can safely exercise. Be mindful of your condition and just do however much you can. Exercise for a short period of time, rest, and then do it again. Sometimes exercising in water can help reduce joint or muscle discomfort.

Don't forget!

Start slow and easy! Every little bit helps. If you injure yourself or push yourself too hard, you won't continue with your plan. Start with smaller, easier exercises and goals and gradually increase. Start with once or twice a week, and as time goes by increase the number of times and the amount of time you participate in the activities. And remember that the benefits do not come right away. It takes time, but it will be very much worth it in the end!

Remember: the better your physical shape, the more resilient and capable you are when it comes to coping with emotional challenges. □

– Gabrielle Lesage

Don't miss our online Hot Topics Q&A on Nutrition & Exercise on May 14. Visit amiquebec.org/hot-topics for details.



HelpGuide.org has put together exercise tips for certain specific mental illnesses. We thought it was a great read, and have summarized their advice here:

Exercise and Depression

Exercise can benefit those with mild to moderate depression in many ways, but one of the main benefits comes from the release of endorphins. These chemicals, which are found in your brain, help in making you feel more energized and help put you in a better mood. The changes that happen in your brain help diminish symptoms of depression, and can help break the cycle of negative thoughts.

Exercise and Anxiety & Stress

It is important to find a way to relieve the tension that comes with anxiety and stress. Exercise is a great way to relieve this and helps relax your muscles. As well, partaking in mindfulness practices such

as feeling the floor you are exercising on and focusing on your breathing add even more benefits because it keeps you grounded and allows you to live in the moment.

Exercise and PTSD

It is recommended for those who have PTSD and other trauma to focus on their physical symptoms and how their body reacts to different exercises. Some studies show the benefits of focusing on the body and how it helps make the nervous system “unstuck”, meaning that exercise can help break the “immobilization stress” cycle. Focus on the feeling of your joints and muscles. The exercises that highlight this most are outdoor activities like hiking, mountain biking, or skiing.

Suicidal ... continued from page 1

What can I do?

The best thing you can do is to express your concern. Offering help and support can make a world of difference. Research shows that those who are contemplating suicide often make their intentions known to others as a way to cry out for help. Speaking your concern shows the individual that you hear their cries and are there to support them through this tough time. **If someone is in imminent danger, call 911 or accompany them to the emergency room.**

But how do I start the conversation?

The important thing to remember is to be direct. Tell them what has been worrying you. You can say something like, “I am concerned about you because I have noticed a change in your behaviour,” or “I am worried that you are thinking of suicide”. Like we said before, research shows that talking about suicide will not make someone do it, so don't be afraid to approach the subject. It is also important to stay calm. The person you are addressing can be in distress, and if you do not remain calm it may upset them even more. Let them know that you care for them, and will be there to support them in their road to recovery. You can help them reach out to a mental health professional or organization. You can also encourage them to call a helpline if they prefer to talk to someone anonymously.

What you should avoid

Avoid using phrases such as:

- “Cheer up!”
- “Snap out of it!”
- “Things will take care of themselves.”
- “But you have so much to live for!”
- “Look on the bright side.”

Using these phrases may make the individual feel like you don't understand what they are going through, and this can make them feel even more alone. This is why your choice of vocabulary is crucially important.

Is it starting to affect you?

Are you feeling overwhelmed? Is the person you reached out to not seeking the help they need? It is starting to affect your mental health? Reach out to a family member, friend, or a community organization that can help you with regulating your emotions. Don't forget to practice self-care too! □

Find organizations that can help you or a loved one. Visit amiquebec.org/suicide.

– Gabrielle Lesage

MY BROTHER/SISTER HAS MENTAL ILLNESS. WHAT ABOUT ME?

It is a life-changing moment when parents receive a mental illness diagnosis for their child, but it is also a life-changing moment for siblings of the individual diagnosed with the illness. Unfortunately, there is often not enough focus on “well” siblings, although they are affected in many of the same and some different ways. Maybe you know someone who is in a similar situation, and so understanding what they may be going through may allow you to reach out and help them.

A Rollercoaster of Emotions

Siblings of an individual with a mental illness can experience a wide range of emotions such as confusion, anger, hopelessness, and grief. This can especially be true if the person takes a supportive and/or caregiving role. They can also experience frustration with things like the mental health system, as it can feel overwhelming to understand.

They can mourn their sibling in terms of “what could have been”, as they might have imagined the future of their family to be quite different.

Questioning the Future

Some might worry about their futures, even if they don’t have a mental illness. Because there may be a genetic component to certain mental illnesses, an indi-

vidual may worry they will pass down the mental illness to their children. This can then come with guilt because they might feel they don’t want their children to be like their sibling. They may also feel stress worrying about what will happen when their parents will pass away, especially if their sibling is dependent on someone else for their care.

New Roles

Siblings may feel a pressure to take on more responsibility within the family unit. Even if the parents do not ask for the individual to take a bigger role in the household, they may feel a burden to make sure things in the home run smoothly because their sibling’s mental illness may be chaotic and unpredictable. This added responsibility can lead to stress and anxiety, especially if the individual thinks they are not doing enough. It can also be stressful if the new responsibility is disruptive to the person’s life. A big change like this can affect an individual in many ways. Some, especially younger children, might work hard to be the “perfect child” for their

parents. They do not want to cause more trouble and add more stress to a possibly already tense home environment.

Feelings of Guilt

Individuals may experience what is known as “survivor’s guilt”. A person who has an ill sibling may feel guilty that they were ‘spared’ from having the illness themselves, and they may internalize these feelings and feel the need to demonstrate that they are healthy and step up in a role of helper. This can bring a person down because guilt is a strong emotion that can affect one’s life in an important way. □

We have a support group three times a month for family and friends of someone living with mental illness. Visit amiquebec.org/support.

– Gabrielle Lesage

Thank you and au revoir

Pam Litman recently left AMI to pursue a new career. She was our fundraising consultant for almost 12 years and was instrumental in ensuring AMI’s financial stability. The events she oversaw were fun and informative and included stars like Howie Mandel, Stephane Richer, and the Jubilation Gospel Choir.

Sylvie Albert is leaving AMI. She has been the friendly voice answering our phone for over a decade and volunteered for AMI for many years before that. So many families found help thanks to her guidance and support.

We wish them both all the best in their new endeavors and thank them for their dedication to AMI. □



Our Executive Director Ella Amir celebrated 30 years with AMI in January.

AMI has come such a long way since 1990 and so much of that is thanks to Ella’s dedication and care.



A SNAPSHOT OF FAMILY CAREGIVING AND WORK IN CANADA

At some point in our lives, there is a high likelihood that each of us will provide care to someone we know – and receive care ourselves. Family members are typically the first to step up to provide, manage and sometimes pay for this care.

Families are highly adaptable and most of the time people find ways to manage their multiple work and family responsibilities, obligations and commitments. However, juggling work and care can sometimes involve a great deal of time, energy and financial resources, and employers can play an important role in facilitating this care through accommodation, innovation and flexibility.

This accommodation and flexibility is becoming increasingly important, as families and households are getting smaller, more family members in the household are working (leaving fewer people in the family to provide care), Canada’s population is aging and the resulting rate and complexity of disability is increasing (meaning more people will be requiring care).

28% of Canadians (8.1M) report having **provided care to a family member or friend** with a long-term health condition, disability or aging need in the past year. Three-quarters of this group (6.1M) were **employed** at the time, accounting for 35% of ALL employed Canadians.

Caregiving has an impact on employers and the Canadian economy.

Employers can also experience *direct* and *indirect* costs associated with caregiving. For example, employers can face direct costs due to **absenteeism** (increased absences from work): 44% of employed caregivers report having **missed an average 8–9 days** of work in the past 12 months because of their care responsibilities.

Other **direct costs** to employers can include:

- Higher **turnover**
- Additional **benefit costs** (e.g. health care claims and disability leave for caregiving employees)

Indirect costs to employers can include:

- Reduced **return on investment** in employees
- **Presenteeism** (time spent at the workplace while not productively engaged in work)
- **Spillover effects** to co-workers, supervisors, customers and clients

There are **costs to the economy** as well:

- Every year, Canada loses the equivalent of **558,000 full-time employees** from the workforce due to the conflicting demands of paid work and care.
- Employers lose an estimated \$5.5 billion annually in lost productivity due to **caregiving-related absenteeism**.

Caregiving can have an impact on family finances.

While most (83%) surveyed caregivers say their experience was positive, caregivers incur direct and indirect **financial costs** due to lost time in paid employment, out-of-pocket expenses and/or career development.

44% of employed caregivers report having missed an average 8–9 days of work in the past 12 months because of their care responsibilities.

- 28% of family caregivers caring for a child, 20% of those caring for a spouse and 7% of those caring for a parent reported **financial hardship** because of their caregiving responsibilities.
- 10% of employed caregivers **turned down or did not pursue a new job or promotion** because of their caregiving responsibilities.
- 15% of employed caregivers reported cutting down on their regular weekly hours of work to accommodate the caregiving needs of family and friends.
- 14% of *this* group reported losing some or all of their benefits, such as extended health benefits, dental benefits, employer-provided pension, life insurance and prescription drug plans.

Reconciling care and work requires understanding, respect and recognition from employers that sometimes an employee’s family circumstances need focused attention. Research shows that family caregivers and their employers benefit from policies that are inclusive, flexible and responsive, and when employees have a clear understanding of the process for handling individual requests for accommodation and customizing work arrangements.

For nearly all Canadians, caregiving is inevitable at some point over the course of their lives. Care is not always predictable and

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STAY INFORMED!

Find our most up-to-date information at:
www.amiquebec.org

For regular updates, follow **AMIQuebec** on:



Sign up for monthly emails:
amiquebec.org/email

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

Receptionist Position

WE ARE HIRING!

Could you be our new receptionist?



Roles and responsibilities:

The first line of service, reception duties include the welcoming of inquiries, in person or over the telephone. With the aim of establishing a comfortable climate, reception answers all phone calls and routes them accordingly. This includes giving information by phone, but also conducting a preliminary assessment to determine whether the inquiry needs to be transferred to Intake. Duties include overseeing all reception duties and scheduling, and some data entry. Under the supervision of the executive director, the receptionist works in collaboration with all staff members to ensure smooth operation of the organization.

Requirements:

- Knowledge of mental health/illness (knowledge of health resources in Montreal is an asset)
- Fluently bilingual (English/French)
- Meticulous attention to detail
- Sensitive and patient
- Flexible and motivated
- Enjoys team work but is autonomous
- Start date: As soon as possible
- Permanent, full time: 4-5 days/week

Please send your CV along with two references to jobapplication@amiquebec.org by March 31, 2020. Only those candidates selected for an interview will be contacted. For more information call 514-486-1448. □

SPRING 2020

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

March 23; April 6, 20, 27; May 4, 11, 25; June 8, 15, 29

BPD for relatives and friends

April 6; May 4; June 8

ANXIETY

April 6; May 4; June 8

BIPOLAR DISORDER

April 20; May 11; June 15

DEPRESSION

April 20; May 11; June 15

HOARDING

March 23; April 27; May 25; June 29

OBSESSIVE COMPULSIVE DISORDER

April 6; May 4; June 8

KALEIDOSCOPE for people living with mental illness

March 23; April 27; May 25; June 29

SOUTH SHORE for relatives

Wednesdays 6:30pm

NEW LOCATION ARC, 106 Churchill Blvd, Greenfield Park J4V 2L9

March 18; April 15; May 13; June 17

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

April 14; May 5; June 2

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

One-Time Workshops

6-8pm at the AMI office

For family and friends

Boundaries & Setting Limits

April 7

Creative Expression

April 21

Coping Skills

April 28

Intro to Borderline Personality Disorder

May 27

Acceptance & Letting Go

June 16

Workshop Series

At the AMI office

For family and friends

Must attend all days

Communication

March 24 + 31, 6-8pm

Caregivers Group

Starts April 20

Runs for 8 weeks on Mondays, 6-7:30pm

Borderline Personality Disorder Validation

April 23 + May 7, 6-8:30pm

Communication

May 19 + 26, 6-8pm

Facebook Live Hot Topics

7-8:15pm, online, for all

Technology: Helping Mental Health

March 19

Romantic Relationships

April 16

Nutrition & Exercise

May 14

Borderline Personality Disorder

June 18

ANNUAL GENERAL MEETING

7pm at 4333 Cote Ste. Catherine Road

June 9

Have I done Something Wrong?

EXPERIENCING PARENTAL GUILT

As a parent, dealing with your child's mental illness diagnosis can be one of the most difficult challenges you can go through. Regardless of their age, you start asking yourself a lot of questions. *What did I do wrong? Am I to blame for this? What could have I done to prevent this?* Asking all these questions can become overwhelming, and often leads to what is called parental guilt. Many parents with children diagnosed with a chronic illness, including mental illness, feel that they are in some way responsible for their child's diagnosis. In this article, we explore parental guilt, how you can alleviate it, and what to do if you know someone who experiences guilt.

Why do parents feel guilty?

There are several reasons why a parent might feel guilty for their child's diagnosis. Some believe it is because of certain habits they had prior to the child's birth, especially mothers during pregnancy, or even because of something they did not do (for example, not taking certain vitamins and supplements). Parents can feel that they are to blame for their child's mental illness because sometimes genetics are involved, such as with anxiety or depression, and they can feel a sense of guilt that they are to blame because they passed down their genes to their child.

Guilt does not only come from things before and during the pregnancy. Some parents question if they did something to cause the illness; should they have been more strict, less strict (for example)? Parents may feel guilty because they are experiencing caregiver burnout and start to feel helpless. They may be at the edge, and do not know what else to do to alleviate the stress of a particular situation or of caregiving in general. Parents may also feel that no matter what they do, things are still difficult. They don't have all the answers they need, and this can lead to feelings of discouragement because they do not have the answers to help their child, leading to more guilt.

What you can do to alleviate guilt

If you are a parent of someone with a mental illness and have feelings of guilt, it is important to be compassionate with yourself. Know that you are strong, and are doing the best you can with the resources you have. Try to rewire your thoughts (easier said than done obviously, but crucial nonetheless). Remind yourself that you are doing everything you can that is in your control. If you keep thinking about the genetic component of your child's mental illness, know that yes, genetics play a role, but there are so many other factors that are outside your control that contribute to your child's condition. Mental illness is complex, and there are many factors that we can't control. When these guilty thoughts invade your mind, it is important to practice self-care. There are many ways to practice self-care, so do things that you know will help you.

What to do to help someone who feels parental guilt

Do you know somebody who is experiencing parental guilt, but are not sure how you can help them? The best plan is to be empathetic and offer validation. Instead of saying things like "It could be worse", say things like "It must be difficult; talk to me about how you feel." By acknowledging their feelings, you are letting them know that you are acknowledging them. Being supportive is also a way to help them. Offer to run errands for them, or tell them you are there for them. Listen to what the person needs, and be supportive. Never underestimate the power of listening. □

– Gabrielle Lesage

Over 70 people stopped by our Open House Party in December and enjoyed good times with good friends.



A Garden of Roses at 60 Perla's Story

Wow, I am 60. It is hard to conceive that I have made it to this age. At 15 and 20, I thought I did not want to live; at 60 I cannot get enough. Life has not been a rose garden but neither has it been the pits of hell, which I once perceived it to be.

How do you get to 60 when you are now 20 and suffering greatly, despairing, searching, faltering and struggling to get up each day? How do you get to 60 when you do not see the future as anything but what it is today? You have no clear path and you are walking in darkness... There are no right answers to the above questions, yet I can say that along the way I have found my answer.

I can tell you stories of trauma and loss, but I think that the darkness in my life was more than those stories; the darkness was hereditary, genetic and my way of coping with the trauma and loss. Yes, I can blame others for doing too much or not enough, but today these commissions or omissions do not matter. Everyone in my life did their best with the abilities they had. As a youngster, I shut down, held on tight, and did not let anyone know I despaired. I was 10, 15 and 20. I traveled to run away from myself, my life. I drank and overused prescription medication to shut down the pain, to replace it with numbness.

Until, at 22, I walked into a Montreal hospital and told them to keep me or expect another number on their suicide statistical charts. I chose my cage, self-made, self-imposed. The cage of my mind and the physical space of the hospital. Gratefully, they kept me and provided 10 months of in-patient care. I spent long winter months of therapy shared with peers, both young and old, equally in pain. While there, I saw the revolving door of psychiatric units, patients in-and-out, never quite making it on the 'outside.' The intense therapy was nothing com-

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pared to the fear that I too would find myself revolving – never quite in, never quite out, never well! I could not and did not want to live my life in this eternal darkness and numbness. That was unacceptable to me; it made me fearful and angry.

The longer my stay, the clearer my path became. I had to choose to fight and the first angry action I took on my own behalf was to ‘refuse’! I refused to hide my pain, I refused to allow others’ emotions to affect my well-being, I refused to be a statistic, and I refused to give in. If others could survive (trauma, wars, rapes, illness, abuse....) – so could I! I was not less capable, I was just afraid. Fear is just a strong emotion that can paralyze you in despair or help you run ... I ran (slowly at first) towards healing.

I understood, or maybe it was instinctual, that before I could truly run, I had to walk, and that sometimes I would stumble and I did, often. There is a Jewish philosophical idea that says, ‘naase ve nishma’ (we will do and then we will understand). It is a bit similar to the concept of practice makes perfect, or if you stumble try, try again!

How did I get to 60 married, with two kids and great job? A bit of luck, lots of perseverance, many dark days, many choices along the way to find my path. I found wonderful friends who loved me, who reached out when I sought them out. Mostly, I continue to seek out therapy when I am struggling, drink tea with a friend or take a brisk walk to clear my head. Even though there may be thorns in my garden, it is still worth being here. I refuse to give up on life. □

TRIBUTES & MEMORIALS

In honour of Andy Nulman

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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.

amiquébec

Agir contre la maladie mentale
Action on mental illness

AMI-Québec, a grassroots not-for-profit organization, is committed to helping carers* 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.

*Carers (proches aidants) are those in the circle of care, including family members and other significant people, who provide unpaid support to a person in need.

Donna Sharpe, *President*
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SHARE & CARE

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does not always arise outside working hours. Open communication and creative approaches to harmonizing work and care in a flexible manner benefits employees, employers, the economy and society. □

Adapted from Battams, N. 2017. "A Snapshot of Family Caregiving and Work in Canada." *Statistical Snapshots*. The Vanier Institute of the Family. Retrieved January 27, 2020 from <https://vanierinstitute.ca/snapshot-family-caregiving-work-canada/>.

Don't miss our online Hot Topics Q&A on Mental Health in the Workplace coming up in July!

Please visit amiquebec.org/sources for article references.

This issue of *Share&Care* has been made possible by a grant from the Otsuka-Lundbeck Alliance.



YOUR SUPPORT SUSTAINS OUR FREE PROGRAMS

Although AMI receives some government funding, we need to raise more than half of our operating budget each year.

We need your support!

Donation: \$ _____

I wish to make this donation in honour of: _____ in memory of: _____

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