

# SHARE & CARE

THE RECOVERY OF HOPE - THE HOPE OF RECOVERY

## WELCOME TO THE AMI FAMILY, NATALIE

### Meet our new Family Peer Support Worker

What an interesting time in history to be starting such an important and complex position. Ironically, I am fighting to provide mental health services to caregivers of those supporting a loved one with a mental illness, all whilst trying to maintain my mental health in this pandemic. I am now a few months into my new job as family peer support worker at AMI-Québec. I have yet to meet all my colleagues in person...I wonder when that will be.

Within my role, I have the exciting opportunity to collaborate with the CIUSSS Centre-Ouest-de-l'Île-de-Montréal in developing and implementing a service

that provides support to caregivers of those with mental illness. I must admit that marrying two cultures — public system and community organization — is quite the challenge. Since the beginning of the year, I have been meeting with many healthcare providers and intricately observing, noting, and integrating all that I can in order to understand how best a community organization and the public system can work together for an efficient and long-lasting partnership. Trust me, it's not obvious.

Professionally, I have worked in the field of mental health for almost a decade, mainly with people who have a mental illness. It has been the most enriching and



wonderful experience I could have asked for, thus far. But through offering services to those with a mental illness, I have been a witness to how families and friends are affected by what is going on with their loved one. It was never part of my job description to address these most important feelings, needs and concerns, yet I felt like I had a responsibility in doing so since I was the person who spent the most time with their loved one. As time went on, my desire to provide support, education and advocacy for these families grew stronger and stronger but again, I was told it was not part of my job. So, I made the decision to turn desire into action. And here I am today.

As a caregiver myself, I find my most significant strength and challenging obstacle is love. I used to think it didn't make sense to reach out for support because no one could understand what our family was going through, or what I felt, or what I was dealing with as a caregiver to my loved ones. I thought, "They don't know our history, our family, our day-to-day reality. They simply don't know *us* and therefore, they won't be

## FAREWELL TO A FOUNDING MEMBER

Sylvia and Bill Klein were one of the four couples that planted the seed that became AMI-Quebec over 44 years ago. These four couples bonded together when no support was offered to families, and created a safe haven for families struggling to cope with mental health challenges and illnesses. Thanks to their hard work and determination, AMI-Quebec has helped countless people over the years.

Bill Klein passed away in May. He remained a good friend to AMI throughout the years and was a charming and cheerful presence at so many of AMI's events.

We express our deepest sympathies to Sylvia and her family, and remember those who fought the stigma of mental illness and paved the way for better recognition and support for families, including our eight founding members: May and Sam Gruman, Sylvia and Bill Klein, Eve and Ed Leckner, and Ruth and Ken Moscovitch. □



*Bill and Sylvia Klein with Kay Simpson  
at AMI's 40th anniversary*

*continued on page 2*

*Boileau ... continued from page 1*

able to help". I also thought, "I don't need help, my loved one does".

But I was wrong.

Caregivers have so much in common, and there are many services and programs that address specific situations. To provide me with support, it wasn't imperative that 'they' know 'all' of me or my loved ones; all they need to know and understand is that caring for someone with a mental illness is challenging and can take over, for better or worse. And they do know. And here at AMI-Quebec, we all know because we've lived it and felt it too.

Caregivers don't need to do it alone or isolate ourselves in our struggles. Breaking our own isolation begins when we start to talk about it, share our stories, and realize that more and more people have been keeping it to themselves, too. Even those we are closest to. We are not alone. Everyone has something. The only way to normalize and break the stigma that involves those touched by mental illness is to build a program that offers the opportunity to share these experiences, learn from them, ask questions, get information, educate ourselves, and accept support. Together we are more powerful.

I feel as though I've had the opportunity to observe and better understand what someone with a mental illness goes through, to learn and analyze how the healthcare system provides services to them and their families and the challenges and struggles they face but also experience it on a personal level, with my loved ones. I am confident that I am equipped with a good foundation and am now ready to expand and share this knowledge to help and support more people. I am proud and honoured to have been chosen for the role of family peer support worker, which provides me with not only the duty but the fuel to move forward.

I have already learned so much about myself and all that should and can be accomplished since I began in January. Now imagine what else can be gained in the years to come. So, let's get to work! □

– Natalie Boileau

# EXPANDING THE TOOLBOX

## Psychosis and the Open Dialogue approach

The Open Dialogue program (OD) is a family-oriented early intervention approach to the treatment of psychosis. It was initiated in Finnish Western Lapland in the early 1980s as an attempt to address psychotic symptoms differently from mainly pharmaceutical treatment.

In a paper illustrating the Open Dialogue method, medical practitioners and researchers Seikkula, Alakar and Aaltonen suggested that "...psychosis can be seen as one way of dealing with terrifying experiences in one's life that do not have language other than the one of hallucinations and delusions" and that "psychotic reactions should be seen [as] attempts to make sense of one's experiences that are so heavy that they have made it impossible to construct a rational spoken narrative". For these reasons, someone experiencing psychosis may talk about such experiences in metaphor. They suggest that, "an open dialogue, without any pre-planned themes or forms, seems to be important in enabling the construction of a new language in which to express difficult events in one's life."

Psychiatrist Sandra Steingard, Chief Medical Officer of a community mental health center in Vermont, describes the Open Dialogue approach as "a way of working in which all voices are respected. It is fundamentally transparent and democratic. Humility is core to the practice. In more traditional settings, clinicians are the experts who complete their evaluations in order to render a diagnosis or formulation. In mental health clinics, and especially in hospitals, it is the psychiatrist who is granted the most authority. A psychiatrist who embraces OD must be willing to share power. While physicians do not disavow their medical training and knowledge, they acknowledge that there are many kinds of expertise and all are valued. This attitude can be transformative and healing for a young person struggling with psychosis for the first time and who is treated as strange by most everyone."

While the Open Dialogue approach has demonstrated good outcomes in the treatment of first-episode psychosis in Western Lapland, more research is needed to substantiate the efficacy of the model elsewhere and to justify the implementation and resources challenges. Dr. Steingard argues that this "person-centered" approach facilitates shared decision making by inviting people to bring in their families or other important allies to the visits. It doesn't require the psychiatrist to reject their expertise but "to try to just bring it down a notch (or two, or many)... a good thing for my profession... it is all about engagement. There are too many people — and often their families — who are struggling but who walk out the door because they do not like [our] message. OD offers a way to meet them without insisting they agree with our way of understanding the problem."

Open dialogue interventions have been trialed in several places outside of Western Lapland; isn't it time to try it in Quebec? □

– Ella Amir

*Visit [amiquebec.org/sources](http://amiquebec.org/sources) for references*

### STAY INFORMED!

Find our most up-to-date information at:

**[www.amiquebec.org](http://www.amiquebec.org)**

For regular updates, follow **AMIQuebec** on:



Sign up for monthly emails:

**[amiquebec.org/email](mailto:amiquebec.org/email)**

Or call us: **514-486-1448**  
(1-877-303-0264 outside Montreal)

# Hypnosis — Weird or Wonderful?

## Would you like to try it?

**H**ave you ever wondered what it's like to be hypnotized? You might be surprised by how *normal* it feels. Hypnotic trance is a normal human state — in fact we go into trance several times a day. Our brain is not only attracted to the restful state of trance — it's wired for it. Here are some examples:

- You are driving your car, but you're not concentrating on driving - your mind is focused on a storyline running through your head. When you arrive at your destination, you barely remember anything about the ride.
- You are making a meal but thinking about something else — to the extent that you don't consciously see what is in front of you. Your mind is caught up in other thoughts, and yet you are able to cook.
- Someone is talking to you, but your mind is intensely concentrating on other thoughts. You don't even hear what the person is saying.

These examples illustrate how natural it is to go into a trance — there's nothing weird about it! During hypnosis, you are invited to deeply relax into this trance state, but contrary to what some people think, you are not 'under the control' of the hypnotist. Hypnosis is a two-person job and it takes a willing participant for it to work. So what about those staged events where a hypnotist gets someone to cluck like a chicken? When hypnosis is used for entertainment, there are always people in the audience who want to go on stage and be part of the show — even if it means they will do silly things. They agree in their minds to go along with the experience, and the results can be quite entertaining!

Hypnotherapy is different, although it involves a similar partnership between hypnotist and willing participant. A typical session looks like this: the client relaxes in a comfortable position with eyes closed, and listens as the hypnotherapist uses words and mental imagery to guide the person toward an agreed-upon, therapeutic goal. It's a calm, peaceful and positive experi-

ence, and can even be done using online platforms such as FaceTime and Zoom.

As a certified hypnotherapist, people often ask me: *can anyone be hypnotized?* The answer is yes...and no. You cannot be hypnotized if you don't want to be, but if you want me to hypnotize you, it's very likely that I can. Hypnosis is not a suitable option for a person who suffers from certain disorders. Another common question is: *does hypnotherapy work?* I have found that it does work for most of my clients, but just like any therapy, there's no guarantee it will work every time with every person. □

– Karen Torgerson

If your loved one suffers from mental illness, you may be dealing with anxiety, feelings of guilt or difficulty accepting your loved one's situation. These issues can be mitigated by hypnotherapy. Would you like to try it? Karen Torgerson is offering one free hypnotherapy session through AMI-Quebec for family caregivers. If you are interested, visit [amiquebec.org/hypnotherapy](http://amiquebec.org/hypnotherapy).

## A DRUG-FREE TREATMENT PLAN FOR PSYCHOSIS

*This is a summary of "How Norway Is Offering Drug-Free Treatment to People with Psychosis" first published on BBC News on February 19, 2021, written by Lucy Proctor and Linda Pressly. To read the full article, please visit [www.bbc.com/news/stories-56097028](http://www.bbc.com/news/stories-56097028).*

**T**reating psychosis is not easy. Many people with psychosis are prescribed medications called antipsychotics, which are used to treat symptoms such as hallucinations and delusions. Antipsychotics can have heavy side effects that can take a big toll on an individual's wellbeing. Some side effects are so powerful that they affect a person's emotions and can make daily life seem like a blur. Physical side effects, such as extreme fatigue and weight gain, are also possible.

According to Proctor and Pressly's article, 20% of patients who use antipsychotics as a treatment for psychosis do not respond well to them. Despite this percentage, in Norway, people with psychosis are often forced into treatment facilities that then compel them to take antipsychotics and other medications. This enforced medication can cause a lot of harm to patients who do not respond well to medications.

In response to Norway's one-size-fits-all treatment method, a patient user group called We Shall Overcome was formed in 2016. This group helped advocate for and then implement medication-

free treatment wards for people with psychosis. It is because of their work that Norway offers people with psychosis the *choice* of including medication in their treatment. Notably, Norway is the first country to offer such an option within their mental health-care system.

This is a big step in advocating for people with psychosis and giving them a say in their treatment plans, but it remains controversial. According to Oslo psychiatrist Dr. Jan Ivar Rossberg, medication remains the best evidence-based treatment for those with psychosis. He says that evidence suggests that medication should be started when symptoms are strongest, and should be maintained for at least two years before lowering the dose. On the other hand, Magnus Hald, the head of the medication-free department at the University Hospital of northern Norway, disagrees, but he does not yet have the evidence to back his beliefs. He is starting a research project to track patients who were in the

*continued on page 6*



# A FUN TIME WAS HAD BY ALL AT OUR ANNUAL GENERAL MEETING

We were joined online by 50 friends and supporters for our 43rd Annual General Meeting on June 8th. Featuring our Outreach coordinator Tony's jokes, love for AMI was evident in the speeches and remarks made by presenters and award recipients. We held a toast to the 5th anniversary of our new home, and to better days ahead. Awards were presented to individuals and organizations for their impact on AMI and on the community—we hope you enjoy meeting them on these pages.



**The Ella Amir Award for Innovations in Mental Health** was awarded to **Chabad Lifeline**, an organization that helps people who are struggling with addiction and mental health issues. In his thanks, Rabbi Bresinger talked about the 30% increase in requests for help they have received during the pandemic. "I am very grateful to work so closely with AMI. Your mission touches my home and my heart. Thank you."



**The AMI-Quebec Award for Exemplary Service** was presented to **Doratha Auger** in recognition of her 37 years at the helm of Friendship Volunteer Association and the Association Logement Amitié. She humbly shared the award with her team: "I consider myself privileged to have the opportunity to do what I am passionate about all these years. Without the team beside me I don't think that all the projects that I have in mind, big and small, would ever have been possible."

**Lynn Harris** was awarded a **Special Recognition**, honouring her work as AMI's Family Peer Support Worker at the Jewish General Hospital.

Dr. Judy Glass, director of the JGH's emergency psychiatry department said: "Lynn is amazing! Meeting Lynn was like a thunderbolt arriving and saying 'let there be light'! I immediately felt the energy from day 1."

Lynn was emotional in her thanks: "Over the past five and a half years I tried to relate to the family members who needed help at the most trying time. To know that the work I did will continue, that the people with loved ones with mental illness will continue to be supported, makes me so proud. And I guess that's what they call a legacy."



**Brenda Cormier** is this year's recipient of the **Extra Mile Award**, which recognizes someone who has made a special effort to promote the understanding of mental illness. Diana Verrall has collaborated with Brenda for many years and said, "Brenda, we are so grateful for your cheerful attitude, willingness to help in any way, long time connection to AMI, and dedication to helping families who are struggling with mental illness in a loved one. This Extra Mile award is just a small token of our appreciation."

In her thanks, Brenda said, "It certainly is not difficult to go the extra mile for AMI. AMI-Quebec has become like a family to me over the years."



Meet our board at [amiquebec.org/board](https://amiquebec.org/board)

**Donna Sharpe** just stepped down as president of the board and was presented with the **Monty Berger Award for exemplary service.**

Ella Amir, Executive Director: "Donna, your contribution through your tenure was invaluable. Even though you are stepping down as president, I know you will sustain your counsel now and beyond. It was truly a pleasure to work closely with you."

Donna's thanks:

"From the bottom of my heart I believe in what AMI-Quebec stands for. It's nice to know there's an organization like AMI out there to help us navigate the system."



**Dr. Santokh Singh**, recipient of the **Exemplary Psychiatrist Award**, talked about the importance of families and said, "This is a career highlight I won't soon forget. I really feel this is the Oscars for psychiatrists and I very humbly accept this award."

**Yamin Weiss** was given the **AMI-Quebec's Volunteer of the Year Award** for his contributions to the Education and Outreach program. Tony Alfonso, Outreach coordinator, presented the award and said, "He draws people in and makes you want to talk about mental health, talk about stigma—and that's the core of what AMI is all about. I can't praise him enough."



**Go online for our Annual Report**

Visit [amiquebec.org/annualreport21](https://amiquebec.org/annualreport21)

## SUMMER 2021

**Please note:** due to COVID-19, all our programs are taking place online, not in person.

Visit [amiquebec.org/coronavirus](https://amiquebec.org/coronavirus) or call 514-486-1448 for access details and the most up to date information.

### SUPPORT GROUPS

Mondays 6:30pm on Google Meet

**For family, friends, and people with mental illness unless otherwise indicated.**

**For details visit [amiquebec.org/support](https://amiquebec.org/support)**

No registration necessary.

### FAMILY AND FRIENDS for relatives and friends

June 7, 21, 28; July 12, 26; August 9, 23

### BPD for relatives and friends

June 7; July 26; August 23

### ANXIETY/ OBSESSIVE COMPULSIVE DISORDER

June 7; July 12; August 9

### BIPOLAR DISORDER

June 21; July 26; August 23

### DEPRESSION

June 21; July 26; August 23

### HOARDING

June 7, 28; July 12; August 9

### KALEIDOSCOPE for people living with mental illness

June 28; July 12; August 9

### SOUTH SHORE FAMILY & FRIENDS for relatives and friends

Wednesdays 6:30pm

June 16; July 14; August 18

### WORKSHOPS

Registration required for programs below. Call 514-486-1448 or visit [amiquebec.org/workshops](https://amiquebec.org/workshops) for details or to register

#### One-Time Workshops

6-8 pm online on Google Meet

For family and friends

#### Acceptance & Letting Go

July 21

#### De-escalating Conflict

August 3

#### Hypnotherapy

By appointment—see page 3 for details.

#### Facebook Live

#### Hot Topics Q&A

7-8:15pm, online, for all

Details: [amiquebec.org/hot-topics](https://amiquebec.org/hot-topics)

#### Calming Techniques

June 17

#### AMI Spotlight: Kaleidoscope (Living with mental illness)

June 23

#### Mental Health & Post Pandemic Realities

July 15

#### LGBTQ & Mental Health

July 29

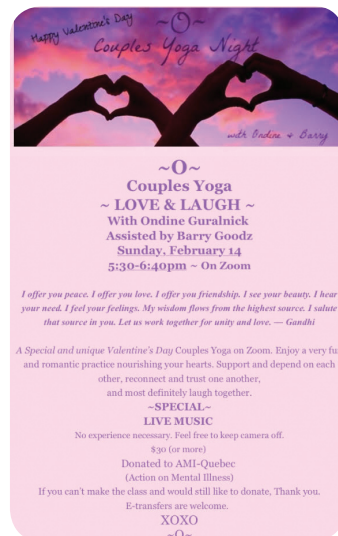


# THANK YOU FOR RAISING MONEY FOR OUR PROGRAMS!

From time to time we are approached by people who want to raise money for AMI's programs. They do this in a number of creative ways and we are so grateful! Here are three of their stories.

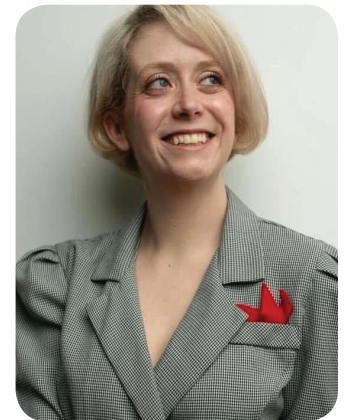
## Raising funds through love

Ondine Guralnick says, "This was our 12th or 13th year doing a Valentine's Day couples yoga workshop and our first time making it a fundraiser. This year I felt if we were fortunate enough to celebrate love then we definitely had enough love to share. Everyone practicing that night including me and my husband, as well as others that donated without joining the class, felt a strong connection to your organization. I think it is close to all of our hearts."



## Battle of Wits

Elspeth Wright hosts a comedy game show called Battle of Wits. Throughout the month of May, she live streamed the show to raise money for AMI, and collected \$1,615! "I decided to do this fundraiser because, as someone who lives with Borderline Personality Disorder and PTSD, I am incredibly thankful for organizations such as AMI-Quebec who not only provide help but also shed light on mental illnesses and strive to help people understand and support those experiencing mental illness. Organizations such as AMI Quebec save lives and the fundraiser is a small way to say "thank you" for everything you do."



## It's Only 60

As a Transition Coach and Personal Trainer, I never thought that I would struggle with my mental health, but I did. The last couple of years have been extremely hard mentally and I didn't think I could turn to anyone. I felt very alone. We all need a little help sometimes and I can't thank my wife, Susie, and my great kids Stewart, Jessica, and Evelyn enough for all their continued support in helping me overcome my struggles.

I started running and training for a 60km run on my 60th birthday, so that I could continue to feel better. Running is good for my mental health. I decided to run for a cause and called it, "It's only 60". I told all



my friends and clients that I would be raising money for AMI-Québec. I chose your organization after a friend told me about the great work you do. AMI-Québec is always there, just like my family was there for me during my hard times.

You are not alone, just reach out and talk and share with someone.

Growth is uncomfortable but very healthy.

– Barry Sullivan

*Barry smashed his initial fundraising goal, raising \$5,000 for our programs, AND he crushed his 60km run. Thanks and congrats, Barry!*

## Psychosis ... continued from page 3

medication-free unit at his hospital years ago to produce more evidence supporting medication-free treatments for psychosis.

Although most people in Norway can choose which treatment path they want to follow, those with acute psychosis are

not eligible for medication-free treatment at this time. Advocacy groups are trying to change this. However, acute psychosis specialist Dr. Tor Larsen worries that this will result in more harm than good, because often individuals with untreated psychosis do not believe they are ill, and so refuse treatment.

More research needs to be conducted

to see if drug-free treatment programs for psychosis are beneficial. If they are, it could be a major step forward for people with psychosis who want an alternative treatment to medications. □

– Gabrielle Lesage

Visit [amiquebec.org/sources](http://amiquebec.org/sources) for references

# “I’m worried about your mental health”

## How to approach someone you think should seek help

According to The Centre for Addiction and Mental Health (CAMH), 1 in 5 people experience a mental health problem in any given year and this has increased dramatically due to the pandemic. This means that you likely know people who are struggling with a mental health issue right now. Some will recognize they have a problem and seek help on their own, but others might not. What can you do if you think a friend or loved one is struggling with a mental health issue?

### Address the issue and provide emotional support

Do not be afraid to tell your loved one that you are worried about them. Ask them if they want to talk. Provide emotional sup-

port as you address their mental health, and keep an open mind. Tell them that you are there to listen without judging what they have to say. Being judgmental may make your loved one feel they are abnormal and can deter them from seeking help. Also, make it clear that you are expressing your concern and not trying to “fix” them. Do not try to diagnose them and make decisions on their behalf. Addressing your concerns and listening with empathy and an open mind is a significant first step.

### Encourage them to seek professional help

Once you’ve addressed your concerns with your loved one, encourage them to seek professional help. Even though you may suspect your loved one has a mental health problem, **do not play the role of a mental health professional yourself**. Although you may know a lot about your loved one and the struggles they are going through, you do not have the same qualifications and skills as a licensed psychologist, psychiatrist, or psychotherapist. These are professionals who can provide the most appropriate care for your loved one.

*continued on page 8*

## TRIBUTES & MEMORIALS

**In honour of Carol Steinberg**  
Janet Steinberg

**In honour of Rebekka Jonasson**  
Jennifer Jonasson

**In honour of Annie H.**  
Anonymous

**In honour of Barry Sullivan**  
Alexandra Bremner  
Muriel Haimovici

**In honour of Bronia Waldman**  
Pearl Libenson

**In honour of Mickey Stern, Rachel Stern, and Eliezer Simcha Stern**  
Marvin Shore

**In memory of Peter Lalonde**  
Michelle Lalonde

**In memory of Maxime Prescott**  
Financière Canoe

**In memory of Joseph Zeitoune**  
Muzzy Abdulezer  
Kevin Barrett  
Felice and Richard Barry  
Erin and Joe Battat  
Yvette Battat

Stéphanie Beaulieu  
Bell Canada  
Bell Canada Employees  
Vance Carito  
CGI  
John Dallas  
Anita and Rony Gabbay  
Allison Gardos  
Michele Gauthier  
Alison, Scott, Brent, and Adam Gelinas  
Jessica Kovitz-Lensch  
Stéphanie Lavigne  
Marcia Levine  
Marie Mercier  
Anne Newman  
Scott Olson  
Marie-Agnès, Martin & Estée Parmentier  
Paulina Peykov  
Lily and Mino Emile Sayegh  
Sharon Shasha  
Dana, Robb, Wil & Lake Sinclair  
Jason Smith  
Roger Tabry  
Cat Thibault-Charbonneau  
Caroline Tran  
Danny Wald  
Noni Zeitoune

**In memory of Phillip Nance**  
Jessica Landry

**In memory of William (Bill) Klein**  
Yael Acre and family  
Jean Claude and Stella Benitah  
Gary Bernfeld  
Kimberly Chung  
The Cossette Team — Mélanie Dunn  
Sandra and Ian Diamant-Ross  
Susan, Michael, Laura, Samuel & Annabelle Diamant  
Rhonda Gal  
Benjamin Gerzovitz  
Julia and Mark Gersovitz  
Ray Gossack  
Etta Grosz  
Shirley Meltzer and Family  
Debra and Jim Murdock  
Kitty Rosenblatt  
Shelley Rothstein  
Aida Salzman  
Shelley and Mark Sherman  
Kay Simpson  
Joy and Sanford Smith  
Steven Spodek  
Joran, Marigo, Zoe and Kaia Weiner  
Via Rail Canada

**In memory of Anne Panet-Raymond**  
Mountainview High School

**In memory of Moira Edwards**  
Kay Simpson

AMI-Québec extends sympathy to the bereaved and appreciation to all donors for their generosity.  
If you wish to honour someone with a donation, please phone 514-486-1448 or visit [amiquebec.org/donate](http://amiquebec.org/donate).

## amiquébec

Agir contre la maladie mentale  
Action on mental illness

AMI-Québec, a grassroots not-for-profit organization, is committed to helping carers\* manage the effects of mental illness through support, education, guidance and advocacy. By promoting understanding, we work to dispel the stigma still surrounding mental illness, thereby helping to create communities that offer new hope for meaningful lives.

\*Carers (*proches aidants*) are those in the circle of care, including family members and other significant people, who provide unpaid support to a person in need.

Anne Newman, *President*  
Henry Olders, *Vice President*  
Joyce Cohen, *Treasurer*  
Judy Gold, *Secretary*  
Donna Sharpe, *Immediate Past President*  
Ella Amir, *Executive Director*

### SHARE & CARE

THE JOURNAL OF HOPE - THE JOURNAL OF RECOVERY

Share&Care is published quarterly.

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Articles and comments are invited. Anonymity will be respected if requested. Guest articles reflect the opinions of the authors and do not necessarily reflect the views of AMI-Québec.

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*Mental health ... continued from page 7*

### Offer practical support

While you cannot diagnose or treat your loved one, you can provide support in other ways. Offer to help with some of their daily tasks, such as driving them to an appointment or helping them with their groceries. Let them know how important they are to you. Small gestures can make a big difference in your loved one's daily life.

### What if they do not want to seek help?

Your loved one may not be ready to seek help. If this happens, make it known that you are still concerned, but don't push or nag. They may not see what you see, or they may not be ready, and if you confront them in an accusatory way they may feel threatened and lose trust in you. Until they are prepared to seek help, be supportive and listen to what they need in the present moment. However, if your loved one is a danger to themselves or others, call 911 or find help at [amiquebec.org/crisis](http://amiquebec.org/crisis). □

– Gabrielle Lesage

Visit [amiquebec.org/sources](http://amiquebec.org/sources) for references

This issue of *Share&Care* has been made possible by a grant from the Otsuka-Lundbeck Alliance.



## YOUR SUPPORT SUSTAINS OUR FREE PROGRAMS

Although AMI receives some government funding, we need to raise more than half of our operating budget each year.

### We need your support!

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

I wish to make this donation in honour of: in memory of:

\_\_\_\_\_

FOR US TO ACKNOWLEDGE YOUR GENEROSITY, SUPPLY DONEE'S NAME AND ADDRESS

Membership (\$25 annual): \$ \_\_\_\_\_

Existing members receive their renewal notices in the mail

Total: \$ \_\_\_\_\_

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CW code \_\_\_\_\_

Name on card \_\_\_\_\_

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