

SHARE & CARE

THE RECOVERY OF HOPE - THE HOPE OF RECOVERY

ZOOM FATIGUE: OUR NEW REALITY

Our way of communicating with others has changed since the beginning of the COVID-19 pandemic. With social distancing as the new norm, video calls using platforms such as Zoom have become a staple of our social lives. After participating in frequent video calls, many people remark feeling more tired than usual, a phenomenon known as “Zoom fatigue.” But why do video calls make us feel so tired, and what can we do about it?

Causes: Altered Communication and Emotional Stress

According to an article in the BBC’s *Remote Control*, a number of factors contribute to Zoom fatigue. To begin, video calls make it more difficult for us to under-

stand and process nonverbal communication, such as body language, facial expression, and tone of voice. This means that we must exert more focus and energy to decode nonverbal cues.

Video calls may also provoke anxiety and negative feelings in users, which can contribute to fatigue. Technological glitches such as delays and lag times can create anxiety in users and can even provoke negative perceptions of other callers. As well, many people feel pressure to perform when on a video call because they are on camera and are aware that they are being watched.

But some believe that the causes of Zoom fatigue are not based on the limits of video call technology itself. According to Evan Selinger from the online technology and science publication *OneZero*, there is an underlying emotional aspect to Zoom fatigue. He argues that Zoom calls are a constant and painful reminder of the face-to-face social interactions that we have lost; we are not so much physically fatigued as we are emotionally drained.

Solutions: Limit Calls, Take Breaks

Fortunately, there are different ways to reduce Zoom fatigue. First, limit the amount of video calls you make in a day. Even if you are unable to limit work video calls, when it comes to friends and family, try to switch between video calls and regular phone calls. This can provide a break from the physical and emotional stressors of video calls. Second, try placing your screen off to the side when you are on a video call. This can help minimize the feeling that you are being watched by the

Ella Yoelli Amir, C.M.

ORDER OF CANADA



For her contributions to the field of mental health and for advocating on behalf of families and caregivers.

Our executive director Ella Amir has been appointed as a member of the Order of Canada. This is one of the very highest honours that our country bestows.

Join us in congratulating and thanking Ella for her tireless work and dedication to families and people living with mental illness!

From the official announcement: “The Order of Canada recognizes outstanding achievement, dedication to the community and service to the nation. Those who bear the Order’s iconic snowflake insignia have changed our nation’s measure of success and, through the sum of their accomplishments, have helped us build a better Canada.” □

other callers and hopefully reduce performance anxiety. Finally, make sure to rest your eyes by looking away from the screen from time to time during the call.

While video calls can be both physically and emotionally tiring, they are also a useful tool to help us stay connected to one another. It is important to understand how we interact with this technology so that we can use it in a safe and healthy way. □

– Gabrielle Lesage

Please visit amiquebec.org/sources for references.

Annual Campaign 2020

All our services are **FREE** of charge!

**WE NEED
YOUR HELP
TO KEEP THEM THAT WAY.**

We are all challenged by the pandemic, but we hope that we can rely on your support to secure our programs.

Donate now!
amiquebec.org/donate
514-486-1448

amiquébec
Agir contre la maladie mentale
Action on mental illness

ANNUAL AWARDS

Every year, we recognize individuals and organizations who stand out in their contributions to mental health. On October 8th, we presented our annual awards virtually. Read on to learn about our recipients and their achievements!



Les Impatients: Ella Amir Award for Innovations in Mental Health

This award recognizes innovations by people or organizations who have pioneered new approaches to dealing with mental illness in innovative ways. Les Impatients use artistic expression to help people challenged by various difficulties overcome the stigma and helplessness often associated with mental illness and find ways to infuse meaning and hope into their lives.

Frédéric Palardy, general director of Les Impatients:

“You have just recognized the work of a small group of enthusiastic people who believe in their lucky star. Long live AMI-Quebec, long live Ella, and long live Les Impatients! Merci à tous.”

Tess McCrea is AMI-Quebec’s Volunteer of the Year.

Marc Griffin, Program Coordinator, explained that “Tess is the type of volunteer who is reliable, dynamic, and personable; she has the respect and trust of participants, facilitators, and AMI’s staff. It’s a blessing to have her around.”

Tess McCrea: “I feel so privileged to be able to be in AMI’s support groups, and bear witness to these magical, extraordinary moments of connection and support between human beings. I’m excited to see what the future holds with AMI, and to continue to strive to embody what I see as AMI’s core values: empathy expressed through authentic curiosity, a collaborative spirit, and a fundamentally person-centered approach, based on a foundation of deep respect.”



Claude Allard is a social worker who has been working in community mental health for over thirty years. She was presented with the AMI-Quebec Award for Exemplary Service. Angela Ruth Idelson said “She is extremely compassionate, kind, respectful, and wise.



She’s very tuned into who is in that person’s family and community and she takes all of that into consideration in her relationship with her patients and in the types of interventions she does.”

Claude’s acceptance speech was humble: “I’ve been privileged to work in the mental health field for decades and I’ve learned so much by hearing so many people’s stories. Having regular and real contact with clients, trying to understand and help, is a great privilege which makes me realize what I used to say when I started working: people bring me much more than I can ever offer them.”

Dr. Zoe Thomas was presented with the Exemplary Psychiatrist Award. From the letter that was sent to Dr. Thomas: “You are viewed as an open and helpful practitioner, willing to share knowledge and resources, and always ready to advance the cause of better outcomes for your patients and their families.”



Dr. Thomas: “It’s always been very crucial for me and my work to include families in our care for patients because they spend so much more time with our patients than we do and really know the back story. I’ve always felt that families have this tremendous potential to help support our patients towards change and recovery and healing and that they can really be amazing allies. On the flip side, I’ve learned the hard way that if you don’t actually include families or incorporate their input, we miss such important things and it can really put some huge obstacles into care.”

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Awards ... continued from page 2



Some of the PSB Boisjoli team

The Extra Mile Award was presented to **PSB Boisjoli**.

Donna Sharpe, AMI's President, said: "PSB Boisjoli is an accounting firm that understands about stress and the importance of a healthy work environment. They chose AMI for a year-long fundraiser in 2019, and their choice reflects their interest in mental health, in their community, and in the workplace, which is a critical component for our social wellbeing."

Mark Elman, partner at PSB Boisjoli, thanked AMI for the award and said, "Mental health is a topic that concerns us all. We are all impacted by mental health issues, either directly or indirectly. AMI-Quebec was chosen because we felt it was important to listen to our staff's request to support an organization devoted to mental health. We had a lot of fun fundraising for AMI-Quebec and to also be able to promote more wellness surrounding mental health and get a conversation started." □

CAREGIVER BURNOUT

A CLOSER LOOK

In our Winter 2020 newsletter, we published an article about caregiver burnout, sharing a list of symptoms to look for and offering tips for self-care. In this edition, we want to continue the conversation by exploring the role of short and long-term stress in caregiver burnout.

The demands of caregiving can place long-term stress on caregivers. Learning how the body processes stress is critical to understanding how burnout symptoms accumulate and worsen over time. The body responds to stress by producing a hormone called cortisol. Cortisol gives the body more energy to help us respond to stressful situations. When the stressful situation is over, cortisol levels typically go down, and the body can rest and recover. In situations of prolonged stress, self-care can help us regulate our response to stress and lower cortisol levels. But when the body is stressed for sustained periods of time without a break, cortisol levels remain high and contribute to the development of burnout symptoms. Let's take a closer look at how burnout symptoms develop from exposure to prolonged stress over days, weeks, and months.

Short Term Exposure to Stress

One day of stress has a relatively mild impact on physical and mental health. Cortisol levels increase, but lower again when the stress has passed. Individuals may feel tired, but the body can easily recover with rest. No real symptoms of burnout are experienced.

However, when stress is sustained for **one week** or more, cortisol levels remain elevated. This negatively impacts a person's quality of sleep and weakens their immune system. As a result, individuals may experience early physical and psychological symptoms of burnout including poor sleep, fatigue, anxiety, difficulty focusing, and headaches. They are also more susceptible to viral infections such as colds and flus.

Long Term Exposure to Stress

After **one month** of prolonged stress and high cortisol levels, physical and psychological symptoms of burnout are hard to ignore. Symptoms such as increased muscular tension, constipation, abdominal pain, irritability, and elevated anxiety are common.

When stress is sustained for **six months** or more, physical and psychological symptoms of burnout are consistent and more severe. Physical and mental health are diminished and quality of life declines. Individuals may experience a variety of pronounced burnout symptoms, including

- Increased anxiety, irritability, and anger
- Feelings of resentment, pessimism, and loss of control
- Reduced motivation
- Self-isolation
- Chronic exhaustion
- Increased muscular tension

At this stage, burnout has taken root and intervention is required. If burnout is left untreated, the health, well-being, and quality of life of both the caregiver and those around them are at risk.

Burnout is a very real issue for caregivers. Taking care of someone else can take a significant toll, and without proper self-care and timely intervention, burnout can develop. Be alert for the signs and symptoms of burnout if you are a caregiver or if you are experiencing extended periods of stress. If you feel like you are experiencing any of these symptoms or that you are at risk of burnout, reach out to friends, family, a community organization, or your healthcare provider for help. □

– Gabrielle Lesage

Please visit amiquebec.org/sources for references.

Mental health and addiction are often bedfellows

Dunham House and Chabad Lifeline recognize and address both

Dunham House Residential treatment centre

We spoke with Anthony Berger, clinical supervisor at Dunham House, about the organization and how they help their clients.

What does Dunham House offer? Can you describe your program for us?

Dunham House is a residential treatment centre that helps individuals who have co-existing addiction challenges and mental health disorders such as depression, anxiety, schizophrenia, or a personality disorder. Our program lasts six months. It is focused on a psycho-educational, evidence-based approach and uses techniques from cognitive behavioural therapy (CBT) and dialectical behavioural therapy (DBT). Our services include workshops, individual and group counselling, and therapeutic activities like physical exercise, yoga, music therapy, and pottery. Workshops focus on topics such as stress management, communication, and emotional regulation. Our program is an alternative to the 12-step Alcoholics Anonymous (AA) program; we want clients to not only overcome their addiction, but work on their well-being and learn life skills that they can use when they leave our facility.



Who are your clients?

Our program is for men and women 18 years old or older. Our services are catered towards the anglo-phone community, but we do have some francophone clients.

How is Dunham House different from other rehabilitation programs?

We offer a slightly more comprehensive approach compared to many other treatment centres. Many treatment centres usually

focus on just substance abuse or just mental health disorders, but at Dunham House we treat both, and take both into consideration when creating a client's individualized treatment plan. We want our clients to not only heal, but to also fall back in love with life again and learn to be at peace with who they are.



Do you follow up with clients after they have completed your program?

The fact that we have a small staff and many of our clients come from social assistance programs makes it hard to keep in touch with our past clients. However, we try our best to create partnerships in the community to help our clients with after-care. Most of our partnerships are in Montreal as that is where the majority of our client base is located. We also highly recommend that our clients keep in touch with us once they leave Dunham House. In fact, we have many clients who remain in touch with us after they have left, to let us know how they are doing.

Do you work with your clients' families?

It depends on each client's situation. Some clients are not in touch with their families, but for those who are in contact, we definitely try to incorporate their family into the treatment program. Family involvement happens at different times and is especially important in the last two months of treatment. This is when we give family members information on what to expect and how they can best help their loved one. As well, for the last two years, we have been working with



AMI-Quebec to organize a weekend family day program. During this day program, we offer support to family and caregivers and teach them how to practice what their relative is learning in our program.

What is the application process? Are referrals needed for your program?

There are different ways to sign up for the treatment program, and you don't necessarily need a referral from a healthcare professional. While some people come to us through hospitals or other health-related facilities in Montréal and the Eastern Townships, we also have an application on our website where people can apply to the program themselves. Twenty-four to forty-eight hours after the application is submitted, we get in touch with the applicant by phone to see what they are looking for and if they are a good fit for the program. The next step is a longer interview which we currently conduct by phone due to the Covid-19 pandemic. During the interview we discuss the best course of action for the applicant.

Do you have a waitlist?

Sometimes we have a waitlist, but it differs from week to week or month to month, depending on how many people are in the house. (For example, at the time of this interview, the waitlist was three to four weeks.)

Do you evaluate your program? How do you measure the effectiveness of your programs?

We evaluate how we can improve our treatment program and services. For instance, when clients arrive, they fill in a form with scales to track their mental health. They do this at the beginning of their treatment, halfway through the program, and when they leave. This is an internal measurement that allows us to see if and how the client is improving. We also have service and counselling surveys with residents every three months to see what we can improve and what needs to be changed. □

– Gabrielle Lesage

For more information visit dunhamhouse.ca

Marc, our program coordinator, just celebrated his 5th anniversary with AMI



Time flies! Join us in thanking Marc for 5 years of hard work and dedication, and in looking forward to many more years together.

**Chabad Lifeline
Addiction Care Centre**

We had the opportunity to speak with Rabbi Benyamin Bresinger, director of Chabad Lifeline, about the organization and how they help clients and their families.

Located in a beautiful historic building on Chemin de la Côte-Sainte-Catherine, Chabad Lifeline is a non-sectarian treatment centre offering English services for people with addiction issues and for their family members, including children. The centre is unique because it treats both substance and behavioural (process) addictions, such as drug, alcohol, sex, or gambling addictions.

Unlike many other rehabilitation centres, Chabad Lifeline offers immediate help; there is no waitlist.

While a referral from a health professional or organization is preferred, it is not needed to apply. All applicants undergo a thorough intake process to ensure that they receive the best care, and it takes approximately 2 to 3 days to open a file.



Chabad Lifeline programs are abstinence-based and offer a variety of treatment options. For instance, the youth program incorporates drama and art therapy, cognitive behavioural therapy (CBT), motivational interviewing, and gardening. For clients who have experienced trauma,

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“Where is the suffering patient in all of this?” asks Ronald Miller

The 2020 Low-Beer Lecture

When Dr. Ronald B. Miller set out to write a textbook for undergrad students on abnormal psychology, his goal was to convey his fundamental belief that people who experience what is called “mental illness” are far from abnormal — that psychological suffering is, in fact, an integral part of our shared experience as humans. “This is about all of us. It isn’t just about people who have a disorder,” said Miller, a professor of psychology at Saint Michael’s College in Vermont, where he has taught and conducted research in clinical psychology for 36 years.

Ron Miller’s 2015 book, *Not So Abnormal Psychology: A Pragmatic View of Mental Illness*, laid the groundwork for the 2020 Low-Beer Memorial Lecture, delivered virtually to 85 people via Google Meet and Facebook on October 8th.

Miller shared with the AMI audience the experience of his own therapy while still a grad student, grappling with his family history of trauma, including his maternal grandfather’s suicide and the lifelong impact it had on his mother and, as a consequence, on his own upbringing. Trained as a clinical researcher but also influenced by earlier studies in philosophy, Miller talked about how he came to question some of the basic foundations of clinical psychology and psychiatry and their research methods, based on the scientific approach used in chemistry and physics and biology. “Our subject matter is so different,” Miller told the AMI audience. “The methods that work for them don’t really for us, but we keep using them.”



He pointed to the tremendous variation in how people deemed mentally ill respond to treatment, how unreliable clinicians are at making accurate diagnoses and whether those diagnoses are actually confirmable, scientifically. In his vast reading of the literature,

Miller has found huge biases in how so-called experts have made use of their own data and the conclusions they reached by picking through it, “beginning with the assumption, without evidence, that these disorders are biologically based.” The idea that there is a clear, biological basis for schizophrenia, depression, anxiety disorders and other mental illnesses “is a mantra,” said Miller. “I am sure there is some truth to it — we are biological organisms, so everything we do interacts with our body and our ability to move

through the universe.” But the evidence “is way overstated,” he said.

Miller’s views are contentious because medication to alter brain functioning has become the standard treatment, and in the context of the American health care regime in which he works, it’s often the only insurable treatment for psychological pain. That’s

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TRIBUTES & MEMORIALS

In honour of Sophie Wendling
Gilles Wendling

In honour of Allan Schwartz
Gayle Freeman

In honour of Anne Newman
Anonymous

In honour of Bill and Sylvia Klein’s 70th wedding anniversary
Kay Simpson

In honour of Brian Stanley Hartley
Anonymous

In honour of Anna and Aron Gonshor
Sharleen Young

In honour of Sally Verrall
Carol and George Taylor

In honour of Ella Amir
Nancy Grayson

In memory of Wayne French
Sheldon Davis

In memory of Michael Madan
Aline Cooperberg
Cindy Dankner
Shari Deskin
Debra Shapiro

In memory of Howard Nerrie
Martin Taylor

In memory of Tyler Levasseur
LCCHS

In memory of May Gruman
Kay Simpson

In memory of Monty Berger
Kay Simpson

In memory of Marilyn Block
Kay Simpson

In memory of Anita Miller
Kay Simpson

In memory of André Dufour
Cdpq Infra Inc.
Jean-Benoit Lalanne

In memory of Felix Kohn
Sylvia and Bill Klein

In memory of Pieter Boudens
Beppie Boudens-Alexander

In memory of Guus Boudens
Beppie Boudens-Alexander

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.

Low-Beer ... continued from page 6

in spite of the fact, Miller has found, that 80 per cent of the time a combination of a psychodynamic, humanistic or community approach to mental illness is more effective than “the more rigid, standardized treatments ... that heavily rely on science to define what’s true and what’s not true.” “Where is the suffering patient in all this?” Miller asked. Often forgotten — or reduced to a statistic, he lamented.

Miller hastened to warn that he is not suggesting people now prescribed psycho-pharmaceutical drugs suddenly stop taking their meds. Any withdrawal from medication has to be done very gradually, under medical supervision, he said — and only when someone has other psychosocial and community supports in place.

Those supports are rarely there, he said, citing the example of university students, who often find themselves in crisis just when they are at a stage in their lives where they are at the greatest risk of “scaffolding into what are called mental illnesses.” Students have told him they try to get help, “but they are not offered counselling, they are simply offered medication,” he said. “And if they are presented with the view that (their suffering) is all a brain disorder, then what does that do to the individual’s sense of responsibility for their own life?”

“They’ve been told, ‘you have a defective brain.’ I don’t think that’s necessarily something that helps a 20-year-old adapt to life very well.” □

– Loreen Pindera

If you missed it, you can watch the 2020 Low-Beer lecture here: facebook.com/AMIQUEbec/videos.

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)

WINTER 2021

SUPPORT GROUPS

Mondays, 6:30pm on Google Meet or by phone
For family, friends, and people with mental illness unless otherwise indicated.
For details visit amiquebec.org/support

FAMILY AND FRIENDS for relatives and friends

December 7, 14; January 11, 18, 25; February 8, 15, 22; March 8, 15, 29

BPD for relatives and friends

December 7; January 11; February 8; March 8

ANXIETY/ OCD

December 7; January 11; February 8; March 8

BIPOLAR DISORDER

December 14; January 18; February 15; March 15

DEPRESSION

December 14; January 18; February 15; March 15

Please note: due to COVID-19, all our programs are taking place online and by phone, not in person.
Visit amiquebec.org/coronavirus or call 514-486-1448 for access details and the most up to date information.

HOARDING

December 14; January 11, 25; February 8, 22; March 8, 29

KALEIDOSCOPE for people living with mental illness

December 7; January 25; February 22; March 29

SOUTH SHORE for relatives

Wednesdays 6:30pm
December 16; January 13; February 17, March 17

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

One-Time Workshops

6-8 pm on Google Meet
For family and friends

Anger and Caregiving Relationships

January 12

Coping Skills

January 26

Intro to BPD

February 3

Creative Expression

February 11

Boundaries & Setting Limits

February 16

Validation Practice Group

February 24

Acceptance & Letting Go

March 9

De-escalating Conflict

March 30

Workshop Series

Online on Google Meet
For family and friends

Caregivers Group

- Monday group starts January 11, runs for 6 weeks on Mondays, 7-8:15 pm

- Wednesday group starts January 13, runs for 6 weeks on Wednesdays, 3-4:15 pm

Meditation

Starts January 13
Runs for 10 weeks on Wednesdays, 11 am-12pm

For everyone

Types of Mental Illness

Online on Facebook Live
7-8:15pm

Mood Disorders

January 14

Anxiety Disorders

February 4

Personality Disorders

March 11

Hot Topics Q&A

Online on Facebook Live
7-8:15pm

Managing Anxiety

December 10

Addiction & Mental Health

January 21

Bipolar Disorder

February 18

Affordable Mental Health Services

March 25

AMI's office (even our virtual one) will be closed from December 19, 2020-January 3, 2021 inclusive. Happy holidays!

BOARD MEETINGS

Tuesdays 7:00pm on Jitsi
December 1; January 26; March 2

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*
- Anne Newman, *Vice President*
- Joyce Cohen, *Secretary*
- Henry Olders, *Treasurer*
- Norman Segalowitz, *Immediate Past President*
- Ella Amir, *Executive Director*

SHARE & CARE

THE SEEDS OF HOPE - THE HOPE OF SEEDS

Share&Care is published quarterly.

- Ella Amir, *Editor-in-Chief*
- Diana Verrall, *Managing Editor*
- Gabrielle Lesage, *Contributing Writer*
- Jan Barbieri, *Editor*
- Liane Keightley, *Designer*

Articles and comments are invited. Anonymity will be respected if requested. Guest articles reflect the opinions of the authors and do not necessarily reflect the views of AMI-Québec.
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Member of Avant de craquer

Chabad Lifeline ... continued from page 5

the center offers eye movement desensitization and reprocessing (EMDR).

As Rabbi Bresinger explained, Chabad Lifeline sees addiction as a family disease because it affects not only the addicted person but also their family and the people around them. For this reason, the center offers programs for family members of people with addiction. They also have a program focused on addiction prevention for at-risk youth.

Chabad Lifeline's work also goes beyond the walls of their facility. Their Outreach Program works with schools throughout the city, providing presentations about addiction to students. The presentations offer first-hand accounts from young people recovering from addiction. The program also offers support from addiction counsellors.

Most of Chabad Lifeline's programs are free, and those that do have a fee are offered on a sliding scale. Dedicated to quality, the organization provides clinical supervision twice a week; as well, their clinical supervisor meets with counsellors weekly to evaluate their programs and measure service effectiveness. Chabad Lifeline also follows up with clients post-treatment to make sure they are doing well. □

– Gabrielle Lesage

To learn more about Chabad Lifeline and how they can help you, visit chabadlifeline.com or call 514-738-7700.

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!

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FOR US TO ACKNOWLEDGE YOUR GENEROSITY, SUPPLY DONEE'S NAME AND ADDRESS

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