



My Personal Guide

GAINING AUTONOMY & MEDICATION IN MENTAL HEALTH

- Regroupement des ressources alternatives en santé mentale du Québec **RRASMQ**
- Association des groupes d'intervention en défense des droits en santé mentale du Québec **AGIDD-SMQ**
- Équipe de recherche et d'action en santé mentale et culture **ÉRASME**

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Research on GAM practices and the new edition of this guide were made possible by funding provided by the Alliance internationale de recherche universités-communautés: santé mentale et citoyenneté (ARUCI-SMC) (Conseil de recherche des sciences humaines-CRSH and Centre des recherches de développement international-CRDI).



Social Sciences and Humanities
Research Council of Canada

Conseil de recherches en
sciences humaines du Canada



We would like to thank the Ministère de la Santé et des Services sociaux in Quebec for its financial support.

This GAM personal guide is a translation of the update French version guide published in 2017. All quotes from the guide were initially in French and translated for this edition.

The contents of this guide are the sole responsibility of its authors.

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2019

ISBN: 978-2-9807793-6-7

This updated version of the GAM personal guide is the result of extensive research and a review of the original guide, and takes into account the experiences of individuals who have undertaken the GAM process.

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ACKNOWLEDGEMENTS

We would like to express our gratitude to everyone who played a part, large or small, in the creation of this guide. It is impossible to name them all, since the idea for the guide came about a long time ago, and this document has been the work of many hearts and hands.

SPECIAL THANKS to all those paved the way and who, through their experiences and dedication, have breathed life and hope into this project. We also want to highlight the important contribution of those who shared their expertise and personal experiences during the training sessions *L'Autre côté de la pilule* ("The other side of the pill") and *Gaining Autonomy & Medication*.

GAM: A RECOGNIZED PRACTICE

In 1997, with a view to providing concrete support to individuals seeking to regain control over their relationship with medication, the RRASMQ, AGIDD-SMQ and ÉRASME research team decided to develop and test a promising new model of practice: Gaining Autonomy & Medication (GAM). This work involved the co-construction of knowledge with people directly concerned, as well as service providers and those in charge of a wide range of alternative resources. In 1999, the RRASMQ's members and a group of about 100 organizations across Quebec with diverse intervention practices made a commitment to support the GAM approach (*Le Manifeste du RRASMQ*, 1999).

The GAM approach has been the subject of numerous studies (Rodriguez, 1998; Rodriguez, Corin & Poirel, 2001; Rodriguez et al. 2011, 2013 and 2014). GAM has received funding from the Ministère de la Santé et des Services sociaux du Québec and the Ministère du Développement économique, de l'Innovation et de l'Exportation du Québec (MDEIE). The importance of this approach was recognized and underscored in the Health and Welfare Commissioner's *2012 Report on the Performance Appraisal of the Health and Social Services System: Toward Greater Equity and Results for Mental Health in Quebec*. In 2014, GAM team members published an article on the implementation of the GAM approach in Quebec and Brazil, titled "Human rights and the use of psychiatric medication" (Rodriguez et al., 2014). The article, which reveals the challenges of implementing the approach and the ways in which it can help develop a culture of rights in mental health services, has been "Highly Commended" paper in 2015 Emerald Literati Network Awards for Excellence".

The circle of action and reflection is expanding as GAM is recognized and implemented outside Quebec—in Brazil, Spain and, more recently, Japan.



WARNING

It is dangerous to start or stop taking psychiatric medication, or to reduce the dosage, without seeking the advice or supervision of a qualified health care professional, and without taking all necessary precautions.

My personal guide

CAUTION!

This guide covers PSYCHOTROPIC MEDICATIONS exclusively. It does not describe medications used to treat physical ailments.

Psychotropic: a substance that affects the mind, emotions and behaviour.

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If you're reading this guide, it's probably because you have questions about your medication and its effects on your life. These questions are perfectly legitimate and warrant your attention, because they're part of a process of taking control of your life and the things that fire you up or, perhaps, wear you down: you're in the best position to carry out this reflective exercise.

GAM

Gaining Autonomy & Medication (GAM) in mental health is a process an approach combining reflection and action that allows you to tackle questions regarding your medication, health and environment during different periods. This approach can involve a number of actors (loved ones, peers, practitioners, health care professionals, community organizations) who can guide and support you in your search for information and alternatives, and who can also help you make decisions.

GAM is one of the tools you can use to take control of your life. It's designed to improve your quality of life; it's not an end in itself.

GAM principles:

1. The definition of a satisfactory quality of life is personal and different for each of us.
2. Each person is an expert on his or her experience and medication.
3. Psychiatric medication is not neutral; for each person it represents something different, and this needs to be taken into account.
4. Individual has rights that must be respected (e.g., the right to information, the right to consent to care, the right to obtain assistance, the right to participate in one's treatment).
5. Experiences of suffering involve the whole person; they require a broad understanding and multiple responses.

Your personal guide...

This personal guide is a tool created for you. It sets out a process that will help you ask questions and reflect on your state of health, medication and environment. It is based on information from several sources: the knowledge of many individuals who have taken, or are currently taking, psychotropic medication; the knowledge of loved ones and the providers offering them support; and knowledge emanating from research in biomedicine, the humanities and social science.

Many users of this guide are grateful to those who have shared their knowledge and experiences, as well as peers who have offered support. Throughout your personal journey, remember this: you may meet people who want to help you and are able to do so, but at the end of the day you're in the best position to discover and learn what is best for you.

Feel free to work through this guide at your own pace. Feel free to go back and forth as often as desired through each steps of that guide. You can also choose to embark on this process with the help of a supporter (e.g., a peer, service provider or family member), or by taking part in a GAM workshop.

Remember, however, that it is dangerous to start or stop taking medications, or to reduce the dosage without the advice or supervision of a qualified health care professional, and without taking all necessary precautions.

This guide is divided into seven steps:

1 STEP ONE

Awakening

Become aware of your situation and your rights.

2 STEP TWO

Observing and reflecting

Observe different factors that affect your quality of life. Reflect on your experience with medication, its effects, and what it means to you and your social circle (symbolic aspects).

3 STEP THREE

Finding the right people, information and tools

Get support, information and the right tools regarding your medication, and develop a critical perspective in order to make free, informed choices.

4 STEP FOUR

Deciding

Determine whether a change is necessary.

5 STEP FIVE

Planning and preparing for change

Develop an action plan, prepare your meeting with a health care professional to open the dialogue, and negotiate change.

6 STEP SIX

A method to reduce or stop medication and lessen withdrawal reactions

Find out how to adjust, reduce or stop your medication.

7 STEP SEVEN

Managing withdrawal reactions and emotions



STEP ONE

1

Awakening

Taking the time to think about the role medication plays in your life can help you get in touch with parts of yourself that have been lying dormant. It is quite possible that certain memories and periods of your life will resurface during this exercise. Behind your medications there is a story—your story—consisting of your unique experiences.

HERE WE INTRODUCE YOU TO... The first step in the GAM process: an awakening that involves becoming more aware of yourself, your life and your rights.

YOUR LIFE BELONGS TO YOU!

Awakening is the first step in the Gaining Autonomy & Medication (GAM) process. It involves how you see yourself and your life, resources and choices. You are a whole person with many possibilities.

Questions to move forward

■ What does this first step awaken in me? Looking at the list below, which words resonate with me at this time? I can also add my own words or images, or even draw what I feel.

awakening ■ *awareness* ■ *perspective* ■ *prejudices*
taking control ■ *strengths* ■ *suffering* ■ *potential* ■ *dreams*
projects ■ *stigmatization* ■ *rights* ■ *citizen* ■ *freedom* ■ *fear*

“ I am a person, not an illness! ”

This statement comes from a public consultation that was part of the development of Quebec's 1989 mental health policy. It has since been used by many individuals, for whom it is very meaningful.

■ What does this statement evoke for me?

Voices of experience

Here is what three people from different backgrounds had to say about their experience with medication and about the statement, "I am a person, not an illness!"

“ It was *Le Phare* [alternative mental health organization] that helped me get rid of the dark thoughts in my mind. Medication is important, but I'm not a drug and I'm not an illness; I'm a person. It's about taking into account how much of a priority medication is for me and how I see it. This process gave me dignity and respect. ”

Patrice Lamarre, *L'autre Espace*, 2013

WAKING UP TO YOUR RIGHTS

A number of laws ensure fundamental human rights and protect the rights of all users of the health and social services network, such as the right to information and free and informed consent. In Quebec, for example, these fundamental rights are enshrined in the *Quebec Charter of Human Rights and Freedoms*, the *Civil Code of Québec*, the *Canadian Charter of Rights and Freedoms*, and the *Act Respecting Health Services and Social Services*. In terms of care, this last act clearly sets out users' rights.

Gaining Autonomy & Medication (GAM) involves exercising and respecting these fundamental rights. To exercise your rights, you need to be informed. Here we list some questions to help you assess your current knowledge. These are followed by a summary of your rights.

Questions to move forward

■ Do I know my rights?

■ Have I exercised my rights?

■ Have I received information from the doctor or psychiatrist who prescribed my treatment (see sidebar on page 21)?

■ Was I able to make a choice that was free (without coercion or threats) and informed (with all the necessary facts)?

■ Am I aware of avenues of recourse and complaint procedures?

■ Am I familiar with the community organization that promotes and defends users' rights in my region?

In Quebec, everyone has the right... To receive all relevant information concerning treatment

Section 8 of the Act Respecting Health Services and Social Services states:

Before giving his consent to care concerning him, every user of health services and social services is entitled to be informed of his state of health and welfare and to be acquainted with the various options open to him and the risks and consequences generally associated with each option.

Receiving all relevant information means:

If your doctor/psychiatrist prescribes 30 mg of *Paxil*, you are entitled to ask, and get answers to the following questions:

- Why?
- What are the therapeutic benefits?
- What are the side effects?
- Are there any contraindications?
- Can I take this with other medication I'm already taking?
- When must I take it? Do I have to take it with food?
- How long do I have to take it?
- What are the alternatives?
- Do I have to get medical check-ups while taking *Paxil*?
- Is there a maximum daily dose?
- What are the risks of over dosage?

Everyone has the right... To consent to care

Section 9 of the *Act Respecting Health Services and Social Services* states:

Required consent

No person may be made to undergo care of any nature, whether for examination, specimen taking, treatment or any other intervention, except with his consent.

Consent to care

Consent to care or the authorization to provide care shall be given or refused by the user or, as the case may be, his representative or the court, in the circumstances and manner provided for in articles 10 and following of the Civil Code.

Article 10 of the *Civil Code of Québec* states that consent must be free and enlightened:

Every person is inviolable and is entitled to the integrity of his person. Except in cases provided for by law, no one may interfere with his person without his free and enlightened consent.

There are three exceptions: emergency situations, hygienic care and when authorization is given by the court.

Free means that you give your consent willingly, without coercion or threats. Your faculties are not altered.

Enlightened or **informed** consent means that the health care professional must provide you with all the relevant information that will allow you to make a decision: the diagnosis; the nature and goal of the proposed treatment; the risks, effects, pros and cons of the treatment; and the consequences of refusing treatment.

You are considered capable of giving consent when:

- You are aged 14 years and older;
- You understand the nature of your health condition for which the treatment is being proposed;
- You clearly understand the information related to the nature and goal of the treatment (effects, procedure, risks, consequences of refusing treatment, alternatives);
- You are able to evaluate the consequences;
- You are able to make and express a decision;
- Your ability to understand is not affected.

REMEMBER THAT...

- ➔ When you sign a general consent form on admission to a hospital, you must also be asked to provide your consent for each of the treatments, examinations or interventions proposed to you (e.g., medication).
- ➔ You can consent to one part of the treatment and refuse another without being obliged to sign a general refusal of treatment form.
- ➔ Even if you have provided your written consent, you may change your mind at the last minute. This choice must be respected.
- ➔ Your consent to care is required even if you are in protective custody at an institution (hospitalized against your will).
- ➔ Even if you are considered incapable and are under protective supervision, the same rules apply as for capable individuals. Health care professionals must therefore request your consent.

Everyone has the right... To take part in a proposed treatment

This right is set out in Section 10 of the Act Respecting Health Services and Social Services:

Every user is entitled to participate in any decision affecting his state of health or welfare.

You may give your opinion and express your needs and preferences.

Everyone has the right... To be accompanied to an appointment with a doctor or psychiatrist

This right is set out in Section 11 of the Act Respecting Health Services and Social Services:

Every user is entitled to be accompanied and assisted by the person of his choice when he wishes to obtain information or take steps in relation to any service provided by an institution or on its behalf or by any professional practising in a centre operated by the institution.

You may ask a person of your choice to accompany you to an appointment with your doctor/psychiatrist. If the latter objects to you being accompanied, ask why and when the request may be met. It is important to remain calm under all circumstances.

WHAT RECOURSE DO YOU HAVE?

If you are dissatisfied with the care and services provided by a health care and social services institution, an intermediate resource, a family-type resource, or any other person, company or organization with whom the health and social services institution works, you may make a written or verbal complaint.

First level of recourse:

- File a complaint with the service quality and complaints commissioner. The latter has 45 days to make recommendations or propose corrective measures.

Second level of recourse:

- If you do not hear back from the commissioner within 45 days, or if the response is unsatisfactory:

Contact the Québec Ombudsman

QUEBEC CITY OFFICE	418 643-2688
MONTREAL OFFICE	514 873-2032
ELSEWHERE IN QUEBEC	1 800 463-5070
EMAIL	protecteur@protecteurducitoyen.qc.ca
WEBSITE	www.protecteurducitoyen.qc.ca

For all matters related to **care provided by a doctor, dentist, pharmacist, or medical resident**, you may make a written or verbal complaint.

First level of recourse:

- File a complaint with the service quality and complaints commissioner of the institution in question, who will forward the complaint to the institution's medical examiner *or*
- Contact the appropriate professional association.

Second level of recourse:

- **If you do not hear back from the commissioner within 45 days, or if the response is unsatisfactory: Contact the institution's review committee.**

The private practices of doctors, dentists and other health care professionals are not covered by the Health and Social Services Network Complaint Examination System, except if they are bound by a service agreement to an institution in the health and social services network.

Groups to help you exercise your rights

There are **groups that promote and defend the rights of persons living with, or who have experienced, a mental health issue.** These groups help individuals take control of their life in the community to which they belong. Their services are free and confidential. To find out where they are located, contact AGIDD-SMQ at (514) 523-3443 (1-866-523-3443), or visit www.agidd.org.

Each region also has a **complaint assistance and support centre (CAAP)** for health and social services. Services provided by these centres are free and confidential. To contact the CAAP federation, call 1-877-767-2227 or visit www.fcaap.ca.

Peer support groups that promote and monitor the rights of people living with, or who have experienced, a mental health issue. These organizations make sure that people's rights are respected. To get their contact information, call AGIDD-SMQ at (514) 523-3443 (1-866-523-3443), or visit www.agidd.org.



STEP TWO

2

Observing and reflecting

You already have many assets to help you work through a Gaining Autonomy & Medication Management (GAM) process. This guide shows you how to use your own resources and identify people in your social circle who can support you.

You're in the best position to make decisions that will have an impact on your life. To make free and informed choices about your medication (continuing, increasing the dosage, reducing the dosage, or tapering off), you need to be armed with all the necessary information.

Agreeing or refusing to take a medication is a fundamental right. Your consent should be free and informed at all times. But how can you make an informed choice if you're missing important information? To gain autonomy in medication management, you need to be able to clearly identify why you've been prescribed a medication, the reasons that led you to take it, what it means for you and your loved ones, and the effects it has on your life (physical, psychological, etc.).

There are many reasons that might lead you to take psychotropic medication, which can affect many facets of your life: sleep, ability to concentrate, emotions, relationships with others, quality of life, etc. Examining these questions is an important step towards making informed choices.

HERE WE INVITE YOU TO... reflect on your experience with medication and how it affects your quality of life by working through the following sections:

Thinking about my experience with medication

- Why am I taking medication?
- The effects of my medication
- The symbolic effects of my medication

Thinking about different factors that affect my quality of life

- My daily routine
- My social circle
- My health
- My needs and desires

THINKING ABOUT MY EXPERIENCE WITH MEDICATION

Questions to move forward

Why am I taking medication?

■ Why did I start taking psychotropic medication?

For example: I was no longer able to sleep; I was suffering;
I was having strange experiences; my doctor suggested it;
a psychiatrist decided it; I was hearing voices;
I was upsetting people close to me...

■ Has the medication given me the results I wanted? If so, how? If not, why?

■ In each case, did I receive clear explanations on what the medication would do?

■ Did I have a choice about taking the medication? Or not?

■ How did social circle react?

■ How long have I been taking this medication?

■ Have I already tried reducing the dosage or stopping my medication, or have I thought about doing this? If so, how was the experience?

■ Why am I taking psychotropic medication at the present time?

■ Can I imagine my life with less medication or no medication at all? If so, why? If not, why?

The effects of my medication

The effects of psychotropic medication can change over time. If I've been taking my medication for a long time, it would be a good idea to note any changes.

■ What positive and negative effects has my medication had on me?

■ On my mind (concentration, memory, hallucinations, etc.)?

■ On my body (sleep quality, sexuality, muscle stiffness, trembling, etc.)?

■ On my relationships with others?

■ On my sense of well-being (anguish, general unhappiness, anxiety, etc.)?

■ On other aspects of my life (leisure activities, work, relationships, etc.)?

The symbolic aspects of my medication

Medications have different effects: desired and beneficial effects, as well as undesirable or side effects. There are also effects that may be associated with our beliefs or the meaning we give to medications. Psychiatric drugs have a symbolic value; they can represent many things. One of the features of the GAM approach is to take into account these symbolic aspects, to identify them, and to assess their impacts on individuals and their loved ones.

By determining what your medication means to you today, and the different meanings it has held for you at different points in your life, you can better understand your experience. We each have unique experiences with regard to medication, there are no false images or feelings, no right or wrong answers.

Questions to move forward

■ **What does my medication represent for me?**

Write down the words and associations that come to mind when you think of the word *medication*. You can also draw images.

LIST OF SPONTANEOUS WORDS

DRAWING OR IMAGE

Here is an example of an exercise on the symbolic aspects of medication, completed during a GAM training session. The following words were associated with the word *medication*:

dependence ▪ *withdrawal* ▪ *help* ▪ *distrust*
GAM ▪ *everything* ▪ *support* ▪ *mourning*
collective recourse ▪ *care* ▪ *learning* ▪ *side effects*
doctor ▪ *family* ▪ *fear* ▪ *insecurity* ▪ *drug*
weight gain ▪ *social control* ▪ *trial and error*
support ▪ *friends* ▪ *confidant* ▪ *guinea pig* ▪ *symptoms*
diminished capacities ▪ *listening to your body* ▪ *silver bullet*
alternative medicine ▪ ***medication*** ▪ *research* ▪ *recovery*
treatment order ▪ *autonomy* ▪ *loss of orgasm* ▪ *patience*
suffering ▪ *self-confidence* ▪ *pharmaceutical companies*
the truth ▪ *interactions* ▪ *ignorance* ▪ *being disciplined*
chemical drugs ▪ *psychiatrist's responsibility* ▪ *evil*
being crazy ▪ *following* ▪ *rights* ▪ *poverty* ▪ *informed*
choice ▪ *\$\$\$* ▪ *physical activities* ▪ *experiences of abuse*
illness ▪ *overconsumption* ▪ *judgement*
lack of understanding ▪ *acceptance* ▪ *balance*
prejudices ▪ *solution* ▪ *anger* ▪ *hospitalization*

Some observations on symbolic aspects

This exercise on the symbolic aspects of medication has been carried out many times during GAM training courses and discussions. Here are some observations:

- There are multiple beliefs, meanings and images associated with medications.
- For most people, medication has both positive and negative effects (e.g., "My sleeping pill helps me fall asleep, but it takes me a while to get going in the morning. The antipsychotic drug I take quietens the voices in my head, but it makes it hard for me to read and concentrate.")
- A person's views of medication can change. What may be considered a positive effect for a period of time can later turn into a negative effect.
- Those who have experienced a mental health problem, and the service providers who support them, often mention fear as an emotion evoked by medication.

Delving deeper

➔ **ANNEX 1** *The symbolic aspects of medication of your social circle*



THINKING ABOUT DIFFERENT FACTORS THAT AFFECT MY QUALITY OF LIFE

Questions to move forward

My daily life

- What are my sleeping habits? How is my sleep quality?

- What are my eating habits (quantity, quality, variety, pleasure of eating, etc.)?

■ Do I use alcohol or drugs? Is this a concern for me?

■ How do I take care of myself?

■ What are my favourite activities?

My living conditions

■ How is my living space (apartment, foster family's house, etc.)?
How do I feel there? Do I live alone or do I share my living space?
How do I take care of this space?

■ How do I manage my budget?

■ How am I socially involved (work, activism, volunteer work, supporting a family member, etc.)? How do I feel about these activities?

My social circle/my relationships

■ How do I experience my relationships with others (family, loved ones, friends, neighbors, etc.)?

■ With whom do I have the closest relationships?

■ Who are the people I trust?

■ What about my intimate life and sexuality?

■ How do I feel about the people who help me?

■ Do I go to an organization or different organizations in my community or neighbourhood? If so, which one(s)? How do I find that experience? How do I feel there?

My health

■ How is my physical health? What are my challenges? What are my strengths?

■ How is my mental health? What are my challenges? What are my strengths?

■ In terms of my challenges, who can provide help when I need it (community organization workers, public sector service providers, people living with a mental health problem [my peers], friends, loved ones, etc.)?

■ Have I found other ways to make myself feel better (personal strategies, relaxation exercises, alternative medicine, meditation, yoga, physical activity, music, art, etc.)?

MY NEEDS AND DESIRES

Human beings have many needs and desires: sleep, food, clothing, a place to live, spirituality, recognition, a sense of belonging, a feeling of being useful, pleasure, freedom, acceptance, humour, self-affirmation, autonomy, well-being, compassion, creativity, equality, love, empathy, understanding, self-expression, appreciation, intimacy, justice, peace, rest, respect, safety, support, money...

- Freedom can be expressed in a variety of ways: freedom of expression, freedom of movement, freedom to be. As the saying goes, "One person's freedom ends where another's begins." It is a question of respecting oneself and others.
- The feeling of being useful can be cultivated in countless ways. For example, by offering one's help, care, knowledge, skills and thoughts, by simply being present and listening...
- We feel a sense of belonging when we are respected and accepted by a group, when we are part of a team or community, when we work with others towards a common goal...
- Recognition is when we feel we are valued and appreciated by others. It starts with you—taking care of yourself, loving yourself, feeling proud of who you are. In terms of others, recognition means knowing you have an impact on them: they take you into account. It also means having the power to act in the world.

Recognizing your needs, desires, projects and dreams...

Human beings have many needs and desires that can change and evolve. It is up to each person to identify these needs and decide how important they are. However, it can be challenging to identify your needs and desires. It is a learning process that can be shorter or longer, depending on the individual. Some people must first become aware that they have lost sight of their own needs to decide to take care of yourself, to learn to see yourself as a whole person, and to recognize your worth. This involves focusing on yourself, listening to yourself, and becoming aware of your body and emotions.

Note! This can be a long and painful process. If you're not in the habit of thinking about what you want, you may find it difficult to recognize your needs and desires.

Questions to move forward

■ Do you recognize yourself in the following statements?

- I'm more likely to focus on other people's needs than my own.
- Consciously or unconsciously, I expect others to take care of me.
- I don't take care of myself (or not much). I treat my body like a machine that doesn't need maintenance.
- Since I've been receiving mental health care, I've gotten out of the habit of taking care of myself.

■ Because of the painful experiences that might lead a person to take psychotropic medication, and because of the effects of this medication, it may be difficult for that person to identify his or her needs and desires. Medication makes some people feel cut off from their emotions and sensations. This can make it difficult for them to recognize their needs. Does this seem to be the case for me?

■ What are my needs? Which ones are the most important?

■ What are my desires? Which ones are the most important?

■ If I have difficulty identifying my own needs, here is an exercise that could help me. I imagine myself as someone else, by splitting me; that way, I can observe myself. When I see myself from an external viewpoint, I can try to answer the following question: what does this person need?

■ Do I have a project or several projects? Do I have a dream or dreams I would like to fulfill?

■ Is there a person around me who inspires me and who can serve as a role model? Why? Could I have a conversation with that person and ask him or her questions?

Delving deeper

➔ ANNEX 2 *Needs and desires*



STEP THREE

3

*Finding the right people,
information and tools*

HERE WE INTRODUCE YOU TO... information and tools to help you: familiarize yourself with available resources, think critically before making decisions, understand your medication, and cope with difficult periods.

YOUR RESOURCES

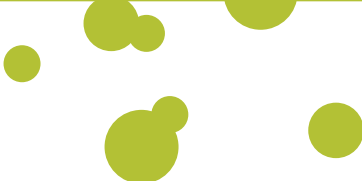
You have many resources in your region to support, inform and help you in your life.

Resources in your community

There are many people and groups in your community who can help and nurture you, improve your quality of life and sense of well-being, and give you a chance to get involved. These resources are related to different domains and activities: housing, food, personal finance and budgets, peer support, volunteerism and activism, health, leisure activities, cultural and intercultural activities, sports and outdoor activities, rights, formal and popular education, work and professional development... Take your pick!

- **Cultural activities** ■ cultural centres, libraries, etc.
- **Intercultural activities** ■ cultural associations, community organizations, etc.
- **Leisure activities** ■ clubs, recreational centres, dance schools, etc.
- **Sports and outdoor activities** ■ clubs, sports centres, parks
- **Food** ■ community kitchens, community gardens, food banks, buying groups, community meals, etc.
- **Personal finance and budgets** ■ Association coopérative d'économie familiale (ACEF)

- **Personal growth** ▫ therapy, workshops, talks, training, etc.
- **Rights and advocacy** ▫ regional groups promoting, defending and monitoring mental health rights; groups defending social rights, tenants' rights, women's rights, etc.
- **Formal and popular education** ▫ career guidance in educational institutions, community organizations, etc.
- **Volunteerism and activism** ▫ in community organizations and other types of organizations
- **Peer support groups and social networks** ▫ community groups, support groups, peer support groups, community coffee clubs, social clubs, discussion groups, etc.
- **Housing** ▫ municipal offices, housing co-ops, tenants' committees and associations, housing resources, emergency housing centres, etc.
- **Alternative medicine and mind-body approaches** ▫ acupuncture, yoga, meditation, massage therapy, etc.
- **Health** ▫ CLSCs (community health centres), pharmacies, clinics, hospitals, family medicine groups, CISSSs
- **Support** ▫ helplines, alternative mental health organizations, women's centres, community organizations, etc.
- **Work and professional development** ▫ youth employment centres (Carrefour jeunesse-emploi), local employment centres, job search clubs, job integration companies, etc.
- **Violence** ▫ resources for women in difficulty, sexual assault centres (CALACS), groups for men who are victims of violence, assistance centres for crime victims (CAVACs), crime victim compensation organizations (IVAC), etc.



Inspired by the GAM tool
Bâtir un répertoire d'alternatives,¹
RRASMQ, 2013

1 Translation: "Building a directory of alternative resources."
At present, this tool is only available in French.

Alternative mental health organizations

There are alternative mental health organizations across Quebec. These organizations look at the situation of each individual in a holistic way, taking into account the person's history and living environment. Different approaches are used to help them understand and cope with their suffering.

To find out more about different types of alternative mental health organizations and their respective philosophies:

➔ **Regroupement des ressources alternatives en santé mentale (RRASMQ)**

WEBSITE www.rrasmq.com (in French)
PHONE 514 523-7919 ■ 1 877 523-7919
FACEBOOK fr-ca.facebook.com/rrasmq

For information on groups that promote and monitor mental health rights, and regional groups that promote and defend these rights:

➔ **Association des groupes d'intervention en défense des droits en santé mentale (AGIDD-SMQ)**

WEBSITE www.agidd.org (in French)
PHONE 514 523-3443 ■ 1 866 523-3443
FACEBOOK fr-fr.facebook.com/agidd.smq

Seeking help and support is a perfectly normal part of any learning process; you don't have to overcome challenges on your own. It's important to recognize your limitations and know when, how, and where to get help.

Questions to move forward

■ What are the resources I'm familiar with, or that I've already used?

■ What resources would I like to know more about, or would I like to use?

■ It can be reassuring to make a list of resources, organizations or people I can count on, especially during difficult periods. This activity is a useful reminder that I'm not alone. This is my list:

■ What organization am I currently involved in and what is my role?

When you ask for help, don't forget to specify your wants, needs and expectations.

If you're not accustomed to relying on others, and if you feel vulnerable and exhausted, asking for help can seem difficult. Yet giving and receiving are profoundly human gestures. The amount we give or receive can change, depending on our situation. We all depend on one another!

■ *In life we have two bags: one to give and the other to receive.* ■

Participant in the forum *Repenser l'intégration*², 2013

2 "Rethinking integration." A forum held on March 10, 2013, in Montreal, Quebec.

DEVELOP YOUR CRITICAL THINKING SKILLS TO MAKE YOUR OWN DECISIONS

Critical thinking doesn't necessarily involve being for or against an idea. It's an approach, not a decision-making process or a result. It lets you form an opinion while taking nothing for granted.

To develop your critical thinking skills, you need to:

- Show an interest, a desire to know.
- Be curious: ask about the reality of a situation, see whether what you imagine is real or an interpretation. Don't take everything people say at face value. Ask for proof: what study proves this and where can I find it?
- Seek information from a variety of sources to form your own opinion.
- Verify the independence of your sources: websites are sometimes skewed towards the interests of funding sources. Check the tab describing the organization, its history and funding, etc.
- Know your rights and freedoms (right to information, right to consent to care, right to be accompanied, right to participate in treatment), as well as available recourse.
- Analyze and weigh the pros and cons.
- Learn to distinguish between situations related to the system and those related to specific individuals.
- Be cautious about new trends in medication and diagnoses.
- Always ask the simplest questions: who, what, when, where, how and why?
- Be open: it's always possible to change your mind and question a solution that was valid for a time.
- Use humour to get answers to unexpected questions, or to challenge stereotypes.
- Find an organization with an egalitarian approach where you can express your views.
- Recognize that you are equal to others.

Inspired by the training course *L'Autre côté de la pilule*, AGIDD-SMQ

**Once you have all the information you need,
it's time to start making choices!**

DEFINITIONS AND IMPORTANT INFORMATION ABOUT YOUR MEDICATION³

Pharmacists are experts on medications. Feel free to ask them for all the information you need.

Name of the medication

- The name of the medication is written on the vial or box.
- An original medication goes by the commercial name given by the pharmaceutical company that created it (e.g., *Prozac*).
- A generic medication is a copy of the original version.
- A generic has the same medicinal ingredients (active substances) as original medications, but the non-medicinal ingredients (e.g., the coating) may be different, which may cause different effects for certain people. Generics are usually also the same size, colour and shape as the original medication. They are less expensive and are generally reimbursed by the public drug insurance plan.
- The name of a generic medication consists of an abbreviation of the pharmaceutical company that manufactures the drug, followed by the active principle. For example, the generic version of *Prozac* is sold under the names **Apo-Fluoxetine**, **Alti-Fluoxetine**, **Novo-Fluoxetine**, etc.

Here are some examples of abbreviations of pharmaceutical companies:

Alti	AltiMed Pharmaceutical Company
Apo	Apotex Inc.
Dom	Dominion Pharmacal

3 Source: *L'Autre côté de la pilule* ("The other side of the pill"), a training course provided by AGIDD-SMQ.

Gen	Genpharm Inc.
Lin	Lintharma Inc.
Med	Medican PharmaInc.
Novo	Novopharm Limited
Nu	Nu-Pharm Inc.
Penta	Pentapharm Limited
PMS	Pharmascience Inc.
Taro	Taro Pharmaceutical Industries Ltd.
Teva	Teva Pharmaceutical Industries Ltd.
Riva	Laboratoire Riva inc.
Sab	Sabex Inc.

List of psychotropic medications

There are five families of psychotropic medications:

- Antidepressants
- Antipsychotics or neuroleptics
- Anti-anxiety drugs and sleeping pills (sedatives, hypnotics)
- Mood stabilizers
- Stimulants or Central nervous system stimulants

Other medications used in psychiatry:

- Certain anti-hypertensive medications can be prescribed for nightmares, akathisia, behavioural disorders and attention deficit hyperactivity disorder.
- Antiparkinsonian drugs are used to mask the side effects of certain antipsychotic drugs.

Delving deeper

- ➔ **ANNEX 3** *Some definitions related to medication*
- ➔ **ANNEX 5** *List of psychotropic medications*

FINDING RELIABLE INFORMATION SOURCES

Obtaining the monograph of a medication

A monograph is a document describing a medication. It does not include any promotional information.

For example, use a search engine to look up the monograph for Abilify online. Make sure it is the monograph provided by the pharmaceutical company that manufactures the medication. The company name is indicated on the first page. The last pages of the monograph are intended for the person taking the medication.

You can also visit the **Health Canada** website at:
<https://www.canada.ca/en/health-canada.html>.

- ➔ Once you're on the site, follow this procedure to obtain a product monograph:
 - ➔ Click on Drugs and Health Products.
 - ➔ Click on Drug and Health Product Register.
 - ➔ In the text field, type the name of the original drug or, if it's a generic, type the name of the active principle.
 - ➔ If there is an available monograph, it will appear; all you have to do is open it by clicking on the name.

Note: This procedure is provided for information purposes only, since the website may change following the publication of this guide.

Delving deeper

- ➔ **ANNEX 4** *References to continue exploring my medication*
- ➔ **ANNEX 5** *List of psychotropic medications*

SUMMARY OF INFORMATION ON YOUR MEDICATION

Here you can note down important information that will help you understand your medication. Include all the information you've gathered. If necessary, make photocopies of these sheets.

NAME OF MEDICATION _____

Family _____

Dosage _____

Therapeutic effects _____

Undesirable or side effects _____

Contraindications _____

Interactions _____

Half-life _____

Withdrawal effects _____

If necessary, refer to:

- ANNEX 3 *Some definitions related to medication*
- ANNEX 5 *List of psychotropic medications*

NAME OF MEDICATION _____

Family _____

Dosage _____

Therapeutic effects _____

Undesirable or side effects _____

Contraindications _____

Interactions _____

Half-life _____

Withdrawal effects _____

NAME OF MEDICATION _____

Family _____

Dosage _____

Therapeutic effects _____

Undesirable or side effects _____

Contraindications _____

Interactions _____

Half-life _____

Withdrawal effects _____

NAME OF MEDICATION _____

Family _____

Dosage _____

Therapeutic effects _____

Undesirable or side effects _____

Contraindications _____

Interactions _____

Half-life _____

Withdrawal effects _____

NAME OF MEDICATION _____

Family _____

Dosage _____

Therapeutic effects _____

Undesirable or side effects _____

Contraindications _____

Interactions _____

Half-life _____

Withdrawal effects _____

TOOLS TO HELP YOU COPE WITH CHALLENGING MOMENTS

Changes in your life and medication can have a major impact. Intense emotions and physical reactions can arise. A diary, a self-evaluation scale, and a check-in buddy are three tools, among others, that can help you maintain a sense of well-being. Use whichever tools you think will be most effective in helping you mobilize available resources, get through tough periods, or make the changes you want in your life.

Diary

A diary is a simple and flexible tool. You can note down your thoughts, questions, successes, frustrations and moods during the day, along with notes on what may have influenced your mood (e.g., a situation, an activity, the time, etc.). These notes will allow you to track changes and gain perspective on what you're experiencing, so you can see more clearly and observe certain tendencies. It's also a way to express emotions and experiences that you may or may not want to share with another person.



Self-evaluation scale: *How am I doing?*

Your self-evaluation scale can help you focus on what you're feeling so you can respect your experience and act accordingly.

Here's an example of a physical and mental self-evaluation scale. This scale has worked for many people, but it's up to you to adapt it to your situation. At each step, you can **spot warning signs and plan measures to help you deal with difficulties.**

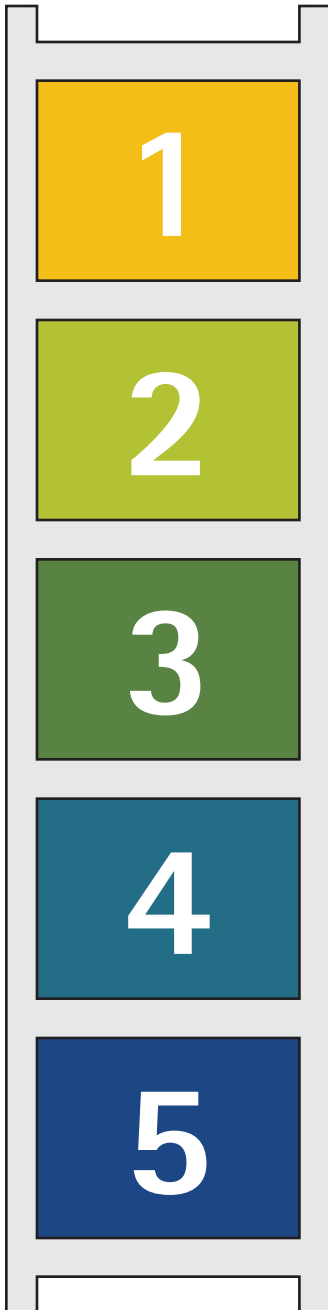


Voices of experience

“ As I say in my book, to get there, I made a scale from one to five. ‘One’ means I feel well, ‘five’ means I’m dead. I watched everything very carefully. For example, if I didn’t shave, wash or comb my hair for two to three days, I was at ‘two.’ It was a sign that my mental health had deteriorated. If I hadn’t been sleeping for two or three nights and I was starting to have dark thoughts, I was at ‘three.’ But before getting to that point, I would take concrete measures. I had to talk, communicate, confide in someone. If I couldn’t find anyone, I’d call a hotline . . . If I got to ‘four’ on my scale, I’d have to go to hospital. I’ve never reached ‘four’ before but it’s there, in my notebook. ”

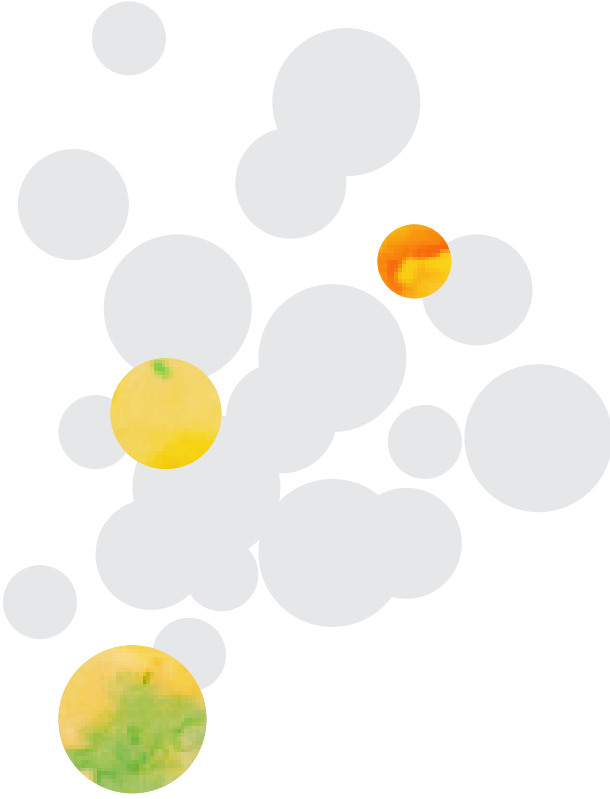
Luc Vigneault, conference paper titled "Guide de gestion autonome de la médication," inspired by his book *Aller-retour au pays de la folie*, 1997.

At each step, I spot warning signs and decide on actions I need to take.



I'm doing well

I can't take this anymore!



STEP FOUR

4

Deciding

HERE WE INVITE YOU TO... take stock of the various reflexions you have made to decide which changes you'd like to make, if any, regarding your drug treatment.

The process described in this guide can help you develop an independent and critical perspective when it comes to your medication. By actively questioning and obtaining all the available information, you'll be in a position to draw your own conclusions.

You've examined various aspects of your life, including your needs and desires. You've gathered as much information as possible about your rights, the medications you're taking and the resources in your community. It's now time to complete your assessment, which will help you make decisions.

Questions to move forward

■ **What is the assessment of my psychological and physical well-being?**

■ **What is the assessment of my living conditions, my relationships with my friends and loved ones, and my quality of life?**

■ What is the assessment of my life with the medication I'm currently taking?

■ Are there any questions for which I haven't found answers?

■ Who could help me and where can I find more information?



VOICES OF EXPERIENCE

There are many reasons you might want to continue taking, reduce your dosage, or stop your psychotropic medication. These reasons vary from one person to another, but they're all equally valid.

- I'd like to know if I still need to take medication.
- I want to make sense of how I feel. Is it because of the medication or my mental health issue?
- I think I need my medication at the moment, but I'm considering stopping it in the future.
- I've found other ways of dealing with my mental health issues and I want to try to manage without medication.
- I need to be healthy for my children.
- I don't find the medication helpful.
- The side effects are difficult to tolerate.
- My doctor thinks I should keep taking my medication and I trust him/her.
- I'm afraid the medication will have a negative impact on my physical health.
- The medication makes it hard for me to feel my emotions.
- I want to have children and I'm afraid the medication will have a negative effect on my pregnancy and while I'm nursing.
- I'm satisfied with my medication and my life has been better since I started taking it.
- I can see the benefits of my medication and I'm willing to put up with the side effects.
- My family would worry if I stopped.
- I've already tried to reduce my medication and it was too difficult at that time.

Questions to move forward

■ What are the pros and cons of making changes to my medication or keeping it as is?

MAKING CHANGES
TO MY MEDICATION

KEEPING MY MEDICATION
AS IS

Advantages (pros)

Advantages (pros)

Disadvantages (cons)

Disadvantages (cons)

■ What emerges from this exercise of weighing the pros and cons?

PERSONAL DECISIONS

The following chart presents a variety of possible decisions, which also represent different options available to you. For each, you may answer "YES," "NO," "LATER," or "I NEED TO THINK ABOUT IT/CONSULT SOMEONE."

POSSIBLE DECISIONS	I NEED TO THINK ABOUT IT/CONSULT SOMEONE			
	YES	NO	LATER	SOMEONE
I want to obtain information about my medication and its effects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to change my medication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to gradually taper off my dosage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'd like to begin the process of stopping my medication altogether.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'd like to understand the possible alternatives to taking medication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

POSSIBLE DECISIONS	YES	NO	LATER	I NEED TO THINK ABOUT IT/CONSULT SOMEONE
I want to discuss possible changes to my medication with my doctor and work toward a solution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I need more information before I can make a decision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

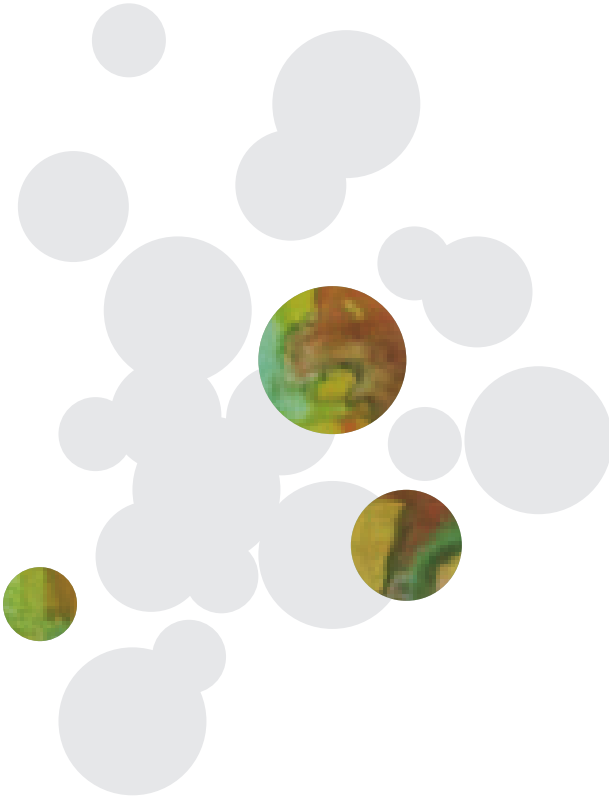
- You're now in a position to make your decision:
- You're satisfied with your current drug therapy.
 - You'd like to adjust, reduce or stop your medication.
 - You need more time to think about it.

Questions to move forward

■ Do I want to make changes to my medication? If so, why and which ones? If not, why?

■ At this point in my life, can I make changes to my medication? If so, why and which ones? If not, why?

It's a personal decision!



STEP FIVE

5

*Planning and preparing
for change*

HERE WE INTRODUCE YOU TO... things to consider if you wish to make changes to your medication.

After reading this step:

- You'll have a better understanding of the impacts of reducing your medication or stopping it altogether.
- You'll learn how to implement strategies to deal with obstacles.
- You'll be able to speak to your prescribing doctor or psychiatrist and health care professionals in order to better explain your wishes and concerns regarding the proposed treatment, and to find better solutions, if necessary.
- You'll be able to design a customized treatment plan or you'll manage to live without medication, knowing how this will affect various aspects of your life.



WARNING

It is dangerous to start or stop taking psychiatric medication, or to reduce the dosage, without seeking the advice or supervision of a qualified health care professional, and without taking all necessary precautions.

Careful! This information refers to psychotropic medication: antidepressants, antipsychotic drugs (neuroleptics), sedatives, sleeping pills (hypnotics), mood stabilizers and stimulants, as well as antiparkinsonian drugs and beta blockers used in psychiatry. The proposed method does not apply to other types of medication.

THE DANGERS OF STOPPING YOUR MEDICATION SUDDENLY

Stopping your medication suddenly can lead to hospitalization and even an increase in your original dosage, because the change is too drastic. Given that your body and mind are used to functioning with a certain dosage of psychotropic medication, stopping suddenly or too quickly—in other words, a decrease of 50% or even 25% of the initial dosage—can be too great a shock for the central nervous system (Podvoll, 2003). The withdrawal reactions can be extensive, since these medications affect not only the brain but also the entire body, and each person reacts differently.

NEVER STOP YOUR MEDICATION SUDDENLY

Deciding to adjust, reduce or taper off your medication is the beginning of a process that may prove to be long, painful, emotional, and discouraging at times, but that may also be filled with moments of joy as you begin to feel better. You'll need to learn how to deal with your emotions. You'll also need to adjust to a different world in which your body, thoughts and feelings will all want to be heard.

It's important to know that the process of reducing your psychotropic medication is not an easy one. Emerging from a long period of mental, physical and emotional numbness after stopping or reducing your medication is a significant challenge, you'll need to remind yourself that you have the strength and internal resources you need to reach your goal.

THINGS TO CONSIDER

There are several things to consider when reducing or stopping your medication. These are related to:

➔ You as a person:

- Know what you're getting into;
- Find ways to cope with the intense emotions you may feel;
- Develop an action plan (identify people who will help you; prepare your negotiation with your doctor or psychiatrist; establish a time frame; know your rights; understand the withdrawal reactions; plan for various scenarios; create a peaceful environment; avoid stress, etc.);
- Find alternatives;
- Accept that you will no longer be the person you were;
- Adopt a healthier lifestyle.

➔ Your medication:

- Type of medication;
- Strength of the dosage;
- Length of time you've been taking the medication;
- Half-life of the medication;
- Other prescribed medications;
- Other substances (natural health products, vitamins, etc.).

➔ Your environment and the quality of support you receive:

- Get help from a health care professional;
- Create a support network;
- Ask your pharmacist for assistance;
- Live in a relatively calm environment.

RESPECT AND TRUST YOURSELF

You don't need a fixed timeline, but you should set some parameters for your action plan. Trust your body, it will let you know if you're moving at the right pace. It's important to respect what you're feeling and experiencing.

If you need to start taking your medication again for a short period until the situation stabilizes, you definitely shouldn't feel guilty about it; this brief setback isn't a failure out; it's a temporary obstacle. The word *failure* doesn't exist in a process of reducing psychotropic medication. It's often simply a case of three steps forward and one back, which is perfectly normal. The important thing is for you to feel good and to find your comfort zone.

This new way of living is not without risk: the symptoms that led you to take medication in the first place may return. But bear in mind that crisis situations and relapses can occur, even when you're on medication.

Taking care of yourself is a great way to ensure the success of your efforts to reduce your psychiatric medication.

Adopt a healthy lifestyle

Adopting a healthy lifestyle is very important when you undertake this process.

Make sure you have a healthy diet:

- Eat well, but not to excess.
- Avoid foods and substances that have a stimulating effect, such as sugar, coffee, alcohol and drugs.
- Try to have a healthy diet and avoid fast food, preserved and fried food, and red meat.
- Drink two litres of water per day to help eliminate toxins.
- Drink herbal teas instead of coffee, tea and soft drinks.

Stay active:

- Engage in physical activity: it'll help your body get rid of toxins and medications.

It's also important to choose the right moment. Aim to do one thing at a time: if you try to change too many aspects of your life all at once (e.g., quitting smoking, moving), you run the risk of getting discouraged and creating so much stress, you may give up altogether!

Above all, you need PATIENCE, a LOT of patience!

PUT TOGETHER YOUR SUPPORT TEAM

To help you in the process you're about to undertake, you need to enlist people and organizations you'll be able to count on in different ways. Based on the type of support you need, you can explain your process to them and agree on their level of commitment.

For instance, a friend may say, "Call me whenever you like, but not during the night." Another friend may say she is available any time, day or night. The same is true of organizations: make a list of resources that can meet your needs and include their schedules. Helplines or peer-run warm lines can be an excellent source of support.

Questions to move forward

■ Who or which organizations can do what?

- Support and follow-up
- Daily phone contact
- Emergency assistance
- Check-in buddies, people and resources you can trust
- Support through listening
- People with whom you can enjoy leisure activities
- Other

Your supporters in the GAM process

The people you've selected to provide close support should be well-informed about the process you're undertaking. These people might not know what their role involves. This guide can help them. If you know them well, it might be reassuring for you to ask them what they think about medication. This way you know who your supporters are and where they're coming from.

Examples of questions:

- What do you think about using medication to treat mental health problems?
- Have you ever supported someone who was trying to reduce or stop their medication?
- Do you think it's possible to significantly reduce or stop this type of medication?
- Are you afraid of the reactions this process may cause?
- What do you know about the symptoms and reactions that may occur during the tapering-off process?
- How do you think we could work together?
- How involved do you want to be?
- How do you see your role as a supporter?

It's also good to define your expectations with regard to your supporter. By specifying them from the outset, you'll avoid disappointments along the way.

Delving deeper

- ➔ Read *Supporting GAM Practices. Gaining Autonomy & Medication Management in Mental Health: A Handbook* (2014), which is used to implement and develop the GAM approach in organizations. (Available at www.rrasmq.com)

PLAN OTHER WAYS TO COPE WITH SUFFERING

Your action plan is starting to take shape: you've informed your doctor and you've put together your support team. Now you need to think about other important details: who might be able to help you in your daily life?

To learn how to solve your problems differently, you could explore alternative or complementary approaches to medication.

Perhaps you've already considered psychotherapy? If you feel this is something you need, you could get information from alternative mental health organizations in your region. Some even offer different forms of psychotherapy (individual, group, art therapy, etc.). You could also contact other types of mental health organizations, such as a peer support group, a group promoting and defending the rights of people living with mental health issues, or your CLSC (community health centre). Some therapists offer fees on a sliding scale.

In addition, you can plan other strategies to support you in your day-to-day life: create a social and peer support network, listen to relaxation and meditation exercises, paint, write, listen to or make music, walk, practice a sport, read, etc. In short, unleash your creativity. YOU are in charge of your life!

Questions to move forward

■ What strategies have I already used?

■ What strategies would I like to try?

Voices of experience

■ *I think when you have a mental health problem, if you withdraw and isolate yourself, you won't make any progress. But if you do activities that you like and that fulfill you, you'll start feeling better. It's not just medication that helps you feel better, it's everything else about your life—the people around you, your social circle, the community organization that gets you thinking about your skills, your strengths, and concrete ways to manage your stress. All of that is very helpful.* ■

Participant in a study on the impacts of the GAM process

MEET AND NEGOTIATE WITH YOUR DOCTOR OR PSYCHIATRIST

You'll need the assistance of a health care professional when weaning yourself off your medication. The doctor who prescribes your medication should play an important role in this process. During your meeting with your doctor, outline your process, your research, the steps you've taken to find the necessary support, the ways in which your social circle will help you, and your involvement in this gradual reduction process.

Remind yourself that you have rights regarding your medication, including the right to be informed of a proposed treatment, the right to consent to that treatment, the right to take an active part in decisions affecting you, and the right to be accompanied when meeting with a health care professional. If you require assistance, simply contact your local alternative mental health organization, your peer support group, or a group that promotes and monitors mental health rights, or a regional groups that promote and defend these rights.

Preparing for your appointment:

- List the positive effects as well as the side effects of the medication.
- Note the improvements you've made in your life: diet, accommodation, health practices, sleep, interpersonal relations, work, volunteering, activism, sports, leisure, etc.
- Talk about it (e.g., to your friends or family, your local alternative mental health organization, your peer support group, or a group that promotes and defends mental health rights) or a regional groups that promote and defend these rights.
- Learn about your rights through an alternative mental health organization and groups that promote, monitor and defend mental health rights.

- Learn about the effects of reducing your medication from a pharmacist, an alternative mental health organization, a peer support group, or groups that promote, monitor and defend mental health rights.
- If you wish, ask to be accompanied during your appointment.
- Pick up the RRASMQ's GAM brochure⁴ to show your doctor.
- Other.

Adopt the right attitude during your appointment:

- Remain composed and speak calmly.
- Ask your questions.
- Listen to the answers and present your arguments.
- Ask for clarification if you don't understand.
- Ask the person to repeat if necessary.
- Other.

Explain what you want:

- Describe the effects of your medication (positive and negative).
- Ask to reduce your total daily dosage by 10%, one medication at a time.
- Avoid or refuse a sharp reduction (e.g., 50%).
- Describe the steps you've taken to improve your quality of life and living conditions.
- Describe your support network: friends; family; peer support group; alternative mental health organization; groups that promote, monitor and defend mental health rights; pharmacist, etc.
- Request support from the doctor or psychiatrist through a regular follow-up.
- Describe the alternatives you've identified to help you.
- Describe your action plan.
- Give your doctor or psychiatrist the GAM brochure.
- Other.

4 At present, this brochure is only available in French.

If the doctor or psychiatrist doesn't want to grant your request:

- Stay calm, don't get upset.
- Ask the following questions: "Why?"; "When can I reduce my medication?"; "What do you see for me in the future?"
- Present your arguments calmly after each response.
- Specify your rights, if necessary.
- Reiterate that you have support: friends; family; peer support group; alternative mental health organization; groups that promote, monitor and defend mental health rights; pharmacist, etc.
- Other.

To follow up, you could:

- Obtain support from your doctor or psychiatrist, or perhaps change doctors if your current one doesn't want to assist you in this process.
- Obtain support from your pharmacist.
- Obtain support from people and organizations in your environment.
- Prepare an action plan to begin reducing your medication.
- Other.

Delving deeper

➔ Attend the training course *L'Autre côté de la pilule*, offered by AGIDD-SMQ.

➔ **ANNEX 6** *Exercise, diet, environment, alternatives, therapeutic approaches and other tools to manage emotions and sensations*



STEP SIX

6

A method to reduce or stop medication and lessen withdrawal reactions

HERE WE INTRODUCE YOU TO... information about progressively reducing or stopping your medication.

WARNING



WEARIND GRADUALLY YOUR MEDICATION

If you abruptly stop taking your medication, you may experience a variety of unpleasant withdrawal reactions: anxiety, agitation, insomnia, irritability, muscular reactions, behavioural problems, gastrointestinal discomfort, hallucinations, suicidal thoughts, self-injury, etc.

Suddenly stopping your medication can be dangerous or even fatal. The only time it may be recommended is if you're having a toxic reaction to the drug in question.

THE 10% METHOD

The 10% method is a recognized, progressive strategy that involves reducing your daily dosage by 10% increments over a variable length of time, depending on the type of medication you're taking and the difficulties you experience as you taper off.

This method isn't a hard-and-fast rule: it can be adapted to each situation and is especially helpful when you need to extend the withdrawal period. The reduction percentage may range between 10% and 25%, depending on the medication, dosage and withdrawal reactions. The advantage of this method is that it is very gradual, so you can assess how you feel little by little, and adjust the pace accordingly. Stop taking a medication is very difficult.

If you're taking several psychotropic drugs, it is recommended that you taper off one medication at a time. Ask your doctor or pharmacist which medication you should start with.

You can use the 10% method as a baseline to minimize the risks associated with reducing your medication. However, you'll need to adapt this method to your specific situation.

Example of reducing a medication using the 10% method

You have a prescription for 300 mg of *Seroquel* (an atypical antipsychotic), to be taken once a day in the evening. You could reduce the dose by about 30 mg ($300 \text{ mg} \times 10\%$) at each stage, depending on the dosages available on the market. Your pharmacist will be able to advise you.

Seroquel is available in 25 mg tablets, which is close to the 30 mg target.

➔ FIRST STAGE:

Adjust your dosage from 300 mg to the equivalent of 275 mg per day, and wait one or several weeks or even a few months, until the unpleasant withdrawal reactions have disappeared.

➔ SECOND STAGE:

Adjust your dosage from 275 mg to the equivalent of 250 mg per day and wait again, for one or more weeks, until you feel well again.

➔ THIRD STAGE:

Adjust your dosage from 250 mg to 225 mg per day and wait for the unpleasant effects to disappear.

→ FOLLOWING STAGES:

Do the same for the following stages until you experience no more withdrawal reactions, or until you reach your ideal dosage.

→ LAST STAGE:

Going from the last dosage (in our example, 25 mg) to stopping your medication completely can be difficult. In this case, simply take the time you need or divide this last dosage in half. Also seek the advice of your doctor or pharmacist.

How should the reduced doses be divided up during the day if the medication is taken two or three times a day?

- The first method is to gradually reduce the morning doses until you're no longer taking any medication in the morning. The same pattern is followed for the afternoon doses and then the evening doses.
- The second method is to reduce the morning dose in the first stage, the afternoon dose in the second stage and, finally, the evening dose. Once the cycle is finished, the pattern is repeated, i.e., the morning dose is reduced, followed by the afternoon dose and finally the evening dose, until the process is complete.

How can the doses be divided into fractions?

- First, the medication may exist in tablet form with a smaller dosage.
- For pills with a groove, ask your pharmacist if you can divide it in half. If your pills don't have a groove, you can't use this method because you don't know where the active ingredient is.
- You can also choose to reduce your dosage according to tablets that already exist on the market.
- The medication can be replaced with another medication with a longer half-life.
- **Under no circumstances should you open capsules.**

Generally speaking, it's important to wait for the withdrawal reactions to disappear before moving to the next stage. Otherwise suffering may increase. The amount of time will vary depending on the medication, the reduced dosage and the person's metabolism.

It isn't easy to find precise information or studies on reducing or discontinuing psychotropic medication. However, it's widely accepted that the process must not be abrupt and requires a lot of time.

The duration of each stage will vary, depending on:

- the individual;
- the substance;
- the medication's half-life (see Annex 3);
- how the medication is administered (injection, softgels or gelcaps, tablets or hard-shelled capsules);
- whether you can divide the medication into smaller doses.

It's important to remember that the dosage should be decreased by very small increments and that it may take a while before you can move to the next stage.

Voices of experience

“ I've been taking medication for so many years—why wouldn't I take all the time I need to find the right balance when it comes to reducing my dosage? ”

Participant in the GAM pilot project

“ I've been tapering off my medication for nine months. I'm almost there—I've only got two months left. I was taking 200 mg and now I'm down to 50 mg. It's strange because I feel as good as I did when I was taking 200 mg. The only difference is that I'm starting to feel like myself again. ”

Comment taken from the *Guide critique des médicaments de l'âme*, 1995

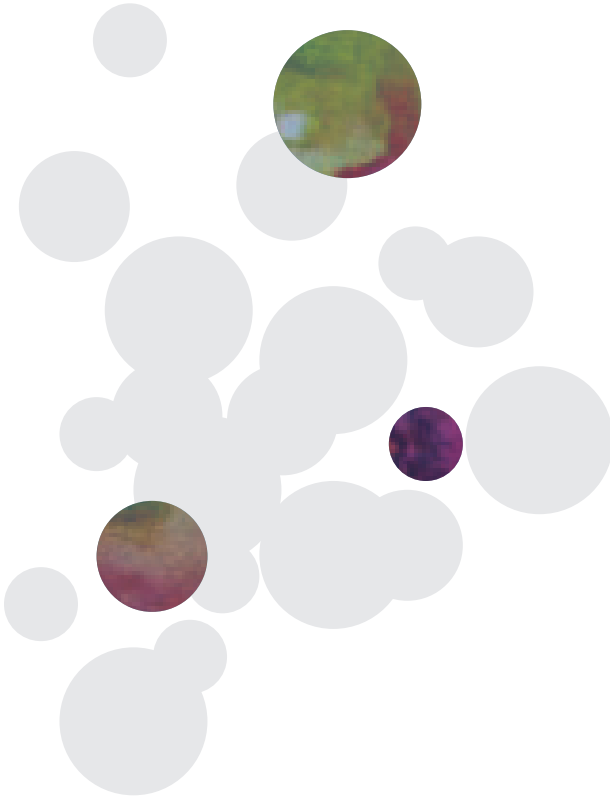
BASIC PRINCIPLES

People who've decided to taper off their medication have found it useful to follow these basic principles:

- Reduce ONE medication at a time.
- The tapering-off process will vary, depending on the type of medication, its half-life, and each person's reaction.
- The word FAILURE doesn't exist when you start a process of reducing psychoactive medication.
- Don't compare yourself to others; each person's journey is unique.
- Some withdrawal reactions can be very challenging. You can always return to the previous dosage and reduce your medication more slowly.
- The FINAL step doesn't necessarily involve stopping your medication altogether. It can mean reducing your dosage until you find your comfort zone.

We can't stress this enough:

You are the expert!



STEP SEVEN

7

*Managing withdrawal
reactions and emotions*

HERE WE INTRODUCE YOU TO... information that will allow you to understand what this period of rebuilding involves. You'll also learn about the possible effects of reducing or tapering off your medication, and how to manage intense emotions and sensations.

A PERIOD OF PHYSICAL AND MENTAL REBUILDING

Once you start to taper off your medication, you'll likely experience certain reactions and emotions. The symptoms that led you to take the medication in the first place could still be present; the medication has simply masked them. So they might very well return!

When the mind is freed from constraints, it starts to function in unaccustomed ways. You may experience both joy and sadness with an intensity you had forgotten was possible.

Even if these initial reactions seem negative, they will likely give way to a more positive phase of rebuilding. This transition often involves changing your lifestyle and finding alternative solutions.

Keeping a diary is a good way to analyze your reactions and keep track of how your situation is evolving. By better understanding your strengths and challenges, you'll be able to cope with your emotional ups and downs, develop new skills, and live in a more harmonious way with yourself and those around you.

This new way of living does not exclude the return of symptoms that originally led to take medication. The symptoms that led you take medications could return. But it's important to remember that crisis situations can occur even when you're on medication. If you need to return to a later dose for a period time, you definitely shouldn't feel guilty about it. This brief setback isn't a failure but rather a temporary obstacle.

UNDERSTANDING THE EFFECTS OF REDUCING AND WITHDRAWAL PSYCHOTROPIC MEDICATIONS

Each tapering-off process is unique and the effects are not entirely predictable. The process may or may not be difficult. It may consist of difficult periods followed by calm periods. In general, the process is more challenging when a person has been taking medication for several years, or has been taking more than one type of medication. It's more difficult to reduce the dosage of some psychiatric drugs than others. The speed at which you reduce your medication is important: the faster you go, the more intense the effects are likely to be. A person's individual makeup and the support they receive also play a role.

When certain symptoms appear, it's commonly assumed that the person is experiencing a relapse, in other words, a return to a previous situation. In reality, these symptoms are often effects related to reducing or stopping medication. Withdrawal effects are very similar to the symptoms associated with mental health problems.

It's essential to remember that the effects of reducing your medication are most likely signs of withdrawal and that they will diminish over time.

Another important point: it's harder to deal with these effects when the person taking medication and his or her supporters are experiencing fear. That is why it's really important to surround yourself with the right people, prepare carefully, put the right tools in place, and plan each stage of the process.

WITHDRAWAL

- Withdrawal reactions can also occur during a treatment when a given dose no longer produces the same effect, and the body has to wait several hours before the next dose is taken. This is particularly true in the case of medications with a short half-life.
- The withdrawal process depends on the medication and how each individual reacts.
- Many medications tend to accumulate in body fat and continue to be released in the body long after you stop taking them, particularly if you lose weight.
- Sometimes withdrawal is relatively symptom-free, except for some effects such as anxiety, insomnia and nightmares.
- In other cases, withdrawal is accompanied by worrying temporary effects that can even include delirium, convulsions and hallucinations. Even though these reactions are frightening, they are a normal part of the detoxification process.
- It usually takes several months before you can enjoy a normal sleep quality.

Section taken from the AGIDD-SMQ training course
L'Autre côté de la pilule

How to differentiate withdrawal, rebound and relapse reactions

Some researchers describe three types of reactions that may occur:

- **Withdrawal reactions:** new symptoms exclusively related to reduced doses of the medication.
- **Rebound reactions:** the original symptoms return, but more intensely than before the medication was taken.
- **Relapse reactions:** the gradual return of symptoms related to the original problem for which the medication was prescribed.

Peter Breggin (2013); David Healy (2009);
David Cohen, Suzanne-Cailloux Cohen and AGIDD-SMQ (1995)

Identifying sources of stress

When reducing your medication, be careful to check that feelings of anxiety, irritability, anger or depression are not being caused by external factors. If you don't pay close attention, you may attribute these emotions exclusively to the reduced dosage of your medication.

Unpleasant emotions or states of mind can be triggered by problems involving loved ones, co-workers or other individuals. They may also be related to reactions to recent or anticipated losses, for example, having to move out of an apartment. You need to consider how such potential factors could explain or increase your symptoms.

MAIN WITHDRAWAL REACTIONS ACCORDING TO CLASSES OF MEDICATIONS

Psychotropic drugs act on the brain and the rest of the body as well. As we've seen, each person responds differently. The same is true of withdrawal; the person's metabolism, the type of medication and its half-life, the dose, and the duration of use all explain why withdrawal effects are varied.

We've listed the **main potential withdrawal reactions** for each class of psychoactive medication. This list is not exhaustive, since not all withdrawal effects are indicated; also, our knowledge in this area is continually changing as new information comes to light. A person may have no withdrawal reactions, only one reaction, several reactions or many reactions. Just as each process of reducing medications is unique, so too is each experience. For example, a person who reduces the same medication by the same amount, but during different periods, may feel different effects.

A gradual tapering-off process, for instance, reducing the dose by 10% every week or month, reduces the frequency or intensity of withdrawal reactions and the incidence of rapid relapses. It's very important to work with your doctor as you embark on this process. Your pharmacist will also play a key role and can advise you on how to manage the withdrawal reactions for each medication.

Most people who experience withdrawal reactions are able to tolerate them for the short time that they last.

Common and frequent withdrawal reactions for all classes of medication:

- anxiety, nervousness, agitation
- sleep disturbance
- a need to rest and sleep more
- irritability
- fatigue

Antidepressants

Withdrawal reactions generally appear between one and seven days after the medication is stopped or significantly reduced.

Approximately 55% of people have the impression they are going through a temporary period of agitation or depression, accompanied by emotional sensitivity, anxiety, troubling dreams and lethargy (numbness). These effects disappear after a few days.

Selective serotonin reuptake inhibitors or SSRIs (*Prozac, Luvox, Zoloft, Paxil* and *Celexa*), serotonin-norepinephrine reuptake inhibitors or SNRIs (*Effexor, Pristiq, and Cymbalta*), and bupropion may cause these withdrawal reactions.

Main psychological withdrawal reactions:

- Anxiety
- Irritability
- Agitation
- Insomnia
- Nightmares or intensely real (vivid) dreams
- Very rare:
 - Suicidal tendencies or a desire to self-injure might suddenly appear when the medication is increased or reduced. These reactions are often preceded by a period of intense agitation (akathisia).
 - Mania or hypomania

Main physical withdrawal reactions:

- Flu-like symptoms:
 - Headaches
 - Sweating
 - Fatigue
 - General discomfort
 - Muscle pain
 - Diarrhea
- Dizziness, vertigo
- Trembling
- Numbness or tingling in fingers or toes
- Electric shock-like sensations in the arms and legs
- Blurred vision
- Very rare:
 - Trouble concentrating or memory loss
 - Movement disorders

Effexor and *Paxil* are shorter-acting than other antidepressants. From day one, they can cause withdrawal reactions that are more difficult to control, so it's even more important to taper off these medications very gradually.

**MAOI antidepressants:
Monoamine oxidase inhibitors
(*Nardil*, *Parnate* and *Manerix*)****Main psychological withdrawal reactions:**

- Anxiety
- Irritability
- Agitation
- Insomnia
- Nightmares or intensely real (vivid) dreams

Very rare:

- Paranoid delusions
- Hallucinations

Main physical withdrawal reactions:

- Drowsiness
- Talkativeness (being wordy and talkative)
- Difficulty expressing oneself
- Lethargy (numbness, trouble concentrating)
- Movement disorders

Tricyclic antidepressants cause the same psychological withdrawal effects as SSRIs, but different physical effects:

- Flu-like symptoms:
 - Headaches
 - Sweating
 - Fatigue
 - General discomfort
 - Muscle pain
 - Diarrhea
- Nausea
- Vomiting
- Runny nose
- Salivation
- Palpitations
- Rare: arrhythmia (irregular heartbeat)

Mirtazapine (*Remeron*) produces very few withdrawal effects but can sometimes cause anxiety, insomnia and nausea.

Antipsychotics or neuroleptics (*Largactil, Loxapac, Risperdal, Clozaril, etc.*)

Withdrawal reactions appear a few days after the dose is reduced. In a tapering-off process based on the 10% method, the last stage can be particularly difficult. This stage can be extended or divided to reduce withdrawal reactions.

Main psychological withdrawal reactions:

- Withdrawal psychosis
- Nervousness or agitation
- Insomnia

Main physical withdrawal reactions:

- Muscle tightness or stiffness (feeling sore all over)
- Trembling
- Sweating
- Runny nose
- Nausea, vomiting
- Cramps, abdominal pain
- Diarrhea
- Salivation
- Headaches
- Nightmares
- Palpitations
- Hypertension
- Discovery of tardive dyskinesia (Definition: abnormal, involuntary movements of the tongue, jaw, upper body or limbs related to the use of neuroleptic medication. Tardive dyskinesia can become irreversible.)

Clozaril carries a higher risk of developing withdrawal psychosis, since it is a short-acting drug.

Anticholinergic antiparkinsonian drugs used in psychiatry (*Cogentin, Kemadrin, etc.*)

These medications mask the troublesome side effects of anti-psychotic drugs. You should therefore only start reducing these medications after you've stopped taking neuroleptics.

Note: When you stop taking an antiparkinsonian medication, you'll notice a rapid improvement in memory function (24 hours) and concentration.

Main psychological withdrawal reactions:

- Insomnia
- Hypersomnia (excessive sleepiness)

Main physical withdrawal reactions:

- Diarrhea
- Nausea
- Vomiting
- Runny nose
- Discomfort
- Chills
- Salivation
- Headaches
- Weakness
- Discovery of tardive dyskinesia (Definition: abnormal, involuntary movements of the tongue, jaw, upper body or limbs related to the use of neuroleptic medication. Tardive dyskinesia can become irreversible.)

Mood stabilizers

Withdrawal reactions are not necessarily apparent, but emotional problems, anxiety, irritability and insomnia may occur. The risk of a crisis is highest during the first 12 weeks.

People withdrawing from mood stabilizers often relapse and some don't manage to come off the drugs completely.

Lithium

Main psychological withdrawal reactions:

- Return of manic episodes or depression
- Anxiety
- Irritability
- Agitation
- Insomnia and other sleep-related problems
- Suicide attempts

Main physical withdrawal reactions (rare):

- If the person suffered from lithium-induced hypothyroidism, he or she may suffer from hyperthyroidism when the medication is stopped, regardless of how long the withdrawal period lasts.

Anticonvulsants

(Tegretol, Epival, Depakene, Topamax, Lamictal and Neurontin)

Main psychological withdrawal reactions:

- Return of manic episodes or depression
- Mood swings
- Irritability
- Suicidal thoughts

Main physical withdrawal reactions:

- Headaches
- Dizziness
- Discomfort
- Return of convulsions if the medication was taken for epilepsy
- Trembling
- Rare:
 - Involuntary muscle movements
 - Lack of coordination

Stimulants

(Ritalin, Concerta and Adderall)

Main psychological withdrawal reactions:

- Depressive syndrome
- Hyperactivity
- Return of original problems
- Suicidal thoughts
- Irritability
- Anxiety with agitation
- Anger and aggressiveness

Main physical withdrawal reactions:

- Brain fog (difficulty concentrating)
- Social withdrawal
- Excessive sleepiness
- Excessive appetite

Benzodiazepines

(*Ativan, Rivotril, Valium, etc.*)

Withdrawal reactions can appear in the first few days (lorazepam, alprazolam, oxazepam and temazepam) or after several days (flurazepam, diazepam and clonazepam). They can last between one and three weeks, or sometimes up to three months.

Note! It can be especially dangerous to abruptly reduce your dosage of benzodiazepines.


Recommendation: be PATIENT, your reactions will diminish over time.

Main psychological withdrawal reactions:

- Anxiety
- Insomnia
- Panic
- Irritability, aggressiveness
- Agitation
- Confusion
- Memory disturbance
- Brain fog (difficulty concentrating)
- Depression
- Delirium or hallucinations (if the dose was very high and the medication was taken for a long time)
- Depersonalization (feeling detached from yourself)

Main physical withdrawal reactions:

- Muscle rigidity
- Weakness
- Flu-like symptoms:
 - Headaches
 - Sweating
 - Fatigue

- General discomfort
 - Muscle pain
 - Diarrhea
 - Dizziness, vertigo
 - Tics
 - Decreased appetite
 - Weight loss
 - Trembling
 - Nausea
 - Palpitations
 - Tachychardia (rapid heartbeat)
 - Hypertension
 - Nightmares, dreams
 - Hypersensitivity to light, noises, smells, etc.
 - Convulsions (if the dose was very high and the medication was taken for a long time)
- 
- A decorative graphic consisting of numerous overlapping circles of varying sizes, located in the bottom right quadrant of the page. The circles are light gray and some are semi-transparent, creating a layered effect.

MANAGING INTENSE EMOTIONS AND SENSATIONS

When you reduce your medication, you may experience intense emotions, especially if you've been on it for a long time.

*fear ■ dread ■ sorrow ■ hallucinations ■ anger
rage ■ aggressiveness ■ panic ■ distress ■ anxiety*

Don't forget that underlying these difficult emotions there may be something positive!

Don't doubt what you're feeling. No matter what the cause, you have reasons to feel the way you do. We all have our own ways of experiencing and processing our emotions.

Even if you reduce your psychotropic medication in a careful, methodical way, you may experience familiar emotions and sensations more intensely, or even new emotions and sensations. People who taper off their psychiatric medication report feeling less emotionally numb.

The fact that you're experiencing intense emotions doesn't mean you're headed for a crisis. You may feel overwhelmed at times. Are your usual strategies effective or do you need to add new options to your list? It's up to you to decide whether you want to deal with the difficult emotions or sensations, get rid of them at all costs, or reduce their intensity or duration.

Voices of experience

■ *Having emotions doesn't mean you're sick; it means you're alive.* ■

Participant in a GAM discussion group

Dealing with legitimate anger

The return of emotions when you reduce your psychotropic medication can bring about painful realizations that may be accompanied by sadness and anger. Memories of difficult experiences that have been buried deep down may resurface. The medication acted as a screen, masking certain emotions and memories, or putting them in sleep mode.

People need to be believed and listened to. Many say they haven't been able to tell their story or take the time to understand, heal their wounds and move forward. Therapy and various forms of creative expression, either one-on-one or in a group, can be useful.

Voices of experience

“ I was mad at my pills for three years (...) Together with my worker, I identified important things, including the role of my psychiatrist and how much power he had in the relationship. I also realized, through doing research, that there were very strong side effects (...) ”

Isabelle

“ Expressing my sadness and anger has been one of the greatest gifts I've ever given myself! It allowed me to go through a grieving process. ”

L'Écho des femmes de la Petite Patrie, 2013, p. 63

Questions to move forward

■ Am I angry about my life or about a situation I've experienced?

■ Is there someone I can talk to about what I'm going through, or about my anger or sadness regarding things that I've lost?

■ Do I have means other than words to express my anger? How am I dealing with this anger? What methods have been helpful or counter-productive?

Managing the return of your energy

Another common effect of withdrawal is to feel your energy return or its lack. Excess energy can be difficult to manage, especially when you're reducing mood stabilizers. You may need to reorganize your life as a result of this new-found energy. The strategies are different for each person. For example, you could decide to exercise, but intense physical activity could be too stimulating for some people. Others might look for ways to slow things down (tai chi, walking meditation, etc.).

Keeping a diary and carefully noting down your moods can help you spot warning signs so you can prevent difficult situations from occurring. You can plan ahead of time and find the support you need.

Sore muscles

A common withdrawal effect of antipsychotic drugs is sore or stiff muscles. This shouldn't be confused with rheumatism, arthritis or fibromyalgia. You may feel muscle soreness each time you reduce a dose. Massage and a healthy diet can provide some relief. Gentle massages are especially helpful during this period.

Preventing crisis situations

You have both internal and external resources should a crisis situation occur, no matter how much medication you were taking. Knowing your personal triggers will help you plan ahead. If you don't yet know what your triggers are, you'll learn with time.

Loved ones, peers, friends and service providers can help you identify your triggers. Your mood fluctuations can be subtle or even surprising.

You can also use tools such as your diary, self-evaluation scale and check-in buddy.

Voices of experience

■ *You can reduce your medication provided you stay alert and watch out for symptoms that may reappear. You shouldn't taper off your medication on your own. I had my support team. Sometimes it's hard to see how you're doing, to anticipate problems. You don't necessarily feel that your symptoms are coming back, but when you talk to your worker, he or she can tell you.* ■

Participant in a study on the impacts of the GAM process

Questions to move forward

■ Do I know my triggers and can I spot my warning signs?
If so, what are they?

■ What do I need if I think a crisis is around the corner?

■ Do I need to be better equipped to prevent a crisis situation?

Do you have everything you need to get started?

	YES	TO DO
You've set up your support network.	<input type="checkbox"/>	<input type="checkbox"/>
A person in the health care system is helping you.	<input type="checkbox"/>	<input type="checkbox"/>
You've made a list of all your medications.	<input type="checkbox"/>	<input type="checkbox"/>
You know the unpleasant side effects of your medications.	<input type="checkbox"/>	<input type="checkbox"/>
You've got your check-in buddies.	<input type="checkbox"/>	<input type="checkbox"/>
You're aware of possible withdrawal reactions.	<input type="checkbox"/>	<input type="checkbox"/>
You've created your self-evaluation scale.	<input type="checkbox"/>	<input type="checkbox"/>
You know which medication you're going to start reducing first.	<input type="checkbox"/>	<input type="checkbox"/>
You're familiar with the 10% method.	<input type="checkbox"/>	<input type="checkbox"/>



GAM: MULTIPLE PATHS TO FEELING BETTER

People who undertake a GAM process can start with a specific objective, which can change as they go along. Some will explore their quality of life without changing their medication. Others will reduce the dosage or number of medications they're taking until they eventually stop altogether or only take medication occasionally. For many people, the GAM process involves a series of steps forward and back, with breaks in between. Each person's comfort zone is different, and the process will take varying amounts of time as well.

Voices of experience

- “ Since I started tapering off my meds, a lot of horizons have opened up for me. ”
- “ When you're taking high doses of medication, you no longer know who you are. As you reduce the doses, you rediscover your true self. ”

Cohen et al., 1995

- “ I increased my medication for a time until things stabilized. After that, I was able to find a dose where I no longer felt so anxious. That's why I want to stay on a safe dose. I don't want to feel so anxious again, otherwise I'll have to increase my medication. Sometimes you have to increase the dose by a greater amount than you reduced it. ”

Participant in a study on the impacts of the GAM process, 2010

- “ The Gaining Autonomy & Medication Management (GAM) process (...) allowed me to understand and accept that I would be taking medication for the rest of my life, without it being a big deal (...) I noted down the medications I was taking in my GAM guide, along with the times and the reasons. I was able to accept this reality, to understand that I'm in control of my life, even if I'm on meds. I'm not a guinea pig. I'm the one who decided to take these medications because I can see the benefits. ”

Participant in a study on the impacts of the GAM process, 2010

■ *It was the start of a new journey, a journey that isn't over or even clearly mapped out. I'm still working on myself, but I can finally see a light at the end of the tunnel, because I've regained control over my life (...) My goal in coming here was to completely stop taking antidepressants (...) I don't remember if someone told me I could it do at my own pace, or if I'm the one who asked (...) The worker was always there when I needed her (...) She never judged; it was always my choice (...) She took into account my living environment (...) This dosage is amazing for my self-esteem, healing and dignity. It's helped me take control of my life and it makes all the difference (...) For me it's made all the difference and I'm sure that's true for a lot of people. This is about knowing that you have options; the path is wide open. It's about healing, not reaching an end point. ■*

Participant in a study on the impacts of the GAM process, 2010

■ *A light was shining in the night. I saw a glimmer of hope in something other than my pills! The hope that I could finally move towards who I am and rediscover a natural balance. I could experience a state of movement rather than stagnation—a precarious balance artificially maintained by chemical substances (...) [The GAM approach] can be demanding and even tough at times. But for me, it was a necessary step towards rediscovering my agency, my dignity and my freedom to be and act. ■*

Marie-Élaine Dubois, *L'autre Espace*, 2009



All the best on your journey!

THERE'S NO SUCH THING AS FAILURE!

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ANNEXES *Delving deeper*

ANNEX 1

The symbolic aspects of medication for people around you

■ The people around you also have their own meanings, representations and beliefs when it comes to medication. Choose someone important to you and, either alone or with that person, list the words or draw the images that symbolize medication for them.

LIST OF SPONTANEOUS WORDS

DRAWING OR IMAGE

■ For you, what stands out in these words or images?
What conclusions can you draw?

■ When you compare what medication means to you with what it means to people around you, what do you notice?

ANNEX 2

Needs and desires

Take stock of your needs and desires: Maslow's hierarchy of needs can help you make sense of it all.



Self-actualization

Developing your knowledge and values, achieving fulfillment, deepening its culture, reaching your full potential, creating.

Esteem

Feeling useful and valued, gaining recognition, demonstrating your skills, being appreciated, achieving independence.

Love and social belonging

Expressing yourself, sharing, feeling connected to others, being loved, heard and understood.

Protection and safety

Living in a stable and predictable environment, feeling safe and supported, trusting others.

Physiological needs

Food, water, sleep, warmth, clothing.

■ According to Maslow's hierarchy of needs, which are the most challenging for you to meet?

■ Which needs would you like to focus on most?

ANNEX 3

Some definitions related to medication

DEFINITIONS

Abbreviations on a prescription:

BID or b.i.d.: twice a day.

TID or t.i.d.: three times a day.

QID or q.i.d.: four times a day.

PRN or p.r.n.: as needed, from the Latin *pro re nata*, as the circumstance arises.

Abbreviations at the end of a drug name:

CR: Controlled release. This helps control the speed and the release site of an active ingredient.

SR: Sustained release.

XR: Extended release. This means that the active ingredient is released over a varying period of time, in some instances at a constant rate.

XL: Extended release.

LA: Long-acting.

Medications that end in XL or XR are generally taken once or twice a day because their active ingredient is released over time.

Active ingredient, active principle or active substance: refers to a substance in the composition of a medication that gives it its therapeutic properties.

Agonist: refers to a molecule that stimulates a response from certain cell receptors (e.g., an adrenergic agonist is a drug used to stimulate the release of adrenaline).

Atypical: refers to a medication that has different mechanisms of action than those of other medications in its class. Atypical antidepressants are a type of antidepressant with a specific pharmacological profile that differentiates them from other types of antidepressants. These medications do not have the same functional or structural characteristics as other types of medications (bupropion, nefazodone, trazodone). Atypical (or second and third-generation) antipsychotic drugs are referred to as *atypical* because they are chemically different from first-generation antipsychotics. They appeared on the market in the early 1990s. The same is true for the third-generation antipsychotic drug aripiprazole (*Abilify*).

Compendium of Pharmaceuticals and Specialties (CPS): a directory of medications available in Canada.

Contraindication: a circumstance that forbids the use of a particular medication (pregnancy, age, health condition, etc.).

Half-life: the time required for a substance to lose half of its initial pharmacological effect. It is used to determine how frequently a drug needs to be taken (the number of times per day or per month). A drug's half-life is important with regard to how it is taken, its effects and the withdrawal process.

For instance, if I take 100 mg of a psychiatric medication with a half-life of 6 hours:

- After 6 hours, 50 mg will remain in my blood.
- After 12 hours, 25 mg will remain in my blood.
- After 18 hours, 12.5 mg will remain in my blood.
- After 24 hours, 6.25 mg will remain in my blood.
- After 30 hours, the medication will be almost completely eliminated from my system.

Therefore, it takes over a day to eliminate 100 mg of this medication (with a half-life of six hours) from my system.

DSM (*Diagnostic and Statistical Manual of Mental Disorders*):

a classification of mental disorders published by the American Psychiatric Association. The DSM is the most commonly used diagnostic tool for mental disorders in North America.

Extrapyramidal symptoms (EPS): drug-induced effects on the system controlling the voluntary and involuntary movement of muscles.

Generic: an equivalent to an original medication. The active ingredient is the same, but the non-medicinal ingredients and occasionally the coating are different.

Iatrogenic effects or iatrogenesis: refers to the undesirable effects caused by any action or treatment originally designed to be therapeutic. Examples of iatrogenic effects include the undesirable side effects of drug therapy, decreased quality of life following a hospitalization, or a nosocomial (hospital-acquired) infection.

Indication: the reason for which the medication is prescribed.

Inhibitor: a substance that slows down or completely stops a chemical or physiological reaction.

Interaction: refers to a change in the effect of a medication when it is taken with another product (medication, food, natural product, vitamin, alcohol, drug, etc.).

Paradoxical reaction or effect: aside effect that is opposite to the expected effect.

Placebo (*I will please in Latin*): a treatment or substance without any active pharmaceutical ingredients that is used instead of a medication for its psychological effect (the placebo effect) and that can have a positive impact on the person's symptoms. It's important to note that placebos are only used in studies to test new medications. The placebo effect is not limited to medications; it is associated with all types of therapeutic procedures.

Posology: refers to the instructions associated with taking a medication (dosage, frequency, etc.). It can vary based on the person's weight, age and health condition.

Product monograph: refers to a document produced by drug manufacturers that describes a medication (its properties, indications, and how it should be used) and contains no advertising.

Psychotropic/psychiatric/psychoactive medication can be defined as follows: Any substance that is capable of altering mood and the brain's psychological functions (e.g., medication, cigarettes, coffee, tea, alcohol, illicit drugs).

Side effect: an undesirable effect caused by a medication. Side effects do not occur in all cases and vary from one person to another.

Soporific: refers to a medication used to treat sleep disorders.

Sublingual: a medication that is placed under the tongue until it has dissolved completely.

Vasopressor: refers to a substance that constricts arteries and leads to a rise in blood pressure.

ANNEX 4

References to continue exploring my medication

Here are some suggestions on how you and your support network can further explore the GAM approach:

➔ Consult the following documents:

- The *GAM Toolkit* (RRASMQ, 2013)
www.rrasmq.com
- *Supporting GAM Practices: Gaining Autonomy & Medication Management. A Handbook.* (RRASMQ, 2006)
www.rrasmq.com
- Conference on critical perspectives in mental health (AGIDD-SMQ, 2013) (in French)
www.agidd.org/lagidd-smq-met-en-ligne-12-capsules-video-sur-la-vision-critique-en-sante-mentale/

➔ Attend the following training courses:

- RRASMQ, *Introduction to Gaining Autonomy & Medication (GAM)* and other customized training courses
www.rrasmq.com
- AGIDD-SMQ, *L'Autre côté de la pilule ; Apprendre, exercer et promouvoir la vision critique en santé mentale* (Translation: "The otherside of the pill.") This training course is currently offered in French
www.rrasmq.com

➔ Consult reference material on medication:

- *Le Guide critique des médicaments de l'âme*, co-authored by David Cohen, Suzanne Cailloux-Cohen and AGIDD-SMQ, published by Les Éditions de L'Homme in 1995. This work is no longer in publication, but you can probably find a copy at your local library.
- *Psychiatric Drugs Explained* (2014), by psychiatrist David Healy, 6th Edition, Elsevier.

- *Le Guide visuel d'identification des médicaments*, published in 2010 by the pharmacy department of the Institut universitaire en santé mentale de Québec. You can look up the name of your medications according to their colour and shape.
- *Compendium of Pharmaceuticals and Specialties (CPS)*: Every year, your pharmacist purchases a new edition of this compendium, so you can ask for the previous year's edition. You can also find this publication at the library.

➔ **Read the following articles:**

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- Rousseau, C. (1999). "Les effets symboliques de la médication. Les causes entremêlées de la détresse." Transcript of a paper by psychiatrist Cécile Rousseau at a meeting for the GAM pilot project attended by ten alternative mental health organizations in October 1999. This paper was published in *L'autre Espace. La revue du RRASMQ*, Vol. 2, No. 2.
(In French, available at www.rrasmq.com/gam.php)

To find out more about other approaches to medication and alternatives, you can consult the following:

- *Harm Reduction Guide to Coming Off Psychiatric Drugs*, by Will Hall. Published by the Icarus Projet and Freedom Center.
<http://www.willhall.net/files/ComingOffPsychDrugsHarmReductGuide2Edonline.pdf>
- A tool designed by Pat Deegan and colleagues for individuals who want to find out whether they are taking too many mental health medications:
www.patdeegan.com/sites/default/files/files/reducing_meds_worksheet.pdf
- The books and website of Mary Ellen Copeland, which help to identify early warning signs and apply effective strategies.
<http://mentalhealthrecovery.com>
- Servan-Shreiber, David (2005). *The Instinct to Heal: Curing Depression, Anxiety and Stress Without Drugs and Without Talk Therapy*, Rodale Books.

To learn more about critical discourses in psychiatry, you can consult the following:

- Bachand, A. (2012). *L'imposture de la maladie mentale. Critique du discours psychiatrique*. Quebec City, Éditions Liber, 184 pages.
- Borch-Jacobsen, M. (2014). *La vérité sur les médicaments – Comment l'industrie pharmaceutique joue avec notre santé*, Édito.
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- Otero, M. (2003). *Les règles de l'individualité contemporaine. Santé mentale et société*. Quebec City, Presses de l'Université Laval.
- St-Onge, J.-C. (2013). *Tous fous? L'influence de l'industrie pharmaceutique sur la psychiatrie*. Montreal, Les éditions Écosociété, 372 pages.
- St-Onge, J.C. (2015) *TDAAH: pour en finir avec le dopage des enfants*. Montreal, Les éditions Écosociété, 213 pages.

ANNEX 5

List of psychiatric medications

ALPHABETICAL ORDER BY BRAND NAME

(BRAND NAME)	ACTIVE INGREDIENT IN GENERIC VERSION	CLASS OF MEDICATION
<i>(Abilify)</i>	Aripiprazole	Third-generation neuroleptic
<i>(Abilify Maintena)</i>	Aripiprazole	Third-generation neuroleptic, injected every four weeks
<i>(Adderall XR)</i>	Amphetamine Salts	Stimulant
<i>(Akineton)</i>	Biperiden	Anticholinergic antiparkinsonian medication especially used in psychiatry
<i>(Alertec)</i>	Modafinil	Stimulant
<i>(Anafranil)</i>	Clomipramine	Tricyclic and heterocyclic antidepressant
<i>(Artane)</i>	Trihexphenidyl	Anticholinergic antiparkinsonian medication especially used in psychiatry
<i>(Ativan)</i>	Lorazepam	Benzodiazepine
<i>(Aventyl)</i>	Nortriptyline	Tricyclic and heterocyclic antidepressant
<i>(Benadryl)</i>	Diphenhydramine	Antihistamine with anticholinergic effects, used as an antiparkinsonian medication
<i>(Buspar)</i>	Buspirone	Anti-anxiety medication
<i>(Carbolith, Duralith, Lithane)</i>	Lithium carbonate	Mood stabilizer

(BRAND NAME)	ACTIVE INGREDIENT IN GENERIC VERSION	CLASS OF MEDICATION
<i>(Catapres)</i>	Clonidine	Anti-hypertensive medication prescribed for behavioural disorders. Alpha-adrenergic agonist (imitates the action of adrenaline), prescribed for attention deficit and hyperactivity disorder.
<i>(Celexa)</i>	Citalopram	Antidepressant of the selective serotonin reuptake inhibitor (SSRI) class
<i>(Ciprallex)</i>	Escitalopram	Antidepressant of the selective serotonin reuptake inhibitor (SSRI) class
<i>(Clopixol)</i>	Zuclopenthixol	First-generation neuroleptic
<i>(Clopixol Depot)</i>	Zuclopenthixol decanoate	First-generation neuroleptic, injected every two to four weeks
<i>(Clozaril, PMS Clozaril)</i>	Clozapine	First-generation atypical neuroleptic
<i>(Cogentin)</i>	Benzotropine	Anticholinergic antiparkinsonian medication especially used in psychiatry
<i>(Concerta, Biphentin)</i>	Methylphenidate	Stimulant
<i>(Cymbalta)</i>	Duloxetine	Antidepressant of the selective serotonin and norepinephrine reuptake inhibitor (SNRI) class
<i>(Dalmane)</i>	Flurazepam	Benzodiazepine
<i>(Depakene)</i>	Valproic acid	Anticonvulsant and mood stabilizer
<i>(Desyrel)</i>	Trazodone	Tricyclic and heterocyclic antidepressant

(BRAND NAME)	ACTIVE INGREDIENT IN GENERIC VERSION	CLASS OF MEDICATION
<i>(Dexedrine, Spansule, Dexedrine)</i>	Dextroamphetamine	Stimulant
<i>(Disipal)</i>	Orphenadrine hydrochloride	Anticholinergic antiparkinsonian medication especially used in psychiatry
<i>(Effexor XR)</i>	Venlafaxine	Antidepressant of the selective serotonin and norepinephrine reuptake inhibitor (SNRI) class
<i>(Elavil)</i>	Amitriptyline	Tricyclic and heterocyclic antidepressant
<i>(Eldepryl)</i>	Selegiline	Dopaminergic antiparkinsonian medication especially used in neurology
<i>(Epival)</i>	Divalproex sodium	Anticonvulsant and mood stabilizer
<i>(Fanapt)</i>	lloperidone	Second-generation or atypical neuroleptic
<i>(Fluanxol)</i>	Flupenthixol	First-generation neuroleptic
<i>(Fluanxol Depot)</i>	Flupenthixoldecanoate	First-generation neuroleptic, injected every two to four weeks
<i>(Halcion)</i>	Triazolam	Benzodiazepine
<i>(Haldol LA)</i>	Haloperidol Decanoate	First-generation neuroleptic
<i>(Haldol)</i>	Haloperidol	First-generation neuroleptic
<i>(Hytrin)</i>	Terazosine	Anti-hypertensive medication, prescribed for nightmares
<i>(Imovane, Rhovane)</i>	Zopiclone	Hypnotic and sedative
<i>(Inderal)</i>	Propranolol	Anti-hypertensive medication (beta blocker), prescribed for agitation (akathisia)

(BRAND NAME)	ACTIVE INGREDIENT IN GENERIC VERSION	CLASS OF MEDICATION
<i>(Intuniv XR)</i>	Guanfacine	Alpha-adrenergic agonist (imitates the action of adrenaline), prescribed for attention deficit and hyperactivity disorder
<i>(Invega)</i>	Paliperidone	Second-generation or atypical neuroleptic
<i>(Invega Sustenna)</i>	Paliperidone Palmitate	Second-generation or atypical neuroleptic, injected every four weeks
<i>(Kemadrin)</i>	Procyclidine	Anticholinergic antiparkinsonian medication especially used in psychiatry, injected every four weeks
<i>(Lamictal)</i>	Lamotrigine	Anticonvulsant and mood stabilizer
<i>(Largactil)</i>	Chlorpromazine	First-generation neuroleptic
<i>(Latuda)</i>	Lurasidone hydrochloride	Second-generation or atypical neuroleptic
<i>(Lectopam)</i>	Bromazepam	Benzodiazepine
<i>(Librium)</i>	Chlordiazepoxide	Benzodiazepine
<i>(Loxapac)</i>	Loxapine	First-generation neuroleptic
<i>(Ludiomil)</i>	Maprotiline	Tricyclic and heterocyclic antidepressant
<i>(Luvox)</i>	Fluvoxamine	Antidepressant of the selective serotonin reuptake inhibitor (SSRI) class
<i>(Majeptil)</i>	Thiopropazine	First-generation neuroleptic
<i>(Manerix)</i>	Moclobemide	Antidepressant of the monoamine oxidase inhibitor (MAOI) class
<i>(Mellaril)</i>	Thioridazine	First-generation neuroleptic

(BRAND NAME)	ACTIVE INGREDIENT IN GENERIC VERSION	CLASS OF MEDICATION
<i>(Mirapex)</i>	Pramipexole	Dopaminergic antiparkinsonian medication especially used in neurology
<i>(Modecate)</i>	Fluphenazinedecanoate	First-generation neuroleptic
<i>(Moditen)</i>	Fluphenazine	First-generation neuroleptic
<i>(Mogadon)</i>	Nitrazepam	Benzodiazepine
<i>(Nardil)</i>	Phenelzine	Antidepressant of the irreversible monoamine oxidase inhibitor (MAOI) class
<i>(Navane)</i>	Thiothixene	First-generation neuroleptic
<i>(Neurontin)</i>	Gabapentine	Anticonvulsant and mood stabilizer
<i>(Norpramine)</i>	Desipramine	Tricyclic and heterocyclic antidepressant
<i>(Nozinan)</i>	Methotrimeprazine	First-generation neuroleptic
<i>(Orap)</i>	Pimozide	First-generation neuroleptic
<i>(Parlodel)</i>	Bromocriptine	Dopaminergic antiparkinsonian medication especially used in neurology
<i>(Parnate)</i>	Tranlycypromine	Antidepressant of the irreversible oxidase inhibitor (MAOI) class
<i>(Paxil and Paxil CR)</i>	Paroxetine	Antidepressant of the selective serotonin reuptake inhibitor (SSRI) class
<i>(Permax)</i>	Pergolide	Dopaminergic antiparkinsonian medication especially used in neurology
<i>(Pristiq)</i>	Desvenlafaxine	Antidepressant of the selective serotonin and norepinephrine reuptake inhibitor (SNRI) class
<i>(Prozac)</i>	Fluoxetine	Antidepressant of the selective serotonin reuptake inhibitor (SSRI) class

(BRAND NAME)	ACTIVE INGREDIENT IN GENERIC VERSION	CLASS OF MEDICATION
<i>(Remeron)</i>	Mirtazapine	Atypical antidepressant of the noradrenergic and specific serotonergic (NaSSA) class
<i>(Restoril)</i>	Temazepam	Benzodiazepine
<i>(Risperdal Consta)</i>	Long-acting risperidone injection	Second-generation or atypical neuroleptic, injected every two weeks
<i>(Risperdal, Risperdal Mtab, Risperdal Oral Solution)</i>	Risperidone	Second-generation or atypical neuroleptic
<i>(Ritalin SR, Ritalin)</i>	Methylphenidate	Stimulant
<i>(Rivotril)</i>	Clonazepam	Benzodiazepine
<i>(Saphris)</i>	Asenapine	Second-generation or atypical neuroleptic
<i>(Serax)</i>	Oxazepam	Benzodiazepine
<i>(Serentil)</i>	Mesoridazine	First-generation neuroleptic
<i>(Seroquel, Seroquel XR)</i>	Quetiapine	Second-generation or atypical neuroleptic
<i>(Sinemet)</i>	Carbidopa/Levodopa	Dopaminergic antiparkinsonian medication especially used in neurology
<i>(Sinequan)</i>	Doxepine	Tricyclic and heterocyclic antidepressant
<i>(Stelazine)</i>	Trifluoperazine	First-generation neuroleptic
<i>(Strattera)</i>	Atomoxetine	Antidepressant of the norepinephrine reuptake inhibitor class, used to treat attention deficit hyperactivity disorder
<i>(Symmetrel)</i>	Amantadine	Dopaminergic antiparkinsonian medication especially used in neurology

(BRAND NAME)	ACTIVE INGREDIENT IN GENERIC VERSION	CLASS OF MEDICATION
<i>(Tegretol, Tegretol CR)</i>	Carbamazepine	Anticonvulsant and mood stabilizer
<i>(Tofranil)</i>	Imipramine	Tricyclic and heterocyclic antidepressant
<i>(Topamax)</i>	Topiramate	Anticonvulsant and mood stabilizer
<i>(Tranxene)</i>	Clorazepate	Benzodiazepine
<i>(Trilafon)</i>	Perphenazine	First-generation neuroleptic
<i>(Trileptal)</i>	Oxcarbazepine	Anticonvulsant and mood stabilizer
<i>(Trintellix)</i>	Vortioxetine	Antidepressant
<i>(Valium)</i>	Diazepam	Benzodiazepine
<i>(Vyvanse)</i>	Lisdexamfetamine	Stimulant
<i>(Wellbutrin, Wellbutrin SR, Wellbutrin XL, Zyban)</i>	Bupropion	Antidepressant, prescribed as a smoking cessation aid
<i>(Xanax)</i>	Alprazolam	Benzodiazepine
<i>(Zeldox)</i>	Ziprasidone	Second-generation or atypical neuroleptic
<i>(Zoloft)</i>	Sertraline	Antidepressant of the selective serotonin reuptake inhibitor (SSRI) class
<i>(Zyprexa, Zyprexa Zydys)</i>	Olanzapine	Second-generation or atypical neuroleptic

ALPHABETICAL ORDER BY ACTIVE INGREDIENT IN THE GENERIC VERSION

ACTIVE INGREDIENT IN GENERIC VERSION	(BRAND NAME)	CLASS OF MEDICATION
Alprazolam	<i>(Xanax)</i>	Benzodiazepine
Amantadine	<i>(Symmetrel)</i>	Dopaminergic antiparkinsonian medication especially used in neurology
Amphetamine Salts	<i>(Adderall XR)</i>	Stimulant
Amitriptyline	<i>(Elavil)</i>	Tricyclic and heterocyclic antidepressant
Aripiprazole	<i>(Abilify)</i>	Third-generation neuroleptic
Aripiprazole Maintena	<i>(Abilify)</i>	Third-generation neuroleptic, injected every four weeks
Asenapine	<i>(Saphris)</i>	Second-generation or atypical neuroleptic
Atomoxetine	<i>(Strattera)</i>	Antidepressant of the norepinephrine reuptake inhibitor class, used to treat attention deficit hyperactivity disorder
Benzotropine	<i>(Cogentin)</i>	Anticholinergic antiparkinsonian medication especially used in psychiatry
Biperidene	<i>(Akineton)</i>	Anticholinergic antiparkinsonian medication especially used in psychiatry
Bromazepam	<i>(Lectopam)</i>	Benzodiazepine
Bromocriptine	<i>(Parlodel)</i>	Dopaminergic antiparkinsonian medication especially used in neurology
Bupropion	<i>(Wellbutrin, Wellbutrin SR, Wellbutrin XL, Zyban)</i>	Antidepressant, prescribed as a smoking cessation aid

ACTIVE INGREDIENT IN GENERIC VERSION	(BRAND NAME)	CLASS OF MEDICATION
Bupirone	<i>(Buspar)</i>	Anti-anxiety medication
Carbamazepine	<i>(Tegretol, Tegretol CR)</i>	Anticonvulsant and mood stabilizer
Carbidopa/Levodopa	<i>(Sinemet)</i>	Dopaminergic antiparkinsonian medication especially used in neurology
Chlordiazepoxide	<i>(Librium)</i>	Benzodiazepine
Chlorpromazine	<i>(Largactil)</i>	First-generation neuroleptic
Citalopram	<i>(Celexa)</i>	Antidepressant of the selective serotonin reuptake inhibitor (SSRI) class
Clomipramine	<i>(Anafranil)</i>	Tricyclic and heterocyclic antidepressant
Clonazepam	<i>(Rivotril)</i>	Benzodiazepine
Clonidine	<i>(Catapres)</i>	Anti-hypertensive medication, prescribed for behavioural disorders. An alpha-adrenergic agonist (mimics the action of adrenaline) prescribed to treat attention deficit and hyperactivity disorder.
Clorazepate	<i>(Tranxene)</i>	Benzodiazepine
Clozapine	<i>(Clozaril, PMS Clozaril)</i>	First atypical neuroleptic
Desipramine	<i>(Norpramine)</i>	Tricyclic and heterocyclic antidepressant
Desvenlafaxine	<i>(Pristiq)</i>	Antidepressant of the selective serotonin and norepinephrine reuptake inhibitor (SNRI) class
Dextroamphetamine	<i>(Dexedrine, Dexedrine Spansule)</i>	Stimulant
Diazepam	<i>(Valium)</i>	Benzodiazepine

ACTIVE INGREDIENT IN GENERIC VERSION	(BRAND NAME)	CLASS OF MEDICATION
Diphenhydramine	<i>(Benadryl)</i>	Antihistamine used as an antiparkinsonian medication
Divalproex sodium	<i>(Epival)</i>	Anticonvulsant and mood stabilizer
Doxepine	<i>(Sinequan)</i>	Tricyclic and heterocyclic antidepressant
Duloxetine	<i>(Cymbalta)</i>	Antidepressant of the selective serotonin and norepinephrine reuptake inhibitor (SNRI) class
Escitalopram	<i>(Ciprallex)</i>	Antidepressant of the selective serotonin reuptake inhibitor (SSRI) class
Fluoxetine	<i>(Prozac)</i>	Antidepressant of the selective serotonin reuptake inhibitor (SSRI) class
Flupenthixol	<i>(Fluanxol)</i>	First-generation neuroleptic
Flupenthixoldecanoate	<i>(Fluanxol Depot)</i>	First-generation neuroleptic
Fluphenazinedecanoate	<i>(Modecate)</i>	First-generation neuroleptic
Fluphenazine	<i>(Moditen)</i>	First-generation neuroleptic
Flurazepam	<i>(Dalmane)</i>	Benzodiazepine
Fluvoxamine	<i>(Luvox)</i>	Antidepressant of the selective serotonin reuptake inhibitor (SSRI) class
Gabapentine	<i>(Neurontin)</i>	Anticonvulsant and mood stabilizer
Guanfacine	<i>(Intuniv XR)</i>	Alpha-adrenergic agonist (imitates the action of adrenaline), prescribed for attention deficit and hyperactivity disorder
Haloperidol	<i>(Haldol)</i>	First-generation neuroleptic
Haloperidol Decanoate	<i>(Haldol LA)</i>	First-generation neuroleptic
Iloperidone	<i>(Fanapt)</i>	Second-generation or atypical neuroleptic

ACTIVE INGREDIENT IN GENERIC VERSION	(BRAND NAME)	CLASS OF MEDICATION
Imipramine	<i>(Tofranil)</i>	Tricyclic and heterocyclic antidepressant
Lamotrigine	<i>(Lamictal)</i>	Anticonvulsant and mood stabilizer
Lisdexamfetamine	<i>(Vyvanse)</i>	Stimulant
Lithium carbonate	<i>(Carbolith, Duralith, Lithane)</i>	Mood stabilizer
Lorazepam	<i>(Ativan)</i>	Benzodiazepine
Loxapine	<i>(Loxapac)</i>	First-generation neuroleptic
Lurasidone hydrochloride	<i>(Latuda)</i>	Second-generation or atypical neuroleptic
Maprotiline	<i>(Ludiomil)</i>	Tricyclic and heterocyclic antidepressant
Mesoridazine	<i>(Serentil)</i>	First-generation neuroleptic
Methotrimeprazine	<i>(Nozinan)</i>	First-generation neuroleptic
Methylphenidate	<i>(Concerta, Biphentin) (Ritalin, Rltalin SR)</i>	Stimulant
Mirtazapine	<i>(Remeron)</i>	Atypical antidepressant of the noradrenergic and specific serotonergic (NaSSA) class
Moclobemide	<i>(Manerix)</i>	Antidepressant of the selective monoamine oxidase inhibitor (MAOI) class
Modafinil	<i>(Alertec)</i>	Stimulant
Nitrazepam	<i>(Mogadon)</i>	Benzodiazepine
Nortriptyline	<i>(Aventyl)</i>	Tricyclic and heterocyclic antidepressant
Olanzapine	<i>(Zyprexa, Zyprexa Zydis)</i>	Second-generation or atypical neuroleptic
Orphenadrine hydrochloride	<i>(Disipal)</i>	Anticholinergic antiparkinsonian medication especially used in psychiatry

ACTIVE INGREDIENT IN GENERIC VERSION	(BRAND NAME)	CLASS OF MEDICATION
Oxazepam	<i>(Serax)</i>	Benzodiazepine
Oxcarbazepine	<i>(Trileptal)</i>	Anticonvulsant and mood stabilizer
Paliperidone	<i>(Invega)</i>	Second-generation or atypical neuroleptic
Paliperidone Palmitate	<i>(Invega Sustenna)</i>	Second-generation or atypical neuroleptic, injected every four weeks
Paroxetine	<i>(Paxil and Paxil CR)</i>	Antidepressant of the selective serotonin reuptake inhibitor (SSRI) class
Pergolide	<i>(Permax)</i>	Dopaminergic antiparkinsonian medication especially used in neurology
Perphenazine	<i>(Trilafon)</i>	First-generation neuroleptic
Phenelzine	<i>(Nardil)</i>	Antidepressant of the irreversible monoamine oxidase inhibitor (MAOI) class
Pimozide	<i>(Orap)</i>	First-generation neuroleptic
Pramipexole	<i>(Mirapex)</i>	Dopaminergic antiparkinsonian medication especially used in neurology
Procyclidine	<i>(Kemadrin)</i>	Anticholinergic antiparkinsonian medication especially used in psychiatry
Propranolol	<i>(Inderal)</i>	Anti-hypertensive medication (beta blocker), prescribed for agitation (akathisia)
Quetiapine	<i>(Seroquel, Seroquel XR)</i>	Second-generation or atypical neuroleptic
Risperidone	<i>(Risperdal, Risperdal Mtab, Risperdal Oral Solution)</i>	Second-generation or atypical neuroleptic

ACTIVE INGREDIENT IN GENERIC VERSION	(BRAND NAME)	CLASS OF MEDICATION
Risperidone injection (long-acting)	<i>(Risperdal Consta)</i>	Second-generation neuroleptic, injected every two weeks
Selegiline	<i>(Eldepryl)</i>	Dopaminergic antiparkinsonian medication especially used in neurology
Sertraline	<i>(Zoloft)</i>	Antidepressant of the selective serotonin reuptake inhibitor (SSRI) class
Temazepam	<i>(Restoril)</i>	Benzodiazepine
Terazosine	<i>(Hytrin)</i>	Anti-hypertensive medication, prescribed for nightmares
Thioproperazine	<i>(Majeptil)</i>	First-generation neuroleptic
Thioridazine	<i>(Mellaril)</i>	First-generation neuroleptic
Thiothixene	<i>(Navane)</i>	First-generation neuroleptic
Topiramate	<i>(Topamax)</i>	Anticonvulsant and mood stabilizer
Tranlycypromine	<i>(Parnate)</i>	Antidepressant of the irreversible monoamine oxidase inhibitor (MAOI) class
Trazodone	<i>(Desyrel)</i>	Tricyclic and heterocyclic antidepressant
Triazolam	<i>(Halcion)</i>	Benzodiazepine
Trifluoperazine	<i>(Stelazine)</i>	First-generation neuroleptic
Trihexphenidyl	<i>(Artane)</i>	Anticholinergic antiparkinsonian medication especially used in psychiatry
Valproic acid	<i>(Depakene)</i>	Anticonvulsant and mood stabilizer
Venlafaxine	<i>(Effexor XR)</i>	Antidepressant of the selective serotonin and norepinephrine reuptake inhibitor (SNRI) class
Ziprasidone	<i>(Zeldox)</i>	Second-generation or atypical neuroleptic

ACTIVE INGREDIENT IN GENERIC VERSION	(BRAND NAME)	CLASS OF MEDICATION
Zopiclone	<i>(Imovane, Rhovane)</i>	Hypnotic and sedative
Zuclopenthixol	<i>(Clopixol)</i>	First-generation neuroleptic
Zuclopenthixol decanoate	<i>(ClopixolDépot)</i>	First-generation neuroleptic, injected every two to four weeks

Taken from the training course *L'Autre côté de la pilule*,
AGIDD-SMQ (updated in 2017)

ANNEX 6

Exercise, diet, living environment, alternatives, therapeutic approaches and other tools to manage intense emotions and sensations

Voices of experience

“ It was those three people who helped me, along with natural approaches. The medication helped as well, but only temporarily. Meditation, relaxation, painting... we've learned how to exteriorize our pain. ”

Participant in a study on the impacts of the GAM approach

If you're looking for new strategies to deal with or lessen intense emotions, you have a number of options. An important first step in exploring these strategies is to identify the emotions that are surfacing or remaining hidden. There is a lot of information on this topic. You can find out about alternative approaches and maybe try out a couple.

For example, if you're experiencing surplus energy, you can look into approaches that will help stabilize your mood. If you're having sleep problems (a common withdrawal reaction), you can explore different ways to cope. However, if you're at a tricky point in your tapering-off process, it might not be the best time to learn a new relaxation technique.

Some ideas

Physical exercise → You can choose to focus on physical activities (e.g., yoga, tai chi, gentle exercise, running, power walking). Exercise has a calming effect and helps to eliminate medications from the body and channel surplus energy (Podvoll, 2003). If you're not in the habit of doing exercise, start off gradually.

Diet and lifestyle → Diet and nutrition can have a significant impact, depending on the person. What you eat can be beneficial or harmful to your health. As a general rule, choose unprocessed foods such as fruits, vegetables, grains and legumes. Drink water regularly. Try to adopt a healthy lifestyle as much as possible. You may find you need to sleep and rest more. Listen to your body and observe what makes you feel good.

Living environment → Our immediate environment affects our mood. During the tapering-off process, people often feel the need to put their living space in order. It's perfectly natural to want to sort out your life and immediate environment at the same time. A pleasant and calm living environment facilitates this process of change (Podvoll, 2003).

Psychotherapeutic approaches → There are a number of psychotherapeutic approaches that can help you deal with symptoms and difficult emotions. Some involve interpreting symptoms as the effects of traumatic and violent events. Understanding the origin of your pain can help reduce suffering and is part of the healing process.

Alternative approaches to conventional medicine → There are several alternative approaches to conventional medicine, which you may want to explore. Meditation, acupuncture, osteopathy, massage therapy and different breathing and relaxation techniques can help prevent or relieve symptoms.

Expressing yourself and getting involved → You can also express yourself creatively through art, singing and writing, or get involved in a cause. You can do these activities alone or join a group and meet people who share the same interest. This can be an opportunity to learn from one another.

Support → As you embark on your project to cut down your medication, having a support network is essential and can make all the difference. Other forms of assistance include peer support groups and peer supporters. Some people find Internet forums helpful. There is also the co-counselling approach where people learn to listen to one another, without the assistance of professionals.

Accessibility → It's important to get informed. Alternative mental health organizations, community organizations and women's centres, among others, offer a variety of approaches. Unfortunately, not everyone can afford psychotherapy and other alternative resources. However, some training schools, universities and organizations aim to make their services more accessible by offering reduced rates or sliding scale fees.

Delving deeper

→ Check out the GAM tool *Bâtir un répertoire d'alternatives qui favorisent la santé mentale et la qualité de vie dans notre communauté*. (Available at www.rrasmq.com)

REFERENCE

Podvoll, E. (2003). *Recovering Sanity: A Compassionate Approach to Understanding and Treating Psychosis*. Boston, Shambhala Publications.

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