



BILINGUAL ASSOCIATION  
OF FAMILIES AND  
FRIENDS OF PEOPLE  
WITH A MENTAL ILLNESS  
ON THE WEST ISLAND

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"I think a hero is an ordinary individual who finds strength to persevere and endure in spite of overwhelming obstacles."  
Christopher Reeve

# FRIENDLY LINK

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## NEW MENTAL HEALTH COURT IN MONTREAL

The first mental health court in Quebec will commence in March at the Montreal municipal court. Initially a 3 year pilot project, it is most likely to become a permanent program. This court will solely deal with cases involving mentally ill individuals accused of municipal violations or minor crimes such as shoplifting.

### *How does it work?*

A room will be designated for the mental health court at the courthouse where accused individuals will be seen. Upon their first appearance they will have the right to decide if they want to be heard in front of the mental health court or go through the regular court system.

If the accused then accepts that their case be heard in the mental health court they will not be sentenced, won't have a record, won't be fined and won't serve time in prison. They will however have to prove that they are receiving treatment imposed by the judge. The court will then basically offer the choice of either being sentenced and risking the chance of prison time or receiving treatment. If they choose the latter then the court will see to it that the accused is stabilized on a psychiatric level and respects the conditions of supervision in regards to their mental health (for example that they show up to their appointments or are taking their prescribed medication).

Involved in the mental health court will be a worker from UPS-J (Emergency Psychosocial Justice), a probation officer, a liaison worker to mental health services and a doctor. They will facilitate and speed up the process of determining which individuals present mental health problems. There isn't however enough time in this process for a diagnosis to be rendered.

Hopefully this mental Health court, which has already been established in Ontario, will help in keeping the mentally ill out of prison and into treatment which is what they really need.



### STATISTICS

Research indicates that persons with mental illness are more likely to be arrested, be convicted, and face different challenges while in prison: they are more likely to be given longer sentences, serve more of their sentence incarcerated, be disciplined while incarcerated, and are more likely to be injured in fights while incarcerated. They are also more likely to be victimized while in prison.

There are currently more than 22,000 people in Canada's corrections system, with nearly 40 per cent living in community settings under the supervision of parole officers .

According to Correctional Services Canada, 12 % of men in the federal corrections system are diagnosed with a mental illness, an increase of 71 % over 10 years ago.

Women have an even higher prevalence rate with 25 % identified upon admission as having a mental illness - an increase of 100 % over 10 years ago.

When discussing mental illness and work, "work" can mean a number of things. It can mean the workplace, as in where we go to do our jobs. It can also mean the act of working, what we do at our jobs, as a volunteer in the community, or what we like to do in the garden, kitchen or workshop to relax.

The relationship between mental illness and work can be looked at in a number of different ways, including:

- the stresses and strains today's workplace places on us;
- the incredible pressure placed upon people to continue to perform at work when an illness strikes, and the extra strain this places on their families and friends;
- the difficult barriers those persons diagnosed with a mental illness face in the working world;
- the strain encountered by people who work while they care for someone with a mental illness at home;
- the therapeutic role the act of work plays in helping to reduce stress and improve mental health; and,
- the benefits work can bring in guiding people diagnosed with a mental illness toward recovery, rebuilding their self-esteem and hopefully returning to the jobs they left when the illness struck.

### **Mental Illness in the Workplace**

Of all persons with disabilities, those with a mental illness face the highest degree of stigmatization in the workplace and the greatest barriers to employment opportunities. Persons diagnosed with a mental illness are more likely to experience long term unemployment, underemployment and dependency on social assistance.

Many employers and employees have unwarranted fears and see persons with psychiatric disabilities as unskilled, unproductive, unreliable, violent or unable to handle workplace pressures. This stigma creates a climate in which someone who has a problem and needs help may not seek it for fear of being labelled.

Undiagnosed mental illness also has a high cost on the workplace. If left undetected, overall work quality and productivity can be affected by an ill employee's misunderstood behaviour.

Mental illnesses and the fact that they can be successfully treated must be understood by employers. Only then can they begin to recognize and accept the symptoms of a true condition and know how to establish an internal management program to accommodate their employees.

### **Flexibility and Understanding**

Mental illness should be perceived and accommodated in the workplace like any other illness or disability. One of the most important employment barriers faced by persons with a psychiatric disability is lack of flexibility at work.

Flexibility is built on the positive arrangements that organizations need to put in place to promote equality in employment. Preparations should include:

- Creating an environment where arrangements are accepted by addressing the individual needs of each employee;
- Respecting the employee's desire for confidentiality and specifically identifying the form and the degree of confidentiality;
- Being willing to engage in joint problem solving;
- Making all arrangements voluntary for the employee, and being prepared to review plans periodically to meet changing needs;
- Being flexible in enforcing traditional policies; and,
- Being concrete and specific when identifying accommodations made. Putting them in writing is a good idea.

A partnership approach between persons with disabilities and management personnel is essential if organizations are to deal successfully with the obstacles to employment faced by persons with a mental illness or by those caring for a family member or friend with a mental illness.

### **Working Caregivers**

Over one-third of all family members or friends who take care of a person diagnosed with a mental illness also work outside the home. This figure represents over one million Canadians.

There is great physical and emotional stress that comes with providing care. One-third of caregivers who work report that it interferes with their paying jobs. Many caregivers have chronic health problems, experience depression, and suffer excess stress when the burden of work or caregiving increases.

Employers need to be aware of the difficulties some of their employees experience, and who those employees are. Employers must acknowledge the situations which caregivers in the workplace face, and strive to support their employees with more creative organizational policies such as flexible hours.

The caregiver must strive to take care of herself or himself as well. One should adopt lifestyle practices that help manage the stress, and seek services available to caregivers to help achieve a healthier and more balanced life.

### **Stresses and Strains of Today's Workplace**

With the stresses and strains placed on everyone in today's working world, workplaces should look at how they can help promote the best possible mental health amongst their employees.

A wide range of biological, personal, social and environmental factors related to a person's employment may contribute to mental health problems and reduced productivity. Attention must be paid to encouraging healthy practices through education and training programs, as well as to the development and maintenance of working conditions that support or contribute to the well-being of staff and to the prevention of illness.

Elements such as air quality, proper ventilation, adequate lighting and comfortable and proper office equipment are physical elements the employer can control. The employer can also help with emotional elements such as more personal control over work-related decisions, clear job performance objectives and adequate rest and vacation periods.

### **The Role of Work in Recovery**

Work plays an important role for a person recovering from a mental illness. The workplace provides a social support system and the opportunity for people to regain their sense of self-esteem, control and self-worth.

Although in some more severe instances a return to work is not possible, once on the path to recovery, many individuals can benefit tremendously from working again. A supportive workplace can offer a sense of stability that is otherwise hard to find.

The reintegration of an employee into the workplace after recovery again requires the employer's flexibility. Often the process has to be gradual. The workload may have to change temporarily, and hours and days worked may have to be altered. Job sharing and people working with an emergency fill-in person are considerations depending on the individual's and employer's needs.

### **The Benefits of Understanding**

The benefits to the employer of accommodating the return of an employee are many. They avoid the added costs of hiring a new employee, and training and raising him or her to a level of productivity comparable to that of an experienced worker. Overall morale will rise as employees see the care placed on the individual, and coworkers share in the challenges faced by the returning staff member.

Employers and employees alike will always benefit from breaking down the stigma attached to mental illness in the workplace. Removing the barriers to education, open discussion, flexibility and acceptance will ultimately allow those needing medical attention and social support to seek help and receive it.

*Taken from the Canadian Psychiatric Association*

**Here is a list of work programs in the West Island:**

**L'Arrimage (514) 389-9393**

**Centre Bienvenu (514) 421-2212**

**L'Équipe Entreprise (514) 636-1081**

**Placement Potentiel (514) 694-0315**

## EVENTS FOR ALL

### CONFERENCE Overcoming the Stigma of Mental Illness

(Free & bilingual)

Wednesday, March 26<sup>th</sup>, 2008  
7:00 P.M.

Speaker: Dr. Cattan, Psychiatrist from the  
Lakeshore General Hospital

At the Dorval Community Center Sarto Desnoyers  
1335 Lakeshore Road, Dorval

Information: (514)636-6885

**LIGHT BUFFET**  
6:30P.M.

This conference is sponsored by



### At 750 Dawson Avenue

#### Art Therapy with Karin Deroueaux

Mondays from  
3:00pm to 5:00pm  
and 7:00-9:00 p.m.

March 3, 10, 17 & 31  
April 7, 14, 21 & 28  
May 5, 12 & 26

Please call for registration  
(514) 636-6885

#### Support Group

(Free & Bilingual)

Every Thursday  
2-4 p.m.

March 6, 13, 20 & 27  
April 3, 10, 17 & 24  
May 1, 15, 22 & 29

Must register:  
(514) 636-6885

#### Second Session

#### Borderline Personality Disorder Training

(Free, In English Tuesday evenings)

For families who have a loved one with a borderline personality disorder and have already gone through the first session offered at *Friends*. This psycho-educational program aims at informing families on the disorder, how it presents itself and its challenges and encourages families to put in place changes that will improve their quality of life as well as that of the ill person. Starting April 2<sup>nd</sup>.

Must register - Info and dates: (514) 636-6885

### Liaison Counselor at the Lakeshore General Hospital

A liaison counselor, Warren Copeland, from Friends for Mental Health, is available at the Hospital to provide support to families who have a mentally ill family member either waiting evaluation in emergency or residing on the 4-East psychiatric ward. Warren will be available every Wednesday evening of the month from 6:00 p.m. to 8:00 p.m. (on the 4-East psychiatric ward).

### Museum outings (free)

Thursday, March 6th: Exploring landscapes throughout the seasons

10:00-11:30 p.m. – A visit followed by a hands-on activity

Thursday, April 3rd: Exploring Cuban art

10:00-12:00 a.m. – A visit followed by a hands-on activity

- ◆ We will meet at 9:45 am at the corner of Crescent and Sherbrooke (in front of the new building)



### EVENTS FOR CLIENTS

#### COMMUNITY SUPPERS

Fridays at 5:00 p.m. (\$3)

March 7: Lasagna  
April 11: Easter Supper  
May 9: Pizza

R.S.V.P.  
Mary (514) 694-8344



### Omega Housing Project

The West Island Council for Psychiatric Needs (Omega) has received approval to build a 28 unit apartment building in Pierrefonds for individuals with a mental illness. This project will definitely be filling a need in the community due to the fact that there aren't enough supported, low rent housing options for the mentally ill in the West Island and no emergency shelters. The low rent housing project will have completely furnished 3 1/2 units for one person. Completion of the building is estimated for December 2008.

*Thank you to the families who wrote letters of support.*

### Disability Tax Credit

Just a little reminder during tax season that you (ill member or caregiver) can apply for the disability tax credit (DTC) which is a non-refundable tax credit that qualified recipients can use to reduce the amount of income tax they pay for Canada and Quebec.

You can claim this type of credit if you have a severe prolonged mental or physical impairment, which causes you to be markedly restricted in any of the basic activities of daily living. In some instances, it may be transferred to the recipient's care provider.

For more information, please contact the Canada Customs and Revenue Agency at their Web site ([www.ccradrc.gc.ca](http://www.ccradrc.gc.ca))

### Program "Réussir"

#### *New financial aid to support the return to your studies*

If you are presently receiving welfare benefits due to severe work constraints and you would like to return to your studies, the Ministère de l'emploi et de la Solidarité Sociale can help you achieve your educational goals without financial penalties such as cutting or reducing your benefits. You can verify if you fit the initial criteria:

- You'd like to return to your studies in an institution that is recognized by the Quebec Minister of Education.
- You've received welfare benefits for 12 out of the last 24 months, counted from the date of the beginning of the course
- You're eligible for the loans and bursary program offered by the Minister of Education
- You'll attend courses for a minimum of 20 hours per month

If you're interested in this program you can call and request a meeting with your welfare agent at your local employment centre to see if you qualify for the new "Réussir" program.



### *Thank You!*

We'd also like to thank these organizations and Foundations for their support:

**Kodak**



City of Baie D'Urfé

Congregational Board of Summerlea United Church

François Bourgeois Foundation

Kodak Employee Chest & Trust Fund

Merck Frosst Employee Charity Trust Fund

Pointe Claire Oldtimers Hockey Club

Zellers Family Foundation



## Assertiveness for the Caregiver by Sheryl Bruce, Counselor



### ***You have the right to communicate and express yourself***

The goal of assertive communication means expressing your ideas, emotions, thoughts and your perspective in calm, honest and appropriate ways while respecting other persons ideas, emotions, thoughts and their perspective. Nonassertive communication happens when you do not respect your rights or the other person's rights.

There are three types of nonassertive communications: passive, manipulative or aggressive. Passive communication is not effective because the person is not respecting his/her own needs, rights and emotions. People may act this way if they want to avoid conflict. They may fear disapproval, rejection or abuse. Manipulative behaviour may be effective, but it can have consequences for others. The goal may be to get certain needs met but others will be exploited: possibly with flattery or threats. Aggressive behaviour involves coercion, threats or punishment to obtain something. This behaviour does not respect the rights of others. The behaviour may fulfill a need but creates hostility and anger for others.

Certainly we should try to be more assertive in our communications. However with life we may be more assertive in some situations and less in others or with certain people and not with others. The goal of this article is to get you to think of your interactions and see where you are and try and figure out if it is working for you (to quote Dr. Phil). I have some recommendations on how to improve your communications with others. In a family I'd like to think that the goal is to improve the relationship, however there are times when protecting your rights is the most important goal. You will have to be the judge. If you have good communication the intention of your communication should have the desired effect. It is important to also say that being assertive does not mean that you have a right to get your own way. Others have the right to say no to your request.

The most effective tool is the "I" statement. It goes like this; "I feel this emotion when you do that. I would like to do this/ or you to do that. If you use "You are \_\_\_\_\_" it becomes accusatory which allows negative emotions to clutter, or confuse, the initial problem. Own your message, avoid using "You should..." or "You always..." or "You never...". Also avoid labeling the other person, this can escalate the situation.

The next important tool is truly listening to the other person that shows them respect. When you listen you look at them, pay attention, do not interrupt, and avoid distorting the message. One way to tell them you heard is to repeat some of the message to see if you understood them well and to check that you have not made any assumptions or confused it with your own feelings, thoughts and/or perceptions. We have to feel we have a right to ask for clarification of the message, as well.

One important thing to note is that sometimes our emotions get in the way of our communication; they can affect our message. As well the listener can have emotions that distort what they hear. It would be wise to know which emotions are involved and then controlling them and /or verifying if they represent reality. Our loved ones are going through emotionally draining stress and they may over react or distort messages based on past actions or fears, or because of their illness. You as the caregiver will react based on your past assumptions and behaviours of others. The communication can get very messy unless you both take the time to slow down the conversations and try and verify the intent and emotions behind the interactions. If you find it difficult, please seek help; find a counselor.

Being assertive means having the right to make a request. Asking is not an imposition. Guessing tends to lead to misinterpretations. You have to identify your needs and wants before you can communicate well. Also you need to focus on one goal and not get sidetracked by other issues. Assertiveness also means being able to

say no. Sometimes you do not have to justify your position. We have the right to use our time, and what we have, the way we want while being responsible respecting others. We are respecting ourselves when we say yes, when we think yes, and say no, when we think no. When saying no, it is again useful to use the "I" statement: "I have decided not to" or No, I don't want to" or "I choose not to". These statements indicate a choice on your part. We do not have to give reasons. In a family context it is good if family members understand us however you can avoid continuing an argument by just saying a clear no. If you are feeling pressured to say yes to something, you do not have to make decisions immediately. If you are not ready to say yes and you have asked for more time, when the person persists you can say, "If the answer has to be now then it will be a NO". The other way to be assertive is when you make a decision, do not change your mind. If you say yes to a decision and you express why, it helps increase the bond between the two of you. (If you use it to make them feel guilty then this is passive aggressive communication.)

**Assertiveness and your Anger:** You are responsible for your own feelings. Your emotions can be influenced by the way the situation is perceived. It is possible to make an error because of your perceptions. Learning to relax is useful and can be applied when your anger is triggered. Anger can be expressed assertively, or aggressively or passively (or a mix of both). To respond assertively you can do the following: First decide if this situation is worth your time and energy? Secondly, you can decide if you need to work it out with someone or you will resolve it inside yourself. Thirdly, when expressing yourself don't forget "I" statements: "I am angry". I disagree". Fourthly, State your feelings clearly and directly. It is important to stick to the specific situation and to the present. Lastly, work towards the resolution of the problem looking for a win-win solution. Part of being assertive is being responsible even when we are wrong. Admitting a mistake can help a relationship improve. Only apologize if you need to (some people are apologizing for everything, stop that now). It is O.K. to apologize just for hurting someone's feelings.

**Other people's anger:** Listen to the message. Relax and don't respond to the anger. Be open to new ways of thinking about yourself, others and situations. Negotiate and make compromises. Problem solve and collaborate after you know clearly what the problem or complaint is. Accepting criticism is part of being assertive. Remember the key to assertiveness is clear, open honest discussion that does not blame, ridicule or put down others.

I have used several resources for this information. Assertiveness course prepared for Ensemble, Randy Paterson and University of Southern Queensland. [www.usq.edu.au](http://www.usq.edu.au), University of Illinois at Urbana-Champaign: [www.couns.uiuc.edu/Brochures/assertiv.htm](http://www.couns.uiuc.edu/Brochures/assertiv.htm). State University of New York at Buffalo: <http://ub-counseling.buffalo.edu/assertiveness.shtml/>.

The University of Texas and the Austin Area [www.utexas.edu](http://www.utexas.edu) provided the following reading list:

- 1) *Your Perfect Right: Assertiveness and Equality in your Life and Relationships*, by Robert E. Alberti & Michael Emmons (San Luis Obispo, Impact Publishers, 2001).
- 2) *When I Say No, I Feel Guilty*, by Manuel Smith (New York: Bantam Books, 1975)
- 3) *The Assertive Option: Your Rights & Responsibilities*, by Patricia Jakubowski and Arthur J. Lange (Champaign, Ill, Research Press, 1978).
- 4) *Assert Yourself: How to Be Your Own Person*, by Merna Dee Galassi (New York, Human Sciences Press, 1977).
- 5) *How to be an Assertive (Not Aggressive) Woman in Life, in Love, and on the Job*, by Jean Baer (New York, NAL/Dutton, 1991).
- 6) *Getting to Yes: Negotiating Agreement without Giving In*, by Roger Fisher, William Ury and Bruce Patton (2nd ed., New York, Penguin Books, 1991).

## CONFIDENTIALITY AND MENTAL ILLNESS

### By Warren Copeland, Counselor at FMH



Caregivers play an important role in the lives of their loved ones with a severe mental illness. To do so, caregivers often find themselves heavily involved in many aspects of their loved one's lives. How will my son or daughter survive financially? Where will they live? Will they take their medication? What does the future hold?

To answer these questions, they often want to know their loved one's diagnosis, why and how the disease developed, the various treatments, and the prognosis of the illness. Yet, as many caregivers have found out, psychiatrists and other members of their loved one's treating team (social workers, occupational therapists) often cite "confidentiality" as the reason they cannot talk about specific details of the illness.

So what exactly does "confidentiality" mean and why is it so difficult for caregivers to obtain information about their loved one's illness? Is there anything that they can do so that their questions can be answered more easily? Many caregivers struggle with these types of questions everyday.

#### What is "confidentiality"?

Confidentiality basically means that whatever is communicated between a mentally ill person and their psychiatrist and other members of the treating team is confidential and cannot be disclosed to others without written permission from the ill person. This principle is clearly outlined under the code of ethics of many different governing bodies such as the Canadian Medical Association (CMA). In Quebec, a patient's confidentiality is also protected under law in the Quebec Charter of Human Rights and Freedoms Act and the Quebec Civil Code.

#### Why does the law of "confidentiality" exist?

Confidentiality is paramount in the healthcare system because our society believes that everyone has the right to their private life (in the field of law, this is referred to as 'lawyer-client privilege'). It is especially important when people seek medical help. A recent study indicated that 80% of psychiatric patients believed that their relationships with their treating team would improve if their conversations were confidential (as cited by Maniatis, 2007). Forty percent of psychiatric patients in the same study stated that they would be angry if their families were informed about their condition without prior approval. Confidentiality is also based on the principle that we respect a patient's autonomy as it is believed that people are capable of making their own decisions.

#### How can "confidentiality" be problematic for families?

Many years ago, almost all psychiatric patients were treated in hospitals or other medical institutions as inpatients. However, the current trend to deinstitutionalize people with mental illness means that they are often discharged as outpatients and cared for by family caregivers. To help provide patients with outpatient care, many hospitals have treating teams that are trained to help people with a psychiatric illness manage their illness and regain some of their lost autonomy. For many patients, this new approach to treat-

ment often is very helpful. However, it can also create challenges for caregivers who look after people with a mental illness. It can be even more challenging when a loved one refuses to acknowledge that they have a mental illness – or worse yet – stops taking their prescribed medication.

Unfortunately, mental illness often strikes during late adolescence or early adulthood, a time when people are dreaming about their futures and forging new lives. It is also a time when they are seeking independence from their families. This is normal as most people their age are doing the same thing. In these situations, caregivers often are not given permission to talk to their loved one's psychiatrist or any other member of the treating team. Of course, this is very frustrating for caregivers who function as their loved one's support system. Not only are families trying to deal with their loved one's reliance on them but they often have to deal with the fact that their family member will often reject their interest and attention to help them. This is even more frustrating for all those involved as many research studies suggest that providing such information to caregivers can significantly decrease relapse rates.

There are some exceptions to the concept of confidentiality. For instance, if someone with a mental illness is a danger to themselves or to others, then confidentiality can be breached. For this to happen, then the dangerous act must be considered as serious, that there is a high likelihood the act will be committed, that there are no other alternatives available to stop the action, and that harm will be prevented.

#### Can We Make a Case to Share Some Information?

Given that there has been a shift of burden of care from psychiatric institutions to caregivers, caregivers should be supported by the medical profession. Psychiatric treating teams are trained to seek written permission from the patient to talk with family members at the earliest possible moment. Unfortunately, not all patients give their permission and caregivers are left with many questions unanswered – answers to questions concerning the nature of the illness, medications and their side effects, symptoms to look for if medications are not being taken, and what to look for if the illness gets worse. This is all very important information for caregivers as they help their loved ones! So what should caregivers do after their loved has been diagnosed with a mental illness? The following suggestions may be of helpful.

#### What Can Caregivers Do?

First and foremost, it is important that the therapeutic relationship between the mentally ill person and the treating team be respected. Sharing some types of information or parts of conversations can hurt therapy and even increase the stigma that your loved one may feel. But what can be

Continued from Page 6

shared between family members and clinical teams? How can it be shared?

The following suggestions may be considered:

Ask your loved one to give permission for the treating team to talk to you. This is normally done through a written document that confirms the team's legal right to breach confidentiality. Encourage your loved one to do so early in the process when they are fairly well and cooperative. The written agreement should specify what types of information can be shared and with whom. For instance, information about the diagnosis, medications, side effects, and symptoms of relapse and illness progressions. If your loved one is currently in a psychiatric institution or part of a community organization, encourage the professionals to approach your loved one for permission to talk to you when necessary. Trying to convince your loved one later can be very difficult.

If the treating team does not have written permission to share specific information with you, try and obtain from them non-confidential information on the phone or in person. For instance, after a patient has been discharged from a hospital with a diagnosis of schizophrenia, a family member may call and ask "Can you please provide me information about schizophrenia? What do I need to know about the illness and the available treatments?" Asking general questions without making reference to your loved one will make it easier for people to help you. Specific questions such as "My daughter has been diagnosed with schizophrenia. Can you please explain to me her treatment plan?" are more problematic.

If your loved one's treating team is uncomfortable providing some of this information, ask to speak to someone else in the institution. Your family member may feel more at ease knowing that their personal information won't be disclosed.

Call different community organizations and educational groups. At Friends for Mental Health, we have full-time counselors who can guide you through the process and provide you with a list of other resource organizations depending on your loved one's needs. We will try and help you find answers to many of your questions. We also offer different types of support groups and psycho-educational groups (NAMI courses, borderline personality disorder training for family members) that may be of some help. We often find that group members help each other in their quest for new information. If your

loved one is currently being treated in the psychiatric ward at the Lakeshore General Hospital, ask to speak to our Liaison counsellor (every Wednesday evening from 6:00 p.m. to 8:00 p.m.) who can answer your questions.

Seek out information from other sources. It is normal for families to become curious about specific information about mental illness. You may need to search elsewhere for answers in trade magazines such as Schizophrenia Digest or Bipolar (BP) Canada. You can also find a number of books or tape programs in our library at Friends for Mental Health. Trade journals such as Hospital and Community Psychiatry or New Directions for Mental Health Services can also be a good source of information. These journals and others may be found on the Internet or in university libraries in the Montreal area. Finally, you may check out various websites such as NAMI ([www.nami.org](http://www.nami.org)), Health Canada ([www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)), Schizophrenia Society of Canada ([www.schizophrenia.ca](http://www.schizophrenia.ca)), Mood Disorders Society of Canada ([www.mooddisorderscanada.ca](http://www.mooddisorderscanada.ca)), Anxiety Disorders Association of Canada ([www.anxietycanada.ca](http://www.anxietycanada.ca)), or the Canadian Mental Health Association ([www.cmha.ca](http://www.cmha.ca)).

Keep a treatment record of your loved one's level of functioning prior to becoming stable and afterwards, illness symptoms (when they began, what they are, what they may have been impacted by), hospitalization and treatment dates, names and telephone numbers of the treatment team, etc. Try and share this information with the treatment team if you can – if you can't share right now, keep it for the future.

Inform yourself about when it may be necessary to call a mental health professional if an emergency arises and someone is in danger. Knowing what constitutes a true danger may help alleviate some of your anxiety.

Most importantly, be creative in your search information. It may appear that psychiatrists and other members of the treating teams are not being helpful in your quest to support your loved one. However, they are acting in accordance with the law and the ethical codes of their respective professional orders. But don't give up... if you have more questions, please give us a call at Friends for Mental Health: (514) 636-6885.

#### Reference:

Maniatis, T. (2007). Presentation at the Douglas Hospital in Montreal, QC., January 17, 2008

*Confidentiality: In the Patient's Best Interests?*



## Membership & Donation Form

### Friends for Mental Health, West Island

750, Dawson Ave., Dorval, Quebec H9S 1X1  
 Telephone: (514) 636-6885 Fax: (514) 636-2862  
 E-Mail: asmfmh@qc.aira.com. Website - www.asmfmh.org

Membership entitles you to all our services: counseling, respite, conferences, meetings, workshops, support groups, the newsletter, etc. Your membership also entitles you to borrow books and videos. Your support gives you the family and us, the association, a voice to champion, promote and lobby on behalf of families facing mental health problems of a loved one and promote public awareness.

#### MEMBERSHIP

Date: \_\_\_\_\_  
 Renewal  
 New Member  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 Postal Code \_\_\_\_\_  
 Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_  
 E-mail \_\_\_\_\_

Complimentary membership is available for those on a limited income.

#### MEMBER

I have a loved one with a mental illness

#### AFFILIATED MEMBER

I have a mental illness  
 Mental health worker or organization

#### DONATION

I wish to make a donation

\$25       \$100  
 \$50       \$500       Other \_\_\_\_\_  
 In honour of       In memory of

NAME AND ADDRESS

Membership (\$20 annual): \$ \_\_\_\_\_

Donation: \$ \_\_\_\_\_

Total amount enclosed: \$ \_\_\_\_\_

Would you like your name to be published on the "thank you" donor list       yes       no

\* income tax receipts are only given for donations of \$20 or more

#### CORRESPONDENCE PREFERENCE

English       French



#### INFO-SOCIAL 8-1-1

A new program called Info-social will be implemented on the island of Montreal by the end of the year. Postponed from December 2007 to December 2008 this program is similar to Info-Santé, except that it deals specifically with psycho-social issues. The purpose of this program is to offer the community at large quick telephone access for psycho-social issues dispensed by qualified professionals 24 hours a day 7 days a week. It is hoped that this will minimize ER visits or other unnecessary or unwarranted specialized services.

Individuals can call if they need help in regards to life or family difficulties, anxiety, stress, violence, substance abuse, death, suicide, etc. Presently Info-santé receives about 1500 a day for the Montreal region. 10-15% of those calls are psycho-social in nature. Moreover these calls take about 45 minutes on average per call.

Calls can be made anonymously and there is no follow up as the goal is to work with the specific situation at hand. Info-social assists individuals by offering a rapid response in periods of crisis, confidential interventions, referral to appropriate available resources and is a good way for a person to break isolation.

Another application of the program is geared towards workers who can use the service if they need information regarding available resources, advice, guidance, or to discuss how to handle a particular case.

#### CYMBALTA

Lilly has released a new drug in Canada called Cymbalta for the treatment of depression. Cymbalta offers relief from many symptoms of depression that may include loss of interest, associated anxiety, aches and pains, and mood. In clinical studies, many people began to show improvement in symptoms of depression as early as one to four weeks. However, results vary from person to person.

In clinical studies of depression, the most common side effect of Cymbalta was nausea. For most people who had it, the nausea was mild to moderate and usually improved within 1 to 2 weeks. Other common side effects included dry mouth, constipation, decreased appetite, fatigue, sleepiness, and increased sweating.

Life consists not in holding good cards but in playing those you hold well.

-Josh Billings, 1818-1885,  
 American Humorist and Lecturer