

SHARE & CARE

THE RECOVERY OF HOPE - THE HOPE OF RECOVERY

WALKING ON EGGSHELLS

Dos and don'ts for helping your loved one

As a family caregiver, there are times you might feel like you are walking on eggshells. Sometimes you want to do something to help a loved one, but you don't want to cause any conflict. It can seem like a constant internal battle of trying to say or do the right thing, while being afraid of doing the wrong thing. It's normal that you might struggle with this. To help navigate this tricky path, we have put together a list of things you can do to help your loved one — and things you'll want to avoid.

What You Can Do

Be there for them: Don't wait for the person to tell you to come see them. They might not ask you for help because they don't want to bother you. You might go see your loved one and they might not speak. Be comfortable with silence; sometimes showing that you are there has more impact than your words.

Take one thing at a time: If you try to help too much, not only can it overwhelm you, but it can overwhelm the other person, too. Focus on one thing at a time.

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ANNUAL CAMPAIGN 2021

In the past year we've grown! Our donors have helped us add new programs and sustain favourite ones, we've added new staff members to our team, and we've maintained our high standards for all our services.

So since things are going so well, why are we holding an annual campaign? The truth is that less than half

"In the rest of Quebec, we don't really have access to activities like yours, so these live, online sessions are really helpful."

"I make time to attend this support group every month. It's now part of my mental health routine and I want to keep it that way."

our operating budget comes from government funding, so this is where YOU come in. Your donations help keep all our programs free—your contributions help thousands of families and people struggling with mental illness. We want to continue to grow, and we need your help to do it. Please donate today. Visit [amiquebec.org/donate](https://www.amiquebec.org/donate) or call 514-486-1448. □

Tips for Finding A Therapist

Therapy can be an important tool for people who are struggling with mental health problems or illnesses. As awareness increases around mental health issues, the demand for therapists is increasing. It can be difficult to find a therapist. Here are some helpful tips.



If you are looking for help through the public sector, like the CLSC, most likely you will be put on a waiting list before you receive help. Although help is not immediate, it's worth putting your name on the

list. Think of it as being one step closer to finding a therapist. In the meantime, you can contact other resources, like community mental health organizations.

If you are a student at a CEGEP or a university, you can contact your counselling department and request follow-up services. They often are limited in the number of sessions they provide. Visit [amiquebec.org/students](https://www.amiquebec.org/students) for a list of resources.

If you are employed, find out if your group insurance includes coverage for psychology and/or psychotherapy, and how much coverage you have per year. They may help you find a therapist, assign a therapist to you, or pay for a therapist of your choice. Keep in mind that you may be covered under your spouse's insurance for psychology or psychotherapy services.

Some people have the means to consult a therapist working in private practice. Since Covid-19 many therapists have been offering services online and will continue to do so, while others may return to offering in-office services.

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Eggshells... continued from page 1

Listen without trying to fix: As much as you might want to help your loved one, sometimes all they need is someone to listen. If you try to fix things right away, they may feel like there is something broken. If your loved one confides what they are feeling or experiencing, give the floor to them; don't try to interject your opinions when they are speaking.

Encourage treatment, but don't force it: If you try to force someone into treatment, it might push them to go the other way. Tell them why you think treatment might be beneficial, but don't tell them that they must do it. However, if they are becoming a danger to themselves or others, then appropriate steps need to be taken to get them the help they require.

Research their mental illness: Even though this is something you do by yourself it can help your loved one. If you are more knowledgeable about their illness, you can better empathize with what they might be going through.

Treat them with respect and dignity: Just because your loved one has a mental illness doesn't mean they are fragile or different. They may be experiencing new things, but treat them with respect and dignity like you did before their diagnosis.

What to Avoid

Don't tell them what they "should" do: Telling someone they should do something can be off-putting. It might drain their energy to think about all the things you say they should do. Instead, recommend resources that might help them and let them decide to pursue them or not.

Don't use "you" statements: Instead of saying, "you need help," try saying, "I was thinking of how you said you were struggling the other day, and I am worried. I think it might be good if you talked to someone about what you are experiencing." Language can be very powerful, and if used in the right way, it can have a positive impact.

Don't get frustrated or upset with your loved one: You might feel many emotions when caregiving, but try to not show your frustration to your loved one because they might feel like they are a burden. It is completely normal to feel frustrated at times, but make sure you speak to someone else about what you are going through and not to the person you are caring for.

Don't invalidate their feelings: Even if you might not understand how your loved one is feeling, don't invalidate what they say they are feeling; this can make them feel rejected. Instead, be understanding, ask questions, be there for them. You don't have to understand everything, but you can show your support. □

– Gabrielle Lesage

Visit amiquebec.org/sources for references

Therapist... continued from page 1

We have some resources listed on our website under Counselling and Therapy. Visit amiquebec.org/therapy. You can also consult the Order of Psychologists of Quebec, Google "psychologists" or "psychotherapists" in your area, or ask someone you trust if they have a recommendation.

Finding a good fit

It is important to have a good fit. It is *your* mental health, so take the time to find someone that you feel comfortable with and that responds to your questions. Here are some things to consider before engaging in a therapeutic process:

- What is your intention? What do you want to work on in therapy?
- Choose carefully. It is a big ocean out there when it comes to psychological help. Not all therapists are created equal, so you should verify that they are a member of a professional corporation or have a permit to practice psychotherapy.
- Ask the therapist questions that will inform your decision, such as their background and training, how successful they are in helping people with the issues you are dealing with. Is it short-term or longer-term therapy? What is their approach (for example, Cognitive Behavioural Therapy (CBT), Acceptance and Commitment Therapy (ACT), Eye Movement Desensitization and Reprocessing Therapy (EMDR for Trauma and PTSD), etc.).
- You have the option of working with a professional online, so your choice of therapist is not limited to where you live.
- Give it a try before committing to working with the person.
- There are also e-therapy services, which often use a CBT approach. This can be good for people who want to do the work on their own with some input from an e-therapist.

Finally, if you are someone who prefers to work on your own, you may be interested in checking out our Top Free Mental Health Apps list: amiquebec.org/free-mental-health-apps. □

– Blanche Moskovici, AMI counsellor

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)

RACISM, DIVERSITY AND MENTAL HEALTH

The 2021 Low-Beer Memorial Event

Myrna Lashley, Renate Betts and Shyam Pillai shared professional and lived experiences on racism, diversity and mental health in an event that was moderated by Sean Henry, host of CBC's Daybreak, and attracted more than 150 participants.



Myrna Lashley

Myrna Lashley, Assistant Professor of Psychiatry at McGill University and an internationally recognized clinical, teaching and research authority in cultural psychology, described the inter-generational stress of racism. Racial stress, she said, is internalized and becomes trauma that continues from one generation to the next. Whiteness, stated Lashley, can be seen as an ideology to which we have all been subjected; she talked about the dehumanization of Indigenous people who were removed from their land and whose children were forced into residential schools.

The key question to ask about the present generation, said Lashley, is not "What's wrong with them?" but "What's been done to them?" To bring about change, there must be first a recognition that racism in Canada does exist. Only then it will be possible to work together to solve the racial issues and their impact on mental health in our society.

Renate Betts, Executive Director of the Westhaven Elmhurst Community Recreation Association, caters to children's social, physical and self-empowerment needs. Herself a child of mixed race, she shared a rich insight into the mental health challenges faced by racialized persons. For example, immigrant parents often worry

about their children's misbehaviour, fearing serious repercussions and possible deportation. These fears feed their anxiety about not being accepted by the dominant society. New to Montreal, many parents need interpreters, like at school meetings, and at the grocery store. They often rely on their children who learn French or English early on. Feeling comfortable and shaking the fears they experience in a new society they don't always understand or relate to may take a generation.

Betts shared her experience when she was a small girl, walking holding hands with her white parent, and how she experienced unwelcome stares and scowls because the



Shyam Pillai

difference in their skin colour. She suggested that change can only start when attitudes towards people of diverse backgrounds change.

Shyam Pillai, psychotherapist and creative arts therapist, said that racism is not only police brutality or news worthy shootings, it is also the exclusion of people and how they are being seen because of ethnic or gender diversity. Records in the ER departments of Montreal hospitals, said Pillai, show that people of colour and gender diversity have higher incidences of suicide. He spoke about trauma resulting from experiences such as war or difficult parent/child relationships and their impact on the modern day population. The higher transmission of mental health challenges in the children of Holocaust survivors, for example, suggests intergenerational transmission of trauma. In his view, there is insufficient

focus on trauma in professional training and practice. People with trauma issues don't want to go into the psychiatric system and be labeled, so they avoid seeking help.

A common theme amongst the three panellists was the importance of pairing people with mental health issues with professionals of similar background. Common backgrounds allow the practitioner to relate to their patient in a more meaningful way. Mental health professionals, trained in the Euro-ethnic model, need to be exposed to people of diverse cultural, racial, and sexual backgrounds, whether Black, mixed, Indigenous, immigrant or with a diverse sexual orientation, in order to see beyond the obvious external signs. This mindset will help the practitioner to address the underlying problems of the person in front of them. All three panellists agreed that change in the psychiatric system is needed.

As Renate Betts said in conclusion, "Emotion counts. Feelings count. We are going to have to readjust our entire society so that we can have these conversations in respectful ways and in ways in which we all feel heard. Where all of our feelings



Renate Betts

are being heard and all of our realities are acknowledged and valued and weighted in the same way."

Added Myrna Lashley, "We are at a turning point. We need to do something about it. We need to all look after each other's mental health." □

– Bronia Zaks

*Watch the recording:
facebook.com/AMIQuebec/
videos/302307368022408*

Beat the February Blues

Join AMI on a free, virtual walk through Ortigia, Sicily

Are you longing for sunshine and a visit to a place you've never been? Let AMI take you on a virtual guided walk through Ortigia, a tiny, magical island off the southern coast of Sicily. Tour guide Elisa Ottaviano will be with us to share her vast knowledge of the history and culture of this historic centre of ancient Syracuse, a UNESCO world heritage site.

What's the idea behind this adventure? We all know about the physical and mental health benefits of exercise, but it's not always easy to find the time and motivation to get up and move. Yes, we will be on Zoom, but we won't be sitting still: fitness instructor Maria Fragapane will get us up on our feet, keeping us moving during our hour-long virtual tour. You can participate in the physical part as much or as little as you choose from the comfort of your own home.

The event is free! Visit amiquebec.org/Italy to register to join us on Sunday, February 13 at 10:30 a.m. Everyone who participates will be eligible for door prizes too—a surprise souvenir of your short trip to Italy! ☐



Finding Help at AMI-Quebec's Caregiver Group

A personal account

As a member of the first Caregiver Group at AMI-Quebec, I had the following reflections:

We, eight people close to a person struggling with their mental illness, are affected in unique ways. We share our own struggles to accept and adapt to our loved ones' challenges. We try to remain a positive force in their lives, because we love them.

Whether a parent, a partner, or an adult child, we were brought up in different cultures, religions, socio-economic realities and family dynamics. But we share some of the same emotions surrounding our relationships with our loved ones. Fear, frustration, love/hate, attraction/repulsion, weave into our roles. Our situations are often not understood by those around us, and how to best relate to or interact with our family member is not always clear. The behaviour of our ill loved ones can be difficult to understand. Whether out of a sense of duty, responsibility and/or love, we stay connected even when

at times we need to keep a safe distance, physically and emotionally. Once burned, it is hard to trust our relationships, and we proceed cautiously, but with determination to keep our eye on the prize—harmony and understanding within our families.

By relating our personal experiences and thoughts, we learn how others react and cope. At the end of our final session, I saw myself coming to terms with my son's condition and its impact on my family.

I saw the members of the group come to similar conclusions. They became more in touch with their needs and the boundaries they needed to set to adjust comfortably to the behaviours and changes in their loved ones' lives. ☐

– Bronia Zaks

Do you have a loved one living with mental illness and think our caregiver group might help you? Visit amiquebec.org/caregivergroup for details.

IS DEPRESSION A NATURAL PART OF AGING?

Contrary to what some believe, depression is not a natural result of aging. Although there are many older adults who suffer from depression, it is not a part of getting older. Anyone at any age can experience depression. However, older adults can be at an increased risk of developing depression.

Chronic health conditions are a risk factor for developing depression, and chronic health conditions are more common in older adults. Unfortunately, mood changes in older adults with chronic health conditions are often attributed to their health condition and not treated as a separate mental health issue. As well, depression may present differently in older adults, who are more likely to have decreased motivation, lack of energy, and physical symptoms instead of experiencing sadness.

Significant life changes that accompany aging are other risk factors for developing depression in older adults. Retirement, the death of loved ones, and shifting roles in the community can lead to feelings of loneliness and isolation, a reduced sense of purpose, and depression.

Depression can develop at any age. If you feel that you have symptoms of depression, speak to your health care provider. If you notice symptoms of depression in a loved one, express your concern and encourage them to seek help. ☐

Help for depression: amiquebec.org/depression

Help for seniors: amiquebec.org/seniors

– Gabrielle Lesage

Visit amiquebec.org/sources for references

MORE THAN A PET

Dogs improve your mental health just by being their sweet selves. Some dogs receive training beyond their natural instincts to support you. What is the difference between a service dog and an emotional support animal?

A service dog, also known as a guide dog, is trained to complete tasks that their owners cannot, usually because of a disability. They help individuals who are visually impaired, have a physical or cognitive disability, those who are deaf, and those with pervasive developmental disorders (including autism spectrum disorders). Service dogs are professionally trained and certified. They can be trained to detect things like low blood sugar for people with diabetes, and they can even detect a seizure before it happens! Service dogs usually have a labeled vest or harness, and owners have a card or letter that recognizes their dog as a service dog. The Charter of Human Rights and Freedoms protects individuals with service dogs, granting them the right to access public places without discrimination.



On the other hand, Emotional Support Animals (ESA) provide comfort for people with psychological and emotional issues, such as anxiety and depression. While ESAs are trained, their training is not as rigorous, and other animals can be ESAs. Although there is no law that says a landlord must allow a renter to have an ESA in a pet-free building, the Régie du logement has ruled that an individual can keep a pet that brings its owner therapeutic benefits, according to Édouard. As with service dogs, there are laws that protect ESA's and their owners, though you need a letter indicating that your pet is an ESA. The letter must come from a certified professional. □

– Gabrielle Lesage

Visit amiquebec.org/sources for references

WINTER 2022

SUPPORT GROUPS

*Mondays 6:30pm on Google Meet
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 6, 20; January 10, 31;
February 7, 28; March 7, 28*

BPD for relatives and friends

December 6; January 10; February 7; March 7

NEW!

YOUNG FAMILY AND FRIENDS for relatives and friends aged 18-30

*December 13; January 17; February 14;
March 14*

ANXIETY/ OBSESSIVE COMPULSIVE DISORDER

December 6; January 10; February 7; March 7

BIPOLAR DISORDER

*December 13; January 17; February 14;
March 14*

Please note:
due to COVID-19, all our programs are taking place online, not in person.

DEPRESSION

*December 13; January 17; February 14;
March 14*

HOARDING

*December 6, 20; January 31; February 28;
March 28*

KALEIDOSCOPE for people living with mental illness

*December 20; January 31; February 28;
March 28*

SOUTH SHORE FAMILY & FRIENDS for relatives and friends

*Wednesdays 6:30pm
December 15; January 12; February 16;
March 16*

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 20

Coping Skills

February 3

Boundaries & Setting Limits

February 24

Intro to BPD

March 1

Creative Expression

March 10, 6-7:30pm

Acceptance & Letting Go

March 17

Validation Practice Group

March 22

De-escalating Conflict

March 31

Workshop Series

*Online on Google Meet
For family and friends*

Must attend all days

Caregiver Group

*– Monday group starts
January 17, runs for 6 weeks
on Mondays, 7-8:30 pm*

*– Wednesday group starts
January 19, runs for 6 weeks
on Wednesdays, 3-4:30 pm*

Meditation

*Runs for 10 weeks
Starts January 26,
11am-12pm*

Caregivers 55+

*February 7, 14, 21
11am-1pm*

*For people living with
mental illness only*

Agging Well with Mental Illness

*March 8, 15, 22
11am-1pm*

Hot Topics Q&A

*For everyone
No registration required
Online on Facebook Live
1-1:45pm*

Women's Mental Health

December 15

Seasonal Affective Disorder

January 26

Losing Relationships Through Mental Illness

February 23

Does My Loved One Have Mental Illness?

March 23

Special Event
Beat the February Blues: A virtual walk through Ortigia, Sicily
*February 13, 10:30am
See page 4 for details*

UNDERSTANDING SCHIZOPHRENIA AN OVERVIEW

This article is based on a past Hot Topics Facebook Live video event with Dr. David Benrimoh, Susan Doherty, and Tony Alfonso. Watch the recording: facebook.com/AMIQuebec/videos/2554881111239139/.

What is schizophrenia?

Schizophrenia is a disorder that causes changes in feelings, emotions, and thought patterns. Characteristic symptoms of schizophrenia are psychotic symptoms, such as delusions and hallucinations, and feeling disconnected from reality. There are three symptom categories: positive symptoms, such as hallucinations; negative symptoms, such as apathy and lack of motivation; and cognitive symptoms, such as lack of concentration and disorganized thoughts. Schizophrenia is a spectrum: each individual will be affected in different ways, some more severely than others, and recovery will look different for each person. It is normal that some people will recover faster and more easily, while others might have more difficulty.

Is schizophrenia hereditary?

If you have a family member with schizophrenia or any other type of psychotic disorder, then you may have a genetic predisposition to the disorder. However, there is not one “schizophrenia gene” and environmental factors also play an important role in the disorder’s development. These environmental factors include pregnancy and birth conditions and complications, early childhood experiences, and even the month you were born in. Many factors need to be considered when calculating an individual’s risk of developing schizophrenia.

How are schizophrenia and schizoaffective disorder different?

Schizophrenia is a psychotic disorder because it presents psychotic symptoms, such as delusions and auditory and visual hallucinations. Schizoaffective disorder presents with both psychotic and mood disorder symptoms occurring simultaneously. For instance, if you have hallucinations and you experience depression at the same time, it may be schizoaffective disorder.

Is medication absolutely necessary for the treatment of schizophrenia?

This depends on the affected individual. Some people with mild symptoms can recover with appropriate medical intervention without medication. There are some people for whom medication does not work, and others do not want to take medication and explore other treatments, such as talk therapy. However, the majority of people with schizophrenia do take



medication. For some, medication can change their lives significantly. Whether the person with schizophrenia takes medication or not, it is important that they are followed by a doctor, and no one should start or stop a treatment plan without consulting a health care professional. Doing so can result in serious negative outcomes.

What if someone with schizophrenia refuses treatment?

Some people do not want treatment for their schizophrenia, and as long as they are safe and not a danger to themselves or others, they have the right to refuse treatment. However, it is possible for an untreated person with schizophrenia to receive court-ordered treatment if their symptoms are putting themselves or others in danger.

Is drug-induced schizophrenia the same as “regular” schizophrenia?

Some people will present with psychotic symptoms after taking drugs while others

will not. Likewise, not everyone who has psychotic symptoms after taking drugs will develop chronic schizophrenia. However, for people at risk of developing schizophrenia, a drug-induced psychosis can indicate a person is developing schizophrenia. For example, a Scandinavian study found that 44% of subjects who experienced a first psychotic episode after smoking cannabis went on to develop schizophrenia. This means that drug use can be a stressor that triggers the disorder.

While there is currently no way to identify those at risk of developing psychosis or schizophrenia after drug use, we do know there is a link between the use of cannabis and psychosis. If a person is at risk of developing schizophrenia, the younger they are when they start using cannabis, the greater the risk of developing the disorder.

Does drug-induced schizophrenia happen only when the person is taking illicit drugs?

Drug-induced schizophrenia can occur with either legal or illegal drugs. As we’ve mentioned, cannabis use can result in psychosis. Stimulants, such as cocaine, amphetamines, and speed, can trigger an episode. Likewise, some prescription drugs, such as corticosteroids, can increase risk. Any drug can be a trigger if a person has a predisposition for developing schizophrenia.

What is “flat affect”?

A “flat affect” is when a person does not show the usual signs of emotion. For instance, they may feel happy on the inside, but they do not express how they feel on the outside by smiling or laughing. A flat affect can happen when someone is overmedicated or it can result from the disorder itself. Many antipsychotic medications act as sedatives. They are used to treat the positive symptoms of

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TRIBUTES & MEMORIALS

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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.

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- Henry Olders, *Vice President*
- Joyce Cohen, *Treasurer*
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schizophrenia, and if the dose is too high, they may cause a flat affect. However, there are other people who have a flat effect at the onset of schizophrenia which improves with medication. If a person presents with a flat affect at the onset of the disorder and this does not improve after medication, the flat affect is likely a symptom of their disorder, not the medication.

Does stopping and starting the use of a medication affect its efficacy? Will it adversely affect the development of the illness?

Stopping and starting medication without the supervision of a medical professional can reduce a medication's effectiveness and symptoms can worsen if medication is used inconsistently. Medications have to be at a certain level in the body for a certain amount of time in order to be truly effective. □

– Gabrielle Lesage

Find help for schizophrenia: amiquebec.org/schizophrenia.

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