SHARE & CARE

THE RECOVERY OF HOPE ~ THE HOPE OF RECOVERY

amiquébec
Alliés.e.s en santé mentale
Allies in mental health

50 ans years
1977-2027

HOW IT ALL BEGAN:

AMI's first 13 years

The story of AMI-Quebec begins in 1976, with a cold call to a stranger. May Gruman had been travelling in Australia, where she heard about a self-help group there for families of people with mental illness. Nothing like it existed in Canada. A friend of a friend suggested she contact a fellow Montrealer, Sylvia Klein. The two women didn't have a lot in common except this: both had an adult child diagnosed with a psychiatric condition.

"She came over, and I think we sat and talked for two hours," Sylvia Klein recounted. "It was the first time we had each spoken to another person in the same position. I remember telling her things that my parents didn't know, things I never told them. But I felt so comfortable talking to her because she knew exactly what I was talking about. Anyone else would sympathize but wouldn't understand." "We were all suffering in the same way," said May Gruman.

By early 1977, the two women and their husbands, Sam Gruman and Bill Klein, began taking turns holding regular meetings in their living rooms, joined by two other couples, Eve and Ed Leckner, and Ruth and Ken Moscovitch.

The late 1970s were the early years of "de-institutionalization." A young Montreal Star reporter named James Farquhar was writing news features about the closing of psychiatric hospitals and the patients being discharged with a promise of community-based care. Gruman read Farquhar's stories and called him up. "Would you like to know what happens to patients when they get out of the hospital," she asked him, "coming back to the home, where the family knows very little about what to do with them?"

Farquhar jumped at the opportunity, meeting them that same evening. They told him about their bewilderment – how they'd been denied information about their children's medical situation yet expected to care for them – and about their own distress and exhaustion.

"I had a mentally ill family member, too," Farquhar recalls. "It pulled at my heart strings."

They gave out their number at the end of the article, and the phone did not stop ringing. So many people wanted to find out more that the Jewish General Hospital's chief of psychiatry, Dr. Henry Kravitz, arranged to lend the group a room in the Institute of Community and Family Psychiatry. Thirty people showed up, to the surprise and delight of May Gruman and Sylvia Klein.

"It was unbelievable," said Klein. "People came who had never spoken about their problems. Most of them had sons or daughters who were ill. Everyone had a chance to speak. There were a lot of tears."

Kay Simpson read the article and felt as though she was reading about her own life. "The fact that my daughter was diagnosed with schizophrenia was a very difficult situation to come to terms with," Simpson said in 2002. "It was a time when doctors wouldn't give or didn't give information out – when they considered that the parents were really the cause of things, especially the 'schizophrenogenic mother.'"

"It was a lifeline for me," said Simpson, who attended that first meeting. She met other families who were also looking for information about their adult child's illness and had the door shut in their face, in the name of confidentiality.

"It left families really worried and puzzled. Everybody said, 'Well, if you'd had any other illness, it would have been explained to us. Why can't this one be explained?' That was why the group was so good ... You knew that other people understood because they had the same problems."

continued on page 2

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!

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Alliés.e.s en santé mentale
Allies in mental health
50 ans years 1977-2027

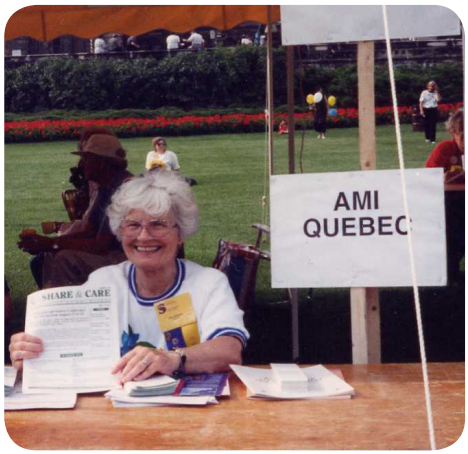
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amiquebec.org 514-486-1448

How it all began ... *continued from page 1*

The group incorporated, taking the name of the support group that May Gruman had first contacted in Australia: the Association of Relatives and Friends of the Mentally Ill (ARAFMI). They invited the Douglas Hospital to send a social worker to each meeting, to give members advice about where to turn and who to seek help from.

May Gruman said that at first those social workers came out of curiosity, but when they heard families' stories, they began to grasp how mental illness affects so many more people than the one with a psychiatric diagnosis.

"They were learning so much from us that they didn't know," said Gruman. "They saw people cry. They heard about marriages breaking up and (patients') siblings leaving home."



Kay Simpson in the early days

Soon 15 or 20 people were turning up regularly to the monthly meetings, and one social worker became two and then three, allowing them to split into smaller discussion groups.

"We had no money and no support," Simpson recalled. "People would take stuff home with them, and if a mailing had to go out, a bunch of people would get together and stuff envelopes." No one was eager to be president because of the work it entailed, "so we sort of divided up the presidency… Everything was put in a briefcase, and then whoever was president got this briefcase to hold all the material." Nothing like ARAFMI existed in francophone Quebec, so in 1979, members Irene Ranti and Jack Kastner helped start a sister group, the Association québécoise des parents et amis de la personne atteinte de maladie mentale (AQPAMM), known today as Arborescence Québec. By the early 1980s, ARAFMI had also opened Club-AMI, a drop-in centre for psychiatric patients that also still exists today.

In 1984, ARAFMI became affiliated with the National Alliance for the Mentally Ill (NAMI) in the U.S. With that came a change of name: AMI-Quebec Alliance for the Mentally Ill. One year later, AMI helped found a provincial organization of family associations, the Fédération des familles et amis de la personne atteinte de maladie mentale, today called CAP santé mentale.

The programs in these early days were a blueprint for AMI's programs today. They included telephone support, a siblings' network, group meetings with social workers, a miniature lending library, and speaker evenings. There was also a newsletter—this newsletter—that at first was banged out on a manual typewriter, and dropped off in hospital waiting rooms, in psychiatrists' offices and everywhere else members could think of. With each new edition, new members volunteered their time and skills. One of them, Monty Berger, was a public relations executive.

"He put us on the map," May Gruman said. Most important, she said, Berger found the person who was to become AMI's executive director and its first paid staff member, Ella Amir. She began her job as AMI's service coordinator on January 1, 1990. It was the start of a new decade – and a new era for AMI-Quebec. ❐

Coming in the spring newsletter: the 1990s, a time of growth and advocacy.

– Loreen Pindera

The 2026 Federal Budget amends the Canada Caregiver Credit to a refundable tax credit

Making the Canada Caregiver Credit (CCC) refundable has been a longstanding priority of the CCCE (Canadian Centre for Caregiving Excellence), and was prominently included in their National Caregiving Strategy. Upon the government's proposed changes to the CCC, CCCE made the following announcement:

The 2026 Federal Budget proposes changes to the Canada Caregiver Credit (CCC). If passed, these reforms will make the CCC fully refundable up to $1260 per year in 2027 and indexed thereafter. This measure will put $845 million of additional support over four years directly into the pockets of eligible caregivers at a time when they need it most.

The annual federal budget is one of the clearest statements of a government's priorities. For millions of caregivers who have too often felt unseen and undervalued in our health and social systems, this recognition matters. It signals a meaningful commitment to recognizing their essential contributions and providing the support they deserve.

The CCC is currently a non-refundable tax credit that can lower the tax a person pays rather than placing money in their pockets. By making the credit refundable through Budget 2026, the new credit will provide much-needed financial support directly to millions of caregivers across Canada. This reform will lift 15 000 caregivers out of poverty and dramatically improve the lives of the most vulnerable caregivers. It will touch caregivers in every part of Canada, including an additional 180 000 who currently receive no support from the CCC.

One in four Canadians is a caregiver today and half of us are expected to provide care at some point in our lives. CCCE's Caring in Canada 2026 highlights the deep financial impacts to caregivers, averaging $12,000 per year. ❐

– The Canadian Centre for Caregiving Excellence

Visit amiquebec.org/sources for the original article

WHAT IS SAD,

AND WHY IS WINTER TOUGH ON MENTAL HEALTH?

Winter can be tough on your mental health. Days are shorter with reduced sunlight. We tend to spend less time outside when it's cold, which can make us feel as if we're confined inside. Feelings of "cabin fever" are very common. The holidays, while fun, can add to stress and emotional turmoil. All of this can make us feel exhausted.

While about 15% of Canadians may experience feelings of sadness or unhappiness during the winter months, about 2-3% of Canadians experience Seasonal Affective Disorder (SAD). SAD is a form of serious depression where symptoms generally begin in late fall or winter and improve in spring or summer. The theory is that less daylight and shorter days can set off a chemical change in the brain that leads to symptoms of depression.

Possible symptoms include depressed mood, low energy, oversleeping, social withdrawal, loss of interest in previously enjoyed activities, constantly feeling sluggish, inability to concentrate, and feelings of hopelessness.

What can we do to feel better? Even though it might be the last thing you feel like doing, physical activity can help. Even indoors, exercise will help improve your energy level, sleep, and mood. Try to go to bed and wake up at the same times every day, because oversleeping can actually make you feel more tired. Mindfulness and relaxation can also help with the negative thought patterns that are often connected to SAD.

Spending any amount of time outside, even five minutes, makes a difference, because exposure to sunlight will help with your body's natural rhythms. Light therapy



can also be beneficial. This involves exposure to a light source that simulates natural sunlight. Research has shown that this helps the brain alleviate symptoms of SAD, especially mood-related symptoms.

It also helps to talk about it. With a therapist, with family, or with friends, sharing feelings helps us feel better, and reduces the feelings of isolation and depression. Winter may feel long but spring is coming!

❖

Another way to find help for SAD or any other mental health issue you are facing is to attend one of AMI-Quebec's online support groups. They provide a warm welcome to everyone, whether you are struggling with your own mental health or care about someone who is living with mental illness.

Are you looking for a safe and confidential place to vent, learn, and hear from people who understand what you're going through? AMI's support groups aim to help participants feel less alone and better understood so that they can improve how they cope with the effects of mental health challenges and mental illness on their daily lives.

Facilitated by people who have experience, either as a family caregiver or having lived with mental illness, AMI's support groups offer an opportunity to develop a healthy perspective on mental illness, explore coping strategies, and learn about support services and resources in the community. Like all our programs, our support groups are free! They are held three times a month, most of them on Monday evenings.

AMI has support groups for:

- Family and friends of someone living with mental illness only: Borderline Personality Disorder for Families, Psychosis for Families, South Shore (in person), Spouses and Partners (one Tuesday a month)
- Those suffering from mental illness only: Kaleidoscope
- Mixed groups for both: Anxiety/OCD, Bipolar, Depression, Hoarding, Queer Group, Young Adults

See page 5 for dates

Details: **amiquebec.org/support** or call **514-486-1448** ❐

– Emily Verrall

Visit amiquebec.org/sources for references



On October 29th, we held our **Annual Mental Health Forum**. Dr. Matthew Bernstein spoke about Rethinking Mental Illness from the Body Up: Metabolism, Medication, and Recovery. We had 65 people in person and another 100+ online. Stay tuned for an article all about metabolic psychiatry in our spring edition, but in the meantime, you can watch the recording: **amiquebec.org/forum**.

Helping children understand and cope with A PARENT'S CAREGIVING ROLE

Being a caregiver to someone with a mental illness can be time consuming, complicated, demanding. If you are a parent, how can you explain those responsibilities to a child?

Being a caregiver *or* a parent comes with many demands. Taking on both roles simultaneously can be even more challenging. There are only so many hours in the day. Trying to juggle everything: caregiving, household responsibilities, work, and spending time with your child can feel overwhelming. A child or adolescent might not comprehend everything you are trying to do and can only see things from their point of view.

So how can we help children understand? Communication is key. Be honest and give them accurate and age appropriate information. It is essential to keep the child's age and level of understanding in mind when having a conversation about a loved one's mental illness and your role in caring for them. Depending on their age, it can be difficult for a child to understand what being a caregiver means, and why they must share their parent with someone else. Toddlers need few details and simple language, while school-age children may ask many questions. Teenagers may have a better understanding of what being a caregiver means but still struggle with the emotional, day-to-day side of it.

Be honest about the situation. If you are clear about your caregiving role, it can help your child feel more secure and more involved in the process. A child may feel jealous or sad that the caregiving role is taking up so much of your time. Make sure they feel safe to share their feelings, as well as any questions or worries they may have.

If you are a caregiver, it is possible that your child too may take on a caretaking role. It can be difficult for adults to accept a young person helping with caregiving, but for some it is the only option. Caregiving can include a range of tasks, such as helping around the house, with meals, or keeping someone company. While associated with challenges, research has found that caregiving at a young age can strengthen feelings of emotional satisfaction and increased self-esteem in the young person.

Communication is key.

However, when considering your child's role in caregiving, it is important to recognize the potential implications. Always keep in mind that the young person should not be asked to take on roles or tasks beyond their capabilities or emotional maturity. Studies have shown that adolescents can feel tied down, that their responsibilities keep them from extracurriculars or seeing friends. Setting boundaries is essential and you should always keep an eye out for signs of burnout or exhaustion.

Establishing a routine is beneficial to everyone: the caregiver, the child, and the ill person. For a child, having a daily routine helps them know what to expect. They will learn when you are busy, and when you will have time for them. Scheduling quality time to be with a child makes them feel important.

Being a caregiver can be demanding for you and for your family. Take time to check in with your children and see how they are feeling, and to make sure they know how important they are to you. They need your guidance and support to be able to cope with your family's circumstances. ❐

If you or a young person you know takes on caregiving responsibilities at a young age, we can help!
*Visit **amiquebec.org/youngcarers**.*

– Emily Verrall

Visit amiquebec.org/sources for references



On October 21st, our staff and board got together for a fun "get to know you" evening with games and delicious falafel. As a group, we work well together, but it's nice to play together too!

50 YEARS OF VOLUNTEERS!



For 50 years, AMI has relied on volunteers. For our first 13 years, AMI operated only with volunteers!

Over the years, volunteers have helped with all aspects of our work. They facilitate support groups and workshops and serve on our board of directors. They participate in Outreach. Over the years they have stuffed envelopes, written for our newsletter, stamped envelopes, made thank you calls, and helped out in countless other ways, whatever was needed.

> "Our volunteers are simply the lifeblood of AMI-Quebec. For example: our support group facilitators. Each year we select a handful out of a hundred applicants, we train them vigorously for a year, and they create a safe space and community for thousands of our clients in need. I don't know how AMI could function without them."
>
> –Marc Griffin,
> AMI's program coordinator

We would not have come as far as we have and could not do what we do without volunteers. Our thanks to the many hundreds of volunteers who have helped build AMI over the years! ❐

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

WINTER 2027

Support Groups

Mondays 6:30-8pm online on Google Meet unless otherwise indicated

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

For family, friends, and people with mental illness:

ANXIETY/OCD
November 30; January 11; February 8; March 8

BIPOLAR DISORDER
November 30; January 11; February 8; March 8

DEPRESSION
December 7; January 18; February 15; March 15

HOARDING
December 14; January 25; February 22; March 22

QUEER GROUP
December 14; January 25; February 22; March 22

YOUNG ADULTS aged 18-35
December 7; January 18; February 15; March 15

For people living with mental illness only:

KALEIDOSCOPE
December 14; January 25; February 22; March 22

For family and friends only:

BORDERLINE PERSONALITY DISORDER
December 7; January 18; February 15; March 15

PSYCHOSIS FOR FAMILIES
November 30; January 11; February 8; March 8

PARTNERS AND SPOUSES Tuesdays 6:30-8pm
December 15; January 19; February 23; March 23

***IN PERSON:* SOUTH SHORE for relatives and friends**
In person only at 91 Churchill Blvd, Greenfield Park
Mondays 6:30-8pm
December 7; January 18; February 15; March 15

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Workshops

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

Online

- **Self-Care Lab**
- **Meditation**
- **Caregiver Groups**
- **Intro to BPD**
- **My Story: Hope After Suicide**
- **Write From Your Heart**

In person

- **Types of Mental Illness**
- **Music Therapy**
- **Confident Conflict for Families**
- **Express Yourself!**
- **Treatments for Mental Illness**

Taking Care of Yourself During the Holidays

As beautiful and joyful as the holidays can be, they can also be stressful and overwhelming. What with never-ending errands, packed schedules, great expectations, and unattainable standards, there may be few moments to catch your breath. Or you may find the holidays TOO quiet and lonely. It is crucial, especially if you are a caregiver, to enter the festive season prepared and realistic. Here are some do's and don'ts that may work for you:

Understand why the holidays are tough: To navigate the holidays with a healthy mindset, recognize what it is about this time of year that is difficult for you. For example, the season may stir up feelings of loneliness and isolation, or put you under unwanted pressure to be happy and have fun. It may bring back memories of family strain and drama that you want to avoid. Gift-giving or social commitments may leave you overextended financially or emotionally. Whatever the reason, identifying what causes you distress is important, so you can figure out how to deal with it.

Set realistic expectations: Try not to promise more than what you can or are willing to do. If you agree to attend every gathering, participate in every gift exchange and commit to every demand, you may find yourself exhausted and spread so thin that you end up not enjoying any of it. Be realistic about what you can afford mentally, physically and financially, and don't feel guilty for skipping out on what you can't. Be up front with those you love about this, so that they can be there to support you.

Keep it simple: It's also important not to expect too much of the holidays themselves – we tend to romanticize them and then feel upset when they fall short of our expectations. Make

continued on page 8

Celebrating 50 years of helping families

Annual Campaign 2026

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!

Donate online!

amiquebec.org/donate

Our 2026 weekly walking group was a big success!



We walked together 26 times, averaged over nine walkers each time, and truly enjoyed each other's company.

We collectively walked **664** kilometres together—if we'd walked east, that's like walking all the way from the AMI office to Fredericton, New Brunswick!



MYTH BUSTERS

EATING DISORDERS (ED)

There are a lot of myths surrounding eating disorders. In this latest instalment of Myth Busters, we look at the myths and the facts.

Someone has an eating disorder only when they prevent themselves from eating

There are five types of eating disorders, and not all involve restrictive eating. They include anorexia nervosa, bulimia nervosa, binge eating disorder, and avoidant/restrictive food intake disorder, according to Johns Hopkins Medicine. The fifth, OSFED (for "other specified feeding or eating disorder") includes people who show signs of an eating disorder but one that falls outside the full criteria for the first four. In some disorders, people restrict their food intake, while in others, they binge and then make themselves sick in order to purge what they have just eaten. Eating disorders (EDs) are more complicated than simply not eating.

Only girls have eating disorders

Eating disorders are not confined to just girls and women. Anyone of any gender, of any age, ethnicity or socio-economic background can have an eating disorder. A 2025 online survey by Mental Health Research Canada found that 2.9 million Canadians self-report a diagnosis of an eating disorder, and many other Canadians struggle with disordered eating despite not having an official diagnosis.

You can tell if someone has an eating disorder by looking at them

You cannot conclude someone has an eating disorder based on physical appearance. A person with an ED may be well within the normal weight range, while another person with no eating disorder might be overweight. Just as we cannot tell what someone is thinking or going through simply by looking at them, we cannot assume someone has an eating disorder because they "look" as if they do.

An eating disorder is a choice; a person with an eating disorder is just someone who went on a diet

Eating disorders stem from multiple causes. Biological, psychological, and sociocultural factors may be at their root. An ED can look different from one person to another, even if those two people share the same diagnosis. Someone with an eating disorder might also live with trauma, anxiety, and/or a mood disorder. An ED is not something that someone decides to live with because they want to lose weight.

Eating disorders only affect a person's muscles and body fat

Multiple bodily functions are affected when someone has an ED. The symptoms may include dizziness, low heart rate variability, irritability and other mood changes, difficulty focusing, stomach and intestinal problems, and hormonal changes. Biological females sometimes stop having their period, and biological males may have decreased testosterone levels. Eating disorders can also lead to other health issues such as anemia, immune system problems, and bleeding disorders. An eating disorder can have a major impact on a person's mental health and physical health, and it can be life-threatening: EDs have the highest mortality rate of any mental illness.

A person with an eating disorder simply must start eating, if they're restricting their intake (or stop eating, if they binge)

For someone with an eating disorder, getting better is not as simple as that. Treatment is available, but it is not simply a matter of getting someone to eat again – or to stop eating so much. Because eating disorders are complex, they often require a combination of medical and psychological treatments. The road to recovery is not an easy one, but it is possible with the right support system and intervention.

Once someone has an eating disorder, there is no hope of recovery—it is a life sentence

There are programs that can help people with eating disorders. There are inpatient programs, in which a person is admitted to hospital to receive intensive treatment. There are outpatient programs, which do not involve hospitalization. Treatment can include medication, therapy, and dietary intervention. Many people with an ED do relapse during their treatment, but that does not mean there is no hope for recovery. With the right treatment program, a person can recover and live a fulfilling life outside the shackles of their eating disorder.

Visit **amiquebec.org/eating-disorders** for organizations that can help you or a loved one. ❐

– Gabrielle Lesage

Visit amiquebec.org/sources for references

TRIBUTES & MEMORIALS

In honour of Jonathan Verrall and Kate Hagemeyer's marriage
Stephen Wark

In memory of Shelley Weiner
Leanna Weiner

In memory of Ali Cohen
Renée Schachter

In memory of Mark Usheroff
Brenda Abaiov
Ronda Bly
Consolato Gattuso
Pamela Gordon
Judy Kader
Sterling Perkins
Marcy Plotnick
Maureen Tanz

In memory of Joshua Lawrence Freesman
Lori Litvack

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****.*

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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*
Brenda Cormier, *Treasurer*
Sharleen Young, *Secretary*
Judy Gold, *Immediate Past President*
Ella Amir, *Executive Director*

SHARE & CARE

Share&Care is published quarterly.

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Charitable number: 89652 4071 RR0001

Taking care of yourself ... *continued from page 6*

the time about catching up with your family or enjoying a favourite hobby. Keeping it simple and achievable can help you avoid the holiday blues.

Take care of yourself first: If you are taking care of a loved one during the holidays, you may be so preoccupied by their needs that your own get ignored. While every moment of the holidays doesn't need to feel like a scene in a Hallmark movie, you deserve to enjoy yourself, too. Don't wait until you are overwhelmed to take care of yourself. Be proactive (not reactive!) by making self-care part of your routine. For example:

- Let family members know that you want to avoid burning out, so someone else needs to step in Saturday mornings to help your sick parent while you take that time to run a bath and read a good book.
- Take care of your body physically: stick to a healthy eating and sleeping schedule. Avoid too many late-night parties or days so packed with errands that you skip meals.
- If you feel alone, reach out to a friend.
- Try to exercise, engage in physical hobbies, and stay active: remaining loyal to the routines that you enjoy and that keep your body and mind alert, happy, and healthy is vital. ❐

– Nazila Tolooei

Visit amiquebec.org/sources for references

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



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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