

SHARE & CARE

THE RECOVERY OF HOPE - THE HOPE OF RECOVERY

FIVE WAYS TO SUPPORT SOMEONE WITH A MENTAL ILLNESS

It can be difficult to know how to support someone who is living with mental illness. Even if you very much want to support your loved one, it is common to feel lost, afraid, and frustrated as they progress through their diagnosis and treatment process. By exploring these five tips, you can play a vital role in supporting your loved one through their recovery process while strengthening your relationship with them.

1. Listen with empathy

People living with mental illness can feel isolated and frustrated when their friends, family, and caregivers do not understand their experiences and perspectives. You can help them feel accepted and understood through empathic communication; in fact, family support is correlated with better treatment outcomes. Make time to talk to your friend or family member living with mental illness. Give them space to express themselves freely, without judging or trying to solve their problems. Become curious about what it is like for your loved one to live with mental illness. Help them open up by asking them about their experiences and perspectives. Try to hear them, understand them, and validate their thoughts and feelings.

2. Learn about their illness

There are many misconceptions about mental illness, some that you may be aware of and others that are less recognizable. To be a true mental health ally, it is important to understand the facts about mental illness. What are the symptoms of your loved one's disorder? What are some common myths and misconceptions? What are the treatment options? Get information from trusted sources such as mental health organizations, family doctors, psychiatrists, therapists, and other medical

professionals. You can also read personal accounts of people living with mental illnesses in books or online. Perhaps most importantly, you can ask your loved one to teach you about their disorder or you can offer to educate yourselves together.

3. Get involved in their treatment

Mental illness affects the whole family, so family involvement in treatment is not only supportive but necessary. Look for treatment programs that include family participation. Not only will you be there

to help your loved one through treatment, but you can learn about specific tools to help the entire family throughout the recovery process. Treatments can include medication, individual therapy, physical therapies, and experiential therapies.

4. Adjust your expectations

It is natural to want your loved one to recover as quickly and fully as possible. However, as author and person living with

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TOGETHER AT LAST!

On a sunny day in May, the entire AMI team met for an outdoor picnic. We've had four new people join our team since January 2021, so this was the first time many of us met face to face!



Covid update: We look forward to being back with everyone in person but we are taking a cautious approach and waiting until it is totally safe. Our programs will continue being held online until further notice. We are exploring in-person programs for when the situation is stabilized. 100% virtual is 100% safe for our clients, volunteers, staff, and community. □

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bipolar disorder Victoria Maxwell writes, "The recovery process is not a straight line, nor is it one that happens quickly." Accept that recovery is a long-term project, and that each person will progress at their own pace. Try to be realistic about your expectations and help your loved one manage their expectations as well. Instead of thinking in terms of "success" and "failure," celebrate and nourish their abilities and interests in other areas. There will be days when everything goes smoothly, and other days that will be more challenging. Stay flexible and be ready to adapt to the ups and downs of recovery.

5. Support healthy lifestyle changes

Support your loved one in making healthy lifestyle choices. Eating and sleeping well and daily physical activity are important to recovery. Eliminating unhealthy habits like smoking and excessive drinking are also important. You can lead by example, participate in your loved one's new healthy lifestyle, or simply cheer them on as they make these changes. □

– 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)

GIVING BACK by helping families like hers

Meet Monique Caissie

AMI's newest family peer support worker

The first time I visited my mother at the hospital, I was eight years old. We weren't allowed to go into the ward those days. So there we were standing in a snowbank, all 5 children, waving frantically at our mother who was waving back from her room upstairs. My father didn't know how to explain it to us. He didn't know how to explain it to himself either or what to ask the doctors. He just kept hoping that Mom would return to "normal". We just knew she was sick. Nothing was explained to us. Everything was hush hush. I can tell you now that holding all my questions inside just hurt us kids. We're still sorting out the mess it created by not feeling safe to talk about it. In fact, 45 years after that hospitalization, my Dad found a group on the South Shore, just like AMI-Quebec, where he finally had someone to talk to.

That's what a Family Peer Support Worker does. They speak with you as someone who has walked in your shoes. Let's face it, the doctors and nurses have their hands full, even more so during a pandemic. Even when they want to help the family, they simply do not have the time or resources. With this in mind, back in 2015 AMI created a partnership with the Jewish General Hospital where a Family Peer Support Worker is introduced to families while their loved ones are in the hospital. The goal is to attend to the family and ease the burden by offering support and information.

I just started working in January and have already seen that doctors, nurses, and social workers recognize the value of offering help to families. It's easy to see how stigma breaks down important communication flow. In my case, family members blamed each other whenever my Mom got sick, or blamed the doctors for not prescribing the right meds. But it was nobody's fault. It just was a fact.

When someone is struggling with mental illness, their behaviours can drastically change. It's not unusual for someone to say that they don't even recognize their loved one anymore. They may be fearful or paranoid and won't even let you talk with their doctor. And if the doctors can't speak to families, how are families supposed to navigate the crisis?

That's AMI's mission: to help families and friends do their best as caregivers, while sustaining their own wellbeing. We support families in their coping struggles, work to improve relationships with their loved ones and with the healthcare team, and we offer resources and helpful information.

As Family Peer Support Worker, I have experienced the sadness, the anger, and the feelings of guilt and commitment. I know that it is possible to go beyond these feelings and to live a healthy life that includes self-care. When the hospital refers someone to me, the first thing I do is have a conversation to explore what's going on and figure out how I can help.

We are here to offer support and hope when things are confusing. This opportunity to feel seen and heard and to strategize with someone caring and empathic improves family outcomes. Let's hope all the local hospitals decide to partner up with us so that no family falls through the cracks! □

– Monique Caissie

Learn more about AMI's Family Peer Support program:
amiquebec.org/hospital-support



The relationship between

CHRONIC PAIN AND MENTAL HEALTH

Chronic pain can bring about many challenges. It can be a heavy burden to carry, and many people who have chronic pain also come to experience mental health challenges such as anxiety and depression. Does this mean that chronic pain and mental health are linked? Does the presence of one bring about the other? Are there ways to manage the symptoms of both chronic pain and mental illness?

It's important to distinguish the difference between acute pain and chronic pain. Acute pain is present from a few days up to two weeks. Chronic pain, on the other hand, is persistent and lasts for months, even years. Some people experience chronic pain in periods, while others can feel it continuously without a break. For some, it can be debilitating to the point that they have difficulty performing daily activities. It can also be a huge challenge for those with chronic pain to maintain a good sleep pattern because the pain can interrupt their sleep and its quality. The aches can keep individuals up at night, and the lack of sleep can further exacerbate the levels of pain felt and invariably impact mood.

The issues and challenges that come with chronic pain can take a toll on a person's state of mind. Chronic pain can bring about both physical and emotional stress, and this can alter stress hormones and neurochemicals in the brain and nervous system. These changes can affect a person's mood, which in turn can develop into anxiety and/or depression. A vicious cycle ensues, which makes pain and mental health management extremely important. There is a bidirectional relationship between psychiatric illnesses and chronic pain. This means that pain can cause depression and depression can increase pain. Chronic pain can even lead some at-risk individuals who over-medicate to alleviate the pain to develop substance abuse problems. This is why it is crucial that patients with chronic pain and mental health challenges have a follow-up with the appropriate physician with pain expertise.

According to Dr. Leon Tourian, Associate Professor in the Department of Psychiatry at McGill University and psychiatrist at the MUHC Alan Edwards Pain Management Unit, there is a lot of research that shows that psychiatric and

pain disorders overlap and interact with one another. As a guest on the podcast *PsychEd*, Dr. Tourian explained that there is a bidirectional relationship between pain and psychiatric illnesses. The more medical comorbidities that an individual has, the higher chances they have of developing risks that lead to issues like depression. He elaborates that the regions of the brain that control pain, mood (including anxiety, depression, and mood in general), and cognition are the same regions (they have the same breaker – like an electrical panel). The “limited resource theory” suggests that if you overload one of these circuits (either pain, mood, or cognition), the others will become more vulnerable. This can demonstrate how there is a relationship between pain and mental health.

The Canadian Mental Health Association explains that people who live with a more serious mental health issue have a higher risk of developing a chronic physical condition, and those with chronic conditions are twice as likely to experience depression and anxiety when compared to the general population. This shows that although not everyone will develop both at the same time, it is a strong possibility nonetheless.

Psychiatry can have an important role in the management of both pain and mental health. Psychiatrists can help support patients in these situations to enjoy a better quality of life. There are specific medications they can prescribe to manage both

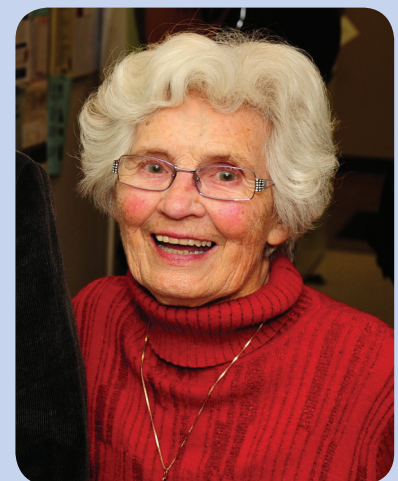
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Kay Simpson

Kay Simpson, an AMI-Quebec former Board member, an active mental health advocate, and a dear friend, died on April 29 at the age of 97.

Kay was a pillar of AMI, whose concerns about herself as a caregiver never trumped her interest in improving the lives of people affected by mental health challenges and illnesses. Kay was a tireless advocate on behalf of those who didn't have a voice, and was never fazed by challenges. Many of our long-time Board members had lovely things to say about Kay. In Elva Crawford's words: “Kay would bring forth creative ideas and then work tirelessly to implement them as a way to lend support and raise the level of care for all persons suffering from mental illness, but always uppermost it was ‘for my beautiful, beautiful daughter’”. Judy Ross shared, “Kay showed such resilience managing all the challenges in her life. Kay WAS resilience.” Norman Segalowitz said that “she was a very inspirational member of the Board; dedicated, wise, and experienced. And never shy to express her mind.”

AMI members and friends will remember Kay not only for her conviction and determination but also for her friendship and unfailing care for everyone around her. □



“BROKEN CRAYONS CAN STILL COLOUR”

CELEBRATING AMI’S YEAR AND OUR MANY FRIENDS AT OUR AGM AND AWARDS

For the third year in a row, we held our Annual General Meeting and Awards virtually. 55 people attended our 44th AGM and helped us recognize our award recipients. We hope you enjoy meeting them and celebrating their achievements on these pages.

Eva Gardos—The AMI-Quebec Award for Exemplary Service

This award was created in recognition of individuals who provide extraordinary care to persons with mental illnesses and to their families.

Eva Gardos, Assistant Head Nurse in the Mental Health and Addiction department of the Jewish General Hospital, has been working in in-patient psychiatry for over thirty years.

Anne Newman, AMI’s president, described Eva: “Beyond mastering your roles with skill and expertise, it was said that you have ‘touched and permeated’ your colleagues’ lives with your open mind, your generosity, and your respectful, non-judgemental and caring approach. I am certain that the patients and families that you have supported over the years have benefited greatly from your respectful and caring approach.”

In accepting the award, Eva said, “The last two years have been challenging but we are survivors and we are getting through it together. I am always aware of families’ needs when a loved one is in the hospital. Nursing is a team effort and I am grateful for the care and help of everyone on my team.”



Leon Tourian— Exemplary Psychiatrist Award

Yoram Shir has worked with Dr. Tourian for years and made a point of mentioning “his dedication to treating the whole person rather than the specific condition. Since most of his clientele suffer from chronic pain, in addition to their mental health issues, his efforts



on their behalf naturally include the family and caregivers as well as the patients. He frequently advocates for increased efforts on behalf of one of his patients who is not doing well. This is often prompted by his excellent communication with family members. Thankfully, Leon has always been adept at walking the tightrope of inclusion of family and caregivers in the patient’s treatment while respecting the patient’s confidentiality.”

A very pleased Dr. Tourian said, “I can’t express my gratitude for the recognition. AMI has been in my heart since I first started as a resident. It is so vital for patients to have a resource that is outside the hospital and in the community. I’m so grateful you exist, I am so grateful for the beautiful work you do. I want to thank my patients and their families for putting me in a place to care for them.”

Julia Bene—Extra Mile Award

Julia is a peer support worker currently working at the Jewish General Hospital in the Psychiatric Departments. She has the important role of educating and bringing awareness to healthcare professionals and patients about the very essence of one’s experience with mental illness.

AMI’s Natalie Boileau, Family Peer Support Worker, told us that, “Although our public healthcare system can be intimidating and



challenging to break into (and I speak from experience), Julia continues to persevere, advocate, and push for patients’ rights, considers families’ needs and concerns while caring for herself. Julia, you are kind, you are warm, you are strong, and you are what it means to go the extra mile. You are a beautiful example to be followed, and it is an honour to present you with this award today.”

An emotional Julia Bene said, “I’d like to thank AMI

for your kindness and for believing in me. Through compassion and kindness we all have a way to find our path for recovery. Each relapse is an opportunity to grow and evolve and learn.”



UP House—Ella Amir Award for Innovations in Mental Health

This award recognizes individuals or organizations for their innovations in building awareness of mental health issues in the community through research, service, advocacy, combating stigma, or calling the public's attention to the needs of family caregivers.

Norman Segalowitz: "UP House's mission is to foster a peer-support, self-help community that eliminates social isolation by rebuilding confidence, purpose and community for adults living with a serious mental illness. UP House operates in a very innovative way. Its participants are members, not patients or clients. They work side-by-side with staff and co-manage all operations of the Clubhouse. UP House recognizes that anyone, no matter how ill, can and should have a life that is filled with meaning and purpose. UP House provides

a space where the focus is on abilities rather than disabilities, where people can experience hope, develop self-confidence, and make choices made without coercion. We especially commend UP House for its commitment and continued efforts during difficult times like the COVID-19 pandemic."

"UP House has helped me to no longer define myself by my mental illness. Over the years we have continued to be grateful for AMI's support. You are truly a lifeline and inspiration to Montreal's mental health community. You--like us--exemplify the adage that broken crayons can still colour."—Grant, a member of UP House for many years.

Ruth McLellan, director: "We are very grateful for being selected for this prestigious award. We were very moved by your eloquent description of UP House in your letter. What we want to do is try to empower some of the most vulnerable people in our community. What motivates and energizes me every day is being able to work side by side with the members."



Gabriel Julien—Extra Mile Award

Donna Sharpe, AMI's Immediate Past President: "After dealing with mental health issues in 2011, Gabriel Julien came up with the idea of providing haircuts to people struggling with their mental

health. He created a non-profit organization, *Coups de Pinceaux, Coups de Ciseaux* which offers free haircuts at the salon Cam & Roro. This provides clients with the self confidence to venture out, be it for a job interview, going back to school, returning to work, or just getting on with day-to-day life. To fund these haircuts Gabriel collaborates with local artists and the profits raised fund the services offered. This simple act of kindness through Gabriel's initiatives helps to raise awareness of mental health and brings people together."

We filmed a brief interview with Gabriel, take a look: <https://www.youtube.com/watch?v=yi3LwPDXerY>

MEET OUR BOARD
at amiquebec.org/board

Go online for our Annual Report

Visit amiquebec.org/annual-report

Emotions are like a rollercoaster; sometimes they bring us up and sometimes they bring us down. When we experience positive emotions it makes us feel good, and when we experience negative emotions it makes us feel bad. Often when we experience negative emotions, such as sadness, fear, or anger, our instinct is to try to push them away. But what are the consequences of pushing away unpleasant feelings?

The Benefits of Feeling Bad

In his article “Sit with Negative Emotions, Don’t Push Them Away” in *The Atlantic*, Arthur C. Brooks explains the purpose of negative emotions. First, they help keep us safe. He explains that they are there as a response to environmental stimuli and can be helpful in a “fight or flight” situation. Second, there is evidence that negative emotions have cognitive benefits. They help us decipher social situations and help us better assess reality. We might feel a negative emotion when something happens, but we learn from our mistakes and change our outlook or actions. Finally, experiencing negative emotions aids in building resiliency and strength when faced with a stressful situation.

The Harm of Ignoring Negative Emotions

If negative emotions are beneficial, why do we try to suppress them? The most obvi-

ous answer is that we don’t like uncomfortable or unpleasant emotions, so we push them away to make ourselves feel better. Another explanation is social conditioning: we have been taught that feeling bad is bad and feeling good is good. But,

thinking about it even more. The same can be applied to negative emotions: the more you push them away and try not to think about them, the more they will preoccupy your thoughts and cause more stress and anxiety.

PUSHING AWAY NEGATIVE EMOTIONS

Why It Can Harm You In The Long Run

as Lucy E. Cousins from *HCF* illustrates, suppressing negative emotions can actually lead to harmful physical symptoms, such as elevated blood pressure, and can lead to aggression, anxiety, and depression. Ironically, ignoring negative emotions can often make them worse.

Kristalyn Salters-Pedneault from the website *VeryWellMind* brings up an example from a 1987 study in her article “Suppressing Emotions and Borderline Personality Disorder.” The study looked at two groups of people: one group was told not to think of a white bear and the other was given permission to think about anything they wanted. The group that was told not to think of the white bear actually experienced more thoughts about the white bear than the other group. This is called the “rebound effect of thought suppression,” which means that when you try not to think about something, you end up

understand why they are there, accept them, and come up with a plan to manage your emotions and care for yourself.

Acknowledging how you feel gives you a sense of control over your emotions. By trying to understand what you are feeling, you are getting to know yourself and how you can react to things better, which will in turn aid in the management of your emotions. Accepting your emotions gives them less power over you and gives you more control over your actions. Finally, practicing self-care and learning how to manage your emotions can help reduce anxiety and help you have a healthy relationship with your feelings. □

– Gabrielle Lesage

Visit amiquebec.org/sources for references

Chronic Pain ... continued from page 2

chronic pain and mental illness, but Dr. Tourian suggests that there are also other ways to manage the symptoms. Some additional therapies that can be complimented with medication include cognitive behavioural therapy and acceptance and commitment therapy. Meditation and mindfulness are also great tools, as they can give the individual a sense of regaining some sort of control over their body and mind, which is often lost in patients dealing with chronic pain. Dr. Tourian also suggests that cannabis can help alleviate some pain. Although there needs to be more research on the role of cannabinoids in the management of chronic pain and neuropathic pain, there is evidence that shows it does help. Harvard Health Publishing also suggests hypnosis as an alternative method of pain management. Additionally, the Mayo Clinic suggests pain rehabilitation programs that include both medical and psychiatric aspects.

When it comes to the treatment of chronic pain and mental health, balance is key. Whether you use one type of treatment over

another, or combine several, you must find what fits best for you and what alleviates symptoms for your well-being. Chronic pain is invisible but the suffering it causes patients and their families is very real. The more we talk about it, the less pain patients will be stigmatized and the better they will be understood and cared for. □

– Gabrielle Lesage

If you or a loved one experiences chronic pain and would like additional support, visit the MUHC Alan Edwards Pain Management Unit (mcgill.ca/paincentre) and l'Association Québécoise de la douleur chronique (aqdc.info). For resources on various mental illnesses, visit AMI-Québec's resource list (amiquebec.org/illnesses).

Visit amiquebec.org/sources for references

HOARDERS ON TV

Exploitative or helpful?

Reality TV shows like the American show *Hoarders* showcase someone living in a severe hoarding situation. Hoarding “experts” are brought in and the house is cleaned out. Is this exploiting someone who needs help for a serious mental health issue, or does it actually provide support for and solutions to hoarding behaviours? We reached out to Gail Adams, who is an expert on hoarding. She runs our hoarding support group and our Hoard No More workshop. Here is her opinion.

I have mixed feelings about these kinds of shows. I do think that these shows are more likely to be exploitative than helpful. The US show *Hoarders* served a purpose initially, as it brought hoarding out into the open. Some of those with hoarding problems had no idea that there were others living with the same problem. However, we are past that now.

I think the TV show is more entertainment than informative or helpful. It needs to make sure it keeps its audience, so it will only show the most extreme cases it can find, and those are exactly the people who are likely to be the most vulnerable. For me it comes down to this: What's the best option for the person with the hoarding problem? Does that person really know what they're getting into with the TV show?

Most of the people I have met who have hoarding disorder feel intense shame and go to great lengths to make sure nobody sees their home. I think that most people who appear on the hoarding shows are unlikely to volunteer themselves, and are more likely to do so due to pressure from family, or a crisis situation with a landlord or the city.

Appearing on a hoarding show would be brutal emotionally, and it certainly isn't a treatment for hoarding. It's an intervention, on camera, and I don't know what level of support those on the show actually have. I'm most concerned about what happens to those people after the show ends. When a person with a hoarding problem goes through a rapid cleaning, they typically begin the hoarding behaviours again soon afterwards, and any level of trauma would make things worse. In my opinion, the only way for a severe hoarder to recover is to have a slower longer-term treatment, and even then it is to be expected that minor relapses will recur. I wonder to what extent those on the show will have access to ongoing therapy after the show ends. (I have in the past spoken to a psychologist who appeared on the US TV show *Hoarders*, but I have never met

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SUMMER 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

June 6, 27; July 11; August 8

BPD for relatives and friends

June 6; July 11; August 8

NEW!

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

June 20; July 25; August 22

ANXIETY/ OBSESSIVE COMPULSIVE DISORDER

June 6, 27; July 25; August 22

BIPOLAR DISORDER

June 20; July 25; August 22

DEPRESSION

June 20; July 11; August 8

HOARDING

June 27; July 11; August 8

KALEIDOSCOPE for people living with mental illness

June 27; July 25; August 22

SOUTH SHORE for relatives

Wednesdays 6:30pm

June 15; July 13; August 17

**Our workshops
will return in the fall!**

TRIBUTES & MEMORIALS

**In honour of David Verrall
Carol and George Taylor**

**In honour of Carmen Temores
Eduardo Temores Gomez**

**In memory of Jaden Green
Eva Gardos**

**In memory of Bill Klein
Anne Newman
Joanne Smith**

**In memory of John Simpson and
children Douglas, Barbara and Colin
Kathleen Simpson**

**In memory of Kay Simpson
Kenneth Greenhalgh
Sylvia Klein
Anne Newman
Joanne Smith
Janice Sutherland**

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.

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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*
Judy Gold, *Vice President*
Henry Olders, *Treasurer*
Perla Muyal, *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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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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anyone with a hoarding problem who was on the show.)

Having said that, those with hoarding problems often eventually find themselves in crisis situations with no way out. Sometimes they are forced to clear out their homes in a short amount of time, but are unable to do it on their own. With a landlord, they risk getting evicted, and with the city, they face fines, being locked out of their homes, and ultimately having their homes forcibly cleaned out by city workers or a cleanup company like 1-800-GOT-JUNK. It's also true that hiring a cleanup company privately, or getting specialized therapy for hoarding, is very expensive. Here in the Montreal area there is not much help available through the system, or even privately. In Canada, we don't have the same level of expertise as in the US, so it can be a real challenge to find therapists who have the level of experience that would be required.

Perhaps appearing on such a TV show would be an option for someone, but I would proceed very cautiously, and make sure that the person knows what they're getting into. I myself would not trust what the producer of the show has to say. If I knew someone who was considering going on the show, I would suggest they watch a few episodes of *Hoarders*, then ask them if they are willing to go through that, and also find out how much time they would get to spend with a specialized therapist throughout the filming and after the show ends. □

– Gail Adams

Find help for hoarding: amiquebec.org/hoarding.

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.

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