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)

The Role of Codependence and Mental Health
By Lucy Lu

When someone we love has a mental illness, we naturally want to take care of them and make sure that they have all they need to live a healthy life. As many of our family members will attest, the path to mental health is a journey – not only for your loved one with the diagnosed condition, but for yourself as well. On the long journey to health, when does care-giving become care-taking? What happens when our desire to help our loved one, comes before taking care of our own needs? Do you do daily things for your loved one (cooking, cleaning, paying bills, booking appointments), because you feel they can't attend to those tasks due to what they suffer with their condition? Are you sensitive to your loved one's pain that you feel their pain like it is your own? Do you try to resolve the problems of your loved one, in order to take care of your own hurts, by feeling like you can still take care of them? Do you need an excuse like a cold, migraine or a physical back aches to take time to take care of yourself? Do you have a hard time asking for help when you need it? If you identify with these questions, you may be at risk for developing codependent behaviours.

Codependence was first identified in families affected by alcoholism and drug use, whereby the members of the family learn to function around the person with alcoholism. Well-meaning family members try to help the person by controlling their behaviours, but in turn get so affected by the detrimental behaviour that they are unable to manage their own lives (Beattie, 2009). This pattern of relating can also be found with families affected by mental illness, as the usual positive attributes of caregiving – loyalty and dedication, flexibility, compassion for

	Primary Symptoms of Codependence experienced in opposite extremes			Recovering from Codependence
Five Core Symptoms	**Open- no boundaries**		**Closed – walled boundaries**	**Intact Boundary System**
Difficulty experiencing appropriate levels of self-esteem	Experiencing low or non-existent self-esteem	OR	An arrogant and grandiose stance	Self-esteeming from within
Difficulty setting functional boundaries	Being too vulnerable		Being invulnerable	Vulnerable, but with protection
Difficulty owning your own reality	Being Bad/Rebellious		Being good/perfect	Accountable for imperfections; Able to look at Higher Power for help with imperfections
Difficulty acknowledging and meeting your own needs and wants	Being too dependent		Being anti-dependent or need-less/want-less	Interdependent
Difficulty experiencing and expressing our reality moderately (Operating in extremes)	Being Chaotic		Being controlling	Experience reality in Moderation

Primary Symptoms of Codependence experienced in opposite extremes (Mellody, 1991)

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A Cry For Help
By Valerie Collin, Stagiaire

Suicide Prevention Week (January 31-February 6, 2010)

In today's society there exists an abundance of taboo topics. These are in majority serious issues that many refuse to discuss aloud. This can make us wonder why people refuse to talk about them? Can we blame it on the seriousness of the issues, the controversial opinions, the strong emotions involved? We can blame a wide variety of factors however what remains is that although difficult, there is a strong need to openly discuss these taboo topics in order to eliminate the stigma they are associated to. The taboo topic I choose to introduce is that of suicide. What do we actually know about suicide? Often times people do not understand how one could commit such an act. Realistically, it is not about understanding the why behind the action rather it is hearing the cry for help and learning the appropriate tools to better intervene in times of need.

Suicide although defined as the act of killing oneself is much more complex. Rather it is a last resort after many failed life events. Suicide is a growing epidemic in Canada. The suicide rate is on the rise and is the leading cause of death for males aged 25-29 and 40-44. Furthermore there is strong correlation between mental health and suicide. The solutions to solving this problem are not readily available. However what we can do is focus on noticing behavioural changes and learning appropriate intervention techniques. Eight in ten people who commit suicide have openly discussed their intentions out loud with somebody. We can assume that they do not necessarily wish to end their lives but they see no other option. It is at this point that individuals surrounding the loved one must step in and intervene. Once the cry for help has been acknowledged, it is then that first steps can be taken to help the individual find healthy alternatives.

First and foremost it is essential to remove the negative stereotypes associated with suicide. Suicide is not impulsive; rather it is a means of ending what has been a difficult life in which an individual has encountered an abundance of failure. For the suicidal individual, suicide seems like the light at the end of the tunnel, the solution to all of the problems they have encountered. Desperation, feelings of hopelessness, rejection, self hatred, and a lack of choice are what experts have described as the different states of mind a suicidal person experiences.

Suicide is made up of several factors that are unique to the individual suffering. What is redundant from one individual to another are the changes in behaviours which have been described as cries for help. These can be direct or indirect and vary from one individual to another however they all signal to the people surrounding them that they are in distress and in strong need of help. Noticing these changes in behaviours is the first step of intervention. Such changes can be seen in the individual's ways, emotions, and verbal language. Such changes can be:

- Any radical or abnormal change in humour, behaviour, and overall attitude.
- Exaggerated solitude, isolation, disengagement from relationships, and isolation.
- Morbid preoccupations; such as being overly interested in death, sudden interest in life after death.
- Giving away valuable objects, sending letters, etc…
- Deregulation of natural behaviours such as sleep and eating.
- Contradictory emotions such as an excess of anger, sadness, burst of laughter…
- Sudden remission: increased happiness after a long period of depression.
- Boredom, loneliness, indifference, irritability, discouragement.
- Difficulty concentrating.
- "Don't worry I'll soon be leaving for a long vacation".
- "Soon all of my problems will disappear".
- "There is nothing left for me to live for".
- "Have you ever thought of suicide before"?

These are some of the precursor signs of suicidal behaviours or thought. It is essential that if you suspect something that it be followed by immediate intervention. Most often suicidal thoughts emerge after a particularly difficult crisis. This relationship occurs because the crisis submerges the individual with intense feelings of panic and anxiety. Suicidal thoughts then emerge as an attempt to rapidly relieve the pain. Eager to receive help, the individual is in a state of emergent need to resolve the problem. Once this is established you can work with the individual to find alternatives and how to apply these. At this point together you can build an action plan for post crisis situations. If you both work to finding solutions to alleviate the intensity of the crisis, it is more likely the intervention plan will be followed accordingly.

Furthermore, involving those who are close to the individuals creates a friendly environment in which the individual can feel less isolated, appreciated and loved. Intervention must be active, that is concrete plans must be made and implemented. Simply talking about the issue at hand does not help; it only acts as a band aid.

In addition, it is essential that the person helping the individual in crisis does recognise the significance of suicidal thoughts and shows the individuals that they understand that suffering can be so strong that one may want to take his life. His role is to show the individual that there are alternatives.

Intervention must be aimed at giving back hope. That is, it must convince the individual that although times are rough there are alternatives and there is hope that things get better. This implies empowering the individual, helping him or her gain self confidence which in the end will cre—

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FOR ALL

FAMILY HOLIDAY SUPPER

Free

Wednesday, December 9th 2009 at 6:30p.m.

At 750 Dawson Avenue, Dorval

Places are limited, R.S.V.P. obligatory before Tuesday, December 1st

(514) 636-6885

Music by the West Island Youth Symphony Orchestra

At 750 Dawson Ave.

FOR CAREGIVERS

Borderline Personality Disorder Training

(In English & French)

Friends is pleased to offer families who have a loved one with a borderline personality disorder. 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. Must register.

English: Begins **Tuesday, February 16 from 1:00-3:30 p.m.**
French: Begins **Wednesday, February 17 from 6:30-9:00 p.m.**

(514) 636-6885

Support Group For Borderline Personality Disorder

Only for families who have taken the course.

English & French: Tuesday, February 9 6:30-8:30 p.m.

English & French: Wednesday, February 10 1:00-3:00 p.m.

Anna Workshops

Friends for Mental Health, is pleased to offer educational activities for children (7-12 years old) who have a parent or family member with a mental illness. The program is made up of 8 sessions of two hours 15 minutes each where pre established themes are incorporated into each meeting. A portion of the meeting is carried out in the form of games and discussion and another portion encourages self expression through artistic means.

Registration required
Begins Monday, January 18, 2010

(514) 636-6885

Art Therapy For Caregivers

Mondays 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 Tuesday evenings from 6:30 to 8:30p.m.

FOR CLIENTS

Community Suppers

Fridays at 5:30 p.m. ($3)
December 11: Christmas Supper
January 8: Pizza
February 19: Valentine's Supper
R.S.V.P. Mary (514) 694-8344

Winter Camp

February 26-28

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

How To Help Someone Who Stops Taking Their Medication

While many advances have been made in the treatment of schizophrenia, it is difficult to assess the real contribution made by these developments, because of persistently large percentage of people who fail to take their medications. According to information presented at the American Medical Association Annual Science Reporters Conference, an estimated 74 percent of outpatients with schizophrenia stop taking their medications within two years of leaving a hospital or program. Non-compliance also accounts for a significant percentage of schizophrenia relapse and subsequent re-hospitalisation. The following editorial is taken from the work of Dr Peter Weiden, Director of
Schizophrenia Program, St Luke's Roosevelt Hospital (USA) and Assistant Clinical Professor at Columbia University, sourced from the Internet.

5 Reasons to Suspect Non-compliance

Following are five factors which may indicate non-compliance:

1. The consumer claims to have stopped medication because of a professional's recommendation. While this may be true in some cases, frequently the report is distorted. Double-check with the doctor.
2. The consumer is not going to the chemist to fill prescriptions.
3. The consumer has little or no knowledge of the details of the drug regimen such as colour or shape of pills, frequency or scheduling, etc.
4. There is a sudden worsening of dyskinetic (writhing) movements of the mouth or hands without a known change in the medication regimen.
5. There is an unexpected improvement in the Parkinson's side effects of muscle stiffness, rigidity, tremor or slowness of movements without any known change in the medication regimen.

Prevent Non-compliance through Dialogue

Early detection of non-compliance is vital. One approach is to directly ask the person in a non-judgmental and non-threatening way, whether or not they are taking their medication. Here are some other things to consider:

Influence

When you try to talk someone into taking medication, remember that not all family members are equally influential. Usually the person's spouse or boy/girlfriend is most influential, followed by friends, siblings and parents. Consider asking the most influential person to do the talking. Focus on possible day-to-day benefits of the medication which may include important activities such as sleep and anti-anxiety effects.

Sensitivity

Be sensitive to the consumer's expression of feelings of embarrassment (if any) regarding their illness or their fear that "taking medication reflects weakness." Be alert and ready to the signs of relapse as they may have a characteristic pattern. Often a person's realisation about the need for medications will fade when acute symptoms return. Sometimes, no amount of convincing will work and the family should be prepared to immediately contact the doctor, treatment service or crisis team.

Link to Life Goals

Try to match the notion of taking medication with achieving one's life goals like securing work, finishing school or having a romantic involvement. The relationship between medication compliance and achieving these kinds of goals often is not apparent to the person asked to take the medication. Find out what they want to accomplish, no matter how unreasonable it may seem, and try not to deny them the pleasure of having that goal. Explain how medications might help them achieve it.

Universal Family Agreement

Try to have a universal agreement about the need for medication within the greater family. Otherwise, the person requiring medication will naturally seek out the opinion of the family member he or she is most in agreement with; usually the family member most opposed to or least informed about medications. Try not to get into a direct confrontation about medication, especially if the person is unwell. Not only will it be counter productive, but also a confrontational approach often has dire consequences.

Preventing Non-compliance

Be honest about side effects - doctors and families sometimes believe they are "protecting" the consumer by not fully disclosing possible side effects. This is often counterproductive because when side effects do occur, the consumer is needlessly scared about experiences they were not anticipating (eg dry mouth, excessive salivation or akinesia (feeling less spontaneous than usual). Be open and honest about side effects and if they become severe or intolerable, consult your doctor.

Believe in compliance - about one-third of people with schizophrenia say that they stay on medicine primarily because other people think it's important. For them, the influence of other people, rather than believing the medication is needed, is the key factor that promotes compliance.

Simplify the drug regimen - complex drug regimens have been consistently shown to be a strong risk factor for non-compliance. Psychotic symptoms and/or problems in thinking may interfere with the person's ability to follow a prescribed regimen. The regimen may have to be simplified and reviewed in detail, often in the presence of a family member.

"...an estimated 74 percent of outpatients with schizophrenia stop taking their medications within two years of leaving a hospital or program."

Consistent messages - organise the family to present consistent and coherent messages about families' expectations about compliance. Try to get as many family members as possible to go to educational sessions or Schizophrenia Fellowship meetings so that everyone has the same knowledge base.

Acceptance - non-compliance is socially undesirable, but remember that not taking medications (being well) is normal and some amount of non-compliance is expected. It is imperative that we maintain hope as people can change.

Taken from an editorial provided from Janssen Cilag Pty Ltd

Helping A Loved One

The news that a family member has been diagnosed with mental illness is generally upsetting for all concerned. After the announcement, the family goes through a period of adaptation. The various transitional steps are often a difficult experience. We need to remember that the family is a unit and the actions of each member have repercussions for the others. Each individual will respond differently. It is common, for example, for parents to experience guilt, brothers and sisters to worry about their heredity, and spouses to wonder about the new responsibilities they will need to take on. These worries are all legitimate and need to be addressed. The important thing is not to skip a step or try to find answers to all your questions at the same time. Like the lives of all family members, the lives of mentally ill individuals evolve, just as their illness does. It is difficult to predict their needs or those of their families in advance.

Does someone in your family suffer from mental illness? Here are a few suggestions that can help you, your family, and the person affected navigate the adaptation process as serenely as possible.

Find out what you're dealing with
Mental illness and its effects on individuals and their families are beginning to be better understood and catalogued. You need to understand the situation in order to face it confidently. Family support groups have been created by families themselves to respond to this need—take advantage of them. There's nothing like information to help you feel better prepared.

Express your feelings positively
Feelings, including difficult ones like anger and guilt, are natural responses to things that hurt us. Feelings are worth expressing, and there are ways to do it without hurting those around you. One key to success is to find people who are able to listen, people you can share your feelings with without having to hold back or feel guilty. Good friends, family support groups, and friends of the mentally ill person are a good bet.

Acknowledge your frustration
A loved one's mental illness often leaves family and friends feeling helpless. This frustration must be acknowledged and expressed by those who experience it. Talk about your own feelings, use "I" messages to express what you feel. Avoid making judgments, accusations, or criticisms.

Get outside help
Such help can take different forms depending on your needs. Acknowledge the burden that mental illness imposes and accept the help that's available. Sometimes, someone else may be able to deal more effectively with the person who is ill than you are. Wearing yourself out mentally and physically by taking on someone else's problem is no solution—sometimes the result is two people in trouble. It is important to define your supporting role.

Adopt a systematic approach to problems and solutions
A loved one's mental illness brings about a number of difficulties; they can't all be solved at once. Addressing them one at a time and finding simple solutions will help you feel more in control of the situation. Keep in mind that there are some problems over which you have no control and accept that you don't have all the answers. Agree on a "contract" with your loved one in which each of you has your own rights and responsibilities.

Know your physical and emotional limitations
We all have limits, and if we don't respect them, we endanger our own health. This doesn't help anyone. Avoid overloading yourself and becoming resentful. You should always feel free to make use of public sector and community resources to lighten your load.

Trust yourself and others
The adaptation process can be long, and it can seem difficult, but once you're through it, everyone, including the mentally ill person, comes out ahead.

We have briefly described just a few ideas to help families deal with the challenges of a mental illness. If you need to, feel free to call on the services of FFAPAMM's member associations. They will be pleased to help you better understand what is happening to you and your loved one. Take advantage of their expertise so you can learn more and be ready for what lies ahead. Understanding what's going on makes it easier to react positively and effectively.

Wherever you are in Québec, there are people who can help. Never hesitate to seek them out: *1-800-323-0474*

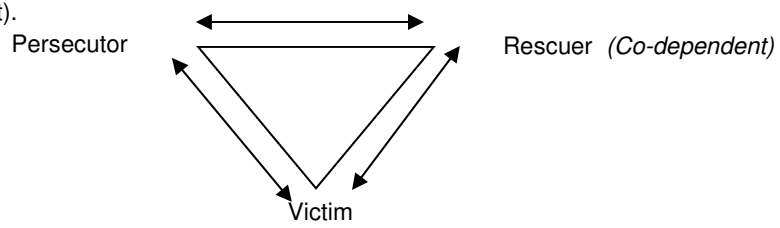
Santé et services sociaux Québec website
http://www.msss.gouv.qc.ca/sujets/prob_sante/sante_mentale/index.php?id=37,93,0,0,1,0

The Role of Codependence and Mental Health (continued from front page)

another's suffering - take their toll to the detriment to the caregiver. You may yourself have grown up in a family affected by alcoholism, a difficult childhood or family conflict and perhaps have developed some patterns of codependent behaviour. If this is the case, some unresolved issues of your past may begin to be more apparent in your current situation with your loved one with a mental illness. Pia Mellody (1989) describes five core symptoms of codependence – difficulty experiencing appropriate levels of self-esteem, difficulty setting functional boundaries, difficulty owning your own reality, difficulty acknowledging your own needs and wants, and difficulty in expressing and experiencing your own reality moderately. All of these symptoms relate to how we create healthy boundaries around ourselves, which allow us to care for ourselves and protect the limits of our physical body, our time and energy. If due to our own childhoods, we had a difficult time establishing healthy limits for ourselves, then we will have a difficult time setting limits regarding how we relate to our loved one with a mental illness.

The Codepen*dance* in our daily lives

You may recognize some of these symptoms in yourself and how it impacts your family relationships. In her work with families living with an individual with Borderline Personality Disorder (BPD), Hélène Busque refers to codependence as a *dance – the codepen**dance***. Each family has a dynamic of relating to each other, or a way of 'dancing' with each other. Healthy family dynamics are apparent when each family member, have intact boundaries, as described above, where they can relate to each other as equals, addressing each other's positive qualities and accounting for mistakes when conflicts arise. Even in healthy families, a particular family dynamic can be created, described by the Karpman's triangle where people take on various roles of relating – the "victim," who feels unfairly treated, the "persecutor," who bullies the victim and the "rescuer," who swoops in to save the victim (often the co-dependent).



Example of family drama

A simple example of this family drama is around daily events that occur in the house, that may often escalate into full-blown arguments. Let's consider a fictitious family, Elise and Andre are a couple and they have two adult children living in the house, Michel, aged 20 and Sara, aged 21. Michel has been out of school for a year and has had several jobs, but has not been able to sustain them for very long. He seems depressed and always emotionally volatile.

Person	What they say	Role they play
Sara	Do you have to have your computer speakers on so loud? I am trying to study for my exams. If I am not able to pass, it will be because of you.	She sees herself as the victim and brother as persecutor.
Michel	I can do what I want in my own room. If you suck at school, it's not my fault.	Michel takes on the role of the Persecutor
Andre	Michel, what *do* you do all day in your room?	Dad rescues Sara and plays the Persecutor by turning on Michel
Michel	Stuff. Why do you always have to bug me about what I do?	Feels like a victim from Dad's interrogation
Andre	Well, why don't you come and help with chores around the house, like helping your mother make dinner for a change. It is the least you can do if you are not working or going to school.	Dad continues his role as Persecutor
Michel	Why should I? Why don't you help mom for a change?	Persecutor
Andre	I am the one working all day and putting food on the table, I would like to unwind after a long day and not have to deal with this too!	Dad plays the victim
Elise	*(Coming in and whispering to Andre)* Don't set him off Andre. He's having a hard time, be easy on him. I've been working hard on making dinner and I don't want to spoil it with an argument.	Rescuing Andre and feeling like victim
Sara	I'll help you out mom (sigh of relief)	Rescuing Mom, to get out of the argument
Andre	At least we have one kid that will help out.	Persecuting Michel
Elise	Don't say that Andre, that hurts his feelings.	Rescuing Michel
Michel	He doesn't seem to have a hard time doing that. If you want to bug me some more, I'll be in my room. *(leaving)*	Feels like a victim and rescues himself by leaving

Continued on next page

The Role of Codependence and Mental Health (continued from page 6)

When a family member has a mental illness, their disorder may make it difficult for the person to perceive and respond to conflicts or difficulties in the family. What starts off as a simple request, may be perceived as an attack and your loved one is instantly cornered to try to defend the attack and takes on the role that can best protect them. Even if one person is identified as having the mental illness, the family members get cast into different roles, once the codepen*dance* begins. Each member changes roles throughout the family drama, and unconsciously tries to "out-victim" each other. If the dance continues too long without being resolved, we may become resentful for the caregiving we provide and fall into the role of the persecutor to our loved one. This in turn may exacerbate the family drama and play out the roles of victim, persecutor and rescuer indefinitely. As Randi Kreger says in her book for families living with an individual with BPD, " you can't out-victim" your person with mental illness and you can't change the way they relate to you, "but you *can* choose to stop dancing altogether" (Kreger, 2008, p.65).

Changing the codepen*dance*

In order to change the codepen*dance* and stop arguments from escalating, we need to become aware when we are entering into the dance and the family drama. If we have co-dependent behaviours and we are always trying to rescue our loved one, we may not be letting them face the consequences of their actions. In essence, we are not letting them rescue themselves, by taking responsibility for their lives.

Changing the dance begins with noticing our own behavior and what limits we set when we relate to our loved one. Limits and boundaries are not rules we set for the other person to follow, rather they are the boundaries we set for ourselves, so that we don't over extend our own energy and move beyond our own comfort zone. In her book the New Codependency, Melody Beattie (2009), offers several reflection exercises, to help people become aware of their own caretaking behaviours. She asks: "Are you healthy enough to love other people without getting lost in their needs? In your notebook, keep track of what you do for others and what you do for yourself for two weeks. Then evaluate. Is there a healthy balance between what you do for yourself and what you do for others?"

Often parents have a difficult time changing a familiar pattern of caring for their children, especially if their children are of adult-age, but for whatever reason have not been able to meet the expectations of adult dictated by society. Sometimes as adults, we form relationships with a significant other that will recreate a dynamic of codependence. Whatever the case, when we reflect on what patterns we are currently playing out, we are more capable to then decide how to act in different way that truly helps our loved one. This is when we truly begin to have an adult to adult relationship that respects each other's boundaries.

When considering if your action, thought, or concern is falling into codependent behavior – ask yourself: Am I doing something that my loved one is capable of doing for himself or herself? When I act to take care of them, am I in fact taking responsibility from them? (As well as overloading myself with more responsibility than I can handle?). When I commit an action in their place, am I undermining their capacity to do that task themselves? How can I give space to my loved one, so that they will eventually take full responsibilities over life tasks such as housing, meal-making, chores, working and arranging their own medical treatment? Your loved one might not feel fully confident to take on all these life tasks right away. You may not be ready to give them the space to try and perhaps take responsibility, as well as suffer from the consequences of inevitable mistakes. However, the process of changing the codepen*dance* begins with stopping the dance, to envision another way of relating to each other. Only when we begin to take care of ourselves, will we have enough energy and insight to effectively help our loved one in a way that they can help themselves.

References

Beattie, Melody (2009). The New Codependency: Help and Guidance for Today's Generation. Simon & Schuster, New York.

Katherine, Anne (1991). Boundaries: Where you end I begin. How to recognize and set healthy boundaries. Hazelden, Centre City.

Kreger, Randi (2008). The Essential Family Guide to Borderline Personality Disorder: New Tools and Techniques to Stop Walking on Eggshells. Hazelden, Centre City.

Mellody, Pia. Miller, Andrea Wells and Miller, J. Keith (1989)/ Facing Codependence: What it is, Where it comes from, How it sabotages our lives. Harper SanFranciso.

Codependents Anonymous INC. CoDA - http:// www.coda.org/

Co-dependents Recovery Society(Canadian site): http:// www.cdrs.ca/index.html

Courage is like a muscle. We strengthen it with use.

-- Ruth Gordon

A Cry For Help (continued from page 2)

-ate a stronger bond between you and the individual.

Lastly, it is impossible to intervene alone. There needs to be exterior support. Working together allows for a complete social intervention. Furthermore, it facilitates the task in case of another crisis. That is, it is very difficult for one person to always be available; however when there is shared support the tasks becomes easier. In addition, there also needs to be medical intervention. A medical doctor can prescribe the medication necessary as well suggest the needed therapy in order to solve the depression associated with suicide.

If you have a loved one who although has not had a suicidal crisis but does show signs of suicidal behaviours, a preventive measure is to openly discuss the issue. Many of us see suicide as a taboo topic, one that we refrain from discussing aloud however creating an overall awareness and openly discussing alternatives with you loved one is the first step in preventing its occurrence.

Overall, suicide is a complex issue. But like any other issue it is important that we take the time to inform ourselves in order to gain better knowledge. Prevention is key, it is the battle against suicide therefore being conscious of our loved one's behavioural changes and not being scared to address these is the first step in wining this battle. Even if the person does not have suicidal thoughts to our knowledge but doesn't seem to be feeling well it is never lost to show our support, love and compassion. These are small gestures that may show a suffering individual the light at the end of the tunnel.

Don't hesitate to ask for help at Friends for Mental Health or Suicide Action Montreal at (514) 723-4000.

THANK YOU!

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

City of Baie d'Urfé

François Ouimet-MNA for Marquette

Merck Frosst Charity Trust Fund

Foundation of Greater Montreal

Also supported by:

Centraide of Greater Montreal

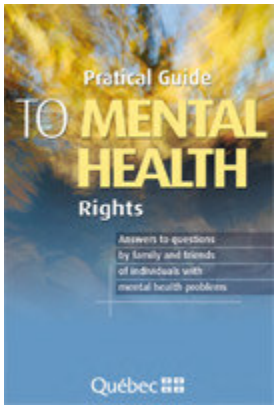
West Island Community Shares

Agence de la santé et des services sociaux de Montréal
Québec

The Practical Guide to Mental Health Rights

The Santé et Services sociaux de Québec has produced the *Practical Guide to Mental Health Rights* which is designed for the family and friends of individuals with mental health problems. Its main purpose is to provide them with legal information and to address their concerns in this regard.

The Guide was updated in 2009 based on the amendments to the *Act respecting health services and social services* and is in keeping with the policy directions set out in the 2005-2010 Mental Health Action Plan with regard to the promotion, respect, and protection of the rights of mental health service users.



It is now available, **free** of charge, at Friends for Mental Health.

Come and pick up a copy.

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