SHARE & CARE

THE RECOVERY OF HOPE – THE HOPE OF RECOVERY

DEVELOPING SUPPORT FOR YOUNG CARERS

Meet Oliver Fitzpatrick

Young people's mental health and their contributions to communities are topics we hear a lot more about nowadays, but a term you hear less is 'young carer' — anyone under 25 who provides unpaid care to a loved one with a mental illness, disability, or age-related condition. Young carers are still largely unrecognized in Canada and no supports have been developed yet to address their challenges. I recently joined the AMI team to make sure that community organizations, professionals, and carers themselves can recognize this issue.

Not only is the issue of young carers connected to mental health (a stigmatized subject), but we're also in a place of talking about complex family dynamics and fairness. As a society we've made huge strides to normalize talking about our own mental health, but it still feels almost inappropriate to discuss how someone else's struggles can impact us.

I'm still slowly embracing that I'm a young carer myself. It wasn't until I interviewed for this position that I thought about it. Because my partner is an amputee, I run most of our errands or walk with her when sidewalks are icy. I also go to appointments because her prosthetist's first language is French. Going through my own journey of validating how I am a carer has told me a lot about the work I have ahead of me.



Like me, most carers think of the emotional and physical labour we provide as just part of everyday life. Especially as young people, it's strange to refer to ourselves as carers. When I hear the word I think of nurses or palliative care. I'm more likely to admit I 'help out' in ways I guess most other people don't. But providing emotional support to a friend who hasn't got anyone else, or translating for your mom at the bank, or managing someone's medical care are all things that many young people do daily as carers.

Everyone has been or will be a carer to someone, sometime. So we need to talk about carer burnout and resilience building, especially for young carers who might lack the financial, social and mental resiliency that may help older carers cope.

My main mission right now is to build awareness. I get to have these conversations with other young carers about why we don't self-identify, and what services might help us. My first few months have been full of the kinds of connections, collaborations and discussions that I think can make real change in healthcare, and I'm eager to do more to start looking to build services and supports that can help.

AMI-Quebec hosts a monthly Young Family and Friends support group that is free, with no registration required. Visit amiquebec.org/support. If you or someone you know is a young carer, also feel free to reach out to me directly at youngcarers@amiquebec.org. ❐

– Oliver Fitzpatrick

Learn more about young carers: amiquebec.org/youngcarers

Starting on March 16th, Y4Y and AMI-Quebec are launching a campaign to share stories from young carers. Find more information and take part at amiquebec.org/youngcarersstories

How to Start a Conversation About Mental Health

Are you worried about someone you care about? Approaching someone to talk about their mental health can be challenging. We've put together some tips on how to start a conversation about mental health.



1. **Ask open-ended questions.** Open-ended questions can facilitate a discussion because they require more than a "yes or no" answer. Make sure that you ask supportive and non-judgemental questions to avoid taking the conversation in a negative direction. If the person avoids answering an open-ended question, you might ask them to answer

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Conversation... *continued from page 1*

your question using a sliding scale, like how are they feeling on a scale of 1-5. This can make them feel more comfortable.

2. **Reassure them that you will care for them no matter what.** It can be scary to open up to someone, especially when you are discussing a sensitive topic. Show the person that you support them unconditionally. If you tell the person from the start that you are there to support them and that you will stick by them no matter what they say, they may feel more comfortable opening up.

3. **Treat them with respect.** Every person deserves to be treated with respect. If the person you reach out to does not feel respected, they will not open up. Let go of your preconceived notions and judgemental thoughts and focus on how the person might be feeling or what they might be thinking.

4. **Communicate in a straightforward manner.** Even though mental health can be a big topic to tackle, be straightforward. Being unclear about the subject you want to discuss can make the other person anxious. It can be difficult to talk about mental health, but don't be afraid to get right to the point.

5. **Talk somewhere the person feels safe.** A person's environment can affect how they feel. If they feel uncomfortable they may feel tense and unwilling to open up. Whether they feel good out in nature or in their living room, make sure you are somewhere the person feels safe and calm.

6. **Tell them that many people with mental health issues live fulfilling lives.** People often fall prey to the stigma that having mental health issues means that you can't live a fulfilling life. This is false! Maintain a hopeful stance toward recovery by emphasizing that recovery is possible, even if it might not always feel like it.

7. **Sometimes talking side-by-side is easier.** This might seem strange, but it's true! Sometimes talking face-to-face can feel challenging and intimidating, especially when discussing a difficult subject. If you think this might be the case for the person you want to talk to, try talking to them while you are both in the car or engaged in an activity like cooking or walking.

8. **Don't necessarily give advice right away.** As much as you may want to help, giving advice may make things worse. The other person might feel like they are a problem you are trying to fix. Instead, focus on listening to what they say without interrupting them with advice or suggestions. Don't interrupt them to say, "you should do this" or "you shouldn't do that". Being supportive can be as simple as staying silent and engaging in active listening. ❐

– Gabrielle Lesage

Suggested reading: "I Am Not Sick! I Don't Need Help!" by Dr. Xavier Amador

Our next Hot Topics online event "Does My Loved One Have a Mental Illness?" will be on March 23 at 1pm. Join us! amiquebec.org/hot-topics

Visit amiquebec.org/sources for references

Suicide in Men

THE SILENT KILLER

Did you know that suicide is the leading cause of death in men between the ages of 40 and 60 in Canada? Why are suicide rates among men so high?

Although there have been moves to bring awareness to this issue and to open the discussion, the numbers of suicides in men are still worrisome. One possible explanation is that from a very young age many males are taught that expressing emotion, being vulnerable, or asking for help is not socially acceptable. As a result, when they become adults, men who have absorbed this perception may feel uncomfortable reaching out for help, because doing so is "weak" or "unmasculine." Vulnerability is seen as negative, and this way of thinking can be deadly.

While statistics show that women are more likely to attempt suicide, more men actually die from their suicide attempts. This is because men are more likely to use more lethal methods than women, and women are more likely to reach out for help. Other risk factors for males are addiction and substance abuse, educational drop out, unemployment, and loneliness, all of which disproportionately affect men and boys.

In 2018, Ipsos MORI surveyed 1,000 Canadian men between the ages of 18 and 75. According to their survey, 28% said they were afraid of losing their job if they talked about their mental health struggles at work, and 42% were worried that their colleagues would criticize or judge them if they mentioned their mental health. This means that those men were less likely to reach out for help. This fear of judgement or negative repercussion leads a lot of men to suffer in silence.

The Centre for Suicide Prevention, a Canadian education centre based in Calgary and a branch of the Canadian Mental Health Association, provides an excellent list of suicide warning signs in men:

* Loss of interest in activities that they used to enjoy
* Becoming more isolated from friends and family
* Increased irritability and anger
* Changes in sleeping and eating habits
* Increased alcohol or drug use
* Increased risk-taking
* Denying feeling emotions or not experiencing them at all
* Hopelessness and comments about being a burden
* Talking about suicide or about wanting to die

If you notice that someone in your life is displaying any of these warning signs, don't be afraid to start a conversation. You might want to say something like, "I've noticed some changes in your behaviour, and I wanted to check in to see if you are doing okay. If you need someone to talk to, I am here." They might not want to open up right away, but don't be afraid to let them

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IT'S ABOUT RESPECT

Gender pronouns at AMI

What are "gender pronouns"?

Pronouns are words we use in place of a name. When talking about someone else, we naturally start using he/him, she/her, or they/them. When we talk about "gender pronouns," we're discussing how to use pronouns in a way that reflects how someone wants to be addressed. The conversation of "gender pronouns" might feel new, but we all use pronouns every day.

Why is this important?

Using the correct pronouns for someone respects their gender identity. When someone is called by an incorrect pronoun, they can feel disrespected, invalidated, ignored, or dismissed. We don't necessarily know another person's pronouns just by looking at them — this is why it's always a good idea to ask.

What pronouns do I use?

Instead of using a name or pointing at someone, we use words like she or he or they. Gender identity, appearance and personal preference can all factor in. You have a say in how people refer to you.

For your pronouns: use what feels right to you. If you're comfortable with the way people normally refer to you, then those are the correct pronouns for you. If you're unsure, consider how you would feel being called either "he" or "she" or "they." Whatever fits is it!

For someone else: use the pronouns that they've told you, or feel free to ask if you aren't sure.

How does it work at an AMI event?

You might hear your group leader share their pronouns when they introduce themselves. This is an invitation for you to do the same. It's as easy as adding "and I use ___ pronouns" when you say your name. **There is no obligation to share your pronouns.** Just like sharing your name, sharing your pronouns helps everyone know how to address you, and helps the group feel more comfortable together.

What if I refer to someone by the wrong pronoun?

Mistakes happen! Apologize briefly and move on. If someone corrects you, thank them, and proceed using the correct pronoun. No need to let this mistake become the focus of what you're saying.

Why is this important for AMI-Quebec?

Our programs are intended to be safe places for sharing. A core part of our work is listening. By respecting how people identify, everyone who attends a workshop or support group knows that they're being heard. ❐

Want to learn more?
Visit medicalnewstoday.com/articles/gender-pronouns for information about pronouns, gender identity, and more.

We visited beautiful Ortigia

a fun way to connect mental and physical health



On a very cold day in February, over 200 people joined us online for our very first virtual tour event, a mini-vacation in sunny Ortigia, Sicily. Participants were treated to a walking tour with tour guide Elisa Ottaviano while fitness instructor Maria Fragapane led them in movements. The tie-in between mental and physical health was provided by AMI's Diana Verrall, who shared her story of making her way out of severe depression to becoming a marathon runner.

The feedback was overwhelmingly positive with 99% of attendees saying they would come to this kind of event again. Many participants talked about feeling energized after the event and how much they enjoyed their mini-vacation.

The link between mental health and physical health is a strong one, and we hope that this event encourages you to get up and move more often! ❐

Special thanks to:

Pâtisserie Amaretti and Berchicci
who donated our fantastic prizes

Prowalk Tours on YouTube for the video of Ortigia

Cummings Centre, Sabrina Marandola (CBC), and Andrew Carter (CJAD) for helping us spread the word

COURT ORDERS FOR PSYCHIATRIC EVALUATION

What can you do when your ill loved one needs psychiatric help but refuses? At AMI, we can help you explore options. A last resort is a court order for psychiatric evaluation.

A court order is a legal procedure that may be required when someone poses a risk to themselves and/or to others, but refuses help. Upon request by an interested party (family or other), the court can grant a time-limited order for a psychiatric assessment.

There are 3 types of court orders that may be of interest to family caregivers struggling to help a loved one suffering from mental illness:

1. Court order for psychiatric evaluation (requested by the family or another interested party).
2. Court order to keep the person in the hospital (requested by the hospital, limited for up to 21 days, and can be renewed).
3. Court order to force treatment (requested by the treatment team; judge decides the length of time a patient must submit to forced treatment).

The following refers to the first type of court order for a psychiatric evaluation. Information about the other two can be found here: educaloi.qc.ca/en/capsules/forced-hospitalization-three-types/.

Involuntary Admission (court order)

This section is taken from our website: amiquebec.org/healthcare

It is always better to encourage the ill person to go to the hospital voluntarily. However, a person may not understand he needs help and it is not always possible to convince him. If he is already being followed by a psychiatrist or other mental health professionals, you may ask for assistance in trying to convince him to enter the hospital voluntarily. If he still refuses, those close to the person and aware of the situation (family, friend, practitioner) can consider whether to ask the court an order for an involuntary psychiatric assessment.

Involuntary admissions are guided by the Mental Patients Protection Act (Loi P-38.001). This Quebec law restricts involuntary confinement in an institution to cases where a person presents a danger to themselves and/or to others.

In case of immediate danger, call 911 and state there is a psychiatric emergency. Upon arrival, the police will assess the situation. If they judge that the person requires an urgent psychiatric assessment in the hospital, they will call Urgences Santé for transportation to the hospital.

If the police decide that there is no immediate crisis requiring hospitalization, but you still think your relative poses a danger to himself and/or others, you can fill out a court order request for involuntary psychiatric assessment. The request must be completed by an applicant and a witness who can testify to the person's acute, dangerous situation. Note that such a court order is not designed to treat anyone against their will but rather to have them assessed in the hospital.

Court order forms can be obtained at your local CLSC or family association, where assistance in filling it out may also be provided. Court orders can be requested at the Palais de Justice every day during office hours. A same-day appointment can be made if you call in the morning.

After the court decision

If a court order has been granted, the requesting party must bring the signed form as soon as possible to the police station nearest the ill person's residence. The police will call an ambulance to escort the individual to the designated hospital. If the individual has fled or cannot be found, the police will open a file. The court order will remain valid until the individual is located.

Once in hospital, the person must be examined by two psychiatrists within a period of 24 hours. Upon evaluation, the psychiatrists will decide whether the person meets the criterion of grave and immediate danger and will either release or retain him for further observation. If they decide to keep him, a second court order requesting to keep the person in the hospital must be completed within 96 hours. If granted by the court, the confinement is limited to up to 21 days. That court order may be lifted at any time during this period if the individual no longer presents a danger. While this court order gives the hospital the right to retain the patient, it does not give the right to administer treatment without the person's consent.

Pros:

A court order is a last resort option when someone presents a danger to themselves (e.g., suicide attempt or ideation) or a danger to others (e.g., homicidal). It is used with discretion to ensure the safety

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Dogpound, a gym in LA, recently held a fundraiser for AMI in memory of Ali Cohen. They sent us $900 towards our programs that help families cope with mental illness in a loved one. We are so impressed by your generosity! Thanks to the whole Dogpound team!

Court Order ... *continued from page 4*

and well-being of your loved one in the present moment, by providing care and preventing escalation.

If your loved one is experiencing a mental health crisis for the first time, getting them stabilized as soon as possible is best for their well-being and recovery.

Cons:

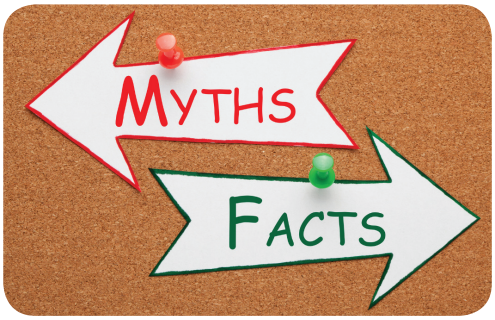
If you bring your loved one into hospital with a court order, your loved one may feel betrayed, despite your best intentions. If the person can present themselves well, they may be able to talk their way into being discharged soon after they are brought to the hospital. The family then will need to deal with the potential backlash of anger from their loved one.

Note: Families often view a court order as a solution for difficult situations. This is seldom the case! While a court order is necessary at times, it is preferable to address any challenges amicably, without the need to resort to the court. Once a court order is 'exhausted' (the person is released), it is often back to square one, where the family needs to deal with the same problems, plus the possible resentment of their loved one. ❐

– Blanche Moskovici, AMI counsellor

Myths and Facts

about a court order for psychiatric evaluation



Myth
You can request a court order to bring your loved one into hospital at any time.

Fact
To be considered by the judge, an incident must have happened recently and indicate a danger to self or others.

Myth
You can request a court order based on what you fear may happen to your loved one.

Fact
You can request a court order based on what is happening or has happened in the last two weeks that meet court order criteria.

Myth
Only a family member can request a court order.

Fact
Anyone can ask for a court order, given that they are familiar with the person and the case for which a court order is requested.

Myth
You can force your loved one to take medication by bringing them into hospital with a court order.

Fact
Your loved one has the right to refuse medications, even when hospitalized. Only the treatment team in the hospital can request a forced treatment court order, which is different from a court order for psychiatric evaluation. This happens when the situation is deemed necessary and is infrequently requested without a history of treatment refusal with dire consequences.

Myth
Bringing a loved one to hospital with a court order will result in the system taking full responsibility for their care.

Fact
The hospital's psychiatric care addresses mainly acute situations (crises). Follow up care can be prescribed by the hospital, often in collaboration with the respective CLSC. It is important that the family is aware of the discharge plan and the role they are expected to fulfill once the person is discharged. Under some circumstances, the family may not be able to accept the person back home; this should be communicated to the treatment team so an alternative solution can be found.

Myth
We can help you to request a court order for a loved one living in another province outside of Quebec.

Fact
Our jurisdiction covers the Montreal region only.

Myth
If you are the only person who witnesses the dangerous behaviour of your loved one, you cannot request a court order.

Fact
For a court order you require someone to sign off as a witness. If you alone are subject to your loved one's dangerous behaviour you can still request a court order, but you will need to meet with the Public Curator, who must sign the court order forms as a witness before you go in front of the judge.

Myth
AMI-Quebec can act on your behalf and request a court order.

Fact
We do not represent you in court. However, we can assist you with requesting a court order if the person resides in Montreal. If you live out of province or out of the country, you will need to come to Montreal and present yourself in front of a judge with the completed court order form. The judge decides if your situation meets criteria for a court order, that of harm to self or others. ❐

– Blanche Moskovici, AMI counsellor

Smiling Depression

An In-Depth Look

What is smiling depression?

While smiling depression is not a diagnostic term, it describes an individual who suffers from depression on the inside but does not display the typical symptoms associated with depression on the outside. It is also known as high-functioning depression.

People with smiling depression present as well-adjusted, high-functioning individuals. They may have a full-time job, participate in many activities outside the home, and have an active social life. But their cheerful appearance may be a defense mechanism masking what they are feeling inside. Behind that active persona can be an individual silently suffering from depressive symptoms.

How is it different from "regular" depression?

Smiling depression is different because the person may not present with external symptoms of depression. It is more difficult to diagnose than classic depression because a lot of people who have smiling depression might not be aware that they are depressed.

People with smiling depression often have more energy than those with classic depression, and this can raise the threat level for suicide.

What are the signs of smiling depression?

Psychology Today explains that a hallmark symptom of smiling depression is a deep feeling of sadness. This feeling of sadness can also present as a feeling that "something is not quite right," --there is something wrong, but the person can't quite identify what it is. Other common symptoms include anxiety, fatigue, anger and irritability, and feelings of hopelessness and despair. They may also have difficulty sleeping, loss of interest in favourite activities,

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TRIBUTES & MEMORIALS

In honour of Kevin Segal
Harvey Weinberg

In honour of Issie and Debbie Hefter
Sandra Meerovitch

In honour of Leslie Simmerman
Richard Lipman

In honour of Cathy Abourbih
Bruce Freedman

In honour of Adam Paul
Jeff Paul

In honour of Anna Ralph and Alex Nowogrodzka
Josie Lupovich
Bonnie Rosenberger
Angela Taylor

In honour of Louise Morgan
Natalie Lapierre

In honour of Doreen Killens
Judith Abrams

In honour of Michelle Sharp
Lindsay Everitt

In honour of Anne Newman
Carole Blank

In honour of Diana Verrall
Carol Taylor

In memory of Nonie Masot
Antonia Hernandez

In memory of Georgia Tsiopela
Joanne Mparoudos

In honour and memory of my dear mother
Marvin Shore

In memory of Esther Zelikovic
Sandra Zelikovic

In memory of Ali Cohen
Patricia Kukes
Andrea Wolff

In memory of Lucie Desrosiers
Raymond Doutre

In memory of Thomas Paul Colford
Marie Colford

In memory of Guus Boudens
Beppie Boudens-Alexander

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In memory of Dhansukhbhai Parmar
Amy Higgins

In memory of Serge Charron
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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.

Smiling ... *continued from page 6*

and loss of libido. They may have poor self-image and experience feelings of emptiness or emotional numbness. They may also be self-critical and set high expectations for themselves. While these symptoms are also found in "regular" depression, it is important to remember that a person with smiling depression experiences these symptoms, but their feelings are hidden behind a mask.

Who is at risk?

According to *Healthline*, people who have experienced major life changes or have heavy expectations thrust upon them are at a higher risk for smiling depression. Because family caregivers can experience major life changes and feel high levels of stress and pressure, they may be at risk for smiling depression. They may hide how they really feel while providing care or putting another person's needs before their own. Some caregivers might feel they cannot afford to be vulnerable and express their feelings because they have too much to do.

What are the best treatments?

Usually, the same treatments that are used for major depressive disorder are recommended for those suffering from smiling depression. Treatments include medication, psychotherapy, and certain lifestyle changes. If you think you may be struggling with smiling depression, it is important to reach out for help, and if you know someone who may be struggling, encourage them to seek help. ❐

Visit amiquebec.org/depression for help.

– Gabrielle Lesage

Visit amiquebec.org/sources for references

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)

SPRING 2022

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

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

March 28; April 4, 25; May 2, 30; June 6, 27

BPD for relatives and friends

April 4; May 2; June 6

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

April 11; May 16; June 20

ANXIETY/ OBSESSIVE COMPULSIVE DISORDER

April 4, 25; May 2, 30; June 6, 27

BIPOLAR DISORDER

April 11; May 16; June 20

DEPRESSION

April 11; May 16; June 20

HOARDING

March 28; April 25; May 30; June 27

KALEIDOSCOPE for people living with mental illness

March 28; April 25; May 30; June 27

SOUTH SHORE for relatives

Wednesdays 6:30pm
March 16; April 13; May 18; June 15

WORKSHOPS

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

Intro to BPD
April 19

Anger and Caregiving Relationships
April 21

Coping Skills
May 5

Hands On Practice for Challenging Situations
May 10

Relaxation Through Hypnosis
May 24 and/or June 1, 8-9pm

Boundaries & Setting Limits
May 26

Acceptance & Letting Go
June 9

Creative Expression
June 16, 6-7:30pm

De-escalating Conflict
June 22

Workshop Series

Online on Google Meet
For family and friends

Must attend all days

Meditation
Runs for 8-10 weeks
Starts April 13, 11am-12pm

Caregiver Group
Monday group starts April 25, runs for 6 weeks on Mondays, 7-8:30 pm

Wednesday group starts April 27, runs for 6 weeks on Wednesdays, 3-4:30 pm

For family, friends, and people living with BPD

BPD Emotion Regulation
June 5, 10am-12pm

Hot Topics Q&A

For everyone
Online on Facebook Live
1-1:45pm

Does My Loved One Have Mental Illness?
March 23

Community Organizations in Montreal
April 27

Managing Emotions
May 18

Psychedelic Drugs & Mental Health
June 15

ANNUAL GENERAL MEETING AND AWARDS PRESENTATION

June 7, 7pm
Online
Visit amiquebec.org/AGM for details

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.

Anne Newman, *President*
Henry Olders, *Vice President*
Joyce Cohen, *Treasurer*
Judy Gold, *Secretary*
Donna Sharpe, *Immediate Past President*
Ella Amir, *Executive Director*

SHARE&CARE
THE RECOVERY OF HOPE - THE HOPE OF RECOVERY

Share&Care is published quarterly.

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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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AMIQuebec
Member of Avant de craquer

Suicide ... *continued from page 2*

know that they have your support. If you believe that they are in imminent danger and that they have concrete plans to hurt or kill themselves, call 911.

There is nothing unmasculine or shameful about expressing emotions or asking for help. Having discussions about mental health and expressing your concern if you feel someone you know is at risk of attempting suicide are good steps toward destigmatizing and preventing suicide. ❐

– Gabrielle Lesage

Visit amiquebec.org/men and amiquebec.org/suicide for help.

Visit amiquebec.org/sources for 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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FOR US TO ACKNOWLEDGE YOUR GENEROSITY, SUPPLY DONEE'S NAME AND ADDRESS

Membership ($25 annual): $_____
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