

SHARE & CARE

THE RECOVERY OF HOPE ~ THE HOPE OF RECOVERY

AMI'S ANNUAL MENTAL HEALTH FORUM

Rethinking Mental Illness from the Body Up: Metabolism, Medication, and Recovery

Most of us were taught that serious mental illness is a problem of brain chemistry, corrected by the right medication. That model has helped many people — but when it doesn't work, it can leave families stranded. They are told their loved one is "treatment resistant", as though they had failed. A growing body of science points to something the old model overlooked: the brain is the body's most energy-hungry organ, and mental health is deeply tied to metabolism — how our cells produce and use energy.

Drawing on his clinical work and the emerging research, Dr. Matthew Bernstein will explain, in plain language, how metabolic health shapes the brain; what interventions like nutrition, ketogenic therapy, exercise, and sleep can and cannot do; and how this widens the toolkit for recovery — including the careful, collaborative question of when medication helps and when it can be safely reduced. This is an honest and hopeful look at a wider horizon, and what it means for the families living it.

Matthew Bernstein, MD, is a psychiatrist with twenty-five years of experience and a Lecturer in Psychiatry at Harvard Medical School. He is Chief Medical Officer of

Ellenhorn and Founding Partner, CEO, and Medical Director of Accord Mental Health, a residential program in Arlington, Massachusetts pioneering metabolic approaches to serious mental illness. Trained at Massachusetts General Hospital and McLean Hospital, he writes and teaches on integrating metabolic psychiatry with careful, collaborative medication management. His commitment to this work is also personal: two of



his three sons received a PANS diagnosis (Pediatric Acute-onset Neuropsychiatric Syndrome), and the family's own medical

odyssey shaped his conviction that psychiatry must look beyond the symptom to the whole person. □

AMI-Quebec's Annual Mental Health Forum

(Formerly the Low-Beer
Memorial Lecture)

**Thursday,
October 29th, 7pm**

In person at the Oscar Peterson
Concert Hall, 7141 Sherbrooke
West, Montreal and online at
amiquebec.org/forum

~ SAVE THE DATE ~

JOIN US FOR AN OPEN HOUSE, LAUNCHING OUR 50TH ANNIVERSARY YEAR!

AMI is turning 50 and you're invited!



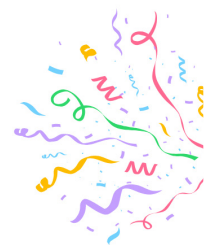
Celebrating 50 years of helping families

Thursday, December 3, 2026

5 - 7pm

Celebrate with food and drink, special exhibits and giveaways, and meet our staff and board as you discover AMI's past, present, and future.

Bring a friend (or two)! Everyone is welcome!



amiquebec
Alliés en santé mentale
Allies in mental health
50
1977-2027

5800 boul. Décarie Montréal, QC H3X 2J5
amiquebec.org 514-486-1448

DITCHING THE LABELS

Should we change how disorders are classified?

Although things have improved in recent years, stigma is still attached to mental health disorders. Once a person is diagnosed with any disorder or condition, the label they receive can lead to societal shame, blame, misinformation, and rejection. Labels can grow outdated or judgmental as time passes, like the classification of homosexuality as a mental illness until the 1980s. This suggests that we should continually revisit and adapt classifications and diagnostic labels to fit modern medical and ethical interpretations.

The newest revision of the International Classification of Diseases (ICD-11) proposes a change to how we categorize mental health disorders. It suggests that instead of a rigid, binary diagnosis, mental health disorders should be viewed on a spectrum. With this change, everyone would naturally be on a spectrum, and when they cross a set “line”, they would be treated for their mental health struggle. For example, instead of being diagnosed immediately with a personality disorder because of excessive cleanliness, a person would be viewed on a spectrum describing this behaviour: are they displaying a reasonable amount of tidiness, or has it passed the line into pathological and obsessive, which means that it disrupts one’s life.

This new classification method holds some advantages. It can offer a more flexible, less rigid, and more personalized approach to diagnosis and treatment. People diagnosed with a given disorder do not necessarily have the same experiences, and so this spectrum would allow some fluidity in how healthcare professionals interpret their symptoms. The lack of hard and fast labels could also eliminate some societal stigma, as it could lead to viewing mental health as something ‘we all have’. It may also lead to a more person-first (as opposed to illness-first) way of thinking about personality and other mental health conditions.

There are also notable disadvantages to switching to a spectrum. For one, it currently lacks standardization and clearly defined thresholds: who is to say that one therapist would interpret the same symptomology the same way as the next therapist? It could take decades for the medical field as we know it to adopt and integrate this new approach to mental health, and in that time, many people may fall through the cracks. Based on their years of work, some healthcare professionals may refuse to prescribe medication without a formal diagnosis. Moreover, some people are relieved to get a diagnosis, stating that it helped them understand themselves better, ask for help, and seek treatment. Lastly, spectrums can feel far more accessible to the public than formal diagnoses, which may lead people to self-diagnose or diagnose others without the medical understanding to back it up, potentially leading to more harm than good.

A stagnant mental health understanding that does not adapt with the times may become exclusive, irrelevant, and ultimately outdated. But understanding the risks and pitfalls of such a big change is equally as important so that unnecessary harm or confusion is reduced, especially for vulnerable populations. □

– Nazila Tolooei

Visit amiquebec.org/sources for references



CALL FOR HELP!

In Canada, we have some important, easy-to-remember numbers to connect us to the help and resources we need. To know which one to call, here is an overview of their services. It’s important to note that all numbers are available both to people who need help for themselves and for family, friends, or anyone else who is concerned about someone who is struggling. They are all free and available 24 hours a day, 365 days a year.

211

This is the best source to explore and connect to government and community-based non-clinical health and social services. It is free, confidential, and accessible in more than 150 languages by phone, text, chat, and through their website 211.ca.

811 Info-Santé

811 is a free and confidential telephone consultation service which puts Canadians in contact with a nurse to discuss **non-urgent** mental health issues. The nurse can evaluate your situation, give you advice, direct you to the appropriate resource, and answer any questions.

988

988 is the Suicide Crisis Helpline. Staffed by trained crisis responders, they provide a safe space for mental health support and suicide prevention. They will work with you to find coping techniques and to create a safety plan. It is available by phone and by text in both English and French. Depending on your area, there may be specialized support for First Nations, Inuit, and Métis people. 988.ca

911

This number is for emergencies requiring immediate help, including mental health crises. Examples include someone being an immediate danger to themselves or others, if they are suffering a severe psychotic episode, or have attempted or expressed thoughts of suicide. Call 911 to reach police, fire, or medical help. □

– Emily Verrall

Visit amiquebec.org/sources for references

Schizophrenia has a profound impact not only for the person living with schizophrenia, but also for their loved ones. It changes how people feel, think, and behave, often to extremes. While support from health professionals is essential, schizophrenia is almost always treated with antipsychotics. Current treatments with medications have proven to be helpful, but with limits. Despite this, the drug treatments for schizophrenia have barely changed in the past 70 years.

The current antipsychotics available to patients all work with the same mechanism of the brain, by blocking a specific group of receptors and altering dopamine pathway signalling. Blocking dopamine has been shown to be very effective in decreasing psychotic symptoms. However, while there are decreases in delusions and hallucinations, these medications have no effect on other symptoms associated with schizophrenia, such as social withdrawal, lack of motivation, and loss of pleasure. They can also have substantial side effects, including significant weight gain, changes in hormone levels, and increases in sugar levels in the bloodstream. These factors can make patients reluctant to continue taking medications, which increases risk of relapse.

As a result, psychiatrists and patients have been hoping for years for a new treatment with more benefits and fewer side effects. But the complexity of the brain and the fact that we do not know everything about the causes of mental illness has made progress difficult. It does not help that most major phar-

maceutical companies have become more focused on other more lucrative areas of medicine, which unfortunately does not include medication for mental illness.

This is why a new antipsychotic medication that has recently become available is such an encouraging development. This new medication works differently than the medications we have had for the last few decades.

Cobenfy does not target the dopamine system directly but instead works by helping brain cells communicate in a different way. It boosts acetylcholine signals, which regulates dopamine

naturally. Once a patient's dopamine level is more balanced, symptoms such as delusions and hallucinations decrease. As well, researchers report a decrease in other negative symptoms such as social withdrawal.

A NEW POTENTIAL TREATMENT FOR SCHIZOPHRENIA?

Excitingly, studies have shown patients on this medication did not experience many of the usual side effects from antipsychotics. Some patients in trials reported feelings of nausea, but said it was tolerable and decreased over time. Other reported side effects include indigestion and elevated blood pressure, but they often resolved within days or weeks.

Cobenfy became available in the United States in 2024 but has not yet been approved by Health Canada. While early results seem very encouraging, further research is needed. It is yet to be seen how effective this medication is in the long term, and whether there are other, not yet identified, side effects.

The fact that research is moving forward is very promising. It is possible that this medication could be effective to treat other mental health conditions, such as bipolar disorder. Although there is still work to be done, these recent developments are encouraging and offer hope for the future.

An important note: while medication is often the first line of treatment, therapy, supportive services, diet, and exercise play important roles. Visit amiquebec.org/schizophrenia for help for yourself or someone you care about.

On the other hand, according to Mad in America (madinamerica.com), another new drug has recently been approved, but it is basically the same as an old medication and did not go through any clinical trials. Iloperidone (also known as Fanapt) was resubmitted to the FDA as a new drug, Bysanti. Vanda Pharmaceuticals argued that studies for the previous drug should count for this new version, even though they were submitting it as something new. Some studies they were citing were decades old, including trials conducted 25 years ago. There seems to be very little difference between the two drugs, so it's unclear why Bysanti was released. Mad in America suspects it may have been to extend a patent that was about to expire, or to attempt to increase the company's value by releasing something new. It could also be to complicate the upcoming release of a generic version, making it more difficult for patients to have access to a less expensive option. □

– Emily Verrall

Visit amiquebec.org/sources for references

A way to give back— BECOME A MEMBER!

Membership lends weight to the voice of AMI-Québec, leading to stronger advocacy, more publicity, and potentially more funding. This means we can help more families affected by mental health challenges and illnesses.

When you join AMI-Québec, you become part of a caring community that believes no family should face the challenges of mental illness alone. Your membership helps us provide support and hope to families across Quebec.

As a valued member, you:

- Help keep our organization strong and sustainable so that all our programs and services remain free
- Have access to our newly reopened lending library
- Choose how you'd like to receive our quarterly newsletter—by email or by regular mail
- Can vote at our Annual General Meeting and make your voice count
- Show your commitment to a more compassionate and well-informed community

Every member makes AMI stronger.

Please note: You do not need to be a member to participate in our programs. Together, we make a difference for families in need.

Annual Membership – \$25.00*

Add your voice to ours! Complete the form on page 8 or visit amiquebec.org/membership. Existing members receive a notification by mail when it is time to renew.

Prefer to renew by phone? Give us a call at **514-486-1448** (1-877-303-0264 outside Montreal).

Questions? Diana is happy to help: info@amiquebec.org.

*Complimentary membership is available for individuals on limited incomes. Membership is per household so there is no need for spouses to renew separately. □

“

Years ago, in a crisis with my son, I found support at AMI-Quebec. Their guidance meant everything to me.

As a member and board member, membership represents community, connection, and giving back the support I once received.

”

--Rosalie
AMI member since 2010

Welcome to another edition of Myth Busters. This time, we are looking at common myths associated with self-harm, also known as self-injury, which is often misunderstood.

People who self-harm are only seeking attention and use it as a tool to be manipulative.

Studies show that the most common reason people self-harm is to deal with stressors and overwhelming emotional pain. It is a way for the person to release the tension and stress they feel. It can also be a way to cope with emotions such as self-loathing, guilt, and helplessness. Self-harm can cause temporary relief from pain due to the release of endorphins.

Self-harm is most often done in private, and the behaviour is not shared with others. Many people hide their injuries and the resulting scars because they do not want anyone to know what they have done.

MYTH BUSTERS

SELF-HARM

They might feel shame. It is important to reassure a loved one who self-harms that you don't think less of them.

People who self-harm are suicidal.

Although there is a significant correlation between self-harm and suicidal thoughts, self-harm is not the same as a suicide attempt. Some people who self-harm are also suicidal, but many are not. People who self-harm often use it as a coping tool; even a way to avoid suicide.

People who self-harm are addicted to or enjoy pain.

While some people might become dependent on self-harm to help manage

their emotions, it doesn't mean that they are addicted to pain. Additionally, studies show that those who self-harm might have a higher tolerance threshold for pain. The physical pain caused by self-harm is not enjoyable.

Self-harm only comes in the form of cutting.

Injury to the self can come in many forms and varies from person to person. Some examples include biting, burning, banging, or scratching. Some people also prevent their wounds from healing, thus causing more harm to their body. The individual who self-harms does not hurt themselves with the goal of killing themselves; the intention is to cause harm to themselves to relieve negative emotions they are experiencing.

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Self-harm ... continued from page 4

Only teenage girls self-harm.

Many people believe that those who self-injure are teenage girls. This might be because of certain media portrayals and stigma. Self-harm often starts in adolescence, but studies have uncovered that the second most common age range for someone to start self-harm is in their 20s. Teenagers, young adults, and adults of all genders have been known to harm themselves to cope. Many people might not discuss self-harm because of societal scrutiny and stigma.

There is no cure for self-harm.

There are different therapies that have been shown to help people who self-harm. Therapies such as dialectical behavioural therapy (DBT) and cognitive-behavioural therapy (CBT) have proven to be effective. Some people might be prescribed medications to help with an underlying condition like anxiety or depression.

For help coping with self-harm in yourself or someone you care about, visit amiquebec.org/self-harm. □

– Gabrielle Lesage

Visit amiquebec.org/sources for references

FALL WORKSHOPS

Our interactive workshops will provide you with information and hands-on experience. They will help reduce stress, find your strengths, and increase confidence. All are for family and friends of people living with mental illness only.

In-person workshops

Boundaries Series
NEW! Confident Conflict
 for Families
 Connecting Through
 Movement
 Express Yourself!
 My Story: Marc: Hope
 After Suicide

Online workshops

Caregiver Groups
 Meditation
 My Story: Diana: Running
 From Depression
NEW! Self-Care Lab
 (see page 7)

Both

Exploring YOUR Part in
 Relationships: Process Group

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

FALL 2026

Online 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

August 31; October 5; November 2; November 30

BIPOLAR DISORDER

August 31; October 5; November 2; November 30

DEPRESSION

September 14; October 19; November 9; December 7

HOARDING

September 28; October 26; November 23; December 14

QUEER GROUP

September 28; October 26; November 23; December 14

YOUNG ADULTS aged 18-35

September 14; October 19; November 9; December 7

For relatives and friends

BIPOLAR DISORDER

September 14; October 19; November 9; December 7

NEW! PSYCHOSIS FOR FAMILIES

August 31; October 5; November 2; November 30

On Tuesdays

NEW! PARTNERS AND SPOUSES

September 22; October 20; November 17; December 15

For people living with mental illness only

KALEIDOSCOPE

September 28; October 26; November 23; December 14

IN PERSON

SOUTH SHORE for relatives and friends

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

Mondays 6:30-8pm

September 14; October 19; November 16; December 7

For details visit
amiquebec.org/support

LITERATURE AND MENTAL HEALTH

A Look at Bibliotherapy

Bibliotherapy is a type of art therapy that uses stories and other forms of literature as a tool to help individuals through their therapeutic journey. It was first officially used as a medical term in 1966 as “the process of using literature to encourage cognitive change”. Bibliotherapy is often used in conjunction with other forms of traditional therapy.

Studies show that people who read fiction demonstrate enhanced abilities to understand and process emotions, which in turn enhances their capacity for empathy, autonomy, and justice. Reading fiction can help a person feel less alone if the character in their book is going through similar experiences, and can also help to develop a deeper awareness of emotions and introspection of the self. Bibliotherapy can also help patients adjust the way they view their lives. Some findings indicate that benefits can include helping decrease depression in adults, helping children with their anxiety, depression, and aggression, and aiding college students to reduce their stress levels.

Another big benefit of reading? It increases your knowledge and thus gives you tools to cope better with whatever challenges you are facing. Interested in mental health and mental illness? Check out AMI’s library! Visit amiquebec.org/library for details. □

– Gabrielle Lesage

Visit amiquebec.org/sources for references



SANTÉ QUÉBEC Rebranding



Santé Québec has announced a rebranding which will unify all medical establishments under one banner. The aim is to make information and services simpler to find by having everything under a standardized, easy to recognize name. It will replace acronyms like CIUSSS, CISSS, etc.

All health and social services centre names will begin with “Santé Québec”, followed by the territory they serve. All centres keep their original names, but with the new prefix added. For example, Centre universitaire de santé McGill (McGill University Health Centre) will be Santé Québec – Centre universitaire de santé McGill.

A full list of the new names for each establishment can be found on the Santé Québec website. □

– Emily Verrall

Visit amiquebec.org/sources for references

STAY INFORMED!

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

For regular updates, follow
@amiquebec everywhere you use
social media



Sign up for our monthly emails:
amiquebec.org/email

514-486-1448

(1-877-303-0264 outside Montreal)

info@amiquebec.org

TRIBUTES & MEMORIALS

In memory of Claude Séguin
Édith Durand

In memory of Maddalena Ricciardelli
Royal A. Govain

In memory of Angelo Fratellilo
Linda Caprini Germano

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 Body Keeps the Score”

In this age of information, accumulating and analyzing knowledge is highly regarded. While thinking is clearly important, ‘over-thinking’ that may disconnect you from your body and the messages it may offer you can result in anxiety and stress. When so much value is put on our capacity to think, the body can be seen merely as a commodity, a useful vehicle to bring us from point A to B. And while we recognize the value of keeping our body fit and healthy, it seems we may have lost touch with it as a source of wisdom. Intuition, gut feelings, and flashes of insight are all deeply connected to our ability to sense and connect to our bodies.

Being aware of our inner world of sensations and emotions provides us with important and useful information when we navigate our relationships. Emotions are sensations and sensations live in the body. In addition, our nervous system provides built-in protection that has kept us and our ancestors safe. If our hand is too close to the fire, our body instinctively knows what to do to move it away; no thinking is involved! When facing danger, both animals and human beings can rely on the body to do what’s needed to keep them safe: fight, flee, or freeze.

In 2014, Bessel Van Der Kolk, researcher and psychiatrist, wrote the pioneering book *The Body Keeps the Score* on how

trauma and overwhelming experiences affect the brain, nervous system, and the body. Just as the body can be an important source of wisdom, it can also hold the imprints of overwhelming experiences that we might not have had the opportunity to process. This may show up as reactivity, a difficulty to regulate emotions, irritability, anger, anxiety, depression, the feeling of not being good enough, lethargy, or difficulty setting boundaries or making decisions.

In overwhelming situations, the body and the brain keep us safe by numbing, spacing out, and even dissociating. Suppressing uncomfortable emotions and sensations is an intelligent strategy the brain and body use to keep human beings safe, when that is the only option available. Some people may have been too young to process overwhelming sensations and feelings or may not have been able to access support when these overwhelming experiences happened. Later in life, however, it is possible to reconnect to these stored sensations and feelings which can be experienced as tension, knots, contractions, and variety of other sensations, and sometimes even as chronic pain. These imprints from the past are knocking at the door asking to be acknowledged. Not to be relived, but simply to be revisited with care and compassion.

This fall, AMI will offer a new Self-Care Lab: a monthly online group (noon–1pm) for family caregivers who would like to experiment with a variety of short, simple, and accessible body-based practices.

Come join us and make friends with what your body holds in a caring and supportive environment (at your own pace). Explore a deeper connection to your body, sensations and feelings.

Visit amiquebec.org/lab for details

Until we can do that, the body and mind may not always feel like a hospitable place in which to live. This can sometimes manifest as unwanted behaviours, distorted beliefs, powerful feelings that we don’t quite know how to process, and physical sensations.

When an event in the present triggers sensations from the past, there are different ways to protect us from being overwhelmed. Some may be unhealthy, such as using substances, overworking, over-eating, or spending too much time on our devices. Keeping uncomfortable feelings at bay by distracting ourselves, however, is short lived. In the long term it may rob us of our vitality, health, resilience, intuition, and potential, and may impact our relationships as well. Our body, brain, and nervous system may need help to recognize that even though overwhelming situations were experienced in the past, we are now safe.

How can we find a way back to the body?

We cannot *think* our way back to the body. The way back is through the body! This may seem counterintuitive, but it can

Staff Summer Potluck

Every summer Ella, our executive director, welcomes our staff to her home for a potluck. In mid July we got together and enjoyed a wide variety of delicious food. The weather was perfect and we enjoyed being outside together!



continued on page 8

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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Brenda Cormier, *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*
Nazila Tolooei, *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.
Legal deposit: Bibliothèque Nationale du Québec, National Library of Canada.

5800 Décarie, Montréal, Québec H3X 2J5
514-486-1448 1-877-303-0264
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The body keeps the score ... continued from page 7

be done at a pace that our system is able to tolerate while using inner or outer resources we already have or can develop.

Many psychotherapies now include body-based practices to support clients who have a history of overwhelming experiences (either as a one-time acute experience, or a series of experiences over a period). There is much we can do to gradually *befriend* our body. Bessel Van Der Kolk recommends simple body-based practices such as yoga, Qigong, Tai Chi, dance, movement, theatre, singing, drumming, etc.

Everyone is unique; what may work for one person may not work for another. Exploration requires patience, openness, and curiosity. In a world rampant with stress and challenges, finding the way back to our body may be the greatest gift we can offer ourselves. It will not only increase our capacity to face difficulties but also improve our relationships and our ability to come up with options we did not realize existed when facing challenging situations. □

The Body Keeps the Score by Bessel Van Der Kolk is available in the AMI library: amiquebec.org/library

– Sylvie Bouchard, AMI counsellor

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



YOUR SUPPORT HELPS SUSTAIN OUR FREE PROGRAMS

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

Thank you for your support!

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