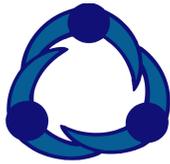


Friends For Mental Health

FRIENDLY LINK



Volume 27, Issue 4 DECEMBER JANUARY FEBRUARY 2009

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

NEW LIAISON NURSES AT THREE CLINICS

The West Island Health and Social Services Centre is one of three Montreal area health and social services centers to be granted a budget to develop new mental health services.

It appears that many people are unable to receive the proper care they require due to a lack of coordination in mental health services between providers.

In an attempt to correct the situation the Ministry's mental health action plan 2005-2010 was developed.

Francine Giroux, Director of Mental Health and Intellectual Disabilities stated that "the number of dedicated frontline professionals will increase from 11 to 32...We're in the process of hiring pivot nurses to work exclusively in mental health at each of the tree network clinics". Those network clinics are the Brunswick Medical Center, Statcare Stillview and Medistat.

One pivot nurse has already been hired at the Brunswick Medical Center. The other two network clin-

ics will soon follow suit.

These nurses will, over time, build links with all of the general practitioners in an attempt to create a true network. Patients that need treatment will be treated quickly or referred to other resources, whether that be a community based mental health facility or an outpatient psychiatric unit.

Another part of the budget will be used to set up the "guichet unique d'accès" for mental health services. This one-stop access portal will provide access to the complete range of services for the West Island territory.

This service is designed for general practitioners, mental health providers and community based mental health organization in the West Island. This means that if these workers have a question in regards to a patient that's presenting mental health issues, they can call a professional from the Health and Social Services Centre from Monday to

Friday until 10:00 p.m. All questions concerning mental health will be directed to one main telephone number that will then be triaged according to its level of priority, the risk it represents and the need for intervention.

The new service team will include:

- The professional answering the call (Social worker, Diane Grant)
- The first line mental health team from the Pierrefonds, Lac Saint-Louis and Ensemble facilities.
- The out-patient clinic's liaison agent
- Three mental health pivot nurses for each of the network clinics (so far Stefano Paolo Tedeschi has been hired at the Brunswick Medical Centre)
- A general practitioner (Dr Tarzack)

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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

Helping a Friend or a Loved One With an Eating Disorder

Eating disorders affect more than the people who suffer from them, they also trouble their parents and loved ones. The family and friends of people suffering from auto-destructive behavior related to eating disorders often experience lack of understanding, powerlessness, and frustration. It can be difficult to find what to say or how to act with a person afflicted by such a disorder. To help you through this process, we recommend the following reflections and tools:

1. Get as much information as possible on eating disorders by consulting books, Internet sites, or professionals. Yet, make sure you do not let this problem control your life. The afflicted person's healing process is not your responsibility. You can however be of great support by being there to listen and trying to understand what the person is going through, without passing judgment. Eating disorders are often a cry for help and, deep within themselves, these individuals are touched by your concern and thankful for your openness.

2. Know that eating disorders have nothing to do with food. Anorexia, bulimia, or binge eating (also known as hyperphagia) are complex disorders for which biological, psychological, and social causes vary with each individual. It is therefore important to avoid pressuring the person to eat, offer rewards for eating, or think the situation is improving because the person has gained a kilo: none of this has to do with the core of the problem. Comments regarding food and weight are not only futile they can worsen the problem by reinforcing the obsessive behavior.

3. No one can win this power struggle over food. By exercising a strict control over food, these individuals believe they are controlling their emotions in other aspects of their lives. Any attempt to regulate meals or nutritional intake could very well strengthen the behavior.

4. Avoid conversations that focus on appearances. To questions like "do you

think I look fat?" it is best to answer "I have not noticed, I love you the way you are" or "I can see this matter is important to you; would you like to talk about it?" Whatever your response may be, do not justify comments that can worsen the self-image obsession.

5. When you voice your concern, you should express your feelings about your observations and avoid judgment or personal opinions. Make sure you speak in the first person. Do not start these discussions over meals; choose a time when everyone is calm. Then, you can say "I worry when you isolate yourself" instead of "I think you have an eating disorder and should seek help". It is crucial to avoid reinforcing the person's feeling of powerlessness. Instead focus on their ability to make their own decision. More than anything, they're entitled to their privacy.

6. However, should you have reasons to believe this person's health is seriously threatened, seek help. This is a serious illness that you cannot handle alone. It is often necessary to consult specialists as people with eating disorders can deny having a problem or refuse help. Even if your loved one accuses you of betrayal, remember confidentiality no longer applies when there is evidence of potential physical harm.

7. Gather information on your region's available resources and the services they offer, e.g., support groups, individual therapies (psychologist, nutritionist, sexologist, etc.), or medical care. You can easily access this information and give it to the person suffering from an eating disorder by contacting ANEB Quebec at (514) 630-0907. Remember that they alone can decide if help should be sought, as well as when and how this would take place. In the

meantime, do not hesitate to seek help for yourself. Eating disorders affect all members of the person's immediate circle and it is important that you are supported through this difficult time.

8. To see a loved one suffer from an eating disorder can make you feel angry, powerless, guilty, or frustrated. It is important that you release these emotions by reminding yourself that it is useless to blame the person for what is happening. In many ways, they're as confused as you are, in addition to being terrified by the feelings they're experiencing. Eating disorder can be a source of comfort at this point and it is difficult for the people who suffer from them to let them go. Guilt is also futile, even if you have indirectly been a contributing factor to this situation, there are several aspects of the disease that have nothing to do with you.

9. Do not attempt to take on the therapist's role, you would fail. Due to the complex nature of anorexia, bulimia, or hyperphagia, even well intentioned parents or friends can intensify the negative aspects of the disease and completely miss the positive. A person's outperformance is another's underperformance. Remember, people suffering from eating disorders must seek help in accordance with their needs. If someone else does it for them and does not encourage them to own up to their responsibilities, their motivation to change things can be decreased significantly.

10. More importantly, question your own behavior regarding body image and weight issues. Since we all belong to a society that fosters eating disorders, we must ponder our role in this obsession with thinness that is being perpetuated globally. Are you on a diet? Do you exercise to lose weight or to stay healthy? When you first encounter someone, do you put emphasis on their body shape? If you gain one or two kilos, is your self-esteem affected? It would be good to gain some insight into your own fears with respect to thinness.

*Taken from Aneb Quebec
www.anebquebec.com*

SCHEDULE OF EVENTS

At 750 Dawson Ave.

EVENTS FOR CAREGIVERS**BORDERLINE PERSONALITY DISORDER TRAINING** (Free, In English & French)

For families who have a loved one with a borderline personality disorder. This **16 week 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 in English, Wednesdays 1:00-3:30 p.m. February 11th, 2009 and in French, Tuesdays 6:30– 9:00 p.m. February 10th, 2009.

Must register - Info and dates: (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 5:30-7:00 p.m. on following dates:

January 26

February 9 & 23

SUPPORT GROUP FOR BORDERLINE PERSONALITY DISORDER

Only for families who have taken the course.

English: Wednesday, February 4th at 5:30p.m.

French: Wednesday, January 21st at 5:30 p.m.

PSYCHOSIS 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 in a safe environment.

Every 1st and 3rd Wednesday from 5:30-7:00 p.m. On following dates

January 21

February 4 & 18

ART THERAPY

(WITH KARIN DEROUAUX)

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

Please call for registration (514) 636-6885

MUSEUM OF FINE ARTS OUTING (free)

10:00-12:00 a.m.-1 hour guided tour and 1 hour sculpture workshop

Thursday, December 4, 2008 - A Zoo at the Museum

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

R.S.V.P. (514) 636-6885



SCHEDULE OF EVENTS

EVENTS FOR ALL



FAMILY HOLIDAY SUPPER (FREE)

Tuesday, December 9th, 2008 at 6:30 p.m.

At 750 Dawson Ave.

Everyone is welcome!

R.S.V.P. obligatory before December 1st (514) 636-6885

Performance with the Third Space Playback Theatre:
Share, listen and watch stories about "*Giving and Receiving*"

CONFERENCE (Free & bilingual)

"Healthy Weight For Healthy Living (Options for weight management)"

Wednesday, February 4th, 2009 at 7:00 p.m. (buffet 6:30)
Speaker: Dr François Gilbert, Endocrinologist, Kirkland, Qc
at the Dorval Community Center- Sarto Desnoyers
1335 Lakeshore, Dorval

Information (514) 636-6885

EVENTS FOR CLIENTS

Community Suppers

Fridays at 5:00 p.m. (\$3)
December 12: Christmas supper
January 9: Lasagna
February 20: Valentine's supper
R.S.V.P. Mary (514) 694-8344

Winter Camp

February 27-March 1st 2009
Leaving: 4p.m. on Friday from Friends
Returning: 2 p.m. on Sunday
R.S.V.P. Mary (514) 694-8344



NEW SELF HELP WORK GROUP FOR PEOPLE LIVING WITH MENTAL ILLNESS

"**Making it Work**" is a self help-help group that is designed to unite people that are currently working, looking for work, doing volunteer work or are contemplating returning to work to discuss their concerns about work and the challenges they face living with a mental illness.

Organized by Équipe Entreprise and L'Arrimage, the group starts with a presentation on a given subject that is work related previously chosen by the group and a discussion following. Although the group is full until April 2009, there is a waiting list, should a member decide to drop out.

They meet the 1st Saturday of every month at the YMCA Pointe-Claire from 10 a.m. to 12 p.m.. For more information or to reserve, please contact Linda at (514) 636-1081.

A COLLECTIVE CHRISTMAS

WEDNESDAY, DECEMBER 10th 2008
from 11 am to 3 pm
at the Pierrefonds Cultural Centre
13850 Gouin Boul. West in Pierrefonds

Once again this year, five mental health community organizations (Centre Bienvenue, l'Équipe Entreprise, Omega, Perspective Communautaire en Santé Mentale, Citizen Advocacy) and a private organization (Maisons Normand Raymond) will pool their resources and energy in order to offer a unique collective Christmas to the participants of the West Island Mental Health Network. There will be music, games of all kinds, a choir, good food... and some amazing surprises.

So, please do not hesitate... and reserve your place right now through your organization. We can't wait to celebrate this event with you ... created especially for you!

RSVP: (514) 631-2760

**Book Review: "Setting Boundaries with your Adult Children: Six Steps for Hope and Healing for Struggling Parents",
by Brigitte Boulard, summer student**

Do you ever feel like your adult child's behavior is getting increasingly out of control, but think that he or she will eventually get out of it if you keep patiently giving everything you possibly can to help? If you can relate to this, than we highly recommend that you read this book; many of our families have found it especially useful and eye-opening. *Setting Boundaries with your Adult Children: Six Steps for Hope and Healing for Struggling Parents* By Allison Bottke (Harvest House Publishers, 2008) was written for parents who feel overwhelmed by their adult children's behavior whether it be drug abuse, reckless sexual behavior, financial abuse, mooching, etc...

The author starts the book with a compelling testimony about why she wrote the book. Here she talks about a defining moment in her life that happened when she was cleaning up her son's apartment after a SWAT team raided his place for drug trafficking and possession, and found a closet full of Nazi paraphernalia. She wrote that it was at that moment that she realized that she had been so focused on doing everything possible to help him change his life around - like bailing him out of jail with no consequences - that she had actually enabled him to come to this point in his life.

In the next part of her book, Allison Bottke explains to the reader in a very direct, yet sensitive manner what enabling is, why parents do it, how it hurts both the adult child and the parent, and why it should stop now. The point of this chapter seems to be to support the enabling parent in the painful shift from thinking "but I'm only trying to help" to "my "helping" is part of his problem" to "I will have to face some of my fears for me and him and be "tough" on him to help him grow up".

For example, she starts by

explaining the difference between helping and enabling;

"*Helping* is doing something for someone that he is not capable of doing himself. *Enabling* is doing for someone what he could and should be doing for himself".

She also gives a list of questions to help the reader think about his possible enabling behavior. Here are a few examples;

- "Have you ever repeatedly loaned your adult child money, which has seldom, if ever been repaid?"
- Have you avoided talking about negative issues because you feared his response?
- Have you wondered how he gets money to buy cigarettes, video games, new clothes, and such but can't afford to pay his own bills?
- Have you given him "one more chance" and then another and another?
- Have you begun to feel like you have reached the end of your rope?
- Have you begun to feel that your marriage is in jeopardy because of the situation?

In the next part of her book, Allison Bottke explains to the reader how to help your adult child by stopping enabling behavior and helping the adult child become responsible for his or her own actions with the use of the six steps forming the word "SANITY". She devotes an entire chapter to each of the six steps:

S= Stop enabling, stop blaming yourself, and stop the flow of money

A= Assemble a support group

N=Nip excuses in the bud

I=Implement rules and boundaries

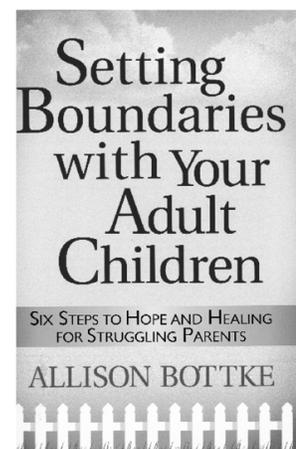
T=Trust your instincts

Y=Yield everything to God* [could be interpreted as; trust that your adult child has the resources or has the ability to find the re-

sources he or she needs]

After explaining these steps, the author gives advice on how to make a plan to follow through with these steps. This plan includes how to talk about those changes with your adult child and how to deal with the consequences, i.e. how he or she reacts to the changes.

Finally, in the last section of the book, Allison Bottke addresses special issues such as when the child is; addicted to drugs or alcohol, disabled, a college student; when little children are involved, and when blended families come together. * It is important to mention that there is a very strong spiritual aspect in this book. The author is very clear early on in the book that she writes not only from the perspective of a parent in pain, but also that of a *Christian* parent in pain. She also invites parents of all faiths to read this book. Fortunately, for those who do not share her faith, the messages found in this book can definitely be easily interpreted with one's own faith and personal philosophies.



Though suicide is a difficult topic to discuss, it is unfortunately a reality that happens more often than we would like to believe. In honor of **National Suicide Prevention Week (February 1-7, 2009)** we have included the following article.

Does your loved one have a SAFETY PLAN?

You can help your family member prevent suicide by helping them to develop a “safety plan”. This can be done with or without a professional but when family members help the person to develop the plan it can help the ill person to feel in more control and it can help the family member to let the person have the control.

A safety plan is a written list of coping strategies that will be used during a suicidal crisis or when a suicidal urge emerges. It should be brief and easy to read and sequential. When a safety plan is developed the person who is suicidal works with the family member and a counselor to look at options. A family member may have many feelings for instance wanting to control the suicidal person to keep them safe, but the more the person with the urges learns to take control of their own urges the more likely they are to feel less at the mercy of those urges.

Step One: Clean the environment—remove firearms, knives, pills , ropes, etc

Step Two: Watch for personal warning signs; and triggers

Step Three: Identify Internal coping strategies

Step Four: Identify External contacts-people who help to distract or to cope

Warning signs signal to the person signs of impending suicidal crisis. The person needs to know when the safety plan needs to be used. Each person is different: Some may directly say, “I want to kill myself” others may say things like “I am worthless”, or “I can’t cope” or “I’m a burden to everyone”, or “I can’t stand how I feel”, or “I’m worthless” or “Things aren’t going to change or get better”. Some of our family members live with a sense of tremendous burden but alternately others signs include mood shifts of either intense worry or intense anger. Also behaviours can indicate warning : isolation, not functioning or irritable and impulsive.

The internal strategies include questions the person can ask him or herself: What can I do to help me not to act on these urges? What helps? Perhaps listening to music, playing on the internet, going for a walk or jog, watching television or a dvd, take a shower, pray, do yoga, do a puzzle or read a book.

Strategies involving others: Identify key persons who can be enlisted to help, family members, friends, counselors. The first person to be called will be used as a distraction from the ideas and as ways of feeling connected to others and not isolated. Suicide will not be mentioned. As the person progresses down the list he or she will move from natural support to professionals to hospital support; ie family, hotlines, therapists to emergency.

The following is an example of a safety plan developed by Dr. Stanley Ph.D from Dept of Psychiatry Columbia University.

SAFTEY PLAN

Steps to make the environment safe:

Warning sign that problems may be developing:

1. _____
2. _____
3. _____

Internal Coping Strategies:

1. _____
2. _____
3. _____

External Strategies

People who can help distract me:

1. _____
2. _____

Adults who I can ask for help

1. _____
2. _____

Therapist Name _____

Phone Number _____

Other professional Name _____

Phone Number _____

Hospital # _____

Hospital address _____

FACTS ABOUT LIVING A MENTALLY HEALTHY LIFE AND ABOUT GOOD MENTAL HEALTH

FACTS ABOUT LIVING A MENTALLY HEALTHY LIFE

- Nearly seven out of 10 Canadians report that their mental health is excellent or very good.
- Canadian young women aged 15 to 24 were 1.5 times more likely than young men to report fair to poor mental health.
- Factors related to good mental health:
The ability to handle day-to-day demands
The ability to handle unexpected problems
In youth – integration with peers and positive feelings about appearance
In seniors – retaining life satisfaction through maintaining value systems, roles, activities and relationships
- Approximately 1/2 of Canadian seniors over the age of 80 report feeling lonely.
- The factor that has more to do with Canadians' health status than medical care or individual behaviors such as smoking: Social economic status.

FACTS ABOUT GOOD MENTAL HEALTH

- What lowers the levels of the stress hormone cortisol in humans: Happiness defined as leisure time, positive family relationships, social networks and a sense of belonging.
- The activity known to reduce the symptoms of anxiety, depression and panic disorder: Exercise.
- The amount of exercise required to reduce symptoms: Moderate.
- The five psychological aspects of work that promote mental health: Time structure (known and reasonable deadlines), social contact, collective effort and purpose (team work), social identity, regular activity (organization of work).
- What group shows the lowest rate of mental and physical illness, and the lowest rate of alcoholism: People who are married.
- Percentage of people in Canada who feel strongly connected to their community and who also report positive mental health: 78%

Taken from Quick Facts on Mental Illness and Addictions in Canada, 2nd Edition, (September 2007)

Membership & Donation Form

Friends for Mental Health

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.

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

* Complimentary membership is available for those on a limited income.

MEMBERSHIP \$20

- 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 support your work with 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

Families working towards recovery

Dr. Xavier Amador's book "I'm Not Sick, I Don't Need Help" has recently been translated to **French**. The book is entitled, "Comment faire accepter son traitement au malade: schizophrénie et troubles bipolaires", éditions Retz and can be purchased online at www.editions-retz.com/product-1167.html or at the Renaud Bray bookstore.

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

THANK YOU!

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

Agence de la santé et des services sociaux de Montréal

Centraide

City of Baie D'Urfé

François Ouimet-MNA for Marquette

Geoffrey Kelley-MNA for Jacques Cartier

Yolanda James-MNA for Nelligan

Merck Frosst Employee Charitable Trust Fund

Ministre de la famille -Michelle Courchesne

West Island Community Shares



West Island Community Shares

**Agence de la santé
et des services sociaux
de Montréal**

Québec



Centraide

Caregiver's Bill Of Rights

By: Jo Horne -Caregiving: Helping an Aging Loved One (AARP Books 1985)

I have the right:

To take care of myself. This is not an act of selfishness. It will enable me to take better care of my loved one.

I have the right:

To seek help from others even though my loved one may object. I recognize the limits of my own endurance and strength.

I have the right:

To maintain facets of my own life that do not include the person I care for, just as I would if he or she were healthy. I know that I do everything that I reasonably can for this person, and I have the right to do some things for myself.

I have the right:

To get angry, be depressed and express other difficult emotions occasionally.

I have the right:

To reject any attempt by my loved one (either conscious or unconscious) to manipulate me through guilt, anger or depression.

I have the right:

To receive consideration, affection, forgiveness and acceptance from my loved one for as long as I offer these qualities in return.

I have the right:

To take pride in what I am accomplishing and to applaud the courage it sometimes takes to meet the needs of my loved one.

I have the right:

To protect my individuality and my right to make a life for myself that will sustain me when my loved one no longer needs my full-time help.

I have the right:

To expect and demand that as new strides are made in finding resources to aid physically and mentally impaired persons in our country, similar strides will be made toward aiding and supporting caregivers.