

# SHARE & CARE

THE RECOVERY OF HOPE ~ THE HOPE OF RECOVERY

## JOANNE SMITH: STILL GIVING BACK

It started with a cyst, or so it seemed. The young woman found herself in a dilemma; she had surgery and a hospital stay on the horizon and all she could think was—*who will take care of my mother?*

This was Joanne Smith in the autumn whirl of 1990; filled with concern not about her cyst, but about a parent living with mental illness waiting at home.

Joanne had known about AMI-Quebec for a while, yet she was reticent about whom and what she would encounter there. She walked in the doors to her first informational session where Sylvia Klein, a co-founder of the organization, greeted her with warmth. She found an empty chair amongst strangers, then a man stood up and spoke about his mother. Her spine chilled. "I thought to myself, *mother*. Oh my god," says Smith. "I've been involved ever since."

In those early days, when AMI was locat-

ed at Decarie and Isabella in Montreal's Cote-des-Neiges-Notre-Dame-de-Grace borough, Joanne volunteered by serving coffee to fellow participants. Her philosophy was *anything to help out*. That year, Ella Amir was hired as AMI's first Executive Director; the two women have been with the company ever since. Quietly, Smith began addressing envelopes for events, running Support Groups, and joined AMI's Board of Directors. "Her dedication. There is nothing she's not willing to do. She's exemplary," says Ella Amir.

Joanne admires how the non-profit has adapted since 1990. "One of the things that stands out to me most is *SOS-Famille* (family counseling). That's still the most amazing thing. And the people leading it," says Smith. These days, AMI's program includes workshops, yoga, mindfulness, a library of books and DVDs, a website, social media, and a YouTube channel. "The program has expanded so much," she says. "We're probably the number one organization in Montreal for supporting carers of those with mental illness."

Despite all this change, AMI never had a true home; the staff was boxing up and moving from office space to office space every few years. Finally in 2016 AMI purchased a former beauty salon at 5800 Decarie and made it its own. "This new building, what can I say. Everything is just fantastic," says Smith. "The location can't be better. The building itself is so friendly and user friendly."

Yet it's the people, not the location, that keep her com-

*This past February, a Healing Addiction Summit brought together more than 25 of the world's leading experts, practitioners, and visionaries, who talked about the different types of addiction, the many consequences for the afflicted person, family, friends, and colleagues, and ways to address it and embark on a path of recovery. The following are summaries of two of the Summit presentations.*

*Written transcripts of the interviews are now available at the AMI library and can be borrowed by members.*

### Taking a closer look at Tommy Rosen's Recovery 2.0 Program on addiction

Addiction is a condition of the mind, body and soul. Although it may manifest itself on a peripheral level by one's propensity for rituals and behavioural practices deemed unhealthy, its causes are often rooted into the very core of one's being, into unsolved trauma that may have emerged even as far as one's childhood and adolescent years. Addiction, therefore, is often an overt manifestation of unsolved, deep-seated pain. And, if we are to employ its etymological meaning (from the Latin word *addicere*, to devote, yield, sell out, consecrate oneself, abandon, betray), to be an addict may embody some elements of self-abandonment and self-betrayal. Addiction can place one on a path that may take him further away from his essence and himself.

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### Hold The Date: Food For Thought...

Mark your calendar for our next fundraising event on Thursday, October 18, 2018 at Local 514, featuring famed New York chef **Kat Kinsman**, author of *Hi, Anxiety: Life with a Bad Case of Nerves*. Kat works tirelessly towards helping improve mental health in the restaurant industry—when she isn't busy cooking she is an editor, a writer, and a blogger.

Great food, open bar, and more. Don't miss it! □



*continued on page 3*

*Healing Addiction Summit ... continued from page 1*

The reflection above summarizes the approach Tommy Rosen takes in respect to addiction in his **Recovery 2.0 program**. Rosen argues that addiction should be treated holistically, by addressing the inner grief and co-dependent tendencies that may fuel one's addictive behaviours. According to Rosen, all addictions can be characterized into **six** categories:

Usage of **drugs** is possibly the most recognizable of addiction types. Both legal and illegal drugs can become a source of addiction. One's insatiable need for these drugs in search for a temporary euphoric feeling embodies one's addiction.

Second and third on the list are the addiction to **alcohol** and **food**. Binge eating, and over- and under-eating can be a manifestation of addictive behaviours towards food. In the case of alcohol, a problem arises from the important role it generally tends to play in social settings that often foster its consumption. Such circumstances, Rosen argues, often provide fertile ground for addiction to emerge or further develop in one's life.

The fourth and fifth on the list are **sex** and **technology**. Combined, such as in the case of pornography, they prove to be especially deleterious.

Last but not least, **money** is another culprit in this respect, with accruing debt or over-spending as overt manifestations of a potential addiction with money.

#### **Four afflictions that fuel addiction**

The afflictions that fuel addiction, according to Rosen, are: **negative thinking, self-doubt, procrastination, and resentment**. Harboring these sentiments within oneself can lead to addiction. Addressing these sentiments and mental states may thereby help alleviate one's addiction. "Addiction is attacking you at every level; mind, body, and spirit," Rosen maintains. "We're going to have to address this problem at the level of the mind, body, and spirit." The implementation of Rosen's **Recovery 2.0 Program** may, therefore, provide a great deal of hope to individuals who have first-hand experience of addiction and to their loved ones, who witness their pain and can provide significant support in their journey towards recovery. □

Visit Tommy Rosen's website:  
tommyrosen.com

— Cristina Plamadeala

## **Gabor Maté: Addiction and the role of family attachments**

*(Editors' note: Dr. Maté's views may appear as if he blames parents for all addictions. In fact, while he stresses the critical importance of the family, we believe that he attributes addiction to societal values and the way we live today. This, of course, does not absolve parents, but suggests a broader responsibility as a society to adjust our thinking and behaviours.)*

Canadian physician Dr. Gabor Maté, a leading expert on addiction, argues that addiction can be rooted in unsolved childhood trauma and the absence of strong attachments to one's primary caregivers, such as one's parents or members of one's immediate family. Furthermore, addiction is the outcome of deep-seated feelings of isolation--isolation from one's loved ones and from one's true and authentic self.

**Addiction is an overt manifestation of an inner longing to meet one's need for attachment with others and the world.**

In his book *Hold On To Your Kids: Why Parents Need to Matter More than Peers*, Maté argues that addiction "arises in the family of origin," by the way in which the person suffering from addiction may have been treated as a child by one's parents and caregivers. One's bonding with parents and family members, or lack thereof, often has a say in whether one develops an addiction later in life. Addiction, as Maté points out, is an overt manifestation of an inner longing to meet one's need for attachment with others and the world. When this primordial need is not met in one's formative years, one embraces some type of addiction later in life as a way to compensate for this very lack.

"The secret of parenting is not in what a parent does, but rather in who the parent is to the child," Maté writes. The key to good parenting is not a matter of ensuring a child attains a plethora of skills but of fostering a good relationship with one's child wherein the child feels safe and secure. It is about following one's instinct and inner voice. "We no longer parent from instinct, we parent from parenting books, which tell us how to control kids and how to discipline kids and how to punish kids and how to bribe kids, but they don't tell us how to connect with kids," Maté further maintains.

How can Maté's astute observations and conclusions be applied in one's life? The key here is being mindful of one's own attempts to fill in potential longings for attachment, either by spending a significant amount of time in front of a computer screen, on the phone, or on social media; or, by not developing sufficient enough opportunities to build and maintain connections with members of the younger generation, with one's children or grandchildren, and loved ones in general. We live in a society "that constantly denies children their attachment needs," Maté maintains. Being conscious of this rather sombre reality may potentially help us take measures to address it in a constructive manner. □

Visit Dr. Maté's website: drgabormate.com

— Cristina Plamadeala

# MULTICULTURAL WELLBEING: THANKS TO DR. LAURENCE KIRMAYER

**D**r. Laurence J. Kirmayer is the Director of the Culture & Mental Health Research Unit at Montreal's Jewish General Hospital and has done work and research on the mental wellbeing of immigrants, refugees, and aboriginal communities for many years.

Kirmayer says, "You have to recognize that people are coming from different places, and that comes with different expectations, different needs, different concerns; so finding ways to integrate that into the kind of care that we give is very important."

It is of utmost importance for people from different communities to be able to recognize and understand their own mental health problems. Research shows many immigrants feel they can deal with a mental health issue on their own if they perceive it as not being too severe. This sometimes stems from stigma within the community or the reluctance to ask for services when first arriving in Canada. "We need to make it okay for people to eliminate those barriers and to make them feel like they can go for help," says Kirmayer.

The first step may be to approach their

own family and community, rather than seeking professional help, so there needs to be more support for the community in terms of providing resources and solutions. One great way to do this is by having conversations with the communities. "Within any particular culture there are different attitudes towards mental health. Sometimes there's a lack of support due to stigma and shame," says Kirmayer. "A lot of it is educating the communities so they can realize the commonality of such problems and that there's a responsibility as a community to try to help."

Given that youth are usually more open to taking on new ideas, engaging with young people in the community is another great way to promote mental health awareness and decrease stigma. Talking to community organizations as well as media can also help.

One crucial factor Kirmayer stresses is the importance of adjusting the way we communicate with each particular community. "It's not just about the information given, but the emotion, attitudes and trust," says Kirmayer. "When you hear

someone from your background, it definitely has a stronger effect on you."

Technology is another powerful resource. Kirmayer mentions the **Multicultural Mental Health Resource Centre** (<http://www.multiculturalmentalhealth.ca>) which he and his team developed with the support of the Mental Health Commission of Canada. The site is being upgraded to focus on community mental health needs. It will be available in multiple languages, and provide videos on mental health and information on where and how to seek help.

Kirmayer's work has also had a positive impact on aboriginal communities, leading to better support. He notes that colonization clearly continues to affect them today. "It's not only individual trauma, it's a tragedy for the whole community," he says. "When changes to lifestyles are forced, it is when it becomes very disruptive." The effects of racism and discrimination still prevail as well. Kirmayer believes such discrimination can affect the way indigenous people perceive themselves. He says, "What happens when you live in a society where there are stereotypes and prejudice is that young people take those on."

Kirmayer explains that having positive role models can have a great impact in these communities. "We have a mental health promotion program for First Nations youth which talks about positive mental health," he says. "It's done through talking

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*Joanne Smith ... continued from page 1*

ing back; a familial atmosphere that is only a workshop, web link, or phone call away. Those services were always framed by kindness. "That was something I noticed in the early years, everyone so welcoming," says Smith. "So professional, so caring, so understanding."

Joanne Smith hopes AMI can continue to grow; she would like to see more collaboration with ethnic communities, and having staff on site in every local hospital. She'd love to see another floor added to the building, expanding the programs, and getting more young people involved.

In the meantime, she's still serving coffee three decades later and doing a little bit of everything around the office. "She has the vision, the whole picture," says longtime staff member Sylvie Albert. "She knows AMI-Quebec inside out."

Ironically, Joanne never had surgery in 1990; the cyst was a false alarm. Instead she found the courage to reach out for help. With guidance, she got her mother into a long-term facility, and built a relationship with her like never before. It was a win-win for Joanne, her mother, and the countless people who have walked through AMI's doors after her. □

*Joanne is the recipient of AMI's Volunteer of the Year award, which was presented at our Annual General Meeting.*

— Marc Griffin



# AMI'S ANNUAL GENERAL MEETING

Our annual celebration illustrates how far we have come in the last year and involves some business, award presentations, and some socializing and fun. President Norman Segalowitz summarized our year: "The overall picture for AMI is strong. Our programs are flourishing, we have a permanent infrastructure that we now own, we are in a relatively healthy position financially but also taking steps to ensure that this is sustainable, and we are embarking on exciting new directions in terms of outreach. This has been a terrific year for AMI-Quebec. All our successes are due to the tremendous work of our staff, our volunteers, our Board members and our Executive Director. We have every reason to expect that the next year will just as successful."



Guy Dumas (photo, l) on **Daniel Colson** (centre): "When pursuing a worthwhile mission, Daniel never gives up. His friendly and respectful style is contagious. Daniel Colson accepted the **AMI-Quebec Award for Exemplary Service in the Field of Mental Illness** for establishing the Dunham House addiction and mental illness treatment centre.

Visit [dunhamhouse.ca](http://dunhamhouse.ca) for more information or read about Dunham House in our Fall 2017 edition: <http://bit.ly/AMIFall17NL>.



**Joanne Smith** is our **Volunteer of the Year**. Says Moira Edwards, who has run AMI programs with Joanne for a long time, "She is non judgmental, she listens with a third ear, always understanding and interested in people's stories, always calm and always always ready to help in any way she can. Today, wherever there is a need, Joanne is there. She is like the heart beat of AMI." Read more about Joanne on page 1.



**Dr. Laurence Kirmayer**, winner of the **Exemplary Psychiatrist Award**. Presented by president Norman Segalowitz, who said, "I can't think of anyone who is more deserving. He helps people make sense of this world". Read more about Dr. Kirmayer on page 3.



Pam Litman presented **Sylvia Itzhayek** with the **Extra Mile Award**, saying "She is also an advocate and takes advantage of any situation to educate about being a caregiver and the stigma still often associated with mental illness. Whenever Sylvia is asked to go that 'extra mile', she does anything she can to help AMI, as AMI has helped her as a carer for her sister. Sylvia is model example of giving back to an organization that has given to her."

Accepting the award, Sylvia said, "I can't do enough for AMI. It was such an awakening to see you are not alone. You can get through it. You can help your loved one."

Meet our board at [amiquebec.org/board](http://amiquebec.org/board)

**The Ella Amir Award for Innovations in Mental Health** was awarded to two people, **Dr. Alexandre Dumais** (photo) and to **Jason Champagne**.

Presented by Board member Carol Plathan, Dr. Dumais was lauded for his work on creating an interesting and innovative application that reduces voices in schizophrenia with the use of a virtual reality system.

In his own words, "We recreate what the patient is hearing or seeing, and then there's a dialogue with the patient. I am the puppeteer using the patient's words, and we work together to change the (negative) words. Patients become more able to confront the avatar" and this has proven to be highly successful, even in persons with severe and otherwise resistant symptoms.

**Jason Champagne** was recognized for his efforts leading to the opening of Montreal's three supervised injection clinics. We thank him for his exceptional and ongoing frontline work, for advocating for resources to care for vulnerable people with mental health issues, and for understanding and promoting the idea that community services need to work closely with those affected, families and police and medical personnel included.

Jason Champagne could not attend, but said, "It is both touching and humbling to receive this award. Caring for some of society's most vulnerable members has always been the driving force behind my work."



❖  
**Our thanks to all who attended for helping to make our AGM a success.**  
 ❖

**Go online for our Annual Report**

AMI's new and improved 2017-18 Annual Report is available online at [www.amiquebec.org/ar18](http://www.amiquebec.org/ar18).

# SUMMER 2018

**SUPPORT GROUPS**

For family, friends and people with mental illness unless otherwise indicated.

**For details visit [amiquebec.org/support](http://amiquebec.org/support)**

Mondays 6:30pm 4333 Côte Ste-Catherine Road (near Cote-Sainte-Catherine metro) unless otherwise indicated. No registration necessary.

**FAMILY for relatives and friends**

July 9, 23; August 6, 20

**BPD for relatives and friends**

July 9; August 6

**ANXIETY**

July 9; August 6

**BIPOLAR DISORDER**

July 23; August 20

**DEPRESSION**

July 23; August 20

**HOARDING**

July 23; August 20

**OBSESSIVE COMPULSIVE DISORDER**

July 9; August 6

**KALEIDOSCOPE for people living with mental illness**

July 9; August 6

**SOUTH SHORE for relatives**

Wednesdays 6:30pm  
 Greenfield Park Baptist Church, 598 Bellevue North, Greenfield Park

July 11, 25; August 8, 22

**For people living with mental illness on the South Shore**

Alternative Centregens, 462 Sainte Foy Blvd, Longueuil, QC J4J 1Y2

Call 450-651-0651 for dates and times.

**BOARD MEETING**

July 23, 6:00pm at AMI

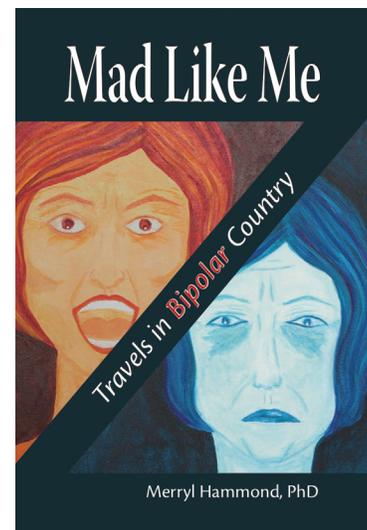
# “MAD LIKE ME: TRAVELS IN BIPOLAR COUNTRY”

By **Merryl Hammond, PhD**

“A must-read for anyone living with, loving someone, or counselling a person affected by bipolar disorder. You will be swept up in the sights, sounds, and emotions of ‘Bipolar Country’ ...” ~Michele Noble, LPC

“[A] brilliant bipolar disorder patient... chronicles her valuable experience with candour, humour and remarkable clarity.” ~Dr. A-M. Ghadirian, M.D., Professor Emeritus, McGill University

“Beautifully written; powerfully honest.” ~Melinda Cochrane, Publisher



I'm a health professional diagnosed with bipolar disorder at the age of 51. I got the idea for this book during a manic episode. As I say in the Prologue:

Despite the wild fizzing in my brain, I kept a detailed paper trail of post-it notes with scribbled ideas and insights that enabled me to look back with startling clarity, and to re-live much of what I experienced... [and] allowed me to capture realistic recollections of my lurching journey through Bipolar Country. My goal in this book is not merely to bring you along for the ride, a passive observer of the crazy antics of one particular person with bipolar disorder. Rather, I hope to bring you all the way into my stormy mind, so you can experience something of what I went through as a bipolar patient. (p. 13)



When in depression, however, I had no energy to keep track of my moods:

[When depressed] sleep was my only solace, offering brief oblivion. More than that: sleep was a clandestine lover from whom I couldn't bear to be separated. I wanted only to be wrapped in his protective arms, and have the world eclipsed by his tender attentions. Wakefulness was the ultimate enemy. With wakefulness came people. Responsibilities. Commitments. Guilt. Energy-draining chores. Forget it; just roll over and try to blot it all out. (p. 31)

When at last the depression loosened its grip on me, I looked forward to a respite of stability. No luck! Soon enough, I'd careen into a (hypo)manic episode, leaving my exhausted family scrambling once again. One November night, for example, I “escaped” from the house, away from my annoying, cloying family – or so they seemed to me. Tami and Karrie, two of my teenaged children, had to handle this drama:

As I ran jubilantly down the driveway, Tami yelled for Karrie to come and help, and threw on her scarf and coat. Then the two of them dashed down the street after me: Karrie was dressed only in her pink bathrobe and slippers! Luckily there wasn't much snow on the ground yet.

I felt a tremendous sense of freedom and joy running down the street, unrestrained.

When they caught up with me, they tried calmly to persuade me to go back home with them. They each took me by one arm, and gently turned me around. But I somehow unhooked myself from their clutches and sprinted back down the street again. This catch-and-release ritual was repeated several times, and each time I broke free, I yelled: “Help! Help!” They chased after me, shushing: “Shut up, Mom! Or the neighbours will call the police!” By then, I was getting dangerously close to Lakeshore Road with all its bustling buses and other traffic. They urgently needed to get me under control somehow. (p. 131–2) □

Available in the AMI library, or for sale through Amazon.ca, The Book Depository, etc.

## STAY INFORMED!

Find our most up-to-date information at:

[www.amiquebec.org](http://www.amiquebec.org)

For regular updates, follow AMIQuebec on:



Sign up for monthly emails:

[amiquebec.org/email](mailto:amiquebec.org/email)

Or call us:

514-486-1448 (1-877-303-0264 outside Montreal)

## The role of control in Obsessive-Compulsive Disorder

**O**bsessive-Compulsive Disorder (OCD) is complex and sometimes difficult to understand. Researchers conduct studies in order to shed light on the various components that make up this disorder. Recently, researchers from Concordia University identified a particular trait that links to OCD-related behaviour. Dr. Adam Radomsky, a psychology professor, explains that those who are afraid of losing control over their thoughts and other elements of their lives are more likely to show signs of OCD-related behaviour like checking. This is significant because therapeutic approaches focusing on the fear of losing control can be created in order to help treat OCD.

The participants, undergraduate students, were placed in separate groups, where some would be exposed to either feelings of low or high control. The students then had to complete

a series of several small tasks. Those who were exposed to the stronger feelings of loss of control engaged in more OCD-like behaviour, like checking, than those who had more control. These findings are important because they highlight that a trait (fear of losing control) can be, in part, responsible for compulsions. These results will allow experts to further develop treatments for those suffering from anxiety. This project is the first in a series of studies funded by the Canadian Social Sciences and Humanities Research Council. □

— Gabrielle Lesage

Adapted from <http://bit.ly/ConcordiaOCD>

### TRIBUTES & MEMORIALS

**In honour of Hildie and Richard  
Shadley and Family  
Susan Morris and Family**

**In honour of the wedding of Shoshana  
and Ephraim  
Sylvia and Bill Klein**

**In honour of Faigie Stark and Seymour  
Coviensky  
Lynn and Andy Nulman**

**In honour of Norma Nutkevitch  
Lynn and Andy Nulman**

**In honour of Barbara and Jack Singer  
Lynn and Andy Nulman**

**In honour of Rhonda and Sheldon  
Nutkevitch  
Lynn and Andy Nulman**

**In honour of Annie Young  
Anna and Aron Gonshor and Family  
Helen and Andre Levy**

**In honour of William Woorlich  
Sofia Joot**

**In honour of Barbara Sheiner  
Rickie Heft  
Rhonda and Leonard Sheiner**

**In honour of Sylvia Itzhayek  
Naomi Granik-Blumer**

**In honour of Julia Lawson  
Richard Pattee**

**In memory of Christina McNeil  
Randy Houlahan**

**In memory of Paula Drimer  
Faigie Stark and Seymour Coviensky**

**In memory of Tom Fitzpatrick, Jr.  
Elaine, Jeannette, and Carolyn  
Anderson**

**In memory of Marilyn Block  
Sylvie Albert  
Norma Block and Family  
Judith and Harold Bricks  
Helen and Reg Findlay  
James Findlay and Family  
Ruth Kaplan**

**Sylvia and Bill Klein  
Kay Simpson  
Joanne Smith  
Claire, Steven, and Mark Socransky**

**In memory of Helen Elmslie  
Shirley Smith**

**In memory of Christal Markle  
The Ristagno Family**

**In memory of Beth Gatbonton  
Murray Munro**

**In memory of Evelyn Viscardi  
Anita and Ron Gottesman and Family  
Elfie Resch**

**In memory of Françoise Bourassa  
Yves Bourassa**

**In memory of Luke Sklar  
Alice Lehrer and Family**

**In loving memory of John, Douglas and  
Barbara Simpson  
Kay Simpson**

AMI-Québec extends sympathy to the bereaved and appreciation to all donors for their generosity.  
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**Give online!** Visit [amiquebec.org/donate](http://amiquebec.org/donate) [amiquebec.org/membership](http://amiquebec.org/membership)

## AMI-Québec Donation & Membership Form

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### New Membership

Membership includes the quarterly *Share&Care*, other mailings and lecture announcements, access to the AMI library and all other activities. Complimentary membership is available for people with limited incomes.

**Existing members receive their renewal notices in the mail**

<b>Membership (\$25 annual):</b>	\$ _____
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We never share, trade or sell donor information.

*Kirmayer ... continued from page 3*

about indigenous peoples' own culture and community so they can feel a sense of pride about who they are, and help them make connections to practices in mental health to their own traditions, and wisdom of their own background. "Additionally, people can connect with each other through positive activities such as traditional crafts or connecting to nature through activities. Kirmayer believes that by engaging in such practices, peoples' sense of self, sense of community, and sense of history is strengthened, which fosters positive effects on the community's mental health.

It's also crucial to support "family doctors, and other mental health practitioners who work with people from different backgrounds." Dr. Kirmayer and his team have been exercising this notion for over twenty years. "When the clinician felt that there were cultural issues that were complicating the care, we tried to help them to sort those out and see how to improve the care."

AMI-Quebec presented the AMI-Quebec Exemplary Psychiatrist Award to Dr. Kirmayer at our Annual General Meeting. We recognize and appreciate his skill and leadership in his work with diverse and vulnerable populations, and his openness to including family members in the circle of care.

—Alejandra Vergara

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



Otsuka

Lundbeck



## 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.

Norman Segalowitz, *President*  
Donna Sharpe, *Vice President*  
Joanne Smith, *Secretary*  
Anne Newman, *Treasurer*  
Anna Beth Doyle, *Immediate Past President*  
Ella Amir, *Executive Director*

## SHARE&CARE

*Share&Care* is published quarterly.

Ella Amir, *Editor*  
Diana Verrall, *Associate Editor*  
Marc Griffin, *Associate 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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AMIQuebec

Member of La Fédération des familles et amis de la personne atteinte de maladie mentale (Québec)