

THE CAREGIVER'S ALLY in Mental Health



Amis de la santé mentale
Friends for Mental Health



The Caregiver's Ally in Mental Health

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INTRODUCTION

When a mental health issue affects a loved one, no one is really prepared to face the new challenges. However, the people around them play an important role in the recovery of a person living with a mental health issue. That's why Friends for Mental Health wanted to provide you with an indispensable tool that can guide you through the ups and downs of mental health.

This guide, created especially for the family and friends of a person living with a mental health issue, will be your ally throughout your journey as a caregiver. It will help you demystify mental health issues, learn more about treatment and the hospitalization process, while providing you with tools and tips to help you deal with difficult situations. We've included all the information and resources you need to help you in your new role as a caregiver to someone living with a mental health issue.

At Friends for Mental Health, we believe in taking care of ourselves, so in this guide we want to focus on the importance of maintaining good mental health as a caregiver. Even if your journey is full of questions and pitfalls, it is still important that you take the time to take care of your own needs. Your happiness is important too!

CHAPTER 01

History, mission, values, and services



In 1981, Francoise Vien and a team of dedicated parents started meeting around a kitchen table, sharing their experiences as caregivers to loved ones living with mental health issues. Their mission was to address the lack of support and services for individuals with mental health issues and their families in the West Island. They decided to lobby for resources and, after countless hours spent filling out forms, Friends for Mental Health was born.

Over the years, we have grown from having only a few members to becoming an organization that now serves over 700 members a year! Through it all, we have been offering vital support to individuals and families who have a loved one with a mental health issue.

We are guided by our values of authentic humanism, dynamism, and professionalism. Our goal is to listen, counsel, and provide information based on the most current research and best practices, enabling families to better cope with their loved one's mental health issues.

OUR SERVICES INCLUDE:

COUNSELLING

Our team of qualified psychosocial counsellors are available for both individual and group virtual and in-person counselling sessions. We offer short to mid-term follow-up for families, couples, and individuals who are helping or caring for a loved one who has a mental health issue.

COURSES

We offer courses on a variety of topics to better inform our members about their loved one's mental health issues and help them find ways to support themselves. These include navigating the mental health system, setting boundaries, preventing crisis situations, and much more.

SUPPORT GROUPS

Support groups are a safe space moderated by a counsellor where our members can discuss their experiences, receive tips, and gain support with others going through similar situations. We offer groups that focus on different mental health issues, such as bipolar disorder, borderline personality disorder, anxiety, and depression. We also have a group specifically for men who have a loved one living with a mental health issue.

RESPIRE ACTIVITIES

We offer a variety of respite activities for our members, including mindfulness workshops, art therapy, movie nights, and other relaxing activities where caregivers can take a moment for themselves.

AWARENESS AND ADVOCACY

Friends for Mental Health strives to raise awareness about mental health in the community. We do this by offering educational programs in schools, conferences, and kiosks. We also partner with other organizations and share important resources through our quarterly newsletter and library.

For more information about the organization, please visit: asmfmh.org

CHAPTER 02

Mental health and mental health issues



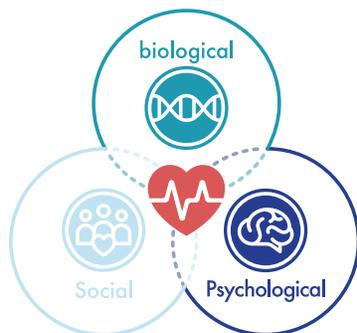
MENTAL HEALTH...

... is defined by the World Health Organization as “a state of well-being in which the individual realizes their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.” Each person has their own state of mental health, much like each individual has their own state of physical health. Mental health is not fixed—just as you might get sick with a cold, there are periods in your life where you might experience stress, burnout, and sadness. These emotions, however, are not the same thing as having a diagnosable mental health issue.

MENTAL ILLNESS...

... is a brain disorder that impacts one’s thoughts, behaviours, and/or emotions. Mental illness varies in severity depending on many factors, including the type of illness, the presence of more than one illness, etc. Some people will need assistance from professionals for a certain period of time, while others may need long-term care. Over the years, various theories have been formulated in an attempt to explain mental illness.

Today, the dominant approach to mental health issues is the bio-psycho-social model, which has been incorporated into the mental health policy of the Quebec government. This systemic approach identifies three aspects that have an impact on a person’s health: the biological aspect (e.g., genes, neurotransmitters),



the psychological aspect (e.g., emotional maturity, cognitive ability, and ego functions), and the social aspect (e.g., upbringing, culture, and socioeconomic factors). A person’s future well-being and health depends on how all these aspects are integrated and interrelated. This means that a person’s mental health is treated as part of their overall health.

POSITIVE MENTAL HEALTH AND ITS MAINTENANCE

Positive mental health can look different for everyone depending on their experiences, culture, and identity. It is not just about the absence of a mental illness. It includes many variables such as having strong relationships, feeling in control of your life and decisions, having a sense of purpose, feeling connected to others, having a strong sense of self, coping with stress, being generally optimistic, enjoying life, and functioning well mentally.

With the right tools and environment, everyone, including individuals with a mental health issue or mental illness, can maintain positive mental health. This can be achieved at both the community and individual levels. For instance, having stable housing, financial security, and a sense of belonging are all factors that help maintain positive mental health. Having emotional support, accepting and facing challenges, and maintaining an active lifestyle also help uphold positive mental health.



VISIBLE SIGNS OF A MENTAL HEALTH ISSUE

UNUSUAL OR DISORGANIZED BEHAVIOUR:

Social withdrawal; sudden loss of interest in activities, school, or work; pacing, staring, talking and laughing to oneself; inability to sit still, or conversely, being inert or apathetic; deterioration or changes in personal hygiene and appearance; excessive spending or destructive behaviour; changes in sleep and appetite; uncharacteristic use or abuse of alcohol and/or drugs.

EMOTIONS:

Inappropriate emotional responses; hostility or uncharacteristic anger; inability to cry or excessive crying; lack of empathy or compassion; uncharacteristic problems with relationships; flat affect.

COGNITION:

Trouble concentrating; strange speech and conversation; memory impairments; disorientation to time, place, or self; problems with judgment; grandiose ideas; difficulty with responsibility; incoherence; thought blocking (suddenly being unable to think, speak, or move in response to events that are happening around oneself).

HALLUCINATIONS:

Seeing, hearing, or smelling things that exist only in the person's mind, e.g., hearing voices, feeling or seeing things crawl on one's body, smelling imaginary smoke, etc.

DELUSIONS:

Having fixed, false beliefs not shared by the person's culture and not corrected by logic, e.g., believing one is a prophet (delusions of grandeur), or being paranoid, e.g., that one is being spied on.

Changes in an individual's behaviour, thoughts, and emotions may be gradual or abrupt. The person displaying these symptoms may be frightened and have serious difficulty explaining their problems to others. It is important to be as patient and understanding as possible. Having the mental illness recognized and treated as soon as possible is essential to increase chances of recovery. These symptoms might appear as a result of organic causes (tumours, endocrine disturbances, trauma, etc.), which is why it is important to see a health professional to evaluate all possible causes. Bear in mind that in this situation it is normal for the whole family to experience anxiety and fear and to deny that something is wrong.



One in five individuals will experience a mental health issue in their lifetime—it can happen to anyone and is not a sign of weakness.



DIAGNOSIS

WHAT CAN BE DONE WITHOUT A DIAGNOSIS?

Family members are often driven to have their loved one diagnosed when they show signs of a mental health issue. While having a confirmed diagnosis is important when it comes to accessing treatment, there is often a time when the person is in denial that anything is wrong. Once a person realizes that they have issues, they may then be reluctant to seek help due to the stigma of having a mental illness. In these situations, a caregiver can help them to seek help in a couple of ways.

The first step is to acknowledge that your loved one is suffering and to work on a collaborative approach. Identify common goals based on what the person wants and build on these. Listen to them and help them identify their symptoms. For example, do not tell your loved one they are “just being paranoid.” Instead, nonjudgmentally notice the facts: they seem to be afraid, or a situation is creating anxiety. Validate their emotions by saying things such as: “I notice that you are feeling fearful often, that must be hard.” “No one has to live with that much fear or anxiety, why don't we try to figure out how to reduce these feelings.” Most people will want help figuring things out.

It can be more difficult when a person is detached from reality and lacks insight towards their feelings. It may be clear to you that they need to see a doctor, but not to your loved one. Make an appointment to speak to a counsellor to discuss your particular situation and come up with the best plan of action. In his book *I'm Not Sick, I Don't Need Help*, Dr. Amador states

that the person will get help based on the relationship they have with you. Whatever the illness, if you develop a strong relationship and show that you are listening to them and their needs, your loved one may start seeking and listening to your advice.

THE ELEMENTS OF A DIAGNOSIS

Although a number of classification systems have been developed over time, the one that is used by most mental health professionals in Canada is the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published by the American Psychiatric Association (2013). The DSM is used in hospitals and outpatient clinics to diagnose patients, prescribe medications, and dictate future treatment.

The main criteria needed to establish a diagnosis are the number and the severity of the symptoms outlined in the DSM-5, the duration of their presence, their impact on the person's ability to function (whether academically, occupationally, or socially) and the presence of significant clinical distress. Each of us experiences episodes of sadness, anxiety, and preoccupation with certain thoughts. These episodes should not be considered problematic unless the accompanying thoughts and behaviours become extreme and have a disruptive effect on the person's life.

It is important to not pathologize, or assign clinical illness, to normal experiences (e.g., the grieving process). There are many illnesses covering many aspects of the human experience. What is most important is to seek support if you feel badly about anything and want to improve your situation.

“*Please remember that people with psychiatric disorders are far more than just embodiments of their disorders. A psychological disorder is not what a person is; it is something that a person has through no fault of their own. These individuals deserve to be viewed and treated with compassion, understanding, and dignity. This is why we use “person first” language, e.g., a person living with schizophrenia, or a person who has depression.*”

THE EVOLUTION OF A MENTAL HEALTH ISSUE

Not all mental health issues evolve the same way, and they do not usually appear suddenly. Symptoms may develop slowly, so family members might not notice them.

There are two ways a mental health issue can evolve. It can either persist over a long time (chronic) or come and go (episodic). Some mental health issues can last for a person's entire life—this is considered chronic, but it does not mean that they cannot function for large periods of their lives. For example, bipolar disorder is considered chronic, but there are periods when it is quite active as well as periods of calm. A person's mental health issue is affected by the stress and complexity of their life, as well as their personality, the severity of the disorder, the presence of other disorders, and the presence of support.

CATEGORIES OF DISORDERS THAT FRIENDS FOR MENTAL HEALTH PROVIDES SUPPORT FOR, AS PER THE DSM-5

SCHIZOPHRENIA

is a disorder that affects a person's thoughts, perceptions, and behaviours. It is a chronic, episodic illness whose severity fluctuates over time. Onset most often occurs in late adolescence or early adulthood. The psychotic symptoms that are experienced are characterized as positive (i.e., something is added, like hallucinations or delusions) or negative (i.e., something is removed, like energy, pleasure, or emotional expression). Many of these symptoms can be treated with timely intervention and the help of new medications, which also make recovery possible.

POST TRAUMATIC STRESS DISORDER

can develop in anyone who has experienced or witnessed a serious traumatic event, such as a car accident, abuse, etc. Two people might experience the same event but have completely different reactions. One will not suffer any adverse effects while the other will continue to experience the traumatic event over and over again, sometimes for months or years. They often have flashbacks or recurring nightmares. They may begin to avoid situations or conversations that remind them of the trauma. They might experience

sleeping problems and/or depression that were not present before the trauma; inability to remember parts of the event(s); apathy; a feeling of detachment, irritability, and a decrease in everyday functioning such as relationships and work.

OBSESSIVE-COMPULSIVE DISORDER

is a two-part disorder made up of both obsessions and compulsions. Depression is also likely to be present with OCD.

- Obsessions involve worrying excessively about something, which in turn often causes a great deal of anxiety or distress. They are unwanted, disturbing, repetitive thoughts, images, or impulses that “obsess” the mind and are nearly impossible to control or dismiss. The person with these thoughts, which are fear-based, realizes that they are unreasonable and/or inappropriate and tries to temporarily relieve the anxiety by acting on their compulsions. Examples of obsessions: persistent fears of contamination by dirt or germs, thoughts of being responsible for harm to oneself or others, or fear of forgetting to do something.
- Compulsions involve the need to do something to help get rid of the anxiety caused by the obsession. They consist of rigid rituals or routines that people with OCD are compelled to perform as a means of controlling the anxiety associated with their obsession. Examples of compulsions: physical actions such as constant watch-checking, cleaning, or locking the door; mental actions such as counting or praying.

MOOD DISORDERS

are a class of mental health issues that include all types of depression and bipolar disorders. They are subdivided clinically according to their severity, episodic nature, and duration.

- Depression is characterized by extreme sadness and hopelessness, changes in appetite, irritability, fatigue, difficulty concentrating, social withdrawal, and possible thoughts of suicide.
- Bipolar disorder is characterized by manic episodes, with or without depression (depending on the type of bipolar disorder). Signs of mania include: excessive elation, inflated self-esteem, grandiose ideas, talking overly fast and loud, reckless behaviour, rapid heart rate, and irregular breathing.

ANXIETY DISORDERS

manifest when fear and anxiety are so intense as to prevent normal functioning. Almost everyone will experience anxiety at some point in their life.

ILLNESS	SYMPTOMS
Panic Disorder	<ul style="list-style-type: none"> • Panic attacks • Intense fear • Depersonalization • Breathlessness • Dizziness • Trembling • Chest pains • Eventually, anticipation of an attack and feelings of helplessness can contribute to heightened anxiety
Generalized Anxiety Disorder	<ul style="list-style-type: none"> • Chronic anxiety • Excessive worrying • Feeling restless and on edge • Difficulty concentrating
Phobia	<ul style="list-style-type: none"> • Persistent fear • Avoiding contact with the thing that causes anxiety • Can be specific (e.g., blood, elevators, dogs, water) or social (e.g., fear of being observed)
Agoraphobia	<ul style="list-style-type: none"> • Fear and avoidance of public spaces • Significant distress during social situations • Risk of panic attacks while out in public • Inability to leave the house

PERSONALITY DISORDERS

refers to when the manner in which the person views and relates to the world is maladaptive, dysfunctional, and clashes with accepted social norms. Personality is defined as the psychological and behavioural characteristics of an individual that remain relatively stable throughout one's lifetime. It is the way the person views and relates to the world. Personality disorders can therefore differ greatly from one culture to another. There are different types of personality disorders. For example, antisocial personality disorder, which is characterized by a lack of remorse or moral concern, lack of empathy, reckless and dangerous behaviour, impulsiveness, aggression, self-injury, and persistent lying. There is also borderline personality disorder (BPD), which is characterized by a fear of abandonment, a pattern of intense and unstable relationships, impulsiveness, mood swings, feelings of dissociation, rapid changes in self-identity, inappropriate anger, chronic feelings of emptiness, suicidal thoughts, and self-injury.

CONCURRENT DISORDERS

also called dual disorders, is a term used to describe the co-occurrence of a substance use disorder or other psychiatric disorders in the same person. In this approach, each diagnosis is considered primary and the goal is to treat both conditions with equal concern. There are different ways mental health issues and substance use problems can affect each other:

- Psychiatric disorders can lead to substance use.
- Substance use can worsen mental health issues.
- They may both start at the same time due to similar causes or a specific trigger.
- They may start separately but have the same risk factors, e.g., genetics.

Concurrent disorders may be harmful and lead to worsening of both the severity of symptoms and the long-term course of a disorder in a variety of areas, in particular:

- Higher level of psychological distress
- Higher risk of violence
- Poorer psychosocial functioning
- Lower adherence to treatment
- Higher rates of familial, medical, and legal problems
- Higher rates of academic failure and unemployment

- Greater use of health resources in a less efficient manner
- Higher rates of medical complications due to impaired judgment and impulsivity
- Inadequate food and housing (especially with for those with personality disorders)

TREATMENT:

Research shows that concurrent treatment for both mental health and substance abuse is essential for good outcomes. Until recently, people with a dual diagnosis had difficulty receiving a specific, tailored treatment plan for their disorders. This was due to limited access to psychiatric services because of substance use and limited addiction treatment services because of a mental health issue. Efforts are being made to harmonize these systems.



RESOURCES USED IN THIS CHAPTER

POSITIVE MENTAL HEALTH AND ITS MAINTENANCE

www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response
www.cpa.ca/cpasite/UserFiles/Documents/Practice_Page/positive_mh_en.pdf

SCHIZOPHRENIA

Schizophrenia Society of Canada (SSC): www.schizophrenia.ca
Société québécoise de la schizophrénie: www.schizophrenie.qc.ca
Government of Canada
www.canada.ca/en/public-health/services/about-mental-illness/schizophrenia.html

POST TRAUMATIC STRESS DISORDER

PTSD Association of Canada: www.ptsdassociation.com/
Centre d'aide aux victimes d'actes criminels (CAVAC): www.cavac.qc.ca/en/
Regroupement québécois des Centres d'aide et de lutte contre les agressions à caractère sexuel (RQCALACS): www.rqcalacs.qc.ca/the-calacs.php
Centre de ressources et d'intervention pour hommes abusés sexuellement dans leur enfance (CRIPHASE): www.criphase.org/

OBSESSIVE-COMPULSIVE DISORDER

International OCD Foundation: www.iocdf.org/
The Canadian Treatment Center for Obsessive Compulsive Disorders (CTCOCD): www.ctcocc.ca/

MOOD DISORDERS

Mood Disorders Society of Canada: www.mdsc.ca/
Relief: www.relief.ca/home

ANXIETY DISORDERS

Anxiety Canada: www.anxietycanada.com/
Depression and Bipolar Support Alliance (DBSA): www.dbsalliance.org
National Institute of Mental Health: www.nimh.nih.gov/health/topics/anxiety-disorders
Centre for Addiction and Mental Health (CAMH): www.camh.ca/en/health-info/
Relief: www.monrelief.ca/

PERSONALITY DISORDERS

Borderline Personality Disorder Central: www.t.bpdcentral.com/dispatch.php
Centre for Addiction and Mental Health (CAMH): www.camh.ca/en/health-info

TREATMENT

Foster Pavilion: 514 486-1304
Drogue aide et référence: www.aidedrogue.ca/
Centre de réadaptation en dépendance de Montréal: www.cran.qc.ca/fr/centre-de-readaptation-en-dependance-de-montreal-institut-universitaire

CHAPTER 03

An introduction to the new reality



MOVING TOWARD ACCEPTANCE

Family and close friends of a person living with a mental health issue may experience a wide range of emotions: guilt, resentment, confusion, fear, etc. It is perfectly normal to experience these kinds of emotions in this situation. Depending on the severity of the mental health issue, some people may experience a great deal of difficulty and distress.

It is generally accepted that the first step towards wellness is to accept your loved one's mental health issue. While the process of acceptance may be difficult and fraught with obstacles, you will find that there are ways to make it easier.



THE PROCESS OF ACCEPTANCE

Acceptance "is the active process of making room for thoughts, emotions, sensations, impulses, memories, and images as they emerge, without seeking to change or diminish them" (Neveu & Dionne, 2010). The following are some of the emotions you might experience as a loved one of someone living with a mental health issue:

CONFUSION, SHOCK, AND PANIC

No one can remain indifferent when a loved one becomes unstable. You may feel frightened, worried, and confused. When an individual experiences mental health issues, no matter how severe, the familiar world falls apart and the lives of those around them are thrown into turmoil. It is now a matter of dealing with new and unusual situations. At this point, seeking help is strongly recommended. Getting help will allow you to receive emotional support and gain a better understanding of the mental health issue that your loved one is dealing with. It will also allow you to explore and develop coping strategies and solutions so that you can overcome the difficulties you are experiencing.

DENIAL

Denial is a normal part of suffering, as facing the truth and accepting it is sometimes too challenging and difficult. While denial may have positive effects in certain situations (e.g., it may enable you to focus on your loved one's strengths and help them develop agency), being in denial is not without risk. In fact, denial of the mental health issue and hope for a quick and easy recovery may delay the development of appropriate and realistic goals, consequently delaying their achievement. More specifically, this type of thinking can, for example, result in a failure to seek professional services. This is why acknowledging and accepting your loved one's mental health issue will make it easier for you and your family to direct your efforts in a way that is better adapted to your loved one's situation, which in turn will lead to adequately supporting their rehabilitation.

GRIEF AND SADNESS

It is sometimes said that a family's experience of a mental health issue is similar to that of grief. The family remembers a time when their loved one was well and their relationships were good. But they must still grieve certain aspects of their former life, those relationships, and that person. The family may experience a great deal of sadness, which may well be mixed with anxiety and many questions or concerns.

If you wish to receive emotional support, have a space in which you can express yourself freely, get answers to your questions, and learn to identify and develop healthy coping strategies, it may be useful to seek specialized help.

GUILT

In addition, families may be affected by a strong feeling of guilt. It is common to speculate and generate hypotheses about factors that may have fostered the development of the mental health issue. The negative effects of too much guilt are often underestimated. These difficulties and effects may include depression, loss of self-confidence and belief in one's abilities, overprotectiveness, inability to solve problems, and decreased quality of life.

The guilt may never completely go away, but you can try to change your thinking and avoid further tormenting yourself so as to limit the negative effects. One way to do this is to keep in regular contact with other caregivers who may be experiencing similar situations and emotions as you. This can help you to feel supported and to normalize your experience.

Furthermore, in order to maintain good mental health, it is also important to remember that even if your loved one is currently experiencing serious difficulties, you can still live life to the fullest. You have the right to be happy.

FRUSTRATION, ANGER, AND RESENTMENT

At the same time, the family of a loved one living with a mental health issue often faces stress, lack of support, and many obstacles. In such circumstances, it is normal to feel frustrated and angry.

Moreover, in an attempt to regulate this anger and frustration, family members may unconsciously transfer those emotions to the affected person or other people in the affected person's social circle. Of course, friends and family members are trying to understand why this is happening to their loved one, and they feel a sense of injustice about it. Having these

types of thoughts and believing that the situation is unfair is normal in such a context. However, you can learn to cope with your loved one's mental health issue and better regulate your intense emotions, thus limiting your suffering.

SHAME

Because the topic of mental health issues is still somewhat taboo, the family of a loved one with a mental health issue may feel ashamed. Achieving a greater level of acceptance and thus changing society's attitude toward mental health issues is a particularly complex process. While social change is not something that can be achieved in the short term, it is possible to change your perception of mental health issues.



For example, you can try to maintain a non-judgmental attitude. The more accepting you are of your loved one's situation, the more you will be able to focus on their potential rather than their limitations. In turn, this will make you better able to celebrate their successes. Indeed, the more you detach yourself from the judgments and stigmas surrounding mental health, the easier it will be to free yourself from shame.

Self-validation can be a great way to cope with these feelings.

Step One: Acknowledging

The first step is to simply acknowledge the emotion that you are experiencing right now, without judging it. Put a name on it.

Step Two: Allowing

This step focuses on reminding yourself that it is okay to experience any emotion. You are allowed to feel whatever you feel right now or in an overwhelming situation that makes you feel intense emotions.

Step Three: Understanding

In this step, take your time to think about the past events that have led you to experience this particular emotion.

Reference:

Neveu, C., & Dionne, F. (2010). La thérapie d'acceptation et d'engagement. *Revue québécoise de psychologie*, 31(3), 63-83.

CHAPTER 04

The client, assistant, partner model
(cap - réseau avant de craquer)



EXCERPT FROM LE GUIDE BY L'APOGÉE

(Durocher & Laurin, 2019, pages 157–168): « LE PROCESSUS DE RÉTABLISSEMENT »

Family and friends can play several roles for their loved one who has a mental health issue. There are three terms that represent the roles family members can play at one point or another in their loved one's recovery: client, assistant, and partner.



C = CLIENT

Recognize that you have needs and seek help for yourself so that you will be able to support your loved one in their recovery.



A = ASSISTANT

Offer support to the person living with the mental health issue while accepting their limitations and choices.



P = PARTNER

Contribute your experiential knowledge as a caregiver to support mental health service planning and development.

THE CLIENT ROLE:

Recognize your needs and feelings of distress

When you support someone living with a mental health issue, it is normal to feel anger, stress, sadness, guilt, or shame. These emotions may make you feel tired, both mentally and physically. It is therefore important to take care of yourself. This is not a selfish act; in fact, it is quite the opposite. Taking care of yourself will allow you to cope more calmly with difficulties related to your loved one's mental health issue.

You may feel the need to seek help from various organizations or professionals, whether to obtain more information about the mental health issue, to obtain tools to help you cope with the situation, or to talk about the difficulties you are experiencing. By seeking such assistance, you become a client yourself.

THE ASSISTANT ROLE:

Accept that you are not taking charge of your loved one, but rather that you are assisting them by embracing their limitations and choices

Because of the special relationship you have with your loved one, you are an important source of information for the professionals who are part of the treatment team. Do not hesitate to share information that could be useful for your loved one's recovery, whether it be observations about their health or significant changes in their life.

As an assistant, it is important to know that you do not have to take charge of your loved one. Your role is to support your loved one so that they can recover and become more independent. Respecting your limits and not overdoing things is essential to prevent burnout.

In order to perform your role as an assistant well, it is useful to have some information about your loved one's health condition. However, health care professionals are bound by confidentiality. We suggest explaining to your loved one the importance of signing a consent form that will give you access to confidential information so that you can better support them. If your loved one refuses to sign the consent form, you can ask general questions to members of the treatment team.

During your journey together, your loved one may make decisions that you do not agree with. It is important for you to respect their decisions nonetheless as the outcome of their decisions are part of the learning process. However, you can share your opinions and discuss your experiences regarding these decisions with your loved one. Stable periods are the best times to talk. It is not recommended to do so during a crisis.



THE FOLLOWING PRINCIPLES CAN HELP FAMILY MEMBERS SUPPORT THEIR LOVED ONE:

- Help the person develop a recovery plan, set goals, and understand the mental health issue and its impact.
- Focus on your loved one's strengths and successes. Express hope.
- Review family and friends' roles and functions to find a balance between encouraging the person to take action and respecting their needs (for distance, rest, etc.).
- Support your loved one's independence as much as possible and continually redefine your support role.

THE PARTNER ROLE:

Share your experiential knowledge so that others can benefit from it

Your experience and knowledge make you an important resource for the health care system. Depending on your background and interests, you can act as a partner and share your perspective by contributing to service evaluations and development opportunities.

YOU HAVE RIGHTS AS A CAP (CLIENT, ASSISTANT, PARTNER)



AS A CLIENT

- To access services to reduce your distress and help you adapt to the situation
- To be valued for the support you give to your loved one
- To have your boundaries respected



AS AN ASSISTANT

- To communicate information to professionals
- To receive information from professionals while respecting confidentiality and privacy



AS A PARTNER

- To express your opinions on the way mental health services are organized in your area through an association that you belong to

For more information on the CAP model, visit the following website:

Réseau Avant de Craquer – Gardez le CAP: un modèle à retenir. Note that the website is in French only. <https://www.avantdecraquer.com/contenu/gardez-cap-modele-retenir/>

References:

Le Guide, L'Apogée (Durocher & Laurin, 2019, pp. 157-168.)

Laurin, V., & Durocher, M. (2019). Le Modèle : Client, Accompagnateur, Partenaire (CAP). Le guide : manuel destiné aux membres de l'entourage d'une personne vivant avec un trouble de santé mentale (first edition). L'Apogée, l'Association pour les parents et amis de la personne vivant avec un trouble de santé mentale. (pp. 157-168)

CHAPTER 05

Crisis situations



WHAT IS A CRISIS SITUATION ?

A psychosocial crisis is an unexpected situation that is perceived as threatening and destabilizes a person to the point of potentially putting his/her life in peril (e.g., divorce, job loss, intimate partner violence, bereavement, financial problems).

A psychiatric crisis is a situation in which a person's psychological state changes suddenly and dramatically, resulting in a major psychological imbalance and an inability to cope with the situation and function normally (e.g., panic attack, psychosis, delirium).



Source:

www.santemontreal.qc.ca/en/public/support-and-services/crisis-centres/

COPING WITH PSYCHOSIS

The word “psychosis” is used to describe conditions that affect the mind, in which people have trouble distinguishing between what is real and what is not. When this occurs, it is called a psychotic episode.

No one is prepared for the shock and panic of watching their loved one in the midst of a psychotic episode. The first psychotic episode can be an especially frightening and confusing experience. It is important to remember that psychosis is treatable and that many people recover from their first episode.

Here is a list of things to consider when dealing with a person who is experiencing psychosis:

- It is important for your loved one to seek medical attention as soon as possible. There are three options for you or your loved one (assuming your loved one is willing to collaborate):
 - If your loved one has a family doctor, you or your loved one could phone them.
 - Contact the Crisis Centre at 514 684-6160 and explain the situation.
 - Go directly to the emergency room at the hospital.
- If your loved one is not too aggressive or paranoid, tell them that you are concerned and that help is needed. Let them know that you will accompany them.
- It might help to tell them that you are worried about them, but do not try to tell them that what they are feeling or seeing is not real. For a person in a psychotic state, the voices they hear are very real. Trying to empathize with their emotions is more effective than trying to correct their delusions. You can, however, let them know that you are not experiencing the same thing.
- Try to remain as calm as possible. Do not shout. Showing emotion on your part could make matters worse.
- Try to decrease other distractions. For example, if it seems to help, turn off the television and radio.
- Ask others to leave the room or have people speak one at a time.
- Give your loved one personal space. Do not stand over them if they do not want you to. Try standing next to them rather than facing them. Avoid eye contact as much as possible, especially if they seem paranoid.
- If you or your loved one are in danger, call 911.



You do not need to go through this alone. There are people and resources to help you!



COPING WITH AGGRESSION

People with a mental health issue are no more likely to be violent than anyone else in the population. However, they can sometimes be aggressive if they are experiencing hallucinations or delusions, if they are not taking their medication, or if they are feeling threatened. Here are some guidelines to help you manage the situation:

- Assess the level of alarm. Keep yourself, others, and your loved one safe. Maintain a physical distance of at least two metres between yourself and your loved one, and find a quick exit in case your safety is compromised. Stay calm and speak in a normal tone of voice.
- If you notice that your loved one is feeling threatened or acting aggressively, avoid all confrontations, preferably by leaving the scene. **Do not put yourself in physical danger.**
- If your loved one is violent, you may not have time to phone a psychiatrist or the Crisis Centre for advice. In any case, both would probably advise you to call 911. The person's altered state of mind may put everyone's safety (including their own) at risk. Taking the person to the hospital on your own may not be wise. The best choice in this situation may be to call an ambulance and the police. Tell them you are calling about someone experiencing a mental health episode and that this person needs medical attention.
- If possible, do not make the call in front of your loved one to avoid escalating the crisis.
- If your loved one perceives you as a threat, try to remember that it is because of the mental health issue.
- Avoid shouting, touching, or forcibly confronting your loved one.
- If the person is not too aggressive, listen to their concerns in order to reduce the tension through listening, emotional validation, and respect of personal space. Do not interrupt or contradict them, even if what they are saying is confusing to you.

- Aggressive behaviour is often preceded by small changes in behaviour such as increased agitation, changes in facial expression (spasms, grimacing, etc.), rapid breathing, or delusional conversations. It is important to be aware of these warning signs. Although they differ from one person to another, the same person often displays similar signs from one crisis to the next.
- Have a network of resources available if necessary (e.g., preprogrammed emergency telephone numbers, agreement with a neighbour).
- You can seek the support of a counsellor at Friends for Mental Health to develop strategies to help you cope with crises and reduce their frequency.

COPING WITH SUICIDE

People with mental health issues are at greater risk of suicide than the general population. A popular myth is that people who threaten suicide do not really mean it and are just seeking attention. **You should never take that chance—threats of suicide should always be taken seriously! You do not necessarily need to intervene yourself. Contact professional services for support.**

WHAT ARE THE SIGNS ?

- The person persistently describes themselves as worthless or their situation as hopeless.
- The person talks about death; what it would be like, or how it would solve everything.
- The person talks about giving away or gives away their belongings.
- The person talks about how they would attempt suicide or has a plan.
- The person has gathered tools for attempting suicide (e.g., pills, rope, knife, gun).
- The person, who has been depressed for some time, seems happy and full of life suddenly and without reason. They may feel a sense of relief because they feel suicide is the solution and/or they are ready to act.

Self-harm/self-injury is not always a precursor to suicide. It is understandably concerning for friends and family to witness; try to understand that these behaviours are often a maladaptive way that the person is trying to cope with their feelings and/or the situation. Ideally, they should have support to reduce the maladaptive coping strategy and replace it with a safer option. You can express your concern about the self-harming behaviours (e.g., cutting or burning oneself) in a nonjudgmental way.

IF YOU NEED SUPPORT OR FURTHER INFORMATION, CONTACT:

- Suicide-Action Montreal: 1 833 456-4566 (24/7)
- West Island Crisis Centre: 514 684-6160 (24/7)
- Friends for Mental Health: 514 636-6885

EMERGENCY PLANNING



- Keep a list of phone numbers handy for emergency responders (e.g., the hospital, psychiatrist, social worker, the West Island Crisis Centre).
- Know which hospital is in your loved one's sector.
- Explain the emergency procedure to your loved one and discuss it with the entire family.
- Have a list of family members and friends whom you can rely on for support.

SAFETY PLAN



You can help prevent your loved one from attempting suicide by helping them develop a "safety plan," that is, a list of coping strategies and actions to take when they are feeling suicidal. Creating a safety plan with your loved one allows them to take control of their situation.

- **Step 1:** Remove firearms, knives, pills, razor blades, ropes, etc., from the environment.
- **Step 2:** Watch for personal warning signs and triggers.
- **Step 3:** Identify internal coping strategies.
- **Step 4:** Identify external contacts, i.e., people who can help you and your loved one cope with the situation.

CHAPTER 06

Hospitalization and seeking help



There are many trained professionals to help you through the uncertainty and fear of seeing your loved one experience a mental health issue. Information on where you should go and what to do can be found by talking to your general practitioner (family doctor), Friends for Mental Health, your local CLSC, or by dialing 811.

Unfortunately, there are often waiting lists to receive psychiatric attention. If you feel that your loved one is in need of immediate services because they are in crisis, do not hesitate to go to the emergency room at a hospital in your loved one's area. The patient's postal code is the determining factor for admission.

VOLUNTARY HOSPITAL ADMISSION

If the person is new to the psychiatric system and it is their first time being admitted to the hospital, they must go through the hospital's emergency services (ER). It may be a good idea to phone the hospital and ask to speak with the psychiatric liaison nurse (e.g., Lakeshore Hospital Department of Psychiatry) and inform them of the situation. The patient will be evaluated and a decision will be made as to whether or not they will need to see a psychiatrist. The doctor or psychiatrist may recommend hospitalization or treatment and/or follow up with the outpatient clinic or a general practitioner.

Hospitalization is not needed in every case as it depends on the severity of the condition. Admission for someone who is already in the system may be arranged through the outpatient clinic or by someone from their follow-up team, such as their social worker, psychiatrist, or psychiatric liaison nurse. However, during a crisis, your loved one must go through the ER.

It is always preferable to give the treatment team valuable information on your loved one's condition: What are the symptoms and behaviours? How long have they been present? Has a recent event precipitated this state? Are they taking medication or using drugs? How are they reacting to this situation?

INVOLUNTARY HOSPITAL ADMISSIONS

Unfortunately, your loved one may not understand that they need treatment. This can be an extremely stressful and frightening situation for everyone involved. If you believe that your loved one is a danger to themselves or to others and is refusing treatment, you should seek an involuntary psychiatric evaluation. As hard as it may be to do this against your loved one's will, it is usually the best thing you can do for them. Below is a basic overview of how the process works.

COURT ORDERS

Requesting a psychiatric evaluation through a court order is a legal process available to everyone in the province of Quebec. It ensures that an individual is evaluated by trained professionals who can assess the level of danger of a given situation. Under this court order, the patient would be kept at the hospital for a maximum of 72 hours (or less if the person is calm and stable).

A court order is a preventative measure. Although a crisis may not have erupted yet, you may feel that your loved one or others around them are at risk. Examples of risk include a person in a psychotic state sleeping with a weapon beside their bed or someone in a manic state driving fast and dangerously. In these situations, the person and/or others are potentially at risk.

If you are thinking about a court order, you have probably reached a point of desperation. The decision to invoke a court order should not be taken lightly. It is only used when no other form of treatment or services can be provided in a timely manner to reduce the level of danger for the individual in need. It can have a negative impact on family relationships.

To fill out the application for a court order, contact a family support association such as Friends for Mental Health. Someone will help you fill out the application and offer support throughout the process. You can also get the forms from your local CLSC or police station.

In case of immediate danger, call 911.

- State that there is a psychiatric emergency, that the person is not willing to go to the hospital, and that you want an ambulance to be dispatched. When the police arrive (with or without the ambulance), they will decide whether the person needs to be taken to the hospital.
- Once the person is at the hospital, an emergency physician will see them. The physician may also ask that a psychiatrist conduct an assessment.

CHAPTER 07

Understanding and navigating the mental health system

- If the person opposes the assessment and the hospital judges that the person's mental state presents an immediate danger, the person may be placed under preventative confinement for approximately 72 hours. The hospital would make a request to the Quebec court for a temporary confinement, which would allow for a psychiatric examination.
- A psychiatric assessment includes two psychiatric evaluations to evaluate the level of danger of the situation and determine if the confinement should be extended.
- If two psychiatrists decide the person needs to stay in the hospital because their mental state makes them a danger to themselves or others, the hospital can ask a judge from the Court of Quebec for permission to keep them in the hospital. This is sometimes called court-authorized confinement. Hospitals often ask for permission to keep people for 21 to 30 days. People can be released sooner if the doctor decides they are no longer a danger to themselves or others. If the hospital wants to keep a person for longer than the judge decided, it must ask for the judge's permission again.
- There is a separate court order for involuntary treatment, which the hospital can apply for. Therefore, it is possible that an individual could be hospitalized but not be taking any medication if they refuse to do so and there is no court order in place.

It is important to note that the police may decide not to take your loved one to the hospital if they determine that the person is not a present danger to themselves or others. Another possibility is that once the person arrives at the hospital, the physician or psychiatrist may decide that they do not need to be confined. In such cases, the person is not required to have a psychiatric assessment and is free to leave the hospital. If you are faced with such a situation, yet you still feel that the person needs help, it may be time to look into obtaining a court order. Remember that each individual has a right to decide whether or not they will accept treatment. It is only if the person is in extreme danger to themselves or others that this right can be taken away.



As a family member and/or caregiver, your role is essential when it comes to working with the mental health system. You know your loved one best, so your input and support are invaluable. Working with the system can be intimidating and confusing. We hope that the following information will help make the process easier.

HOW THE PUBLIC SYSTEM IS ORGANIZED

Health care services are divided by region. These services fall under the umbrella of either a **CIUSSS** or **CISSS**, meaning Integrated University Health and Social Services Centre or Integrated Health and Social Services Centre if it is not affiliated with a university. Services in the West Island are offered by the CIUSSS Montreal West Island. You are supposed to access services in your territory. However, you may go to any hospital emergency room, and you may go off territory to access a service that does not exist in your region.

Health care services within the CIUSSS are then divided into three categories according to need or health issue:

- 1. First-line services:** Also known as specific services are the entry point into the health care system. These include: CLSCs, medical clinics, family medicine groups, hospital emergency rooms, private consulting offices, and certain community groups.
- 2. Second-line services:** Also known as specialized services are the services that are offered by professionals who have the expertise to treat a certain issue. Usually, a first-line worker refers patients to second-line services, which are primarily offered by CLSCs.
- 3. Third-line services:** These super specialized services are offered in institutions (e.g., addiction treatment centres) for people with specific serious problems.

There are two main pathways to accessing public mental health services:

1. You can ask your family doctor for a referral to the GASM (Guichet d'accès santé mentale), the mental health service access point, so that the patient can be evaluated and then referred to the appropriate services. Family doctors have the right to diagnose psychiatric illness and prescribe medication accordingly.

- The CLSC has a department for mental health services for adults (SMA – Santé mentale adulte).
- The CLSC also offers mental health services for youth (SMJ – Santé mentale jeunesse).
- General acute care hospitals, such as the Lakeshore General Hospital and St. Mary's Hospital Center, have psychiatric emergency rooms, inpatient units, and outpatient psychiatric services.
- The Douglas Mental Health University Institute offers interventions solely for mental health-related concerns.

2. If you do not have a family doctor and you require services, you can also go seek the psychosocial services at your local CLSC for support and referral.

Of course, in an emergency, you may go to the emergency room. Public services also include certain addiction rehabilitation centres, such as CRD Foster. The public system works in collaboration with community services such as crisis centres. It is important to note that professionals are limited in what information can be shared due to confidentiality.

DID YOU KNOW ?

Medical (including psychiatric) services are voluntary. Therefore, caregivers cannot call to make appointments for their loved ones. Patients have to make their own appointments (if they are over 14 years old).

CONFIDENTIALITY

- If your loved one is over 14, they have the right to choose whether their information is shared with others. If your loved one gives you permission to do so, you can talk to their team about their situation.
- If you do not have such permission, you can always talk to the team and tell them your observations, and they can answer general questions about medications and diagnoses, but they will not be able to share specific information about your loved one.
- They can only share information if the person is a danger to themselves or others. They will also be obliged to tell your loved one if you call to share information. For example, if you call and say, “Don’t tell him I told you, but my son is drinking again,” they will inform your son about the call.

Questions you and/or your loved one might ask a mental health professional:

The role of a health-care professional is to offer support, so do not be afraid to ask questions. Here are some suggestions:

- What seems to be the issue? Is there a confirmed diagnosis, a hypothesis, an observation of the traits of an illness, and what does it mean?
- What are the proposed treatments? Who will be offering them?
- Is there medication being prescribed? If so, what are the possible side effects? When should you start seeing a change in your loved one?
- Who are the professionals on the healthcare team? What are their roles?
- If your loved one has been referred for therapy but there is a long waiting list, what are the other options to access therapies sooner, perhaps in private?
- Are there classes available about the illness? Support groups?
- Who is the main contact person on the team? Whom can you speak to if that person is not available?
- What other programs or services are you and your loved one eligible for?

MENTAL HEALTH PROFESSIONALS

Your loved one will be in contact with various mental health professionals as they navigate the system. Each professional has a role in the treatment

process, and they are there to help.

PSYCHIATRISTS

are trained medical doctors who specialize in brain biochemistry and are able to identify symptoms, diagnose illnesses, and propose appropriate treatments. Psychiatrists generally work in hospitals, private offices or clinics, and/or outpatient clinics. Psychiatrists often work in cooperation with a treatment team that includes psychiatric nurses, social workers, and other mental health professionals. Depending on the nature of the issue, a psychiatrist may be present simply for consultation (after which the patient would go back to their family doctor) or they may offer regular appointments.

PSYCHIATRIC CLINICAL NURSES

work closely with psychiatrists. Their role is to regulate medications, refer the person to appropriate services, meet with family members, act as educators, and provide psychological support. They may be easier to contact than a psychiatrist. They are well aware of the patient’s file and can transmit information provided by the family or their concerns to the psychiatrist.

SOCIAL WORKERS

can be found both in clinical settings and within many community resources. They serve as a liaison between the person, the family, the institution, and the community. They provide follow-up with the person in and out of the hospital. Usually, it will be the social worker who assists the person and their family with arranging housing, financial aid, and getting access to community programs. Some social workers also provide individual and group therapy.

PSYCHOLOGISTS AND PSYCHOTHERAPISTS

offer individual and group psychotherapy. These individuals are usually seen privately. Their role is to evaluate, counsel, and alleviate symptoms through different psychotherapeutic approaches such as cognitive behavioural therapy, dialectical therapy, etc.

PHARMACISTS

can offer valuable and pertinent information on medications, their side effects, and how they interact with other medications. They might also be more accessible than psychiatrists, and they are usually quite willing to help out.

Other mental health professionals you may come in contact with include recreational therapists, occupational therapists, art therapists, rehabilitation counsellors, psychoeducators, and community mental health workers/counsellors.

USER RIGHTS

Do not forget that your loved one has protected rights when using the system. If they have any concerns, they can speak to a staff member of their choice, the head of the department, or file a formal complaint. As a user, they have:

- The right to be informed of existing services and how to obtain them.
- The right to always receive services that are humane, scientifically and socially sound, and provided in a safe and personalized manner.
- The right to receive services from the professional or institution of their choice.
- The right to receive emergency care.
- The right to be informed about the state of their health, available treatment options, and potential outcomes before consenting to treatment.
- The right to be informed as promptly as possible of any mishap that may have occurred while they were being treated.
- The right to be treated at all times with courtesy, fairness, and respect for their dignity, autonomy, and safety.
- The right to freely accept or refuse treatments, either on their own or through an intermediary.
- The right to access their file, which is confidential.
- The right to participate in decisions that concern them.
- The right to be accompanied by the person of their choice when requesting information about services.
- The right to file a complaint without risk of reprisals, to be informed of the complaint review procedure, and to be accompanied or assisted throughout the procedure, if needed.
- The right to be represented and to have their rights recognized in the case of temporary or permanent inability to give consent.
- For Anglophones, the right to receive services in English, in accordance with the government's access program.

For more information:

<https://www.ciuss-ouestmtl.gouv.qc.ca/en/visitors/users-rights/>



GENERAL TIPS

- Keep copies of all relevant documents.
- Take notes on key points from meetings with professionals.
- You can do your own research about the illness and medications, but be sure to access reputable websites, articles, and/or books and ask the treating professional to validate the information you find.
- Know your rights—if you feel mistreated, you have a right to discuss it with the person, their supervisor, or to make a formal complaint through the complaints commission of the CIUSSS.
- Ask clarification questions if you are unsure about something—the team is there to answer your questions.
- Let the team know about your concerns—you see the person more than they do, so your information helps provide a clearer picture of the situation.
- Take note of the names and contact information of those involved.
- Dealing with the system can be frustrating. Try to express your emotions directly with words instead of with rude expressions or gestures. It is likely that your frustrations are related to something that the person you are dealing with cannot control, like waiting lists. Behaving in a demeaning manner doesn't solve anything. Remain friendly and cooperative, express your needs, and do not be afraid to ask for help.

CHAPTER 08

The treatment process



The best treatment for mental health issues involves a multidisciplinary approach that includes a pharmacological plan, psychological plan, and social plan. Whereas medication targets the symptoms of the disorder, psychosocial treatment teaches someone how to adjust to life with a mental health issue.

MEDICATION

Medication is used to both reduce symptoms and to prevent relapse, and is often prescribed as part of the treatment process. Medication is not essential for treatment of mild cases of depression, anxiety, and obsessive-compulsive disorder (OCD). Medication is more useful when symptoms worsen. Also, be aware that some disorders, such as personality disorders, are not treated with medication.

The control and use of medication is subject to much controversy. Due to side effects and the need for monitoring, not to mention a person's denial of their illness, many people refuse to take or stop taking their medications. Fortunately, there have been great advances in psychiatric medications. Although they are far from perfect, they can effectively treat (though not cure) the symptoms of many mental health issues.

ANTIPSYCHOTIC MEDICATIONS

also known as neuroleptics or major tranquillizers, are prescribed to people who are experiencing psychosis (hallucinations and delusions). Most antipsychotics substantially improve symptoms in approximately two-thirds of people. Many types of antipsychotic medications exist. While some people respond well to one drug, others may not. Doctors may suggest that the person try a number of different medications until they find one that works for them. Some antipsychotics can be injected. Injections are useful if the person does not commit well to treatment or if they are unable to take their pills daily.

Side effects depend on the medication, and may include involuntary movement, agitation, weight gain, drowsiness, dry mouth, metabolic problems, etc.

ANTIDEPRESSANT MEDICATIONS

are used to treat depression, depression in bipolar disorder, obsessive-compulsive disorder (OCD), chronic pain, and some anxiety disorders. Unfortunately, these medications usually take three to six weeks before they begin to take effect, but when they do, they are usually very successful in treating symptoms of depression. And like antipsychotics, there are a number of different types for doctors to choose from. Once a medication is found to be effective it is highly recommended to stay on it. Medication should never be discontinued without talking about it with the doctor who prescribed it.

Side effects depend on the medication, and may include agitation, irritability, dry mouth, insomnia, drowsiness, sexual dysfunction, etc.

MOOD STABILIZERS

are used to treat mania and its subtypes, and for prevention in bipolar disorder. They usually need several weeks to take effect. Mood stabilizers such as lithium must be monitored by blood testing to control the dosage. Some antipsychotic medications also have a mood-stabilizing effect.

Side effects depend on the medication, and may include drowsiness, dizziness, weight gain, nausea, blurred vision, etc.

Further resources:

Centre for Addiction and Mental Health, antipsychotic medications: www.camh.ca/en/health-info/mental-illness-and-addiction-index/medication-therapies/antipsychotic-medication

Centre for Addiction and Mental Health, antidepressant medications: <http://www.camh.ca/en/health-info/mental-illness-and-addiction-index/antidepressant-medications>

Centre for Addiction and Mental Health, mood stabilizers: www.camh.ca/en/health-info/mental-illness-and-addiction-index/mood-stabilizing-medication

PSYCHOSOCIAL TREATMENTS

Psychosocial treatments can help develop skills that have been affected by the illness, such as improving cognition and memory, self-esteem, stress management, social skills, and preparation for work or school reintegration. For information on what types of psychosocial treatments are available in your area for your loved one, talk with your social worker, or contact us at Friends for Mental Health.

PSYCHOTHERAPY

There are a number of different psychotherapeutic approaches. Some approaches may be more supported than others depending on the type of illness and therapeutic goals. Information on psychotherapy and on seeking the services of a psychotherapist can be found by contacting your local CLSC, the Order of Psychologists of Quebec, a doctor, or the hospital.

ALTERNATIVE AND COMPLEMENTARY APPROACHES

MINDFULNESS

Mindfulness is the practice of fully attending to what is going on around you. It involves being completely in the present moment and being nonjudgmentally aware of, but not distracted by, your thoughts and feelings. Mindfulness can be practiced during short pauses in daily life, through meditation, or through activities such as yoga.

LEISURE ACTIVITIES

Leisure plays a major role in building, or re-establishing, a person's sense of autonomy, self-esteem, and dignity, not to mention the physical and psychological benefits of keeping active! Finding activities, be it swimming, art classes, or a chess club, can have many positive effects. Everyone needs to have something that they enjoy doing and feel that they are good at. For someone with a mental health issue, especially those who are not working or going to school, this can be especially useful. Contact a day centre or recreational facility, such as the YMCA or the community resource centre for further information on what is available in your area.

CREATIVE THERAPIES

Creative therapies include art therapy, music therapy, drama therapy, and dance and movement therapy. The common goal of these modalities is to accompany the client therapeutically by facilitating self-expression, self-awareness, and/or changes in the client. Creative therapies are suitable for people of all ages with a variety of needs and issues such as anxiety, depression, grief, self-esteem, life transitions, relationship difficulties, etc. These therapies can be especially helpful as they provide another way for people to express themselves. This form of therapy is therefore accessible to all and requires no experience with the chosen modality.

As with verbal therapy, individual creative therapy meetings are one hour long (two hours in the case of a group meeting), and are scheduled depending on the individual's needs. This service can be found in private, public, and community settings.

Below, you will find additional information on each creative modality.

Art therapy uses techniques such as drawing, painting, sculpture, and collage to facilitate self-exploration and understanding. In art therapy, the creative process and the work produced are considered more for their therapeutic significance than for their aesthetic or technical value. The emphasis is not on the quality of the image, but rather on the personal significance of the image and the sensations and emotions experienced during its creation.

Music therapy, as its name suggests, refers to the use of music in therapy. Music therapists use music to support development, health, and well-being. During sessions, singing, playing instruments, improvising, songwriting, and listening to music can be used as music therapy intervention techniques.

Drama therapy involves the therapeutic use of drama and theatre. It is an embodied, active, and experiential approach. Through storytelling, improvisation, or performance, participants find new ways of relating to others, gain self-confidence, process emotions, and learn problem-solving skills.

Dance and movement therapy is an approach that uses dance and movement to bring an individual into a process that aims to promote health, physical, and psychological integration. Dance and movement therapy can be practiced in individual or group sessions and can be applied to different situations.

RELAPSE PREVENTION

Symptoms of a mental health issue will often come and go. When symptoms return after responding well to treatment, it is called a relapse. While this is disappointing, it is not uncommon and can happen for a number of reasons. It can be triggered by stress, lack of sleep, stopping medication, alcohol or substance use, or the evolution of the illness. It is important to understand the early warning signs of a relapse in order to prevent it. The most common ones include:

- Sleeplessness
- Confusion between day and night
- Social withdrawal
- Deterioration of personal hygiene
- Hyperactivity or inactivity
- Bizarre speech and thoughts
- Hallucinations and delusions
- Blank expression

The best way to prevent a relapse is to plan ahead and respond as soon as possible if there are signs of deterioration. You and your loved one should make a plan (while they are in a stable phase) for avoiding relapse and what to do if it should happen. For example, discuss potential relapse triggers, e.g., lack of sleep, and who to talk to when your loved one is not feeling well. Remember not to judge or criticize them during this part of the process.

Reflecting on the relapse:

- What was happening in the person's life before the relapse occurred?
- Have there been any changes in their routine?
- Were they taking their medication as prescribed?
- Were they abusing drugs/alcohol?
- Were there any arguments or interpersonal conflicts going on?
- What are the potential recurring triggers?

This can be an occasion to learn and develop awareness for the future.

CHAPTER 09

Difficulties encountered by family and friends



COMMUNICATION AND INTERACTION

Communication is at the heart of any relationship, and every family has its ups and downs with it. When someone develops a mental health issue, it is normal for communication within the family to be affected.

Some communication difficulties may arise from the disorder itself. For example, a person living with schizophrenia who hears voices may have great difficulty concentrating on what is being said. A person with borderline personality disorder may struggle so hard to try to relieve their pain that they may address their loved ones in a hurtful way. This can result in frustration, arguments, and discomfort.

Personal factors also contribute to a breakdown in communication. For example, if you are already experiencing a lot of stress at work, feeling resentful towards your loved one, or feeling generally overwhelmed, it will be more difficult to communicate effectively. You may be more emotionally reactive, or you may try to avoid your loved one due to fear of creating a conflict.

All of these experiences are normal reactions to the stress of coping with the mental health issue and trying to better understand the affected family member. Here are some practical ways to improve communication and interaction, and consequently reduce the risk of conflict:

- First of all, take care of yourself. Accept the emotions that arise in you without judgment, e.g. pain, fear, sadness, frustration, anger, guilt, resentment, worry, powerlessness, insecurity. It is normal to experience mixed emotions when faced with your loved one's mental health issue.
- When a conflict breaks out, step away from the situation after reassuring your loved one that you will come back. Take some time to regain your composure and think about the best way to approach the situation.

- Try not to raise your voice to defend your point of view or to look for someone to blame. Avoid criticism—this will only make the conflict worse.
- Conflict is rooted in unpleasant emotions and unmet needs. Try to understand your loved one's perspective on the conflict. Remember that their reality is different from yours, but it is just as real to them. Try to understand what they are going through and show empathy by validating their emotions.
- Depersonalize your loved one's attacks. They are suffering and defending themselves from their own pain. They are not necessarily hurting you intentionally.
- While being sensitive to your loved one's experience, respect and assert your boundaries. Do not accept what is unacceptable to you.
- Do not try to run away from a potential conflict. Address the situation openly when things have calmed down.
- Make "I" statements to express your feelings and expectations, e.g., "I'm upset that you're not cleaning your room." If possible, avoid saying "you must" and "you should." Instead, try to create a partnership with your loved one. Say: "I need your support. What do you suggest?", "Do you have a solution for us?", "What are you willing to do?" Do not assume that they can guess your feelings. Offer choices to prevent frustration.
- If you cannot initiate a conversation with them, try to connect through a neutral activity, such as listening to music or watching a movie.
- Encourage your loved one to achieve realistic goals and give credit where credit is due.
- Listen carefully. Do not rush anything.

“ **Keep in mind the LEAP approach (as created by Dr Xavier Amador):**

LISTEN - listen without judgment, be curious

EMPATHIZE - validate their emotions, the feelings under the content of what is being said

AGREE - find what you can both agree on

PARTNER - work together to find solutions



RECOGNIZING AND DEALING WITH PROBLEMATIC SITUATIONS

It is normal for every family to experience problems related to the behaviour of its members. In the case of a loved one living with a mental health issue, certain problems are likely to be more acute, e.g. inappropriate social behaviour, poor personal hygiene, erratic sleeping habits. Some problems may weigh more heavily on you than others. The best way to deal with problems is to tackle them one by one. Trying to eliminate all problematic behaviours at once will inevitably cause a lot of stress and frustration for you and your loved one. It is better to try to stick to the most pressing problems first before dealing with the others. If your loved one reacts badly to your help, seek professional advice and support.

COMPASSION FATIGUE

Families, especially caregivers, often take care of other people's needs to their own detriment without realizing it. You cannot neglect yourself for a long time without paying the price one day. Fatigue, various physical ailments, sadness, anxiety, and frustration can all take their toll on caregivers. To prevent exhaustion, caregivers must protect themselves by recognizing their limits and their level of tolerance for their loved one's behaviour.

CONCRETE WAYS TO TAKE CARE OF YOURSELF

Being a caregiver is one of the toughest jobs out there. Because it is so difficult, it is important that you take time for yourself on a regular basis. Self-care is about engaging in meaningful activities that feel good, that fill you up, and that can help you replenish your energy so that you are better able to deal with the challenges of caregiving. Self-care does not have to be a whole day spent at a spa—it can be five minutes carved out here and there throughout your day. It is not a reward, and it is not something that you do in reaction to a crisis. Self-care is an activity you do regularly to take care of yourself, to bring attention to your own needs and give yourself the compassion you are no doubt giving to others.

Let's look at some activities that could be a part of your self-care routine. Everyone has different tastes and preferences, so not all of these ideas may speak to you, and that is okay! Try something out, and put your own personal spin on it. It is important to take time to look after yourself and replenish your energy.

- Journaling
- Taking a walk outdoors
- Having a calming bedtime routine
- Staying in contact with people (friends, family, or a support group) by phone or video chat
- Decluttering a small space by organizing, arranging, donating things you do not need anymore
- Taking breaks from social media, unfollowing pages or people that bring you down
- Having a relaxing morning routine to ease into the day
- Eating without screens by focusing on the meal in front of you, being in the present moment

Remember to focus on what you can control, take care of your health, and reach out for help as needed. Self-care is important, not just so that you have the energy to take care of others, but also for the inherent benefit of looking after yourself and feeling good. **Look after yourself, you deserve it!**

There are also external resources you can access for support. Where can you go for help?

- Friends for Mental Health for counselling, classes, support groups, and movie nights
- Family doctor or CLSC for your personal physical and mental health
- Wellness Together Canada website has a questionnaire that can be filled out to assess how you are doing. You will get some recommendations and a number to reach a counsellor.
- A crisis centre, 811, or Suicide Action Montreal depending on the situation
- 211 to find resources or services that offer activities

SETTING LIMITS

Knowing how to help in a balanced way is a big challenge for caregivers. To remain effective, you need to take care of yourself so that you do not burn out. There are many benefits to setting and respecting your limits. Not only is it essential to your own well-being, but it will also help promote the health of your loved one and your relationship with them. Boundaries ensure mutual respect and create a sense of security. By helping your loved one in a way that respects your limits, abilities, and needs, you are keeping your relationship in balance while giving your loved one the power to act.

Think about yourself and take the time to ask yourself how you can lead a balanced life and manage your time, personal life, leisure time, and social relationships in a healthy way. Are you listening to your own needs? Unfortunately, too many caregivers forget that they have options. They forget to take care of themselves because they are busy taking care of others. As a result, the person living with a mental health issue does not develop the autonomy necessary for their recovery. Having a mental health issue does not exempt an individual from meeting certain expectations. This is crucial both for your well-being and theirs.

It is a great challenge to set limits. Remember that if you cannot help yourself first, it will be difficult for you to help your loved one. By setting and respecting your boundaries, everyone wins. Maintaining reasonable boundaries is one of the most effective ways to help your loved one recover.

CHILDREN AND YOUNG PEOPLE IN YOUR ENTOURAGE

It can be difficult for children to understand when a close family member has a mental health issue. Children are very observant, so seeing their loved one act in an unexplained way can lead them to feel confused, worried, or even scared. Contrary to what some people might think, it is actually beneficial to talk to children about the mental health issue their family member has been diagnosed with and provide age-appropriate information.

USE WORDS TO DESCRIBE WHAT IS GOING ON AND ADDRESS THEIR QUESTIONS

It can be helpful to compare the mental health issue to a physical health issue. We all have physical health and mental health; sometimes everything goes well and sometimes we require more care and attention.

Before beginning the conversation with the child, make sure that you are educated about the mental health issue before talking about it so that you can answer the child's questions as accurately as possible. Also, since we do not want to make assumptions, ask the child how they are feeling and what they think about the things they have observed. It is appropriate to gently correct any false information and/or beliefs.

HELP IDENTIFY THEIR EMOTIONS

Naming what they are feeling gives children a chance to better understand what is going on in their heads, bodies, and hearts. Tools such as emotion wheels or charts can be helpful. You could decide to use one you already have (there are many available on the internet) or invite the child to create their own so that they can refer to it when necessary.

ENCOURAGE AND REINFORCE APPROPRIATE EMOTIONAL EXPRESSION

Make sure the child has a safe space to express their feelings, particularly after a traumatic event like violence, attempted suicide, or anything involving the police. Reassure the child that the mental health issue was not caused by them and that it is not up to them to fix the situation.

Let the child know that you are able to listen to them, but that there are also services (e.g., Kids Help Phone) that are available to them. Because children are so observant, it also helps to be a good role model. Show them healthy ways to express emotions and that it is okay to see a professional for help. If the child is not ready to talk, do not push them. Simply being present with them, doing something like art or playing with them, is beneficial.

OFFER A SECURE ENVIRONMENT

Structure and supervision, as well as including fun activities in the routine, is helpful in ensuring that the child feels safe and reassured. That said, remember that it is still acceptable to put limits at home and to suitably discipline inappropriate behaviour. The child can be angry and express their anger, but we want to encourage them to learn coping mechanisms to express their emotions in a more constructive way (e.g. singing, writing, drawing, releasing pent-up energy with physical activity).

There are no right or wrong emotions. We do not want the child to feel that they cannot express themselves, so we need to teach them different ways to express the range of emotions they may feel. Remember to connect before you direct—meet the child at their level (physically and developmentally), be calm and genuine, and normalize their experiences as much as possible.

MANAGING DAILY LIFE

Managing daily life is a major challenge for people living with a mental health issue and their loved ones. Several aspects come into play, including the severity of the mental health issue, family dynamics, the frequency and nature of medical care, accommodation, integration into the community, and rehabilitation. Ultimately, everything depends on the family member's mental health status and the caregiver's resources. The goal is to allow the person with the mental health issue to exercise their autonomy as much as they can and help them develop their full potential in the future. This will be beneficial for them and the whole family.

Caregivers will find that events that affect their loved one also affect them. The less anxious and lost their loved one is, the less anxious and lost they will be and vice versa. The more their loved one relies on their community and takes charge of their daily life, the less the family will worry about them. It will then be possible for caregivers to devote more time to maintaining quality interpersonal relationships and healthy lifestyles. Of course, there is no magic formula. It is important to weigh the pros and cons of each decision. This may be a good time to ask for help and consult a professional organization or knowledgeable friends who are sensitive to your situation.

ACCOMMODATION RESOURCES

In many cases, families realize that it would be better for everyone involved if the relative left the family home. Your support can certainly make the transition easier for your loved one, but it is important to keep the main objective in mind which is to give your loved one the greatest possible autonomy. This goal will be easier to achieve outside the family home. Living an independent life is important for everyone, including people with mental health issues. This will undoubtedly require a great deal of effort, but the desired outcome is to maximize the person's abilities. People are often amazed by what can be achieved when they are given responsibility and choices. Have confidence in your loved one!

If it is preferable for your loved one to live outside the family home, there are several housing options available, such as group homes, supervised or semi-supervised apartments, or regular housing. Ask a social worker who knows the neighbourhood well. If your loved one must stay in a housing centre, make sure that their name is put on various waiting lists as soon as possible.

CHAPTER 10

Follow-up and community resources



MENTAL HEALTH SERVICES IN THE WEST ISLAND



**CENTRE DE CRISE
de l'Ouest de l'île
WEST ISLAND
Crisis Centre**

WEST ISLAND CRISIS CENTRE

514 684-6160

centredecriseoi.com/en/index.html

- Crisis line 24/7
- Crisis intervention in the community 24/7
- Short-term housing 24/7
- Short-term post-crisis follow-up

The West Island Crisis Centre's mission is to meet the needs of adults experiencing a situational crisis, emotional distress, suicidal or otherwise. As well as to bring support to the loved ones of those in crisis.



COMMUNITY PERSPECTIVE IN MENTAL HEALTH – CPMH

514 696-0972

info@pcsm-cpmh.org | pcsm-cpmh.org/en/

- A support service in the community: long-term support (3 months+) for adults with mental illness to help them better manage their daily lives.
- A service that helps people throughout the process of finding affordable housing.

CPMH is a community organization dedicated to helping people with mental health problems achieve their fullest potential while meeting the challenges of everyday living within their community. Through a personalized relationship founded on mutual respect and trust, individuals receive the support they need to improve their quality of life.



WEST ISLAND CITIZEN ADVOCACY

514 694-5850

info@pcbo-wica.com | volunteerwica.com

- Support services
- Defense of rights service for individuals and groups
- Semi-supervised apartments (limited places)

West Island Citizen Advocacy works towards improving the quality of life and defending the rights of anyone who lives with a handicapping condition or who are disenfranchised in the community by supporting them and by matching them with trained volunteers.



CENTRE BIENVENUE

514 421-2212

centrebienvenue.org/en

- Day centre for adults living with a mental health issue
- Socio-professional integration program
- Long-term housing
- Activities and workshops addressing physical and psychological well-being and recovery
- Employment services

Centre Bienvenue is a nonprofit organization in the West Island of Montreal with the mission to provide a wide range of experiences, by offering the tools and services necessary that help contribute to the path of recovery for people in need of mental health services.



OMEGA COMMUNITY RESOURCES

Administration: 514 631-2760, ext. 104

Residential resources: 514 683-7224, ext. 2001

omegacenter.org

- Day centre for adults with a primary diagnosis of a mental health issue
- Supervised long-term housing
- Transitional group home

Omega Community Resources is a non-profit community organization providing support and assistance to adults experiencing mental health problems. Its philosophy is to promote respect, integration, and development of individuals living with a diagnosis of a mental health issue.



L'ÎLE DES AMIS

514 675-3321

liledesamis@gmail.com

- For adults and seniors
- Various social, artistic, and community activities
- Soutien offert par Parrainage civique de la Banlieue Ouest
- Low-cost housing in two buildings (25 spots)

L'Île des Amis is a community organization and nonprofit charity that offers long-term apartments with support for adults living with a mental health issue. Given that it is a project with the Société d'Habitation du Québec, residents are permitted to pay a rent equivalent to 25% of their annual income.



WEST ISLAND CITIZENS GROUP

514 636-9952

gcoi.wicg@gmail.com | citizengroup-wi.ca

The West Island Citizens Group's mission is to gather, consult, and represent people who live with, or have lived with, a mental health issue. It promotes, defends, and advocates for their interests and concerns. It aims to give its peers a collective voice to speak publicly about the important cause of mental health!



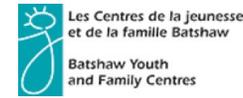
L'ÉQUIPE ENTREPRISE

514 636-1081

info@equipeentreprise.org | equipeentreprise.org

L'Équipe Entreprise aims to provide work to individuals living with a mental health issue in a positive and supportive environment, with the goal of helping them improve their work skills and enhance their self-esteem.

OTHER COMMUNITY RESOURCES IN THE WEST ISLAND



BATSHAW YOUTH AND FAMILY CENTRES

Report a situation: 514 935-6196

batshaw.qc.ca/en

The mission of Batshaw Youth and Family Centres (Batshaw Centres), established under the Act Respecting Health Services and Social Services, includes: providing psychosocial, readaptation, and social integration services; ensuring the availability of services related to child placement, adoption, adoption disclosure, reunification, expert testimony in Superior Court, and family mediation.



WEST ISLAND WOMEN'S SHELTER

514 620-4845

info@rfoi.org | wiws.ca

The West Island Women's Shelter offers services for female victims of conjugal violence and their children. Among other services, they have a 24/7 help line, secure housing, support, and follow-up.



WEST ISLAND CALACS

514 684-2198

info@calacsdelouest.ca | calacsdelouest.ca/en

The Centre d'aide et de lutte contre les agressions à caractère sexuel offers services that are bilingual, free, and confidential for women aged 12 and up who have been sexually assaulted.



ANOREXIA AND BULIMIA QUÉBEC (ANEB)

514 630-0907

info@anebquebec.com | anebquebec.com/en

This organization offers free, immediate, and specialized help to people with an eating disorder and their loved ones all over Quebec.



ACTION JEUNESSE DE L'OUEST-DE-L'ÎLE (AJOI)

514 675-4450

adjoint@ajoi.info | ajoinfo/home

AJOI offers outreach street work prevention and intervention services to youth (12-25) and vulnerable people in the West Island of Montreal.



PIERREFONDS COMMUNITY PROJECT (PCP)

514 684-5995

info@pcpwi.ca | pcpwi.ca

Pierrefonds Community Project offers services dedicated to the support of children of preschool age, elementary students, newly single mothers, isolated families, and various families in search of support, referral, information, and belonging.



AMCAL

514 694-3161

afs@amcal.ca | amcal.ca/eng

AMCAL provides support services for parents, children, and families to empower them and preserve healthy family relationships.



WEST ISLAND WOMEN'S CENTRE

514 695-8529

wiwc.ca

The West Island Women's Centre provides educational, social, and recreational services for women living in the West Island and the community at large. The Centre is open to all—without regard to age, race, or socioeconomic background.



WEST ISLAND COMMUNITY RESOURCE CENTRE (CRC)

514 694-6404

crcinfo.ca

The West Island Community Resource Centre (CRC) is a nonprofit organization dedicated to improving individual and collective well-being in the West Island. It provides an information and referral service and strengthens and supports the development of the West Island community in collaboration with community partners.



WEST ISLAND ASSOCIATION FOR THE INTELLECTUALLY HANDICAPPED (WIAIH)

514 694-7090

info@wiah.qc.ca

WIAIH is a nonprofit organization that aims to improve the quality of life of West Islanders with autism or with intellectual disabilities, facilitate their social integration by providing leadership and a variety of services, support their families, and raise awareness to modify the public perception of people with intellectual disabilities.

HEALTH CARE CENTRES



DOUGLAS MENTAL HEALTH UNIVERSITY INSTITUTE

514 761-6131

douglas.qc.ca

Reed Pavilion: 6875, LaSalle Blvd., Montreal (Québec) H4H 1R3

In collaboration with people living with mental health disorders, their loved ones, and the community, the mission of the Douglas Institute is to offer cutting-edge care and services, and to advance and share knowledge regarding mental health.



LAKESHORE GENERAL HOSPITAL

514 630-2225

160, Stillview Ave., Pointe-Claire (Québec) H9R 2Y2



CLSC du Lac-Saint-Louis

514 697-4110

180, Cartier Ave., Pointe-Claire (Québec) H9S 4S1

CLSC de Pierrefonds

514 626-2572

13800, Gouin Blvd. West, Pierrefonds (Québec) H8Z 3H6

CLSC de Dorval-Lachine

514 639-0650

1900, Notre-Dame St., Lachine (Québec) H8S 2G2

CLSC services for the people within the CLSC's territory include:

- Public health activities
- Routine health and social services (nursing care, blood tests, vaccinations, morning-after contraception, etc.)
- Preventive or medical services (medical consultations with or without an appointment)
- Rehabilitation and reintegration services

SUPPORT SERVICES



SUICIDE-ACTION MONTRÉAL

1 866 277-3535

suicideactionmontreal.org/en

- Suicide prevention
- 24/7 help line

Suicide Action Montréal aims to prevent suicide and its impact by assuring access to quality services for people who are suicidal, their loved ones, and other professionals.



PORTAGE - DRUG AND ALCOHOL REHABILITATION CENTRES

514 939-0202

portage.ca/en

Portage is a Canadian nonprofit organization that helps people who have substance abuse-related problems overcome their dependencies and live healthy, happy, and productive lives.



CENTRE DE RÉADAPTATION EN DÉPENDANCE FOSTER - EXTERNAL SERVICES

514 486-1304

CRD Foster provides detox services, rehab, and social insertion services for people 12 and up who are living with an addiction. Services are also offered to family members.

CONCLUSION

Although it is often difficult to cope with a loved one's mental health issue, there are many ways to help you feel more in control of the situation. We hope that this booklet has helped you better understand what role you can play in your loved one's recovery, while ensuring that you respect your own limits and needs as a caregiver.

In difficult situations, it is important to reach out for help and resources. Our team of mental health professionals is always available to listen to you and guide you along the way.

Don't forget that you are not alone !



EMERGENCY PLAN

INFORMATION ABOUT THE INDIVIDUAL

PERSON'S NAME	MEDICARE CARD #:	DIAGNOSIS (IF KNOWN):	MEDICATIONS (IF KNOWN):
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INFORMATION ABOUT THE CRISIS

Signs that something is not going well (e.g., agitated, not sleeping well, high anxiety):	What the person in crisis will do (i.e. coping strategies such as exercise, drinking cold water, deep breathing):	What the caregiver will do (i.e. listen, validate, help to call for professional support):
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RESOURCES TO CONTACT

FAMILY DOCTOR

Name: _____

Phone number: _____

Email: _____

PSYCHIATRIST

Name: _____

Phone number: _____

Email: _____

PSYCHOLOGIST / SOCIAL WORKER

Name: _____

Phone number: _____

Email: _____

HELPLINES

West Island Crisis Center	Suicide Action Montreal	Info social	Emergency
514 684-6160	1 866 277-3553	811	911

REMEMBER !

Those resources may not be able to help your loved one directly if they refuse to engage, but they can offer you support in difficult times.

APPENDIX 02



SUICIDE SAFETY PLAN

STEP 1

List warning signs that indicate a suicidal crisis may be developing.

STEP 2

List the coping strategies that can be used to divert thoughts, including suicidal thoughts.

STEP 3

List the places and people that can be used as a distraction from thoughts of suicide.

STEP 4

List all the people that can be contacted in a crisis, along with their contact information.

Name	Information
_____	_____
_____	_____
_____	_____
_____	_____

STEP 5

List mental health providers and the hours they can be reached, as well as 24/7 emergency contact numbers that can be accessed in a crisis.

Name	Information
_____	_____
_____	_____
_____	_____
_____	_____

STEP 6

List the steps to be taken to remove access to means of suicide from the environment.

STEP 7

List important reasons to live, or how/why that person is still alive.

More details about this plan can be found here:
https://www.suicideinfo.ca/local_resource/safety-plans/

Supporting a loved one living with a mental health issue often comes with its own set of difficulties, questions, and emotions that are hard to live with and accept. That's why Friends for Mental Health created *The Caregiver's Ally in Mental Health* to:

- Demystify mental health issues and the healthcare system
- Help you to understand your role as a caregiver for a loved one living with a mental health issue
- Provide you with tools to cope with the challenges encountered on the road to recovery
- Offer you concrete solutions to take care of yourself along the way

This indispensable book will be your ally in facing your new reality as a caregiver. Remember that the road to recovery can be long and bumpy; be patient and compassionate with yourself !



Amis de la santé mentale
Friends for Mental Health

Friends for Mental Health is a non-profit organization whose mission is to provide support and other resources to the friends and family of those living with a mental health issue, with or without a confirmed diagnosis.

514 636-6885

asmfmh.org | info@asmfmh.org

