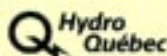




the Bulletin



Raising awareness about depression: An impact on the adults of tomorrow

The Partners for Life tour enjoys a resounding success

For more than three years, the *Partners for Life* teams have been travelling the highways and byways of Quebec, making adolescents and the adults around them aware of the importance of detecting depression at its source, in order to prevent the problem among teens. The problem, as we know, is alarming. And the link that exists between depression and suicide has been demonstrated many times.¹ To raise awareness among significant adults and friends of teens potentially in distress, the Quebec Mental Illness Foundation set up the *Partners for Life* program. This provincial tour to raise awareness of the symptoms of depression, originally scheduled to run from September 1999 to June 2002, is to be extended until 2005. The activity itself is a 50- to 75-minute presentation given in schools by activity leaders trained by the Quebec Mental Illness Foundation. The activity leaders inform their audience that depression does exist and that it is an illness, describe its symptoms and severity, and indicate what steps to take if someone close to them seems to be suffering from depression.

To date, we have met more than 200,000 young people in about 445 schools in the 17 regions of Quebec. To get an idea of the impact of the message conveyed, in 65 schools surveyed between October and December 2001, 132 teens consulted school professionals about symptoms of depression immediately following the visit from the *Partners for Life* team. To that can be added, although it is impossible for us to quantify how many, the adolescents who consulted resources outside their school and those who got professional help after the visit.

More than 6,500 parents have attended a presentation at seminars and meetings organized especially for them. We have also met more than 4,000 professionals, counsellors, and, of course, the teachers who attended presentations with their students. The *Partners for Life* teams visited several CLSCs, where they met with those who work there and with representatives of community groups who work with young people (youth club workers, coaches of sports teams, etc.) to raise their awareness about depression. This outreach program ensures a better safety net for our teens.

The program is offered free of charge to schools who want to have the tour visit, as are the materials handed out to the students. No financial contribution is required from the schools. The

Foundation can thus be sure that a maximum number of teens have the opportunity to attend a presentation and that a large percentage of the population is made aware of the problem. However, our tour does incur many costs. An extensive fundraising campaign was thus undertaken between September 1999 and May 2001. The objective was to raise \$3,000,000 so we could offer our services free of charge. We achieved and even exceeded our objective, raising \$3,067,000, thanks to the generosity of our donors.

An evening with a human touch

To recognize the commitment and contribution of our major donors, on October 30, 2001, the Quebec Mental Illness Foundation organized an evening at the Mount Royal Club, under the honorary presidency of Jocelyne Monty, to examine the effectiveness of the *Partners for Life* program. Over the course of that evening, thanks to the testimonials from teens, parents and specialists, we were able to illustrate the impact and spin-offs of the tour.

- The tour has shown concrete results in terms of changing attitudes. According to Dr. Richard Boyer of the Bernard-Seguin Research Centre, "adolescents who participated in the activity acquired knowledge and understanding, including learning that they should go and get professional help for themselves, or a friend, when showing signs of depression."
- The *Partners for Life* presentation gives them the tools to support a friend. According to the comments of two students who were in attendance that evening, they are now easily able to recognize the symptoms of depression with the help a graphic they were shown during the presentation. As well, the tour helps them understand how important it is not to wait before going to consult a professional.
- The presentation gives parents and others who participated the tools to support and orient teenagers. Also, as a participant from the Séminaire St-Joseph de Trois-Rivières said, some teens leave the presentation with a better understanding of what their parents are experiencing and why they are suffering from some of the symptoms of the illness.
- A teenager, who had the courage to share what he was feeling at the time of his depression and suicide attempt, touched more than one. He said that, had he been able to attend a presentation like the one given by the Foundation, it would have helped him recognize many of the symptoms in himself.

That evening gave donors an opportunity to measure the impact and the importance of their generosity. It was unanimously agreed that the results presented show that the tour really does reach out to touch the lives of teens, as the following comments illustrate:

- "I was impressed by the strength of character of the teenagers. It's not easy to talk about such things when we know all the stigmas attached to depression. This event has made me even more aware of the work the Foundation is doing."²
- "(...) for the teenagers to recollect their past anxieties and take the time to share their experience with openness and confidence is admirable, for it is rare that those who have received a lot give so much in return.
" (...) anyone who knows someone affected by a mental illness knows that being able to talk to learn more, to understand and perhaps get a diagnosis is the first step toward recovery.
" It's really great that the Foundation supports this beneficial and constructive dialogue, and it's important that its work continues and even expands."³

Extension of the tour

The feedback we receive from school staff and the teens who attend the presentations is extremely positive. To respond to the ever-growing demand for the program, as well as meet on-going needs, the Quebec Mental Illness Foundation has decided to continue the *Partners for Life* tour for a further three-year period. Our hope is that, in this way, and with the collaboration of the school directors, counsellors and staff, we can continue our commitment to raise awareness about depression among the adults of tomorrow.

Charles Gagné
Director, *Partners for Life*

¹ Report of the enquiry by Coroner Roger C. Michaud into the five deaths that occurred in the Coaticook area; July 1997, p.14. 80-90% of those who died from suicide were suffering from a mental illness, often depression, at the time they died, according to the study *Le suicide chez les jeunes*, published in S.O.S. jeunes en détresse, Conseil permanent de la jeunesse. Report of studies by Brent, Shaffer and Marttunen, p.28.

² Jean-Pierre Ouellet, Vice Chairman, RBC Dominion Securities Inc.

³ François Duffar, Vice Chairman and President of Groupe Cossette Communication

To a day when mental illness no longer invokes taboo and shame but rather understanding and empathy



Jocelyne Monty: A woman with a cause

Since her return to Quebec in September 1997, following an almost five-year stay in Toronto, Jocelyne Monty has become actively involved in the community. Her meeting with Dr. Yves Lamontagne, President and Founder of the Quebec Mental Illness Foundation and President of the Quebec Collège des médecins, was a pivotal moment. In 1998, she agreed to be Honorary President of the prestigious wine and cheese tasting (a key fundraising event for the Foundation). Within a year, her work in the community had led her to realize to what extent depression among adolescents is often considered just a simple teenage crisis, even totally ignored. In 2000, she agreed to chair the fundraising campaign for the *Partners for Life* program, a large-scale tour to raise awareness among teens aged 14-18 of depression as a risk factor in suicide. The campaign brought in more than \$3 million, surpassing the original objective. In 2001, she was named to the board and in April 2002, Jocelyne Monty was appointed Chair of the Foundation's Board of Directors. In taking on this role, her aim is for society to accept that those who are mentally ill are different, without labelling them and without creating two categories of people – those with and those without a mental illness.

Dear Friends of the Foundation:

To demystify mental disorders, to be able to say the words we use every day without taboo and shame, but with understanding and empathy for the reality of living with a mental illness, that is the essence of the two-year mandate I want to fulfill with the *Quebec Mental Illness Foundation*.

Every day, the Foundation receives many touching stories, all revealing the need for the prevention and diagnosis of mental illness. Its *Partners for Life* program, a tour to raise awareness of depression among youths aged 14-18, elicited the following comment quite recently:

"Had it not been for the presentation [that my daughter and I attended in Terrebonne in November 2000], I don't know where my daughter would be today. There is no doubt that you helped save her life [...]; she was able to realize the extent to which she was ill because of her depression. You helped her understand her physical and mental state, to discover the reason for it, and to show there was light at the end of her view of things through concrete solutions (see a doctor). I can't thank you enough and I encourage you to continue your program to help all those young adolescents who are suffering so much, thinking about suicide without really wanting to do it, but, lacking other solutions [go ahead]."

Christiane, mother of an adolescent
Lachenaie, Quebec

Excerpt from a letter dated January 2002

Such evidence obviously encourages the Foundation to continue running its *Partners for Life* program indefinitely, which I believe is necessary, given the social context in which we live. Other important projects are also currently in the development phase and we will soon be able to tell you about them.

Our society has a lot of admiration and praise for those with a physical ailment (cancer, asthma, arthritis, etc.), as well as for handicapped people who surmount their difficulties to live productive lives. My contribution to the Foundation is to ensure that, one day, each and every one of us will realize just a little the depth of torment of the soul, the distress, pain and isolation that people who suffer from a mental illness experience, as well as the courage and determination they show to get well. When that day comes, the *Quebec Mental Illness Foundation* will have contributed to transforming the perceptions and attitudes of Quebecers toward mental illness, and that will be of benefit to a large percentage of the population, since we know that one in five will suffer from a mental illness during their lifetime.

I look forward to receiving your comments and suggestions,

Jocelyne Monty
Chair of the Board of Directors



Support from donors is helping transform perceptions about mental illness

Corporate campaigns

The fundraising campaign for the *Partners for Life* program, which appealed to the generosity and social conscience of Quebec decision-makers, marked a milestone for the Quebec Mental Illness Foundation. Large corporations and members of the Quebec business community were asked to make a financial contribution to *Partners for Life*, a tour to raise awareness about depression among teenagers. Now, an extensive awareness program obviously calls for enormous financial backing. A special campaign to finance the *Partners for Life* program, under the presidency of Jocelyne Monty, achieved exceptional results. The campaign exceeded its target of \$3 million, raising a total of \$3,067,000, as a result of the efforts of the fund-raising team and the desire of donors to contribute to eliminating the taboos around mental disorders.

Individual campaigns

The direct-mail campaign addressed to the general public also has a role to play. Every year, the Foundation reaches about 30,000 people through its campaign, which is held around Mother's Day. This year's objective is to raise \$100,000. The campaign raises awareness about the reality of people with schizophrenia who have been able to re-integrate into the job market with the help of *D'un couvert à l'autre*, an organization supported by the Foundation.

Special events

The special events run by the Quebec Mental Illness Foundation enjoy great popularity, and it is through their success that the Foundation is able to give financial support to other organizations, including the Fondation d'art thérapeutique et d'art brut du Québec Les Impatients. This non-profit organization, founded in 1992, aims to break through the isolation suffered by those with psychiatric disorders and enrich their lives through art.

The Foundation's 7th wine and cheese tasting, held in April 2002 under the presidency of Lyse Sénécal, this year set a target of raising \$90,000. As well, in June, at a prestigious golf tournament to be held at the Elm Ridge Club on Île Bizard, some 240 golfers will be teeing off to raise \$120,000 for the Foundation. Guy Marier, Executive Vice-President, Bell Canada, is this year's president.

A message from the Minister for Health and Social Services, Youth Protection and Prevention



One person in five will experience a mental health problem in their lifetime. Despite the fact that we all know someone, a relative, a friend, or a neighbour, who suffers from this kind of illness, they still remain the object of the most tenacious prejudice, the most persistent taboos. By demystifying a subject that is still poorly understood and by correcting misinformation, the Quebec Mental Illness Foundation is playing a role that is absolutely essential. The Ministry of Health and Social Services in fact supports, along with other organizations from the education, health, social services and business milieux, one of the Foundation's most important projects – the *Partners for Life* program – whose aim is to raise awareness among teens aged 14-18 about the problem of depression.

The Foundation contributes in other ways to alleviating the suffering of those affected and the people in their circle, as well as supporting research into mental health.

In short, for more than 20 years, the team at the Foundation has taken to heart the needs of vulnerable people who, like all the rest of us, need to feel they have a role to play in the Quebec community. On behalf of the government of Québec, I am very proud to acknowledge and recognize the significant social and scientific contribution made by the Quebec Mental Illness Foundation.

Roger Bertrand

Bipolar disorders

In our day-to-day lives, it's normal to experience highs and lows linked to events that happen in our world: the death of someone close, a new love interest, etc. People with bipolar disorder experience more significant mood swings than normal. Their mood cycles take on disproportionate dimensions, in both time and intensity.

The **depressive phase** is marked by:

- A depressed mood
- Sleep disorders
- Variations in appetite with weight loss or gain
- Fatigue
- A loss of interest in activities previously enjoyed
- Psychomotor activity slowed down or agitated
- Lowered concentration
- A sense of guilt
- Suicidal thoughts (in 15% of the cases)

The **manic** phase differs from the depressive phase in exhibiting the following symptoms:

- Increased self-esteem, megalomania
- Reduced need for sleep
- Accelerated speech or desire to speak non-stop
- Rapid thoughts or a sensation of overflowing with ideas
- Inability to focus attention
- Increased social, professional and educational activities
- Excessive need for pleasure with a high risk of negative consequences: purchases, sexuality, financial investments.

It is important to note that those with bipolar disorder also experience calm periods.

Bipolar disorders are classed into various diagnoses, depending on the frequency and intensity of the symptoms. Bipolar disorder I corresponds with what was called manic depression and is defined by alternating major depressive and manic phases. Bipolar disorder II is defined by the presence of major depression and hypomania, a less severe mania. Lastly, bipolar disorder III, commonly called cyclothymia, is characterized by short, very rapid cycles of highs and lows that fluctuate over the long term.

Bipolar disorder, in all its forms, affects up to 4% of the population. It is found in all societies in the world and often in more affluent socio-economic circles. Heredity is an important factor in the diagnosis of bipolar disorder: the risk of being bipolar among those who have a parent with the disorder is 20-25%. This rises to 50-75% in the case where both parents are bipolar.

From a psychological viewpoint, in the manic phase, bipolar individuals can experience cognitive distortions that affect their thinking and decision-making. In the depressive phase, they often feel rejected by those they love; they are tough on themselves and harbour negative thoughts.

Bipolar disorders can be effectively treated through a bio-psycho-social approach: an intervention on the psychological, physical and environmental fronts. The psychotherapy contributes by offering support and information to those affected and involves them in the approach to recovering their physical and mental health. On the biological front, generally a mood stabilizer, such as lithium, is prescribed, or an anticonvulsive, to control the symptoms of depression and mania. Some changes in the domestic, social and/or professional environment may also support stabilization efforts.

Lastly, help from the local community also appears to be important. REVIVRE is an organization that helps people with anxiety, depressive and bipolar disorders, as well as those around them, by providing support, information and references through its different services: telephone hotline, self-help groups, conferences and individual help. The association can be reached Monday to Friday, between 9:00 a.m. and 9:00 p.m., at (514) REVIVRE [738-4873] or at 1 866 REVIVRE, or at any time through its Internet site or by e-mail at: www.revivre.org – revivre@revivre.org

Jean-Rémy Provost
Executive Director
Revivre

The doctor-patient relationship: A mutual commitment

Relationship ...Everything that, in the activities of a living being, involves an interdependency, an interaction (with others).

Source: Le Petit Robert



Despite all the changes our society has experienced, whether in our mores, laws, or the evolution of medical technological knowledge, there is still a dimension of medicine that has been fundamental since the beginning of time – the relationship between a patient and a doctor.

A review of the different studies on doctor-patient relations, published in the *Canadian Medical Association Journal* (1995), clearly showed that having a good relationship with his or her doctor had a positive influence on the psychological health of the patient, on resolving symptoms, on blood pressure and blood sugar, and even on pain management.

In the last decade, the doctor-patient relationship has undergone some beneficial changes. From a quasi-paternalistic position of authority, doctor-patient relations have evolved toward a much more symmetrical and egalitarian relationship. Access to medical information via different mass media (magazines, journals, TV shows, etc.), and especially the Internet, have contributed to this change by “normalizing” the relationship. People now have access to much more information about health and about the problems they may be experiencing. Thus, while doctors are no longer the only ones with medical knowledge, they still have the medical expertise.

The doctor-patient relationship fosters creating a “space” for therapeutic discussion purposes, which leads to an assessment, a diagnosis, or treatment. This “space” allows the doctor to understand better in order to help better, and the patient to be listened to, understood and helped.

As is suggested by the above definition of the word “relationship,” which puts the interdependence between the two parties engaged in the process into perspective, some cardinal rules need to be established: reciprocal exchanges, respect, confidence, time (not quantity, but quality), empathy, and, of course, listening. Even if our health system has changed a lot, and

notwithstanding the shortage of doctors, nevertheless, no relationship can be developed optimally if these conditions are not met.

On the other hand, and unfortunately in some cases, it may be difficult to find the ingredients needed to establish such a relationship. Those involved must then try to put those conditions in place, since each person in a relationship is somewhat responsible for its evolution. In other words, there is a responsibility that is shared between the doctor and the patient. In principle, the doctor should always supply the ideal setting for this relationship to develop. However, if a patient were to feel ill at ease or not feel they are in a “therapeutic” or caring setting, then they should inform the therapist of this discomfort and propose appropriate changes to create an environment conducive to the fullest therapeutic benefits.

An appointment with our doctor is important. We should always try to have the odds on our side so that, as far as possible, our needs are met. Here are some tips for being better prepared.

Explain the reason for the visit. If it is a first appointment, an annual visit, an important or a new problem, tell that to the secretary so the necessary time can be allocated.

Don't hesitate to get information about your problem. The Internet has become a source for a lot of pertinent information for the general public. It is important to visit sites that are known and validated by specialists.

Bring a well-documented list. Since time is limited, it is a good idea to make a list of the items you want to discuss, beginning with the most urgent. On the list, write down your health problems, the name and dosage of all your medications, the tests you have had done, illnesses and injuries suffered, operations you have undergone, and diseases that run in the family.

Don't be shy. A doctor should be able to hear it all: physical ailments, psychological, domestic, financial, conjugal and sexual problems. If the doctor does not have the time to handle them personally, he or she will refer you to another doctor.

Ask questions. Some patients are upset that the doctor has not answered their questions – but they haven't asked them!

Be sure you understand. Don't be afraid to ask for more details or explanations about the diagnosis, treatment, and any side effects.

Get someone to go with you. If you are nervous or uncomfortable, have someone go with you.

Summarize the situation. To make sure nothing is overlooked, give the doctor a brief summary of the care and treatment you are receiving.

Write down important points you don't want to forget, or that you want to be able to discuss with your friends and family.

In closing, let me quote some **Goethe**, who describes really well the importance of commitment in our lives and, incidentally, in the relationship between a doctor and a patient:

Just so long as we not committed, then hesitation, the risk of sliding backward, and the ineffectiveness of all initiatives (or creative acts) persists. The moment we get involved, providence joins in, and all kinds of things that would never happen otherwise come to our rescue.

“Whatever you can do, or dream you can do, begin it. Boldness has genius, power and magic in it.”

Dr. Jean Hébert
Psychiatrist, Institut Philippe Pinel
de Montréal
Spokesperson for the Quebec Mental
Illness Foundation

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Clicks



Antidepressants

www.anti-depresseurs.com

This site deals with **depression** in all its forms. It contains an international media review and hyperlinks with sites all over the world. This exhaustive site gives definitions, courses of treatment, tests that, without replacing a diagnosis by a doctor, help identify depression, and, lastly, good advice about how to live with a person who is depressed. (In French)

Depression and bipolar disorders

www.psychom.net/depression.central.html

A well-documented site covering all aspects of depression and bipolar disorders, **Depression Central** is managed by Dr. Ivan Goldberg, Psychiatrist and Psycho-Clinical Pharmacologist from New York. (In English)

Health and mental illness resources

www.cam.org/~rsmq

The *Santé mentale au Québec* site gives information about mental health in Quebec and the most recent developments in policies, interventions, basic and clinical research in governmental, institutional and community sectors. It also lists the principal French and English sites dealing with mental health. (In French)

www.who.int/inf/fr/index.html

The **World Health Organization (WHO)** site covers health issues throughout the world. It is an exhaustive site that is constantly being updated. There is also a section called *World Health Report 2001: Mental Health. New Understanding, New Hope ...* This publication has been available since October 2001. For the first time

in the history of the WHO, World Health Day in April 2001 and the World Health Report for the same year were both devoted to just one theme: mental health. (Bilingual)

Schizophrenia

www.hc-sc.gc.ca/hppb/sante-mentale/pubs/la_schizophrenie

The **Health Canada** site is worth visiting for the quality of its *Handbook for Families*, which is available online. A really comprehensive guide, it includes a description of the illness, early signs, help available, diagnosis, and advice on what to do in a crisis. (Bilingual)

Anxiety disorders

www.ataq.org

The **Association/Troubles Anxieux du Québec** is a non-profit organization whose interests concern mental health care, teaching, research, and the training of professionals. It also provides information about anxiety disorders for the general public.

Readings



Depression

Conquering Depression, Drs. Russel T. Joffe and Anthony J. Levitt, Empowering Press, Hamilton, 113 p. The authors, co-founders of **Depression Information Resource Education Tollfree (DIRECT)**, succeed in conveying in layman's language the principal findings of recent research concerning major depression, bipolar disorder and other forms of affective or mood disorders. A reference book for anyone interested in learning more about affective and mood disorders.

Health and mental illness resources

"Psychiatrie clinique, une approche bio-psycho-sociale", 3rd edition, Volume 1: *Introduction et syndromes cliniques*, Lalonde, Aubut, Grunberg et al., Ed. Gaëtan Morin, © 1999, 864 pp., p.5

Obsessive-compulsive disorders

"Je ne peux m'arrêter de laver, compter, vérifier" sub-titled *"Mieux vivre avec un TOC"*, article by Dr. Alain Sauteraud in the collection *Guide pour s'aider soi-même*, 2000, Éditions Odile Jacob.

Renaud-Bray: A partnership that furthers the demystification of mental disorders

The Quebec Mental Illness Foundation is pleased to announce its new partnership with Groupe Renaud-Bray. One of the Foundation's key objectives is to make Quebecers more aware of the importance of identifying mental illness. To this end, it has created a reference Web site and created a link with Renaud-Bray so that people who are concerned about mental illness can obtain reference books on psychology and psychiatry through the Renaud-Bray Web site.

If you would like to buy books about mental disorders, don't hesitate to do so at the Renaud-Bray virtual bookstore at: www.renaudbray.com. Just follow the path: RB Features, See all our features, Mental illnesses.

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Graphic design:
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Printing:
Courtesy of
Groupe Transcontinental