

SHARE & CARE

THE RECOVERY OF HOPE ~ THE HOPE OF RECOVERY

"DON'T FEAR YOUR EMOTIONS"



Dr. Sami Timimi at AMI's Annual Mental Health Forum

On November 13th we welcomed 80 people in person and another 80 people online to our Annual Mental Health Forum. Keynote speaker Dr. Sami Timimi is a UK based child and adolescent psychiatrist and author who shared his critical perspective of mental health and childhood with us.

continued on page 2

How to Help Someone Experiencing a Panic Attack

A panic attack is an intense episode of anxiety or fear that has a range of physical and emotional symptoms. Physical symptoms can include shortness of breath, rapid heartbeat, shaking, chest pain, numbness, chills, sweating, and dizziness. Emotional symptoms include intense feelings of fear, dread, and/or anxiety. These attacks can last anywhere between a few minutes to over an hour. Sometimes they are triggered by something specific but can also occur unexpectedly.

So, what can we do if someone we care about is having a panic attack?

Stay calm: You may find you begin to mirror their behaviour without realizing it, so try your best to stay calm. This can help reassure the person having the attack.

Acknowledge what is going on: Help them understand what is happening by naming it as a panic attack. This will remind them that it is temporary.

Listen: Ask what they need from you, listen to what they need, and reiterate that you are there for them.

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'PADEL'ING FOR AMI

You haven't heard of Padel? You're not alone. It turns out it is one of the world's fastest growing sports—a racquet-based ball game that looks a lot like tennis but is played in an enclosed space like squash. Padel is booming, including in Quebec. And to celebrate the opening of the newest Montreal location of Padel FVR in October, a dynamo group of padel players held a 24-hour social tournament, raising \$4,000 for AMI-Quebec.



"We just love the sport," said Taylor Wasserman, one of the members of the event committee, "and are passionate about mental health." Planning the 24-hour padel challenge while championing the mission of AMI-Quebec seemed to Taylor and her friends like a great way to bring together their community.

Some 80 people turned out over the course of 24 hours, bidding in a silent auction for gourmet meals, padel racquets and other hip, sporty gear. AMI board member Loreen Pindera introduced AMI's work as allies in mental health. "Your goal to create connections through padel dovetails beautifully with the work of AMI-Quebec's Mind-Body committee, which is all about strengthening awareness of the link between physical activity and mental health." □

– Loreen Pindera

Annual Campaign 2025

Here at AMI-Quebec, we know all too well that mental illness affects the whole family. We help people who are facing all kinds of difficult situations, but we depend on financial support from people like YOU who understand what families are going through.

Please support our Annual Campaign today!



Panic Attack... continued from page 1

Give space if asked: If they ask for space, step back but stay nearby in case they need you.

Help them breathe: People often breathe too quickly during a panic attack, which makes everything feel worse. Encourage them to take deep breaths in and out. Try the 5-5-5 breathing technique (breathe in for five seconds, hold for five seconds, and breathe out for five seconds. Repeat as needed).

Talk but keep it simple: Keep conversation easy and supportive. Some people may want to be distracted by talking about something else. They might give short or curt responses because it can be difficult for them to process complex information during the attack.

Suggest grounding techniques: There are various methods you can use to help them regain control. Guide them to focus on their breathing while encourage them to identify objects around them or repeat a soothing phrase (such as “I am safe”, or “This is temporary, I’ve gotten through this before.”). One simple technique that can ground someone quickly is the 3-3-3 rule: ask them to name three things they see, say three things they hear, and move three body parts. It may also help to hold their hand (if they feel comfortable with that).

Move: Encourage them to stretch, move around, or go for a short walk. If you think the location may have helped trigger them, suggest going somewhere quieter, especially if you’re in a public place.

Be patient: The most intense feelings usually subside within 10 minutes, stay with them until they are feeling better.

Check in: Check in with them once the panic attack has passed. Ask how they are feeling, and if there’s anything you can do. They may feel embarrassed after such an intense show of emotion, so it is important to reassure them without shaming them or minimizing what they just experienced.

This may seem like a lot, but staying calm, listening, and helping them breathe and feel grounded makes a huge difference. You’ve got this! ☐

– Emily Verrall

Visit amiquebec.org/anxiety for organizations that can help you or a loved one who is struggling with anxiety.

Timimi... continued from page 1

The startling statistics Dr. Timimi presented reflect a massive increase in mental health diagnoses and in the number of people who are expressing dissatisfaction with their mental health. A staggering number of (especially young) people are self-diagnosing themselves with ADHD, autism, anxiety, depression, and many other disorders. This can lead to an increase in symptoms and can negatively affect behaviour, emotions, and resilience, when in many cases there is no real basis for these self-diagnoses.

Dr. Timimi also talked about mental health awareness efforts, saying that they lead some individuals to interpret regular distress as mental health problems. “Emotions are no longer something to be experienced, tolerated and engaged with, but suppressed, managed, controlled, or mechanically expressed.”

Dr. Timimi calls for a sea change in how we approach mental health. “I call for a radical shift, a revolution no less, in which there will be no more use of psychiatric diagnoses, a dramatic decrease in the use of psychiatric medication, and the promotion to the public of a narrative that will help to rehabilitate emotions back into the sphere of the ordinary and/or understandable.”

Discover Dr. Timimi’s many other thoughts by watching the recording of the event on our YouTube channel: youtube.com/@ami-quebec. ☐



Friends of AMI-Quebec walk, run, bike for mental health

Kudos to the members of the Friends of AMI-Quebec team who participated in La Classique Head2Core on October 19 at the Circuit Gilles Villeneuve. We were among more than 600 people who signed up to walk, run or bike in the third edition of the event. Like AMI, Head2Core is helping to destigmatize mental illness and equip people to manage its effects. By encouraging participation in sport, Head2Core aims to build resilience, confidence and a sense

of belonging—all vital components of mental wellness. On a warm but blustery day, build resilience it did, as participants headed into the wind to test their stamina on Montreal’s renowned Formula One track!

Funds raised at La Classique (including the more than \$3,200 raised by The Friends of AMI team) will go towards incorporating more physical activity into healing in psychiatric programs at St. Mary’s, the JGH, and McGill. ☐

– Loreen Pindera

AIMING FOR MORE HUMANE MENTAL HEALTH CARE

ARE WE READY?

For those who were born in the last few decades, psychiatric care is guided predominantly by a biomedical model, suggesting that mental illnesses are health conditions involving changes in emotion, thinking and/or behaviour. As a branch of medicine, it is hardly surprising that psychiatry views such conditions as pathologies—diseases to be cured. With high hopes for breaking down the mysteries of the brain, the 1990s were dubbed ‘the decade of the brain’. Twenty-five years into the new century, science is not any closer to resolving these mysteries, and we are left with a mental health care system that offers mediocre responses at best.

The chemical imbalance theory became the orthodoxy of psychiatry in the past several decades. Voices opposing this theory included R. D. Laing, a Scottish psychiatrist, who viewed the expressed feelings of the individual patient as a valid reflection of personal experience and normal psychological adjustment to a dysfunctional social context, rather than simply as symptoms of mental illness. Similarly, Hungarian-American psychiatrist Thomas Szasz criticized the social control imposed

by medicine in modern society and opposed coercive psychiatry such as involuntary treatment. French thinker Michel Foucault objected to labelling any abnormal behaviour as mental illness.

These voices, however, were marginalized by the pharmaceutical industry that responded to the increasing craving for ‘quick fixes’ in western culture with robust production of medications for any ill. Peter Kramer’s 1993 book *Listening to*

earlier—as the result of an active attempt to cope with experiences that are so heavy that they prevent the construction of a rational spoken narrative about them. In psychotic behaviour the body talks through metaphor, narrating and enacting the person’s experience. In Open Dialogue, the family is not seen as pathological but instead as a resource. Creating opportunities for patient and family to engage in conversations has produced encouraging outcomes. This philosophy can be applied to any serious mental health challenges as well.

While Finland is currently the only country where Open Dialogue has been implemented on a large scale, I suggest that in traditional psychiatric care systems, like we have in Quebec, the integration of Open Dialogue components could significantly help to move care from a

With the lack of understanding of the roots of ‘mental illness’, psychiatric treatment has consisted mainly of managing symptoms.



Prozac spent 4 months on the New York Times best sellers’ list and reflected the public’s unsatiated hunger for answers where there actually were none.

With the lack of understanding of the roots of ‘mental illness’, psychiatric treatment has consisted mainly of managing symptoms. The recovery movement in psychiatry gained significant traction in the US in the 1990s. Fueled by people with lived experience of mental health conditions, it emphasized the potential for individuals to lead meaningful lives despite their symptoms. It stressed personal growth, empowerment, and social inclusion. But despite its influence on policy, practice remained guided by the view that mental illness is a pathology that requires medical attention.

There is another option! Developed in Western Lapland in the 1980s, **Open Dialogue** is both a philosophy and a practice. Psychotic behaviours are not regarded as an illness, but instead—like R.D. Laing

In Open Dialogue, the family is not seen as pathological but instead as a resource.

patriarchal system, where the practitioner knows what is right for the patient, to a more humane approach where the patient is respected for their agency and capacity to participate in their care in the way they choose.

The implementation of Open Dialogue in several countries and the satisfaction of service users, families, and practitioners encourages a wider application. A potentially new paradigm for the provision of mental health services, Open Dialogue is in its early stages. However, with the current ideology of biomedical mental health practices providing poor outcomes, it’s time to reflect, challenge, and consider other options. □

– Ella Amir

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For regular updates, follow @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)

HAPPY 20TH ANNIVERSARY, Mental Health Estrie!

Founded in 2005 by Judy and Lynn Ross, Mental Health Estrie (MHE) began with informal peer support group meetings for friends, family, and individuals impacted by mental illness. Over time, a dedicated group of caregivers and engaged community members formed a brainstorming committee, which eventually evolved into MHE's first Board of Directors. For 20 years MHE has been committed to providing information, support, education, and advocacy to English-speaking caregivers and individuals affected by mental illness in Estrie.

As MHE celebrates their 20th anniversary, we cannot forget the engine that fueled the organization in the first place. In the absence of support services in the Eastern Townships region, Judy and Lynn Ross, who lived in Magog, discovered AMI-Quebec and started to make regular pilgrimages to our programs. They used what they learned as a springboard to launch Mental Health Estrie, the

first English speaking organization in their region for people with lived experience of mental health challenges and their families. At the same time they joined AMI's Board of Directors, on which they are serving to this day!

Like many community organizations, MHE began with humble roots and faced its share of challenges. Just five years ago, they only had one staff member. Today, they've grown into a dedicated team of 5 passionate individuals committed to their mission.

MHE offers a range of services, all in English, for the community. They include peer support groups, a family and friends caregiver group, a lending library, and a group for individuals impacted by mental illness. Through their information and referral service, community members discover the resources that best meet their needs. MHE offers two types of educational workshops: they create and present workshops to local community groups, and they host free, virtual workshops on Zoom, led by expert guest speakers.

Our heartfelt congratulations to Mental Health Estrie and to Judy and Lynn. Here's to the next 20 years! □



Visit mentalhealthestrie.com to explore their programs and services.

Dr. Anna Towers has a prescription for a healthy brain and body

If it were up to Dr. Anna Towers, there would be a gym and a heated pool on every square block, free to the public, paid for by our health care dollars. That is how strongly the Montreal palliative-care physician and lymphedema specialist believes in exercise as a first course of treatment for nearly anything that ails you—and that includes anxiety, depression and other forms of mental illness.

"Exercise is medicine," said Dr. Towers in September, when she joined AMI's weekly walking group to talk about the ways that physical activity promotes mental health—and how mental well-being, in turn, supports physical health and protects against disease.

When it comes to brain chemistry, she said, exercise boosts dopamine, serotonin, endorphins and oxytocin – the "feel-good hormones" linked to feelings of pleasure, happiness and social bonding. Certain psychiatric drugs, like

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Well Nest

With Well Nest, we aim to foster a restful, pleasant, and social space for those who use AMI-Quebec's services, where they can take a couple of hours for themselves and enjoy each others' presence, with the option to partake in whatever activity we may have planned during this important 2 hours. The second Well Nest event on October 9th was exactly that. A lovely variety of individuals flowed through our door starting at 5pm, made their mark—mostly just by being there, or with a paintbrush—and headed out by 7pm. Thank you so much to all those who showed up for themselves, and for making this time as special as it felt. Stay tuned for our next gathering on December 4th, a cozy Game Night! ☐

Visit amiquebec.org/well-nest for details.



Prescription ... continued from page 4

anti-depressants, will also elevate some of those hormones, “but exercise comes with fewer side effects, or with good side effects for physical health,” Towers said.

“Even walking for 10 minutes will have these beneficial effects,” Towers said. “Every step helps, because every step leads to another step.” Incorporating physical activity into your daily life also provides structure and a sense of purpose, she said – and if you participate in a group, that social connection is in itself a boost to mental health.

Certainly that's what AMI-Quebec's Mind and Body committee had in mind when we started our weekly walking group last May. After 24 meetups and over 470 kms walked collectively, our group is now on hiatus until spring, but we encourage you to find other ways to stay physically active and socially connected in the months to come—for the good of both mind and body.

Want to join us in the spring? Sign up for reminders amiquebec.org/walk. ☐

– Loreen Pindera

WINTER 2026

Support Groups

For details visit amiquebec.org/support

Mondays 6:30-8pm on Google Meet

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

ANXIETY/OCD

December 1; January 12; February 9; March 9

BIPOLAR DISORDER

December 1; January 12; February 9; March 9

DEPRESSION

December 8; January 19; February 16; March 16

HOARDING

December 15; January 26; February 23; March 30

QUEER GROUP

December 15; January 26; February 23; March 30

YOUNG ADULTS aged 18-35

December 8; January 19; February 16; March 16

FAMILY AND FRIENDS for relatives and friends

December 1; January 12; February 9; March 9

BPD for relatives and friends

December 8; January 19; February 16; March 16

KALEIDOSCOPE for people living with mental illness

December 15; January 26; February 23; March 30

IN PERSON

SOUTH SHORE for relatives and friends

In person only at 91 Churchill Blvd, Greenfield Park

Mondays 6:30-8pm

December 8; January 19; February 16; March 16



Workshops

For details and to register, visit amiquebec.org/workshops

In person

at the AMI office, 5800 Decarie, Montreal

- **Young Carers Workshop** (ages 10-14)
- **Types of Mental Illness**
- **Hands On Practice for Challenging Situations**
- **Express Yourself!**
- **Boundaries & Setting Limits**
- **Regulating Emotions**
- **Dear Young Carer**
- **Treatments for Mental Illness**
- **Connecting Through Movement**
- **Non-Negotiable Boundaries**

Online

via Google Meet

- **Meditation**
- **Caregiver Groups**
- **Write From Your Heart**

Author Discussion

**Mental Illness:
A Family Affair**

January 24, 2pm

Westmount Library
4574 Sherbrooke West

MEET BESTA

AMI's newest Family Peer Support Worker



Before joining AMI-Québec, I often thought about how easily the needs of caregivers can be overlooked when a loved one is struggling with their mental health. I've seen how much strength it takes to support someone while holding yourself together, and how meaningful it is when that support is finally extended to the caregiver, too. That's what drew me to AMI: a place where compassion is not just spoken about but practiced every day.

I hold a Bachelor of Arts in Psychology and have worked in various roles supporting children with learning or emotional difficulties. Those experiences deepened my understanding of how families navigate complex emotions and systems that are not always easy to access. Along the way, I became fascinated by how communication, whether

through words, gestures, or culture can bridge understanding between people.

As a Family Peer Support Worker, my role is to support and to advocate for family members whose loved ones are dealing with mental health challenges at the Jewish General Hospital, where AMI-Québec has had a strong partnership for over a decade. I work closely with hospital staff to ensure



that families' voices and perspectives are acknowledged throughout the care process. Much of my day involves listening deeply to caregivers, validating their feelings, and helping them access the support and resources they need, which, unfortunately, isn't always as simple as we'd wish it to be.

This work also reminds me to practice what I share with others. I often encourage family members to care for themselves and to offer the same compassion to themselves that they so freely give to others. It motivates me to do the same, to grow, rest, and be gentle with myself, knowing that caring for ourselves is one of the best ways we can care for those we love.

Working at AMI has shown me that mental health recovery is not an individual journey but a shared one. When we nurture ourselves and one another with empathy, understanding, and patience, healing becomes a collective act, one that transforms not only families, but communities. □

MEET VAL



AMI's new Care Champion

Long before I was even aware of the term 'young carer' and what it entailed, I took on a caregiving role for family and friends throughout my childhood and emerging adulthood. It was only once I read AMI-Québec's job description for a Care Champion in Schools that I realized that I had been a young caregiver for most of my life.

I started working with youth when I became a soccer coach upon graduating from high school. After completing my undergraduate degree in Psychology, I went on to pursue graduate studies in Youth Work. With this background I was able to work in youth protection as an intern at a group home and then as a caseworker for youth of all ages.

While this work was quite rewarding at times, it was also filled with situations that left me to try my best to "pick up the pieces", so to speak. I wanted a more proactive role in a smaller, more connected community organization. Joining AMI became a dream come true for me.

At AMI, my role is to work within schools to raise awareness of young carers and their lived realities. My goal is to support staff so that they feel more equipped to work closely with young carers, while also building a school culture that encourages young carers to lean on their school staff. I'm aiming to create opportunities and confidence in schools that I wish I had when I was a young carer back in the day.

Being part of AMI has taught me a lot about young caregiving and about myself. I've discovered that I learn the most by listening to peers' stories of how they've cared for themselves and others despite all the things that life has thrown at them. In my few months at AMI, I've felt more at home than any other role I've had to play in a community. It feels as though my own lived experiences, from the most difficult to the most uplifting have led me to where I am today: A place where mental health is considered a family affair, instead of something to hide from others. □



Our Myth Busters series continues with a look at hoarding, which is one of the most misunderstood mental illnesses.

– MYTH 1 –

Hoarding is just a result of disorganization or lack of cleaning. It is not a serious problem.

Hoarding does not come from being disorganized or unclean, but rather by the emotional significance a person puts on the objects they hoard. When left uncontrolled, hoarding disorder can seriously affect a person's well-being—their physical health, social relationships, safety, and/or financial situation. If the person's home is filled to the brim with objects, it can lead to a fire hazard or infestation of bugs. Hoarding should be taken seriously, and that starts by learning about hoarding and trying to understand what a person who hoards experiences.

– MYTH 2 –

Throwing away a person's hoarded belongings will rid them of their hoarding problem.

Although eventual decluttering of a person's hoarded environment will be something they might tackle when they are ready, throwing out their accumulated belongings before they are ready to do so can do more harm than good. There are various treatment routes to help individu-

als who experience hoarding, with a popular option being cognitive-behavioural therapy using exposure and response prevention. One of the best things a person can do for their loved one living with hoarding disorder is to make sure you are there for them and love them unconditionally.

MYTH BUSTERS

HOARDING

– MYTH 3 –

Hoarding is the same as collecting

It is a mistake to think that hoarding is similar to collecting. While a collector chooses their objects for their collection, they are able to organize what they keep and discard what they do not want to keep, whereas someone who hoards has difficulty parting with the items they keep, which can result in a cramped and unpleasant living space. Many people living with hoarding wish they could get rid of the objects they hoard, but the emotional attachments make it difficult. A collector derives pleasure from their collection. A person who hoards may feel distressed by the accumulation of items in their home.

– MYTH 4 –

Hoarding is caused by experiencing significant loss

Although someone can develop hoarding behaviours after the loss of a loved one, it is not necessarily the reason behind this development. People who hoard may or may not associate their hoarding with feelings of loss, while others might be triggered to hoard more objects related to the person they have lost. More studies need to be done to understand the relationship between loss and hoarding, but we cannot say there is a definite causation.

– MYTH 5 –

Hoarding is only seen in adults

Most of the time when we think about hoarding we think about adults, but it can also affect children. According to Anxiety Canada, about 2-6% of children and adults experience hoarding disorder, with late childhood and early teens being the average age of onset.

– MYTH 6 –

Hoarders know they are hoarding because they see it in their environment

It's not as simple as that. Some people are aware that they are hoarding, and the excessive possessions in their home can cause further distress like anxiety and depression.

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TRIBUTES & MEMORIALS

In honour of Abe Gonshor
Ron Gesser and Sharleen Young

In honour of Aron Gonshor
Ron Gesser and Sharleen Young

In memory of Lucile Gauthier
Cynthia Beggs
Margaret Bryan
Graham Cuthbert

In memory of Ali Cohen
Renee Schachter

In memory of Andrea Richman
Arielle Altmann

In memory of Joshua L. Freesman
Lori Litvack and Anne Gagnon

In memory of Naomi Kitner
Myrna Halickman

In memory of Naomi Kitner
Barbara Chernack and Family
Sandra Dorfman
Sanda Richstone

In memory of Bertrand Desjardins
Andrea Charbonneau

In memory of Helen Elmslie
Shirley and Robert Smith

In memory of Eileen Smith
Shirley and Robert Smith

In memory of Sylvia Silver
Shirley and Robert Smith

In memory of Katherine Peacock
Darren Peacock

In memory of George Apoktatanidis
Sanda Richstone

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*
Norman Segalowitz, *Vice President*
Henry Olders, *Treasurer*
Sharleen Young, *Secretary*
Judy Gold, *Immediate Past President*
Ella Amir, *Executive Director*

SHARE & CARE

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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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Hoarding ... continued from page 7

Others might not feel like they are hoarding because they have an exaggerated idea of the importance and usefulness of the objects they keep. Hoarding is not a simple black and white scenario.

- MYTH 7 -

Someone who hoards is automatically a compulsive hoarder

There are different types of hoarding: adaptive and maladaptive/compulsive hoarding. The former is when an individual keeps their excess possessions because they know or think they will have a use for it in the future, for example picking up a lot of free items because they believe they will have a use for them later. The latter is when the original intent (example, saving for future uses) is no longer followed and the person hoards objects with no use or end date on them.

- MYTH 8 -

Hoarding is a type of OCD

Hoarding has been classified as its own disorder in the Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5) since 2013. □

– Gabrielle Lesage

Visit amiquebec.org/hoarding for help and support, and consider attending our Hoarding support group (for family, friends, and people dealing with hoarding challenges): amiquebec.org/support.

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



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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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