

UNSEEN:

Youth Mental Wellness Magazine

Issue #1
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Photo taken by Noella S.

UNSEEN

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LETTER FROM THE EDITORS

Thank-you so much for picking up a copy of *Unseen*. We are excited to share our first issue with you. In these pages we share our voices through articles and creative expressions to show our commitment to mental wellness.

All articles, as well the majority of the photographs, have been written and created by the members of the CASA Youth Council and the Council Facilitators .

We hope you will find something interesting, something meaningful, and something real within these pages.

Sincerely,
The CASA Youth Council

Questions or comments that you'd like to share? Get in touch with us at casayouthcouncil@casaservices.org

Please note: The views and opinions expressed in *Unseen: Youth Mental Wellness Magazine* are those of the members of the CASA Youth Council and do not necessarily reflect the official position of CASA Child, Adolescent and Family Mental Health.



Stay Calm, Relaxed, and Refreshed

Do you ever feel stressed or anxious? Do you lie awake at night staring at the roof? Is your energy very minimal? Well we have some neat tips and tricks that you might like to try that have worked for us. Here are some ways you can stay calm, relaxed, and refreshed!

1

DEEP BREATHING

Start taking deep breaths in and out. If you're stressing out this is a great trick to just go to your own space and chill out. If you do not see any changes right away that is normal. Just keep using this strategy daily.

2

4, 7, 8

Find a place where you feel safe and calm. Start by taking a deep breath in for **4** seconds. Continue by holding it for **7** seconds, and then breathe out for **8** seconds. If you find yourself not being able to fall asleep, this can work perfectly at bedtime.

3

MUSCLE TENSION

Let's start at your toes. Clench your toes for five seconds. Now up to your legs for five seconds. Now to your behind and hold again for five seconds. Move up to your fists, shoulders, and face. Squish in your face. Don't worry about looking weird, no one will see!

SEEN

The journey of the CASA Youth Council (so far, anyway).

"I wanted to learn more about mental illnesses and my own, and to feel comfortable talking about it and not feel so scared. I joined to be able to talk and not be judged."

There's no denying that there is a stigma that surrounds mental health. There's stigma in the way we talk about mental health—the misconceptions in the media, the archaic stereotypes, and the way we label people. And there's stigma in the way that we *don't* talk about mental health—the idea that talking about our mental health is something to be shamed for, that it's best to just keep silent about our struggles; the silence becomes deafening. Our voices are swallowed up by stigma.

The CASA Youth Council (CYC) started as an idea to bring the youth voice to CASA. Two CASA staff, chosen to act as council facilitators, put out a call inviting any interested youth to an informal information night in May 2016. From the very beginning, youth and facilitators worked together to dream up what the council could be. At our first meeting we talked about what we saw as the major barriers to wellness for young people with mental health challenges. After identifying the problems, we started discussing

ways we could work together to do something about these issues.

Since the initial meeting in May, we have met monthly to discuss creative ways to make a difference in the youth mental health experience. We work together to transform our ideas into actions.

Our projects focus on increasing awareness about mental health and sharing our voices in our community. Our council is open to young people aged 13 to 25, with new members joining all the time. Our group thrives on flexibility with our members participating in the ways that feel safe and meaningful to them. As a group we

represent a huge range of perspectives. Some of us have had mental health challenges, some of us have been the support person for someone with a mental illness, some of us want to work in the mental health field. We have

"To bring more awareness and change the stigma around mental health and the way that things are done. For example, bullying may not technically be illegal at the workplace, even though it can dangerously impact mental wellness and threatens our safety. I want to change the stigma around mental health, and make it so mental health is just as important as physical health." *CYC member on why they joined the council*

experienced or witnessed mental health stigma in our junior high and high schools, at university, and in our workplaces. Though we come from many different backgrounds, we are all united by our desire to support each other and to make things better in our community. The council's direction has been driven by the members' desire to catalyze change in mental health through continuous action: adding a youth perspective to the mental health conversation, reducing stigma, and declaring that mental health is as important as physical health. Youth council gives us a platform to speak from that we might not otherwise have. The council is also a place where we can share our experiences and our stories with friends who treat us with understanding and respect. We value having the opportunity to speak out about mental health and to explore our own journeys in a safe space.

We would love to see youth councils in schools, colleges and universities, workplaces, and communities all over our city, but even if you don't have a council, you can start a conversation. Talk, and keep talking. Talk about your joys and your successes, talk about your trials and your struggles. Talk to your family and your friends and your supporters. Talk to each other. Talk to know your limits. Talk about mental illness and treatment. Talk about support and where to get it. Talk to laugh with loved ones and talk to seek help when needed. Talk to open the doors to listen. Talk openly and often. The more we have conversations about mental health, the more we begin to understand. And the more we begin to understand, the more we begin to change.

If you are interested in or experienced with mental health, and want to lend your voice, we want to hear from you! Please contact the CYC facilitators at casayouthcouncil@casaservices.org for more information on how to get involved with the CASA Youth Council.

"To find people who understand and don't treat me differently just because something horrible happened to me." CYC member on why they joined the council

"To be able to speak with peers who can understand us and have common experiences." CYC member on why they joined the council

Why not start your own youth council?

If you are thinking about starting your own council, here are some things that we feel help make a youth council work:

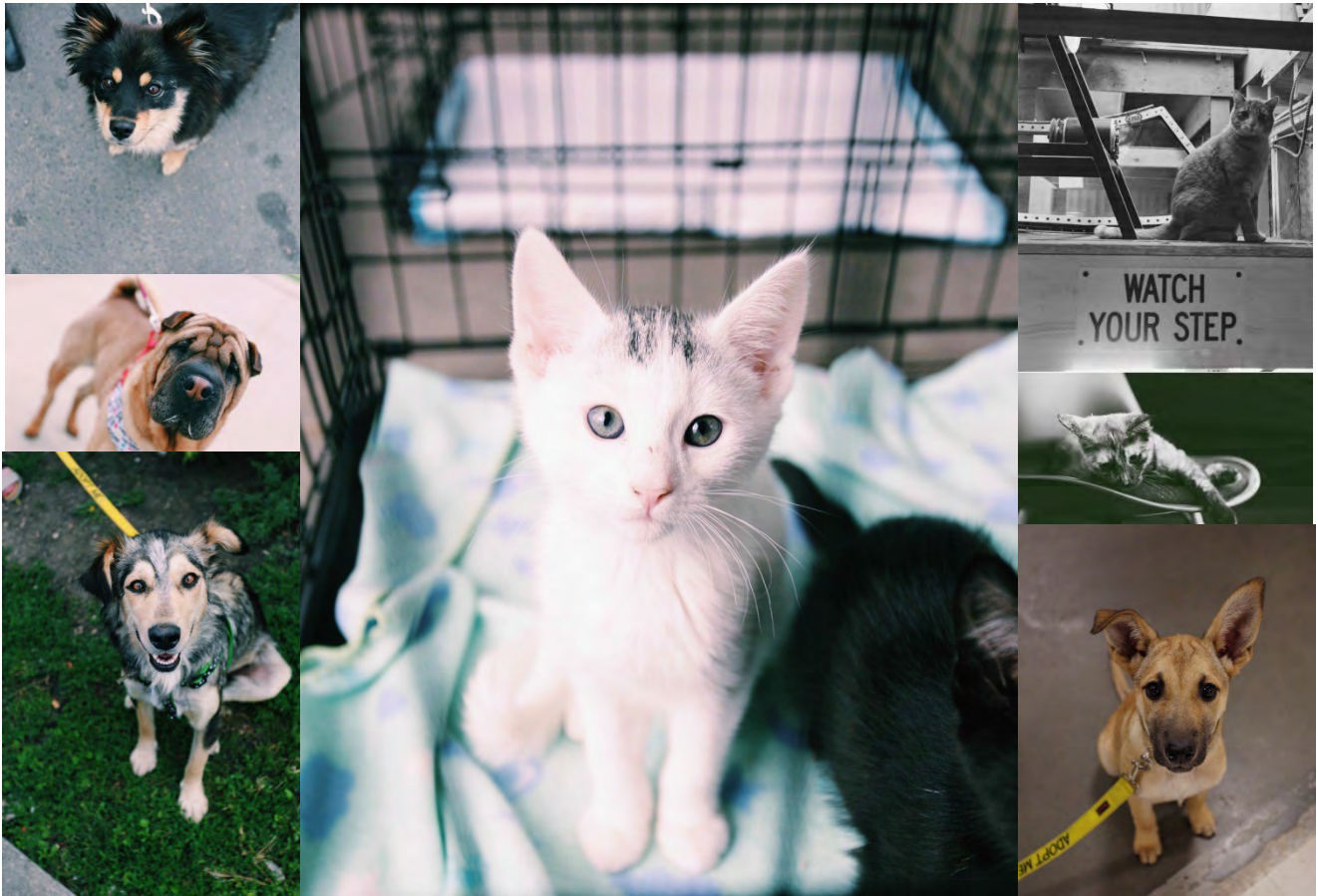
- Create a safe space to share experiences and ideas by setting some ground rules about not sharing other people's stories outside our meetings and treating each other with respect.
- Let the council grow out of the interests of its members. The way our group runs and all of our projects are driven by what youth want to do and the actions that are meaningful to us.
- Have a couple facilitators who can help support the youth members to take action. A teacher, a prof, a community person, or other slightly older young person can make a great council facilitator.
- Be careful about maintaining safe boundaries. We are a mental health action group, *not* a therapy group and our facilitators are not mental health therapists. We share our experiences but we don't give each other mental health advice.
- Keep in touch! We use email and Google Drive to talk to each other between meetings and to collaborate on projects. Some members communicate by text as well.
- Support each other. Talking about mental health experiences and times we faced stigma can be hard. It is totally okay to share or to not share, to cry, feel angry, or share hope at our meetings.
- Have pizza. Everyone feels better talking over delicious, cheesy pizza. Cookies help a lot too.
- Share your voices! We have a lot to say and have found that many people in the community, mental health system, and schools want to hear from us. Share your message about mental wellness with as many people as you can find to listen.

"An animal's eyes have the power to speak
a great language." — Martin Buber

FOSTERING ANIMALS

UNCONDITIONAL LOVE IS AT YOUR LOCAL ANIMAL RESCUE

Did you know that there are approximately 30 animal rescue organizations serving Edmonton and surrounding areas that are always in need of new foster homes? Especially the organizations that don't have an actual shelter-setting to operate out of to accommodate all of their rescue animals.



*"Until one has loved an animal,
a part of one's soul remains unawakened."
- Anatole France*

What is fostering?

Fostering is basically the idea of giving an animal a temporary home that is compatible with that animal's specific needs. Experience with pet ownership can be helpful to know exactly what to expect. The animal usually requires a foster home as they recover from physical or emotional trauma. After the animal has recovered, an important part of fostering is advocating and finding the family best-suited for your foster, which is eventually referred to as your foster animal's "forever home."

If I don't have room in my home what else can I do to get involved?

If you aren't quite in a place to foster or don't consider it to be your cup of tea, there are always a vast amount of opportunities to volunteer your time, supplies, or to give a monetary donation. Animal rescues are always hosting a ton of fun fundraising events that require volunteers. Use an internet search engine to seek out opportunities at one of your local rescues!

"Animals are such agreeable friends
— they ask no questions, they pass no criticisms." — George Eliot



Evolution's Spin on Mental Illness

Increasing research suggests many mental disorders are simply the result of a “mismatch” between today’s world and our ancestors’ environment

Human physiology cannot keep up with our ever-changing society. In the past century humans have witnessed a notable acceleration in the rate of change in technology, science, and social interaction. However, our genetic pool takes much longer to change. It can take hundreds of generations for a single change in our genes to become prevalent in our population. In a world now dominated by social media, easy access to the resources required to live, electronics, and more, it’s important to acknowledge how unnatural these changes are compared to our ancestral environment; and the potential affects they may have on us as we’re not genetically adjusted.

This may sound confusing, but compare this with the change in our diets: our ancestors struggled to find food to eat, so our bodies have evolved to deposit any extra “energy” from food as fat for us to access in periods of starvation. Now, because food is so easily accessible, modern humans are more inclined to consume excess “energy” and deposit more fat - contributing to the large increase in obesity seen in our population these past few years. But, how are these societal changes affecting our brain chemistry? Unfortunately, we cannot easily observe transformations in our minds, unlike in our bodies. However, more and more research is beginning to cross this problem, and connecting how many prevalent mental illnesses are results of this “gap” between our genes and our environment.

Seasonal Affective Disorder (SAD) and other forms of depression are illnesses thought to have risen (or be reinforced) from a mismatch in our ancestral and modern environments.¹ Our ancestors used to spend a majority of their day outdoors, in the presence of sunlight. Nowadays, especially in winter, the majority of our functions take place under a roof: we (most of the time) eat inside, work inside during the day, and engage with others in buildings. Over time, humans have begun to spend fewer and fewer hours in sunlight - and this has astounding affects on our hormones that are regulated by sunlight. Most notably, serotonin, the brain neurotransmitter that is said to control mood balance (and thought to be related to memory, sleep, and social behaviour as well), is released by sunlight stimulation in our retina.² Low levels of sunlight cause our serotonin levels to fall, which is

¹Mental Health Daily. Seasonal affective disorder (SAD): Causes, symptoms, treatment. <http://mentalhealthdaily.com/2015/07/09/seasonal-affective-disorder-sad-causes-symptoms-treatment/>

² Lambert, G.W., Reid, C. Kaye, D.M., Jennings, G.L., & Esler, M.D. (2002). Effect of sunlight and season on serotonin turnover in the brain. *The Lancet*, 360, 1840-42.

associated with depression.³ Our genetic structure hasn't adjusted itself to account for this change in our nature, and humans haven't evolved to release steady amounts of serotonin in the absence of sunlight. With no genes "protecting" us, humans are now more likely to fall susceptible to SAD (and other forms of depression) because of this change in society.

Anxiety is thought to have risen in humans to help us respond to dangers and threats. This was an extremely helpful adaptation for our ancestors, as they required this distress to discourage them from fearful, potentially harmful, situations. For thousands of years humans depended on this anxious response — popularly referred to as the fight - or - flight response — to help us survive in a stressful situation. For example, if a predator attacked suddenly, our minds can quickly shift into a new "mode" where we think faster, rush our body with energy, sharpen our senses, and mount ourselves with immense panic to encounter the danger immediately. However, in modern society humans no longer face the threat of danger from animals, other human groups, and other life-threatening causes on a daily basis. This beneficial trait to our ancestors is no longer as necessary to us, and these anxious responses are often experienced when not needed. For example, you may get extremely anxious before you ride a certain rollercoaster. However, the rollercoaster in reality poses no risk to you; it's simply your adapted response trying to discourage you from putting yourself in that situation. Humans are born with an innate fear of heights, as it was a realistic danger to our ancestors, and the height of a rollercoaster can invoke an (unnecessary) fearful response.

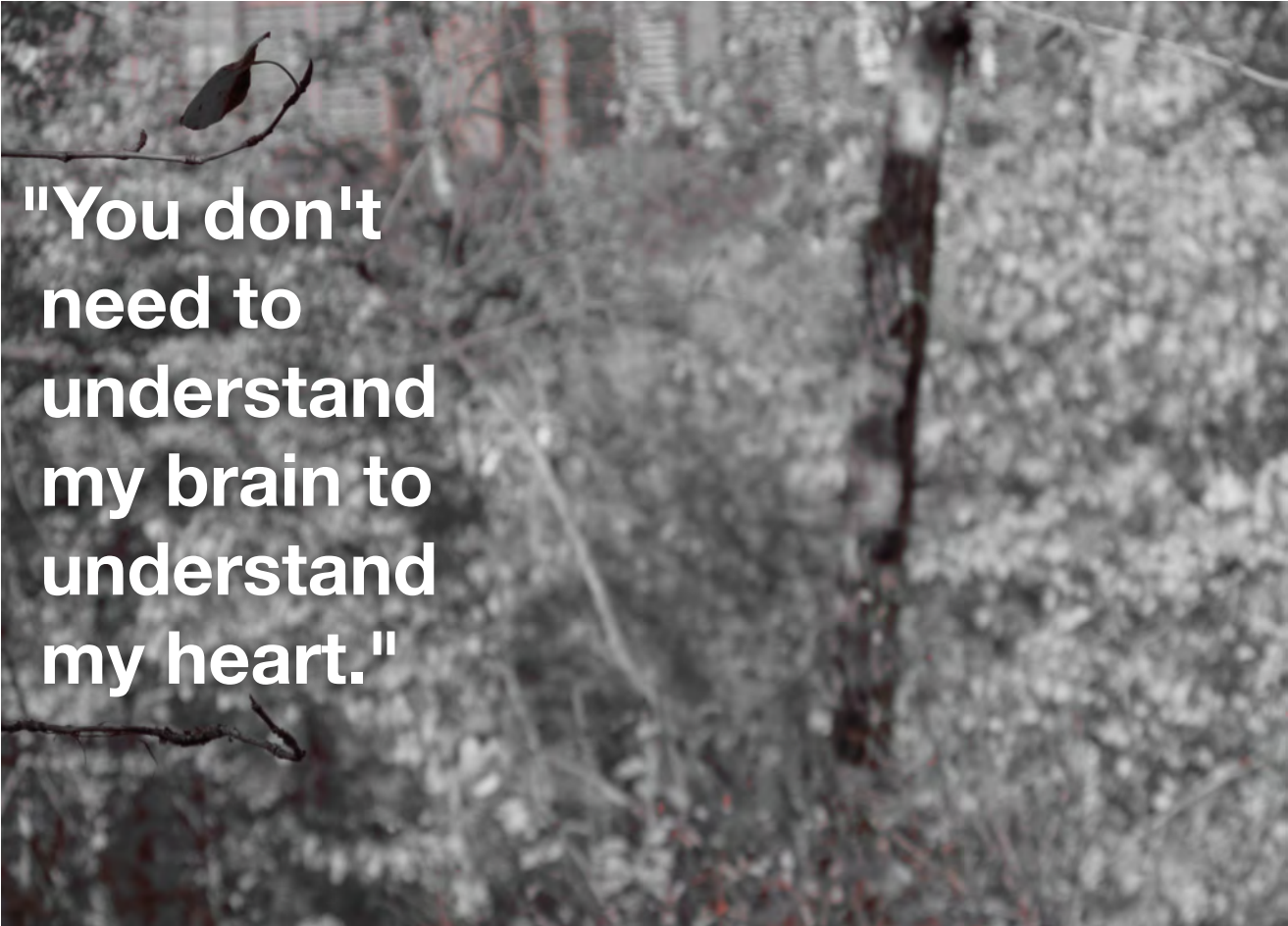
³ Meek, W. Feb. 3, 2016. Evolution and anxiety: The evolutionary psychology of generalized anxiety disorder. <https://www.verywell.com/evolution-anxiety-1392983>

The evolved anxiety response is thought to contribute to disorders such as Generalized Anxiety Disorder (GAD) and many phobias. In our past, humans lived in small groups their entire lives (of about 50 individuals), and an anxious response to strangers was seen as beneficial, as an unknown human may pose a threat.⁴ Although it is not scientifically proven, it is thought that phobias of animals (e.g. spiders, snakes), things related to diseases (e.g. insects), and others are adaptations caused by the fact they posed immense threats to our ancestor's survival. These adaptations that were once extremely beneficial to humans are now unnecessary, even detrimental, in our modern world. Our genetic physiology has not adjusted to our new environment.

Overall, more and more theories are coming forward tying the mental illnesses prevalent in our society to a “mismatch” between our genes and modern environment. Mental illnesses are not unnatural, but rather, can be linked to genetic predisposition. It's not something we can “turn on or off”, it just might be encoded in our DNA. But, mental health concerns are often manageable and something we can work to overcome. Instead of letting these concerns cause you distress, think of it this way, you might simply be more genetically adapted to survive than others.

⁴ Maner, J. K., & Kenrick, D. T. (2010). When Adaptations Go Awry: Functional and Dysfunctional Aspects of Social Anxiety. *Social Issues and Policy Review*, 4(1), 111-142.

WHAT I WISH I HAD KNOWN ABOUT MENTAL HEALTH



"You don't
need to
understand
my brain to
understand
my heart."

Mental health is often misunderstood. Building mental health awareness and understanding grows from the conversations we share with one another. In this running series, entitled “What I Wish _____ Knew About Mental Health”, the CASA Youth Council will address a new audience each time — teachers, doctors, family, friends — with words from family, friends, and community members on what they wish was known about mental health. For our first article in the series we asked “what do you wish *you* had known about mental health?” Here’s what some individuals from the Edmonton community had to say.

All photos in article taken by Noella S.

“The mental health care system is hard to navigate, but it saved my life. Being an inpatient is the last resort, but sometimes mental health needs to be treated in a hospital, just like physical health.”

Stephanie, 23

“I wish I would have known that having mental illness doesn't mean you're broken or worthless. It simply means that some days it's all you can do to simply exist. And that's okay.”

Audrey, 24

“What I wish I had know about mental health is that asking for help is not a sign of weakness but a sign of strength. It has taken me a long time to figure that out. By talking about my issues and giving them a name I have been able to tackle them head on.”

Victoria, 29

“In my experiences, understanding and acceptance of the scope of mental



health continues to need much more discussion and less stigma.”

Bill

“You don't need to understand my brain to understand my heart.”

Carmen, 33

“Don't be afraid to say something's wrong just because you don't perceive your sickness to be as severe as someone else's, everyone's at a different stage in their illness. I've always hesitated to say that I have anxiety because I never wanted to seem insensitive towards those that I know have a bigger struggle than I do. The fact remains, though, that I do have diagnosed anxiety, and it's still hard. I shouldn't pretend it's not a big deal.” **Kristen, 23**

“It's time that mental health issues be part of people's discussions in public, not behind closed doors in whispered tones. Mental illness is just that, an illness. This issue deserves to be talked about and understood to finally rid this issue of its unwarranted stigma.”

Wendy, 48

“I wish I had known how common mental illness was & that I truly was not alone. And to keep digging for the combinations of support & treatment that work for me. It's not just counselling and

meds. Or vitamins and exercise. It's a specific cocktail that is different with each person. I also wish I knew that the term "mental health" is so much more than just the neurological aspect. It also encompasses being physically, emotionally and spiritually supported, as well."

Sissy, 27

"I wish I had known that having setbacks during recovery didn't mean I was failing. Recovery isn't linear and instead it's a process of steps forward and pauses to gather energy and strength to carry on. And that I don't have to compare my journey to anyone else's."

Wendy, 44

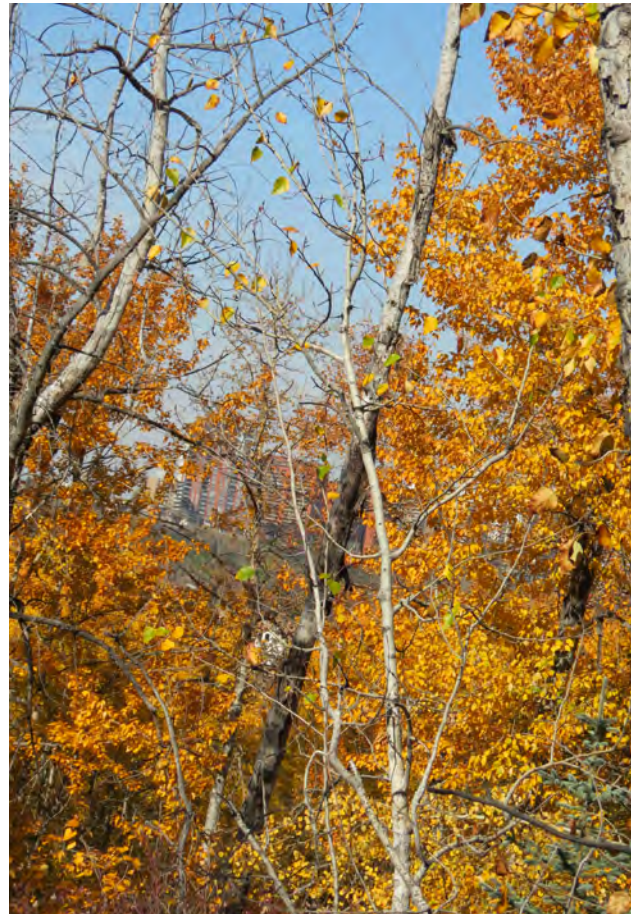
"My message would be that the journey of healing is an honest one, you have to be willing to say the things you think you shouldn't — how you feel, what you think. It's scary, the thought of judgement, but it's worth it for your healing."

Jenn, 36

"Never irreparably broken; we need never be hopeless."

Matt, 35

"I wish I knew that finding help would be so difficult — that everywhere there are wait-lists. That most times we would be disbelieved about our journey. I wish I



knew that you — service provider — are no less inflicted by mental health matters in your family, as I am in mine. I wish I knew you — service provider — were my equal even when your privilege dictated otherwise."

Candace, 41

"I wish I knew that I wasn't the only one struggling with mental health."

Brookie, 16

MENTAL HEALTH APPS



HEADSPACE

Guided meditations to help improve focus, mindfulness, relieve anxiety, and reduce stress.



SELF-HELP FOR ANXIETY MANAGEMENT

Offers a range of self-help methods for learning to manage anxiety.



DEEP SLEEP WITH ANDREW JOHNSON (\$3.99)

Guided meditation to help overcome insomnia and get to sleep.



BELLYBIO INTERACTIVE BREATHING

Deep belly breathing exercises to calm down and reduce stress. (Note: this app requires users to place their phone on their stomach to track breathing)



PTSD COACH CANADA

Dependable resources for managing PTSD. Includes information for family and friends to learn about PTSD.



UPLIFT

A resource for all positive news stories and inspirational quotes. Includes 4 different categories so users can choose what they'd like to read.



WHAT'S UP?

App that uses CBT (Cognitive Behaviour Therapy) and ACT (Acceptance and Commitment Therapy) methods to help cope with depression, anxiety, anger, stress, and more. Uses a passcode to protect information. The app includes games, forums, and a positive/negative mood tracker.



OPERATION REACH OUT

Designed to encourage individuals who are suicidal to reach out. App provides a contact help centre, and helps people coping with depression to stay connected to others. The app also contains resources for individuals looking to help a family member or friend who may be suicidal.



DBT DIARY COACH AND SKILLS COACH (iPhone only)

The only DBT (Dialectical Behaviour Therapy) app designed and created by a licensed DBT-trained psychologist. Includes a reference manual, behaviour tracker, and skills coach. The app can be password-protected, so the user's information stays private.

My Story

By Tiana W.

Although I have never been clinically diagnosed, I have definitely had my fair share of hard-hitting depression symptoms. There are days where I am so sad, to the point of numbness, that all I can do is lay in bed and cry. I can't move, I can't eat or drink or sleep; I'm just paralyzed under the weight of agonizing emotion. In high school, my moods swung so low, and my self-worth crumbled into such tiny pieces that I began self-harming. I was alone, and felt like I couldn't talk to anyone about it. I was scared that if anyone found out, I would be tormented. I kept my pain to myself for years, until someone found out. After talking about how I was feeling, and why I was hurting myself with a classmate, I decided to ask for professional help. I went to see a therapist for a few months, which really seemed to help. I still had the feelings, but the self-harming stopped.

In 2014, my first year of college, it came back. I had moved 6 hours away from all my family, I had trouble making new friends, and the boyfriend I had at the time had an addiction to street drugs. I had told him that if he wanted to be with me, he would have to quit. He said he would, and so

began our relationship. I didn't account for the fact that he might lie to me and that he also lived six hours away, where he could keep the ongoing addiction a secret from me. In my mind, he had chosen drugs over me; I was less valuable than a temporary high. My self-worth plummeted again as I began to convince myself that I meant nothing to anyone. In October of 2014, I attempted suicide in my college dorm. One thing saved me that day: my family. As I laid on the floor waiting, I looked up to my desk where my graduation picture hung. Around the frame, my dad had signed, congratulating me and wishing me all the best in my bright future. I couldn't leave my family; I couldn't let them get that call and feel that pain. I got help and vowed to never hurt myself again. Nobody should ever feel that worthless. My close call isn't the only reason why I have become committed to mental health. I have had many friends and family members shake hands with the demon that is mental illness.

When I was in elementary school, my sister was admitted to the Red Deer Hospital on more than one occasion due to her battle with depression and anorexia. My mother was admitted to the Royal Alex Hospital for 6 weeks due to her suicidal depression. My cousin Michael Watts ended up taking his life in the summer of 2010 due to depression and schizophrenia.

I have a chance to make a difference in the world of youth mental health, and that is exactly what I plan to do. I do not want to see someone's sister in the hospital with anorexia like I saw my sister. I do not want to see someone's mother harm themselves because of depression like I saw my mother. I do not want any young people to end their lives because of mental illness like I saw my cousin end his.

This is the path I have chosen, and for good reason. Youth mental health is a real problem in this world that so many people are blind to, and I believe it is time to open our eyes.

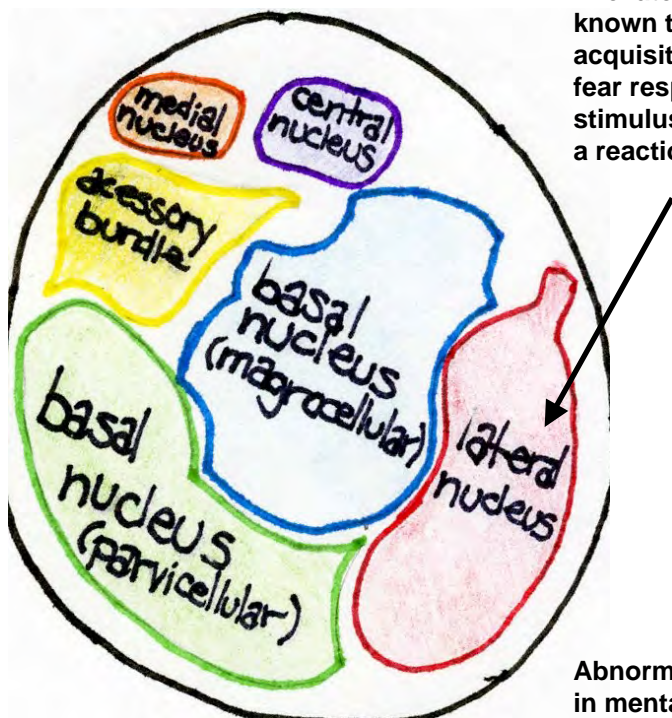
THE AMYGDALA

WELCOME TO YOUR BRAIN...

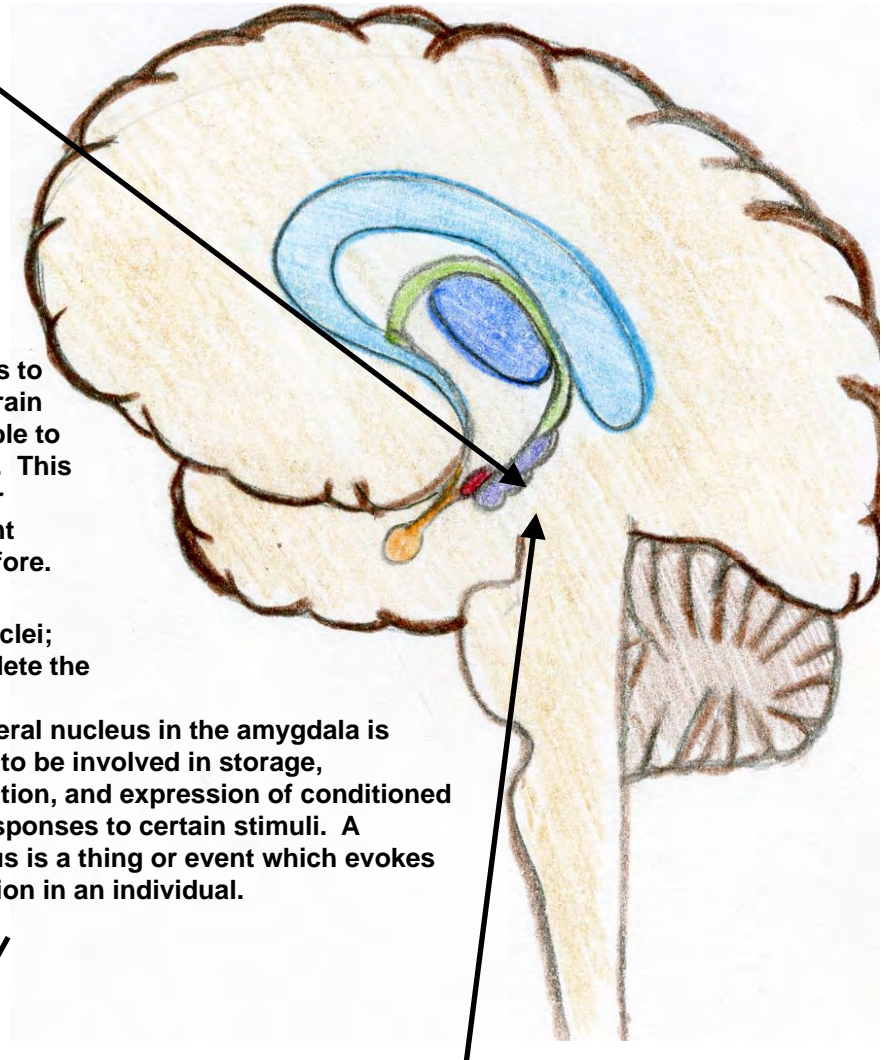
The amygdala is an almond-shaped structure found in both sides of the brain commonly recognized as being specialized for perceiving emotion- especially fear- and emotional memory. This structure is involved in two important brain circuits: the limbic system and the basal ganglia. The limbic system is involved in emotions, some forms of memory, and survival behaviours, whereas the basal ganglia is involved in the voluntary movement of the body.

Activation of the amygdala during an event leads to the memory being stored in other areas of the brain and is thought to make the event more memorable to the individual because of its emotional intensity. This means that if a person was bitten by a snake, for example, they would tend to remember this event better than what they ate for dinner the night before.

The amygdala is composed of a collection of nuclei; nuclei are groups of neurons that work to complete the same function in a similar brain area.



The lateral nucleus in the amygdala is known to be involved in storage, acquisition, and expression of conditioned fear responses to certain stimuli. A stimulus is a thing or event which evokes a reaction in an individual.



The amygdala's connection to the hippocampus allows learning and memory about the feared event or stimuli. Continuing with our snake example, this means that every time this person saw something that reminded them of a snake, their traumatic experience with the snake, or a snake itself, their amygdala would signal this to the rest of the brain and body causing a response to the snake to take place.

Abnormal activation of the amygdala is commonly seen in mental illnesses such as anxiety and panic disorders, PTSD, and depression and other mood disorders.

Mental Health Medications:

Your body, your mind, your choice



What are mental health medications?

Mental health medications are prescription drugs that are used to treat mental health concerns like anxiety, depression, bipolar disorder, schizophrenia, and ADHD. These medications can influence a person's mood, feelings, thoughts, or behaviours.

How do medications help with the symptoms of mental health concerns?

Mental health medications impact neurotransmitters (chemicals in the brain that transmit nerve impulses). Some symptoms of mental health concerns can be caused by an imbalance or changes in the amounts of neurotransmitters in the brain. Medication can help with:

- Increasing concentration or attention
- Reducing anxiety or worries
- Improving or regulating mood
- Increasing impulse control
- Reducing aggression
- Improving memory
- Stopping hallucinations



What's in a name?

Medications for mental health concerns are sometimes called “psychotropic drugs” or “psychiatric medications.” Common families of mental health medications include: stimulants; selective serotonin reuptake inhibitors (SSRIs); and antipsychotics. These names can sound scary or feel stigmatizing. However, the name of the medication does not always tell us about its use. For example, antipsychotics can be used to help an individual feel calmer, organize their thoughts, or reduce aggression.



Everyone's body is unique

The way mental health medications work for each unique person may differ from the general description of how the medication is expected to work. A person's age, size, gender, diet, other medications, and individual body systems can all affect the way medication works for them.



Medications may have side effects

Side effects are different for each person and some people may experience no unwanted effects. Possible side effects of mental health medications can include:

- appetite changes or weight gain
- changes in sleep (feeling tired or making it harder to fall asleep)
- stomach aches or nausea and vomiting
- headaches or dizziness
- changes in heart rate or blood pressure
- suicidal thinking or self-harming behaviours
- hearing or seeing things that are not real



Medications can take time to start working

It can take a few weeks or even months for medications to start working. Sometimes it can be discouraging to start a medication and feel like it is not helping. A doctor, nurse, or pharmacist can help with concerns about how a medication is working or not working.



It can be dangerous to abruptly stop taking mental health medication

It is always your choice to start or stop taking a medication but it is important to have support from a healthcare provider you trust when stopping medication. Medications may need to be reduced slowly to avoid serious side effects.



Create a medication safety plan

Because some mental health medications can cause suicidal thinking or self-harming actions, it is important to use these medications with support from a trusted health care provider. A doctor or psychiatrist can help individuals to develop a safety plan to manage possible side effects.



It can be very dangerous to drink alcohol or use street drugs while taking mental health medications.



Mental Health medications can interact with other medications

Mental health medications may interact with other medications like birth control pills, antibiotics, over the counter cold medications, or other mental health medications. A doctor or pharmacist can help us identify possible interactions.

How do people access mental health medications?

You need a prescription to access mental health medications. Family physicians and psychiatrists can prescribe mental health medications. It is important to only use medication prescribed to us and not to try or use other peoples' medications.

Your body, your choice

It is important to think carefully before taking any type of medication. A health care provider can help us to weigh the risks and benefits of medications. It is important to ask about possible side effects, medication interactions, and how medications may work. It is okay to keep asking questions until you feel informed about medications. If you try a medication and it does not work for you, it is okay to ask your healthcare provider to offer a different medication. A physician, a nurse, or pharmacist can help you make an informed decision for yourself.



Online medication information

If you are looking for online resources, you might like to check out:

- <http://keltymentalhealth.ca/treatment/medications>, which has detailed information about specific mental health medications, written in plain language
- www.drugs.com, which has information about medication interactions
- www.drugcocktails.ca, which gives information about interactions between medications and alcohol or street drugs
- <https://www.nimh.nih.gov/health/topics/mental-health-medications/index.shtml>, which has information about different types of mental health medications, their uses, and possible side effects



By Anna O'Brien-Langer, CASA Youth Council Co-Facilitator

UNDERSTANDING SCHIZOPHRENIA

Misconception #1

People with schizophrenia have a split or multiple personality.

People with schizophrenia *do not* have a split or multiple personality. Schizophrenia is often confused with Dissociative Identity Disorder (DID), formerly known as Multiple Personality Disorder. There is absolutely no relation between DID and schizophrenia. DID is an entirely different illness than schizophrenia, with completely different symptoms, treatment, and causes.

Misconception #2

People with schizophrenia are violent.

The media often connects mental illness and violence together. **It is important to know that violence is not a symptom of schizophrenia.** In fact, people with schizophrenia rarely become violent, and are no more violent than the general population. If a person with schizophrenia does become violent, it is often directed towards themselves through either self-injury or suicide attempts. Approximately 40% of individuals with schizophrenia will attempt suicide¹ and 5-10% of individuals with schizophrenia will die by suicide.²

Schizophrenia is perhaps one of the most misunderstood mental illnesses.

From being sensationalized in the media, to harrowingly inaccurate portrayals in films being represented as fact, misinformation about schizophrenia runs rampant. It is important that the lack of understanding surrounding schizophrenia be addressed, as these misunderstandings can lead to stigmatization and discrimination towards individuals living with schizophrenia. So what is schizophrenia, exactly? Schizophrenia is a serious illness of the brain. It significantly affects how a person thinks and perceives the world, which in turn will impact feelings and behaviours. Untreated, schizophrenia often makes it very hard for a person to distinguish between what is real and what is not.

What are the symptoms of schizophrenia?

Typically, the illness develops between 16 and 25 years of age. Symptoms of schizophrenia are divided into two categories - negative (passive) and positive (active). Sometimes it's helpful to think of the symptom categories as subtraction and addition. Negative symptoms refer to behaviours that *should* be present in an individual's day-to-day life, but are *not*: something is subtracted or being taken away from a person's behaviour. On the other hand, positive symptoms refer to behaviours that *should not* be present, but *are*: something is being added to a person's behaviour.

Negative Symptoms

Lack of facial expression
Poor concentration & motivation
Depression
Troubles with sleep
Apathy
Social withdrawal
Poor hygiene

Positive Symptoms

Delusions
Paranoia
Feelings of persecution
Grandiose thinking
Belief that one's mind is being read
Hallucinations; which can affect any of the five senses: auditory, visual, smell, touch & taste

¹ Source: www.hindawi.com/journals/schizort/2016/3165243/

² Source: www.ncbi.nlm.nih.gov/pmc/articles/PMC2951591/

Misconception #3

People with schizophrenia are called "schizophrenics" or "schizos"

The terms "schizophrenic" and "schizo" are often used in the media or pop culture. **These terms can foster the culture of stigma that surrounds schizophrenia.** Terms like these define someone only by their illness. When speaking about anybody with mental illness, it is important to use person-first language. For example, rather than saying "my cousin is a schizophrenic", you should say "my cousin has schizophrenia" or "my cousin lives with schizophrenia". People are more than just their illness, and it is important to avoid defining someone by their illness alone.

Misconception #4

People with schizophrenia never get better

While schizophrenia does not yet have a cure, people with schizophrenia can and do recover. As defined by the Ontario Branch of the Canadian Mental Health Association,⁴ "recovery is the personal process that people with mental health conditions experience in gaining control, meaning and purpose in their lives." The majority of people with schizophrenia get better, not worse, over time – so long as they are receiving proper treatment and support.

What causes schizophrenia?

Unfortunately the exact cause of schizophrenia is currently unknown. It is, however, generally believed that schizophrenia is caused by a blend of genetic factors and environmental triggers.

Genetics

Schizophrenia is often hereditary, and can run in families. 10% of individuals with a first-degree relative (parents or siblings) with schizophrenia will develop the illness themselves.³ Research pinpointing exactly what, genetically, causes schizophrenia is ongoing. According to the National Institute of Mental Health,

scientists believe that many different genes contribute to an increased risk of schizophrenia, but that no single gene causes the disorder by itself. In fact, recent research has found that people with schizophrenia tend to have higher rates of rare genetic mutations. These genetic differences involve hundreds of different genes and probably disrupt brain development in diverse and subtle ways.

If an individual has these genetic factors at play, they have what is known as a genetic predisposition. This means that they are at an increased risk of developing schizophrenia. However, many people with a genetic predisposition for schizophrenia may never actually develop the illness. Genetic factors are just one component of the illness - in addition to having the genetic makeup, a person also needs to experience an environmental trigger.



Painting by Louis Wain, an artist who lived with schizophrenia.

³ National Institute for Mental Health. Schizophrenia. <http://www.nimh.nih.gov/health/publications/schizophrenia-booklet-12-2015/index.shtml>

⁴ Canadian Mental Health Association Ontario. Recovery. www.ontario.cmha.ca/mental-health/mental-health-conditions/recovery/

⁵ Schizophrenia treatment and recovery: Getting the help you need. www.helpguide.org/articles/schizophrenia/schizophrenia-treatment-and-recovery.htm

Environmental Triggers

Environmental triggers are various factors in an individual's environment, such as home life or substance use, that may initiate the onset of the illness. It should be stressed that **triggers are not causes**.

Environmental triggers alone will not cause someone to develop schizophrenia. Rather, triggers act like a "light switch" to turn on a genetic predisposition that is already there. In other words, triggers initiate an illness, they do not create an illness. A trigger can include things like a stressful event or drug use.

Who is affected by schizophrenia?

Schizophrenia is much more common than typically believed, with an estimated 1% of Canadians living with schizophrenia.⁶ Based on this 1% rate, nearly 360,000 Canadians are afflicted with schizophrenia⁷.

Of course, mental illness is not an isolated experience. It touches the lives of everyone around the afflicted individual. By this measure, there are many others – friends, family members, neighbours, colleagues – beyond the 1% who are impacted indirectly by schizophrenia.

How is schizophrenia treated?

While there is presently no cure, schizophrenia is a treatable illness. Treatment for schizophrenia usually involves a combination of medication and therapy, with medication being the key component in the treatment of

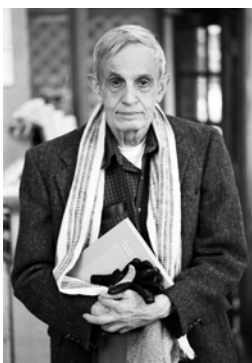
schizophrenia. Medication helps to manage the symptoms of the illness, and works to prevent relapse from occurring. The current generation of antipsychotics has proven to be very effective in treating the symptoms of schizophrenia. In fact, as stated on www.livingwithschizophreniauk.org, "about 70% of people will experience a substantial improvement in their positive symptoms when they first start on the antipsychotic medicine. This is about the same degree of effectiveness that penicillin has in treating an infectious illness like pneumonia."⁸ Keep in mind, because everybody's brain is different, it may take time to figure out which medications will work best for one particular person.

Quality of life is another important factor in recovery. In a 2007 survey conducted by the Schizophrenia Society of Canada,⁹ 433 people living with schizophrenia identified what they believed to be the most important aspects to a good quality of life. Among other domains, some of the major aspects included: acceptance by family, feeling safe in the community, involvement of friends, and having a sense of belonging.

Always remember that people with schizophrenia, or any mental illness, are people first. People with a story. People with hopes and dreams, just like anybody else. Don't let a mental illness stop you from seeing the person behind it.

By Jillian Jones

Well-known individuals with schizophrenia
Left to right: John Nash, Bettie Page, Mary Todd Lincoln, and Brian Wilson.



⁶ Public Health Agency of Canada. A report on mental illnesses in Canada. (2012). http://www.phac-aspc.gc.ca/publicat/miic-mmacc/chap_3-eng.php ⁷ Calculated using population statistics retrieved from Statistics Canada. <http://www.statcan.gc.ca/daily-quotidien/150617/dq150617c-eng.htm>

⁸ Living with Schizophrenia. Recovery strategies for schizophrenia. <https://www.livingwithschizophreniauk.org/advice-sheets/recovery-strategies-for-schizophrenia/>

⁹ Schizophrenia Society of Canada. Quality of life. <http://www.schizophrenia.ca/docs/FINALSSCQOLReport.pdf>

MIND OVER MATTER

MOVING FORWARD: ONE FOOT IN FRONT OF THE OTHER, ONE PAW AT A TIME.

Samantha (Sam) Hjalmarson of *Alberta Service Dog Community* sat down with us on a rainy afternoon in West Edmonton Mall to talk about what it's like to have a service dog in Edmonton. Sam, Lance (Sam's 4 year old smooth-coated collie PTSD service dog), and I managed to find a small table where we could gather ourselves in the midst of a coffee shop that backed onto a large bookstore. The seating area was crowded and buzzed with conversation but Lance settled in quickly.

Lance remained virtually unnoticeable – laying calmly below the seat of Sam's chair – observing her behaviour despite the plethora of distractions that flooded the social area of the cafe during our lengthy conversation. Sam lovingly describes Lance as being an “incredible source

of strength”

getting her

“out of the

house a few

times a week,”

which was

once a very

difficult

task for Sam. A service dog has

significantly improved Sam's quality of

life on a daily basis and has vastly

improved her social capacity. A service

dog in itself can be a great “ice breaker,

providing a safe topic of discussion,”

and has, for all intents and purposes,

**“A panic attack [is] a feeling of sudden and intense fear that lasts for a short period of time...with physical feelings like a racing heart, shortness of breath, or nausea.”
Canadian Mental Health Association**



eliminated the endurance of Sam's panic attacks. Lance is also trained to use deep pressure therapy in order to help Sam with a technique known as "grounding" to prevent a panic attack entirely. With the goal of grounding in mind, Lance is also trained to "alert to fidgeting," which is often experienced or caused in the times of increased anxiety. Lance maintains a safe space for Sam when they are out in public. Another brilliant skill is Lance's ability to act as an "anchor," exemplifying a calm demeanor for Sam to observe and reflect. The 24-hour companionship that a service dog provides its handler is truly unique and not easily substituted. Sam spoke lovingly about Lance, describing him as giving her reasons to "laugh everyday" with his charming personality.



*"When I look into the eyes of an animal.
I see a living being.
I see a friend. I feel a soul."
- A.D. Williams*

Sam is part of an organization called **Hope Heels Service Dogs**. They are constantly looking for new perfect canine candidates to act as service dogs. Sam says that most service dogs have "*the three C's*" in common: "*calmness, confidence and curiosity*"

BREAKTIME for Lance began the moment that Sam unclipped his vest. Lance didn't go straight for a big cup of coffee like some of us would have, but instead he immediately approached me to reintroduce himself. With his own bubbly and playful flare, this reintroduction consisted of a big 'Collie hug' which consists of Lance gently passing through my legs. Sam describes Lance as having an "after-work-personality" that reveals itself any time his vest is removed. Lance's vest is off so he can relax and let his "after-work-personality" show.

Hope Heels Service Dogs
Edmonton, AB
Training and Matching
Service Dogs, & Service Dog
Teams
www.hopeheels.com
facebook.com/hopeheels
info@hopeheels.com

Dogs with Wings
Assistance Dog Society
11343 - 174 Street
Edmonton, AB
Autism, Balance, Facility,
Companion, Courthouse
Guide and Service Dogs.
(780) 944-8011
www.dogswithwings.ca

Q&A with Sam from Alberta Service Dogs Community and Hope Heels Service Dogs

Q:What is the definition of a service dog?

A: A service dog is a “dog specifically trained to mitigate a single individual’s disability” the service dog is able to accompany its handler into all public spaces with the exception of “sterile environments, private residences,” and areas where a dog may inherently cause a business “undo-hardship” like a zoo, for example. “At the zoo dogs are actually seen as natural predators by some of the resident animals.”

Q:What different types of service dogs are currently being used in the Edmonton area?

A: There are many different types of service dogs each with their own unique niche. “Psychiatric service dogs are used for conditions like PTSD & GAD. Mobility dogs are trained to aid with many things like balance, for example. Medical alert dogs specialize in areas such as seizure response, diabetic and allergy alert, as well as response to specific heart conditions. Guide dogs support handlers with visual impairment. Hearing dogs are for handlers with hearing impairment.” Currently, Autism dogs are being trained by Dogs with Wings Assistance Dog Society right here in Edmonton.

Q: Does a service dog have to be a specific breed? If so, must it be pure-bred as well?

A: No, there are no specific breed requirements for a service dog. They do not have to be bred specifically for the purpose of being a service dog. A rescue dog (a dog that ended up requiring the assistance of an animal rescue organization due to displacement, rehoming, neglect, or abuse) can be a service dog. Any observant, intelligent, confident, and curious dog with the right training has the potential to be a wonderful service dog.

Q: If I want to know more about how to initiate the process of getting a service dog for myself or a loved one, where can I look for support and guidance?

A: Great question! You can talk to us over at Hope Heels by visiting our website www.hopeheels.com where I can personally assist with any inquiries you may have. In terms of advocacy and support in general, the Alberta Service Dog Community Facebook page (<https://www.facebook.com/AlbertaSDC>) is a great resource to get connected with the community and its members!

Q: Is there a “governing body” that regulates and requires a service dog to be fully and adequately educated?

A: No, there are no official national standards and regulations, let alone provincial. There is no official body, but organizations like Hope Heels and the Alberta Service Dog Community hope to advocate for national and provincial standards to be defined and regulated someday in the future. A dog needs to be certified by an Assistance Dogs International- accredited school in order to be covered under the Service Dog Act. The use of a service dog is protected by the “duty to accommodate” Albertans with disabilities in the *Alberta Human Rights Act*. Service dogs can be trained by their handler individually or with the help of professional dog trainer.

Q:What is the most challenging barrier service dog handlers in Edmonton are currently facing?

A: Besides the lack of governance and regulation? Awareness and ease of travel beginning with the process and ability to travel inside Canada. The lack of a nationwide standards for Canadians with service dogs causes a handler to face different regulations in each province.

MENTAL HEALTH IN SCHOOLS



Nervous and endocrine systems, genetics and cell division, population and community. What do all these things have in common? They are part of the grade 12 Alberta biology curriculum. These topics are very important learning objectives that must be completed, but I believe that there's something missing. Alberta teenagers are learning about all the human systems, except for the most

important one: your brain! Mental health is not being taught in high schools, and it's time for that to change.

Research shows that half of all lifetime cases of mental illness begin by age 14.¹ It is estimated that roughly 80% of Albertans are not aware that 1 in 5 youth aged 12 to 19 suffer from mental health problems.² Only 1 in 4 of these youths receive treatment. It is my hope to make people more aware of youth

¹ Kessler R.C, Chiu W.T, Demler O., Merikangas K.R, Walters E.E. (2005). Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*, 62(6), 617-27.

² Metcalf A, Crockett C, Salegio J, Tough S. (2011). What Albertans know about youth mental health. Prepared for the Alberta Centre for Child, Family and Community Research.



mental health, as well as to have more resources available in schools and public places to help shed light on this subject. Mental illness is so stigmatized, and I believe that stigma comes from ignorance. People aren't being educated about the different mental conditions present in society and therefore don't understand them.

Mental illness is normal. Mental illness is nothing to be ashamed of. Mental illness needs to be talked about, and people need to become educated on matters involving mental health. In grade 12, I remember learning about physical injuries. I learned about broken bones, strains and sprains, dislocations and tears, and how to treat these ailments. If we are being taught about physical injuries, then why in God's name aren't we being taught about mental and

emotional injury? It's still real pain! Students should be taught the causes, symptoms, and treatments of depression, anxiety, schizophrenia, ADHD, bipolar disorder, and other common mental illnesses. As said above, 1 in every 5 junior high and high school aged people suffer from some sort of mental health concern. Often these kids have no idea what is happening; no idea what to do, who to talk to, or how to access the support they need.

If mental illnesses were taught in the high school curriculum, I believe students would have a better understanding, and therefore get the help they need, or offer others help, with confidence.

By Tiana Warner

Supports and Opportunities for Prospective Post-Secondary Students with Mental Health Concerns

Deciding to enrol in post-secondary studies is a big decision. There are so many colleges and universities to apply to and an astounding number of different programs and specialties. Even if you know where you want to study and have already chosen your program, starting the application process can feel overwhelming. For people with mental health concerns, the process of choosing classes, deciding on a major, creating a schedule, sorting out student loans, and many of other aspects of student life can feel impossibly complicated. Luckily, there are supports available for prospective students. Every college or university is different, but it can be helpful to know the types of supports you may be able to access on your journey to becoming a post-secondary student.

What do universities and colleges offer to prospective students? Edmonton has four universities and several colleges. Almost all of the City's post-secondary schools offer mental health counselling and support services for current students and some offer education planning support and counselling for prospective students. Services that may be available at the university or college you are considering can include:

- In person, email, or telephone counselling from mental health professionals about either your student journey or your mental health concerns
- Assessment of potential students' needs to ensure supports will be in place at admission
- Referrals to community supports like counselling or learning assessments
- Workshops about student life and mental health topics
- Peer support in person, by email, or by telephone
- Student loan advice

Though not all post-secondary schools offer counselling for prospective students, at some post-secondary schools you become eligible to access counselling supports as soon as you are accepted, before you begin attending classes. Once you become a student there will most likely be many resources to support you like free counselling for concerns like anxiety, depression, or feeling suicidal and for student stressors like time management, exam anxiety, and academic difficulties. Student support services at post-secondary schools can also help you access formal learning assessments or advocate for the academic accommodations you may need to ensure your success.

If you think you would like to access some resources to support your application to post-secondary school, here are some things you can do:

READ

Visit university and college websites and search for student counselling, supports, and accessibility services.

Check-out info about loans and bursaries on the Gov't of AB website.

COMMUNICATE

Talk with staff at your prospective school about the types of supports that helped you succeed as a public school student.

Ask about the type, cost, and access to counselling services for current students.

PLAN

Remember that a school may need 3 to 6 months' notice to arrange certain supports to have them ready when you start classes.

PREPARE

Remember that you may need official documentation (ex. Letter from a physician or therapist) and an official diagnosis to access certain supports.

How can I learn what resources are available?

Supports for prospective students may be provided through admissions offices, sometimes called the “registrar” or through student counselling services. The departments offering counselling to prospective and current students usually have names like: student affairs; student success centre; student accessibility services; or student disability services. Just googling the name of the school you are thinking about and “student counselling” can get you started. If you are still in high school, your teachers or school counsellor may be able to help you connect with post-secondary counselling services.

In addition to checking out the resources at the school you are applying to, you might also want to explore some of the Government of Alberta websites for prospective students. Take a look at:

- This online transition planning book for high school students with mental health concerns: <http://www.iae.alberta.ca/planning/assistance/transitions/>
- The main Government of Alberta careers information page: www.alis.alberta.ca
- Student loan information for students with serious mental health or other health concerns: <http://studentaid.alberta.ca/applying-for-funding/students-with-permanent-disabilities/>

Be persistent and understand both your rights and responsibilities as a student. You are your own best advocate. Be sure to explain your needs to the school you are considering and learn all you can about the policies and procedures you

need to follow to access resources. In many cases you do not have to discuss the exact nature of your concerns with school staff, but you will need to describe the impact of your mental health concerns on your student life. Keep in mind, that you may need official documentation and permanent disability status to access certain accommodations. Thousands of students with mental health concerns study at university and college, graduate, go to graduate school, and get great jobs. You can too, just be sure to reach out for the support you need in your student journey.



A NOTE ABOUT LANGUAGE

In Alberta, the Government uses the term “permanent disability” to describe a “a functional limitation caused by a physical or mental impairment that restricts the ability of a person to perform the daily activities necessary to participate in studies at a post-secondary level or labour force, and is expected to remain with the person for the person’s expected natural life.”¹ Mental health concerns like depression, anxiety, ADHD, Bipolar Disorder, and other diagnoses as well as Autism and brain injuries are included in the definition of “permanent disability.” Though it can be uncomfortable to have the word “disability” applied to us, this is the legal term that can enable people to access the services, supports, or accommodations they need to succeed in post-secondary learning. For example, a student with a permanent disability who is taking a 40% course load can be considered a full-time student. Full-time student status can impact eligibility for student loans, scholarships, and access to certain on-campus services.

1. See Government of Canada, Federal/Provincial Grant for Post-Secondary Students with Permanent Disabilities, 2016/17, <http://studentaid.alberta.ca/media/2885/grant-post-secondary-students-permanent-disabilities-schedule4.pdf>

Understanding My Limits

The effects of pushing personal boundaries on one's mental health

By: Jenifer Nasr

We as individuals all possess limits within our daily lives. These limits help guide us within the boundaries of our capabilities in order to achieve success. Often times however, in the pursuit of this so-called success, we set our goals too high and end up sinking in our own expectations, eventually hitting rock bottom with no light in sight. By having goals and dreams one can attempt to balance the tipping scale of uncertainty that life vigorously throws at us. The problem arises when we push ourselves too far in an attempt to justify pursuing our dreams.



Active goal-setting is a crucial trait we could all work on. When we set goals that are unrealistic, we might change the way we view success and failure — which can have a heavy impact on our mental health. By setting up goals beyond our limits, we directly impact the perception we have on achieving the goal which can, at times, lead to depression and perfectionism.

As a first year university student I felt the effects of my consistent need to take up new tasks and activities that I couldn't really handle. Coming from a competitive high school, I became accustomed to challenging myself to be different from others. During my grade 12 year I packed my life schedule with two jobs, a sports team, volunteering, and a full course load in school. I remember thinking that everyone else was doing great things so that must mean I should be able to do it...right? Wrong. At the time I hadn't understood where my personal limits were. This transitioned to university where I took on two new volunteering opportunities in addition to still working two jobs and maintaining my other commitments. All of this was fuelled by my goal to get into medical school.

Often times people will tell you to fuel your ambition with the hope you have within. It seems to be a simple equation not bound by others but bound by your own actions. It wasn't until I found myself unable to make time to properly study for my first midterm, due to my busy schedule outside of school, that I knew something had to change. I ended up almost failing that exam and spiralled into thoughts of failure and doubt on where my future career path would go. By taking on so many different activities in order to give me an "edge" on other applicants to med school, I neglected to balance my time properly and drained my mental health in the process. Upon taking some time to reflect and talk to my friends and family, I was able to distinguish the change needed in my life. I discovered that having big goals is great for motivating you to achieve them however, understanding the pace and approach to pursuing those goals is essential to our mental health.

Through my journey with discovering the extent of my limits I was able to discover who I am. I share this story with you all to shed light on something many people struggle with. Failure is inevitable as it comes in all forms throughout one's life but it is how we bounce back from it that shapes who we are. When tackling long term goals consider setting smaller ones along the way that contribute to the bigger picture so that your expectations are ideally met. By doing so, we allow ourselves to go into these tasks with less pressure and an increased drive to achieve our goals. The feeling of completing those shorter tasks gives us the boost of confidence we need to keep working towards our dreams.

By taking time to reflect, we can discover our personal limitations and plan our dreams accordingly. It is important to set long term goals to work towards improving yourself however don't for a second think that the power you possess to defy the true nature of our capabilities is superior to reality. The moment we do that we are setting ourselves up for failure. As I continue on this journey of learning the different limits I possess, I am growing as an individual and working on my mental health in the process. As you work on yours as well, believe in yourself, your aptitudes, and your dreams, but I urge you to know your limit and stay within it.

WORKING IN RETAIL HELPED MY SOCIAL ANXIETY



Social Anxiety: "An anxiety disorder that is characterized by persistent and exaggerated fear of social situations (such as meeting strangers, dating, or public speaking) in which embarrassment or a negative judgment by others may occur and that causes significant distress, often resulting in an avoidance of such situations and impairment of normal social or occupational activities..." *Merriam-Webster, medical definition of Social Anxiety Disorder*

On October 28th 2016, I worked my first shift of my first job. It had taken months of handing out applications before I was hired in a retail position. As a high school student, my first run-in with employment seemed like a pretty big deal. As an individual with social anxiety, my new job terrified me.

I understood that going into the workforce with minimal experience meant that I'd have to start in positions that involved a lot of interaction with people I've never met. I understood that once I got hired, I had a job to do, people to please, and a boss to impress. Despite that knowledge, I was still afraid.

I feel like I should tell you now, I hate making phone calls. I'm still not sure why, but unless I'm calling a close family member or friend, I freak out. My voice shakes, I sweat, and at times I can even slip into a panic attack.

Now that you know about my aversion to making calls, hopefully you can appreciate the rush of fear I felt when the first thing I had to do on my first shift of my new job was make a phone call (in front of my boss no less).

So there I was, looking dumbfounded for a few seconds before tentatively picking up the receiver and dialing the number as my boss read it out to me. The phone rang. My hands shook. My boss sat there watching me. I felt like I was going to keel over and die.

That's the funny thing about anxiety though, it feels like whatever situation you're in that's causing the panic is one of the worst things that could ever happen to you, ever.

Surprise, in the end I was okay. I didn't keel over, or pass out, or cry. I got through it. This started to be a reoccurring theme in my new position. I was presented with so many new challenges, and had to face so much fear in terms of my social anxiety that I almost feel like a new person.

On my first day working, I had to pee really bad (TMI, I know). I had no clue where the bathrooms were, and asking my coworkers seemed like a death wish. I held it in. All shift.

“That’s the funny thing about anxiety though, it feels like whatever situation you’re in that’s causing the panic is one of the worst things that could ever happen to you, ever.”

Now, I find myself willingly approaching customers, making conversation, and building bonds with the other employees I work with.

Sometimes I wonder if my paycheque motivates me, or if it's the standard of excellence my company expects from its employees. Either way, working in retail helped my social anxiety.

At one point being pushed into situations that could trigger my social anxiety seemed like it would be the farthest thing from helpful, but I'm so grateful that I had to face my fears. I still struggle a lot with social anxiety in my personal life, but it's such a relief to have an environment where it doesn't affect me as much.

I am not my ADHD
I am not a cyclical representation of
brilliant thought
repeatedly interrupted
by
any
unexpected
jarring
of the senses

I am not my PTSD
I am much more than a body
that continues
ruthlessly
to carry on
my spirit
every day

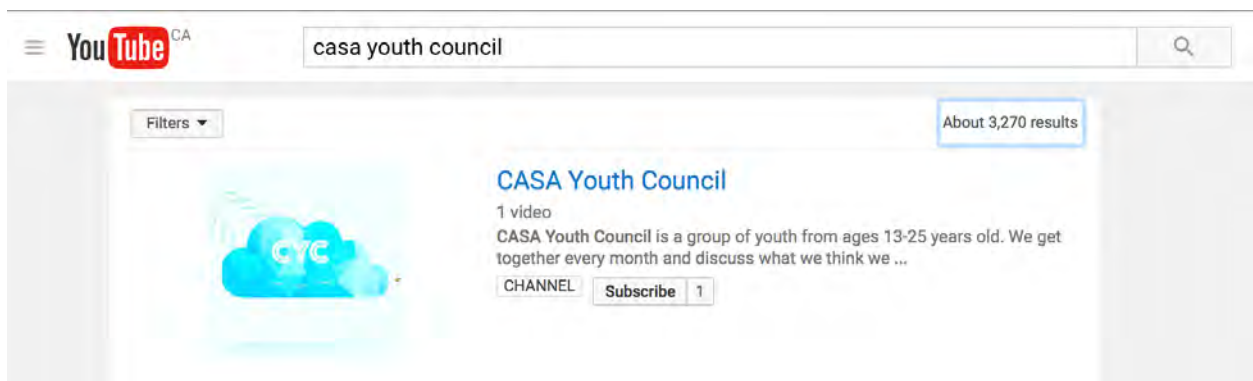
I am no longer the shell of a girl
I am not too
far gone
and I refuse
to be swept away
by the rapids

I am more than my PTSD
I am far more than my ADHD
I am not the shell of a daughter
I am not lost at sea

I am a young woman with a struggle
well worth the juggle
I have a dream
well worth the journey
to relocate some self esteem

I am no longer the girl
with the PTSD
I am a young woman with a heart of gold
I am still human
still made more sensitive
by the sun
but I'm still soothed by the shade
and I'm always ready
for a new day

CASA Youth Council Official YouTube Channel



As you can see here in the pages of *Unseen*, we share our voices in many different ways. We invite you to check out our YouTube Channel where we post videos about our experiences and the mental health issues that matter to us. To find our channel, just search “CASA Youth Council” in the YouTube search bar.

THIS IS YOUR BRAIN ON:

DEPRESSION

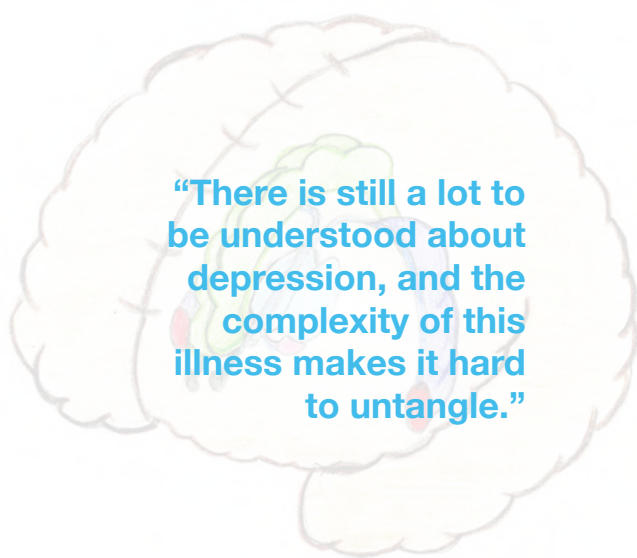
Depression, like many other mental illnesses, can be complex, and can be brought on by a variety of causes. Even from a biological standpoint, there are many factors that can be involved which makes depression complex, and the exhibited symptoms so diverse. Some examples of the forces thought to be behind depression include genes, some medications, medical factors, trauma, faulty chemical transmission between neurons, and communications between brain systems and circuits.¹ There is still a lot to be understood about depression, and the complexity of this illness makes it hard to untangle. There is a large amount of information and research being conducted on

depression; this article will provide an overview of some of the neurological factors.

A change or imbalance in neurochemicals is often associated with depression. Many of these neurochemicals are neurotransmitters; neurotransmitters are the chemicals that neurons — the nervous system cells — use to communicate with each other. Neurons communicate with each other by releasing chemicals that bind with receptors on the other neuron into a space called the synapse. The neuron releasing the neurotransmitter is called the presynaptic neuron, while the neuron bearing the neurotransmitter receptor is called the postsynaptic neuron.

Serotonin, a type of neurotransmitter, has been found to be lower in people with depression. This means that less serotonin is released into the synaptic space when the presynaptic neuron attempts to communicate to the postsynaptic neuron. Less neurotransmitter binding to the postsynaptic neuron's receptors means the neuron will not be activated enough to either pass along the message to another neuron, or complete its function in the nervous system.

When there are low levels of serotonin, other neurotransmitter amounts can range widely; which then deregulates the nervous system and causes mood irregularities, as well as affecting emotional reactions. Emotional reactions are affected as



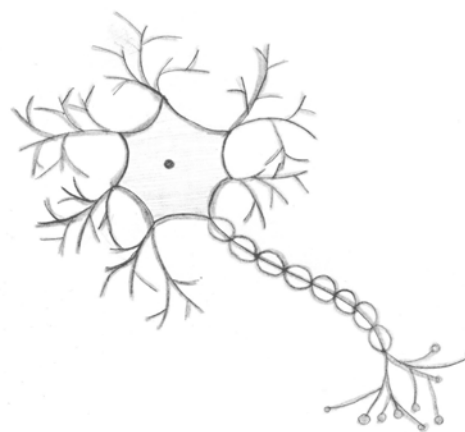
¹ see Mash, E.J. and Barkley, R.A. (2014). *Child psychopathology* (3rd ed.). New York: The Guildford Press.

Mayo Clinic. (2016). Depression (major depressive disorder). <http://www.mayoclinic.org/diseases-conditions/depression/basics/causes/con-20032977>

serotonin regulates the dopamine and norepinephrine (two other neurotransmitters) systems. Norepinephrine has been shown to be involved in some types of depression, and appears to be involved in motivation and rewards. Dopamine has been shown to influence motivation and how a person perceives their own reality, as well as having involvement in the reward system.

SSRIs (selective serotonin reuptake inhibitors) are medications commonly used to treat depression. This class of medications prevent the reabsorption of serotonin in the synaptic space by the presynaptic neuron. This increases the amount of neurotransmitter that remain in the synaptic space, so more neurotransmitters can bind and activate the second neuron to facilitate communication. As medications for depression do not seem to take effect for a few weeks, it could be that the increased neurochemical release is due to neurogenesis — the growth and production of neurons, and strengthening the neuron connections and communication.

Some major brain areas affected by depression are the hippocampus and the amygdala. The hippocampus is an area of the brain commonly

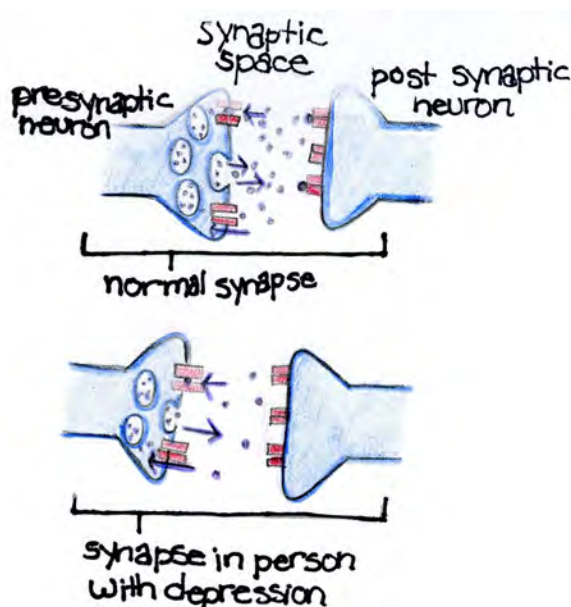


involved in memory. This structure is particularly vulnerable to stress, and has been found to be smaller in people with depression; this size difference may be due to the stress decreasing the production of new neurons. The amygdala is an area which specializes in emotion- especially fear. It is highly activated when a person thinks or reflects on an emotional experience. Activation of this area increases in people who are both sad and depressed.²

One of the factors of depression which is recently undergoing a lot of research is specific genes and their effects on mental illnesses. Genes are turned on or off due to many factors³, and make proteins in response. Genes can be influenced and turned on when the body undergoes a stress response. Depending on the variation of a gene a person has, the protein formation - or lack of formation- can alter a person's biological system.

In addition to genes, brain structures, neurotransmitters, and neurogenesis, there are many other important details behind the nervous system, both known and unknown, which affect the symptoms, course, and outcome of a disorder, like depression.

To learn more, visit www.brainfacts.org, hosted by the Society for Neuroscience.



² see Mash, E.J. and Barkley, R.A. (2014). *Child psychopathology* (3rd ed.). New York: The Guildford Press.

³ Sun, H. Kennedy, P.J., and Nestler, E.J.(2013). Epigenetics of the depressed brain: Role of histone acetylation and methylation. *Neuropsychopharmacology Reviews*, 38,124-137.

I know I'm not better,





By Noella

but I'm getting there.

YOUR OXYGEN MASK:

SELF-CARE WHILE SUPPORTING A FRIEND

If you've ever flown on a plane, you've probably heard the following statement: *"In the event of an emergency, an oxygen mask will appear in front of you; be sure to secure your own oxygen mask before assisting others with theirs."* Oxygen masks deploy if the oxygen on a plane reaches critically low levels. An oxygen mask helps passengers breathe in this emergency situation. If we do not use our oxygen mask, we lose consciousness. And if we do not make putting on our own oxygen mask first the most important thing, it is unlikely that we will be able to help anybody else with theirs.

The oxygen mask is a great metaphor to use when we talk about supporting a loved one. Much like putting on our own oxygen mask, we need to make sure that we are taking care of ourselves first in order to best support somebody else. Self-care becomes our oxygen mask.

Taking care of
yourself while
supporting a
friend means
recognizing that
your own needs
are also
important.

Supporting a friend living with a mental illness or other challenges can be tough. It's hard to see a friend struggle, and sometimes we feel like we would do just about anything to make them feel better. At times we might find ourselves becoming overwhelmed while trying to support someone else. A key part of supporting somebody else means recognizing that your own needs are important too. If we put all our focus into supporting someone else, we might forget to take care of ourselves. And if we don't practice self-care, we can

experience burnout. Feeling fatigued, anxious, overwhelmed, sick, angry, detached or restless can be markers of burnout. It's hard to support somebody to the best of our ability if we ourselves are feeling burnt out. Practicing self-care works to prevent burnout. As defined by mindyourmind.ca,

Self-care can be anything that helps to rebuild or sustain your emotional, physical, mental, social or spiritual balance. Self-care is useful for times when you might be a support to others, but can be practised regularly for emotional wellness. The key is to try to strike a balance between your responsibilities, and those things that help to recharge and maintain our health.

So what are some example of things that we can do to practice self-care?

- Develop your own support system
- Get some rest
- Take time for yourself
- Do the things that make you happy — maybe that means reading a good book, going for a walk, connecting with nature, or laughing with friends

Always remember, self-care isn't selfish, and it's okay to put on our own oxygen masks first.



By Jillian Jones

Mental Health Support in YEG

Some local and online resources that you can connect to:

Alberta Health Services Child and Adolescent Mental Health Intake (780-342-2701): The gateway to child and adolescent mental health services in Edmonton. Give them a call, and they can help to connect you to the right services. *Please note that if you are under 18 you may need consent for treatment from your parent or guardian.*

Alberta Health Services Adult Addiction and Mental Health Central Intake (780-342-7600): If you are 18+, Adult Addiction and Mental Health Central Intake can connect you to the appropriate mental health services.

CASA CAMP Intake (780-410-8483): CAMP (Concurrent Addiction and Mental Health Program) assesses and treats youth (up to age 18) who are struggling with addiction and have concerns of a mental health disorder. *Please note that if you are under 18 you may need consent for treatment from your parent or guardian.*

Children's Mental Health Crisis Line and Response Team (780-427-4491): Offers support by phone to children and teens during a crisis.

Distress Line (780-482-4357): According to the Canadian Mental Health Association website¹, the Distress Line is somewhere to call when you need someone to listen. People may call the distress line for many different reasons, including relationship troubles, school stress, mental health struggles, and financial concerns. Whatever the challenge may be, the Distress Line is available to listen 24 hours a day.

Mental health websites to check out:

CASA Child, Adolescent and Family Mental Health

www.casaservices.org

CASA Child, Adolescent and Family Mental Health is a major community-focused provider of mental health services for infants, children, adolescents and their families. Learn more about the services CASA offers by connecting to their website.

Canadian Mental Health Association, Edmonton Region (CMHA-ER)

www.edmonton.cmha.ca

The Canadian Mental Health Association is a non-profit organization that works to promote mental health through education, direct service programs, and community action. CMHA-ER has developed a thorough list of local community resources, the 211 Resource List, which is available on their website.

¹http://edmonton.cmha.ca/programs_services/distress-line/#.WFL8vDuCzzl

Partners for Mental Health

www.partnersformh.ca

Partners for Mental Health is a national charity that is working to change the way Canadians think about mental health and people living with mental illness. Their website includes resources to learn more about mental health, and information on how to get involved with mental health advocacy.

mindyourmind

www.mindyourmind.ca

As stated on their website, “**mindyourmind** exists in the space where mental health, wellness, engagement and technology meet”². This organization is driven by the youth voice to create interactive resources, reduce stigma, improve access to resources, and promote wellness.

Youthspace

www.youthspace.ca

Youthspace is a safe space where you can chat online or text volunteers who have been trained in emotional support, crisis response, and ASIST Suicide First Aid. Youthspace chat is available every night from 7:00pm to 1:00am Mountain Standard Time. Youthspace works to “support you in the moment, encourage you to explore your thoughts, feelings, fears, options, ideas, and resources”³.

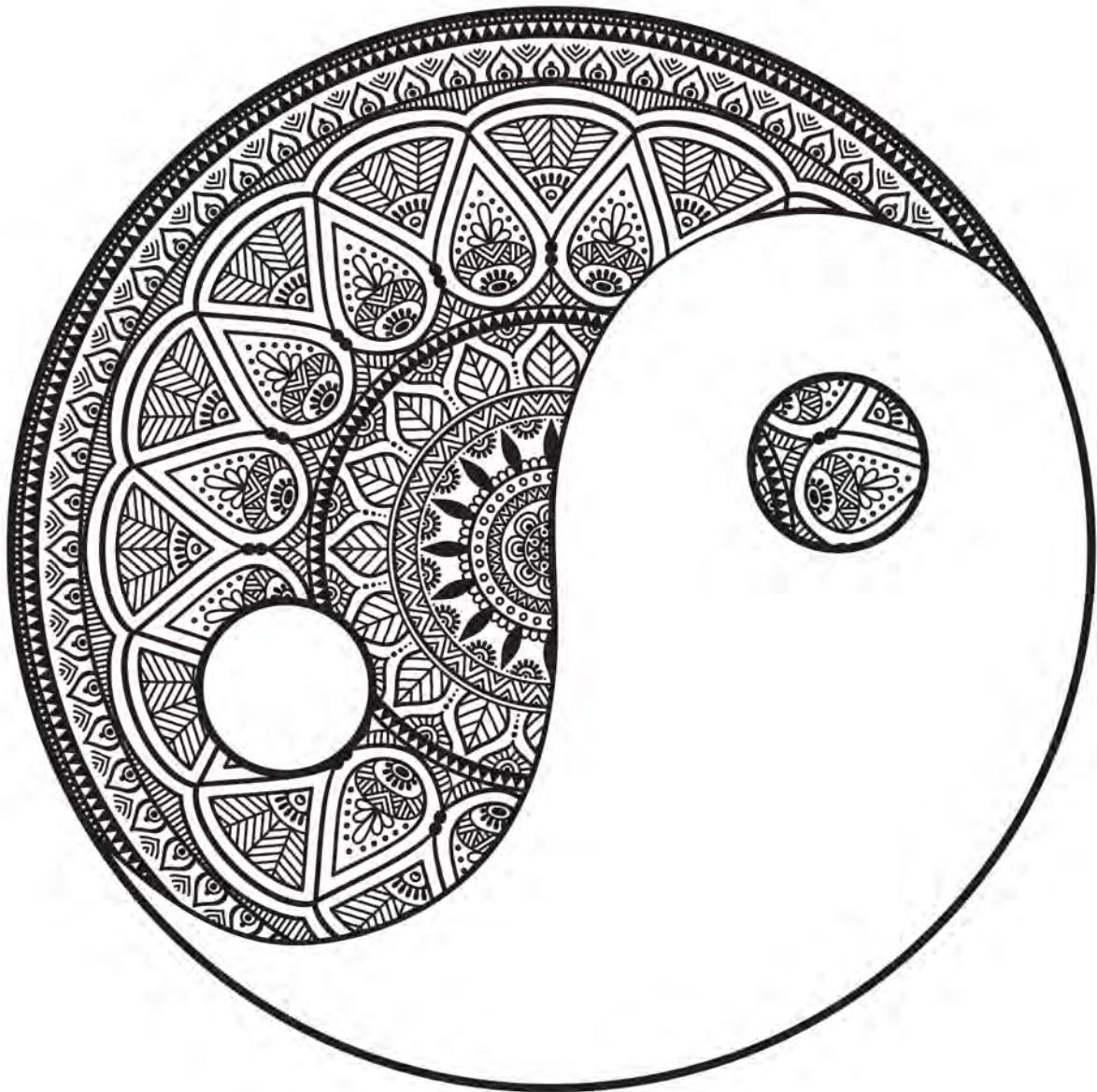


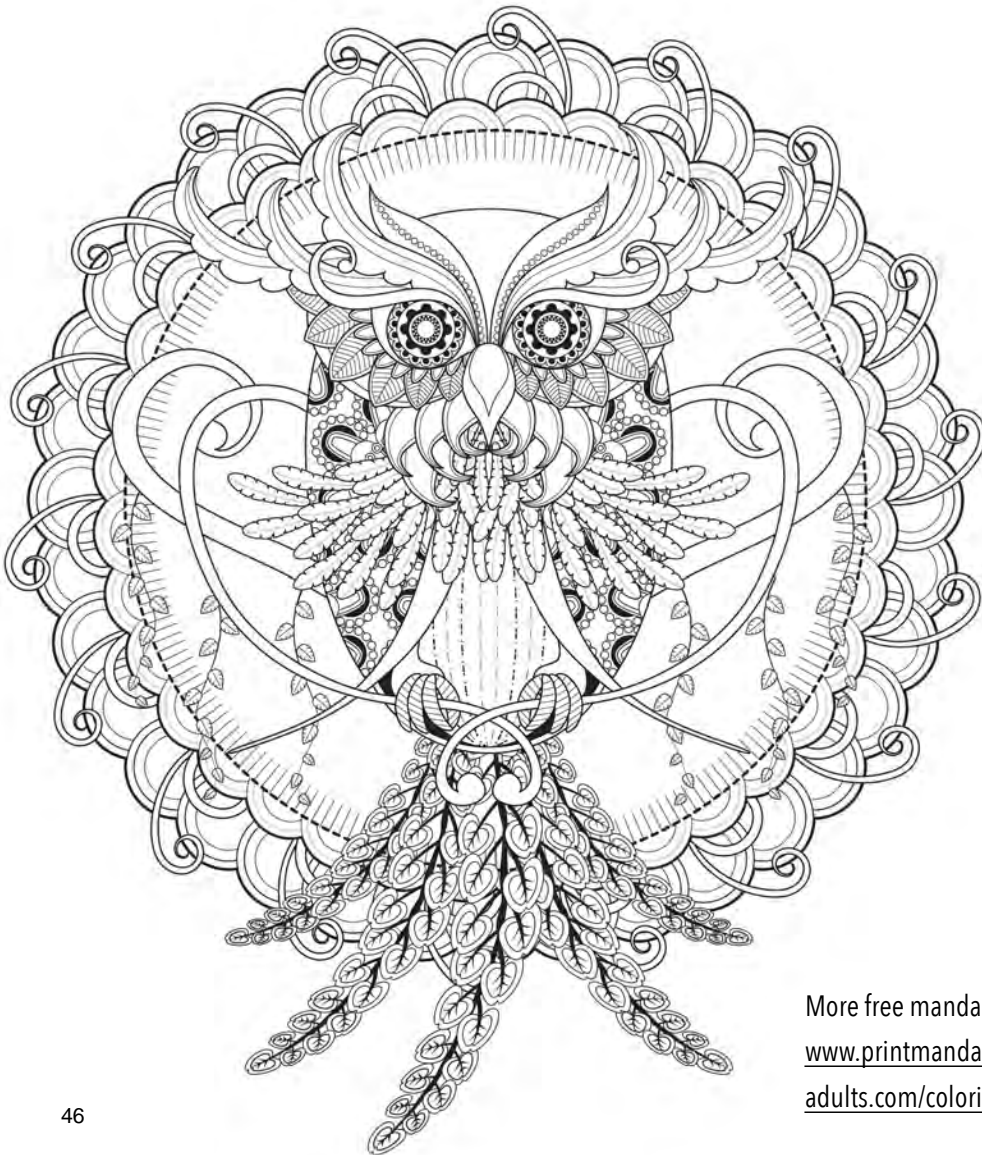
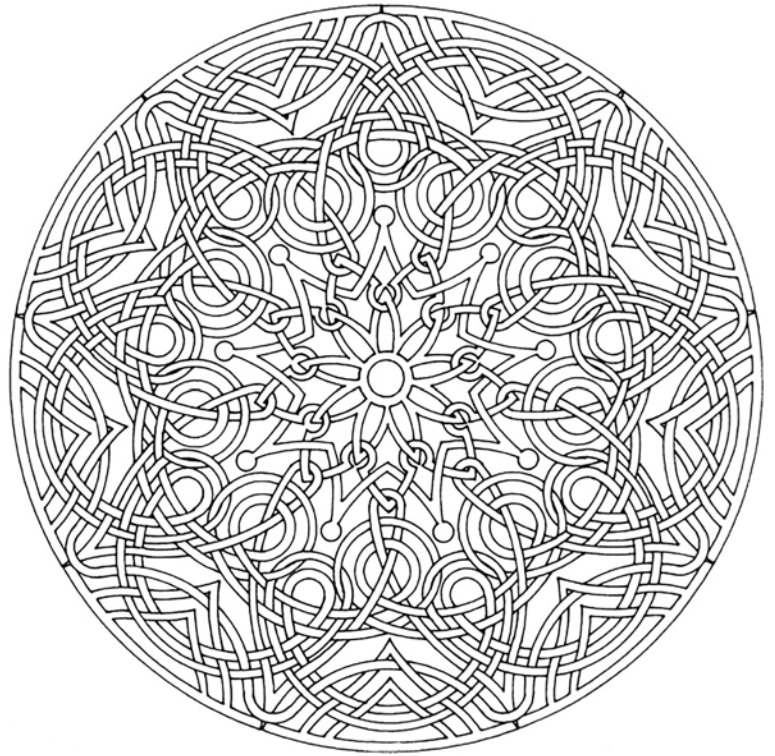
² <https://mindyourmind.ca/about>

³ <http://youthspace.ca>

Mandalas

"Mandala" is a Sanskrit (ancient Hebrew language) term for circle or discoid object. Circles appear everywhere in our world from nature, architecture, and symbols, thus are an important part of world cultures, religions, and spiritual traditions. This shape is a symbol of wholeness, unity, internal and external states of one's self and the universe, and timelessness/ eternity. Mandalas are a complex circular design of patterns and motifs that are often used for self-meditation and healing.





More free mandalas can be found at www.free-mandalas.net ,
www.printmandala.com , and <http://www.coloring-pages-adults.com/coloring-mandalas/> .

UNSEEN: CONTRIBUTORS

Cadence, Age: 20

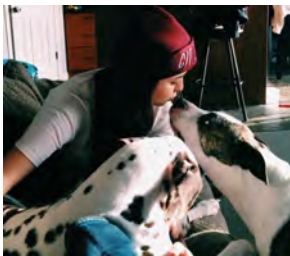


"Complete nerd. Adventure seeker. Curious about everything and anything"

Objective: To bring awareness to the reality behind mental health concerns. To build hope in individuals, families, and communities facing these issues. To bring forth education about, form better practice to treat, and to reduce the stigma towards problems with mental health.

Hobbies: Reading and learning about everything, gymnastics, running, climbing mountains and sailing oceans, rock music.

Chelsea, Age: 22



"Animal foster. PTSD fighter. Picture taker."

Discovered CASA after being diagnosed with Post Traumatic Stress Disorder after a life long pursuit to overcome depression.

Objective: To share my story, promote awareness around mental health and facilitate others to discover the ways in which they can heal as well as feel a strong sense of purpose. I believe that it is important to provide support and receive support. In a perfect world... I would like to help in some way to remove

the stigma around mental health especially for youth transitioning into post secondary schooling and eventually the work force.

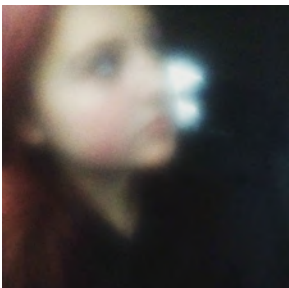
Hobbies: Culinary arts, hiking, volunteering, photography, kayaking, music, life long learning, organic gardening, carpentry and concrete art.

Jenifer Nasr

University student with a passion for politics and food. Lots of food.

James

Maya, Age: 14



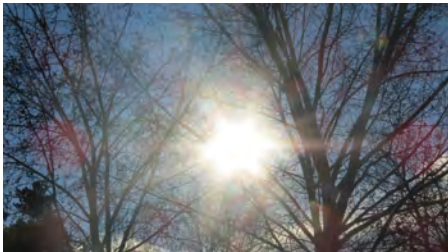
"Suicide survivor. Music lover. Dog obsessed."

Objective: To help youth go through a smooth path to get the help they need and break the mental health stigma.

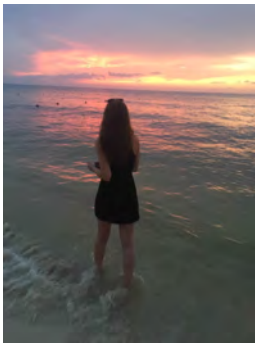
Hobbies: Singing, dancing, acting, loving animals (especially dogs), and constantly dying my hair.

UNSEEN: CONTRIBUTORS

Noella



Rachel



"Hi, I'm Rachel! I'm a first-year physiology student at the University of Alberta and began working with the CASA Youth Council in July. I'm passionate about fighting the negative stigma surrounding mental health in the community and work to support others through their journey battling these illnesses."

Thomas

Tiana, Age: 20



"Queen Mother of Hedgehogs. Serious about mental health. Psychology student."

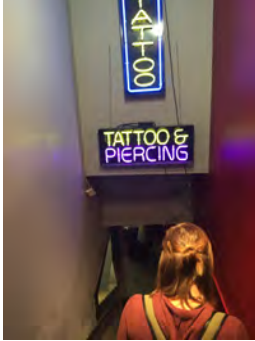
Chose CASA as my platform for the Miss Canada Globe 2016 Pageant.

Objective: To share my story and promote awareness for mental health and end the stigma around it. I hope that at least one person can relate to my experience with mental health, and that it helps them in any way! My end goal is to become a youth clinical psychologist.

Hobbies: dancing, day planning, camping, hiking, horseback riding, playing games, eating, playing with my hedgehogs.

UNSEEN: CONTRIBUTORS

Victoria, Age: 16



"Musician. Disney fanatic. Mental health advocate."

Referred to CASA in 2013 to receive help in coping with a variety of mental health problems and trauma.

Objective: To let youth know that they are not alone in their journey with mental health. I would like to help create change in the area of mental health systems, so they are better suited to be helpful rather than harmful to adolescents. Creating an overall environment of understanding and support for mental health is something that is really important to me.

Hobbies: music, learning languages, cooking, crafting, writing, watching Disney movies, walking and reading!

Anna, CASA Youth Council Co-Facilitator, Age: 32



"Data geek. Story-teller. Auntie."

Objective: To work with our council members to create positive changes in Edmonton's mental health culture. I am so happy to have this chance to learn from our youth and to be a part of their dynamic projects. I want to live in a city where no one feels alone with their anxiety, depression, or despair. I want us to feel safe to say, "I'm having a hard time," and for there to always be someone to hear us.

Hobbies: wind-surfing, tap dancing, playing guitar, and reading historical fiction.

Jillian, CASA Youth Council Co-Facilitator, Age: 27



"Cat lady. Eternal optimist. Soft spot for the Beatles and the Chili Peppers."

Objective: To work with and support the CASA Youth Council in promoting awareness, cultivating empathy, and fostering meaningful conversations about mental health within the Edmonton community.

Hobbies: public speaking, mental health advocacy and education, cross-stitching, kayaking, live music, road-tripping, reading, and collecting tattoos.

