

Friends For Mental Health

FRIENDLY LINK



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

LIMITS AND BOUNDARIES; why set them? By Sheryl Bruce, counselor

Often when a family member first comes to Friends he or she is looking for help to get the loved one, the ill one, to do something. It can range from getting their loved one out of bed, taking their medication, getting treated or getting a job. The main point of the article is to help you understand that **getting someone else to do something is not the idea of setting limits; it is the effect of setting a limit.**

Limit setting becomes clear if caregivers focus on themselves and not the ill person. Every person has the right and responsibility to take care of themselves. In taking care of yourself you will have more energy to spare and be more at peace with yourself. By looking inside yourself you can become more familiar with your own limits. People often surpass their limits before they realize it sometimes. If you have surpassed your limit you will notice your energy or patience has diminished. If you persist in doing for others when your energy is depleted you may feel fragile, angry, depressed or even possibly anxious (how can I get everything done?).

Setting limits is not an event, it is a process. Kreger says "Your limits emerge from a variety of factors unique

to you. ... Different people have different boundary styles and boundaries have different aspects which vary from situation to situation whether they are permeable, flexible or complex." In setting your limit you must recognize that there are four keys to setting them. 1) steer clear of fear, obligation and guilt 2) trust your perceptions, feelings and opinions 3) refuse to rescue others from you setting limits and 4) recognize that limits have consequences.

Steering clear of fear, obligation and guilt-FOG- means that you have rights too. Do not do things because of other people's expectations. Often siblings inherit the problem and the solutions become limited because they feel they have to continue behaving a certain way because that is the way mom or dad taught them. One should not tolerate an abusive relationship. You can set limits to protect yourself. You should not put yourself in a situation where abuse continues. The responses you should have toward your loved one should be made in respect for both parties. Sometimes we forgive our family members' behaviors and our limits

get pushed and pushed further back.

It is also very important to trust your perceptions, feelings and opinions. If you feel disrespected then it is not good to have the other person convince you otherwise. You have the right to feel the way you do. Feelings are real, whatever they are. Often people with Personality Disorders can make their loved one not even trust themselves and their interpretations of the world. If you ignore your feelings you will end up regretting some action that you take. If you explain your feelings you have the opportunity to get your own needs met and you may become closer to the person by both of you discussing your real feelings.

When you realize that you need to set a limit, make sure that you do not excuse them or change your mind. So do not set a limit that you cannot implement and live with. People do need to be responsible for their own behaviours. So do not back down and do not believe them when they try to make you feel guilty for enforcing a consequence. Once limits are set, if you give in, you send the message that

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LIMITS AND BOUNDARIES; Why set them? (Continued from front page)

you do not mean what you say and you will not be respected. If you set a limit and the person breaks it, they are making a choice.

Choices lead to consequences. The person can choose their consequences but it may be up to you to enforce it. For example, if you own your home, you do get to state the terms that you want to live under. You have rights! If you set a rule based on respect for each other and it is repeatedly disrespected you need to have a discussion about the problem. You can give the person a chance to help solve the problem (two heads are better than one), offer a consequence and follow through with the consequence should the rule not be respected. At some point you may say "It's my way or leave". This would be a consequence of their choices and behaviours. If you do set this limit then decide how long the person has to leave before you use force to follow through. If you collect rent for the room, you must realize that you have fewer rights and it can get more complicated.

Speaking of RIGHTS, everyone- caregiver or ill person- has free will as long as he or she does not hurt themselves or others. In Quebec an ill person has the right to refuse treatment unless he is a danger to himself or others. This free will causes problems in the home and in the person's life as the quality of their life is interrupted. Sheffield comments, that "the responsibility for complying with treatment lies with the person who has the illness. ... Without medication the illness will persist which becomes a refusal to maximize chances of getting well. Noncompliance also indicates ignorance, shortsightedness, and selfishness". Setting limits becomes very important when you can not negotiate or achieve a change you want.

Caregivers need to be their own best advocate and they need to learn the consequences of their own actions. Often caregivers think they know what is best for the ill person. Unfortunately, the ill person has other ideas which need to be respected (unless it is suicide or hurting others). It is better to work with the person in a partnership fashion to help the person develop their self-esteem. There is usually more than one way to live and more than one way to solve a problem. We know what works for this society or what works for us, but do all people really have to get up at a normal hour and work? Why do we work? I ask you to consider that because we do not live in their shoes and we do not know how hard it is for them. However we do know how rewarding it can be to be a valuable member of society. We do know how much easier it is to get a job and be social with others if we stay on the same routine as the rest. Keeping a 9 to 5 schedule keeps us connected with others. But we do not have the right to control another adult. We can influence and provide guidance. If somewhere along the line your loved one can not meet your expectations, then they might not be proud of that; they may even be ashamed of their fears and perceptions of their incapability. There are reasons when days and nights get mixed up and those habits are easy to establish but take a long time to reverse. I urge you to have compassion for the difficulties that have lead to these situations. That being said, when you are at your limit you can demand respect; negotiate what is negotiable and set consequences.

It is important to be an advocate for the ill person and

to find services to get appropriate health care, but not at the expense of your own needs and health. The ill person needs to address why they are stuck and you trying to find solutions does not address the reason why they are stuck. What we recommend, if you are working beyond the limit of our energy or patience, is that you take a step back, recover and take care of yourself so that you can gain valuable energy. This stepping back will provide space, time, etc., for the ill person to stop resisting help that you offer. They then have to focus on themselves and what they need. The ill person needs to learn their symptoms, identify their needs and ask for help. Sadly, often they lack the motivation to do what they know they need to do. Sometimes the ill person doesn't like the help that is offered. To some extent what is being offered can be changed or replaced. However we are very privileged on the West Island to have two day centers Omega and Centre Bienvenue. We also have many psychiatrists and a treatment center; plus we have CLSCs. New work opportunities are being developed: Centre Bienvenue (514-421-2212), Équipe Entreprise (514-636-1081), l'Arrimage (514-389-9393) a work integration program. All of these places have not just some but a lot of good things to offer, and they are constantly evolving. Keep encouraging your ill person to go to these places and find out what is new and how they can be helped.

By setting limits you will be helping yourself as well as your loved one. A win-win situation for everyone!

Sheffield, Anne. [How you can survive when they are depressed: Living and coping with Depression Fallout](#). Three Rivers Press, 1998.

Kreger, Randi. [The Essential Family Guide to Borderline Personality Disorder](#). Hazelton, 2008.

LETTING GO

To **let go** does not mean to stop caring. It means I can't do it for someone else.

To **let go** is not to cut myself off. It's the realization I can't control another.

To **let go** is to allow someone to learn from natural consequences.

To **let go** is to recognize when the outcome is not in my hands.

To **let go** is not to care for, but to care about.

To **let go** is not to fix, but to be supportive.

To **let go** is not to judge, but to allow another to be a human being.

To **let go** is not to expect miracles, but to take each day as it comes, and cherish myself in it.

To **let go** is not to criticize or regulate anybody, but to try to become what I dream I can be.

To **let go** is not to regret the past, but to grow and live for the future.

To **let go** is to fear less and love more.

-Author Unknown

SCHEDULE OF EVENTS

At 750 Dawson Ave.

EVENTS FOR CAREGIVERS

Annual General Meeting: 5:30-7:00 p.m.
Public Information Meeting: 5:15 p.m.

at the Elizabeth Russell Center
750 Dawson Avenue, Dorval

Wednesday, June 17th, 2009 (a small cold buffet will be served at 7:00 p.m.)

Followed by a

PRESENTATION(Free & bilingual)
From 7:30-8:30 p.m.

First Line Services For Adult Mental Health?
Where do you go for help?

Guest Speaker: Birgit Ritzhaupt,
Program Manager for the West Island Health and Social Centre

Information (514) 636-6885

BIPOLAR SUPPORT GROUP

We are offering an open support group for family members, partners, or friends who have a loved one living with bipolar disorder. The group will provide education, information and, most importantly a safe space for sharing about the impact of bipolar disorder on relationships and family life.

Monday 5:30-7:30 p.m. on following dates:
June 8th & 22nd

SUPPORT GROUP FOR BORDERLINE PERSONALITY DISORDER

Only for families who have taken the course. Potluck

English & French: Tuesday, June 9th, 5:30 –7:30p.m.

PSYCHOSIS AND SCHIZOPHRENIA SUPPORT GROUP

Families and friends are often faced with many challenges and difficulties when a loved one has a psychotic illness. Through a combination of education and support, group members will learn various strategies to cope with psychosis.

June 9th & 23rd from 5:30-7:00 p.m.

LETTING GO: GRIEVING MENTAL ILLNESS SUPPORT GROUP

Using the creative arts to explore, express and engage in a conscious process around grief and letting go.

Saturday June 20th from 10:00-4:00 p.m.

Registration required. Contact Lucy Lu, counselor at (514) 636-6885

ART THERAPY FOR CAREGIVERS

(with Karin Derouaux)

Mondays (except June 29th & August 31st) from **3:00pm -5:00pm** and **7:00-9:00 p.m.**

Please call for registration (514) 636-6885

OUR PRESENCE AT THE LAKESHORE GENERAL HOSPITAL

A counselor is available in psychiatry (4East) at the Lakeshore General Hospital on Wednesday evenings from 6:30 to 8:30p.m.

EVENTS FOR CLIENTS**Community Suppers***Fridays at 5:30 p.m. (\$3)*

June 12: Bar-B-Q

July 10: Bar-B-Q

R.S.V.P. Mary (514) 694-8344**Summer Camp****La Maison
Ruisseau**

August 7 –9, 2009

R.S.V.P. Mary (514) 694-8344**EVENTS FOR ALL****Summer Family Barbecue**Friday, August 28th at 6:00 p.m.We'll be serving up a bar-b-q for everyone!
All clients and family members are welcome!*R.S.V.P. Mary (514) 694-8344***NAMI Family-to-Family Course**

The NAMI Family-to-Family Education Program is a free, 12-week course for family caregivers of individuals with severe mental illnesses. The course is taught by trained family members

What does the course include?

- Current information about schizophrenia, major depression, bipolar disorder (manic depression), panic disorder, obsessive-compulsive disorder, borderline personality disorder, and co-occurring brain disorders and addictive disorders
- Up-to-date information about medications, side effects, and strategies for medication adherence
- Current research related to the biology of brain disorders and the evidence-based, most effective treatments to promote recovery
- Gaining empathy by understanding the subjective, lived experience of a person with mental illness
- Learning in special workshops for problem solving, listening, and communication techniques
- Acquiring strategies for handling crises and relapse
- Focusing on care for the caregiver: coping with worry, stress, and emotional overload
- Guidance on locating appropriate supports and services within the community
- Information on advocacy initiatives designed to improve and expand services

The course begins September 2009

To register or for information call (514) 636-6885**NAMI Testimonial
by Bill Prickett****EDUCATING OURSELVES TO
FACE THE
CHALLENGES OF MENTAL ILL-
NESS**

At NAMI: we learn how to communicate and understand our loved one's thinking .

At NAMI: we learn to recognize the relapse signs and we face these traumas together and find a balance together.

At NAMI: we also realize that love is not just compassion (sympathy), it is empathy and an emphatic necessity to finally, truly know each other.

It works, you will create (with a lot of work – and some ups and downs) one of the most intimate and caring relationships in your life.

My many thanks to NAMI & to Friends for Mental Health.

- Bill Prickett**Word of Thanks**

The West Island Council for Psychiatric Needs (**OMEGA**) would like to extend sincere appreciation to the membership of Friends for Mental Health, and everyone else who supported our efforts to secure funding for our new 28-unit supervised apartment complex which recently opened in Pierrefonds. Your letters and phone calls helped us obtain the funding we needed to complete this important project. Thanks once again for speaking out in support of affordable housing for mental health clients.

**Survey at Friends About
Our Services**

Centraide's Training and Coaching Project in Planning and Evaluation offers community agencies support in building capacity for planning and evaluation. Friends was selected by Centraide for a Participatory evaluation with the support of COCO (Center for Community Organization).

Please help us identify areas of particular strength in our organization's management and delivery of services as well as areas where services can be improved.

The survey will be available on our website.

Seniors' Mental Health Issues

In general, Canada's seniors are healthier, more independent and less likely to live in poverty today than they were 25 years ago, reports Health Canada. But that doesn't mean Canadians over the age of 65 are immune to mental illness.

Though many seniors have developed positive coping skills and emotional maturity, life experience is no defense against illnesses such as Alzheimer's disease, addictions, anxiety disorders and depression.

Major illness, retirement, the death of a spouse, a shrinking circle of friends—all may contribute to increased levels of stress and depression in Canada's elderly. In the over-65 age group, about 6% suffer mild to severe depression in any given year. Of those who have chronic illness, this number jumps to around 25%, and a startling near 50% of those in long-term care facilities are affected by depression.

Depression is also hard to recognize and treat because it is often confused with aging itself. A key to correctly identifying and treating depression among seniors begins with education. Seniors, like many others, hold negative attitudes which stop them from seeking help. Seniors are among the most under-treated populations for mental health. An article in the Canadian Medical Association Journal noted that physicians are unable to detect depression in nearly 90% of depressed seniors in hospital care.

Suicide among the elderly is another danger that often goes unnoticed. Elderly men are at a far greater risk of attempting suicide than women, with over five times as many men over the age of 65 dying as a result of intentional self-harm. Of all age groups in Canada, men over the age of 85 have the highest rate of completed suicides. Men over 70 are also hospitalized at higher rates than women for attempted suicide.

Deteriorating physical health can quickly change a happy retirement into a period of confusion, fear and chronic pain. When disabilities occur later in life, individuals who were involved in working, socializing and travelling may suddenly face lower incomes, reduced mobility and dependence on caregivers and assistive devices.

These changes can have a dramatic effect on seniors' mental and emotional well-being. And increased stressors also have consequences on physical health. Recent studies validate the link: one Statistics Canada study found that older women who are psychologically distressed such as feeling sad, worthless and hopeless are far more likely to die over the next several years as those who are not distressed. This holds true for older men as well, although death

from chronic diseases seems to offset the effect of stress. Fortunately, another study suggests the inverse, that positive outlook and engagement in life—not just the absence of stress or depression—may be protective against conditions from Alzheimer's to arthritis.

The loss of one's life partner is another major life stressor associated with aging. About a third of Canadian seniors are coping with the loss of their life partners, not to mention the gradual loss of their friends, relatives and social circles.

Though feelings of anxiety, grief and sorrow are normal reactions to major life changes, the most common medical approach to anxiety and depression in seniors is to prescribe drugs. According to Statistics Canada, nine in ten seniors take at least one type of medication—most take three types. More than a quarter of senior women are taking more than five. At the same time, the Canadian Public Health Association released a report noting that three to five of every ten prescriptions are not taken properly, essentially making these medications ineffective. More frighteningly, they point out that nine out of every ten outpatients take their prescriptions improperly or not at all.

Though medications are often helpful, elderly people may also benefit from information about alternative methods of dealing with emotional and stress-related illnesses, says Valerie Oglov, coordinator of the Older Women's Health Project based in West Vancouver. For example, seniors need opportunities to express feelings such as anxiety, frustration or grief and receive recognition from others that what they are feeling is normal and valid, Oglov says.

Communities can help foster seniors' well-being by providing the elderly with information on how to interact with the medical system, how to describe what they are experiencing and what questions to ask their physicians, she adds.

An increase in social and economic resources is needed to provide seniors with opportunities to cope and thrive successfully. For example, access to transportation and social activities are extremely important for seniors with physical disabilities, mental illness or both, who may otherwise be confined to their homes.

As Canada's elderly population continues to grow, staff in health care facilities, social services and community care programs must have geriatric training to help them understand seniors' unique needs.

Taken from: www.heretohelp.bc.ca

Reasons Depression May Go Unrecognized in Seniors

Seniors may:

- believe the myth that depression is just a natural part of the aging process
- see depression as a normal consequence of losing their independence
- already have other physical or mental illnesses (e.g. dementia or diabetes) and may not distinguish depression as a separate illness that can be treated
- experience depression as a side-effect of medications (e.g. such as some drugs for high blood pressure)
- feel embarrassed or ashamed to even discuss it
- be living with a constant, low-level form of depression known as dysthymia so may not even recognize it or think it can be treated
- not see any life events that could have brought the depression on and so feel it must be a personal flaw; or, alternately, have so many life events going on that could trigger a depressive episode that the person feels going to a doctor could serve no purpose
- come from a culture that holds different perceptions about what depression is
- lack the mobility or family support needed for a trip to the doctor
- believe treatment would be too long-term or expensive
- get depressive symptoms (e.g. problems with sleep or appetite) diagnosed as signs of a physical illness — or ignored entirely

Source: Canadian Mental Health Association

Coping With Guilt When a Loved One Has a Mental Illness

The dictionary defines guilt as the feeling of responsibility which follows an offence.

Guilt is therefore a feeling which makes us aware that we have committed a real offence. This emotion can help us to correct a wrong resulting from inadequate behavior or attitude. For example, having a feeling of guilt after saying something hurtful is an adequate behavior. The guilt will lead the offender to pay more attention in order to avoid saying something hurtful again.

Often, the family of a mental ill person will feel guilty:

- For imposing limits on that person;
- For putting in a request for a clinical psychiatric exam;
- For not spending more time with that person;
- For no longer being able to live on an ongoing basis with that person;
- Or for feeling responsible for that person's illness.

In the above examples, and many more, guilt is not an adequate emotion because no offence was committed. No one is responsible for a mental illness, just as no one is responsible for diabetes, hearing loss, or a physical handicap.

Mental illness is not the result of the way a person was raised (I sheltered him/her too much, or, on the contrary, I did not shelter him/her enough), but rather a biological predisposition (genetics) associated with environmental or personal factors (loss of a job, academic failure, lost love) that create a breeding ground for mental illness to develop. Simply put, the illness was already present, and stress factors, difficult for that person, triggered it.

Do not feel guilty when it comes to the illness of your loved one; unhealthy guilt is very harmful to your psychological well-being because it literally eats you inside, makes you suffer needlessly, and poisons your life.

In the same vein, you should not reproach your spouse or your parents or anyone else for the mental illness of your loved one. They are no more responsible for the illness than you are. You must also dismiss remarks from people who blame you because it is often the result of prejudices and false ideas about mental illness.

At times parents may feel guilty for transmitting the illness to a child. At conception, there were many possibilities in the genetics lottery, and you had no control on your genetic baggage; you are therefore not responsible.

Sometimes the family must request a psychiatric evaluation so that the mentally ill person can be evaluated against his/her wishes. You must understand that the person may refuse care because he or she does not see that they are sick. Feeling guilty for putting in such a request is not appropriate; on the contrary it is the proper step to take faced with a health situation requiring an intervention. Even if your loved one resents you for it, you acted in his/her best interest, and it will eventually be accepted as such.

Many people feel guilty for having to impose limits on a person suffering from mental illness:

Limiting visits to the family home;

Limiting phone calls;

Saying no to constant monetary requests.

You must not feel guilty because, again, no offence was committed. Everyone has a limit which must be respected to ensure a certain satisfaction in life.

Any interaction has limits, and that is certainly the case in interactions with a person suffering from mental illness. You therefore have no reason to feel guilty. Do your best to maintain a relationship which also suits you.

Many parents are assailed by feelings of guilt the day they decide to no longer live full-time with a child suffering from mental illness. You must not forget that living with that person is often beyond the family's capacity.

When the situation becomes too much, living under different roofs must be considered. In any event, sooner or later, your child will need to learn to live independently, even if he/she needs help from time to time to succeed. You must encourage

this self-reliance, not feel guilty and accept that you have reached your limit.

Finally, do not forget that guilt must be avoided as much as possible to ensure that you have an adequate quality of life. It is often difficult to accept that a loved one is sick; you must not, therefore, increase this feeling of distress by adding guilt to the mix, your well-being depends on it.

Text by Maureen Doyle

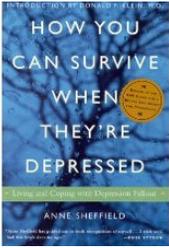
Take from pamphlet of L'Accolade santé mentale

Translation Denise Crawden

Suggestions to decrease feelings of guilt

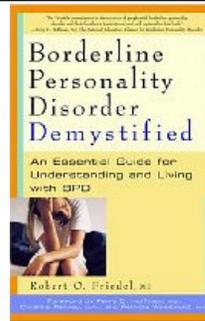
- First and foremost, learning self-love and self-respect is essential because it will make it possible for you to take yourself into account. Thus, you will be less subject to inadequate feelings of guilt.
- Do not forget that guilt is an adequate emotion if, and only if, you committed an offence. If you have not done anything wrong, guilt should not be in the picture.
- Remember that no one is responsible for the mental illness of your loved one; thus feelings of guilt in this regard should not be present.
- Do not forget that being eaten inside by feelings of guilt will not change the reality of your loved one, but that it will greatly affect your quality of life.
- Telling yourself that you are not guilty, and repeating it as often as necessary, can really help in calming and dispelling feelings of guilt.
- Sharing your feelings of guilt with someone you trust can be beneficial.
- If you cannot get rid of ruinous inadequate feelings of guilt by yourself, consider seeking professional help.

NEW BOOKS AT FMH



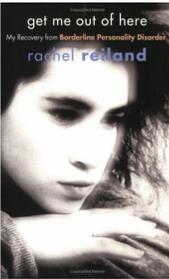
“How You Can Survive When They’re Depressed”
By Anne Scheffield

"Depression fallout" is the emotional upheaval suffered by the friends and family members of someone who's depressed. Anne Scheffield gives a thorough analysis of the many causes of depression, illustrates the five stages of depression fallout, and considers the benefits and downfalls of psychotherapy and how a fallout victim may be affected by it.



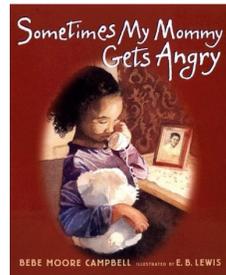
“Borderline Personality Disorder Demystified”
By Robert Friedel

In *Borderline Personality Disorder Demystified*, Dr. Robert Friedel, a leading expert in BPD and a pioneer in its treatment, has turned his vast personal experience into a useful and supportive guide for everyone living with and seeking to understand this condition.



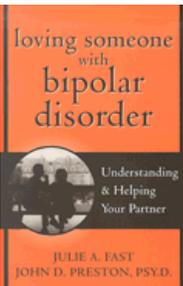
“Get Me Out of Here-My Recovery From Borderline Personality Disorder”
By Rachel Reiland

Touted as the only book of its kind, this is a firsthand account of Borderline Personality Disorder (BPD). This is not intended as a text for treatment but a story of how one person lived with and overcame an affliction that many professionals view as untreatable.



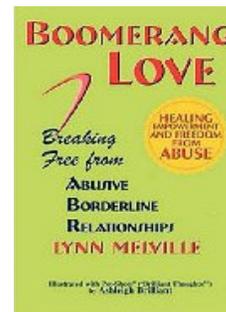
“Sometimes My Mommy Gets Angry”
By Bebe Moore Campbell

Grade 1-3 The author explains how life can be for a child living with a mentally ill parent. The author's goal is to offer children resilience by introducing coping strategies and helping them to understand that they are not to blame for their parents' difficulties.



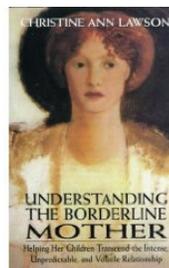
“Loving Someone With Bipolar Disorder”
By Julie A. Fast & John D. Preston, Psy.D.

Julie Fast and John Preston have written a ground breaking book for couples who want to prevent manic depressive disorder from hijacking their relationship. The goal of all the tools is to pinpoint early warning signs of a manic or depressive episode and be prepared with a holistic treatment plan.



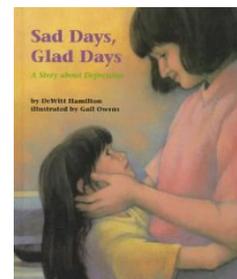
“Breaking Free from Boomerang Love: Getting Unhooked from Borderline Personality Disorder Relationships”
By Lynn Melville

Through daily readings and affirmations, the reader is led into an inspirational, experiential journey as seen through the eyes of a partner to someone suffering with borderline personality disorder.



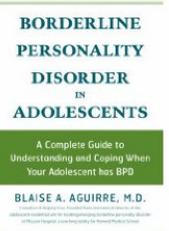
“Understanding the Borderline Mother: Helping Her Children Transcend the Intense, Unpredictable, and Volatile Relationship”
By Christine Ann Lawson

Addressing the adult children of borderlines and the therapists who work with them, Dr. Lawson shows how to care for the waif without rescuing her, to attend to the hermit without feeding her fear, to love the queen without becoming her subject, and to live with the witch without becoming her victim.



“Sad Days, Glad Days: A Story about Depression”
By Dewitt Hamilton and Gail Owens

Ages 5-8. Dewitt Hamilton offers no false promises to kids whose parents suffer from depression. Instead, she offers a strong depiction of an honest, loving mother-and-child relationship that's constantly being tested, and a picture of a child who learns that she's neither the cause of nor the solution to her mother's problem.



“Borderline Personality Disorder in Adolescents: A Complete Guide to Understanding and Coping When Your Adolescent has BPD”
By Blaise A. Aguirre, M.D.

Borderline Personality Disorder in Adolescents offers parents, caregivers, and adolescents themselves a complete understanding of this complex and tough-to-treat disorder.

Families working towards recovery

Friends for Mental Health invites families to participate in a Congress organized by L'ALPABEM and its partners on June 11-12 and 13th 2009. The cost will be covered by us. Places are limited. First come first served. There are six English workshops. The other workshops will be in French.

Please let us know if you are interested and we will confirm with you if there are still places available. The registration is made through Friends for Mental Health. **Please do not fill or send us the registration form unless your place has been confirmed.** Contact us at (514) 636-6885 or by e-mail: asmfmh@qc.aira.com



THANK YOU!

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

City of Pointe-Claire

EJLB

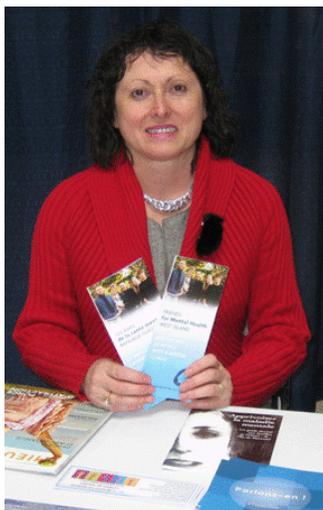
Merck Frosst Employees' Charity Trust Fund

West Island Community Shares

Please advise us of your e-mail address (if you already haven't) so that we can keep you informed of the latest news and events

Salon ma santé 2009 Complexe Desjardins

This past March, Friends for Mental Health, with other family associations of Montreal, participated at the Salon ma santé 2009, an informational health clinic at Complexe Desjardins. The event gave visitors the opportunity to meet health professionals and visitors obtain information on a variety of topics related to the world of health.



Lucie Discepola, Executive Director

Workshops For Children

A series of educational activities will be offered at Friends for **children** dealing with the mental illness of a loved one entitled, "Anna et la mer".

- These workshops are geared for children between the ages of 7 to 12 years.
- The program is made up of 8 sessions of one hour and a half each.
- A series of pre established themes are incorporated into each meeting.
- A portion of the meeting is carried out in the form of games and discussion. Another portion encourages self expression through artistic means.

The objectives

- To bring together children that are living similar experiences while encouraging sharing and self-help
- Impart information regarding mental illness and related issues
- Equip the child so that they will be better able to deal with their unique situation and become more resilient
- Increase each child's self-esteem by the discovery and expression of their own strengths and interests.

