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2019 Crime Prevention Guide

The Government of Saskatchewan is pleased to support the Saskatchewan Federation of Police Officers' (SFPO) Annual Crime Prevention Guide. Proceeds from this publication will be used to support improvements in law enforcement and community-based programs, including Child Find Sask and Canadian Mental Health Association Saskatchewan.

This year's guide is focused on mental health awareness, including issues such as suicide prevention, post-traumatic stress disorder (PTSD), drug addiction, alcoholism and other important mental health challenges. As first responders, police officers encounter a variety of situations with the potential of having a mental health component that must be considered.

Our government recognizes the challenges faced by our police services and has made the largest investment in mental health and addictions services in Saskatchewan history. We know that there is still more work to be done, and will continue to work with our partners to improve access to mental health services.

The Government of Saskatchewan commends the more than 1,300 SFPO members from Regina, Saskatoon, Prince Albert, Moose Jaw, Weyburn and Estevan. The SFPO continues to make recommendations to the Saskatchewan Police Commission and is committed to providing support to our communities.

I wish to express my sincere appreciation to the SFPO for their valuable work in maintaining safe and secure communities for Saskatchewan residents.

A blue ink signature of Scott Moe.

Scott Moe
Premier



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The Saskatchewan Federation of Police Officers represents over 1,300 police personnel from six municipalities in Saskatchewan: Regina, Saskatoon, Prince Albert, Moose Jaw, Weyburn and Estevan. The SFPO is comprised of 8 police associations from each of those cities including senior officer associations in Regina and Saskatoon.



FROM THE PRESIDENT



As President of the **Saskatchewan Federation of Police Officers**, I am proud to introduce our **11th Annual Crime Prevention Guide** focusing on Mental Health Awareness.

On behalf of the 1350 members of the SFPO we appreciate your continued support in the province of Saskatchewan.

Mental health affects us all. Our front-line officers continue to deal with a high volume of mental health issues each shift they work. The police are always looking at innovative ways to address the issue of mental health. Police have formed PACT (Police and Crisis Teams) throughout the province to help deal with this current trend. Trained police are teamed up with crisis workers to attend to people in crisis to assist in connecting these individuals with the appropriate resources.

Along with PACT, Police Officers receive enhanced mental health training throughout the province. This starts at the Saskatchewan Police College where recruits are trained in various crisis and mental health scenarios.

Police Officers deal with members of the public daily in relation to mental health calls for service. Although we need to continue to support the members of our community, we cannot forget about the mental health of our members. The SFPO continues to work with the Chiefs in the province to ensure that our members' well-being is taken care of. The SFPO continues to host the Annual SFPO Wellness Conference and this year marks the 5th anniversary of the conference hosted by Estevan Police Service.

I want to take this time to thank you for your contributions and support. With the generous support of individuals, businesses and corporations throughout the province, we are able to educate the citizens of the province on some of the key issues of mental health.

Thank you for continuing to work together to build safe communities throughout Saskatchewan.

A stylized, handwritten signature in black ink, appearing to read "Casey Ward".

Casey Ward
President

Saskatchewan Federation of Police Officers



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FROM THE PUBLISHER



*“Providing quality,
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organizations.”*

On behalf of the **Saskatchewan Federation of Police Officers**, I would like to take this opportunity to sincerely thank each and every contributor to our Annual Telephone Appeal, allowing this unique publication to be distributed to schools, libraries and public facilities and also available online at **saskpolice.com**, making it easily accessible to everyone.

The **Saskatchewan Federation of Police Officers** publishes these **Annual Crime Prevention Guides** to educate the public on important community concerns. This **11th Annual Crime Prevention Guide** targets the very serious problem of **Mental Health Awareness**, including Suicide Prevention, PTSD, alcohol and drug addiction and many other important mental health issues.

This publication is made possible as a result of financial contributions from residents and business representatives throughout the province. With their generous support for the activities of the **Saskatchewan Federation of Police Officers**, **SFPO** is also able to give back to their communities through donations to various local charities and programs for youth.

Your comments or suggestions regarding these publications are always welcome and we look forward to speaking with you each year during our Annual Telephone Appeal.

Respectfully,

A handwritten signature in blue ink that reads 'Mark T. Fenety'. The signature is fluid and cursive, with a large 'M' and 'F'.

Mark T. Fenety
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Proceeds from this 11th Annual Crime Prevention Guide allowed the SFPO to make a \$5,000.00 donation to the Canadian Mental Health Association – SK Division.

CMHA SK is a volunteer-based organization which supports and promotes the rights of persons with mental illness to maximize their full potential; and promotes and enhances the mental health and well-being of all members of the community.

CMHA SK is one of the oldest and largest community-based human services organizations in Saskatchewan. They are proud to be part of CMHA National, connecting them with branches all across Canada.

Their purpose is to:

- fight to reduce the stigma of mental illness through public education
- provide educational opportunities to help the public understand mental health issues
- provide services to schools, communities and individuals promoting Mental Health for everyone
- advocate for consumers of mental health services.



Left to right: Julius Brown, of OSI Can CMHA – SK, accepting a \$5,000 donation from Casey Ward, SFPO President.



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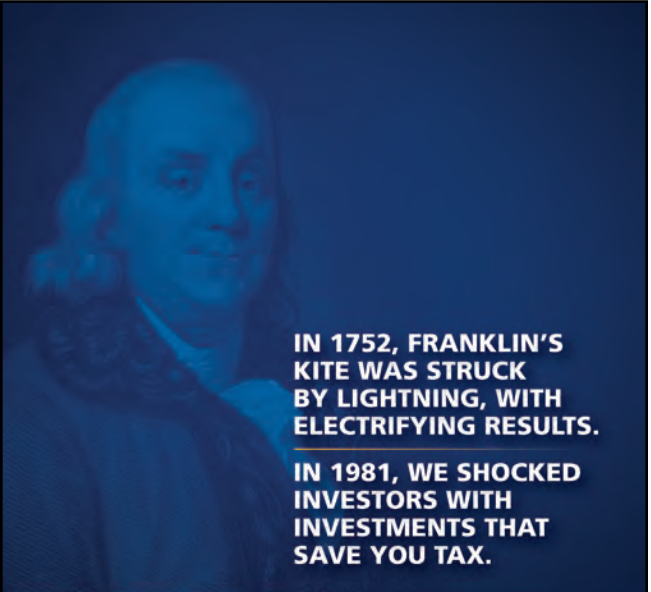
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Moose Jaw Police Association President Taylor Elder (far right) presenting a cheque for \$5,000 to Special Olympics from proceeds from their MJPA 2018 Golf Tournament.



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REGINA POLICE ASSOCIATION



Ratification vote during the 2018 CBA Bargaining



Participants in Krav Maga session at the 2018 SFPO Wellness Conference



Host Josh Jakobowski at the 2018 SFPO Wellness Conference



Regina Police Association Bargaining team during the 2018 CBA Bargaining meeting

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SFPO President Ward addressing the crowd at the Annual EBM/Lobby Day in Ottawa.



Regina Police Association executive meeting with Senator Denise Batters at the Annual EBM/Lobby Day.



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Queen City Vapes advertisement. The top half features a large, stylized "QV" logo in white with red and blue outlines. Below the logo, the text "vapourizers • eliquid • supplies" is written in white on a red background. The background image shows two police officers in uniform standing next to a white police car. The bottom half of the ad has a blue and red banner with the text "PROUDLY SUPPORTING SASKATCHEWAN FEDERATION OF POLICE OFFICERS". Below the banner, the address "1763 HALIFAX ST, REGINA, SK S4P 1T2" and the website "WWW.QUEENCITYVAPES.CA" are listed.

Verdient Foods advertisement. The top half features the Verdient Foods logo, which consists of a green leaf with yellow dots and the text "VerdientFoods" in green. Below the logo, the text "Focusing on the world wide demand for sustainable plant-based proteins" is written in white. The background image shows a large industrial facility with green buildings and silos, set against a blue sky with clouds. The bottom half of the ad has a green field background with the website "http://www.verdientfoodsinc.com" and the phone number "Tel.: 306.978.5353".

SASKATOON POLICE ASSOCIATION



Lobby Days 2019

Recently retired members of the Saskatoon Police Service were "honoured" at the annual Saskatoon Police Association Retirement Social and Pig Roast.



Vick Hein being honoured at the 2019 SPA retirement social for his previous 20 plus years of service to the Saskatoon Police Association.



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Lawyers, Aaron Fox and Brad Mitchel provide information on the Public Complaints process, Member Advocacy and Serious Incident Investigations to the Saskatoon Police Association general meeting.



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Saskatoon Police Association board members attend the Canadian Police Association annual Lobby Days in Ottawa in April 2019.



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WEYBURN POLICE ASSOCIATION



Cst. Kaczmar with Weyburn Police Association and Eleesha Cooper with Bespoke Interior Design, pictured with items that were inside of the 'Blessing Bags' handed out to families in need at Christmas time. A final number of 105 bags were given to families that were chosen by the Salvation Army, who qualified to receive a bag filled with household essentials. Cst. Kaczmar and Cooper gathered donations from businesses and individuals in the community, purchased the items for the bags, and put the bags together, which were then taken to the Salvation Army, who dispersed them to families in need.



Cst. Kaczmar with Weyburn Police Association presenting Tara Busch and trauma K9 Beaumont, with a \$3,500 cheque from the 2nd Annual WPA golf tournament. Tara and Beaumont are part of Southeast Regional Victim Services.





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REGINA LEADER POST AND SASKATOON STAR PHOENIX
JENNIFER JACOBY-SMITH

As originally published - February 11, 2019



Accessible by phone, text, website or webchat, 211 Saskatchewan connects you to human services, such as addiction services, domestic violence shelters, financial aid, child care and more.

Have you ever heard of 211 Saskatchewan? It's an easy to use database you can access from your mobile device, computer, or phone to connect with human services around the province. It's free, confidential and available 24/7, 365 days a year.

211 Saskatchewan started as a searchable website (sk.211.ca) in 2013, but last year it expanded to allow users to interact with trained professionals through a phone call, text message, or webchat.

The system boasts 5000 listings of social, community, non-clinical health, and government services throughout Saskatchewan. Phone help is available in 175 languages, including 17 Indigenous languages.

Seventy-two per cent of Canadians have full access to 211 (phone and online options) and Feb. 11 is marked as 211 Day across the country.

"It's really about helping people navigate," explains Kristin Nelson, director 211 Saskatchewan. "We know that systems can be quite complex. One of the benefits to 211 is that people don't need to know the name of an organization or program."

The searches are totally service-focused. For example, if someone is looking for childcare in Wakaw, the parameters can be entered and the result is a list of services right where the client lives.

But the service isn't just for those experiencing a need. It can be for professionals looking to make a referral or for individuals looking to help a loved one struggling with an issue.

For those on the front lines of emergency services – such as the Regina Police Service – it's allowed a more robust response to situations after the crisis has passed.

"It's taken our response to emergencies and everyday calls and to a much deeper ability to provide wrap-around support to those that we serve," explains Regina police chief Evan Bray.

When Bray first started policing, he wrote the number for Mobile Crisis on the back of his notebook to share with victims after the initial emergency has ended for follow up support.

continued



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211 Saskatchewan. Information when you need, where you live. *continued*

Now, he says, officers can connect people with 211, sometimes directly right at the moment. It's like having a trunkful of pamphlets on various programs and services in the city – warm-up shelters, domestic violence shelters, childcare or addiction services.

"I've been here my entire career. It's just night and day in terms of what our officers can offer people now in terms of supports," says Bray. He adds, he hears from officers regularly who have taken the time to explore supports available on 211 so they can be better informed and able to share when a need presents itself.

Don Meikle, executive director at EGADZ in Saskatoon, says a partnership with 211 Saskatchewan has helped to create a better resource for sex workers through the app I Am Not For Sale. The app provides sex workers with several features that can help locate them in an emergency.

The app links to the 211 database to provide information for services right in the community where users happen to be. As Meikle notes, sex workers can sometimes find themselves in unfamiliar territory and 211 Saskatchewan can connect them with resources close at hand in real time.

"It was really good that 211 Saskatchewan agreed to partner with us to help us to be able to do that for hard to serve individuals in the community," says Meikle.

211 Saskatchewan is an initiative of both United Way Regina and United Way of Saskatoon and Area, but the resources listed go province wide, something that's helpful for Jan Thorson's team at the Mobile Crisis Service.

As part of their services, Mobile Crisis also runs the Farm Distress Line which receives calls from rural areas all over the province.

"It is an absolute godsend for us. To be able to contact 211 and be able to find out if someone calling from Macoun, Sask., what's close to Macoun, what services are available?," says Thorson.

The confidential nature of the service also makes asking for help a little bit easier. Tracy Knutson is the executive director of STOPS to Violence. She's seen how difficult it can be to connect with the right services when experiencing abuse.

"Reaching out for help when you are experiencing violence of any sort can be intimidating or frightening – whether you are the person who is experiencing violence or the person who is using violence," Knutson says. "Most often, people just don't know where to call for help and when they start to look, (they) get overwhelmed trying to sort through what is available."

The expansion last year to include text, webchat and phone service with multi-lingual access increases the accessibility of the system, especially for those who don't feel comfortable talking in person.

Whatever the need, whatever the location, 211 Saskatchewan is able to connect people with services they need.

"It really comes down to the fact that when people can connect successfully to the services they're seeking, we can work together to build a stronger community," explains Nelson. "And that's what United Way is all about."



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What are Mental Illnesses?

Mental illnesses are health problems that affect the way we think about ourselves, relate to others, and interact with the world around us. They affect our thoughts, feelings, and behaviours. Mental illnesses can disrupt a person's life or create challenges, but with the right supports, a person can get back on a path to recovery and wellness. It's important to understand that there are many different types of mental illness that affect people in different ways. Within each mental illness, people may have very different symptoms and challenges. However, symptoms are just one piece. Access to services, support from loved ones, and the ability to participate in communities play a big part in the way people experience mental illnesses. Culture, background, and personal beliefs also shape the way people understand mental illnesses.

Some people don't see the name of a diagnosis as an important part of their journey, while others prefer the medical terms to describe the illness. No matter how people talk about their experiences, they will likely need to use medical terms if they seek help in the health system. This is just how the system works right now—but it isn't the only way to talk about wellness.

Different mental illnesses

Health professionals divide mental illnesses into several different groups based on signs or symptoms. Common groups of mental illnesses include:

Anxiety disorders

Anxiety disorders are all related to anxiety. They may include excessive and uncontrollable worry, strong fears around everyday things or situations, unwanted thoughts, panic attacks, or fears around a past scary situation. Anxiety disorders are the most common mental illnesses, and they can create barriers in people's lives.

The different types of anxiety disorders include:

- **Phobias:** A phobia is an intense fear around a specific thing like an object, animal, or situation.
- **Panic disorder:** Panic disorder involves repeated and unexpected panic attacks. A panic attack is a feeling of sudden and intense fear that lasts for a short period of time. It causes a lot of physical feelings like a racing heart, shortness of breath, or nausea. Panic attacks can be a normal reaction to a stressful situation, or a part of other anxiety disorders. With panic disorder, panic attacks seem to happen for no reason. People who experience panic disorder fear more panic attacks and may worry that something bad will happen as a result of the panic attack. Some people change their routine to avoid triggering more panic attacks.
- **Agoraphobia:** Agoraphobia is fear of being in a situation where a person can't escape or find help if they experience a panic attack or other feelings of anxiety. A person with agoraphobia may avoid public places or even avoid leaving their homes.
- **Social anxiety disorder:** Social anxiety disorder involves intense fear of being embarrassed or evaluated negatively by others. As a result, people avoid social situations.
- **Generalized anxiety disorder:** Generalized anxiety disorder is excessive worry around a number of everyday problems for more than six months. This anxiety is often far greater than expected—for example, intense anxiety over a minor concern. Many people experience physical symptoms too, including muscle tension and sleep problems.



continued

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What are Mental Illnesses?

continued

Mood disorders

Mood disorders all affect a person's mood—the way they feel. This can affect every part of a person's life. When someone experiences a mood disorder, they may feel sad, hopeless, tired, or numb for long periods of time. At times, some people experience an unusually 'high' mood and feel powerful and energetic, but this can also create problems. **Depression** and **bipolar disorder** are examples of mood disorders.

Eating disorders

Eating disorders really aren't about food. They are complicated illnesses that are often a way to cope with difficult problems or regain a sense of control. Eating disorders may include seriously restricting how much food a person eats, bingeing, or purging food. **Anorexia nervosa** and **bulimia nervosa** are examples of eating disorders.

Psychotic disorders

Psychosis is a health problem that affects how people understand what is real and what isn't real. People may sense things that aren't real or strongly believe things that can't be real. **Schizophrenia** is one example of a psychotic disorder.

Personality disorders

Personality disorders are patterns of thoughts, feelings, and behaviours that may last for a long time and create challenges in a person's life. People who experience personality disorders may have difficulties developing healthy and satisfying relationships with others, managing their emotions well, avoiding harmful behaviour, and working toward important life goals. Personality disorders can affect the way people understand and view themselves and others and cope with problems. **Borderline personality disorder** is one example of a personality disorder.

Childhood disorders

This is a large group of mental illnesses that start to affect people when they are young, though some people are not diagnosed until they're older. One

example of a disorder in this group is **attention-deficit/hyperactivity disorder (or ADHD)**, which affects a person's ability to focus, complete tasks, plan or organize, sit still, or think through actions.

Dementia

'Dementia' refers to a group of symptoms. It can be caused by a disease that mainly affects nerve cells in the brain or can be associated with many other medical conditions. Dementia impacts a person's memory, language abilities, concentration, organization skills, mood, and behaviours. Alzheimer's disease is one type of dementia.

Other mental illnesses

Some mental illnesses are no longer classified as anxiety disorders, though anxiety or fear is a major part of the illnesses.

Obsessive-compulsive disorders (OCD)

Obsessive-compulsive disorder (OCD) is made up of unwanted thoughts, images, or urges that cause anxiety (obsessions) or repeated actions meant to reduce that anxiety (compulsions). Obsessions or compulsions usually take a lot of time and cause a lot of distress.

Post-traumatic stress disorders (PTSD)

Post-traumatic stress disorder (PTSD) can occur after a very scary or traumatic event, such as abuse, an accident, or a natural disaster. Symptoms of PTSD include reliving the event through nightmares or flashbacks, avoiding reminders of the traumatic event, and feeling unsafe in the world, even when a person isn't in danger.

A note on suicide

Suicide, when someone ends their life on purpose, is not a mental illness in itself. Not all people who die by suicide experience a mental illness. However, suicide may be linked to many different mental illnesses. It's important to take any talk or thoughts of suicide seriously and seek help.

continued



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What are Mental Illnesses?

What can I do about it?

Experiencing a mental illness can be very distressing. You may wonder if you'll feel like yourself again. You may not know what's happening to you, and you may worry about other people's reactions. It's important to know that it's not your fault and it's not a sign of weakness. It's important to seek help early. Finding help early will get you on the road to recovery faster and may even reduce the risk of problems in the future.

Treatment often includes a few different approaches—for example, **counselling, medication and self-care**. **Support groups** can connect people with shared experiences. And there are many **self-help strategies** to try. Some people may also find extra supports like income and housing. Each person has their own preferences and goals, and recovery plans should reflect that. Contact your local CMHA branch to find help and support in your community - cmha.ca/find-your-cmha/

Treatment

Counselling

An effective form of counselling for anxiety is cognitive-behavioural therapy (or 'CBT'). CBT teaches you how your thoughts, feelings, and behaviours work together. A goal of CBT is to identify and change the unhelpful patterns of thinking that feed anxious thoughts. CBT can help you identify problem behaviours and replace them with helpful strategies. It's often the first treatment to try for mild or moderate problems with anxiety.

Medication

Some people also find antianxiety or antidepressant medication helpful. Medication can help with the physical feelings of anxiety. It may also make anxious thoughts less frequent or intense, so it can be easier to learn helpful coping strategies. Some people take medication until their anxiety is controlled enough to try therapies like CBT.

Support groups

Support groups—in person or online—may be a good place to share your experiences, learn from others, and connect with people who understand.

Self-help strategies

Many different skills can help people manage anxiety, such as stress management, problem-solving, and relaxation. Mindfulness—developing awareness of the present moment without judgement—may also help. Practices that support wellness, such as eating well, exercising, having fun, and connecting with others, are also important.

How can I help a loved one?

When someone you love experiences a mental illness, you may have conflicting feelings. You may feel worried about their future, and feel relieved that the problem has a name. You may even wonder if you've done anything to cause their illness. These feelings—and many more—are normal.

You can be an important person in your loved one's recovery. Ask what you can do to help. Emotional support is important, but don't forget about practical help with daily tasks, if needed. Remember to take care of yourself and find support, too. Contact your local CMHA branch to find resources in your community - cmha.ca/find-your-cmha/

How can I make a difference in my community?

Mental illness affects everyone. People who experience a mental illness may face challenges in their communities. Capable workers may not find good employment. Housing may come with restrictions or may be limited by inadequate income. Many challenges around living with a mental illness have to do with unfair attitudes and discrimination. You can make a difference by advocating for people who experience mental illnesses. Let leaders and policy-makers know that your community includes everyone, and support organizations that work to give everyone a voice.

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What are the Risk Factors for Mental Illness?

Many factors cause mental illness. Contributing factors include:

- genetics, which are influenced by your family history
- early life experiences, such as:
 - abuse
 - trauma
- stressful life events, such as:
 - financial problems
 - a loved one's death
 - divorce
- environmental influences on a fetus, such as exposure to drugs or alcohol
- your social, economic and educational status

What are the symptoms of mental illness?

Mental illness involves changes in thinking, mood or behaviour, or a combination of these issues. Symptoms include:

- significant distress
- inability to function as needed over an extended period of time

These symptoms can be mild or severe, depending on the:

- type of mental illness
- individual
- family
- patient's environment

What are the physical health effects of mental illness?

Mental health is as important as physical health, and they both directly affect the other. People with physical health problems often experience anxiety or depression, which affects their recovery.

Similarly, mental health factors can increase the risk of developing physical problems, such as:

- diabetes
- heart disease
- weight gain or loss



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Let's Talk About Stigma

Stigma refers to negative attitudes (prejudice) and negative behaviour (discrimination) toward people with substance use and mental health problems.

Stigma includes:

- having fixed ideas and judgments—such as thinking that people with substance use and mental health problems are not normal or not like us; that they caused their own problems; or that they can simply get over their problems if they want to.
- fearing and avoiding what we don't understand—such as excluding people with substance use and mental health problems from regular parts of life (for example, from having a job or a safe place to live).

We all have attitudes and judgments that affect how we think about and behave toward others. When we talk about negative attitudes and behaviour toward others based on their gender, sexual orientation, culture, race or religion, we use the words prejudice and discrimination.

So let's call stigma what it really is

Prejudice and discrimination exclude people with mental illness and addiction from activities that are open to other people. This limits people's ability to:

- get and keep a job
- get and keep a safe place to live
- get health care (including treatment for substance use and mental health problems) and other support
- be accepted by their family, friends and community
- find and make friends or have other long-term relationships
- take part in social activities.

Prejudice and discrimination often become internalized by people with mental health and substance use problems. This leads them to:

- believe the negative things that other people and the media say about them (self-stigma)

- have lower self-esteem because they feel guilt and shame.

Prejudice and discrimination contribute to people with mental health and substance use problems keeping their problems a secret. As a result:

- they avoid getting the help they need
- their mental health or substance use problems are less likely to decrease or go away.

Making a difference

Here are 7 huge things you can do to reduce prejudice and discrimination against people with mental health and substance use problems:

1. Know the facts.

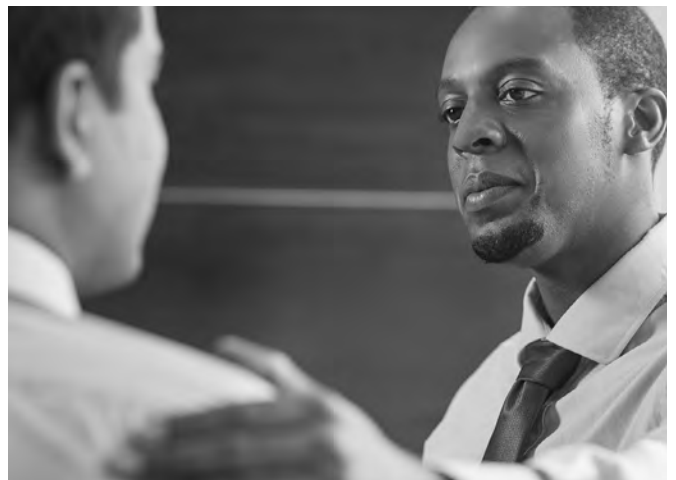
Educate yourself about substance use and mental health problems—what can bring them on; who is more likely to develop problems; and how to prevent or reduce the severity of problems. Learn the facts instead of the myths.

2. Be aware of your attitudes and behaviour.

We've all grown up with prejudices and judgmental thinking, which are passed on by society and reinforced by family, friends and the media. But we can change the way we think—and see people as unique human beings, not as labels or stereotypes.

3. Choose your words carefully.

The way we speak can affect the way other people think and speak.



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Let's Talk About Stigma

continued

Use accurate and sensitive words when talking about people with mental health and substance use problems. For example, speak about “a person with schizophrenia” rather than “a schizophrenic.”

4. Educate others.

Find opportunities to pass on facts and positive attitudes about people with substance use and mental health problems.

If people or the media present information that is not true, challenge their myths and stereotypes. Let them know how their negative words and incorrect descriptions affect people with substance use and mental health problems, and keep alive the false ideas.

5. Focus on the positive.

People with mental health and substance use problems make valuable contributions to society. Their health problems are just one part of who they are.

We've all heard the negative stories. Let's recognize and applaud the positive ones. For example, did you

know that Ron Ellis was living with depression at the height of his National Hockey League career?

6. Support people.

Treat people who have substance use and mental health problems with dignity and respect. Think about how you'd like others to act toward you if you were in the same situation.

If you have family members, friends or co-workers with substance use or mental health problems, support their choices and encourage their efforts to get well.

7. Include everyone.

In Canada, it is against the law for employers and people who provide services to discriminate against people with mental health and substance use problems. Denying people access to things such as jobs, housing and health care, which the rest of us take for granted, violates human rights.

People with mental health and substance use problems have a right to take an equal part in society. Let's make sure that happens.

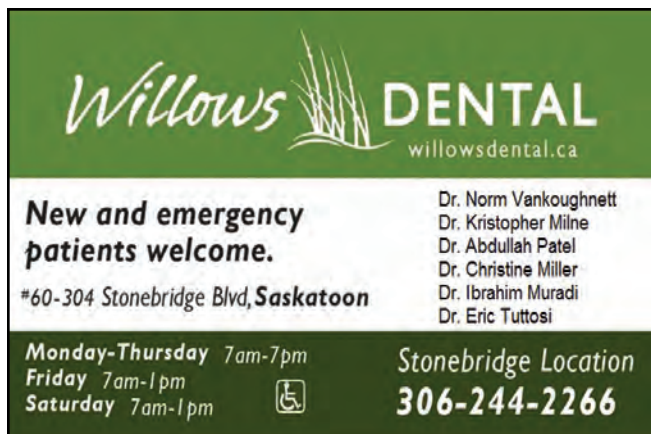
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Ten ways to boost your mental health

A healthy mental health: a balanced life

1. Foster healthy, meaningful relationships.
2. Share humour. Laughter can go a long way to keeping us mentally fit!
3. Do one thing at a time. Learn to enjoy the present moment fully.
4. Enjoy hobbies. They will keep your brain active!
5. Volunteer within your community. You will help others and make yourself feel great at the same time.
6. Set realistic goals; reaching them will build confidence and foster a sense of satisfaction.
7. Exercise regularly to improve your psychological well-being and reduce depression, stress and anxiety.
8. Take a few moments each day: close your eyes, take a few deep breaths and unplug from your surroundings. This simple practice helps lower blood pressure and calms your mind.
9. “Collect” positive emotional moments. Recall times when you have experienced pleasure, comfort, peace or other positive feelings.
10. Each day, remember three things for which you can be grateful. An attitude of gratitude boosts our immune system.

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Stigma and Discrimination



The lives of people with mental health conditions are often plagued by stigma as well as discrimination. **Stigma is a negative stereotype.** Stigma is a reality for many people with a mental illness, and they report that how others judge them is one of their greatest barriers to a complete and satisfying life.

Stigma differs from discrimination. **Discrimination is unfair treatment due to a person's identity**, which includes race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability, including mental disorder. Acts of discrimination can be overt or take the form of systemic (covert) discrimination.

Stigma is the negative stereotype and discrimination is the behaviour that results from this negative stereotype. Often, individuals with a mental illness are faced with multiple, intersecting layers of discrimination as a result of their mental illness and their identity. For example, a woman with a mental illness may experience discrimination due to sexism as well as her illness, and a racialized individual may experience discrimination due to racism in addition to their mental illness. In addition, living with discrimination can have a negative impact on mental health.

Media influence on public attitudes

Many studies have found that media and the entertainment industry play a key role in shaping public opinions about mental health and illness. People with mental health conditions are often depicted as dangerous, violent and unpredictable. News stories that sensationalize violent acts by a person with a mental health condition are typically featured as headline news; while there are fewer articles that feature stories of recovery or positive news concerning similar individuals. Entertainment frequently features negative images and stereotypes about mental health conditions, and these portrayals have been strongly linked to the development of fears and misunderstanding.

Impact of negative public attitudes

There are significant consequences to the public misperceptions and fears. Stereotypes about mental health conditions have been used to justify bullying. Some individuals have been denied adequate housing, health insurance and jobs due to their history of mental illness. Due to the stigma associated with the illness, many people have found that they lose their self-esteem and have difficulty making friends. Sometimes, the stigma attached to mental health conditions is so pervasive that people who suspect that they might have a mental health condition are unwilling to seek help for fear of what others may think. Experiences of stigma and discrimination is one of their greatest barriers to a satisfying life.

What you can do to stop stigma and discrimination

Use the STOP criteria to recognize attitudes and actions that support the stigma of mental health conditions. It's easy, just ask yourself if what you hear:

- o **S**tereotypes people with mental health conditions (that is, assumes they are all alike rather than individuals)?
- o **T**rivializes or belittles people with mental health conditions and/or the condition itself?
- o **O**ffends people with mental health conditions by insulting them?
- o **P**atronizes people with mental health conditions by treating them as if they were not as good as other people?

If you see something in the media which does not pass the STOP criteria, speak up! Call or write to the writer or publisher of the newspaper, magazine or book; the radio, TV or movie producer; or the advertiser who used words which add to the misunderstanding of mental illness. Help them realize how their words affect people with mental health conditions.

Start with yourself. Be thoughtful about your own choice of words. Use accurate and sensitive words when talking about people with mental health conditions.

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6 Reasons to Work for Mental Health Parity



Posted on November 22, 2018

One in five people will face a mental health problem in any given year and yet mental health does not occupy the place it deserves in the public health system. Despite this alarming fact about the mental health of Canadians, mental health services are insufficient, inadequate and underfinanced. It should come, then, as no surprise that, every year, over 1.6 million Canadians report having mental health needs that go unmet. Physical health and mental health need to be on equal footing.

Here are six reasons why health parity has to be a priority:

1. Mental health is an essential part of well-being.

As the World Health Organization's (WHO) Constitution so eloquently defines it, "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Mental health is an intrinsic part of well-being, just like physical and social health. In fact, they are complementary: you can't have one without the others.

2. Mental health problems are on the rise.

Don't take our word for it: listen to the World Health Organization. According to the WHO, by 2020 mental health problems will be the second leading cause of disability in the world. By that same year in Canada, they will be the leading cause. This is without counting new immigrants who will grow the Canadian population, part of which is aging and at risk of developing mental health problems, in the context of a system that doesn't meet current demand.

3. Canada's universal health system is a fairly universal medical system.

The health system as it exists today publicly funds only treatments deemed medically necessary, which are generally available in a hospital or medical clinic. This means that all basic mental health care that is essential but not intensive, such as psychotherapy, counselling, treatment for addiction and peer support services, is not necessarily covered by the government. As a result, many people with chronic, complex mental health problems don't receive the full range of services they need and often suffer what is called revolving door syndrome, which involves putting a band-aid on a more serious problem. This is why basic care, including non-intensive care, that can support and offer appropriate long-term care, has to be part of front-line health services and publicly funded.

4. Access to the current system is uneven and complex.

To receive free care, you have to be in physical or psychological distress. Otherwise, you have to go to your family doctor...if you have one! Up to 80% of Canadians turn to their family doctor for mental health care, but the services are limited. While they can refer patients to specialized services, access to psychiatrists is wanting and the waiting times are long. Care is not offered when it is most needed, something that is even more of a problem in disadvantaged socioeconomic settings.

5. Investing properly in mental health delivers savings for Canadians.

For every dollar invested in mental health, the public health system in Canada saves \$2. Investing in mental health doesn't mean adding hospital beds; it means increasing spending on social programs so that the most vulnerable among us have access to support that will improve their well-being and allow them to contribute to their community. By investing enough in research, services, and care and adopting a public health approach to promotion and prevention in mental health – as we currently do for physical health – we will improve the well-being and mental health of the public.

6. Mental health is a right!

Universal health is the basis of the WHO Constitution (see point #1); it is a fundamental human right: "the right to health for all people means that everyone should have access to the health services they need, when and where they need them, without suffering financial hardship." Good mental health is a right, period.

To ensure that Canadian society is healthy and has the services and care it needs, the Canadian Mental Health Association is calling for legislation on parity in mental health, as detailed in a new policy document entitled "Mental Health in the Balance: Ending the Health Care Disparity in Canada."

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Ending the Health Care Disparity in Canada



Mental health care must be brought into balance. We believe that the Government of Canada should introduce legislation - a **Mental Health Parity Act** - to ensure that mental health and the treatment of mental illness is as valuable, worthwhile and accessible as physical health and treatment.

Parity is not only about better funding for services, but it is also about setting and achieving high standards in all aspects of mental health-care delivery, from health promotion to treatment to research. ***We thus propose that Canadian legislation for mental health should address the five following areas:***

1. Publicly fund evidence-based therapies.

We want to ensure that mental health-care services are accessible to Canadians and that the more expensive care offered by psychiatrists and hospitals are reserved for those with more complex and acute mental health-care needs. The services offered by psychologists, Indigenous healers, counselors, peer support workers, and other allied professionals should be folded into primary care and publicly funded.

2. Improve the quality of care through a continuum of integrated services.

Parity for mental health will only be achieved if our health-care systems are well-integrated and offer a full menu of services. Integration means that family physicians are linked to other health-care professionals, and that wraparound supports such as housing and employment supports, addictions and trauma-informed interventions, and training and disability support services are available. Following the “stepped-care approach,” individuals should be matched to health-care services based on their needs so that they can access the most appropriate care when and where they need it.

3. Invest in promotion, prevention, and early intervention.

Achieving good health requires that we invest in mental health promotion and mental illness prevention. This includes interventions that foster a healthy and resilient mood, create supportive environments, and allow individuals to develop their personal skills - interventions such as parenting programs, antibullying programs, and workplace mental health initiatives. Given that social conditions and inequity play pivotal roles in shaping population mental health, we recommend that social spending should increase by at least 2%.

4. Address stigma and discrimination and ensure equitable access.

The subordination of mental health care in our publicly funded system contributes to the stigmatization of mental illness. Our governments must invest in mental health care to ensure that it is a vital part of our universal health-care system so that mental illness is not a barrier to treatment access.

Addressing stigma includes eliminating the discrimination that happens within the institutional structure of health care and ensuring that all Canadians

- regardless of gender, sexuality, (dis)ability, race, income, language, and citizenship - have access to appropriate care.

5. Research mental illness and evaluate health outcomes.

More funding must be allocated to mental health research to deepen our knowledge about mental illnesses, develop an evidence base for treatment effectiveness, and improve the quality of Canadian mental health services. We want to see the same kind of importance accorded to mental health and addictions research as is currently accorded to physical illnesses.

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Anxiety



We all feel nervous or worried at times. This anxiety can be a helpful feeling when it motivates us or warns us of danger. An anxiety disorder, on the other hand, causes unexpected or unhelpful anxiety that seriously impacts our lives, including how we think, feel, and act.

What are anxiety disorders?

Anxiety disorders are mental illnesses. The different types of anxiety disorders include:

Phobias

A phobia is an intense fear around a specific thing like an object, animal, or situation. Most of us are scared of something, but these feelings don't disrupt our lives. With phobias, people change the way they live in order to avoid the feared object or situation.

Panic disorder

Panic disorder involves repeated and unexpected panic attacks. A panic attack is a feeling of sudden and intense fear that lasts for a short period of time. It causes a lot of physical feelings like a racing heart, shortness of breath, or nausea. Panic attacks can be a normal reaction to a stressful situation, or a part of other anxiety disorders. With panic disorder, panic attacks seem to happen for no reason. People who experience panic disorder fear more panic attacks and may worry that something bad will happen as a result of the panic attack. Some people change their routine to avoid triggering more panic attacks.

Agoraphobia

Agoraphobia is fear of being in a situation where a person can't escape or find help if they experience a panic attack or other feelings of anxiety. A person with agoraphobia may avoid public places or even avoid leaving their homes.

Social anxiety disorder

Social anxiety disorder involves intense fear of being embarrassed or evaluated negatively by others. As a result, people avoid social situations. This is more than shyness. It can have a big impact on work or school performance and relationships.

Generalized anxiety disorder

Generalized anxiety disorder is excessive worry around a number of everyday problems for more than six months. This anxiety is often far greater than expected - for example, intense anxiety over a minor concern. Many people experience physical symptoms too, including muscle tension and sleep problems.

Other mental illnesses

Some mental illnesses are no longer classified as anxiety disorders, though anxiety or fear is a major part of the illnesses.

Obsessive-compulsive disorder (OCD)

Obsessive-compulsive disorder is made up of unwanted thoughts, images, or urges that cause anxiety (obsessions) or repeated actions meant to reduce that anxiety (compulsions). Obsessions or compulsions usually take a lot of time and cause a lot of distress.

Post-traumatic stress disorder (PTSD)

Post-traumatic stress disorder can occur after a very scary or traumatic event, such as abuse, an accident, or a natural disaster. Symptoms of PTSD include reliving the event through nightmares or flashbacks, avoiding reminders of the traumatic event, and feeling unsafe in the world, even when a person isn't in danger.

Who do they affect?

Anxiety disorders can affect anyone at any age, and they are the most common mental health problem. Sometimes, anxiety disorders are triggered by a specific event or stressful life experience. Anxiety disorders may be more likely to occur when we have certain ways of looking at things (like believing that everything must be perfect) or learn unhelpful coping strategies from others. But sometimes there just doesn't seem to be a reason.

What can I do about them?

Many people who experience an anxiety disorder think that they should just be able to 'get over it' on their own. Others may need time to recognize how deeply anxiety affects their life. However, anxiety disorders are real illnesses that affect a person's well-being. It's important to talk to a doctor about mental health concerns. Some physical health conditions cause symptoms of anxiety. A doctor will look at all possible causes of anxiety.

Normal, expected anxiety is part of being human. Treatment should look at reducing unhelpful coping strategies and building healthy behaviours that help you better manage anxiety.

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Each anxiety disorder has its own specific treatments and goals, but most include some combination of the following strategies:

Counselling

An effective form of counselling for anxiety is cognitive-behavioural therapy (or 'CBT'). CBT teaches you how your thoughts, feelings, and behaviours work together. A goal of CBT is to identify and change the unhelpful patterns of thinking that feed anxious thoughts. CBT can help you identify problem behaviours and replace them with helpful strategies. It's often the first treatment to try for mild or moderate problems with anxiety.

Medication

Some people also find antianxiety or antidepressant medication helpful. Medication can help with the physical feelings of anxiety. It may also make anxious thoughts less frequent or intense, so it can be easier to learn helpful coping strategies. Some people take medication until their anxiety is controlled enough to try therapies like CBT.

Support groups

Support groups - in person or online - may be a good place to share your experiences, learn from others, and connect with people who understand.

Self-help strategies

Many different skills can help people manage anxiety, such as stress management, problem solving, and relaxation. Mindfulness - developing awareness of the present moment without judgement - may also help. Practices that support wellness, such as eating well, exercising, having fun, and connecting with others, are also important.

An anxiety disorder causes unexpected or unhelpful anxiety that seriously impacts our lives, including how we think, feel, and act.

How can I help a loved one?

Supporting a loved one who is experiencing an anxiety disorder can be difficult. You may not understand why your loved one feels or acts a certain way. Some people who experience an anxiety disorder feel like they have to do things a certain way or avoid things or situations, and this can create frustration or conflict with others.

You may feel pressured to take part in these behaviours or adjust your own behaviours to protect or avoid upsetting a loved one. Support can be a delicate balance, but you should expect recovery - in time.

Here are some general tips:

- o Remind yourself that the illness is the problem - anger, frustration, or behaviours related to anxiety are nobody's fault.
- o Be patient - learning and practicing new coping strategies takes time.
- o If your loved one is learning new skills, offer to help them practice.
- o Listen and offer support, but avoid pushing unwanted advice.
- o Set boundaries and seek support for yourself, if needed.
- o If other family members are affected by a loved one's anxiety disorder, consider seeking family counselling.

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Depression and Bipolar Disorder



We all experience changes in our mood. Sometimes we feel energetic, full of ideas, or irritable, and other times we feel sad or down. But these moods usually don't last long, and we can go about our daily lives. Depression and bipolar disorder are two mental illnesses that change the way people feel and make it hard for them to go about their daily routine.

What is depression?

Depression is a mental illness that affects a person's mood - the way a person feels. Mood impacts the way people think about themselves, relate to others, and interact with the world around them. This is more than a 'bad day' or 'feeling blue.' Without supports like treatment, depression can last for a long time.

Signs of depression include feeling sad, worthless, hopeless, guilty, or anxious a lot of the time. Some feel irritable or angry. People lose interest in things they used to enjoy and may withdraw from others. Depression can make it hard to focus on tasks and remember information. It can be hard to concentrate, learn new things, or make decisions. Depression can change the way people eat and sleep, and many people experience physical health problems.

Age and sex can also impact how people experience depression. Males often experience anger or irritability rather than sadness, which can make depression harder for others to see. Young people and older adults may experience lasting changes in mood that are mistakenly dismissed as a normal part of growing up or of aging.

What is bipolar disorder?

Bipolar disorder is another mental illness that affects mood. With bipolar disorder, people experience episodes of depression and episodes of mania. An episode of depression in bipolar disorder is the same as other types of depression. Mania is an unusually high mood for the person. People may feel like their thoughts are racing and may feel hyperactive. They may feel unrealistically confident, happy, or very powerful. Many people don't sleep much when they experience mania. They may act without thinking and do risky things they wouldn't normally do.

People usually experience periods of wellness between episodes of depression or mania. Episodes of depression or mania generally last for a period of time, though a small number of people may experience episodes that change quickly. The frequency and type of episode can also vary greatly. For example, some people experience many episodes of depression with only a few episodes of

depression or mania. Others experience long periods of wellness with only a few episodes during their lifetime.

Who do they affect?

Depression and bipolar disorder can affect anyone. They are likely caused by many different factors that work together, including family history, biology, the environment, life experiences, personality and physical health problems.

What can I do about it?

Depression and bipolar disorder can be very challenging. Many people blame themselves for their feelings or wonder why they can't just 'get over it.' Some feel like they have to live with difficult feelings because they worry about what others will think if they ask for help. The symptoms of the illnesses themselves can make it hard to seek help. Depression and bipolar disorder are real illnesses, and they deserve care and support. People can and do recover.

Counselling and support

A type of counselling called cognitive-behavioural therapy (or 'CBT') is common for mood disorders. It teaches you how your thoughts, feelings, and behaviours work together. It also teaches important skills like solving problems, managing stress, realistic thinking, and relaxation. CBT is often the first treatment to try if you experience mild or moderate problems with depression.

Support groups are also very important. Depression and bipolar disorder can isolate people from others, and isolation can add to mood problems. Support groups are a safe place to share your experiences, learn from others, and connect with people who understand what you're going through.

Taking care of your well-being is especially important if you're working through recovery, but this can be easy to overlook. Regular exercise can boost your mood and help you manage stress. Eating well and learning or maintaining healthy sleep habits are also very helpful. It's always important to spend time on activities you enjoy, find relaxation strategies that work for you, and spend time with loved ones.

Medication

Antidepressants are the main kind of medication used to treat depression. There are many different classes and types of antidepressants, and they each work a little differently. However, antidepressants may not be the best option for bipolar disorder. Instead, bipolar disorder may be treated with mood stabilizers. While medication can help with

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Depression and Bipolar Disorder

continued

some symptoms, they can't get rid of the thinking patterns or beliefs that can drive mood problems. Most people use a combination of medication and counselling.

Other options

If depression is very serious or lasts for a long time, doctors may recommend electroconvulsive therapy (or ECT). ECT can be very helpful, especially when other treatments haven't worked. There are other options such as light therapy for certain kinds of depression, but it's best to talk with your care team before you try something new.

Relapse prevention

A big part of recovery is learning to recognize relapse. A relapse is when symptoms come back. Seeking help as early as possible can do a lot to reduce problems or challenges. Relapse prevention plans - prepared when you're well - often map out early warning signs, list treatment strategies that have worked in the past, and assign tasks to key people who can support you in your recovery. Your plan may be a formal arrangement with your care team or an informal plan with loved ones.

How can I help a loved one?

When someone you love is diagnosed with depression or bipolar disorder, you may wonder how you can really help. You can offer support in different ways: you can offer emotional support or practical support to help make the journey less daunting. You can also help a loved one watch for signs of relapse or other difficulties, which is an important part in maintaining wellness.

Depression and bipolar disorder are real illnesses, and they deserve care and support.

People who experience an episode of depression may have thoughts of ending their life. This is a sign that a loved one needs extra support. If you believe that a loved one is in danger, don't hesitate to call 911 or your local crisis line.

Here are some tips for supporting someone you love:

- o Learn more about the illness and listen to your loved one so you have a better understanding of their experiences.
- o Someone who experiences an episode of depression may want to spend time alone or act out in frustration, and this can hurt other people's feelings. These are just symptoms - it isn't about you.
- o Ask your loved one how you can help. Think about practical help with day-to-day tasks, too.
- o Make sure your expectations are realistic. Recovery takes time and effort. It means a lot when you recognize your loved one's work towards wellness, regardless of the outcome.
- o Make your own boundaries, and talk about behaviour you aren't willing to deal with.
- o Seek support for yourself and think about joining a support group for loved ones. If family members are affected by a loved one's illness, consider family counselling.

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Eating Disorders

Every day, we are surrounded by different messages from different sources that impact the way we feel about the way we look. For some, poor body image is a sign of a serious problem: an eating disorder. Eating disorders are not just about food. They are often a way to cope with difficult problems or regain a sense of control. They are complicated illnesses that affect a person's sense of identity, worth, and self-esteem.

What are eating disorders?

There are three main types of eating disorders: anorexia nervosa, bulimia nervosa, and binge-eating disorder.

The signs of an eating disorder often start before a person looks unwell, so weight should never be the only consideration.

Anorexia nervosa

A person who experiences anorexia nervosa may refuse to keep their weight at a normal weight for their body by restricting the amount of food they eat or exercising much more than usual. They may feel overweight regardless of their actual weight. They may think about their body weight often and use it to measure their self-worth.

Restricting food can affect a person's entire body. Anorexia nervosa can cause heart and kidney problems, low blood iron, bone loss, digestive problems, low heart rate, low blood pressure, and fertility problems in women. As many as 10% of people who experience anorexia die as a result of health problems or suicide.

Bulimia nervosa

Bulimia nervosa involves periods of uncontrollable binge-eating, followed by purging (eliminating food, such as by vomiting or using laxatives). People who experience bulimia nervosa may feel overweight regardless of their actual weight. They may think about their body weight often and use it to measure their self-worth.

Health problems caused by bulimia nervosa may include kidney problems, dehydration, and digestive problems. Vomiting often can damage a person's teeth, mouth, and throat.

Binge-eating disorder

Binge-eating disorder involves periods of over-eating. People who experience binge-eating disorder may feel like they can't control how much they eat, and feel distressed, depressed, or guilty after bingeing. Many people try to keep

bingeing a secret. Binge-eating can be a way to cope or find comfort, and it can sometimes develop after dieting. Some people may fast (not eat for a period of time) or diet after periods of binge-eating.

Binge-eating disorder can increase the risk of Type 2 diabetes, high blood pressure, or weight concerns.

Who does it affect?

Eating disorders can affect anyone, but some people may be at higher risk. People who experience lower self-esteem or poor body image, perfectionism, or difficulties dealing with stress may be more likely to experience an eating disorder. A lack of positive social supports and other important connections may also play a big part. In some cases, eating disorders can go along with other mental illnesses.

Our beliefs around body image are also important. While the media may often portray thinness as an ideal body type, this alone doesn't cause an eating disorder. How we think about those messages and apply them to our lives is what affects our self-esteem and self-worth.

What can I do about it?

You may have a lot of difficult feelings around finding help - it isn't always an easy step to take. Many people who experience an eating disorder are scared to go into treatment because they may believe that they will have to gain weight. Many also feel a lot of shame or guilt around their illness, so the thought of talking about very personal experiences can seem overwhelming. Some people find comfort in their eating behaviours and are scared to find new ways to cope. Restricting food, bingeing, and purging can lead to serious health problems, but eating disorders are treatable and you can recover. A good support team can help you through recovery and teach important skills that last a lifetime.

Treatment for an eating disorder usually involves several different health professionals. Some people may need to spend time in hospital to treat physical health problems.

Counselling and support

Counselling helps people work through problems and develop skills to manage problems in the future. There are different types of counselling, including cognitive-behavioural therapy, dialectical behaviour therapy, and interpersonal therapy. The entire family may take part in counselling, particularly when a young person experiences an eating disorder.

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Eating Disorders

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It can be very helpful to connect with support groups. They're an opportunity to share experiences and recovery strategies, find support, and connect with people who understand what you're experiencing. There may also be support groups for family and friends affected by a loved one's eating disorder.

There are many self-help strategies to try at home. Skills like problem-solving, stress management, and relaxation techniques can help everyone cope with challenges or problems in a healthy way. You'll find many different skills like these in counselling, but you can practice them on your own, too. And it's always important to spend time on activities you enjoy and connect with loved ones.

A dietitian or nutritionist can teach eating strategies and eating habits that support your recovery goals. This is also called "nutritional counselling."

Medication

While there are no medications specifically for eating disorders, medication may help with the mood problems that often go along with an eating disorder.

Medical care

Eating disorders can cause physical health problems, so you may need regular medical care and check-ups.

How can I help a loved one?

Supporting a loved one who experiences an eating disorder can be very challenging. Many people feel upset or even frightened by their loved one's beliefs, behaviours, or state of well-being. An approach that focuses on support and understanding rather than control is best. Here are some tips to help you support a loved one:

- o Remember that eating disorders are a sign of much bigger problems. Avoid focusing on food or eating habits alone.
- o Be mindful of your own attitudes and behaviours around food and body image.
- o Never force someone to change their eating habits or trick someone into changing.
- o Avoid reacting to a loved one's body image talk or trying to reason with statements that seem unrealistic to you.
- o If your loved one is an adult, remember that supporting help-seeking is a balance between your own concerns and their right to privacy.
- o If your loved one's experiences are affecting other family members, family counselling may be helpful
- o Don't be afraid to set boundaries and seek support for yourself.

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A good support team can help you through recovery and teach important skills that last a lifetime.



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Obsessive Compulsive Disorder (OCD)

Many of us have small habits that make us feel better, but we can also live without them. For example, we might think of something as 'lucky' or have a routine that feels comforting. But for people who experience obsessive-compulsive disorder (OCD), these behaviours are much more intense and disruptive and are fuelled by unwanted thoughts that don't go away. Obsessive-compulsive disorder is not always easy to understand, but it's a real illness that causes difficulties in a person's life.

What is OCD?

Obsessive-compulsive disorder is a mental illness. It's made up of two parts: obsessions and compulsions. People may experience obsessions, compulsions, or both, and they cause a lot of distress.

Obsessions are unwanted and repetitive thoughts, urges, or images that don't go away. They cause a lot of anxiety. For example, someone might worry about making people they love sick by bringing in germs. Obsessions can focus on anything. These obsessive thoughts can be uncomfortable. Obsessions aren't thoughts that a person would normally focus on, and they are not about a person's character. They are symptoms of an illness.

Compulsions are actions meant to reduce anxiety caused by obsessions. Compulsions may be behaviours like washing, cleaning, or ordering things in a certain way. Other actions are not obvious to others. For example, some people may count things or repeat phrases in their mind. Some people describe it as feeling like they have to do something until it feels 'right.' It's important to understand that compulsions are a way to cope with obsessions. Someone who experiences OCD may experience distress if they can't complete the compulsion.

People who experience OCD usually know that obsessions and compulsions don't make sense, but they still feel like they can't control them. Obsessions and compulsions can also change over time.

Who does it affect?

OCD can affect anyone. Researchers don't know exactly what causes OCD, but there are likely many different factors involved, such as family history, biology, and life experiences.

What can I do about it?

Obsessive-compulsive disorder can be very challenging and hard to explain to other people. You may feel embarrassed, ashamed, or guilty about your experiences. These feelings can make it hard to seek help. Because obsessions and compulsions take a lot of time, it can be hard to go about your daily life. Many people describe OCD as something that takes over their life, and this is not easy to deal with. But the good news is that OCD is treatable. It's important to talk to a health professional.

Counselling and support

A type of therapy called cognitive-behavioural therapy (or 'CBT') is shown to be effective for helping people with OCD. It teaches you how your thoughts, feelings, and behaviours work together, and teaches skills like solving problems, managing stress, realistic thinking and relaxation. For OCD,

therapy may also include a strategy called exposure and response prevention, which helps you learn new ways to look at obsessions and compulsions.

Support groups can also be very helpful. They are a good place to share your experiences, learn from others, and connect with people who understand what you're going through. OCD can make people feel very isolated and alone, so support groups can be a good way to build a support network.

There are many self-help strategies to try at home. Small steps like eating well, exercising regularly, and practicing healthy sleep habits can really help. You can practice many CBT skills, like problem-solving and challenging anxious thoughts, on your own. Ask your support team about community organizations, websites, or books that teach CBT skills. And it's always important to spend time on activities you enjoy and connect with loved ones.

Medication

Antidepressants are the most common medication for OCD. Antianxiety medications (benzodiazepines) may be less effective for OCD, so they are not usually the first option to try.

How can I help a loved one?

Supporting a loved one who experiences OCD can be challenging. Many people feel like they have to follow along with a loved one's compulsions. Some people who experience OCD avoid certain things or activities, and other people may feel like they have to do everyday things for a loved one.

You may have many different complicated feelings. You may feel upset when a loved one is experiencing distressing symptoms of OCD, but you may not see why a normal task could be a problem. You may want a loved one to be more independent, but see how challenging certain things can seem. If a loved one's experiences with OCD affects others, especially young people, it's a good idea to seek counselling for everyone. Family counselling is a good option for the entire family. Here are more tips to help you support someone you love:

- o A loved one who experiences OCD usually understands that their experiences don't make sense. Trying to argue with obsessions or compulsions doesn't help anyone.
- o Avoid 'helping' behaviours around OCD - for example, helping a loved one avoid things that cause anxiety. This can make it harder to practice healthy coping skills in the long run. Instead it may be more helpful to focus on the feelings behind the behaviours.
- o Signs of OCD can be more difficult to manage during times of stress - and even happy occasions can be stressful. Recognize that a loved one may need extra supports, and try to plan ahead.
- o Every small step towards managing OCD behaviour can take a lot of courage and hard work, so celebrate every victory.
- o Set your own boundaries, and seek extra support when you need it. Support groups for loved ones can be very helpful.



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Schizophrenia



Schizophrenia is a mystery, a puzzle with missing pieces. This complex biochemical brain disorder affects a person's ability to determine what is reality and what is not. It is as though the brain sends perceptions along the wrong path, leading to the wrong conclusion. People with schizophrenia are affected by delusions (fixed false beliefs that can be terrifying to the person experiencing them), hallucinations (sensory experiences, such as hearing voices talking about them when there is no one there), social withdrawal and disturbed thinking.

What is schizophrenia?

Schizophrenia is a mental illness that affects the way you understand and interact with the world around you.

At the beginning of an episode, people may feel that things around them seem different or strange. They may start to experience problems concentrating, thinking or communicating clearly, or taking part in their usual activities. At the height of the episode, people may experience breaks from reality called psychosis. These could be hallucinations (sensations, like voices, that aren't real) and delusions (strong beliefs that aren't true, like the belief that they have superpowers). Some people feel 'flat' or numb. They may also experience changes in mood, motivation, and the ability to complete tasks. After an episode, signs can continue for some time. People may feel restless, withdraw from others, or have a hard time concentrating.

The exact course and impact of schizophrenia is unique for each person. Some people only experience one episode in their lifetime while others experience many episodes. Some people experience periods of wellness between episodes while others may experience episodes that last a long time. Some people experience a psychotic episode without warning while others experience many early warning signs. No matter how someone experiences schizophrenia, researchers agree that early treatment can help reduce the impact of episodes in the future.

Who does it affect?

Schizophrenia can affect anyone. It usually starts to affect people in the teen years, though females often start to experience the illness a little later than males. No one knows exactly what causes schizophrenia or why it can affect people so differently. Genes, the way a person's brain develops, and life events may all play a part.

What can I do about it?

While there is no cure for schizophrenia, people can and do recover. Recovery may mean learning to reduce the impact of problems, work around challenges, or maintain wellness. Most people use some combination of the following treatments and supports. Some people need to spend time in hospital if they experience a severe episode of psychosis. This is a time to figure out the best treatment for you and begin your journey to health. Before you leave the hospital, care providers should help you map out the service providers (like doctors, counsellors, and social workers) who will be involved in your care and support your recovery.

Medication

Medication called antipsychotics may help reduce the severity of symptoms like hallucinations and delusions, and may eliminate these symptoms all together for many people. Continuing medication after you feel well again may help reduce the risk of relapse (when symptoms come back). There are many different kinds of antipsychotics, so it may take time and patience to find the best one for you. All medications can cause side effects - some of which can be uncomfortable or difficult. It's best to have ongoing, open conversations about medication with a doctor so that everyone understands how a medication is affecting you, what can be done, and what other options you may have.

Counselling and supports

Counselling can help with many problems like low mood, anxiety, and relationships. You can learn helpful skills like problem-solving and setting goals. There are also therapies to help reduce the impact of delusions and hallucinations. Schizophrenia can affect people's goals around education, work, and independent living. Professionals like occupational therapists and social workers can help with daily living, social skills, employment or volunteer training, and community activities. They can also connect you with community supports like home care, housing, and income assistance.

A big part of managing schizophrenia is relapse prevention. You can learn what might trigger an episode and learn to recognize early warning signs of an episode. The goal is to learn when to seek extra supports, which may help reduce the impact or length of the episode.

Self-care is important for everyone. Small steps like eating well, getting regular exercise, building healthy sleep habits, spending time on activities you enjoy, spirituality, and connecting with loved ones can make a big difference.

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Schizophrenia

continued

Schizophrenia can leave people feeling very isolated and alone. At times, many people who experience schizophrenia feel uncomfortable around others. But many also worry about what others will think of them. The right relationships can be supportive and healing. Your support team can help you connect with support groups.

How can I help a loved one?

Supporting a loved one can be hard. It can be difficult to understand what a loved one is experiencing, and their behaviour may be confusing at times. Many people worry about their loved one's future. The good news is that schizophrenia is treatable - and love and support can go a long way. Here are some tips for helping a loved one:

- o Learn more about schizophrenia so you have a better idea of what to expect and how you can help.
- o Schizophrenia can have a big impact on people's ability to concentrate and make sense of information. Loved ones may not react to things in ways you expect or may struggle with tasks that seem simple to you. It's okay to feel frustrated, but it isn't anyone's fault.
- o If a loved one has trouble following conversations, choose a quiet space and speaking calmly and clearly.
- o It's best to avoid arguing with delusions or hallucinations. A more helpful strategy is to focus on the feelings that delusions or hallucinations bring up.
- o Ask your loved one how you can help. This may be as simple as helping with day-to-day tasks.
- o Talk about dealing with emergencies when your loved one is feeling well and decide how you can contribute. Write it down in a crisis plan and share it with your care team. This is also a good time to talk about behaviours you aren't willing to deal with.
- o Learn more about support services for care providers through your loved one's care team, provincial or territorial health services, or community organizations.
- o Depending on the barriers that your loved one experiences, planning for the future with tools like a Registered Disability Savings Plan can bring peace of mind.
- o Set your own boundaries, and seek support for yourself when you need it. Think about joining a support group for loved ones and seeking counselling for the entire family.

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Schizophrenia is a serious mental illness. One of the biggest myths around the illness is that it isn't treatable.



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Post-Traumatic Stress Disorder

Overview

Post-traumatic stress disorder (PTSD) is a natural emotional response to frightening or dangerous experiences that involve actual or threatened serious harm to oneself or others. However, for some people, the thoughts or memories of these events seriously affect their lives, long after any real danger has passed. These types of experiences are called “traumatic.”

Signs & Symptoms

PTSD usually appears within three months of the event, but sometimes symptoms may not appear for years. Common symptoms include:

- o re-experiencing the traumatic event over and over
- o having recurring nightmares
- o experiencing unwanted, disturbing memories of the event
- o acting or feeling as if the event is happening again
- o feeling upset when reminded of the event
- o staying away from activities, places or people that are reminders of the traumatic experience
- o avoiding friends and family
- o losing interest in activities that used to be enjoyable
- o experiencing difficulty having loving feelings
- o being unable to feel pleasure
- o constantly worrying
- o having a hard time concentrating
- o getting angry easily
- o having trouble falling asleep or staying asleep
- o fearing harm from others
- o experiencing sudden attacks of dizziness, fast heartbeat or shortness of breath
- o having fears of dying

Causes & Risk Factors

PTSD is a response to traumatic life events, such as car crashes, fires, bombings, rape, torture or seeing a family member, friend or other person harmed or killed. Being involved in a natural disaster, such as a hurricane, flood or earthquake, can also lead to PTSD.

Some people experience traumatic events and do not develop PTSD. Many factors play a part in whether a person will develop the disorder. Risk factors make a person more likely to get PTSD, whereas protective factors reduce the likelihood of developing the disorder.

Risk factors for PTSD include:

- o experiencing dangerous events and trauma in the past
- o having a history of mental health or substance use problems
- o feeling helplessness or extreme fear
- o having a small support system after the traumatic event
- o feeling guilt, shame or responsibility for the event or its outcome
- o experiencing additional stress after the event (e.g. loss of a loved one, pain and injury, loss of a job or home).

Protective factors that may reduce the risk of developing PTSD include:

- o having support from other people, such as friends and family
- o participating in a support group after a traumatic event
- o feeling confident about one's own actions regarding the event
- o having a coping strategy or a way of getting through the traumatic event
- o being able to act and respond effectively despite feeling fear.

Diagnosis & Treatment

People can recover from PTSD. Some recover in six months, while others take much longer. Everyone's experience is different. Trauma counselling or therapy can be done individually or in a group, and can be very helpful for people with PTSD. Family counselling and individual treatment can help with relationship troubles. Psychiatrists and family doctors can prescribe medication for depression, nervousness and sleep problems, which are common in people with PTSD. Medication works best when a person is also in counselling. Therapy should be adapted to best suit each client.

Having support following a traumatic event is very important for those with PTSD. Some examples of helpful supports include:

- o family service agencies
- o community mental health agencies
- o counsellors or therapists
- o family doctors
- o community health centres
- o religious leaders
- o settlement agencies
- o workplace employee assistance programs (EAPs).



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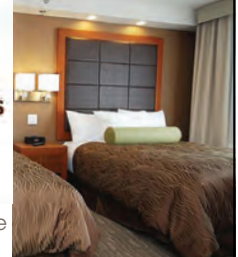


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Symptoms of PTSD

Reliving the horrible experience over and over

- having nightmares that keep coming back
- having unwanted, disturbing memories of the event
- acting or feeling as if the event is happening again
- feeling upset when you are reminded of the event

Avoiding reminders of the event

- avoiding activities, places or people that remind you of the traumatic experience
- avoiding friends and family

Losing emotions

- losing interest in activities you used to enjoy
- experiencing difficulty having loving feelings
- losing ability to feel pleasure

Always feeling that something bad is about to happen

- constantly worrying
- having a hard time concentrating
- getting angry easily
- having trouble falling or staying asleep
- fearing that someone will harm you
- having sudden attacks of dizziness, fast heartbeat or shortness of breath
- having fears of dying

Do people of different cultures and ages have the same PTSD symptoms?

The symptoms of PTSD are the same in all cultures. But how these symptoms are described and expressed can change from culture to culture. Children and adults may not show the same signs of PTSD. Children respond differently to traumatic events, depending on their understanding and age.

Why do bad memories keep coming back?

Due to the extreme stress connected with a traumatic event and the memories of the event, the mind tries to defend itself by pushing thoughts and feelings deep inside. While bad memories may go away for a time, the mind still needs to deal with the feelings. If they are not dealt with, the feelings come back as other physical and emotional problems.

Why do I always feel that something bad is going to happen?

People who have been through life-threatening events may stay on high alert. These people feel tense much of the time. They react as though there is danger, even when there is no danger. Their bodies react this way to make sure that they won't miss any sign that such an event may occur again. People with PTSD are not able to control feelings of wanting to run away, wanting to defend themselves or wanting to be prepared for something terrible or painful.

Could my health problems be related to PTSD?

Other problems often come with PTSD. Many people get depressed. Some people may get dizzy, have chest pain or stomach problems or get sick often. Other people with PTSD use alcohol or other drugs to help them deal with symptoms. This can develop into a serious problem. Dealing with new stresses may be harder for a person who has experienced a traumatic event. New situations can bring back old memories or feelings. For example, a short power

outage might bring back terrible memories and feelings for a person who has lived through power blackouts during war.

Often people seek help from their doctor for illnesses or emotional problems without realizing that the problems may be linked to PTSD. Yet getting help for PTSD often improves the other problems.

Could PTSD be affecting my relationships?

Symptoms of PTSD can make it hard to get along with people. This can lead to problems with family, friends and co-workers. When a person constantly worries or feels guilty, has poor sleep patterns, uses alcohol or other drugs, or has no feelings, these issues can strain relationships. It's hard to be with a person who seems to get angry for no reason or who often gets into bad moods. It's also hard to be with a person who will not go out or take part in social events.

The good news is that there are effective treatments!

What help is available?

People can recover from PTSD. Some recover in six months, while others take much longer. Everyone's experience is different. The same event may be more traumatic for some people than for others.

Counselling or therapy

Trauma counselling or therapy can be done one-on-one or in a group, and can be very helpful for people with PTSD. Family counselling and individual treatment can help with relationship troubles.

Medication

Psychiatrists and family doctors can prescribe medication for depression, nervousness and sleep problems (common in people with PTSD). Medication works best when a person is also in counselling.

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Post-Traumatic Stress Disorder

continued

What can I do about it?

Many people feel a lot of guilt or shame around PTSD because we're often told that we should just get over difficult experiences. Others may feel embarrassed talking with others. Some people even feel like it's somehow their own fault. Trauma is hurtful. If you experience problems in your life related to trauma, it's important to take your feelings seriously and talk to a health care professional.

Counselling

A type of counselling called cognitive-behavioural therapy (or 'CBT') has been shown to be effective for PTSD. CBT teaches you how your thoughts, feelings, and behaviours work together and how to deal with problems and stress. You can also learn skills like relaxation and techniques to bring you back to the present. You can learn and practice

many skills in CBT on your own. Exposure therapy, which can help you talk about your experience and reduce avoidance, may also help. It may be included in CBT or used on its own.

Medication

Medication, such as antianxiety medication or antidepressant medication, may help with anxiety itself, as well as related problems like depression or sleep difficulties. Talk to your doctor if you'd like to learn more about medication options.

Support groups

Support groups can also help. They are a place to share your own experiences and learn from others, and help you connect with people who understand what you're going through. There may also be support groups for loved ones affected by PTSD.

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HOW CAN I HELP A LOVED ONE?

When someone is diagnosed with PTSD, loved ones can also experience a lot of difficulties. You may feel guilty or angry about the trauma itself—then, on top of those feelings, experience difficulties around PTSD. You may feel like your loved one is a different person, worry that things will never be normal, or wonder what will happen in the future. Here are some tips to help you cope:

- Start by learning more about PTSD. This can give you a better idea of your loved one's experiences.
- People who experience PTSD may withdraw from family and friends. Even if your loved one doesn't want to talk, you can still remind them that you are there to listen when they're ready.
- Understand that behaviours related to PTSD—like avoiding certain situations or reacting angrily to a minor problem—are not about you. They are about the illness.

- While it's usually not a good idea to support behaviours that create problems, it's still important to support your loved one's overall movement toward wellness. This balance is not always easy, but you need to respect your own boundaries, too.
- Ask what you can do to help, but don't push unwanted advice.
- Try to put your own feelings into words and encourage your loved one to do the same. It's easier to solve problems or look at conflicts when you know what's really going on.
- Take care of your own wellness, and seek support for yourself if you experience difficulties.
- If a loved one's PTSD is affecting other family members, it may be helpful to seek family counselling.

With support, people can recover from PTSD and the effects of trauma. Recovery is good for the entire family, especially for young people who are still learning how to interact with the world. A loved one's recovery is a chance for everyone to learn the skills that support wellness.

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First Responder, Trauma and PTSD



PTSD, trauma reactions, workplace stress and other mental health issues are now recognized as a common risk for police, paramedics, EMTs, firefighters and 911 dispatch workers. In turn, many First Responder agencies have increased their funding support to help their staff overcome the cumulative harm of chronic trauma exposure.

Who are First Responders?

First Responders are the people who come to help when life is not going well. First Responders are Police, Firefighters, Emergency Medical Technicians (EMT's), Paramedics, trained rescuers (e.g. SARS) and front line Child Welfare Workers and Investigators. Nurses and physicians who work 'in the field' may also be First Responders.

First Responders are typically found at the scene of accidents, natural disasters, human conflict, and at events where there is the potential for illness or injury. As a result, a First Responders contact with the public often involves emotionally distressing situations. On a daily basis they are expected to deal with sights and experiences most people will never know. A First Responder's job is to protect and preserve life, property, evidence, and the environment - and in some situations these mandates are in conflict, resulting in the potential for further distress.

First Responders are also everyday people. They have the same challenges and struggles with spouses and partners, friends, children, personal history, workplace demands, and life stressors as any other person. Due to their employment, these common difficulties are often magnified by shift work, disrupted sleep patterns, and a sometimes unappreciative public.

***Superhero on the outside,
Trauma on the inside***

First Responders are viewed by the public as highly emotionally resilient individuals. They are expected to 'be tough'. They are expected to 'remain calm under pressure at all times'. They are expected to be the consummate professionals, no matter what is going on around them, what people say to them, or how they may personally feel threatened or attacked. Unlike for the average citizen, if a First Responder slips, or has a bad day, someone else may be permanently injured, suffer illness needlessly, or die. Even when a First Responder does everything correctly their actions may be reviewed and judged by others who have no real understanding of the experience or the job.

To do all this, many First Responders learn to box up their emotions and thoughts. They attempt to segregate their work life from their home life. They find the only people who can understand how they are feeling are their work colleagues. Yet, while colleagues may be a great support, they may also send the message that emotional distress is not something to be shared, even acknowledged. This may leave a First Responder isolated and alone to deal with their distress.

Evidence of Mental Distress in First Responders

We can all do with a little TLC. Yet too often police, firefighters, paramedics / EMTs, child welfare workers and other First Responders are left to their own resources to try to understand and deal with the impact their distressed emotions. Distressed emotions triggered by daily exposure to accidents and injury, illness and neglect, abuse and trauma.

It is very likely that the effort to deny or minimize distress eventually weakens a person's general psychological health. This weakening may make a person susceptible to Post-traumatic Stress Disorder (PTSD) and other mental illnesses.

Incidence of Mental Health Issues in a Lifetime

	Police	Firefighter	EMT/Paramedic	Military***	General Public
Depression	10-15%**	10-30%**	10%	7-11%	8%
Anxiety/Panic Disorder	****	****	25%	8-13.1%	12%
Substance Abuse	11-25%**	10-29%**	11-25%**	32%	5%
PTSD	1.2-8.3%**	3.6-11%**	8.8-20.3%**	10%	1-3.5%**
Sleep Disorder	40%	50%	30-60%**	40-60%	15-20%**
Suicide / 100 000*	26	9	56	15	17-male 5-female

Unless otherwise indicated figures are drawn from published papers or national agency websites.

*2016 Reported Statistics (Stats Canada, National Paramedic and Firefighter Societies, Department of National Defence)

** ranges may indicate variations due to gender or study referenced

Stats Canada *unable to locate research that provide clear findings on these topics

Figures for non-civilians may be underreporting due to stigma against acknowledgement of mental health issues

Research on First Responders' mental health has only recently become a priority. What information is available is limited in amount and quality, with only a few studies that are repeatedly referenced. The findings so far shows that First Responders are at high risk for depression, anxiety,

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family dysfunction, negative work-site interactions/bullying, substance use /abuse, PTSD, and toxic stress. Over time, ongoing toxic stress leads to increased rates of heart disease, cancer, arthritis, diabetes, and other medical illnesses. Most concerning, the suicide rate for EMT/paramedics and police is very much higher than the general population.

The Suffering Spreads

Shift-work, chronic sleep deprivation, self-medication with drugs and alcohol along with sometimes toxic work environments, may further confound natural healing processes. Over time, these behaviors may result in First Responders withdrawing from family members. As a result, families of police, firefighters, EMT/paramedics and other First Responders experience a high rates of marital problems and family breakdown. It is important that the families and spouses of First Responders also have easy access to high quality mental health services.

PTSD In First Responders Formally Acknowledged

In 2013 a section regarding Post Traumatic Stress Disorder was added to the Fifth edition of the Diagnostic and Statistical Manual (DSM-5), otherwise known as the diagnostic 'bible' of mental illness. This new section was specifically designed to recognize the negative psychological impact First Responders' work has on their mental well-being. Now there is recognition that repeated exposure to traumatic events, or details about those events can cause the same amount of mental harm as directly experiencing the event.

First Responders deserve Expert Help

Treating First Responders is not like treating members of the general population. Psychologists and therapists who work with First Responders need to know the culture, humour, and mindset of this community to provide therapy that is meaningful. The last thing a First Responder needs is a therapist who becomes distressed at a police officers description of a murder scene, or a paramedic's dark joke about a patient. What may be normal or unremarkable for a First Responder may vary significantly from the civilian population, and a good First Responder therapist will understand.

Because many First Responders often will not seek psychological help until they are struggling in several areas of their life, it is crucial that psychologists, therapists, and counsellors working with the First Responder community have extensive experience and training in a wide range of expertise. Treating clinicians must be able to understand how shift-work and the associated sleep disruptions impact stress tolerance and eating habits. The therapist must be able to grasp how home-life struggles may influence on the job performance. They must be more than competent at treating co-morbid addictions, trauma, and mental health issues. And, of course, all treatment must be tailored to address any historical challenges (e.g. negative childhood events, prior poor relationships, etc.) that have reemerged due to the First Responder's current distress.

First Responders are Not Alone

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Work-Related PTSD

There is a growing recognition that workplaces can be a direct cause of post-traumatic stress disorder (PTSD).

It is generally harder to prove that a mental illness is a workplace injury, because there are so many factors involved. For example, a high-stress environment may contribute to an episode of mental illness, but it's not easy to demonstrate the connection.

But 6 provinces have passed legislation that makes a direct link between psychological disorders like PTSD and workplace trauma. Under most of these laws, some workers diagnosed with PTSD will be

able to claim workers' compensation benefits without having to prove that their illness was caused by their workplace. This kind of legislation presumes that the PTSD is a workplace injury.

Only in Manitoba & Saskatchewan are all workers covered by this legislation, in rest of the provinces only some first responders are covered.

In 2016, New Brunswick passed legislation that presumes if firefighters, police officers, sheriffs and paramedics are diagnosed with PTSD that it was caused by issues they dealt with on the job.

canadianlabour.ca

Top Five Institutions for PTSD-related diagnoses

Federal Corrections staff 2011-2016

SOURCE: Correctional Service of Canada

Institution	Region	Count
Dorchester Penitentiary (Max+Min)	Atlantic	53
Regional Reception Centre	Quebec	47
Port Cartier Institution	Quebec	26
Pacific Institution/RTC/RRAC	Pacific	25
Saskatchewan Penitentiary	Prairies	20



Notes: Data is for fiscal years

Correctional Service Canada union officials are working to have Correctional Officers also recognized as First Responders, across the country, so that their diagnosis with PTSD will also be deemed to be caused by issues they dealt with on the job.



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Preventing Suicide



Suicide. It's a difficult topic to bring up. However, when someone talks about suicide or brings up concern for a loved one, it's important to take action and seek help quickly.

Experts in the field suggest that a suicidal person is feeling so much pain that they can see no other option. They feel that they are a burden to others, and in desperation see death as a way to escape their overwhelming pain and anguish. The suicidal state of mind has been described as constricted, filled with a sense of self-hatred, rejection, and hopelessness.

What is suicide?

Suicide means that someone ends their life on purpose. However, people who die by suicide or attempt suicide may not really want to end their life. Suicide may seem like the only way to deal with difficult feelings or situations.

Who does it affect?

About 4000 Canadians die by suicide every year. Suicide is the second-most common cause of death among young people, but men in their 40s and 50s have the highest rate of suicide. While women are three to four times more likely to attempt suicide than men, men are three times more likely to die by suicide than women.

Suicide is a complicated issue. People who die by suicide or attempt suicide usually feel overwhelmed, hopeless, helpless, desperate, and alone. In some rare cases, people who experience psychosis (losing touch with reality) may hear voices that tell them to end their life.

Many different situations and experiences can lead someone to consider suicide. Known risk factors for suicide include:

- o A previous suicide attempt
- o Family history of suicidal behaviour
- o A serious physical or mental illness
- o Problems with drugs or alcohol
- o A major loss, such as the death of a loved one, unemployment, or divorce
- o Major life changes or transitions, like those experienced by teenagers and seniors
- o Social isolation or lack of a support network
- o Family violence
- o Access to the means of suicide

While we often think of suicide in relation to depression, anxiety, and substance use problems, any mental illness may increase the risk of suicide. It's also important to remember that suicide may not be related to any mental illness.

What are the warning signs?

Major warning signs of suicide spell **IS PATH WARM**:

I - Ideation: thinking about suicide

S - Substance use: problems with drugs or alcohol

P - Purposelessness: feeling like there is no purpose in life or reason for living

A - Anxiety: feeling intense anxiety or feeling overwhelmed and unable to cope

T - Trapped: feeling trapped or feeling like there is no way out of a situation

H - Hopelessness or Helplessness: feeling no hope for the future, feeling like things will never get better

W - Withdrawal: avoiding family, friends, or activities

A - Anger: feeling unreasonable anger

R - Recklessness: engaging in risky or harmful activities normally avoided

M - Mood change: a significant change in mood

How can I reduce the risk of suicide?

Though not all suicides can be prevented, some strategies can help reduce the risk. All of these factors are linked to well-being. These strategies include:

- o Seeking treatment, care and support for mental health concerns—and building a good relationship with a doctor or other health professionals
- o Building social support networks, such as family, friends, a peer support or support group, or connections with a cultural or faith community
- o Learning good coping skills to deal with problems, and trusting in coping abilities

When a person receives treatment for a mental illness, it can still take time for thoughts of suicide to become manageable and stop. Good treatment is very important, but it may not immediately eliminate the risk of suicide. It's important to stay connected with a care team, monitor for thoughts of suicide, and seek extra help if it's needed. Community-based programs that help people manage stress or other daily challenges can also be very helpful.

continued



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risk of suicide. It's important to stay connected with a care team, monitor for thoughts of suicide, and seek extra help if it's needed. Community-based programs that help people manage stress or other daily challenges can also be very helpful.

What can I do if I experience thoughts of suicide?

Thoughts of suicide are distressing. It's important to talk about your experiences with your doctor, mental health care team, or any other person you trust. They can help you learn skills to cope and connect you to useful groups or resources. Some people find it helpful to schedule frequent appointments with care providers or request phone support. Other things that you can do include:

- o Calling a crisis telephone support line
- o Connecting with family, friends, or a support group. It can be helpful to talk with others who have experienced thoughts of suicide to learn about their coping strategies

If you're in crisis and aren't sure what to do, you can always call 9-1-1 or go to your local emergency room.

Some people find a safety plan useful. A safety plan is a list of personal strategies to use if you think you are at risk of hurting or ending your life. You can create a plan on your own, with a loved one, or with your mental health care team. Your plan may include:

- o Activities that calm you or take your mind off your thoughts
- o Your own reasons for living
- o Key people to call if you're worried about your safety
- o Phone numbers for local crisis or suicide prevention helplines
- o A list of safe places to go if you don't feel safe at home

How can I help a loved one?

If you're concerned about someone else, talk with them. Ask them directly if they're thinking about suicide. Talking about suicide won't give them the idea. If someone is seriously considering suicide, they may be relieved that they can talk about it.

If someone you love says that they're thinking about ending their life, it's important to ask them if they have a plan. If they have a plan and intend to end their life soon, connect with crisis services or supports right away. Many areas have a crisis, distress, or suicide helpline, but you can always call 9-1-1 if you don't know who to call. Stay with your loved

one while you make the call, and don't leave until the crisis line or emergency responders say you can leave.

The two most important things you can do are listen and help them connect with mental health services.

Listening

Here are tips for talking with a loved one:

Find a private place and let your loved one take as much time as they need.

Take your loved one seriously and listen without judgement - their feelings are very real.

- o Find a private place and let your loved one take as much time as they need.
- o Take your loved one seriously and listen without judgement - their feelings are very real.
- o Keep your word - don't make promise you can't keep or don't intend to keep.
- o Tell your loved one that they are important and that you care about them.

Supports

If your loved one already sees a doctor or other mental health service provider, it's important that they tell their service provider about any thoughts of suicide they may have been having. Depending on your relationship, you can offer to help - by helping your loved one schedule appointments or by taking them to their appointments, for example.

If your loved one doesn't see a mental health service provider, you can give them the phone number for a local crisis line and encourage them to see their doctor. Your loved one may also be able to access services through their school, workplace, cultural or faith community.

Supporting a loved one can be a difficult experience for anyone, so it's important to take care of your own mental health during this time and seek support if you need it.

Do you need more help?

Contact a community organization like the Canadian Mental Health Association to learn more about support and resources in your area.

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SUICIDE in Canada

CURRENT CONTEXT

An average of
10
PEOPLE
die by suicide
EACH DAY
in Canada



9th LEADING CAUSE OF DEATH in Canada



ACROSS THE LIFE SPAN

CHILDREN AND YOUTH (10 to 19 years)

- Suicide 2nd leading cause of death
- Males account for 41% of 10-14 year old suicides, increasing to 70% of 15-19 year olds
- Self-harm hospitalizations: 72% females

YOUNG ADULTS (20 to 29 years)

- Suicide 2nd leading cause of death
- Males account for 75% of suicides
- Self-harm hospitalizations: 58% females

ADULTS (30 to 44 years)

- Suicide 3rd leading cause of death
- Males account for 75% of suicides
- Self-harm hospitalizations: 56% females

ADULTS (45 to 64 years)

- Suicide 7th leading cause of death
- Males account for 73% of suicides
- Highest suicide rate across lifespan observed among males 45 to 59 years
- Self-harm hospitalizations: 56% females

SENIORS (65+ years)

- Suicide 12th leading cause of death
- Males account for 80% of suicides
- Males aged 85+ experience the highest rate of suicides among seniors
- Self-harm hospitalizations: 52% females

FOR EVERY SUICIDE DEATH **1** THERE ARE:

5 SELF-INFLICTED INJURY HOSPITALIZATIONS

25-30 ATTEMPTS

7-10 PEOPLE PROFOUNDLY AFFECTED BY SUICIDE LOSS

Public Health Agency of Canada analysis of Statistics Canada Vital Statistics Death Database and Canadian Institute for Health Information Hospital Morbidity Database. Published data underestimate the total number of deaths by suicide, due, in part, to the stigma of suicide and other factors that may lead family members, health professionals, coroners, and others to avoid labeling or reporting deaths as suicides.

THERE IS HOPE

Suicide can be prevented. Help is out there. You are not alone.

IF YOU ARE IN CRISIS

- Contact a call centre in Canada near you:
www.suicideprevention.ca/thinking-about-suicide/find-a-crisis-centre/

- Call Kids Help Phone 1-800-668-6868
- Find someone you trust and let them know



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Fast Facts about Mental Illness



Who is affected?

- Mental illness indirectly affects all Canadians at some time through a family member, friend or colleague.
- In any given year, 1 in 5 people in Canada will personally experience a mental health problem or illness.
- Mental illness affects people of all ages, education, income levels, and cultures.
- Approximately 8% of adults will experience major depression at some time in their lives.
- About 1% of Canadians will experience bipolar disorder (or “manic depression”).

How common is it?

- By age 40, about 50% of the population will have or have had a mental illness.
- Schizophrenia affects 1% of the Canadian population.
- Anxiety disorders affect 5% of the household population, causing mild to severe impairment.
- Suicide accounts for 24% of all deaths among 15-24 year olds and 16% among 25-44 year olds.
- Suicide is one of the leading causes of death in both men and women from adolescence to middle age.
- The mortality rate due to suicide among men is four times the rate among women.

What causes it?

- A complex interplay of genetic, biological, personality and environmental factors causes mental illnesses.
- Almost one half (49%) of those who feel they have suffered from depression or anxiety have never gone to see a doctor about this problem.
- Stigma or discrimination attached to mental illnesses presents a serious barrier, not only to diagnosis and treatment but also to acceptance in the community.
- Mental illnesses can be treated effectively.

What is the economic cost?

- The economic cost of mental illnesses in Canada for the health care system was estimated to be at least \$7.9 billion in 1998 – \$4.7 billion in care, and \$3.2 billion in disability and early death.
- An additional \$6.3 billion was spent on uninsured mental health services and time off work for depression and distress that was not treated by the health care system.
- In 1999, 3.8% of all admissions in general hospitals

(1.5 million hospital days) were due to anxiety disorders, bipolar disorders, schizophrenia, major depression, personality disorders, eating disorders and suicidal behavior. Sources: *The Report on Mental Illness in Canada, October 2002. EBIC 1998 (Health Canada 2002), Stephens et al., 2001*

How does it impact youth?

- It is estimated that 10-20% of Canadian youth are affected by a mental illness or disorder - the single most disabling group of disorders worldwide.
- Today, approximately 5% of male youth and 12% of female youth, age 12 to 19, have experienced a major depressive episode.
- The total number of 12-19 year olds in Canada at risk for developing depression is a staggering 3.2 million.
- Once depression is recognized, help can make a difference for 80% of people who are affected, allowing them to get back to their regular activities.
- Mental illness is increasingly threatening the lives of our children; with Canada's youth suicide rate the third highest in the industrialized world.
- Suicide is among the leading causes of death in 15-24 year old Canadians, second only to accidents; 4,000 people die prematurely each year by suicide.
- Schizophrenia is youth's greatest disabler as it strikes most often in the 16 to 30 year age group, affecting an estimated one person in 100.
- Surpassed only by injuries, mental disorders in youth are ranked as the second highest hospital care expenditure in Canada.
- In Canada, only 1 out of 5 children who need mental health services receives them.

Reference

Mental Health Commission of Canada (2013).
Making the case for investing in mental health in Canada.
cmha.ca/about-cmha/fast-facts-about-mental-illness

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Transforming Mental Health for Children and Youth

The early years are especially important for mental health because most mental illnesses begin in childhood and adolescence.

If you think of mental illness as mostly an adult concern, the numbers tell a different story: An estimated one in five young people has a mental illness, including substance use problems. Half of all cases of mental illness begin by age 14, and three-quarters by age 24. The opportunity to prevent mental illness or lessen its impacts over a person's lifetime makes the early years particularly important for mental health.

Challenges and bright spots

"The major challenge we see is the increasing prevalence of depression and anxiety among youth," says **Dr. Hayley Hamilton**, Senior Scientist in **CAMH's Institute for Mental Health Policy Research**, citing a notable rise in the latest CAMH (The Centre for Addiction and Mental Health) student survey results.

CAMH's 2017 Ontario Student Drug Use and Health Survey found that 39 per cent of students met criteria for moderate to serious psychological distress, which reflects symptoms of depression or anxiety, up from 24 per cent of students in 2013. "That's a tremendous increase," says Dr. Hamilton.



And this increase is hitting girls hardest. For the first time, more than half of female students (51 per cent) showed signs of moderate to serious psychological distress. The rate among males was 27 per cent. "We need to understand what is driving those gender differences to develop prevention and intervention strategies," says Dr. Hamilton.

To bolster mental health in young people, CAMH researchers are using innovative approaches to identify and treat illnesses earlier. For example, the Depression Early Warning study is using mobile and wearable technology to monitor youth depression, with the goal of optimizing early intervention. CAMH researchers and their partners are also creating and evaluating a mobile app to deliver a better treatment experience for youth with depression or anxiety. In other positive shifts, "young people are more open to

talking about mental health" than just five to 10 years ago, says CAMH's Emma McCann. She hears directly from many young people in her role as **Youth Engagement Facilitator** in **CAMH's Margaret and Wallace McCain Centre for Child, Youth & Family Mental Health**. "There's not enough teaching about 'what now' – how young people can support themselves and each other," says McCann. They need more information about seeking mental health care, and what to expect, including privacy concerns, and when parents need to be informed. "I hear that from young people a lot – they don't want to tell someone they're having mental health problems because they don't know what happens next," she says.

Turning health care on its head

A big push – and one that's already reaching young people and their families – is making mental health services for young people quick and easy to access, and truly centred on their needs. "This is a major health care system change. This means working differently and thinking differently," says **Dr. Joanna Henderson**, Director of CAMH's McCain Centre. She's buoyed that she's seeing commitments to such change at all levels. At the heart of this approach is partnering with young people and families in research to better understand their needs, then co-creating and evaluating approaches based on these findings. "In the last five years, we've been engaging with youth, families and service providers to design a new system of services for young people," says Dr. Henderson.

Looking for opportunities inside the brain

Another promising research direction, but with longer-term impacts, is understanding the developing brain and creating biologically informed treatments and prevention strategies. "There's still so much to know," says **Dr. Stephanie Ameis**, Clinician Scientist in the **Campbell Family Mental Health Research Institute** and the McCain Centre at CAMH. "For example, for people with autism spectrum disorder, there are few treatments for the core symptoms, and no biologically informed treatments at all, so we need to understand the brain to understand these disorders and develop new treatment opportunities." "The science has told us we have to conduct our research in different ways to find better targets for treatment or prevention," says Dr. Ameis.

camh.ca

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Concurrent Mental Illness and Substance Use Problems



WHAT DO WE MEAN?

A concurrent mental illness and substance use problem means that someone experiences a mental illness and, at the same time, uses substances like alcohol or other drugs in ways that could cause harm. Substance use is a problem when it negatively affects a person's life or the lives of others. Addiction or dependence (needing to use alcohol or other drugs to stop withdrawal) is one kind of substance use problem, but you don't need to experience an addiction to experience harms to relationships, finances, or health from alcohol or other drug use. It's helpful to think of alcohol and drug use as a spectrum - if helpful use is at one end and harmful use is at the other end, there are varying levels of both in the middle.

WHAT IS THE RELATIONSHIP?

People who experience a mental illness are more likely than others to also experience a substance use problem. Similarly, people who experience problems with alcohol or drug use are more likely to be diagnosed with a mental illness.

How strong is the connection?

One major study that looked at people over their lifetime suggests that about half of people with one type of problem have the other type of problem, too. There are three main ways that these concurrent problems interact. It's important to keep in mind that each mental illness is different and alcohol and other drugs have different effects, so individual people will have unique experiences.

Mental illnesses can add to substance use problems

People who experience a mental illness might use substances like alcohol and other drugs in risky ways. One theory is that alcohol or other drugs help people cope with different symptoms of mental illnesses. For example, people who experience some anxiety disorders might use a short-term anti-anxiety medication in ways that it wasn't prescribed, which can increase the risk of dependence. Some people may also use a substance to help manage the side effects of a psychiatric medication. Researchers think this may be one of the reasons behind the high rate of smoking in people diagnosed with schizophrenia, for example.

Substance use problems can add to mental illnesses

Alcohol and other drugs may add to the symptoms of mental illnesses. For example, psychosis is the group of symptoms that includes hallucinations (sensations that aren't real) and delusions (beliefs that can't be real). It's found in schizophrenia and other health problems. Several drugs can cause short-term symptoms of psychosis, and may lead to long-lasting symptoms in some people. For people who already experience psychosis, using alcohol and other drugs can make symptoms worse and harder to treat.

The same factors can increase the risk of both mental illnesses and substance use problems

Factors like genes or changes in the brain may make some people more likely to experience both a mental illness and a substance use problem. External factors can also have an impact on mental health and substance use. Experiences of trauma, pain, poor housing, low income, loneliness, discrimination, poor access to services, easy access to substances, and other concerns that affect our community impact every individual's health and well-being. These factors increase the risk of both mental illnesses and substance use problems.

What can I do about it?

If you're concerned about a concurrent mental illness and substance use problem, it's important to ask for help. Some people are concerned that talking about using illegal drugs might have negative consequences. In most cases, anything you tell your health care provider is private. Using illegal drugs won't stop you from being able to receive help. A real problem in Canada is that mental health and substance use systems are often separate. This means that many people have to receive treatment and support for their illnesses separately, or they are denied access to care for one problem because of the other problems they have. Fortunately, more service providers are now developing more integrated treatment options for concurrent problems. It's important to note that the goal of treatment for substance use problems may not be stopping all substance use. A more realistic goal for some people might be using substances in less risky or harmful ways (also known as harm reduction).

Here are some options for treating concurrent problems:

Psychotherapy - Psychotherapy or counselling is a common approach for both mental illnesses and substance use problems. There are many different types of psychotherapies, depending on the problems you'd like to address and your goals in treatment. Many psychotherapy and counselling approaches work on building skills so you can cope with problems or challenges in healthier ways.

Medications - Medications may be used to treat mental illnesses, and they may be helpful in the treatment of some substance use problems. The type of medication depends on the illness or symptoms. Some medications interact with alcohol and other drugs, so it's a good idea to talk to your doctor or pharmacist if you have any concerns.

Social services and supports - People who experience concurrent disorders may face extra challenges in finding a healthy home, earning enough to live well, and other important aspects of living with dignity. Extra supports can help people succeed in treatment, achieve their goals, and find a supportive community.

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Facts You Might Not Know About Sleep and Mental Health



If you've ever felt drowsy or "zoned out", then you probably already understand the importance of a good night's sleep on your mind and body. What you may not know, though, is that sleep isn't just important for helping us get through the day without falling asleep, it's essential for our mental health too.

Clinical research shows that treating sleep disorders may help with mental health problems. Research findings are suggesting that a good night's sleep is helpful for mental and emotional recovery, while chronic sleep disruption might cause negative thinking and emotional vulnerability.

Did you know?

People who are even moderately sleep-deprived can perform as poorly as or worse than those who are too drunk to drive legally.

Facts About Sleep

Our bodies cycle between 2 major categories of sleep every 90 minutes -- REM Sleep and Non-REM Sleep

1. **Non-REM Sleep** -- this is when our body temperature drops, muscles relax, and heart rate and breathing slow. Adults spent half or more of their night in light sleep which is an important part of the circadian cycle and sleep architecture. The deepest stage of deep sleep produces physiological changes that help boost immune system functioning. Deep sleep is crucial for physical renewal, hormonal regulation, and growth. Without deep sleep, you're more likely to get sick, feel depressed, and gain weight.

2. **REM (rapid eye movement) Sleep**, is the period when we dream. Body temperature, blood pressure, heart rate, and breathing increase to levels measured when we are awake. REM sleep enhances learning and memory, and contributes to emotional health.

Sleeping 8 hours per night doesn't make you feel rested, unless you get enough deep and REM sleep....

3. More than 70 types of sleep disorders exist. Here are a few examples:
 - o **Hypersomnia** -- when someone sleeps too much or falls asleep in inappropriate places and times.
 - o **Narcolepsy** (sleep attacks) and **sleep apnea** (disorder of stop breathing when falling asleep or staying asleep) could be an example of it.
 - o **Insomnia** -- difficulties falling asleep or staying asleep due to number of reasons.
 - o **Parasomnia** -- behavior problem during sleep, like sleep walking or nightmares.
 - o **Circadian sleep disorders** -- when time for going to sleep is changed due to biological clock malfunction (ie. awake at night time and sleep in a daytime)

How to Optimize Your Sleep

It's important to understand what's going on while you sleep. It's recommended that if you're having troubles with drowsiness and low-energy, you have a take home sleep study completed. From there, you'll have an idea if a breathing disorder is causing these symptoms.

5 Tips for a Better Sleep Tonight

1

DON'T EAT OR DRINK LATE

The best choice is to eat lightly before bed (if at all) and avoid alcohol or stimulants like caffeine or nicotine within 3 hours of bedtime.

2

EXERCISE 20 TO 30 MINUTES DAILY

Regular exercise is known to improve overall sleep! Aim for 20 to 30 minutes of aerobic exercise daily, but not within two hours of bedtime.

3

CREATE A MIND DUMP BEFORE BED

Write down all the things that you need to do, to empty your mind. This will reassure you that you don't need to remember your tasks throughout the night, and will help the quality of your sleep.

4

CREATE A SIMILAR BEDTIME AND WAKE TIME

Keeping a similar sleep schedule can help to ensure you get the suggested eight hours a night. Try setting an alarm for every night and morning.

5

KEEP YOUR BEDROOM AROUND 18°C

The ideal temperature for your bedroom is 18°C. A small drop in our core body temperature (as small as 0.2 C) can tell our body it's time to sleep.

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Mindfulness

Many of us lead busy lives. We are busy thinking about yesterday and busy planning for tomorrow. When we focus on the past and future, we aren't paying a lot of attention to the present - where we are right now. Mindfulness is simply an invitation to step out of the clutter and really focus on what we are doing, thinking, and feeling in this moment.

WHAT IS MINDFULNESS?

Mindfulness is a way of being. It's also a skill developed by deciding to slow down and taking the time to pay attention and be curious about things that we're experiencing and things that we see around us. Each of us can be mindful—we just don't do it often. Mindfulness comes from Buddhism, but it can be as religious or non-religious as you'd like. Therapies used today in mainstream settings that use mindfulness are not religious. Most people new to mindfulness first work on three of its main parts: attention, curiosity, and acceptance.

Attention means that we are aware of things in and around us. This includes attention to internal thoughts, feelings, and body sensations as well as things happening in our environment, like sounds. It also includes paying attention to specific experiences, like the sensations that come up as we eat a meal. Why is attention important? We spend a lot of time thinking about the past or focusing on the future. We can forget that we are here right now. Attention can help us notice all of the things we have in the present moment and understand how we are in our lives. Not everything we notice will be joyful. We may notice that we are tired or in pain, for example, but those observations are still useful.

Curiosity means exploring without judgment. We look at thoughts, feelings, or sensations from the perspective of an explorer, examining different perspectives so we can better understand what's going on. Curiosity helps us examine situations more objectively. Why is curiosity important? It means that we're relating to things a bit differently than usual. A common habit is to judge thoughts, sensations, or other experiences around us. When we explore with judgment, it's easy for one critical thought to cascade and cause distress. For example, a small disagreement with a friend can lead to unrealistic fears about the future of the relationship. Practicing mindfulness may not stop judgments, but it can help us notice those thoughts.

Acceptance means embracing the present moment as it is, both the good and the bad, rather than resisting it or doing something quickly to change it. Why is acceptance important? Sometimes, trying to control or change something isn't possible or the best approach. If we are feeling a lot of anxiety, for example, it's easy to get caught up in those uncomfortable feelings. We might do a lot of things to try and stop the sensations or feel angry at ourselves for not being able to control the anxiety. Acceptance in this case might mean simply acknowledging that we feel anxious and letting those feelings be, knowing that they will pass.

Attention, curiosity, and acceptance can have a huge impact on the way we feel and the way we live our lives. You might also notice that while they are simple concepts, they are not necessarily easy to do.

WHAT ARE THE POTENTIAL BENEFITS OF MINDFULNESS?

Research shows that mindfulness can help improve well-being and quality of life. It may help people reduce stress and anxiety, manage symptoms of some mental illnesses and substance use problems, and improve physical health. Mindfulness can help us look at our own lives more clearly. It can help develop a different relationship with our experiences and it can give us space to look at problems from all perspectives, without getting tangled in difficult thoughts or feelings that only make us feel worse.

WHAT CAN MINDFULNESS LOOK LIKE?

Mindfulness can be practiced in many different ways, from formal groups or classes to a short check-in with yourself on the way home from work. There is no right or wrong, and what you experience is what you experience. Here are some quick mindfulness techniques you can practice anywhere:

- o Eat a meal without distractions like TV or any other devices. Pay attention to what you're eating and the different sensations that come up, and notice how it makes you feel.
- o Go for a walk and set out to really pay attention to the environment around you using all your senses. What do you experience?
- o Talk with a friend face-to-face without any distractions like phones. Focus on the conversation and really listen without judgments or expectations. Notice how you feel.
- o Check in with yourself at any time. What thoughts do you notice? How do they make you feel?
- o Take a minute to sit quietly and focus on the sensation of your breath. When you find yourself distracted by a thought, acknowledge the thought and redirect your attention back to your breath.
- o There is always a different way to try mindfulness. If sitting mindfulness meditations make you feel restless, try a walking practice.

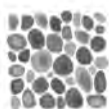
WHERE ELSE CAN YOU PRACTICE MINDFULNESS?

Many different community organizations offer mindfulness classes or courses. Check with your community centre, local schools, or community organizations. You can also find mindfulness resources online. Mindfulness is found in many different formal psychotherapy treatments, such as mindfulness-based stress reduction (MBSR), mindfulness-based cognitive therapy (MBCT), acceptance and commitment therapy (ACT), dialectical behaviour therapy (DBT), and cognitive-behavioural therapy (CBT). Talk to your mental health care team to see if one of these approaches might be a good fit for you.

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Take Care of Your Mental Health on the Go

Posted on November 22, 2018

We're busy. So busy that we have trouble fitting it all in: cooking, seeing friends, getting enough sleep. So how are we supposed to work mental health into our day?

The idea of taking care of your mental health is not to add more stress to your life or take time away from other important tasks. You can actually care for your mental health no matter where you are or what you're doing.

1) **Be mindful**

When you're at your busiest, practicing mindfulness can be a powerful tool. It's a tool you can take with you wherever you are, and a tool you can use in any situation.

When you feel your mind racing and your stress levels rising, focus your mind on the task at hand. Stuck in a meeting? Concentrate on actively listening. Eating lunch? Focus on the flavours and textures of your food. Need a quick break? Slow your breathing and pay attention to your breath.

If you have a smartphone, your app store is bursting at the seams with mindfulness and meditation help. Check out reviews online to find the one that's best for you.

2) **Find - or create - a playlist**

Music is known to greatly affect our moods. And with music streaming platforms at our fingertips, it's never been easier to play music for your mental health. Take a moment to browse through your favourite streaming platform and check out the varieties of playlists available. Pick a soothing playlist to calm anxieties, or a "feel-good" playlist for when you need a pick-me-up.

3) **Identify and replace negative thoughts**

When you find yourself in a funk where all you can think about are the negatives, challenge yourself to replace them with positive thoughts (even if you don't believe them).

By consciously replacing negative thoughts with positive ones, you're actually reinforcing those pathways in your brain. There's a whole science on this. Try it out to see if it works for you.

4) **Call someone you love**

The great thing about technology is that it makes it easier to reach out to the people that mean the most to us. Do you have a hands-free phone? Stuck on a long commute home? Talk and go at the same time. Take advantage of this time and call a loved one.

5) **Use a mental health app**

If you have a smartphone, you will find countless ways to connect with your mental health. There are apps to help you meditate, apps for "smart" journaling, and even apps to help you find a counsellor.

The best part? Many of these apps are free to download, with the option to pay for more features. Simply search "mental health" in the app store.

6) **Listen to a podcast**

You can download free podcasts on most smartphones. Listen during your commute. Or while you're doing dishes. Check out our suggestions, or simply search "mental health" wherever you listen to podcasts:

- Anxiety Slayer
- Not Another Anxiety Show
- Happier
- Mindful (mostly)

The truth is that Canadian winters can be tough as the days get shorter, the skies get greyer and the wind gets colder. It's important to keep your mental health a priority, even when you feel like you don't have enough time for it.

Tweet us your favourite mental health "on the go" strategies at @CMHA_NTL

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Create Your Own Workplace Wellness Box

As temperatures drop and workloads surge, it's important to keep your mental health top of mind. If your workplace is healthy, mentally-speaking, you are likely to feel good about being there, about your colleagues, and about the work you do: all things that reinforce your own mental health. Wondering what you can do to boost your workplace culture? Here's one way: create a workplace wellness box including things that help reduce stress and put an accent on feeling well.

Here are some suggestions to get you started:

1) **Colouring book and coloured pencils**

Colouring books aren't just for kids anymore. In fact, they are a great way to turn your attention away from stressors. Colouring can be quite meditative and calming. Check out the CMHA Anti-Stress Colouring Book available in our online store.

2) **Essential oils**

Aromatherapy is an age-old practice of using naturally extracted scents to promote wellbeing of the mind and body. Appealing to your sense of smell can help distract you from stressors and help you chase away that feeling of being overwhelmed. And on the days you're feeling down, some essential oils are known to actually lift your mood. Try out lavender or frankincense as stress-reducing options. And orange or bergamot to get a bit of a lift.

3) **Sensory fidgets**

Using your sense of touch can help you cope with anxiety. Whether it's the latest gadget (like a fidget spinner), or a tried and true stress ball, studies show that these toys can ease your anxiety. You could even break out the Play-Doh: it's a stress reliever too.

4) **An uplifting playlist**

Do songs from your youth take you right back? Is there a song on the radio that makes you sing and dance, in spite of yourself? Music can be transformative and help us manage emotions. Collaborate with your work mates on a playlist of songs that make you feel good.

5) **Tea**

Taking a break to enjoy a cup of tea is a great way to calm your anxieties and reduce stress. Add tea bags in your wellness box to remind your colleagues to take a breather and enjoy a warm beverage. We recommend chamomile or peppermint tea for their soothing, calming effects.

6) **Random Acts of Kindness**

A great way to boost your mental health is to pay it forward. Studies show that giving to others is linked to increased mental health for everyone involved. Keep your wellness box stocked with "acts of kindness" ideas.

Here are some to start you off:

- o Make a card for someone in your workplace
- o Bring in treats for your colleagues
- o Write someone a positive review on LinkedIn
- o Take a colleague out for coffee

7) **Healthy break activities list**

One of the keys to wellness in the workplace is taking a break when you need one. While it might feel productive to stick to the grind, taking a break is crucial for your mental wellbeing, and for the quality of your work.

Include a list in your workplace wellness box to guide your colleagues in optimizing their break time.

Here are some examples:

- o Meditate
- o Go for a walk outside
- o Stretch

8) **Journal Jar**

Grab an empty jar and fill it with ideas that will get you writing. Journaling is a great outlet that can help you get in touch with your emotions. It's also a great way to distract your mind from your everyday stressors.

These journaling prompts will help you and your colleagues get started. Here are a few examples:

- o If you could go back in time, what's one thing you'd say to your teenaged self?
- o Make a list of 10 things you're grateful for.
- o Describe your favourite place to visit.
- o If you could meet any fictional character, who would it be? What would you say to them?

9) **A list of phone numbers and resources to support someone who is struggling. Be sure to include:**

9-1-1 in case of an emergency
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Local CMHA

Is there anything else you would include with your workplace wellness box? Tweet us @CMHA_NTL with your recommendations!

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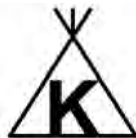
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The Mental Health Benefits of Exercise

The Exercise Prescription for Depression, Anxiety, and Stress



Everyone knows that regular exercise is good for the body. But exercise is also one of the most effective ways to improve your mental health. Regular exercise can have a profoundly positive impact on depression, anxiety, ADHD, and more. It also relieves stress, improves memory, helps you sleep better, and boosts your overall mood. And you don't have to be a fitness fanatic to reap the benefits. Research indicates that modest amounts of exercise can make a difference. No matter your age or fitness level, you can learn to use exercise as a powerful tool to feel better.

What are the mental health benefits of exercise?

Exercise is not just about aerobic capacity and muscle size. Sure, exercise can improve your physical health and your physique, trim your waistline, improve your sex life, and even add years to your life. But that's not what motivates most people to stay active.

People who exercise regularly tend to do so because it gives them an enormous sense of well-being. They feel more energetic throughout the day, sleep better at night, have sharper memories, and feel more relaxed and positive about themselves and their lives. And it's also powerful medicine for many common mental health challenges.

Exercise and depression

Studies show that exercise can treat mild to moderate depression as effectively as antidepressant medication—but without the side-effects, of course. As one example, a recent study done by the Harvard T.H. Chan School of Public Health found that running for 15 minutes a day or walking for an hour reduces the risk of major depression by 26%. In addition to relieving depression symptoms, research also shows that maintaining an exercise schedule can prevent you from relapsing.

Exercise is a powerful depression fighter for several reasons. Most importantly, it promotes all kinds of changes in the brain, including neural growth, reduced inflammation, and new activity patterns that promote feelings of calm and well-being. It also releases endorphins, powerful chemicals in your brain that energize your spirits and make you feel good. Finally, exercise can also serve as a distraction, allowing you to find

some quiet time to break out of the cycle of negative thoughts that feed depression.

Exercise and anxiety

Exercise is a natural and effective anti-anxiety treatment. It relieves tension and stress, boosts physical and mental energy, and enhances well-being through the release of endorphins. Anything that gets you moving can help, but you'll get a bigger benefit if you pay attention instead of zoning out.

Try to notice the sensation of your feet hitting the ground, for example, or the rhythm of your breathing, or the feeling of the wind on your skin. By adding this mindfulness element—really focusing on your body and how it feels as you exercise—you'll not only improve your physical condition faster, but you may also be able to interrupt the flow of constant worries running through your head.

Exercise and stress

Ever noticed how your body feels when you're under stress? Your muscles may be tense, especially in your face, neck, and shoulders, leaving you with back or neck pain, or painful headaches. You may feel a tightness in your chest, a pounding pulse, or muscle cramps. You may also experience problems such as insomnia, heartburn, stomachache, diarrhea, or frequent urination. The worry and discomfort of all these physical symptoms can in turn lead to even more stress, creating a vicious cycle between your mind and body. Exercising is an effective way to break this cycle. As well as releasing endorphins in the brain, physical activity helps to relax the muscles and relieve tension in the body. Since the body and mind are so closely linked, when your body feels better so, too, will your mind.

Exercise and ADHD

Exercising regularly is one of the easiest and most effective ways to reduce the symptoms of ADHD and improve concentration, motivation, memory, and mood. Physical activity immediately boosts the brain's dopamine, norepinephrine, and serotonin levels—all of which affect focus and attention. In this way, exercise works in much the same way as ADHD medications such as Ritalin and Adderall.

Exercise and PTSD and trauma

Evidence suggests that by really focusing on your body and how it feels as you exercise, you can actually help your nervous system become "unstuck" and begin to move out of the immobilization stress response that characterizes PTSD or trauma. Instead of allowing your mind to wander, pay close attention to the physical sensations in your joints and muscles, even your insides as your body moves. Exercises that involve cross movement and that engage both arms and legs—such as walking (especially in sand), running, swimming, weight training, or dancing—are some of your best choices. Outdoor activities like hiking, sailing, mountain biking, rock climbing, whitewater rafting, and skiing (downhill and cross-country) have also been shown to reduce the symptoms of PTSD.

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The Mental Health Benefits of Exercise

continued

Other mental and emotional benefits of exercise

Sharper memory and thinking. The same endorphins that make you feel better also help you concentrate and feel mentally sharp for tasks at hand. Exercise also stimulates the growth of new brain cells and helps prevent age-related decline.

Higher self-esteem. Regular activity is an investment in your mind, body, and soul. When it becomes habit, it can foster your sense of self-worth and make you feel strong and powerful. You'll feel better about your appearance and, by meeting even small exercise goals, you'll feel a sense of achievement.

Better sleep. Even short bursts of exercise in the morning or afternoon can help regulate your sleep patterns. If you prefer to exercise at night, relaxing exercises such as yoga or gentle stretching can help promote sleep.

More energy. Increasing your heart rate several times a week will give you more get-up-and-go. Start off with just a few minutes of exercise per day, and increase your workout as you feel more energized.

Stronger resilience. When faced with mental or emotional challenges in life, exercise can help you cope in a healthy way, instead of resorting to alcohol, drugs, or other negative behaviors that ultimately only make your symptoms worse. Regular exercise can also help boost your immune system and reduce the impact of stress.

Reaping the mental health benefits of exercise is easier than you think



Wondering just how much activity will give you a mental health boost? It's probably not as much as you think. You don't need to devote hours out of your busy day to train at the gym, sweat buckets, or run mile after monotonous mile. You can reap all the physical and mental health benefits of exercise with 30-minutes of moderate exercise five times a week. Two 15-minute or even three 10-minute exercise sessions can also work just as well.

Even a little bit of activity is better than nothing

If that still seems intimidating, don't despair. Even just a few minutes of physical activity are better than none at all. If you don't have time for 15 or 30 minutes of exercise, or if your body tells you to take a break after 5 or 10 minutes, for example, that's okay, too. Start with 5- or 10-minute sessions and slowly increase your time. The more you exercise, the more energy you'll have, so eventually you'll feel ready for a little more. The key is to commit to some moderate physical activity—however little—on most days. As exercising becomes habit, you can slowly add extra minutes or try different types

of activities. If you keep at it, the benefits of exercise will begin to pay off.

Can't find time to exercise during the week? Be a weekend warrior

A recent study in the United Kingdom found that people who squeeze their exercise routines into one or two sessions during the weekend experience almost as many health benefits as those who work out more often. So don't let a busy schedule at work, home, or school be an excuse to avoid activity. Get moving whenever you can find the time—your mind and body will thank you!

Overcoming mental health obstacles to exercise

So now you know that exercise will help you feel much better and that it doesn't take as much effort as you might have thought. But taking that first step is still easier said than done. Exercise obstacles are very real—particularly when you're also struggling with mental health. Here are some common barriers and how you can get past them.

Feeling exhausted. When you're tired or stressed, it feels like working out will just make it worse. But the truth is that physical activity is a powerful energizer. Studies show that regular exercise can dramatically reduce fatigue and increase your energy levels. If you are really feeling tired, promise yourself a 5-minute walk. Chances are, you'll be able to go five more minutes.

Feeling overwhelmed. When you're stressed or depressed, the thought of adding another obligation can seem overwhelming. Working out just doesn't seem doable. If you have children, managing childcare while you exercise can be a big hurdle. Just remember that physical activity helps us do everything else better. If you begin thinking of physical activity as a priority, you will soon find ways to fit small amounts into a busy schedule.

Feeling hopeless. Even if you're starting at "ground zero," you can still workout. Exercise helps you get in shape. If you have no experience exercising, start slow with low-impact movement a few minutes each day.

Feeling bad about yourself. Are you your own worst critic? It's time to try a new way of thinking about your body. No matter your weight, age or fitness level, there are others like you with the same goal of getting fit. Try surrounding yourself with people in your shoes. Take a class with people at a variety of fitness levels. Accomplishing even the smallest fitness goals will help you gain body confidence.

Feeling pain. If you have a disability, severe weight problem, arthritis, or any injury or illness that limits your mobility, talk to your healthcare provider about ways to safely exercise. You shouldn't ignore pain, but rather do what you can, when you can. Divide your exercise into shorter, more frequent chunks of time if that helps, or try exercising in water to reduce joint or muscle discomfort.

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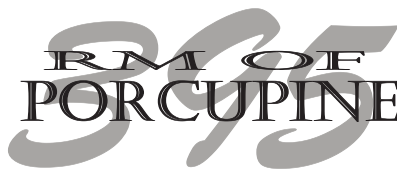
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Sask. online therapy program for mental health, pain management expands after \$600K funding increase

Program offers courses helping with anxiety, depression and other health issues

By Cory Coleman, CBC News

As originally published January 17, 2019



Members of the new online therapy team include, from left: Annette Kapell, Kristin Wilkie, Dr. Katherine Owens, Bobbi Gelsinger and Kimberly Bell. (Saskatchewan Health Authority)

Dr. Katherine Owens says an online therapy program's new team will help people throughout Saskatchewan get the treatment they need.

"Most people with symptoms of anxiety and depression don't actually go on to receive the appropriate treatment for that because of access, because of stigma, because they don't know where to find the service or how," said Owens, the team's clinical director.

The University of Regina's online therapy program - which is partnered with the Saskatchewan Health Authority - offers educational material online, along with the support of a therapist or a guide, for people dealing with anxiety, depression and other health issues like pain management.

It recently received a combined \$600,000 funding increase from the provincial and federal governments.

The money has helped set up a new team of four social workers, along with Owens, which will help the program expand its services.

The new team is based out of Regina, but they will be helping people from all over Saskatchewan.

"I would say probably 80 per cent of the clients we work with are not in Regina," said Owens, noting over 3,600 people have enrolled in the program since it began in 2010.

"It's really neat that we can have a service that's right here in Regina, but we can treat people anywhere in the province," she said.

"There are a lot of folks out there who could really stand to benefit from this."

More access for northern Sask.

Owens said the program can be especially helpful for northern communities.

A number of First Nations leaders called for more mental health services in northern Saskatchewan last year, after two volunteer firefighters took their own lives in Fond-du-Lac over a span of three years.

Owens said online therapy can help fill that gap in services.

"As long as there's some reasonable internet connection - which usually, as far north as you want to go there is internet - then this service would be a really great addition for folks who find it very hard to access a psychologist or a therapist, or even a physician sometimes," she said.

Those who enrol are guided by social workers and therapists while completing their chosen course.

The program runs out of the University of Regina and uses research from the Macquarie University in Australia to develop online therapy catered to people in Saskatchewan.

cbc.ca



Online Therapy Unit
SERVICE, EDUCATION AND RESEARCH

Go to www.onlinetherapyuser.ca to access services and for additional information



1 in 3

1 in 3 Canadians (about 9.1 million people) will be affected by a mental illness during their lifetime. (CCHS Mental Health 2012)



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MENTAL HEALTH SERVICES – OUTPATIENT

Arcola - Arcola Health Centre (306) 842-8665 or 1-800-216-7689

Beauval - Beauval Health Centre (306) 288-4800 or 1-866-848-8022

Biggar - Biggar Hospital 501, 1st Avenue West 1-866-268-9139

Birch Hills - Mental Health Services – Birch Hills Health Facility, 3 Wilson Street (306) 749-3302

Black Lake - Athabasca Health Facility, 224 Chicken Indian Reserve (306) 439-2650

Black Lake - Health Centre (306) 284-2033

Buffalo Narrows - Buffalo Narrows Health Centre (306) 235-5800 or 1-866-848-8011

Cabri - Prairie Health Care Centre 517, 1st Street North (306) 778-5280

Creighton - Creighton Community Health Services, 298 1st Street East (306) 688-8620

Eastend - Wolf Willow Health Centre, 555 Red Coat Drive (306) 778-5280

Estevan - St. Joseph's Hospital, 1176 Nicholson Road (306) 842-8665 or 1-800-216-7689

Fond du Lac - Fond du Lac Health Centre (306) 686-2150

Fort Qu'Appelle - Rural Mental Health Services 1-866-367-8743

Gull Lake - Gull Lake Special Care Centre, 751 Grey Street (306) 778-5280

Hatchet Lake - Hatchet Lake Health Centre (306) 633-2167

Herbert - Herbert and District Integrated Health Facility, 405 Herbert Avenue (306) 778-5280

Hodgeville - Hodgeville Health Centre, 105 Main Street (306) 778-5280

Hudson Bay (for Porcupine Plain as well) - Hudson Bay Hospital, 614 Prince Street (306) 752-8767

Humbolt - Humbolt District Health Complex, 515 4th Avenue (306) 682-5333

Ile A La Cross - St. Joseph's Hospital & Health Centre (306) 833-2016 or 1-866-848-8299

Kipling - Willowdale Lodge, 128 4th Street South (306) 842-8665 or 1-800-216-7689

Kindersley - Kindersley Health Facility, 1003 1st Street West 1-866-268-9139

La Loche - La Loche Health Centre, La Loche Avenue (306) 822-3200 or 1-888-688-7087

La Ronge - La Ronge Health Centre, 227 Backlund Street (306) 425-4840

La Ronge - Youth Mental Health & Addiction Services – Kikinahk Friendship Centre, 320 Boardman Street (306) 425-4840

Lanigan - Lanigan Integrated Hospital, 36 Downing Drive (306) 365-3400

Leader - Leader Hospital, 423 Main Street (306) 778-5280

Lloydminster - Mental Health & Addictions Services, 3830 43rd Avenue (306) 820-6250

Mankota - Prairie View Health Centre, 241 1st Avenue (306) 778-5280

Maple Creek - Maple Creek Hospital, 575 Hwy 21 South (306) 778-5280

Meadow Lake - Mental Health & Addictions Services 8-711 Centre Street (306) 236-1580

Moose Jaw - Mental Health and Addiction Services, FH Wigmore Regional Hospital (306) 691-6464

Moosomin/Whitewood - Rural Mental Health Services 1-866-367-8743

Nipawin Nipawin Hospital, 800 6th Street East (306) 752-8767

Nokomis Nokomis Health Centre, 103 2nd Avenue East (306) 365-3400

North Battleford - Battlefords Mental Health Centre, 1092 107th Street (306) 446-6500

North Battleford - Child and Youth Mental Health & Addiction Services – Don Ross Centre, 891 99th St. (306) 446-6555

Outlook - Outlook Health Centre, 500 Semple Street 1-866-268-9139

Pinehouse - Pinehouse Health Centre (306) 884-5670

MENTAL HEALTH SERVICES – OUTPATIENT

Ponteix - Ponteix Health Centre 428 2nd Avenue (306) 778-5280

Prince Albert - Mental Health Services 2345 10th Avenue South (306) 765-6055 or 1-888-765-6055

Regina - Child & Youth Mental Health Services 1680 Albert Street (306) 766-6700

Regina - Randall Kinship Centre 1680 Alberta Street (306) 766-6780

Regina - Regina Adult Mental Health Clinic 3rd Floor 2110 Hamilton Street (306) 766-7800

Rosetown - Rosetown Health Centre Hwy 4 North 1-866-268-9139

Rosthern - Rosthern Community Services 2014 6th (306) 232-6001

Sandy Bay - Outpatient Centre (306) 754-5404

Saskatoon - Adult Mental Health Services – Sturdy Stone Building Suite 156, 122 3rd Avenue N. (306) 655-7777

Saskatoon - Child & Youth Mental Health Services 715 Queen Street, 2nd floor (306) 655-7777

Shaunavon - Shaunavon Hospital and Care Centre 660 4th Street East (306) 778-5280

Spiritwood - Spiritwood Health Complex 400 1st Street East (306) 883-4462

Strasburg - Strasburg and District 303 Edward Street (306) 365-3400

Swift Current - Community Health Services 350 Cheadle Street West (306) 778-5280

Tisdale - Tisdale Hospital 2010 110th Avenue West (306) 752-8767

Touchwood Qu'Appelle - Rural Mental Health Services 1-866-367-8743

Twin Valley - Rural Mental Health Services 1-866-367-8743

Unity - Unity and District Health Centre Airport Access Road 1-866-268-9139

Wadena - Wadena Integrated Hospital 433 5th Street Northeast (306) 338-9950

Wakaw - Wakaw Hospital 301 1st Street North (306) 233-4363

Weyburn - Community Health Services Building 900 Saskatchewan Dr. (306) 842-8665 or 1-800-216-7689

Wynard - Wynard Hospital / Golden Acres 300 10th Street East (306) 365-3400

Yorkton - Mental Health Services 270 Bradbrooke Drive (306) 786-0558 or 1-888-989-8444

MENTAL HEALTH SERVICES – OTHER SERVICES GROUP PROGRAM

La Ronge - La Ronge Health Centre 227 Backlund Street (306) 425-4840

saskatchewan.ca

Sources

camh.ca - The Centre for Addiction and Mental Health

canada.ca - Government of Canada

canadianlabour.ca - Canadian Labour Congress

cbc.ca - Canadian Broadcasting Corporation / Radio Canada

cmha.ca - Canadian Mental Health Association

fireflycounselling.ca – Firefly Counselling and Consulting

gnb.ca – Government of New Brunswick

helpguide.org - HelpGuide.org International

mobilecrisis.ca – Mobile Crisis Services

saskatchewan.ca – Government of Saskatchewan

sleeptherapeutics.ca – Sleep Therapeutics

24/7 HELP LINES

Call or Walk-In 1646 11th Ave Regina SK

Mobile Crisis Helpline (306) 757-0127

Crisis Suicide Helpline (306) 525-5333

Email Us Online Help visit www.mobilecrisis.ca/email-us-online-help

Child Abuse Line (306) 569-2724

Saskatchewan Problem Gambling HelpLine 1-800-306-6789

Farm Stress Line 1-800-667-4442

Are you in Crisis?

- Having difficulty coping with daily problems
- Don't want to talk to friends or family
- Are you turning to alcohol or drugs to make yourself feel better
- Mood changes, less patience or angry outbursts
- Suicidal thoughts
- Need someone to talk to between appointments with counsellors
- Not feeling you are in touch with reality
- Overwhelmed and don't know where to turn



What should I do if I am having Suicidal Thoughts?

- In an Emergency! Call 911 if you have hurt yourself or taken more than the medically recommended dose of medication.
- Non-Emergent! Call the Crisis Suicide Helpline (306) 525-5333 or (306) 757-0127. If you are in rural Saskatchewan call toll free at 1-800-667-4442 [Farm Stress Line]

You are not alone as 1 in 5 Canadians will experience a mental health crisis in their lifetime. And every Canadian will be affected in some way due to their relationship with family or friends who experience a mental health crisis.

Why get Help?

Like so many other illnesses, early treatment is the key to recovering from mental illnesses. Early treatment can prevent a problem from getting worse. The sooner you do something about it, the sooner you'll be back to yourself.

Situational crisis can put a strain on that recovery. Situation crises usually do not last more than 48hr. But when your ability to cope is already stressed the added support can help you assess your situation, prioritize the things you need to address and connect you to the resources that will help.

Our Crisis Counsellors are trained and can help you address your mental health issues 24 hours a day. We partner with community agencies to provide you with immediate and ongoing help.

mobilecrisis.ca

Discover the benefits of sport ...

- increases self esteem
- helps kids handle stress
- builds and maintains healthy bones, muscles and joints
- helps control weight
- develops positive lifestyles that lead to healthy productive lives.

- saskatchewaninmotion.ca

SPORT
IT'S MORE THAN A GAME



sasksport.sk.ca



PACT Programs

Being expanded across the province

Over the fall and winter of 2018, the **Police and Crisis Team (PACT) program** will be expanded to Prince Albert, Moose Jaw, North Battleford and Yorkton.

Through PACT, police, mental health workers, and government are showing that there's a better way to help those experiencing mental health crises.

saskatchewan.ca



The way you feel right now
isn't permanent.

But death is.

911- Call us.



Regina Police Service
1717 Osler Street
Regina, SK
S4P 3W3
reginapolice.ca



/ReginaPoliceService



/reginapolice

You have the right to remain

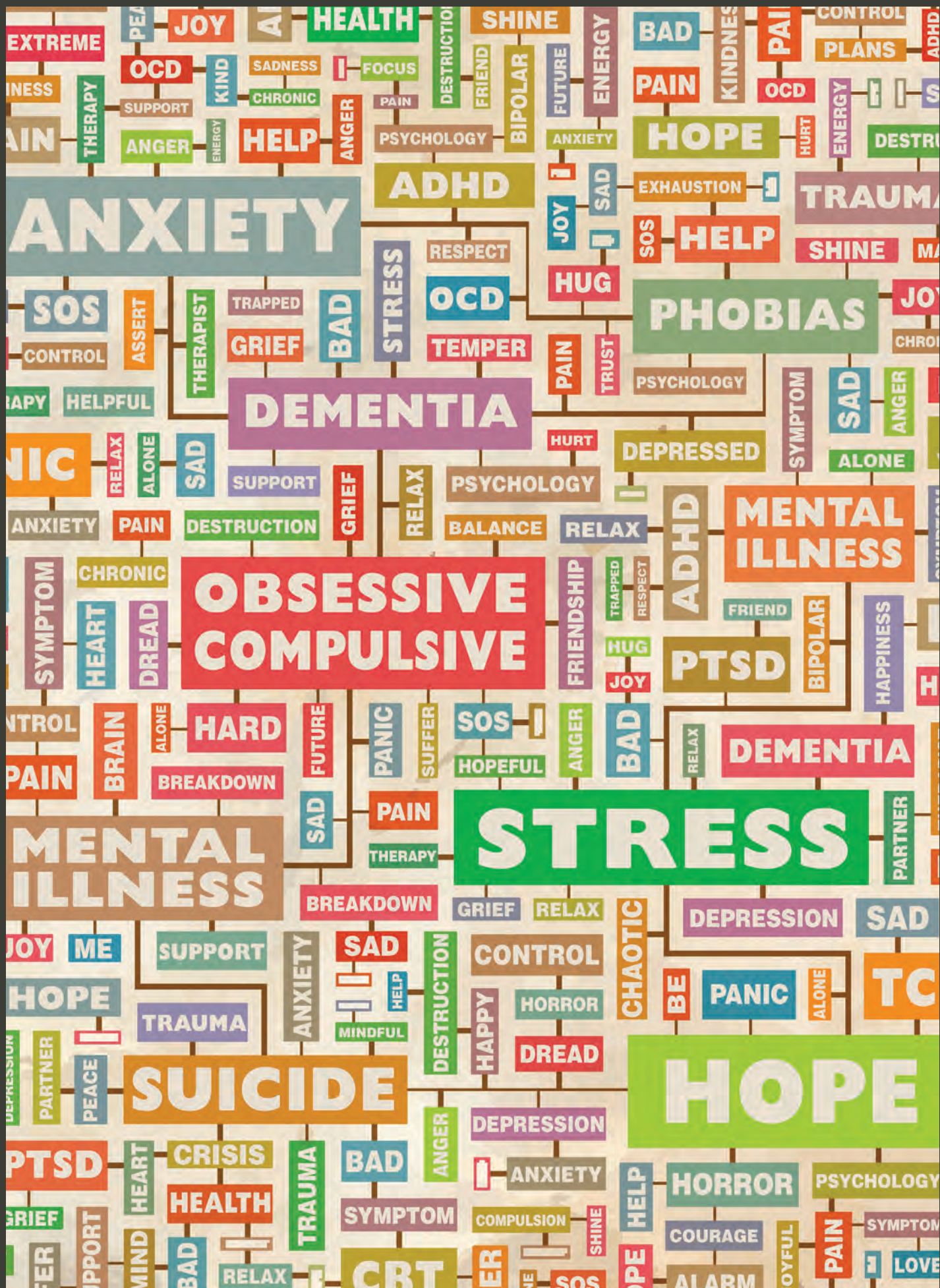
not silent.

To the women and men
behind the badge, those who
risk it all to keep our families
and community safe:

We love you and thank you.

If you are struggling, please, tell
someone. You are the bravest
among us, and **even heroes need
help sometimes.**





ANXIETY

ADHD

HOPE

TRAUMA

PHOBIAS

DEMENTIA

DEPRESSED

MENTAL ILLNESS

OBSESSIVE
COMPULSIVE

PTSD

DEMENTIA

STRESS

MENTAL ILLNESS

SUICIDE

HOPE

PTSD

HEALTH

CBT

HORROR

PSYCHOLOGY

PTSD

HEALTH

CBT

HORROR

PSYCHOLOGY