

SHARE & CARE

THE RECOVERY OF HOPE ~ THE HOPE OF RECOVERY

The Assistance Measure

Helping your loved one in their daily life

Communicating on someone else's behalf with third parties (when they are not able to do it themselves), such as with government services, financial institutions, businesses, lawyers, accountants, and medical professionals can be frustrating. Fortunately, here in Quebec we have the **assistance measure**, which allows someone to act as an intermediary.

Any adult experiencing difficulty (such as mental illness) and who is capable of understanding the measure is eligible to have an assistant. The decisions are made by the person experiencing difficulty while the assistant is authorized to speak on their behalf and express their wishes.

To be eligible to become an assistant, you must have a relationship with the person you will be helping. They can be a relative, friend, or neighbour. Even

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AMI'S WEEKLY WALKING GROUP

As part of our continuing efforts to encourage physical activity as a path to improved mental health, we have introduced a weekly walking group! We're getting lovely feedback from people who come to walk with us. Comments like: "I felt welcome and not at all pressured when I showed up. I am so glad I decided to try the Walk!" –Sally

Be like Sally and improve your mental AND physical health with us!

To answer your questions:

What is it? A weekly walking group, no need to RSVP or to attend every week.

Who is it for? Open to all friends of AMI, including family caregivers and their loved ones, regardless of ability.

How will we walk? We separate into two groups, one going at a gentle pace and one for faster walkers, so don't be shy to choose the right group for you.

Where do we meet? We leave from the parking lot behind the AMI office, 5800 Decarie, Montreal.

When is it? Every Tuesday at 4:30pm sharp. Plan to be with us for 45-60 minutes. Please note we are closed June 24 (St. Jean) and July 1 (Canada Day) so there will be no walk group those days.

Why should I participate? To discover how physical activity can improve your mental health. It's an opportunity to socialize in the fresh air, or to just walk in quiet companionship. ☐

Sign up for weekly reminders: amiquebec.org/walk

Myth Busters

BIPOLAR DISORDER

Welcome to another edition of Myth Busters, a series of articles that shed light on common myths associated with specific mental illnesses. This time, we are covering bipolar disorder.

MYTH 1: Bipolar is a rare disorder.

According to the National Alliance on Mental Illness, 2.8% of U.S. adults were known to have bipolar disorder in 2020. There are different factors that can influence whether someone develops bipolar, such as having a direct relative that has the disorder, periods of high stress, chemical signals in the brain, and certain medical comorbidities.

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Bipolar... continued from page 1

MYTH 2: Those with bipolar do not have a disorder, they are simply moody.

Bipolar is a very real illness and not simply mood swings. Mood fluctuations are normal in everyday life, but those with bipolar disorder experience changes in their mood and behaviours that have a huge impact on their day-to-day lives. The manic and hypomanic symptoms they experience can last several days in a row. When doctors diagnose bipolar disorder, they look at these episodes and their intensity and length.

MYTH 3: Mania can help a person with bipolar be extremely productive.

Doctors confirm that the early period of mania can prove to be more productive for some people, but when left untreated the mania can eventually become chaotic and disruptive, leading to a loss of control of thoughts and actions and even losing touch with reality. There are also symptoms of mania that can negatively affect productivity such as irritability, anger, and disrupted sleep.

MYTH 4: People with bipolar disorder are violent.

Although there are some people with bipolar disorder who can display symptoms of irritability or anger, it does not automatically make them violent people. Research shows those with bipolar are more at risk to exhibit violent behaviours, but scientists think it is more related to what they have experienced in their lives rather than the disorder itself.

MYTH 5: Everyone diagnosed with bipolar experiences the same symptoms.

Bipolar disorder is complex and has different subtypes. People with bipolar type I disorder experience severe highs (mania) and may not have depressive episodes. While people with bipolar type II experience a less severe high (hypomania), their diagnosis includes depressive episodes. The third is Cyclothymia, in which an individual alternates between a hypomanic and depressive mood for at least two years (with symptoms appearing for at least half of the time). The last type of bipolar is Rapid Cycling, in which an individual has at least four episodes of mood changes within a span of 12 months, which is not caused by a medical condition or due to substance abuse.

MYTH 6: Mania is fun and feels good.

When someone experiences mania, they may have lots of energy, grandiose ideas, and feel good, but mania also leads to irritability, feeling out of control, and poor judgement. Sometimes people experiencing mania can feel like people are “out to get” them, and they can also suffer from delusions or hallucinations. Mania can lead to impulsive decisions that can have far reaching negative consequences to relationships, health, financial situations, or careers. □

For help with bipolar in yourself or someone you care about, visit amiquebec.org/bipolar.

– Gabrielle Lesage

Visit amiquebec.org/sources for references

Assistance Measure... continued from page 1

though you will not be making decisions for this person, you must be an adult (or fully emancipated minor) able to exercise your civil rights (meaning not under a protective supervision regime, or similar). It is essential that you have the time and availability to help.

The application to be recognized as an assistant is a simple one step process, which can be completed through the Government of Quebec website. Aside from a criminal background check, no other legal or medical assessments are required. Once finalized, your name will be entered in the public register of assistants, which can be used by third parties to verify your official status.

Once you have been recognized as an assistant, your role will be to intervene when asked for help. You cannot sign documents, act in situations of conflict of interest, or charge for your help, but you will be able to help your loved one to understand any information from third parties. You will be able to advocate for their needs and wishes, advise concerning expenses, and help with things like selling or renting their home. □

– Emily Verrall

For more information visit
[www.quebec.ca/en/justice-and-civil-status/
legal-protection/assistance-measure/about](http://www.quebec.ca/en/justice-and-civil-status/legal-protection/assistance-measure/about)

Join the Friends of AMI-Quebec team

On October 19 walk, run or bike to raise awareness about the important link between mental health and physical activity. It's the 3rd edition of the Head2Core at the Circuit Gilles Villeneuve. Sign up or make a donation at www.zeffy.com/en-CA/fundraising/friends-of-amiquebec

Find out more at Head2Core.org.

October 19th, 2025
Circuit Gilles Villeneuve



La Classique | 2025

A TASTE OF THE OUTDOORS

FOR PSYCHIATRIC INPATIENTS AT THE MONTREAL GENERAL HOSPITAL

Manuel Soulard led a dozen people up a narrow forest trail, pausing to extend a hand to a heavy-set woman struggling a little, then stopping in a clearing.

"What do you hear?" he asked.

"The crunch of leaves," someone said. "The wind in the trees," said another.

Dr. Soulard nodded encouragingly. "Do you notice how quickly the sounds of the city traffic fade away?"

Shortly after beginning his six-month rotation on the Montreal General's inpatient ward last July, Soulard and a fellow second-year psychiatric resident, Fiodor Poukhovski-Sheremetyev, started taking a small group of patients on these weekly walks on Mount Royal – an introduction to "forest bathing."

"The idea that there is something therapeutic and healing about being out in a natural space, either alone or with other people, probably goes back to the dawn of human civilization," said Dr. Poukhovski-Sheremetyev. In Japan, the concept is known as *shinrin-yoku*, and doctors there often prescribe a forest walk as a relief for chronic stress. Many studies have shown that time spent outdoors in nature can lower one's stress level and heart rate, increase well-being and nourish creativity.

Poukhovski-Sheremetyev, who has been interested in the relationship between people and their physical space since he was an undergrad sociology student in Edmonton, and Soulard, who grew up exploring the forest in his hometown of Gatineau, knew this. However, when they combed through the research to find out how to apply the concepts of forest-bathing to the treatment of acutely ill psychiatric inpatients, to their astonishment, they couldn't find any studies at all.

Still, they wanted to try it. They had arrived on the ward in July 2024 to find listless patients with time on their hands, the shortage of activities made worse by the after-effects of COVID-19, when many occupational therapy programs had been abandoned.

"What the pandemic did across the

board, not just in psychiatry, is it kind of stopped these programs in their tracks," said Poukhovski-Sheremetyev. Relaunching them two or three years later proved difficult. "The clinicians who had started them



Dr. Feodor Poukhovski-Sheremetyev (left) and Dr. Manuel Soulard on Mount Royal in the spring

weren't there anymore, or the energy to do things wasn't there anymore."

Casting about for new ways to engage their patients, they looked out the ward's grubby windows and found their answer. Montreal's emerald gem, Mount Royal Park, was right across the street.

For close to six months, the psychiatrists-in-training, with volunteers including nurses, orderlies and clinicians, led a group of five to 10 patients who were interested and stable on a forest walk every Friday. The walk incorporated deep breathing and meditation and a discussion of group dynamics that boiled down to, "Be cool." The patients loved it. Until the forest walks, the privilege of leaving the ward had meant going outside for a smoke break or perhaps to the closest *dépanneur* to buy a bag of chips.

Some patients joined the walk only once or twice, while others lined up to come week after week and encouraged other patients to join in. Equally rewarding for Poukhovski-

Sheremetyev and Soulard was the feedback from orderlies (*préposés aux bénéficiaires*, or PABs), nurses and clinicians that the mood on the entire ward was shifting.

"PABs were mentioning to us that it was getting a little easier to build rapport with patients, that they were seeing better dynamics on the ward, both between themselves and with patients among themselves," Poukhovski-Sheremetyev said.

He and Soulard have finished their stint on the inpatient ward, but they are eager to restart their forest walks and study them in a systematic way. Soulard said they want to gather the evidence to show that incorporating these walks as a therapeutic intervention into the treatment of acutely ill psychiatric patients is something that can – and should – happen in hospitals across Quebec and beyond. In June, they presented their experience to psychiatrists at a provincial conference in Gatineau. But it was no typical PowerPoint presentation. They took their colleagues on a forest walk, to discover its benefits for themselves. □

Loreen Pindera is an AMI-Quebec board member, a member of AMI's Mind & Body committee, and an occasional volunteer in the forest-walk program at the Montreal General Hospital.

STAY INFORMED!

Find our most up-to-date information: amiquebec.org

For regular updates, follow [@amiquebec](https://twitter.com/amiquebec) everywhere you use social media



Sign up for our monthly emails:

amiquebec.org/email

Or call us: 514-486-1448

(1-877-303-0264 outside Montreal)

AMI'S ANNUAL GENERAL MEETING AND AWARDS



On June 17th, 50 people joined us in person and another 16 people joined us online for our Annual General Meeting. It was a lovely evening as we celebrated our award recipients and spent time with old friends.
Meet our award recipients!

Jean Claude Benitah — Extra Mile Award

Since joining AMI-Quebec in the early 90s, Jean Claude has been a faithful member who joined the Board of Directors in 2006. After serving as Vice President, he became



President of the Board in 2013 and has been involved in various capacities. Throughout the years, he has been an engaged, caring, and committed board member, often questioning or challenging existing views. His tenure on the Board enriched AMI's work and his contributions will be carried forward now that he has stepped down.



Julie Coulombe — Extra Mile Award

Despite having a full-time job working at a bank, and being a caregiver to a loved one with mental health challenges, Julie has dedicated a lot of time to researching and promoting Family Peer Support projects in Quebec and abroad. She co-facilitated workshops at the most recent CAP Santé Mentale conference and participated in podcasts about the role of family peer support workers, raising awareness about the experiences of caregivers.

Additionally, she has volunteered for the FPSW helpline, and recently initiated, developed, and facilitated a new family support group at the Société Québécoise de la Schizophrénie for all families and carers in Québec who have a loved one experiencing a first psychotic episode.



The members of the Recovery Transition Program — The AMI-Quebec Award for Exemplary Service

A volunteer, recovery-oriented, peer-based program, the RTP's goals were to improve patient experiences of care, promote recovery and self-management practices, and facilitate the transition from hospital care to the community. The RTP was guided by a strong recognition that what makes life worth living is having meaning and connections—belonging to a community.

As former mental health or addiction patients who are trained volunteers, the RTP members became mentors. Those who are on the road to recovery benefitted from the experience and encouragement of individuals who closely relate to their experience because they have been there. By listening to the experiences of mentees

and sharing your own, they empowered not only the mentees but also themselves. They helped to improve quality of life through human connections, engagement in social and creative activities, and by learning to focus on aspects of life other than illness. They helped to reduce isolation and promote self-management while instilling hope for change. In their work, they epitomized the power of community and of self-help, and are all worthy recipients of the AMI-Quebec Exemplary Service Award.

Read our Annual Report

Visit amiquebec.org/annual-report

The ABC Team — The 2025 Ella Amir Award for Innovations in Mental Health

The ABC team (*Accompagnement bref dans la communauté*) at the CIUSSS Centre Ouest creates a crucial safety net by providing short-term, at home support for people living with mental illness who do not require hospitalization but still need structured follow-up within their communities.



The ABC team collaborates with AMI-Quebec, especially with the Family Peer Support Workers, to integrate support for families into its services, reflecting the conviction that caregivers are an essential part of the recovery process. By prioritizing family caregiver involvement, the ABC Team reinforces the understanding that mental health is a family affair. Their dedication to holistic, family-inclusive mental health care makes the ABC team a most deserving recipient of this year's Ella Amir Award for Innovations in Mental Health.

Carolina Bacalao — Volunteer of the Year

Carolina volunteers as a facilitator at AMI's support groups. She is grounded and empathic, and her earnestness quickly gained respect from both support group participants and fellow facilitators. Marc, AMI's program coordinator, noted that Carolina is "wise beyond her years, has great instincts, and a rare gift to lead practically any of our diverse support groups."



Carolina often fills in at the last minute for other facilitators, helping to build our community through events, meetings, and ideas. It was Carolina's suggestion to set up the Debriefing Room which is held at the end of each support group, allowing facilitators to share their experiences and concerns.

SUMMER 2025

Please note:

Some programs are online and some are in person. We aim for 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

ANXIETY/OCD

July 21; August 18

BIPOLAR DISORDER

July 21; August 18

DEPRESSION

July 7; August 4

HOARDING

July 14; August 4

QUEER GROUP

July 7; August 4

YOUNG ADULTS aged 18-35

July 21; August 18

FAMILY AND FRIENDS for relatives and friends

March 10; April 7; May 5; June 2

BPD for relatives and friends

Held along with Family & Friends group: July 7; August 4

KALEIDOSCOPE for people living with mental illness

July 21; August 18

IN PERSON

SOUTH SHORE for relatives and friends

In person only at 91 Churchill Blvd, Greenfield Park

Mondays 6:30-8pm

July 7; August 18

Our workshops will return in the fall!

Visit amiquebec.org/calendar for an always up-to-date version of our calendar.

RECENT INNOVATIONS IN MENTAL HEALTH

Scientists and researchers are constantly trying to improve the lives of people dealing with physical or mental illnesses. They work hard to develop tools and technologies, bringing hope to people who are impacted by these conditions. Here are a few interesting innovations that may help improve the lives of people living with mental illnesses.

Groundbreaking treatment for anxiety disorders: FOCUSED ULTRASOUND

There are many types of treatment available for those with anxiety disorders, like talk therapy, Cognitive Behavioural Therapy, Dialectical Behavioural Therapy, and medications. However, some individuals with anxiety disorders still struggle despite trying different treatments. All of that may change with a new treatment researched at Sunnybrook Health Sciences that shows promising results: focused ultrasound.

Approved in Canada for treating essential tremors, focused ultrasound has now been used in a trial for people with Obsessive Compulsive Disorder. There seems to be a link between two small parts of the brain that affect the regulation of anxiety and mood. In the past, doctors would destroy those regions with invasive procedures like burning or cutting, with risks like stroke, bleeding, infections, and death. In the present day, the ultrasound can create a lesion in those same regions without the risks associated with the old procedures.

Doctors can now look at this region of the patient's brain with an MRI scan, which helps guide them

to place the ultrasound beam at the correct area to administer the treatment. Nir Lipsman, MD, PhD, at Sunnybrook, explains that the patient wears a helmet-like device that has 1,000 transducers that help direct the ultrasound to the specific region of the brain. Heat is generated from the intersecting beams and it is that heat which causes the lesions. It is a two-hour procedure and people who receive the treatment leave the hospital the same day. Currently, a team at Sunnybrook Health Sciences is studying the benefits of this treatment through their research.

Rima Youssef, who lives with Obsessive Compulsive Disorder, was interviewed by CTV in 2024 to talk about her experiences with OCD and how the ultrasound therapy has changed her life. Living with severe OCD for years that was affecting her day-to-day life, she "didn't feel safe in [her] own brain" and couldn't go to work or school. She confided that the treatment changed her life. Two years after the focused ultrasound, she says most of her obsessive thoughts are almost gone, adding she feels like she has her life back.

VAGUS NERVE STIMULATION to treat depression

Researchers have obtained promising results from a study looking at an alternative way to treat depression. A recent clinical trial consisted of 493 adults who had not responded to more conventional treatments for depression. Some of the participants had been suffering from depression for more than half their lives. For this study, they were given a device that would stimulate the vagus nerve, which is a main nerve in the parasympathetic nervous system. Assessments were done for about 10 months.

People who received the vagus nerve stimulation showed improvement in their quality of life and in their depressive symptoms compared to those in the control group. The results, which were published in the Brain Stimulation academic journal, were statistically significant. While promising, it is a form of treatment that needs further research and development. The clinical trial is continuing by investigating whether vagus nerve stimulation can help those with bipolar disorder too.

Diagnosing mental illnesses THROUGH THE RETINA

The Quebec-based company diaMentis is working on developing a tool that can help clinicians diagnose schizophrenia and bipolar by using retinal signal analysis. The company explains on their website that the "retina is formed from the same cells as the brain and is therefore an integral part of the central nervous system." The tool they are developing would help diagnose mental health disorders by looking at biosignatures in a person's retina. The results of their current research were published in the international academic journal Biomedical Signal Processing and Control, and highlighted the efficacy of diaMentis's developed models.

If diaMentis can fully develop their tool and prove that it is accurate, it can be a game changer in the medical field for diagnosing mental health conditions. A tool like this could help doctors make a more accurate diagnosis in the early stages of these illnesses, leading to improved outcomes for people coping with mental illnesses. □

– Gabrielle Lesage

Visit amiquebec.org/sources-for-references

A Family Caregiver's Guide to

SETTING BOUNDARIES

Boundaries are the limits you set for yourself to reflect your values, needs, preferences, and desired outcomes in any given situation. They can be hard and fast rules (never taking recreational drugs), or more lax ones that can vary (*"While I normally would be happy to help run errands with you, I'm tired today so I think I'll just skip out"*).

It is important to identify, establish, and honour boundaries in order to respect yourself and the people around you. It is a first line of defense to be sure you are not neglecting your own well-being, happiness, or comfort, and if done properly, it can help strengthen your relationships with others. Establishing boundaries will allow you to continue to care for your loved one with compassion, devotion, and commitment without feeling lost or swallowed up by your role.

While it may be easier said than done, knowing how to create and communicate your boundaries effectively is a vital skill. Here are some tips that can help you navigate boundaries in a caregiving role:

Set boundaries according to your goals and priorities

It may be beneficial to ask yourself questions like: *what does this person need? What do I need? What can I do for them without neglecting myself?* These questions can be brainstormed by you and a support group, or discussed with the person you're caring for so that you can create mutually agreed upon boundaries. For example, if you are caring for your mother who gets upset if you don't take her all her appointments, chatting with her about her needs may reveal that maybe she just craves your company. As a result, she may learn to respect that you don't have the bandwidth to attend each appointment but you can promise to call her regularly, so she feels like she's receiving your attention.

Monitor yourself

Staying in tune with your emotions, both good and bad, can help you identify when you are starting to feel taken advantage of, irritable, anxious, or overwhelmed. A boundary is usually established when we realize that something someone else is doing is violating our comfort or our values. By checking in on our own feelings, we can learn to figure out what type of boundaries we need to keep.

Reach out to others

When caring for others, responsibilities and tasks can become very burdensome and heavy. It's crucial to have a solid support system to help you stick to your boundaries. Friends, family members, coworkers, neighbours, and community support centers are all wonderful sources to tap into.

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~ THE LAST TIME ~

Three simple words,
words we hear people say daily,
whether that be about places, pets, friends, or family—
all it is, is just three simple words.

Something so quick and easy,
something we see in all creatures of the land,
a bond woven in instinct, in comfort, in need,
spoken in gestures, in glances, in hands.

Three simple words that linger in laughter, in warmth by the fire,
in moments too fleeting, in silence too loud,
it lives in the spaces between what we say,
a whisper, a promise, a feeling unbowed.

I thought there'd be more time—
more chances to say it, to prove it, to show,
but life kept me busy, I let the days pass,
and I took for granted that you'd always know.

I counted on tomorrow, on next week, on someday,
on the comfort of routine, the illusion of more,
never once thinking there'd come a last time,
a final goodbye, a closed, silent door.

Maybe I thought you already knew,
that you've always known without me saying,
for all of the times I have felt it ring true,
for all of the weight of these words I have carried for you.

And now, as I stand in the quiet of everything lost,
where echoes of memories shine through,
I find myself wondering, aching, regretting—
I can't remember the last time I told you I loved you.

—Alex Mceachen

A participant in AMI's *Write From Your Heart* workshop
Visit amiquebec.org/writing for details

TRIBUTES & MEMORIALS

In honour of Miriam Byers
Antonella Santarella

In honour of Dre. Des Rosiers
Sophie Fernier

In honour of Christian Roy
Stephanie Engel

In memory of Andrew Shizgal
Marilyn Miller

In memory of Roslyn Karpman
Lynn Harris

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.

amiquébec

Allié.e.s en santé mentale
Allies in mental health

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.

Perla Muyal, *President*
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SHARE & CARE

Share&Care is published quarterly.

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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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Learn to say “no”

Saying “no” can cause discomfort and a feeling of guilt and shame. But saying no is a sign of self-respect: you cannot do it all, all the time. And if you simply cannot handle saying no, learn to at least say ‘no, but here’s what I *can* do’ and then find a sweet spot that still honours your boundaries.

Hold yourself accountable

It takes one to break a boundary the first time, but two to break it twice. If someone ignores your boundaries consistently, try exploring the patterns that may be encouraging that behaviour. Are you enabling them by just sighing and excusing it? Or are you respectfully pointing out how their dismissal of your boundaries can be hurtful to you?

Learn to be comfortable in your discomfort

Caring for someone else can be draining. When you establish a boundary to help curb that exhaustion, it can spark feelings of guilt and shame. You may even get pushback from people who can call you selfish or harsh, but there is nothing bad about prioritizing your own health. On the contrary, setting boundaries allows you take better care of others while still taking care of yourself. □

– Nazila Tolooei

Visit amiquebec.org/sources for references

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Otsuka



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

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