

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

DECEMBER
JANUARY
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“Experience is a hard teacher because she gives the test first, the lesson afterwards.”

-Vernon Sanders
Law

FRIENDLY LINK

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SEASONAL AFFECTIVE DISORDER

Weather often affects people's moods. Sunlight breaking through clouds can lift our spirits, while a dull, rainy day may make us feel a little gloomy. While noticeable, these shifts in mood generally do not affect our ability to cope with daily life. Some people, however, are vulnerable to a type of depression that follows a seasonal pattern. For them, the shortening days of late autumn are the beginning of a type of clinical depression that can last until spring. This condition is called "Seasonal Affective Disorder," or SAD.

A mild form of SAD, often referred to as the "winter blues," causes discomfort, but is not incapacitating. However, the term "winter blues" can be misleading; some people have a rarer form of SAD which is summer depression. This condition usually begins in late spring or early summer.

Awareness of this mental condition has existed for more than 150 years, but it was only recognised as a disorder in the early 1980s. Many people with SAD may not be aware that it exists or that help is available.

SAD can be a debilitating condition, preventing sufferers from functioning normally. It may affect their personal and professional lives, and seriously limit their potential. It is important to learn about the symptoms, and to know that there is treatment to help people with SAD live a productive life year-round.

What Causes SAD?

Research into the causes of SAD is ongoing. As yet, there is no confirmed cause. However, SAD is thought to be related to seasonal variations in light. A "biological internal clock" in the brain regulates our circadian (daily) rhythms. This biological clock responds to changes in season, partly because of the differences in the length of the day. For many thousands of years, the cycle of human life revolved around the daily cycle of light and dark. We were alert when the sun shone; we slept when our world was in darkness. The relatively recent introduction of electricity has relieved us of the need to be active mostly in the daylight hours. But our biological clocks may still be telling our bodies to sleep as the days shorten. This puts us out of step with our daily schedules, which no longer change according to the seasons. Other research shows that neurotransmitters, chemical messengers in the brain that help regulate sleep, mood, and appetite, may be disturbed in SAD.

What are the Symptoms?

SAD can be difficult to diagnose, since many of the symptoms are similar to those of other types of

depression or bipolar disorder. Even physical conditions, such as thyroid problems, can look like depression. Generally, symptoms that recur for at least 2 consecutive winters, without any other explanation for the changes in mood and behaviour, indicate the presence of SAD. They may include:

- change in appetite, in particular a craving for sweet or starchy foods
- weight gain
- decreased energy
- fatigue
- tendency to oversleep
- difficulty concentrating
- irritability
- avoidance of social situations
- feelings of anxiety and despair

The symptoms of SAD generally disappear when spring arrives. For some people, this happens suddenly with a short time of heightened activity. For others, the effects of SAD gradually dissipate. Symptoms of summer depression may include:

- poor appetite
- weight loss
- trouble sleeping

Who is at Risk?

Research in Ontario suggests that between 2% and 3% of the general population may have SAD. Another 15% have a less severe experience described as the "winter blues."

SAD may affect some children and teenagers, but it tends to begin in people over the age of 20. The risk of SAD decreases with age. The condition is more common in women than in men.

Recent studies suggest that SAD is more common in northern countries, where the winter day is shorter. Deprivation from natural sources of light is also of particular concern for shift workers and urban dwellers who may experience reduced levels of exposure to daylight in their work environments.

People with SAD find that spending time in a southerly location brings them relief from their symptoms.

Continuation page 7

Handling the Holidays

For Ill Person

Holidays can be especially stressful (especially for people with a mental illness) because:

- There are often implied expectations of certain types of behavior (e.g., exchanging gifts) and feelings (happiness) that we may not be able to live up to.
- Large groups can be over-stimulating.
- Holidays can be painful reminders of the past when life was better.
- Family get-togethers can raise questions about what to tell people about the patient's life, illness, etc.
- Holidays lend themselves to comparing ourselves unfavorably with other more accomplished relatives.

You can cope more effectively with the stress by:

- Planning in advance.
- Acknowledging the mixed feelings family members may have about the holiday.
- Keeping your expectations realistic.
- Respecting and supporting your relative's choices about whether he/she is comfortable participating and in what way.
- Determining in advance how to cope with some of the stress (e.g., how the patient might answer questions, how long to stay, places to go to take breaks, etc.).
- Trying to maintain some balance with respect to eating, sleeping, and use of alcohol.
- Treating yourself like a special holiday guest by doing something special for yourself.

Parts adapted from When someone you love has a mental illness by R. Woolis (1992).

Ten Tips for Holiday Peace of Mind For Yourself:

1. **Plan ahead.** When entertaining, keep it simple and make meals that can be prepared ahead of time, partially prepared and/or able to be frozen. Try to complete things in advance so you can relax and visit with family and friends.
2. **Organize and delegate.** Have a 'family meeting' and make a commitment to share tasks. Rather than have one person cooking the whole meal, have family and friends bring a dish. Children can help with gift-wrapping, decorating, baking or addressing cards. Try to focus on doing what's really important to you and your family.
3. **Beware of overindulgence.** Alcohol is a depressant so try to keep consumption to a minimum. Too much food can make you feel lethargic, tired and guilty.
4. **Get plenty of exercise.** Exercising as a family to work out excess energy and stress is a great activity to serve as much-needed breaks during hectic weeks.
5. **Stay within budget.** Finances are a great stressor so set a budget and stick with it. A call, a visit or a note to tell someone how important he or she is to you can be as touching and more meaningful than a gift. Some activities around the holiday season are free, including driving around to look at holiday decorations, going window-shopping, going skating or taking a walk in the park.
6. **Remember what the holiday season means to you.** While holiday advertising creates a picture that the holidays are about shiny new toys and gift giving, remember that this season is really about sharing and time spent with loved ones. Develop your own meaningful family traditions.
7. **Help others learn about shared social responsibility.** Attend diverse cultural events with family and friends. Help out at a local food bank or donate clothes and toys. Encourage children to make gifts or cards for friends and relatives so the focus is on giving rather than buying.
8. **Include others.** If you have few family or friends, reach out to neighbours. Find ways to spend the holidays with other people. If you're part of a family gathering, invite someone you know is alone to your gathering.
9. **Put fun, humour, affection and "break time" into your holidays.** Fun or silly activities, games or movies that make you laugh, hugs, playing with pets, and quiet time alone or with a partner are all good ways to reduce stress.
10. **Get into the light.** Research suggests that elevated depression around this time of year can have a lot to do with the weather, especially lack of daylight. So soak up the sun when you can. If your dampened mood carries into the New Year, you may want to pay a visit to your doctor or mental health professional.

Above all else this holiday season, help one another and share your problems. Trying to cope alone can become overwhelming. Mental health problems are often encountered by those who want to make the holiday season perfect for their family, but don't have the resources to meet those needs. Talk things through with family and friends and remember that while we all wish for peace on earth this holiday season, we shouldn't overlook the importance of peace of mind.



Taken from the Canadian Mental Health Association

EVENTS FOR ALL



Presentation **Returning to Work:** **Components of rehabilitation**

(Free & bilingual)

Wednesday, January 23RD, 2008
from 7:00–9:00 p.m.

Speaker: Bethany Hartropp,
Occupational therapist at
the Psychiatric Outpatient Clinic
Lakeshore General Hospital

Information: (514)636-6885

CHRISTMAS FAMILY SUPPER

Thursday, December 13th at 6pm
(\$8 caregivers, \$4 clients)

Everyone is welcome!

A Christmas meal in the large room
at 750 Dawson Ave.

R.S.V.P. at (514) 636-6885. (before December 4th)

Music by the West Island Youth
Symphony Orchestra



Art Therapy with **Karin Deroueaux**

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

December 3, 10 & 17
January 7, 14, 21 & 28
February 4, 11, 18 & 25

Please call for registration
(514) 636-6885

Support Group (Free & Bilingual)

Every Thursday
2-4 p.m.

December 6, 13 & 20
January 10, 17, 24 & 31
February 7, 14, 21 & 28

Info: (514) 636-6885

Borderline Personality Disorder Support Group (Free , In English & French)

Friends is pleased to offer families who have a loved one with a borderline personality disorder, a psycho-educational program created by Hélène Busque, a psychologist, entitled, "To love and help someone suffering from a Borderline Personality Disorder, a challenge that can be achieved!" This program aims at informing families on the disorder, how it presents itself and it's challenges and encourages families to put in place changes that will improve their quality of life as well as that of the ill person.

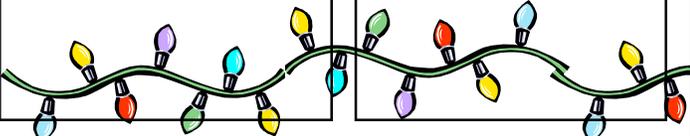
In French
Every Tuesday
6:30-9:00 p.m.

January 8, 15, 22 & 29
February 5, 12, 19 & 26

In English
Every Wednesday
2:00-4:30 p.m.

January 9, 16, 23 & 30
February 6, 13, 20 & 27

Must register - Info: (514) 636-6885



Museum outings (free)

Friday, January 11th: Sculpture Workshop
10:00-12:00 p.m.-1 hour visit and 1 hour workshop

This workshop will start with an hour guided tour of the museum, and will be followed by an hour art-making sculpture workshop.

Friday, February 8th: Exploration of the Function of Objects- 10:00-11:30 a.m.

A guided tour of the African Arts (in the Ancient Cultures Collection) and Decorative Arts exhibits, and culminates in a collage and drawing project which explores the theme.

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

EVENTS FOR CLIENTS

WINTER CAMP **MAISON RUISSEAU**

February 22 to 24

Leaving: 4pm on Friday from
Friends.

Returning: 2pm on Sunday

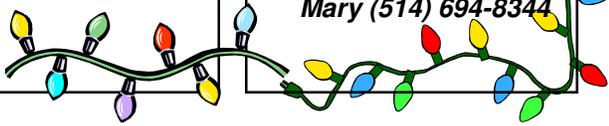
R.S.V.P.
Mary (514) 694-8344

COMMUNITY **SUPPERS**

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

December 7:
Christmas Supper
January 11: Pizza
February 15:
Valentine's Supper

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



**OUR MEMBERSHIP FUNDRAISING CAMPAIGN IS FINISHING FOR 2007
FRIENDS IS CURRENTLY SEEKING DONATIONS FROM ITS MEMBERS IN ORDER TO
SUSTAIN ITS VALUABLE AND POPULAR SERVICES.**

HELP US REACH OUR GOAL OF \$10,000.00!

FRIENDS HELPING FRIENDS!

LAST CHANCE

\$10-25 \$50-100 \$100-250 \$250-350 \$350-500 Other amount \$ _____

I would like an income tax receipt (tax deductible # 130257447RR001)

I / we wish to make a donation of \$ _____

NAME: _____ ADDRESS: _____

I prefer that my name not be published on the thank you donor list.

Thank You!

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

- Boehringer Ingelheim (Canada)
 - City of Kirkland
 - City of Pointe-Claire
 - Lakeshore Civitan Club
- Mr. Geoffrey Kelley-MNA for Jacques-Cartier
- Mr. François Ouimet-MNA for Marquette
- The Merck Frosst Employees' Charity Trust Fund
 - Pathonic Foundation
 - WICS
 - Zhubin Foundation



François Ouimet
MNA for
Marquette



Geoffrey Kelley
MNA for
Jacques-Cartier

WE'RE AT THE HOSPITAL!

Friends for Mental Health is initiating a pilot project whereby Warren Copeland, a Liaison Counselor, will be available on the premises of the Lakeshore General Hospital to provide support for families who have a mentally ill family member either waiting evaluation in emergency or residing on the 4-East psychiatric ward.

By providing family education and support to family members, it is hoped that families will have timely access to information that will help them deal more effectively with the challenges facing them. Research has shown that family education may not only significantly reduce relapse rates, but it can also help those affected with mental health problems regain some autonomy and employment potential that were affected during their illness.

The Liaison Counselor will be available every second and fourth Monday evening of the month from 6:00 p.m. to 8:00 p.m.

**December 10
January 14 & 28
February 11 & 25**



Dr. Amador's Training Conference: Poor Insight! Is it ANOSOGNOSIA?

We highly recommend you read his book, reviewed below. We recently had the privilege to attend his training. Dr. Amador stressed that your loved ones who suffer from psychosis are not necessarily suffering from denial but instead have a neurological problem processing information called Anosognosia (Ann-knows-egg-nosia), It affects about 50% of ill people. Dr. Amador stressed the importance of training family members to use the L.E.A.P. technique as a way to help get around this problem to obtain treatment and stay in treatment long term. The main goal is to learn to really listen to your loved one. Dr. Amador showed that even professionals often rush to solve problems related to our goals and the person's requests are not met. When dealing with psychotic persons their worries and fears are real to them and their solutions to the problem are not drugs and hospitalizations. We need to find a way by listening to them to develop their trust and reduce the judgments we have. Dr. Amador made a promise to his brother to never again call him mentally ill. He listened better to the problems the illness created for his brother and after that he developed a better relationship with him. Should any of you wish to learn this technique please call Friends and request a counselor.

Book review: "I Am Not Sick, I Don't Need Help" by Dr. Xavier Amador

Caring for a person that has a mental illness can be a challenge for the best of us. When the person you love is ill and denies their illness the challenge is even greater. Many families seeking help at *Friends for Mental Health* have asked questions such as, "why is he so stubborn?", "how come she can't see that these behaviors are not normal?". This is why we, at *Friends*, would like to share with you this book that directly addresses the issue of denial.

In his book "I Am Not Sick, I Don't Need Help", Dr. Xavier Amador gives precious advice on how to help a loved one or client suffering from mental illness. The author addresses the issue of denial of the illness by explaining it using recent research. Dr. Amador also explains how to work with the patient to get him the help he needs, as well as how to proceed in case of emergency and secure "assisted treatment", or commitment.

In the first part of his book, the author describes why sometimes our loved ones deny they are ill and even refuse treatment. He explains that this is usually not because the person is stubborn or defensive. The denial of some people suffering from serious mental illnesses might actually be caused by the same neurological problems causing their symptoms. Dr. Amador explains the hypothesis that some clients' self-concept might become "frozen in time". The author explains this phenomena very well by putting his reader in the shoes of a person speaking to a psychiatrist; "What if I told you that you were wrong, that you are incapable of working and may never find employment unless you swallowed some pills I [have] for you. And by the way, you will have to take these pills for a very long time, if not for the rest of your life. What would you [the reader] say to this?" You would probably answer "you are nuts! I can work, I'm just fine" in disbelief. However, as Dr Xavier Amador explains in his book, this startling experience, to be told that you are different from what you know you are happens to many people suffering from serious mental illness. In this section, the author also encourages the person's caregivers to seek treatment for their loved one as soon as possible even if he is doing well.

In the second section of his book, the author explains that involving the family member in his own treatment and forming a partnership with them can be very successful. Dr. Amador describes the four steps to creating a treatment agreement (L.E.A.P.);

- 1.Listen:** To create a partnership with anyone, you need to understand their views and goals. Listen to your loved one to understand *their* point of view on their illness and need to take medication, as well as *their* personal goals regardless of whether you think they are realistic or not.

- 2. Empathize:** "If you want someone to seriously consider your point of view, be certain he feels you have seriously considered his. Quid pro quo". You must empathize with the person's reasons to refuse treatment. Empathizing respectfully is different from agreeing; this can be a difficult concept to grasp. Fortunately, the author has devoted a chapter to the explanation of each of these steps.

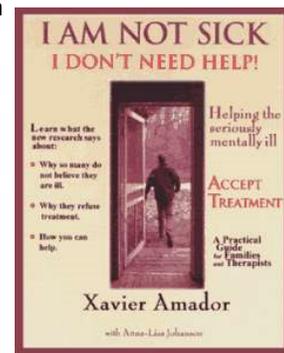
- 3. Agree:** This step is about finding common ground. This is possible even for the most opposite opinions. The author explains that the trick is to make observations *with* the person on facts both of you can agree on.

- 4.Partnership:** After you have found common ground with your loved one, you may search for the space where both your goals converge. For example, both of you might agree that your loved one can lose their job while off their medication, thus they will stay on their medication to stay employed. Fortunately, insight into the illness, which can be difficult, need not be the only reason a person needs to choose to take their medication.

The last part of Dr. Amador's book deals with commitment to a facility. This can be a both a physically and emotionally demanding process.. Fortunately, you can get both counseling and guidance from *Friends for Mental Health*, who can help you through the procedures. Dr. Amador writes that the first step in this process is to decide whether to commit or not. The first step here is to **resolve your ambivalence and guilt**. As the author explains earlier in the book, letting *sleeping dogs lie*, can actually be harmful to the other person in the long run. Also, our fear to commit our family member can sometimes be caused by the images of psychiatric wards portrayed in movies. However, in reality, these places are set up to be reassuring and comfortable for their clients. The next step is to **recognize the warning signs**. Of course, when a person poses an obvious danger to themselves or another, it is time to call the police. However, a person usually has a set of signs that usually happen right before a crisis such as commanding hallucinations, eg. "My voices tell me I must do this", or significant deterioration of hygiene. When you notice warning sings, but the person is in no immediate danger, **contact their therapist or psychiatrist**. You can also **find out about and contact your local mobile crisis team**. Ideally, the ill member should contact them. The team will evaluate your loved one, refer them to an outpatient clinic and try to convince them to go to the hospital. A mobile crisis team can be very helpful since, unlike a therapist, they are available around the clock. Finally, if your loved one has lost control and you fear for their lives or yours, you can **call the police**. Fortunately, police officers are trained to deal with psychiatric emergencies and will treat your loved one with the most respect and dignity possible. When you arrive at the hospital, you can **speak to the doctor**.

As the author explains, your loved one might feel betrayed after being committed. In order to mend the relationship, Dr. Amador suggests that you express **regret** about how the situation made your family member feel. You can also explain your **actions**, but without sounding accusing or angry and, finally, **ask for forgiveness** for having needed to do this. Finally, when the dust settles, you can work on rebuilding and maintaining the partnership you had with your loved one.

Useful Numbers for West Island Residents:
Crisis Center: (514)684-6160
Friends for Mental Health (514)636-6885





In a perfect world, every mental health crisis would have a universal formula. There would be a designated plan of action that would be carried out smoothly and all would end well. The ill person would receive the help they needed; the family member would be relieved and at

peace knowing that their loved one was taken care of and the police would be content with servicing their citizens and helping and individual in need. The perfect world however, can fail to inform reality about that plan.

I was fortunate enough to meet and discuss mental health issues with Chantal Castonguay, a community relations officer at Neighborhood police station 4 on Sources Boulevard which services Dollard-des-Ormeaux and Roxboro. We spoke of law enforcement in relation to mental health.

Though the police are trained in the field of mental illness, it isn't extensive training by any means. Mental health cases however are not treated as other cases and as a result in many instances the police work in collaboration with the crisis centre as well as UPS-Justice who are much more skilled in the area of mental health. Also, under law 38 the police will bring an individual to the hospital against his will if they deem them to be a danger to themselves or others.

Often times the biggest obstacle in calling the police is fear. Fear that their loved one will get a criminal record, fear of what others will think or fear of how they'll be treated by law enforcement. Officer Castonguay addressed the fact that families should focus on the present circumstances which is the fact their family member needs help. If their loved one doesn't receive help their future will be in question and he will not get a criminal record if he is judged not responsible.

There are factors that you have to take into consideration should you need to call 9-1-1. For instance, you need to be aware that what you say to the operator will determine who gets dispatched. For instance if you're in crisis and there's a threat of violence, the police will arrive as well as the ambulance and the firefighters. It is the dispatcher that decides who gets called based on the information that they receive. Nevertheless Officer Castonguay acknowledged that if families are concerned about curious neighbors questioning the situation, they can simply say that they had a small grease fire as the police do not relay

information regarding the circumstances.

Once the person is arrested, another point to keep in mind is that the police have no control over psychiatric evaluations. In the end it's the judge that decides if the individual will receive a psychiatric evaluation and where, depending on the specifics of the case as well as any testimony given by the family.

Often times the family feels powerless but their testimony can be really helpful and can influence the judges decision making. Requesting a psychiatric evaluation is a simple legal process with a preventative goal which is to help a sick person in impending danger for his/her life or that of others who refuses all assistance (i.e. going to a hospital emergency). The request for a psychiatric evaluation is presented to the court where a judge determines if the person shows enough danger signs to override his/her right to make decisions. It is an exception to the rules of the Charter of Personal Rights and Freedoms which ensures that everyone has the right to make their own decisions. The judge can rule that the person be temporarily kept in hospital against his/her will to be evaluated by two psychiatrists. If they find the person is a danger to himself/herself or others, the patient will be kept in hospital for as long as the danger remains. A request to keep the patient will then be presented to the court by the hospital and a treatment program put forth.

Because an institution cannot force treatment the patient can accept or refuse the treatment. If the patient is judged to be no longer dangerous at the time of the psychiatric evaluation, he/she can leave the hospital and will have the choice to accept or refuse treatment. Once the family has completed a court order and given it to the police, the police will then pick up the person and carry out the instructions that are stipulated in the court order.

Relatives also need to know should your loved one be taken onto custody due to an infraction committed in the West island, they will be sent to the holding cell in St-Laurent. If their violation is minor, they will then be sent to the Municipal Court in Montreal. However if the violation is of a more serious nature then they will be sent to the Palais de Justice in Old-Montreal.

Situations which demand police involvement are difficult ones for everyone involved. In the end it's important to realize that the police are there to help and to provide a service to their community. Rather than being fearful of law enforcement it's much more beneficial to use them as your ally seeing as we're all trying to accomplish the same task; helping your ill family

TIPS IF YOUR MENTALLY ILL LOVED ONE BECOMES INCARCERATED

By Audrey Coulombe, Counselor at FMH

As I have worked both for community organizations, as a mental health worker, and for the Federal Government as an institutional parole officer, I have had some experience dealing with certain issues surrounding the obstacles of being incarcerated and having a mental illness. My thought was that I could share some of my experiences with family members; in the event that their mentally ill loved one was ever incarcerated, the family could be somewhat prepared.

One situation that arises regularly is that if a person on psychiatric medication is incarcerated, the medication is temporarily removed from them, as the prison officials cannot be sure, initially, if the medication was prescribed to that individual. Also, any medication can be sold or traded in prison; therefore the prison medical staff has to be in charge of administering it. The bigger problem, for the inmate, is the delay in seeing a psychiatrist and getting back on the appropriate medication in a timely manner (most penitentiaries do not have a regular psy-

CONTINUED ON NEXT PAGE

chiatrist on staff).

One way the family can help is to have, on hand (i.e., keep in a file that is quick and easy to access) copies of any medical records concerning their loved one's illness and/or copies of any prescriptions in that person's name. As soon as possible, the family should get the name of the parole officer (their loved one should be able to get that information within about 24 hours of placement in the institution) who is handling their loved one's case, and a fax number, in order to send the information to the parole officer. It would be prudent to officially make the request to the parole officer to forward it to the medical department in the prison.

There are also psychologists available in all Federal Penitentiaries who can help your loved one. As soon as possible, your loved one can, and should, make a request to see the psychologist which can also help speed up the process of getting things back on track while they are incarcerated. The psychologist will see the person with a matter of hours if there is any risk of suicide. They can also see them regularly for therapy, but as in the outside world, there is often a waiting list!

There is also spiritual support in all Federal Institutions. A leader from every denomination or religious affiliation is available (Catholic, Protestant, Jewish, Sikh, Pagan, Buddhist, Muslim, Aboriginal, and possibly others). This is another avenue of support while incarcerated.

Prison is not a fun place for anyone, but for those suffering a mental illness it can be even more frightening. In conversations with your incarcerated loved one it is important to stress the importance of taking advantage of these services. They are more often than not, extremely helpful and reassuring to the inmate who is most likely scared and confused.

Another thing to keep in mind is that if your loved one has an upcoming parole hearing, for possible release from the institution, the family may write a letter in support of their loved one. You may send these letters directly to the National Parole Board (NPB) and they will take your information into consideration when making their decision. It is important for the NPB to know that the inmate will have good family support when released. This does not mean that you have to accept your loved one back into your home when released, but if there is an alternate plan, you can let the NPB know the options (this is providing the inmate does not have to be released to a half-way house).

This information should not discourage family members from phoning 911 in the event of a dangerous situation involving their loved one. The family must keep in mind that if their loved one was ill at the time of the crime/incident they will most likely be deemed not criminally responsible.

There is nothing fun about being incarcerated, but in the event that it does happen, and an ill loved one does become incarcerated, hopefully you will now have some information and tips that will put your mind a bit more at ease and help you prepare in a calm and rational manner.

CONTINUED FROM PAGE 1

SEASONAL AFFECTIVE DISORDER

How is SAD Treated?

If you feel depressed for long periods during autumn and winter, if your sleep and appetite patterns change dramatically and you find yourself thinking about suicide, you should seek professional help, for example, from your family doctor. There is effective treatment for SAD. Even people with severe symptoms can get rapid relief once they begin treatment. People with mild symptoms can benefit from spending more time outdoors during the day and by arranging their environments so that they receive maximum sunlight. Trim tree branches that block light, for example, and keep curtains open during the day. Move furniture so that you sit near a window. Installing skylights and adding lamps can also help. Exercise relieves stress, builds energy and increases your mental and physical well-being. Build physical activity into your lifestyle before SAD symptoms take hold. If you exercise indoors, position yourself near a window. Make a habit of taking a daily noon-hour walk. The activity and increased exposure to natural light can raise your spirits.

A winter vacation in a sunny destination can also temporarily relieve SAD symptoms, although symptoms usually recur after return home. At home, work at resisting the carbohydrate and sleep cravings that come with SAD.

Many people with SAD respond well to exposure to bright, artificial light. "Light therapy," involves sitting beside a special fluorescent light box for several minutes day. A health care professional should be consulted before beginning light therapy.

For people who are more severely affected by SAD, antidepressant medications are safe and effective in relieving symptoms. Counseling and therapy, especially short-term treatments such as cognitive-behavioural therapy, may also be helpful for winter depression.

Increasing your exposure to light, monitoring your diet, sleep patterns and exercise levels are important first steps. For those who are severely affected, devising a treatment plan with a health care professional consisting of light therapy, medication and cognitive-behavioural therapy may also be needed.

Where To Go For More Information

For further information about seasonal affective disorder, contact *Friends* to find out about support and resources in your community.

Taken from the Canadian Mental Health Association





NEW MEDICATIONS

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 out for donations of \$20 or more

CORRESPONDENCE PREFERENCE

- English French

INVEGA

October 2007– Health Canada has approved INVEGA (paliperidone) by Janssen-Ortho for the treatment of Schizophrenia. It is a once-daily oral treatment for schizophrenia that uses a unique technology that's designed to deliver and sustain a controlled level of medication throughout the day. It also doesn't extensively metabolize in the liver which can mean fewer drug interactions for the individuals taking the drugs.

People with schizophrenia are often on more than one medication due to other conditions such as anxiety disorders, depression, diabetes, etc. However taking several drugs along with antipsychotic medication can alter the potency of the medication and may lead to serious and potentially life-threatening adverse events.

INVEGA controls symptoms around the clock and may reduce the risk of some drug interactions, which can be a problem in the treatment of schizophrenia.

In placebo-controlled clinical trials, INVEGA was shown to significantly improve the symptoms of schizophrenia and the overall severity of patients' illness.

ZELDOX

August 2007– Health Canada has approved ZELDOX (ziprasidone) by Pfizer for the treatment of schizophrenia and manic depression. This medication has been shown to be effective in treating the wide range of positive, negative and depressive symptoms associated with schizophrenia and bipolar disorder. Unlike most antipsychotic medications, ZELDOX was demonstrated to be weight neutral (doesn't produce weight gain) and is also associated with a low incidence of abnormal movements and sexual dysfunction.

STAFF CHANGE

Claudette Robinson, the administrative assistant at Friends for the past 7 years had retired, we wish her all the best! We also want to take this opportunity to welcome Michelle Coté our new administrative assistant.

SUGGESTIONS FOR CONFERENCES

We're asking our members for any suggestions of topics for future conferences. If you have any ideas for a subject, please feel free to let us know. We would also appreciate it if you would inform us the language which you would prefer the conference to be given in. Thank you for your input.

Conference topic _____

Preferred language French English