

## IN QUEBEC, AT ANY GIVEN TIME, ONE PERSON IN SIX SUFFERS FROM A MENTAL ILLNESS



Dr. Yves Lamontagne

### The Mental Illness Foundation

Founded in 1980 by Dr. Yves Lamontagne, the Mental Illness Foundation has for mission the prevention of mental illness in order to reduce the suffering of people affected, and that of their loved ones, by mobilizing individuals and society.

Through its programs, the Mental Illness Foundation has become an indispensable ally over the years in the prevention of mental illness, among both teenagers and adults. We believe that bringing potential solutions can contribute to the early identification of this illness and thus reduce human suffering, as well as the concomitant social and economic costs.

Over the next five years, the Foundation intends to:

- Continue to enhance its prevention work;
- Better serve the general public;
- Contribute to training;
- Act as a complement to the medical sector through the creation of a Multiservice Centre;
- Strengthen research activities.

Now, in 2009, the Foundation is appealing to the community to raise the funds needed to carry out these projects. Under the theme **"It's Urgent to Act"** it is embarking on a fundraising campaign with a goal of **\$10,000,000**.

### Mental illness

In Quebec, mental illness has become a major concern for our society. At any given time, one in six Quebecers suffers from a mental illness.

- According to the World Health Organization, by 2020, depression will have become the second most common cause of disability in the world, just behind cardio-vascular diseases.
- Quebec has one of the highest rates of suicide among young people.
- In the workplace, one employee in 20 is suffering from depression, which results in tremendous economic costs.
- Among seniors, 15.9% are suffering from a form of depression.
- The costs of hospitalizing a person affected by a serious mental illness are estimated at \$170,820 a year.

Now, more than ever, the Mental Illness Foundation is realizing the extent of the needs in this field, and it intends to offer Quebecers quality programs and services that will contribute to preventing mental illness and to reducing the suffering of those affected and that of their loved ones.

The campaign: **"It's Urgent to Act"** will help the Foundation to:

- Pursue and enhance its prevention work through its **Partners for Life** and **Nothing's Working?** programs.
- Create **Seniors in Mind**, a prevention program addressed at seniors, caregivers and care providers.
- Better serve the general public by developing complementary approaches to the treatment of mental illness.
- Contribute to **training**.
- Act as a complement to the medical sector through the creation of a **Multiservice Centre for the improvement of the quality of life and the promotion of mental health**.
- Strengthen research activities.

**Campaign objective: \$10,000,000**

## CAMPAIGN CABINET "IT'S URGENT TO ACT"

### President of the fundraising campaign



*I was pleased to accept the presidency of the Mental Illness Foundation's fundraising campaign: "It's Urgent to Act." Having personally witnessed the suffering experienced by a loved one with a mental illness, I resolved to get involved since I am convinced that the prevention and awareness work done by the Foundation in our society is essential. Individually and collectively, we cannot remain indifferent in the face of this suffering, which disrupts the lives of thousands every year.*

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## **PARTNERS FOR LIFE HAS MET MORE THAN HALF A MILLION TEENS**



Since 1998, the Mental Illness Foundation has been offering **Partners for Life**, a province-wide tour aimed at preventing depression, to high school second cycle students and the significant adults around them. Since its beginning, **Partners for Life** (french version) has met more than 500,000 teens all across the province.

The program's objective is to develop personal and social skills among teens aged 14 to 18 by informing them, and the adults around them, of the importance of recognizing signs of depression, the principal risk factor in suicide, in order to address the problem of suicide among young people at its source.

**Partners for Life** is offered free of charge to all high schools in Quebec.

The program was designed in collaboration with Drs. Patricia Garel and François Maranda, both child psychiatrists at the Sainte-Justine University Hospital Centre, along with social workers, including the renowned Michelle Lambin, well-known psychologists and professionals from the education sector.

### **Specific objectives Partners for Life**

**Since it began in 1998, Partners for Life (french version) has reached close to 613,500 people:**

- close to 587,000 teens
- close to 8,000 parents
- close to 18,500 care providers

- Promote a healthy lifestyle and explain its importance.
- Inform about depression as an illness, as well as its seriousness and its consequences.
- Distinguish depression from feeling down.
- Demystify mental illness in order to dispel prejudices and lay taboos to rest.
- Inform teens about what to do if someone close to them seems to be suffering from depression and help them guide their friends toward the appropriate resources.
- Make teens aware of the resources available that can come to their aid.
- Respond to their needs by referring them quickly to such resources.

The program enjoys a great deal of credibility among care providers in the schools and CLSCs to which they are attached. It is a direct and privileged access to teens and the resources surrounding them. No other program has this impact.

### **Over the next five years, the Foundation plans to:**

- Increase the number of teams of activity leaders in order to visit more schools each year and improve the quality of their interventions.
- Increase the penetration rate in order to visit all 584 schools every three years.
- Develop a component with information, orientation and access to care for teens and their families.
- Offer training sessions to care providers, youth organizations and discussion groups.
- Offer à la carte presentations on various subjects (eating disorders, school drop-out, homelessness, etc.).
- Give support, coaching and information to the sentinels.
- Improve the presentations for adults.
- Renew all equipment (cars, kiosks, etc.).



These improvements and new services mean that, **between 1998 and 2012, the french version of the program will have reached almost 750,000 teens, 11,340 parents and 23,600 care providers.**

**Funds required: \$2,500,000**

## Since 1999, the number of suicides among young people has gone down.

The 2004 Quebec Coroner's Report showed that the number of suicides among young people halved between 1999 and 2004 (2004 Quebec Coroner's Report). According to this report, in the 15-19 age group, the number of people who put an end to their life in 1999 peaked at 106, then went down each year, to 85 in 2000, 77 in 2001, 71 in 2002, 67 in 2003, and 54 in 2004.

This drop in the number of suicides among young people followed a whole series of measures and interventions by non-profit and community organizations, and others. **Partners for Life** helped prevent some of them.

### **"... you helped save my daughter's life."**

*I am writing to you because you contributed to saving my daughter's life. While attending your presentation, you helped her understand her physical and mental state, discover what she was suffering from and shed light on her view of things through concrete solutions (such as seeing a doctor). Your program helped me also: I was able to understand my daughter, lower my anxiety and guilt, my anger toward her – she was sometimes very aggressive toward us, her parents. The hope that you bring through your conferences has an enormous value, in both the quality of life and life itself.*

**Mother of a 16-year old teenager**  
Mascouche, January 2002

## **Partners for Life brings solutions**

According to reports that have come to us from care providers in various schools across the province following **Partners for Life** (french version) presentations, close to 6,000 teens were monitored and treated for problems of psychological distress. Of those, 864 were hospitalized for problems of depression.

### **"... they all took something away from it."**

*I was truly amazed by the presentation ... It is perhaps designed to inform teens about depression, but for me, it gave me hope to carry on ... I suffer from anorexia and depression. I really appreciated this conference. Many talked about it afterward and I believe everyone took something away from it. You can't talk to teens about a taboo subject unless you have a good text and a great performance! It will inform some and will give hope to others.*

**Camille, Student, aged 16**  
Montréal, December 2006

## **Depression is an illness that can be cured**

A major depression that is caught in time can be cured, in both teenagers and adults. However, the manifestations of the symptoms in adolescence may be different from those in adulthood. Also, symptoms of depression among teens are often confused with adolescent crises. Because of this belief, many young people with depression are not directed toward the appropriate resources to get the help and treatment they need. A lot of demystification work must be done to distinguish "depression among teenagers" from "adolescent crises" in order to be able to identify the illness.

### **"...he's handsome and very much alive!"**

*I'd like to thank those young people, who, through their program, helped a young person ask for help before it was too late. Thanks also to the Mental Illness Foundation for subsidizing the Partners for Life program. And thanks a thousand times over for Sylvain, my 17-year-old son, who has regained a zest for life – he's handsome and very much alive!*

**Mother of a teenager**  
Lévis, July 2003

## IN CANADA, 18 % OF WORKERS REPORTED HAVING RECEIVED A DIAGNOSIS OF CLINICAL DEPRESSION



The Mental Illness Foundation has been offering the **Nothing's Working?** program since 2003, a training program aimed at preventing mental health problems in the workplace addressed at employers, employees and peer helpers in Quebec companies.

More specifically, the principal objective of **Nothing's Working?** is to make employers, employees and peer helpers aware of the problems related to mental illness, to mobilize them and give them the tools to play their respective roles.

The costs of the **Nothing's Working?** conferences and workshops are covered by the host company. However, the Foundation alone assumes the research and development costs.

More than a hundred small, medium and large public and para-public companies have already hosted the **Nothing's Working?** program, including: CMP Solutions Mécaniques Avancées, Réseau RH Drummondville, the Fédération des commissions scolaires du Québec, Hydro-Québec, Emergis Inc., CEGEP Lévis-Lauzon, the Régie des rentes du Québec, the Ministère des Finances du Québec, Correctional Service of Canada, and Mouvement des caisses Desjardins.

In spring 2006, Dr. Richard Boyer, Research Associate at Université de Montréal and the Centre de recherche Fernand-Seguin, conducted an evaluative study on the assessment of the **Nothing's Working?** program. One of the most encouraging findings of the study was that 92% of the managers responding said that the solutions proposed by the program are very applicable to their workplace. They may therefore have a real impact on the costs related to depression or other mental illnesses at work.



### **Nothing's Working? workshops**

- Trainings for managers
  - # 1: Mental health problems at work? Your management is part of the solution
  - # 2: Personality disorders: how to manage these unique employees!
  - # 3: Preventive management and mental health
- Conferences for employees
  - # 1: How is it going?
  - # 2: No way ... I'm not stressed?
- Workshops for peer helpers
  - # 1: Mental health problems in the workplace
  - # 2: Role and limitations of the peer helper in a mental illness context

Since it began in 2003, **Nothing's Working** has reached close to 14,650 people:

- close to 360 trainings - 5,700 managers
- close to 160 conferences - 8,700 employees
- close to 20 workshops - 250 peer helpers

### **Over the next five years, the Foundation plans to:**

- Approach a greater number of companies by offering them services adapted to their needs.
- Increase the program's effectiveness by developing new tools, including Intranet applications.
- Promote specialized workshops for the workplace.
- Increase accessibility to the program for SMEs.
- Carry out studies to validate the program.
- Implement an expertise and referral service for clients, as well as a telephone referral service.

These improvements and new services mean that, **between 2003 and 2012, the program will have reached almost 20,000 managers, 12,500 employees and about 2,000 peer helpers.**

**Funds required: \$500,000**

**Mental health issues are the leading causes of both long and short-term disability claims at 72% and 82% respectively.**

(Watson Wyatt, The Staying at Work Canada Report, 2007)

*"Nothing's Working? has enabled managers and the Human Resources Department to assume their respective roles better. The training sessions foster better mental health among our personnel through upstream and downstream actions. With **Nothing's Working?** we are going to reduce the number and length of absences, as well as encourage employees to return to work with better chances of success."*

**Paul Parent**

Director, Administrative Services  
Centre de réadaptation La Myriade

**An employee diagnosed with depression who receives appropriate treatment enables the employer to save \$10,000 in prescription drug and average wage replacement costs alone.**

(Global Business and Economic Roundtable on Addiction and Mental Health, 2000).

*"Nothing's Working? offers potential solutions to the management problem caused by mental illness in the workplace. The workshop helped us initiate solutions to the problems of absenteeism."*

**Jacques Lavoie**

Human Resources Management Advisor  
Centre Jeunesse Chaudière-Appalaches

**In Canada, 18% of workers reported having received a diagnosis of clinical depression.**

(Ipsos Reid, Mental Health in the Workplace, 2007)

*"Nothing's Working? gives managers the tools to cope with mental illness at work."*

**Mireille Faucher**

Case Management Officer  
Human Resources Department  
Centrale des syndicats du Québec

**The prejudices surrounding mental illness lead people affected not to seek the help they so much need. Only 32% of those who had symptoms of mental disorders or substance dependencies ask for professional help.**

(Canadian Community Health Survey: Mental health and well-being, Statistics Canada, 2002)

*"We chose the **Nothing's Working?** program trainings to help our managers take care of their own mental stability and to be vigilant as regards to the mental health of their employees. The **Nothing's Working?** trainings were a good complement to our own internal awareness program on mental health."*

**Joan Polfuss Boeckner**

Manager, Employee Assistance Program  
Ministère des Finances du Québec

Since its inception, the Mental Illness Foundation has invested in research in the hope that a better understanding of mental illness will contribute to better treatments for those affected.

In addition to financing the construction of the Centre de recherche Fernand-Seguin at the Louis-H. Lafontaine Hospital, the Foundation has invested more than \$2 million in research by supporting researchers interested in the problem of mental illness.

These researches included:

- Epidemiological research on mental disorders, by Dr. Richard Boyer.
- A study on the ambivalence of relationships among schizophrenics, by Dr. Jacques-Bruno Debruille.
- A study on depression among women, by Dr. Odette Bernazzani.
- Work on developing statistical analysis strategies applied to psychiatry, by Dr. Chantal Mérette, Centre de recherche Université Laval-Robert Giffard
- Work on Alzheimer's disease, by Dr. Martin Godbout.



The Foundation will invest in the creation of a research fund dedicated to support young researchers in the field of mental health and to the research on complementary approaches.

### **Over the next five years, the Foundation will concentrate on:**

- Financing research on complementary approaches.
- Supporting young researchers.

### **Complementary or integrative approaches**

The Foundation advocates a comprehensive and integrative approach to the treatment of mental illness in order to increase a patient's rate of recovery. The introduction of complementary therapies, such as nutrition, physical exercise or relaxation techniques to traditional (pharmacological, psychotherapeutic) treatments, facilitates covering both physical and mental aspects and links the patient to his/her environment.

In a context where patients can choose approaches that interest them and where they are able to practise them within the community without needing constant help from health professionals, complementary approaches also enable them to become responsible for their own recovery, increase their level of autonomy and help their social re-integration.

In partnership with a university hospital centre, which will evaluate the various complementary approaches and develop training on these approaches through research on patients, the Foundation will promote well-tried complementary approaches as a way of preventing mental illness. A specific research fund will be committed to this partnership.

### **Awards of excellence to young researchers**

The Foundation's Research Fund will also support promising young researchers through awards of excellence. Since research is a mainstay in the recovery of those affected, the Foundation will support young researchers at the start of their career so they can press ahead with their innovative projects. The research orientations targeted will be the epidemiology of mental disorders, the mental health of the general public, fundamental neurosciences and clinical research.

**Funds required: \$2,000,000**

### **Financing young researchers**

*I am one of the first recipients of a grant from the Mental Illness Foundation and, since then, I have continued to work with the Foundation. I owe a debt to the Foundation. Even though the grant was not phenomenal, I believe that the most effective way of financing research is to finance young researchers. We are going to give a grant of \$60,000 to a young researcher who is then going to seek perhaps a half-million or a million dollars in five years.*

*It is in the interest of donors to subsidize young researchers who are launching their careers and who are going to seek significant research funds and who are going to be published in scientific journals, publish books and communicate on the national and international scene.*

**Dr. Richard Boyer, M.A. Ph.D.**

Research Associate, Centre de recherche Fernand-Seguin

### **Research on decoding the emotions of people with schizophrenia**

*Patients suffering from schizophrenia cannot easily recognize emotions expressed by facial expressions as can people who are not suffering from this illness. Part of the difficulties such patients encounter in social relationships could stem from this misinterpretation of others' emotions.*

*We obtained a grant from the Mental Illness Foundation to study the psychological mechanisms underlying this problem. Thanks to this grant, a professional was able to photograph just over 600 people and we were able to recruit personnel to present each of these photographs to at least 50 people so we could establish how people not diagnosed with schizophrenia reacted to the emotions expressed by the faces. We then studied how patients reacted. We were able to confirm their problem. This enabled us to obtain a grant from the "Fonds de la recherche en santé du Québec" to record the cerebral electrical activity triggered by the presentation of the faces to patients and control subjects. We were able to determine the cerebral mechanisms involved in the patients' problem.*

*Based on these results, we then built a special laboratory so we could make a real, live person's face appear to our experimental subjects. We are currently evaluating the electrical activities triggered by those faces. We believe this will enable us to make significant advances. We are very grateful to the Foundation for having given the grant that initiated all these developments.*

**Dr. Jacques Bruno Debruille, MD, Ph.D.**

Professor, Department of Psychiatry, Faculty of Medicine, McGill University

### **Interventions facilitating the recovery of people with schizophrenia**

*The Mental Illness Foundation awarded me a grant that enabled me to continue a postdoctoral research project on the development of interventions to facilitate the recovery of people living with schizophrenia. More specifically, this grant enabled me to complete an internship at Boston University, which was essential in order to thoroughly examine intervention programs aimed more at singular orientations.*

*Thanks to this opportunity, the Mental Illness Foundation also enabled me to develop international collaborations, enlarge my horizons and, at the end of my postdoctoral studies, to propose an innovative intervention pilot project to adapt it to our specific Quebec context. This project is a first step in establishing a knowledge base that will contribute to the enrichment of clinical practices in Quebec.*

**Dr. Sylvie Noiseux, Ph.D.**

Assistant Professor, Faculty of Nursing, Université de Montréal

## 15% OF SENIORS SUFFERS FROM A FORM OF DEPRESSION



In Quebec, the number of people aged 65 and over will represent 16% of the total population in 2011 and 27% in 2031, versus 13% in 2001.<sup>1</sup>

### A significant number of seniors suffer from depression:<sup>2</sup>

- 15-20% of seniors who live autonomously in the community;
- 25% of seniors who have serious medical problems;
- 25% of seniors with Alzheimer's disease;
- 30-50% of seniors who live in nursing homes or homes for the aged;
- 25-50% of seniors who are caring for a family member with dementia.

In the very short term, the Mental Illness Foundation wants to set up a depression awareness and prevention program for seniors and offer training for caregivers and care providers. The program will be one of raising awareness to the principal symptoms of depression and of prevention, leading to the identification of this illness among seniors in Quebec. It will also include a training component for caregivers and care providers working with seniors.

In the second phase, it will raise awareness among general physicians across the provincial health network to help them better understand the illness, its effects and development, and show them how to offer the support needed.

Inspired by, and based on the expertise developed through the Foundation's existing programs, *Partners for Life*, *Nothing's Working?* and *Seniors in Mind* will include conferences, workshops and trainings on mental illness.

### Specific objectives

- Reduce the stigma surrounding mental illness among seniors, their loved ones, caregivers and care providers in order to change the perceptions of frailty, failure and dementia related to mental illness.
- Inform seniors about the symptoms of mental illness and encourage those affected to seek help in order to get treatment.
- Inform their loved ones and caregivers about the symptoms of mental illness and the best ways of intervening.
- Inform their loved ones and caregivers about the protection factors they can develop to reduce their stress, lower their anxiety and safeguard their own mental health.
- Refer seniors, their loved ones and caregivers to organizations that can give them help, support and offer respite.
- Train the various people involved on the symptoms of mental illness and the best ways of intervening.
- Train the various people involved on best practices for caring for seniors affected by mental illness..
- Train the various people involved on the protection factors they can develop to reduce their stress, lower their sense of helplessness and safeguard their own mental health.



The action plan anticipates that the program will have reached, **between now and 2012, 125,000 seniors, 125,000 caregivers and about 30,000 care providers.**

**Funds required: \$1,500,000**

<sup>1</sup> Famille et Aînés Québec <http://www.mfa.gouv.qc.ca/famille/portrait-famille-quebecoise/index-en.asp>

<sup>2</sup> Canadian Psychological Association, Depression among Seniors, <http://www.cpa.ca/public/yourhealthpsychologyworksheets/depressionamongseniors/>

***“The phenomenon of suicide affects people over age 50 more.”***

*For the first time in 25 years, Quebec recorded a lower rate of suicide, which is good news in and of itself. However, the phenomenon of suicide is affecting people over 50 years of age more. I invite you to be more attentive to signs of distress among seniors. Breaking through silence is the first step in stopping someone from choosing this ultimate solution to their suffering.*

**Marguerite Blais**  
Minister responsible for seniors  
Government of Québec

[http://www.mfa.gouv.qc.ca/ministere/ministre-responsable-des-aines/galerie-de-photos/communiqués\\_aines/index.asp?f=fevrier2008/4.htm](http://www.mfa.gouv.qc.ca/ministere/ministre-responsable-des-aines/galerie-de-photos/communiqués_aines/index.asp?f=fevrier2008/4.htm)

***Misunderstanding of depressive disorders***

*There are a lot of depressed seniors who are quite simply not identified, and so their condition is not being well treated. Depression is an important dimension when it comes to suicide and this illness is under-diagnosed among seniors.*

**Monique Séguin,**  
Professor of Psychology, Université du Québec en Outaouais

***Depression can be cured***

*An effective treatment for minor depression not only reduces suffering and functional incapacity, it also prevents the probable later appearance of the more incapacitating episodes of a major depression.*

**Dr. Riitta-Liisa Heikkinen**  
Principal Research Specialist  
Finnish Interdisciplinary Gerontology Centre, Jyväskylä University (Finland)  
Mental health of older adults

***Increase in suicides between now and 2043***

*In 2004, The Research Centre on Aging of the universities of Sherbrooke and Montreal published a study whose conclusions were far from rosy. Experts estimate that the number of suicides among older adults will increase by 248% between now and 2043.*

*Society, health professionals, the families and seniors themselves consider suicidal ideas to be a normal phenomenon in the process of aging.*

**Dr. Michel Préville, Ph.D.**  
Associate Professor, Department of Community Health Sciences  
Université de Sherbrooke  
Study of psychological, social and health factors related to suicide among seniors



## A UNIQUE MULTISERVICE CENTRE

**Prevention  
Information  
Orientation  
Referrals  
Support Groups  
Training  
Documentation Centre  
Promotion of Wellness  
Nutrition  
Physical Activities  
Therapies  
Complementary Approaches**

The Foundation intends to create a Multiservice Centre for the improvement of the quality of life and the promotion of mental health. To do so, it is seeking to acquire a building where it can bring together all its programs and services.

### Targeted clientele:

- Patients suffering from mental illness.
- Individuals at risk of developing a mental disorder.
- People concerned about mental health.
- Caregivers.
- Professional care providers from different area of expertise.
- Public and private organizations interested in these issues.

The Foundation thus wants to offer integrated orientation and information services, training for caregivers and professionals, and to contribute to the development and transfer of promising complementary approaches.

### Programs:

- *Partners for Life*
- *Nothing's Working?*
- *Seniors in Mind*
- The training each program offers will also be available in the Centre for specific clientele.

### Bilingual services:

- Orientation toward resources that dispense clinical services.
- Support during, and follow-up on services received.
- A documentation centre.
- A training program on mental illnesses.
- Specific training for various types of clientele (e.g., sentinels, managers, etc.).

### Complementary approaches:

The Foundation will explore various complementary approaches to the treatment of mental illness. The scientific value of these approaches will either have already been established or be the subject of research projects in partnership with a public health institution.

The Centre may thus offer services such as group therapy, self-affirmation, social and visualization skills, etc. It will provide significant space for activities such as massage therapy, nutrition, physical activities, yoga, meditation, etc.

**Funds required: \$3,500,000**

**“Mental illness steals the life of its victims ...”**

*My father, now deceased, suffered from a mental illness and I will spare you the list of all the repercussions that it had on my family, my friends, the neighbours, acquaintances, etc. Mental illness steals the life of its victims and causes a lot of collateral damage. Thank you for the efforts you are making so people know what mental illness is.*

**Jean Almonacy**

**“I needed to know a resource person ...”**

*As a parent, it's difficult to know if we are doing the right thing, if we are acting correctly with our child. It's difficult to know if we have done the right thing. I think that if I had had someone at the start to support me, to help me understand what was happening, it would have been much easier. Living through that alone is difficult; we question ourselves, we do not know how to react and we suffer, too.*

*I admit that what I needed most at the time when it all began, knowing what I know today, was to know a resource person, to know where I could go to get, first, information about what was happening to my son. I think what should be offered is a service where someone explains how to proceed, because one has no idea.*

**Normand Beauséjour**  
Father of a mentally ill young man

**“Your new publicity campaign encourages people to help.”**

*I have just made a donation to your foundation. Let me say that your new publicity campaign encourages people to help. I personally suffer from depression, I admit, and I hope that this publicity will have positive repercussions on the general public. Thank you for continuing to demystify mental illness and to support those who are ill.*

**Richard Rondeau**  
Nursing Assistant

**“People have their heads in the sand ...”**

*People have their heads in the sand ... They prefer to put the blame on a character flaw rather than see depression as an illness ... I think these people (those affected by depression) have tired eyes ... they have seen too much and are exhausted ... What they need is a helping hand, an open door. That is what you do and I thank you for that. You help bring the taboo out of the shadows and you help those who are ill to hope for a little more for understanding ... These people who society pushes aside and hides away need to be defended ... Please continue ... Thank you for being their voice.*

**Lydia Turgeon**  
Nurse

**«... I pulled myself out of it ...»**

*For the first time in my life, I have found a foundation I hold dear! THANK YOU! Finally, other people who, like me, are working to remove the TABOO surrounding mental illness ... Depression and suicide are a good part of my life ... THANK YOU! I am a 24-year-old student who has gone through hell in suffering and the desire to leave this world ... I pulled myself out of it.*

**Catherine Dumais-Polo**