

# SHARE & CARE

THE RECOVERY OF HOPE ~ THE HOPE OF RECOVERY

## AI AND SOCIAL MEDIA ARE EVERYWHERE

**With the growing interest in (and concerns about) AI and the continuing impact of social media, this is a good time to highlight some of the pros and cons.**

### Turning to AI for therapy

#### Is it a good idea?

It seems as though AI is being used everywhere these days — in finance, entertainment, education, customer service, and even medicine. Hospitals and clinics use it in multiple ways, including for diagnoses, personalized treatment plans, and virtual health assistants, so it's established that AI can help with medical care. But an increasing number of people are using AI as their source for therapy. The question is: is it a good idea?

There are many benefits. Sometimes we just want someone to talk to. It can be difficult to share feelings, and there are many reasons why we wouldn't choose to speak to family or friends, such as embarrassment, fear of being judged, or not wanting to be a bother. Talking to an AI chatbot can seem like a great option. If you log into ChatGPT, you are given personality options: default, friendly, candid, professional, and quirky, so you can choose what kind of conversation you want to have.

AI is accessible 24/7 — ideal for people with busy schedules or those who are lonely. It is somewhere where people can go anytime for conversation that is non-judgemental. It can be a good source of health information, self-help tools, motivational prompts, and mindfulness techniques. It can help users with self-reflection and give them tools to try to improve their mental health.

But can AI be used as a therapist? For some, seeing a human therapist may not be an option for many reasons, such as time constraints, shame, cost, and availability. At first, it seems as though AI therapy solves a lot of these issues. It can be used by anyone at any time, and the appearance (or misconception) of anonymity makes users feel more comfortable about sharing their innermost thoughts and feelings.

So what are the disadvantages? The truth is that AI is not a trained therapist. It has no empathy or even presence. Connection



and trust are essential for therapy, qualities that AI cannot provide. Many AI chatbots are made to reinforce or validate your thoughts, but they don't know how to properly deal with potentially serious or harmful ideas. AI is more likely to constantly agree with you and offer no critical thinking or insight. Because it is designed to maximize engagement, it might even fuel negative feelings such as anxiety or mania to keep a user online as long as possible.

*continued on page 2*

## #MentalHealth

### When to trust what you click on

It is so easy to go down the rabbit hole. Unable to sleep, ruminating, you turn to your phone and type *mental health crisis*. The advice floods in. “Don’t push people away,” says one content creator. “Reach out. Don’t let yourself get to the point that I got to,” says another. “Attention seeker!” scoffs a third. There is so much out there, clicking can be like playing a game of Russian roulette: will the advice be helpful and reliable, or will you be smacked down?

To be sure, there is some good information about mental health on social media (follow @amiquebec everywhere you use social media!). There is also plenty that is misleading, just plain wrong or hurtful — comments that perpetuate stigma and risk making vulnerable people feel more anxious and isolated.

*continued on page 2*



Dr. Alexandre Hudon

*Turning to AI ... continued from page 1*

AI is being used more frequently by people attempting to diagnose themselves. If someone believes they have a particular mental health condition and asks ChatGPT about it, the system is designed to confirm the user's suspicion rather than do an actual evaluation. A proper diagnosis can only be determined by a human professional. Factors such as body language and an overall look at the patient's life are essential for this.

AI does not adhere to the same ethical and legal standards that licensed therapists must follow. It doesn't have restrictions related to confidentiality, so sensitive information could be exposed. Even though your conversation may feel private, depending on the source, it is possible that everything you say could be stored on a server.

Despite how incredible and advanced the technology is, AI still has clear and alarming flaws. There have been news sto-

ries of chatbots discouraging people from seeking professional support for mental health issues and even providing harmful advice. Researchers at Stanford University found that AI showed stigma toward people with severe or persistent mental illness. The technology cannot replace human care.

Despite these concerns, according to Mental Health Research Canada, almost 10% of Canadians intentionally used AI tools to get advice or support for their mental health. With limited access to services, waitlists, and high costs, AI may seem like the only option. There are many situations where AI can be used for support, but users should keep the limitations in mind.

If you want to try using AI to help with your mental health, here are some suggestions to help keep your experience positive and safe:

- Establish and stick to a time limit for how long you spend speaking to chatbots.

- Research who created the app and ideally find one that was developed with or by qualified mental health professionals.

- Verify your privacy settings, and limit what you share. Never disclose anything that could reveal your identity.

- Double-check health advice with a human professional, as there is always the possibility of misinformation.

- If you are in crisis, do not rely on AI. Seek help from someone you trust, or mental health professionals.

Remember! AI is not a person or a therapist, it is a tool. It can be helpful for many things, but despite appearances, it also has limits to what it can do. Human interaction and therapy are essential for real care, diagnosis, crisis support, and emotional help. ☐

– Emily Verrall

*Visit [amiquebec.org/sources](http://amiquebec.org/sources) for references*

*#MentalHealth ... continued from page 1*

Dr. Alexandre Hudon, a researcher-clinician who teaches in the Department of Psychiatry and Addictology at l'Université de Montréal, says the search for solid mental health advice on social media requires navigating a maze of disinformation. Hudon is the lead author of a 2025 study published in the Journal of Medical Internet Research that looked at 1,000 TikTok videos about mental health in 16 countries. The study found more than 20 per cent of those videos were either deliberately misleading or contained inaccurate information.

The researchers came across videos in which serious conditions were minimized, as in, "you don't need therapy, just positive thinking." Psychiatric personality disorders were portrayed using inaccurate descriptions that lacked any clinical basis. Suicidal ideation was sometimes romanticized, and researchers found videos on psychiatric treatment that discouraged the use of medication with statements like "antidepressants only make things worse."

**Look for the warning signs**

Dr. Hudon has made it his mission to improve the quality of mental health advice on social media. The tech-savvy psychiatrist is himself a prolific content creator, posting on TikTok as @Dr\_Showtime. Here is his advice for finding trustworthy information:

- Look at the credentials of the content creator. Do they tell you what professional experience they have in the field of mental health?
- Look for citations: Does the creator link to or refer to scientific studies? If so, check them out.

- Is the video based on facts or on opinion?

"On social media, much mental health content is presented as personal experience or commentary," says Dr. Hudon. "Personal stories can be valuable, but they should not be confused with diagnostic guidance or clinical recommendations. When someone presents strong claims without acknowledging nuance or uncertainty, that is a warning sign."

- Who is the creator's target audience, and what is their intent?

"Content aimed vaguely at 'everyone' tends to oversimplify complex conditions," says Dr. Hudon. "Responsible educational material usually specifies who it is for (for example, parents, teens, clinicians) and clarifies its purpose (education, awareness, or sharing lived experience.)"

- Watch out for content that reduces complex psychiatric diagnoses to checklists or personality traits.

In their research, Hudon says, topics like personality disorders, psychosis and suicide "were particularly vulnerable to oversimplification and disinformation. Mental health diagnoses require careful clinical assessment; they are not meant to be self-applied based on short videos."

- Does this content encourage professional evaluation or does it replace it?

"Responsible content invites discussion with a clinician. Problematic content often promotes self-diagnosis or alternative 'cures' while discouraging professional care."

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**A** I psychosis is a new and emerging phenomenon. There is no official medical diagnosis confirmed as of the writing of this article, but there are cases of people experiencing this new type of psychosis. AI models, like ChatGPT, have facilitated, validated, and even created psychotic symptoms in individuals who have never experienced psychosis before, and some of these new AI models can amplify and reinforce delusional thoughts. Some people have had intense episodes related to use of AI models that led to hospitalization. There are no scientific studies yet that demonstrate a causal relationship between AI models and psychosis symptoms, but the increase in the prevalence of cases has professionals and researchers concerned.

### How does AI psychosis happen?

Psychotic disorders have many factors that can contribute to their development. Stephan Taylor, M.D., a psychiatrist and chair of the Department of Psychiatry at Michigan Medicine, has decades of experience working with people who experience psychosis. He explains that psychosis often starts after an individual, who has what he describes as “an underlying vulnerability”, experiences a triggering event. He gives the examples of a young person trying a powerful drug for the first time or experiencing a difficult and impactful negative change in their life. He believes that the interactions with an AI agent (like a chatbot) might be a new trigger.

### Patterns in AI Psychosis Cases

Dr. Marlynn Wei, a board-certified Harvard and Yale-trained psychiatrist, explains that recent AI psychosis cases show three dominant patterns:

- 1) “Messianic Missions”: People believe they have discovered something that no one else in the world knows about.
- 2) “God-like AI”: People believe the AI model is a God or spiritual entity that is god-like.
- 3) “Romantic or Attachment-Based Delusions”: People who form romantic feelings for the AI chatbot as if it is a real partner with genuine emotions.

### Examples of AI Psychosis Cases

In 2021, a man went to Windsor Castle in the UK with a crossbow and said he was

going to kill the Queen. He had been speaking to an AI chatbot about how he was a trained assassin who had a plan to take revenge for “historical British atrocities.” When he shared his plan with the chatbot, the AI model had said his plan would be well executed and that it (the chatbot) could help improve his plan. He was stopped at the castle by police.

A little closer to home, Anthony Tan, an app developer from Toronto, shared his

## AI PSYCHOSIS

### The Darker Side of AI



story with CBC News. For months he had been having conversations with ChatGPT. The conversations became so intense that he believed the words he shared with the AI model would have significant importance and he eventually came to believe he was living inside an AI simulation. He started believing that his friends were against him and that he was being watched. Then one day, having not slept for several days, he was brought to the hospital by a worried friend. It took two weeks for him to start sleeping regularly again and after another week he was back to himself, no longer believing he was in a simulation.

### Why is AI so powerful?

Professionals are concerned that people are becoming too dependent on AI models that eventually feel like companions. When someone believes the AI model is their friend, it can lead to them believing everything the AI is saying. These types of AI models are trained to give information as requested by the user but also to confirm and validate a person’s beliefs, and to maintain conversation. They develop

a similar tone and line of thinking as the user, and never say that the user is wrong. As Dr. Marlynn Wei explains, the AI chatbot prioritizes “user satisfaction, continued conversation, and user engagement”.

### Is there a way to prevent AI psychosis?

While AI chatbots and models are relatively new and continually evolving, the more we learn the clearer patterns become. This can help reveal warning signs in those who are more at risk of developing AI psychosis. One suggestion is to have warnings labels on AI chatbots in order to alert users to the possible dangers of immersion (the time spent with an AI chatbot can lead to more interaction with the bot than real people) and deification (thinking that AI chatbots contain all the world’s knowledge and are a constant, reliable source of information).

### Understanding the effects

Etienne Brisson from Trois-Rivières, QC created The Human Line Project, an organization which collects anonymous stories from those who have been deeply affected by AI. Brisson started the project after a loved one was hospitalized after creating and interacting with an

AI chatbot. They are not there to stop the progress of AI, but aim to keep it and its creators accountable. He has been in talks with many researchers worldwide because of the rising concerns about AI and the negative effects of various AI models. The project collects data and also gives resources to those affected by AI directly and to loved ones who are concerned.

*If you are concerned about yourself or a loved one, visit [thehumanlineproject.org/resources](http://thehumanlineproject.org/resources).*

### What can we do?

By understanding how AI models work and by further investigating AI psychosis we can come to better understand the negative effects of AI on the population and learn ways to support people who are affected. It is also important to stay informed about AI developments in order to better understand and use these new technologies. □

– Gabrielle Lesage

*For help with psychosis, visit [amiquebec.org/psychosis](http://amiquebec.org/psychosis)*

*Visit [amiquebec.org/sources](http://amiquebec.org/sources) for references*

MYTH BUSTERS

# OBSESSIVE COMPULSIVE DISORDER

There are so many myths surrounding mental illnesses. We are busting them one at a time! In this edition we tackle the often-misunderstood Obsessive Compulsive Disorder (OCD). OCD causes people to be troubled by persistent ideas and feelings (obsessions) that trigger repetitive actions and rituals (compulsions).

### OCD is only about the fear of germs.

Although the fear of germs is one of the more common obsessions of OCD, it is far from the only one. A person's obsession can focus on thoughts of violence, contamination, religion, sex, responsibility, identity, or perfectionism (and these are just some examples). Obsessions and compulsions are often different from one person to another. What is common in all obsessions is a recurring thought, image, or worry that causes a person anxiety and distress.

### Compulsions are always physical actions like hand washing.

Compulsions are an action a person with OCD does in order to calm and quiet the obsession that is causing them distress. Handwashing or repeatedly checking that the stove is turned off are common examples, but the compulsion itself does not have to be a physical action. Non-physical examples include repeating a certain phrase in their head or counting to a specific number until they feel like they have completed the compulsion.

### Everyone has a bit of OCD. Some people just have it worse.

Sometimes someone might say they are feeling "a bit OCD" because they feel like they are being neater or cleaner than usual, or because they like things to be organized. Language like that can harm someone who is actually experiencing the devastating effects of OCD. Using the term OCD as a character trait not only contributes to the misunderstanding of the actual

condition, but can also add to the stigma associated with OCD. This can lead to people who are actually living with OCD to not seek help or to not be taken seriously. Language is important.

### You must have compulsions in order to have OCD.

It is not necessary to have both obsessions and compulsions in order to be dealing with or be diagnosed with OCD. Some people have specific obsessions that make them uncomfortable, but the obsessions cannot always be alleviated by compulsions. Some people do not have compulsions, only obsessions. OCD can look different from one person to another.

### OCD is caused by trauma in childhood.

When someone has a condition like OCD, it does not automatically mean they have experienced trauma in their childhood or adult life. Research shows that OCD might stem from miscommunication between the front and back parts of the brain, while other studies show that it

might be caused by overactivity in certain places in the brain such as the orbitofrontal and anterior cingulate cortexes, the thalamus and the basal ganglia. Researchers continue to try and understand why some people develop mental illnesses, but they do know that trauma is only one possible cause.

### OCD is untreatable—you're stuck with it for life.

Like many other mental health conditions we have seen in this series, there are various treatment options for those living with OCD. What usually works the best is a combination of two or more therapies. These can include Cognitive-Behavioural Therapy (CBT), medication (under the supervision and prescription of a health professional), and support groups. Certain lifestyle changes like regular exercise, proper eating, and incorporating mindfulness techniques can also help improve quality of life. For those who have tried different treatments and have had difficulty with success, Transcranial Magnetic Stimulation or Deep Brain Stimulation are possibilities. □

Visit [amiquebec.org/OCD](http://amiquebec.org/OCD) for organizations that can help you or a loved one.

– Gabrielle Lesage

Visit [amiquebec.org/sources](http://amiquebec.org/sources) for references



Bell Mobility Construction's annual GolfTournament in September raised \$35,000 for AMI's programs (even more than the \$30,000 in the photo)! This is the third year in a row that they have raised money for AMI and we are most grateful.

## The 5 W's About Support Groups

**Who?** Family and friends of those living with a mental illness and people living with mental health conditions themselves.

**What?** Can participate in support groups led by individuals who either have lived experience with a mental illness or have experience as a caregiver.

**When?** Three Mondays a month from 6:30 - 8:00pm.

**Where?** Our support groups are held online (via Google Meet) and there is one in-person (on the South Shore)

**Why?** A way for people to talk about what they are experiencing and learn from others in a non-judgmental environment.

Visit [amiquebec.org/support](https://amiquebec.org/support).



## The 5 W's About Workshops

**Who?** Most workshops are for caregivers: family and friends of someone living with mental illness.

**What?** Participate in workshops on various topics such as boundaries and setting limits, learning about self-care, de-escalating conflict, and many more.

**When?** Times and dates vary. Details are on our website, in our newsletter, and in our monthly program emails.

**Where?** Some workshops are offered online (Google Meet) and some are in person (at our office, 5800 Decarie, Montreal).

**Why?** An opportunity to learn and to develop skills that can help you better cope with your role as a caregiver.

Visit [amiquebec.org/workshops](https://amiquebec.org/workshops).

## NEW SUPPORT GROUP

### for Spouses and Partners

**D**o you have a spouse, a partner, a boyfriend, or a girlfriend who lives with mental health challenges? Or an ex that you are still concerned about? If so, it qualifies you as their caregiver. While all caregivers share similar feelings and challenges, there are some commonalities especially shared with caregivers in similar situations.

We are launching a monthly Spouses and Partners support group. If you could use some support and a place to talk about what you're going through with people who understand, we invite you to check it out. You don't have to live with or be married to your partner and all forms of "significant other" are welcome. ☐

# SPRING 2026

## Support Groups

For details visit [amiquebec.org/support](https://amiquebec.org/support)

*Mondays 6:30-8pm on Google Meet*

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

### ANXIETY/OCD

*March 9; April 13; May 4; June 8*

### BIPOLAR DISORDER

*March 9; April 13; May 4; June 8*

### DEPRESSION

*March 16; April 20; May 11; June 15*

### HOARDING

*March 30; April 27; May 25; June 22*

### QUEER GROUP

*March 30; April 27; May 25; June 22*

### YOUNG ADULTS aged 18-35

*March 16; April 20; May 11; June 15*

### FAMILY AND FRIENDS for relatives and friends

*March 9; April 13; May 4; June 8*

### BPD for relatives and friends

*March 16; April 20; May 11; June 15*

### SPOUSES AND PARTNERS **NEW**

**Wednesdays 6:30-8pm**

*April 29; May 27; June 17*

### KALEIDOSCOPE for people living with mental illness

*March 30; April 27; May 25; June 22*

### IN PERSON

### SOUTH SHORE for relatives and friends

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

*Mondays 6:30-8pm*

*March 16; April 20; May 11; June 15*



## Workshops

For details and to register, visit [amiquebec.org/workshops](https://amiquebec.org/workshops)

### In person

*at the AMI office, 5800 Decarie, Montreal*

- **Treatments for Mental Illness** **NEW**
- **Connecting Through Movement** **NEW**
- **Non-Negotiable Boundaries** **NEW**
- **Facing Psychosis in Your Loved One**
- **Hands On Practice for Challenging Situations**
- **My Story** **NEW**

### Online

*via Google Meet*

- **Caregiver Groups**
- **Meditation**
- **Introduction to Borderline Personality Disorder**
- **Write From Your Heart**

**Well Nest: Coffee Shop**

*March 11, 5-7pm*

**Well Nest: Event TBA**

*May 7, 5-7pm*

# CARING FOR CAREGIVERS

Taking care of an ill loved one can be a lot of work, and it can take a toll on a family caregiver’s mental and physical health. Family and friends who want to be supportive may find it hard to know how to help. For caregivers, even being asked “what can I do for you?” can add to their stress, because they may worry about asking too much, or are embarrassed to ask for help with something personal. Sometimes even thinking of suggestions can be overwhelming.

Here are some concrete ways you can offer support:

## Bring food

Having someone else take care of a meal can be a relief. Keep in mind, there’s a difference between “can I make you dinner sometime?” and “I am making you dinner. Can I drop it off at 5pm?”. Fit around the caregiver without making them do any planning. Make it clear that you are bringing a meal, but not coming in, so they should not worry about cleaning up or making time for a visit.

## Laundry

Laundry needs to be done regularly, but it can easily fall by the wayside. If you say you are coming to do it, the caregiver has no need to be embarrassed about asking for help with this personal chore.

## Respite

Offer your services to stay home with their ill loved one so they can go out. This gives them the opportunity to do something they may not normally have a chance to do, such as errands, shopping, or a meal out.

## Gift of self-care

Give them a gift certificate so they can go to a spa, for a massage, or shopping — an opportunity to take some time for themselves. (This is especially good if you can combine it with “respite” above!)

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## Take care of pets

Walk the dog, clean out the litter box, or pick up pet food. Some caregivers feel guilty their pets aren’t getting enough attention, and they’ll feel better knowing their animal is getting some loving care.

## Offer to run errands

Make it simple by saying, “I am going to the grocery store/ pharmacy, what could I pick up for you?”

## Outside maintenance

Mow the lawn, weed the flowerbeds, or shovel the snow.

## Check in regularly

Call or text, just to say hi, or to listen if they need to talk. Sending a funny video or photo shows you are thinking of them. But don’t be upset if they don’t answer, or don’t answer right away.

Keeping all of this in mind, you can still ask “Is there anything that you need?”. This gives the caregiver an opening if ever there is something they need help with but are reluctant to ask. The most important thing to remember is to let the caregiver know that you are there for them and that you are ready to support them however they need. ☐

– Emily Verrall

Visit [ami.quebec.org/sources](https://ami.quebec.org/sources) for references

## STAY INFORMED!

Find our most up-to-date information:

**ami.quebec.org**

For regular updates, follow

**@ami.quebec** everywhere you use social media



Sign up for our monthly emails:

**ami.quebec.org/email**

**514-486-1448**

(1-877-303-0264 outside Montreal)

**info@ami.quebec.org**

Author Event



Tales from two Susans



Daniel Miguel of the Westmount Library, Susan Doherty, Susan Grundy, and AMI's Executive Director Ella Amir

Two masterful Montreal writers shared their parallel journeys into the world of schizophrenia with a rapt audience at the Westmount Library on January 24th. For Susan Doherty, that journey began as a volunteer on the locked ward of the Douglas Institute 16 years ago. Her book *The Ghost Garden* shines a light on the lives of those she describes as “the feared and forgotten.” Susan Grundy’s book *Mad Sisters* is about her relationship with her older sister Nancy, diagnosed with schizophrenia at age 13, and the love that binds them. “There is an implicit message that needs to be heard,” said AMI’s executive director Ella Amir. “Mental illness is a ‘family affair’; an imperfect, fragmented health care system victimizes not only the diagnosed member but the entire entourage.” □

OUR WEEKLY WALKING GROUP WILL START AGAIN THIS SPRING!

Here's a chance to improve both your physical and mental health. Our weekly walking group is open to all friends of AMI, including family caregivers and their loved ones, regardless of ability. We are keeping a close eye on the weather and will announce our start date soon.

Sign up for reminders here: [amiquebec.org/walk](http://amiquebec.org/walk) □



TRIBUTES & MEMORIALS

In honour of **Natalie Boileau**  
Shirley and David Shapiro

In honour of **Diana Verrall**  
Carol and George Taylor

In honour of **Allan Schwartz**  
Gayle Freeman

In honour of **Blanche Moskovici**  
The Pascal Family

In honour of **Norman Segalowitz**  
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In memory of **Alexei Smith**  
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In memory of **Pieter, Beppie, and Guus Boudens**  
Maggie Boudens

In memory of **Jeff Cormier**  
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In memory of **Dr. Lloyd and Ruby Caswell**  
Sharol Nelson

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](http://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*
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## SHARE & CARE

Share&Care is published quarterly.

- Ella Amir, *Editor-in-Chief*
- Diana Verrall, *Managing Editor*
- Gabrielle Lesage, *Contributing Writer*
- Emily Verrall, *Contributing Writer*
- Liane Keightley, *Designer*

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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5800 Décarie, Montréal, Québec H3X 2J5  
514-486-1448 1-877-303-0264  
amiquébec.org info@amiquebec.org  
@AMIQuebec  
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### The dangers of self-diagnosis

Limited access to professional mental-health care explains why many people turn to social media. But beware of the risks.

“Self-diagnosis can lead to mislabelling normal emotional experiences as psychiatric disorders, which may increase anxiety rather than relieve it,” says Dr. Hudon. “Without proper assessment, individuals may pursue inappropriate treatments or over-look conditions that require urgent care.”

Dr. Hudon worries about teenagers and young adults who consolidate their identity around a diagnosis that hasn’t been clinically established. “Online communities can sometimes reinforce symptoms,” he says — unintentionally shaping how a person interprets what they’re going through.

The psychiatrist also worries that self-diagnosis can delay or stymie a person’s efforts to get access to proper care. “When someone believes they have already ‘figured it out,’” he says, they might not look in their community for professional help, or they might resist help if it differs from what they have seen and heard online. □

– Loreen Pindera

Looking for a reliable source of information about mental illness and mental health? Follow @amiquebec and like and share our posts. You never know who you might help!

Visit [amiquebec.org/sources](http://amiquebec.org/sources) for references

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



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