

SHARE & CARE

THE RECOVERY OF HOPE - THE HOPE OF RECOVERY

I'M STRUGGLING WITH MY MENTAL HEALTH!

But who can help me?

There are several professionals that can help with issues we may face, to guide us to move forward and have healthier and more satisfying lives. With so many choices, it can be confusing to know which professional would be best for you or for your loved one. If you're dealing with challenges like anxiety, depression, psychosis, or unresolved trauma, here are some professionals that can help.

Psychologist

Psychologists have training in conducting psychological evaluations, diagnosing mental health disorders, and providing treatment with approaches such as cognitive behavioural therapy and interpersonal psychotherapy. Usually psychologists have studied in a particular specialization like clinical psychology or neuropsychology. A psychologist will either have a master's degree or a PhD. Since they do not have medical training like a doctor, however, they are not able to prescribe medication.

Psychiatrist

With specialized medical training in psychiatric problems, psychiatrists have a medical degree with a focus in psychiatry. This means they can both diagnose illnesses and prescribe medication treatment to stabilize these conditions. Some psychiatrists will also do counselling or psychotherapy.

Social Worker

Working with individuals or families on a one-on-one basis, social workers can serve as a link to community organizations and institutions. They may also aid in finding housing arrangements and/or provide guidance to certain day programs that would benefit

the individual. Some social workers have training in psychotherapy, but they are not licensed psychologists or medical doctors. They have either a bachelor's degree or master's degree in social work.

Psychotherapist

Psychotherapists work with individuals to help them improve their lives by providing tools and resources that will aid them to address problems and reach goals. They also tackle issues like personal development, how to deal with a crisis, and how to understand and work on inner conflict and emotions. They cannot diagnose mental illnesses like a psychologist, however. They have a bachelor's degree, master's degree, or PhD.

Occupational Therapist

Occupational therapists can support individuals with their mental health. Along with helping with certain physical issues or limitations, they can also help an individual reintegrate into their community or regular lives by adaptation and rehabilitation. This is often helpful following accidents, medical challenges, or disabilities. They do not have the training or the license to prescribe medication or diagnose illnesses, but may be able to administer psychotherapy. They either have a bachelor or master of science in occupational therapy.

Family Doctor

A family doctor has the medical training to not only help individuals with their physical health but their mental health as well. They can diagnose illnesses and create a treatment

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Quebec Symposium on Young Carers

Coming this fall

Hybrid: online & in Montreal

AMI-Quebec will be hosting the second Quebec Symposium on Young Carers this fall.

Do you work with youth or families in education, health, social work or community services? This is an excellent chance for you to hear about best practices and to act on an important aspect of youth mental health! There are 3 young carers in every classroom and many arriving in GPs' offices with their loved ones, all without being recognized.

A young carer is someone under the age of 25 who is **affected by** or **cares for** a loved one who has a chronic illness, disability, mental health or substance use issue and/or problems related to old age or socioeconomic status.

The event will be **hybrid and bilingual**, with live presentations in Montreal, and online **participation from across the province**. We aim to consolidate the growing awareness of young people who are caregivers, and also to influence policy and move towards the development of supportive services for young carers in Quebec.

Visit amiquebec.org/YoungCarers to subscribe for updates. □

Athletes and Mental Health

Speaking Out in a Competitive Environment

Carey Price. Jonathan Drouin. Simone Biles. Naomi Osaka. What do these athletes have in common? They have spoken about their mental health struggles to the public in recent years. Price went on hiatus two years ago to enroll in the National Hockey League Players' Association assistance program that supports hockey players and their families struggling with mental health and substance abuse problems. That same year, Drouin took a break from professional hockey for several months due to anxiety and insomnia. Gymnast Simone Biles removed herself from the women's team finals at the Tokyo Olympics to focus on her mental health. Tennis player Naomi Osaka withdrew from the French Open in 2021 after expressing her concern for her personal struggles.

As spectators, we often put professional athletes on a pedestal. They are faster, quicker, stronger, and seem invincible in action. They can perform feats that we cannot imagine ourselves doing. It can seem like nothing can bring them down. But is their world quite as we imagine it: full of glory, riches, fame, and happiness? The world of athletics can be extremely demanding, when you consider competitions, traveling for events, constant physical and mental training, and being driven to be

the best in your field. All of this can create an environment that is highly competitive and draining. It can also be extremely isolating when the goal is to be better than any other competitors. This can have a significant impact on athletes' mental health.

Recent studies enlighten us on the struggles some athletes face. Research from the University of Toronto shows that elite athletes experience mental health struggles like depression, anxiety, and eating disorders much more frequently than people realize. Zoe Poucher, a graduate student in the Faculty of Kinesiology & Physical Education, conducted a study that found that "41.4 per cent of Canadian national team athletes – those training for Tokyo 2020 – met the cut-off criteria as proposed by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) for depression, anxiety and/or an eating disorder." This demonstrates that they struggle with mental health issues just like the rest of us, possibly in even greater

numbers, even if they have access to fame and riches.

What does it mean when athletes admit to experiencing difficult times, having to take time off work to take care of their mental health? How does that relate to us? It opens the floor to an important discussion;

that no matter who you are, addressing and taking care of your mental health is important. The fact that some professional athletes have spoken out about their personal struggles helps to destigmatize and normalize having conversations about mental



health. Since professional athletes have a big platform, the message gets across to millions of people. Perhaps by seeing their role model speak about their struggles, someone will be inspired to seek the help they need. We cannot underestimate the impact that one person can have. □

– Gabrielle Lesage
Visit amiquebec.org/sources for references

Struggling... continued from page 1

plan. They can also prescribe medication and certain procedures such as blood tests to rule out any specific issues that may present themselves in physical symptoms, as well as provide referrals to see specialists.

The First Steps to Getting Help

Now you know the different options available and which might be suitable in your situation. Here are some options for obtaining the help and support you or your loved one may need:

- **Call Info-Santé by dialing 811.** You can speak with a professional about your struggles and they can direct you to the right resource. The line is open 24 hours a day, every day of the year.
- **Speak to your doctor or your family medicine group.** They can come up with a plan for treatment or support.
- **Contact a community organization or crisis centre.** They can provide valuable support with your struggles.
- **Visit amiquebec.org/therapy.** You can also consult the Order of Psychologists of Quebec, Google "psychologists" or "psycho-

therapists" in your area, or ask someone you trust if they have a recommendation.

- **Put your name on a waiting list at your CLSC.** Although help is not immediate, it's worth putting your name on the list. Think of it as being one step closer to finding a therapist.
- **If you are a student, contact the health worker or department at your school, CEGEP, or university.** They will have specific tools to help you.
- **If you have already received help from a particular resource,** contact them again if the need arises.
- **If the situation is of immediate urgency,** go to a hospital emergency room or call 911.

And AMI-Quebec is here to support you and your loved ones! Visit amiquebec.org for useful resources and relevant articles. Do not hesitate to contact us for support and guidance. □

– Gabrielle Lesage
Visit amiquebec.org/sources for references

Although unpleasant and unwanted, the feeling of guilt is common and experienced by us all. Guilt sits in our stomachs, it itches at us throughout the day, and it can cause such stress and anxiety that it can render us sick and tired. Consequently, it is important to understand the function of guilt, and what we can do to reduce guilt when it is unwarranted, toxic, or debilitating.

So, why do we feel guilty in the first place?

Guilt is a feeling of responsibility or regret for something that has been done or not done. It is an emotional by-product that emerges when we've done something that contradicts the standards others have for us, or that we have for ourselves. This feeling, although uncomfortable and stressful, reinforces that what we've done is different from the values we hold, and so it can serve as a reminder to behave better and try harder. Guilt can also encourage social or interpersonal norms, establish a sense of responsibility, validate feelings of care between two people ("if he feels guilty for hurting my feelings, he must care about my feelings in the first place"), and incite action to resolve situations. In these ways, guilt can be good! But guilt is only healthy if appropriate and proportionate to the situation.

Guilt can become problematic when it occurs as a result of something that is out of your hands. For example, if you've earned a promotion at a time where your friend just lost their job, you may feel remorse for having success when others are suffering. In this case, however, you did not cause the harm, and so the guilt is unjustified (empathy, for example, may be more appropriate). Another example is survivor's guilt (which is feeling upset that you survived an event when others did not). It is important to identify justified versus unjustified guilt to curb the presence of guilt that you should not need to carry.

Although guilt can serve as an important social tool and may improve your behaviours in the long run, it can also be exhausting and emotionally taxing if it lingers for too long. Here are some tips for reducing guilt:

Make amends: Apologize if you feel guilty over something you've done in the past. If feeling guilty is stopping you from moving forward, taking the time to make amends by calling someone up or asking them to coffee to hash something out can make a world of a difference—even if you think the other person has moved on. Not only will you feel better, but this can incite you to reconnect with a loved one and repair your relationship.

Take the pressure off: Sometimes we feel guilty because we do not always hold ourselves to our values (like feeling guilty because we value family, but do not have time to call

our parents every night). Knowing and accepting that we cannot be perfect every day can alleviate the burden. So, telling ourselves that while we want to check up on our parents every night, it is alright that we are busy, and so we can feel happy checking on them when we can, and not because we must.

Set boundaries: Sometimes others can make you feel guilty because you aren't following their values or doing

what they want. It is important to practice some self-preservation by setting clear boundaries and sticking to them.

Know the warning signs: Excessive and irrational guilt may be a warning sign of an anxiety or mood disorder, depression, or other mental health concern. If you notice a pattern of guilt in yourself or a loved one, please consider reaching out to mental health services for help. □

– Nazila Tolooei

Visit amiquebec.org/sources for references

GUILTY CONSCIENCE?

Here's what that means

Feelings of guilt can be damaging to a family caregiver's mental health and can lead to increased stress, anxiety, sleepless nights, and fatigue. Here are some examples of how guilt can be experienced by caregivers of a loved one suffering from mental illness.

1. Guilt for not being able to do more, not doing enough
2. Guilt for not giving enough time, not providing enough care or support
3. Guilt for how we are reacting, treating, behaving with our loved one, e.g. actions taken, words spoken, loss of patience, hovering behaviour
4. Guilt for not being able to resolve an issue or prevent our loved one from getting ill
5. Guilt for keeping a distance between us and our loved one
6. Guilt for the negative impact that the illness has on our family, partner, other children
7. Guilt for taking out a court order for psychiatric evaluation of our loved one
8. Guilt for our loved one being hospitalized or for saying no when they ask to come home
9. Guilt for not being able to comfort our loved one, who may be feeling scared or lonely
10. Guilt for no longer wanting to live with our loved one for various reasons
11. Guilt triggered by criticism or input from family members or even strangers

Reflecting on these triggers when they produce guilt feelings may help reduce some of the guilt, especially when such feelings may be unjustified.

– Blanche Moskovici, AML counsellor

"I AM FILLED WITH OPTIMISM FOR THE FUTURE OF AMI"

AMI's Annual General Meeting and Awards

For the first time since 2019, we held our Annual General Meeting and Awards in person. 42 people joined us for a look back at the past year and to celebrate our award recipients. Seeing old friends and meeting new ones at the reception afterwards was a highlight!

Susanne Serres —Extra Mile Award

Natalie Boileau, Family Peer Support Worker at AMI, "Through the wonderful art of film, Susanne, you have managed to gracefully open a door allowing a full, in-depth look at what is psychosis, and suicidal ideation, and its many subtleties we often cannot see. Not only are we able to better understand the realities faced by the person experiencing psychosis, but we are witness to the impact on carers, and the power that their support can provide to someone in recovery."



Anne Newman—Monty Berger Award for Exemplary Service

The Monty Berger Award is given to an AMI member for significant voluntary contribution to AMI or to AMI's mandate over a long period of time. Anne has been volunteering at AMI for twenty years and has been AMI's president for the past two years. Presented by Past President Donna Sharpe, "I am not sure how Anne finds the time between work, personal life and community but I am really happy to have served with Anne these last few years. She has a style of no nonsense, share the work and get the work done."

Elinor and Michael Truesdell —Special Recognition

Elinor and Mike have been integral to AMI's South Shore support group for many years. This year, they decided to step back to focus more on themselves and their family. They have passed the baton to Patricia O'Beirne, who said, "In the last ten years I have seen firsthand how they have helped many people who turned to AMI-Quebec for support in navigating what, as we all know, can be challenging situations when trying to help a loved one who has mental illness. On behalf of everyone they helped over the years, I say, thank you so very much and all the best!"

Art for Healing Foundation —Extra Mile Award

Art for Healing Foundation is a non-profit organization whose mission is to bring the healing power of art to hospitals and wellness facilities.

Since 2002, the Foundation has installed over 14,500 works of art in 93 healthcare institutions across

Canada and abroad—including seven paintings at AMI. The award was presented by board member Katie Fagen to founders Earl Pinchuk and Gary Blair, who shared a quote from Richard Kamler: "Art is our one true global language. It knows no nation, it favours no race, it acknowledges no class. It speaks to our need to reveal, heal, and transform. It transcends our ordinary lives and lets us imagine what is possible."



Dr. Carmella Roy—Exemplary Psychiatrist Award

Dr. Henry Olders, board member: "I quickly became aware when she joined the hospital staff of her exceptional work ethic, commitment to her patients and their families, and the depth of her clinical skills. And a nice person! I am most happy to have her as a friend."

"As Assistant Professor in McGill University's Department of Psychiatry, Dr. Roy exercises a number of teaching roles, supervising medical students, psychiatry residents, geriatric medicine and geriatric psychiatry fellows, as well as nurse practitioners in mental health. Not only that, but earlier in her career, she also looked after child psychiatry patients and their families. Marvellous flexibility, looking after people at both ends of the age spectrum!"

Meet our board!
amiquebec.org
/board



Dr. Lisa Ndejuru—Ella Amir Award for Innovations in Mental Health

Perla Muyal, board member, said, “Throughout her adult life as a Rwandan-Canadian, Lisa has been an organizer, activist, psychotherapist and changemaker, focusing on Afro-positive cultural heritage, identity and wellbeing. In my humble opinion, the way you communicate your convictions and translate these into actions is what moves individuals and communities from victimhood to empowerment.”

Lisa gratefully accepted the award, saying, “This award serves as a testament to the power of collective healing in our communities.”

Micaël Thériault—Volunteer of the Year

“Micaël is hard working, intelligent, empathetic, easy to be around, and dependable. I don’t know where AMI would be without him this last year.” –Marc Griffin, Program Coordinator

“Working with AMI has been a fulfilling and humbling experience. I’ve learned a lot. It’s an honour to be a part of this organization.” – Micaël Thériault



Nicolas Girard—AMI-Quebec Award For Exemplary Service

AMI’s Young Carer Coordinator Oliver Fitzpatrick has worked with Nicolas Girard, conseiller cadre for the Aire ouverte project in the Centre-Sud, through AMI’s young carer projects. He described Nicolas as a model leader and a generous and enthusiastic partner; someone whose door is always open. “As evidenced by his history working with the community since 2012, he has a pulse on how health services can be (and need to be) integrated with the community sector, and he does so by building genuine and mutually beneficial relationships and most importantly, by listening to the youth who are accessing the services.”

Louis Béland—Lifetime Special Recognition

Louis was our auditor for over 30 years and retired this spring. We are so lucky to be able to count him among AMI’s most special friends. Executive Director Ella Amir summed it up: “Louis, I cannot say enough how much working together meant for me and for AMI. You accompanied us throughout our growth and challenges, always ready to help. We are lucky to have shared our journey with you for all these years. So on behalf of the AMI Board and members, I thank you from the bottom of my heart!”

Read our Annual Report

Visit amiquebec.org/annual-report

STAY INFORMED!

Find our most up-to-date information at:

www.amiquebec.org

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



Sign up for monthly emails:

amiquebec.org/email

Or call us: **514-486-1448**

(1-877-303-0264 outside Montreal)



The entire AMI staff eagerly waiting to begin the festivities

What is Self-Harm?

The concept of self-harm can seem far removed from our lives if we do not experience it directly. It can be easy to assume that no one self-harms in our circle of friends and family, because it is often something that occurs in secret, hidden ways that are not easily identifiable. It is vital, therefore, that any action that inflicts pain or neglect on one's own health and well-being be addressed.

So what is self-harm, what does it mean, and how we can detect it? Self-harm (also known as self-injury) is any intentional action of self-injury—such as cutting, burning, impulsive and irrational behaviours that ignore safety, ingesting harmful substances, and self-biting—that can be considered a type of self-harm. It is a behaviour that is performed for a multitude of reasons. It can be an attempt to translate emotional pain into physical pain, or to numb emotional pain; a maladaptive coping mechanism to deal with grief, violence, or illness; a form of punishment due to self-hatred, anger, or failure; a way to regain control over one's body; and/or a stress response following a traumatic event. Self-harm can be addictive and can lead to serious physical harm (for example, cutting can lead to a significant loss of blood, scarring, impairment, or accidental fatality),

psychological and emotional distress, and stress and anxiety. Self-harm can occur along with many mental illnesses, such as depression, Borderline Personality Disorder, or anxiety.

While often self-harm is kept hidden, here are some signs and symptoms to watch out for:

- Unexplained injuries
- Defensiveness or lying about injuries
- Wearing long sleeves or pants in hot weather to cover scars
- Avoiding people or social situations to hide injuries
- Organized scar patterns or cuts that reappear in the same places

Self-harm is not the same thing as suicidal thoughts or attempts. In fact, self-harm is often used as a way to *avoid* attempting suicide. A majority of individuals who injure themselves do not feel suicidal while engaging in self-injury. Although very alarming, self-injury usually does not result in suicide. However, research has shown that self-harm may be associated with a higher possibility of suicide attempts.

What can we do if we suspect a loved one is self-harming, or how can we help ourselves if we realize we're falling into the pat-

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TRIBUTES & MEMORIALS

In honour of Matthew and Veronique's engagement
Naomi Blumer

In honour of Ava Schwam
Linda Saks

In honour of Rosemarie Stadler
Josef Schmidt

In memory of John Done
David Shewan

In memory of Ken Dollinger
Larry and Joy Kurlender

In memory of Tony Cinquino

Antonio Adamo
Sandra Agnessi
Diane Akey
Jonathan Amalfi
Gina Anecchini
James & Diana Begin
Deborah Bicknell
Robert Caucci
Vanessa Charbonneau
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Mark Culver
Mike de Rosa
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Sarah Desjardins
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Gordon Milligan
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Linda Scott
Sylvie Scrivo
Anna Sgro
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Joseph Tutino
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Tracey Walker

In memory of Morgan Nicolas

Louise Auclair
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Katerina Diamantakos

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Malvina Klag
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Marc Bissell
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Rebecca Paynter

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Katie Kelly
Clive Miller
Tim Pacaud
Karelle Remillard
Cynthia Scott Aucoin
Craig Shannon
Glenda Urquhart
Peter Whatmore
Joanna Whittaker

In memory of Wayne Heuff
Anonymous

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

The Magic Mind

A Look Into Psychedelic Therapy

Humans have been using mind-altering substances known as ‘psychedelics’ or ‘magic mushrooms’ for millennia. Mushroom-shaped stones have been discovered in several countries dating as far back as 500 B.C., pointing to the use of hallucinogenics. LSD (lysergic acid diethylamide) was first synthesized in 1938 from a fungi that grows on wheat and rye. British psychiatrist Humphry Osmond first coined the term ‘psychedelic’ in the 1950s based on the Greek for ‘mind-manifesting’ in a letter he wrote to Aldous Huxley, author of *Brave New World*. Psychedelic drugs are a type of hallucinogen, meaning they create altered states of consciousness. While commonly associated with hippies, the American Psychological Association has proposed that they may have beneficial properties for disorders such as social anxiety and depression, especially since they are not known to be physiologically dangerous or cause addiction.

The therapeutic potential of LSD was uncovered shortly after its discovery. It was said to uncover parts of the unconscious brain like peeling skin from an onion, aiding with treating trauma and other issues. For nearly three decades, psychedelic therapy showed promising results with many emerging studies, books, and research. Following psychedelics’ rising popularity, much of the public believed that these drugs were only good for inducing psychosis. LSD and other psychedelic drugs were thus banned for political reasons because of their recreational use in the 1960s.

Trials and research have recently resumed, allowing us to better understand the potential benefits of hallucinogenic drugs. It’s important to note that the therapeutic usage of these drugs differs significantly from their recreational uses; several factors affect the outcome of the experience. In other words, there is a big difference between taking drugs recreationally and therapeutically. In a calm clinical setting, there is no risk of tampering as can happen to drugs obtained on the street. The dosage is calculated for each individual so that the session’s intensity is under control and mental goals are set. Screening procedures occur before these treatments and studies, ruling out any candidates that may be unfit because of pre-existing psychosis, physical limitations, and other factors. Like any other drug or treatment, this therapy has risks and benefits that physicians and patients must carefully consider.

Mental illnesses and trauma can be associated with thought and behavioural patterns that are deeply engrained in our minds, causing us to view the world in a biased manner. It is believed that psychedelics work by loosening these patterns that have been reinforced and making way for new, more beneficial ones. Some people claim that one session of psychedelic therapy is comparable to months of talk therapy. Parts of the brain that did not “communicate” with each other previously can now connect and interact.

When discussing psychedelic therapy, regular doses (*macrodoses*) which commonly induce hallucinations are often the focus of the discussion. On the other hand, *microdosing* occurs when a much smaller dose than is needed for a complete “trip” is taken. Although many people claim microdosing has elevated their moods and improved their lives, further studies with larger sample sizes must be conducted to allow for more conclusive analysis. In the future, microdosing could eventually make psychedelic therapy more accessible as it does not usually require a controlled setting and can be self-administered.

New research and advancements are being made every day concerning how we can use psychedelics to treat several mental illnesses, substance abuse, and much more. Although psychedelic therapy has been legal in Canada since January of 2022, it is challenging to access; you must have a life-threatening or treatment-resistant disorder to qualify. A doctor must apply and wait for acceptance before prescribing psychedelics. Hearing about possible new treatments for tough-to-treat disorders brings hope for better care in the mental health world.

Welcome to the psychedelic research renaissance! ☐

– Julianna De Pascale

Visit amiquebec.org/sources for references

SUMMER 2023

Please note:

Some programs are online
and some are in person.

Our ultimate goal is a balance between
in-person and online events so that we can
accommodate as many people as possible.

SUPPORT GROUPS

Mondays 6:30-8pm on Google Meet

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

**For details visit
amiquebec.org/support**

FAMILY AND FRIENDS

for relatives and friends

June 19; July 10; August 7, 28

BPD for relatives and friends

July 10; August 7, 28

YOUNG FAMILY AND FRIENDS

**for relatives and friends
aged 18-30**

July 24; August 21

ANXIETY/OCD

July 24; August 21, 28

BIPOLAR DISORDER

July 24; August 21

DEPRESSION

July 10; August 7

HOARDING

June 19; July 10; August 7

KALEIDOSCOPE for people

living with mental illness

June 19; July 24; August 21

IN PERSON

SOUTH SHORE for relatives

**In person only at 91 Churchill Blvd,
Greenfield Park**

6:30-8pm

July 3; August 7

**Our workshops
will return in the fall!**

**We are not mailing printed copies of our calendar
anymore. Visit amiquebec.org/calendar for an
always up-to-date version.**

amiquébec

Agir contre la maladie mentale
Action on mental illness

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

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

Judy Gold, *President*
Perla Muyal, *Vice President*
Henry Olders, *Treasurer*
Norman Segalowitz, *Secretary*
Anne Newman, *Immediate Past President*
Ella Amir, *Executive Director*

SHARE & CARE

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Ella Amir, *Editor-in-Chief*
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Articles and comments are invited. Anonymity will be respected if requested. Guest articles reflect the opinions of the authors and do not necessarily reflect the views of AMI-Québec.

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     AMIQuebec

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Self-Harm ... continued from page 6

tern? Here are some general suggestions from the Canadian Mental Health Association:

Educate and reduce stigma: It is so important to make the conversation of mental and emotional health an open topic! If you are worried that someone you care about is self-harming, break the taboo by gently bringing up your concerns, and make sure to listen carefully to what they say they need from you. Be supportive and avoid judgment so they feel safe coming to you.

Seek professional help: Self-harm is no small matter, and it is crucial to seek the help of mental health professionals who can assist you in finding alternative coping methods. You may not understand why you harm yourself, but professionals can provide you with the right tools to help curb and prevent your self-harm (through cognitive and behavioural therapies, medications, support groups, etc).

Change your coping habits: If your triggers are difficult to avoid, then replacing your behaviours with more adaptive ones may be the key: try to burn off anger or aggression with a work-out, a night out with friends, or a distraction like a cold shower. Sometimes all your brain needs in a moment of high stress is a quick change in pace, environment, or focus.

Eliminate the all-or-nothing mindset: Self-harm can be a form of addiction, and as such, one moment of relapse into a bad habit can make us succumb further ("well, if I already did it yesterday, why not do it again one more time?"). Forgive yourself and realize that you do not have to punish yourself by forgoing all the progress you may have put into not self-harming.

Like many addictions, self-harm can feel overwhelming and all-encompassing, and you may feel as if you can't live without it. Overcoming self-harm by finding less harmful coping skills can take time and effort, but it will be worth it in the long run.

For help visit amiquebec.org/self-harm. ☐

– Nazila Tolooei

Visit amiquebec.org/sources for references

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



Otsuka



YOUR SUPPORT SUSTAINS OUR FREE PROGRAMS

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

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