

UNSEEN:

Youth Mental Wellness Magazine



Issue #2
August 2017



Photo taken by Noella S.

TRIGGER WARNING

Thank you so much for picking up our second issue of *Unseen: Youth Mental Wellness Magazine*. This issue explores topics and experiences that matter to the members of the CASA Youth Council (CYC). Some of the content addressed in this issue is what some may call “heavy”. Readers may find some of the stories triggering or difficult to read. As the CYC put this issue together, we thought a lot about risk. It was really important for us to be able to share our experiences in a way that told our truths without making us or our readers feel unsafe. We hope that by talking about difficult topics like child abuse, suicidal thoughts, and other challenging experiences, that young people who have had, or are currently having, these experiences will feel that they are not alone. We want everyone to have the freedom and safety to talk about difficult experiences, and we encourage readers to speak to someone you trust or access professional supports if you feel you may need support.

In addition to this general trigger warning, any potentially triggering themes have been identified at the top of each article.

We also want to take the time to address the use of the High Level Bridge as *Unseen's* cover photo. We chose the High Level Bridge as our cover for several reasons. We wanted to anchor *Unseen* to a recognizable Edmonton landmark, as we consider ourselves part of the Edmonton youth voice. We also wanted to openly consider the bridge as a symbol of mental health concerns, and to state our hope that a journey on the bridge does not have to be the last walk someone will take. We believe it is important to acknowledge both the heavy and hopeful sides of mental health. To ignore issues like suicide doesn't make them disappear, it just increases stigma and secrecy around pain that needs to be acknowledged and people that should be supported.

There are, of course, also articles about mental wellness in this issue. All of our lives have times of both rain and sunshine. Thank you for coming on this journey with us.

UNSEEN

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LETTER FROM THE EDITORS

We are so excited to share our second issue with you. What we value in this magazine is that all articles, as well as many of the photographs, have been written and created by the members of the CASA Youth Council and the council facilitators. You might notice different fonts, article styles, and tones. What we love about this magazine is that it belongs to the youth who have worked to create it, and is as unique as they are. We wanted to show that you don't have to be a professional in order to share your voice.

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

Trigger warning: themes in this article include suicidal ideation, self-harm, and bullying

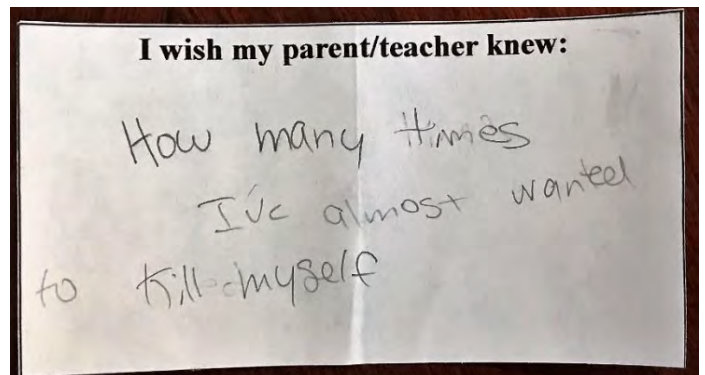
WHAT I WISH MY PARENT/TEACHER KNEW ABOUT MENTAL HEALTH

By Tiana Warner

Do you ever look back in your life and think, “I wish I would have known?”

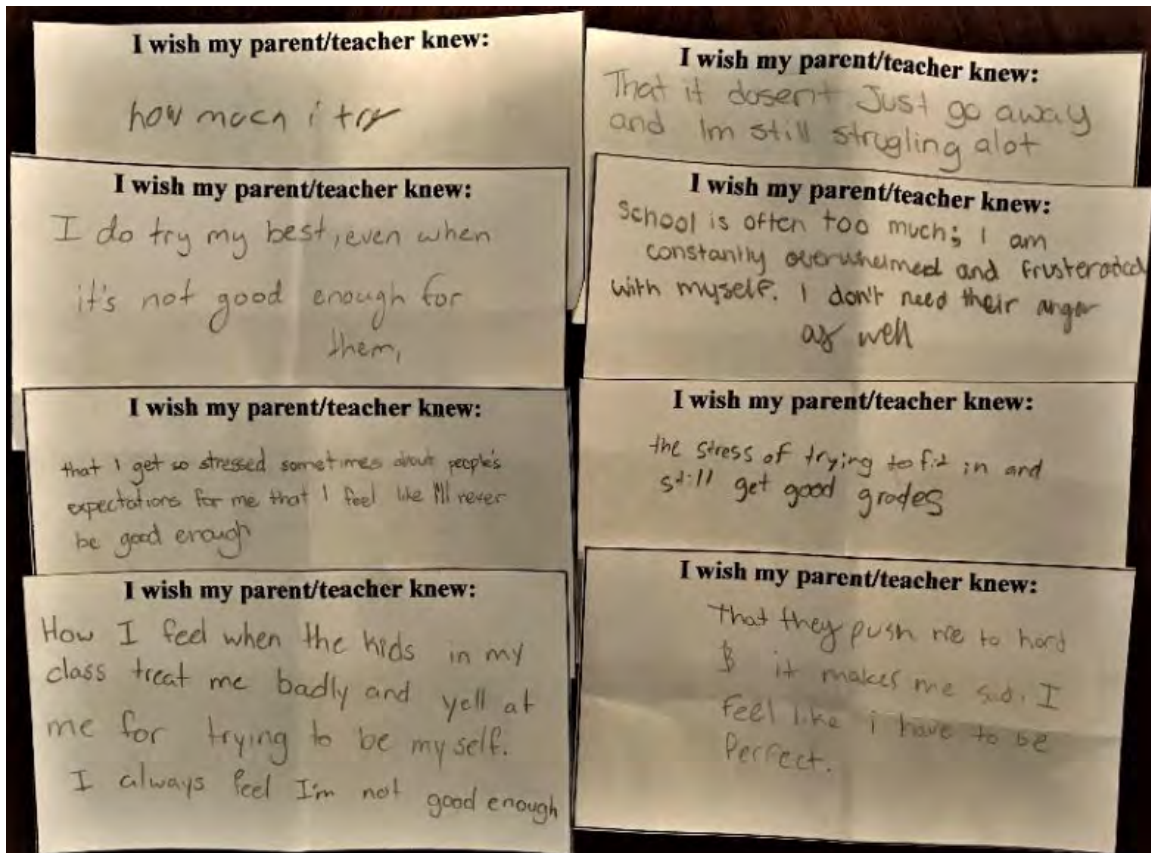
What about things you wish other people would have known? I visited a school in Red Deer to find out what kids in my community wished their parents or teachers knew about their struggles. I reached out to several schools, and although only one school replied to my email, this small population gave some big answers. I talked with the school’s counsellor first, and she told me about some of the topics she discusses most with students. She informed me of the different programs they had for mental health, as well as outside resources the students could take advantage of. I was incredibly impressed by her dedication and passion for helping students with their distress. She took me to a few different classrooms around the school and introduced me to the classes. I spoke with the students about the CYC’s *Unseen* magazine and told them about the article I planned to publish with their responses. I informed them that their answers would be

anonymous and voluntary. I handed out pieces of paper with the words “I wish my parent/teacher knew:” written across the top, and asked students in grades 7, 8, and 11 to fill in the blank. I asked them to focus mainly on mental health, whether it be theirs, or a friend/classmate’s. I collected their papers in a cup, thanked them for their time, and left the school. The counsellor was able to speak with the students after my departure about anything they may have needed after my session with them. On the walk back to my car, I plucked a paper from the cup to get an idea of what the kids were feeling. The very first response that I read broke my heart;



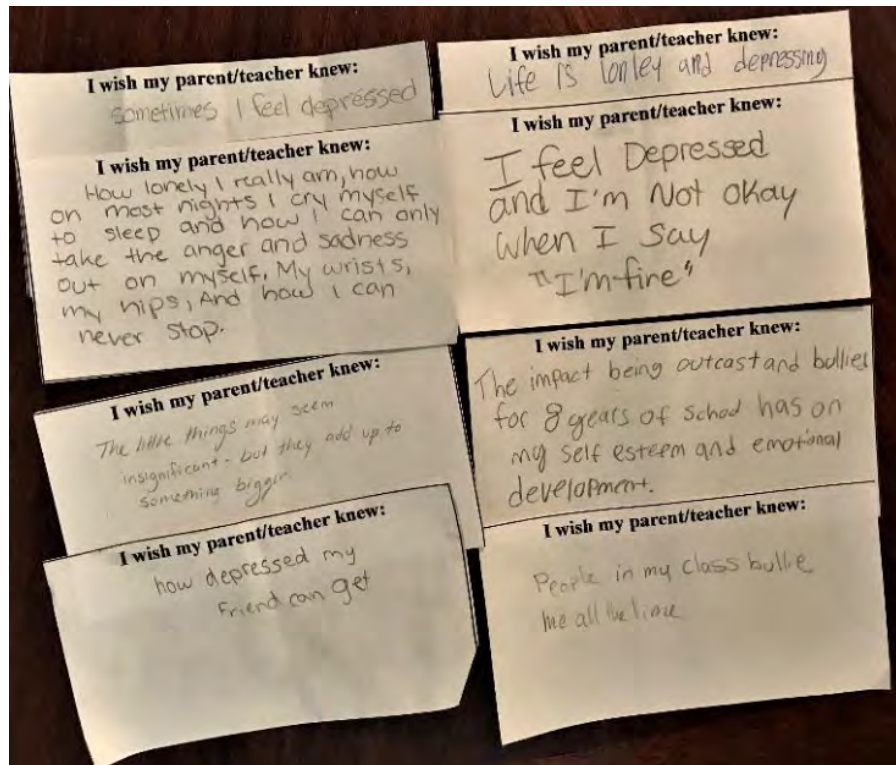
I broke down in tears the second I got to my car. Nobody should ever feel this way, yet so many people do. It is astonishing and horrifying how many youth contemplate suicide. In a survey of 15,000 grade 7 to 12 students in British Columbia, 34% knew of someone who had attempted or died by suicide; 16% had seriously considered suicide; 14% had made a suicide plan; 7% had made an attempt, and 2% had required

medical attention due to an attempt.¹ I composed myself enough to drive home, where I read through the rest of the responses. The majority of the answers leaned in the direction of not feeling worthy. Many youth don't think they're good enough, and the stress of trying to be perfect can be overwhelming to them. They want people to know how hard they try, even though they tell themselves it's not enough.

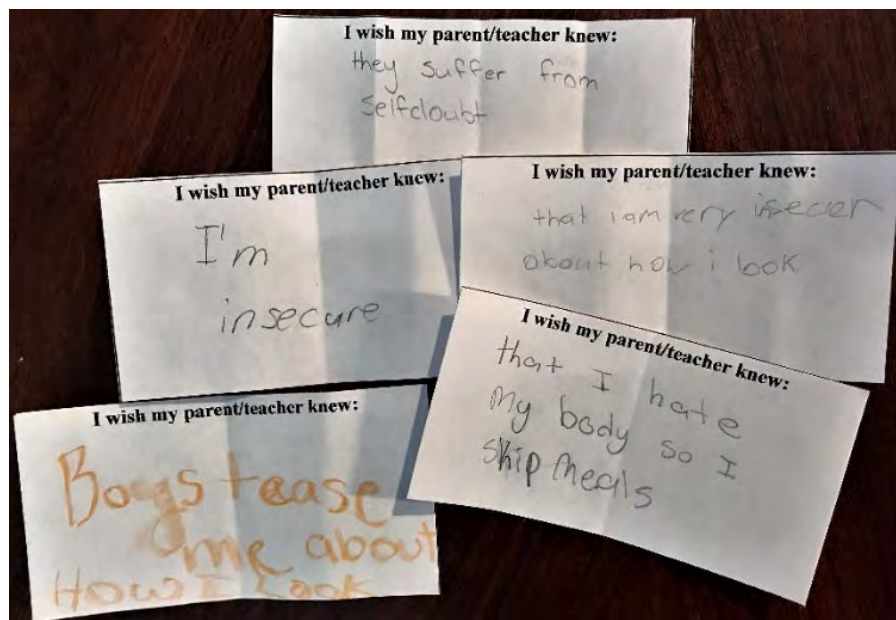


¹ Canadian Mental Health Association Toronto. 2017. Retrieved from http://toronto.cmha.ca/mental_health/youth-and-suicide/#.WXdj3LGZMb1

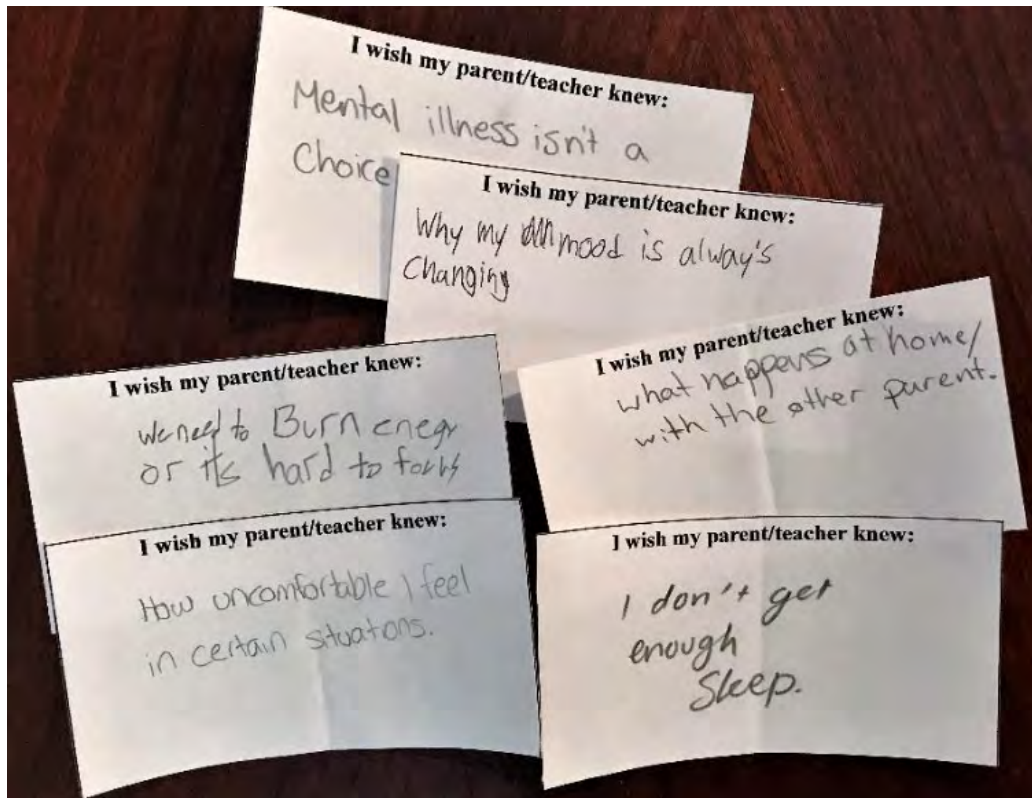
Many youth feel depressed and lonely.



Many are insecure about their physical appearance, and self-conscious about the way people view them.



And some are just tired of struggling with day-to-day issues.



Every day there are thousands, if not hundreds of thousands, of students and youth who feel like they don't measure up, that they're not good enough, and that they don't matter. I'm here to say that you do. You DO matter, you ARE good enough, and you DO measure up. You are not alone! There are so many people around you going through the same things and feeling the same emotions. Please talk to a trusted adult if you need support, or if you think someone close to you may need support. We are all in this together, and mental health concerns are not something to be ashamed of. Just as if you have a physical injury, you would go to the doctor, mental health is just as serious, and should be supported in the same manner.

MENTAL HEALTH RESOURCES

Canadian Mental Health Association - Red Deer <http://reddeer.cmha.ca> 403-342-2266

CASA Child, Adolescent and Family Mental Health - Edmonton (that's us!)
<http://www.casaservices.org> 780-410-8483

Distress Line (CMHA)
<https://edmonton.cmha.ca/programs-services/distress-line/> 780-482-4357 (Edmonton), 1-800-232-7288 (rural)

Eating Disorder Support Network of Alberta <http://www.eatingdisordersupportnetworkofalberta.com/>

Emotions Anonymous - Edmonton <https://www.meetup.com/Emotions-Anonymous-Edmonton>
780-436-2951

Women's Outreach - Red Deer
<http://www.womensoutreach.ca> 403-347-2480

My Story - Surviving High School

I consider myself to be a normal twenty-two year old girl with an amazing supportive family who would do anything for me. I have a couple of amazing friends that help me when my days get grey and my dog Chloe who is the best “therapy” a girl could ask for. My mental health story starts when I was diagnosed with anxiety and depression when I was fifteen. My whole life I have never fit in; I have never been the popular girl, the sporty girl, or the girl that got A’s. I was just the weird girl who did not write her tests in the same room as the rest of the students because her anxiety was too bad, the quiet girl that got bullied, and the girl that never had any friends or never got asked to go to grad.

I never felt normal; I cried every day before I had to go to school. I would have panic attacks throughout the day. I would worry about there being a lockdown and what would happen if I was in the bathroom at that time. I would make my mom come sit with me in the parking lot while I had a spare just so I did not have to be “trapped” in the school. I always felt trapped. I would get in trouble from teachers for not focusing when really I was just making sure I knew where the exit was and what everyone else around me was doing. I would get bullied by both guys and girls. My books would be thrown in the boys’ bathroom, I got pencil shavings thrown in my face once, and didn’t have anyone but my family I could trust. Now I wonder when I look back, how did I get through six years of what felt like absolute torture, and where were the teachers to help me? Once the bullying had gotten so bad, I finally mustered up enough courage to ask for help but immediately regretted it. The principal had called me into the office to face the two bullies and explain what I was upset about. Probably the most humiliating experience of my life. Not only did the whole class find out about it, I was made fun of coming forward and “telling on them”. I remember being so depressed after school that I would just lay in the dark in my room wondering how much longer I could do this for. Making an appointment with the guidance counsellor was a joke, a four day wait when I needed her. That was not going to help me. No one talked about mental health in school and there were no consequences for bullying. Some days I do not know how I did it, but when I graduated I can tell you, I couldn’t have been more proud of myself.

When I graduated high school, I took a year off to breathe. I was so focused on just getting through the day and passing my classes that I didn't even think about going to post secondary or have any idea what I wanted to do after I graduated. I have always had an interest in fashion and decided a year and a half later that I would go to fashion school in Calgary. I had never been away from home before but I packed up my stuff and moved to Calgary. It turned out to be the best experience of my life. I met amazing friends that I will have for the rest of my life and lived on my own for four years. I figured out how to navigate the train system and city all on my own and it was such a freeing experience. When I was in high school I would listen to "Mean" by Taylor Swift on repeat. In the song, she says "someday I'll be living in a big old city, and all you're ever going to be is mean". That's exactly how I felt when I moved to Calgary.

School in general is not easy for some. Even on your worst day, when you feel like you will never amount to anything, trust that you will go on to do so much more and be so much more than you were in high school. I know I have so much I want to accomplish in my life and my experiences have only made me stronger. I am so blessed to have an amazing support system to get me through hard days. I may be better than I was a couple of years ago but I am by no means out of the woods with mental health. I still see a therapist, take multiple medications, and I am very open about my struggles.

My dream is to help young girls and boys who are going through a rough time in high school. In life, you are never going to escape mean girls or idiot boys, or people that just don't understand you. But what I can tell you is that you are going to be okay. You will come out of any bad day or bad experience stronger. Yes, my high school experience almost destroyed me, but I will not let it define me as a woman. I am not that scared girl I was 5 years ago.

By Ryan



MENTAL HEALTH DOGS

There is no question that animals help people. In my experiences, dogs have been particularly helpful. History is full of stories of dogs saving lives. Dogs have fought in wars with us, defended us, and hunted with us. One story I always liked as a kid was when man was turned out of the Garden of Eden. As the living things spread out and the land split apart, the dog jumped over the growing gap, choosing to stay with Adam!

So I'm not surprised that dogs today are being used more in the area of mental health. Below are three major ways that dogs are being incorporated into mental health treatment. Dogs provide a safety of not "expecting" correct or incorrect things. They give unconditional, non-judging support and friendship. Some people might feel they can "tell" an animal something they could never tell another person. In the case of dogs, well, they just wag their tails and listen.



EMOTIONAL SUPPORT DOGS

Emotional support dogs *"provide comfort and support in forms of affection and companionship for an individual suffering from various mental and emotional conditions".¹*

These dogs can provide the emotional comfort that allows individuals to complete a task they might otherwise be unable to do - such as flying on an airplane. Unlike service dogs, emotional support dogs are not required to receive training or perform specific tasks.



THERAPY DOGS

Therapy dogs are used in a therapist's office or at sites that have residential or day patients, such as hospitals or care facilities. Therapy dogs are owned by the therapist, not the person receiving treatment. Therapy dogs provide individuals receiving treatment with comfort and affection. Some people have found that therapy dogs can help them to open up to face trauma or problems that are affecting their mental health. For example, some survivors of the Sandy Hook Elementary School shooting were able to talk about their experiences of the attack as a result of interacting with therapy dogs that were brought in for support.²



SERVICE DOGS

Service dogs are specially trained animals that work to support individuals living with a disability in achieving day-to-day tasks.³ Service dogs are an intermediary to independence, and help individuals to not need to rely on another person to do something for them. The problem with having to "wait for a more able person", is that it carries the message "I am disabled". Service dogs allow their handlers to attain independence and safety.

As dogs are used more and more in mental health, I think it is important that we make careful rules and regulations so that they are recognized properly as being more than just being a pet. After all, if you are an animal lover like me, we would all just like to have our animals with us 24-7!

¹ United States Dog Registry. (2013). Information on emotional support dogs. Retrieved from <http://usdogregistry.org/information/information-on-emotional-support-dogs/>

² Fliegel, A. (2012). The healing power of dogs. *National Geographic*. Retrieved from <http://news.nationalgeographic.com/news/2012/12/121221-comfort-dogs-newtown-tragedy-animal-therapy/>

³ Government of Alberta. (2017). Frequently asked questions — service dogs. Retrieved from <http://www.humanservices.alberta.ca/disability-services/service-dogs-faq.html>



My Stigma Story

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Overcoming the Stigma

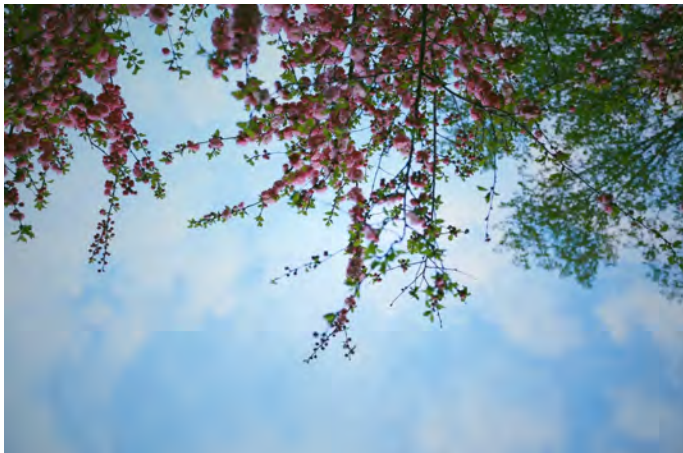
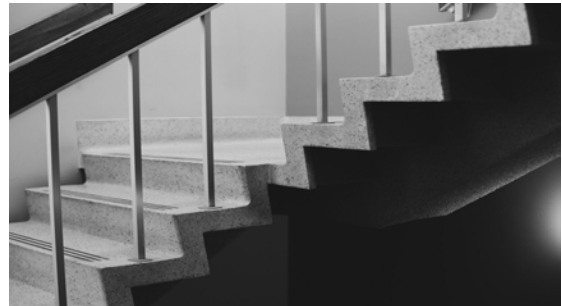
How Stigma Has Affected My Journey to Mental Wellness

By Chelsea on May 18, 2017

At the 2017 CASA Carnival fundraising gala, an admirable man by the name of George Cantalini, accompanied by his wife Teresa, described his own analogy of how the lives of individuals living with mental health concerns are impacted by their illness. His analogy compared the lives of two individuals; one living with mental health concerns, and someone that doesn't, and the simple act of one leaving their bed in the morning. Mr. Cantalini described how the abilities of individuals working to manage their mental health are affected by their mental health, and how that can affect their daily routines, in comparison to individuals that are fortunate enough to not be currently facing their own journey to mental wellness.. Cantalini's notion indicates that, as a society, we are on the cusp of a time where the symptoms of mental health will be treated with the same immediacy as more tangible physical ailments, and that these patients will be treated with equal compassion.

After years of struggling with depression and anxiety, my illness was exacerbated as a result of a traumatic incident of misconduct at a doctor's consultation. After that experience, I found myself becoming extremely socially withdrawn. I was isolated, not because I wanted to be, but because I felt constant despair. I carried so much guilt for the role that I played in my family as a daughter, sister, and cousin fighting tirelessly all my life, and often failing, against an immense depression. I carried myself as such a burden; I saw myself as broken. My brokenness was accentuated by the strength possessed by my friends and family that I didn't have myself. I looked up to so many of the people around me: my loved ones that went to work everyday, no matter the battle they would face. All the while, I wasn't even able to make it halfway to the store, a mere three blocks from my house, without being sent into complete panic.

I was ashamed, and so profoundly saddened by my state. At that time I had known very little about mental health and, unfortunately, I blamed myself for the way I was feeling. To this day, I remember the feeling of my untreated depression and anxiety; it felt like I was wearing a lifejacket that was too tight, and that I was never permitted to take it off. I always knew myself to be a problem solver, but this was something bigger, something I couldn't fix on my own. I recognized this and I started to look for help.



In 2005-2008, when I could have benefited from some guidance with my mental health, there was a lot of hush around conversations about mental illness. At that time, the popularity of the “emo” culture was very high, especially in 2006-2007. The expansion of the “emo subculture” had reached global popularity by the year 2000.¹ The term emo simply means “emotional music”. The individuals that compose this subculture “are equally concerned with the emotional aspect of life”² The emo subculture

can be described by summarizing a few of its various elements which include: fashion staples of dark clothing, or neon colours, listening to the subgenre of metal music called “screamo” (which frequently has lyrics that explore emotion, anger, and resilience), and body modifications (including facial piercings, body piercings, tattoos, and processes such as scarification). Self-mutilation was often observed to be an issue that many in the emo subculture presented; unfortunately this serious symptom was often targeted by bullies, and not addressed as an

¹ No Bullying. (October 10, 2016). What does it mean to be emo? Retrieved from <https://nobullying.com/emo/>

² Bailey, B. (2005). Emo music and youth culture. Retrieved from wber.monroe.edu/EmoECYC.pdf

identifiable signal that some in this subculture may have mental concerns that need medical aid, not reprimand or ridicule.³

Negative stereotypes began to develop towards this subculture. Individuals, parents, and mentors began to identify emo subculture members as, “middle class white kid[s] with probably no other troubles in life other than the fact that mommy and daddy don’t pay enough attention”⁴ The stereotyping and expressed hatred towards emo, in general, “mirrors the stigma associated with mental illness”⁵ The popularity of the emo subculture, and the concern that accompanied the subculture’s stereotypes, created bitterness and scepticism around the topic of mental health and its treatments. For example, struggling individuals were often met with impatience, as mental health concerns and behavioural issues were often viewed as “just a phase”. Many people developed the idea that taking medication was a sign of negative attention seeking and, worst of all, the concern around suicidal ideation was frequently perceived as fake or empty threats. I avoided asking for help because I felt that it was the least disruptive thing to do. I avoided that care to a dangerous extent. Now, I know that accessing the medications that I need for my mental wellness is essential; they allow me to access the strength and composure I need to focus my energy from within on therapy, and ultimately recovery.



The stigma around mental illness in the mid-2000s had a profound impact on my mental wellness. I believe that listening to and sharing personal stories about the effects mental health stigmatization is imperative in reducing its detrimental impact. It is important that each and every Albertan has the equal opportunity to receive unquestioned support for their mental wellness, regardless of their interests or association with a specific subculture.



³ Branstetter, G. (August 2, 2016). The overlooked link between emo music and a mental health crisis. Retrieved from <http://theweek.com/articles/639360/overlooked-link-between-emo-music-mental-health-crisis>

⁴ Branstetter, G. (August 2, 2016). The overlooked link between emo music and a mental health crisis. Retrieved from <http://theweek.com/articles/639360/overlooked-link-between-emo-music-mental-health-crisis>

⁵ Branstetter, G. (August 2, 2016). The overlooked link between emo music and a mental health crisis. Retrieved from <http://theweek.com/articles/639360/overlooked-link-between-emo-music-mental-health-crisis>

Don't You Know What I Want...?

I am 4 years old –
And you are proud of me
In my pink dress
With my hair pulled back so tight
And my face in makeup.
Big blue eyes and eyeliner and big red lips.
But this is not what I want...

You are proud of me
As I tap away
In my little black shoes with bows.
The cameras click and flash
In the bright lights.
But I do not want this...

I smile like I'm meant to
But I do not feel this. Don't you know what I want...?

You whisk me out of bed so early
And you need me to eat.
My stomach feels funny
As I try to obey.

You push me to dress
And you look for your keys
And I can't find my sock
And my shirt gets stuck on my head
And now you are angry!
Hurry up! Don't do this to me!
Don't you want to see your friends!
I don't want this.
And I feel so alone.
You leave me with so many people.
You leave me with –
Loud noise
Kids moving
Bright lights
Humming fans
Weird smells.
Line up. Pee now. Eat now. Sit now.
Play with this – not that;
Play with him and her and her.
Listen. Pay attention. Look happy.

Different adults
All different to obey.
I do not want this!

Don't you know what I want...?

I want to wake up when my body says.
I want to wake up and choose
To look at a book, or just cuddle my bear.
I want to eat when I'm hungry,
Pee when I need to.
I want to run outside and lie in the grass
And never hurry as I look at the shapes
In the sky.

But most of all
Don't you know what I want...
I want
To be with
You.

THE EFFECTS OF RELOCATION ON MENTAL HEALTH

By Jenifer Nasr



Often when people think of relocation, they think simply of the act of moving from one location to another. Relocation, however, is much more complex than this, and is bound by a variety of factors that can either improve or hinder the process. In an effort to find out what

the factors are, and the effects they have on an individual — not just physically but also mentally — I conducted some interviews. Bryan, Ameena, and Demetri have experienced relocation due to varying circumstances, and were able to provide insight into how these experiences shaped their mental health.

ENVIRONMENTAL FACTOR

On May 1st, 2016 the community of Fort McMurray, Alberta faced a massive wildfire that would span over 590,000 hectares and burn for more than two months before being deemed under control. The wildfire tore through the town at a rapid pace, forcing upwards of 88,000 people to flee from their community and destroying around 2,400 homes in the process.¹ This left many people scrambling to find a place to turn to, resources to obtain, and questions about what laid in their future. This is all too familiar to Bryan F. and his family.

Bryan was originally from Calgary but moved to Fort McMurray twenty-one years ago to pursue work and a new beginning for his wife and two children: Peter and Amber. In order to learn about Bryan's relocation journey and explore the effects of an environmental push factor on one's mental health, he has shared answers to some specific questions.

Q: What was going through your mind as you began making your way out of Fort Mac?

A: It was complete chaos. I knew I had to get my family out of there as soon as possible. The fire was spreading fast, we barely had enough time to grab the essentials out of our home before we were on our way. When we got onto the highway I just kept driving with the bulk of the other vehicles, but in all honesty I had no clue where we would end up. It was a scary feeling.

Q: What were some challenges your family faced with your newfound home in Edmonton?

A: Originally, as we entered Edmonton, we had no idea where to stay as hotels were filling up fast. My wife opened Facebook and saw people offering their homes for people to stay the night. We contacted a lady named Jayne and she welcomed us with open arms. For the next week we had to figure out living accommodations, the future of our kids' schooling, financials, food, our job status, and the state of our home back in Fort McMurray. Not knowing when or if we would ever go back, we were

forced to rent a home until we had answers. About two weeks into renting our new home, we had dipped quite far into our savings and weren't sure how much longer we could financially sustain it. It was around that time we got news that our home in Fort McMurray had been destroyed by the fire. Soon after, we moved into a home with two other families who also lost their original home in the fire and began looking for work as it seemed that Edmonton would be our new home.

Q: What were some personal mental health obstacles you or your family faced with your new found home in Edmonton?

A: As a parent, you try to be strong in front of your kids no matter what. You are their rock. That's exactly what I tried to do during this entire process, but it was really hard. With being financially restricted and emotionally drained from the reality that our home and all our memories in it were gone, I found my actions and attitudes changing. I was going to bed stressing about what tomorrow had in store and then I was waking up after probably only two hours of sleep with that same overwhelming feeling. I couldn't fathom the thought that our life changed completely over a few days. But like I said, I felt the need to be strong for my family, so I hid a lot of how I felt. This only added to the impact it would have on me moving forward in my mental health journey. My wife and children were going through similar struggles with the uncertainty that lies ahead. We encouraged our children to talk to us about their feelings and ensured them that we were always there for them to help them through everything. Yet my wife and I just never extended that same support to ourselves.

"I just kept driving...in all honesty I had no clue where we would end up. It was a scary feeling."

¹ Wikipedia.(July 2017). 2016 Fort McMurray wild fire. Retrieved from https://en.wikipedia.org/wiki/2016_Fort_McMurray_Wildfire

Q: Did you find that you had enough mental health resources available to you during this time?

A: Once things reached a high threshold, my wife and I knew we needed help. Through the Fort McMurray resource centres provided by the City of Edmonton, we were connected to a psychologist and support group of fellow Fort Mac residents that moved to Edmonton. To this day, my family attends counselling when needed, and the support group has allowed me to work through the struggles we have faced with others going through the same thing. I am beyond thankful for the people of Edmonton opening up their hearts and homes for everyone who needed it.

WAR FACTOR

A civil war has been fought in Syria since March 2011, claiming over 200,000 lives² thus far and forcing over thirteen million people to seek refuge³. In a desperate attempt to flee the seemingly endless war, Syrians have immigrated to neighbouring countries in the Middle East and internationally. For citizens of Aleppo, a city in Syria, the need to flee is critical as it is a key battleground for the country's civil war. Aameena is twenty-two years old, and originally from Aleppo. She came to Canada under refugee status five months ago. She has answered some questions in order to give us an insight into the effects a civil war has on relocation and one's mental health.

Q: What was life like back home in Aleppo, Syria?

A: As a child, life was normal in my city. I attended school in Aleppo where I learned both English and Arabic. In 2011 my life began to change as a war had started in my country. Tensions were rising, and as the years went by more military presence seemed to take over my city. Most recently, the bombings and mass killings that have occurred in Aleppo have caused people to flee for safety. I lost many close family members and was scared of the

thought of dying every day. In January of this year, my mother, brother, and I landed in Edmonton to begin our new life.

Q: What were some challenges you faced with your newfound home in Edmonton?

A: The biggest challenge was the different lifestyle. Edmonton is a big city with a busy downtown. In Syria I was used to walking everywhere, not usually driving, but it seemed transportation was so easily available here in Edmonton. Learning how to get around the city and figuring out ETS was a challenge, and so was trying to go back to school. In Syria, I had completed high school but, due to the war, never got a chance to get more education. What we are taught in Syria is different than what is taught here so I am currently taking some courses to get my high school diploma in Edmonton. Since I learned English back in Syria, communication hasn't been the biggest challenge for me, however for my mother and brother who don't know the language fluently, it has been. With being here for only six months so far, I know that there is a lot of things to get used to and hopefully things go in a positive direction.

“There was war all around us but there didn't seem to be a way to mentally escape it.”

Q: What were some personal mental health obstacles you faced with your journey?

A: During my high school years in Syria, I lost my father and sister to the war. After seeing what that put my family and I through I began to lose hope in the value of life. There was war all around us but there didn't seem to be a way to mentally escape it. When we were granted refugee status in Canada it was a blessing that I will forever be thankful for as I saw it as a new beginning. For some reason I thought I could just move to Canada and all my problems would be solved. Unfortunately, that's not

² iamSyria.org (2015). Death count in Syria. Retrieved from <http://www.iamsyria.org/death-tolls.html>

³ Syrianrefugees.eu. (2017). The Syrian refugee crisis and its repercussions for the EU. Retrieved from <http://syrianrefugees.eu>

how mental health works. I missed my other family members back in Aleppo, fearful for their life, and found sadness when thinking about how much the war had destroyed our lives and the things I witnessed. To think that we had to start all over in a new country was a heavy weight on my heart. My mother would tell me to be happy that we had a new life but somehow I had this overwhelming feeling of sadness and fear still. A psychologist saw my family and I three months into being in Canada and diagnosed me with PTSD and depression. It is something I struggle with every day even though I am surrounded by so many blessings, but I am working towards getting better.

Q: Did you find that you had enough mental health resources available to you during this time?

A: The Government of Canada provided us with access to psychologists and other resources to help with the transition. I never would've considered getting professional help by myself but I am glad and thankful that I was able to.

SOCIAL/ECONOMIC FACTOR

In 1999 Demetri moved his entire family from Athens, Greece to Edmonton, Alberta in order to provide a better life for them. During the 1990s Greece was going through a tough economic slump that left many people wondering about the future economic prosperity of their country. By 1992 the government had become dependent on borrowing money from other countries and as a result, they had accumulated a large amount of debt.⁴ For Demetri and his family, it seemed that higher living costs and lowered employment opportunities left them with few options on how to proceed forward. That is when Demetri pursued his "Western" dream and moved to Canada to support his family. Through the questions he answered, we get a glimpse into the effects of social and economic factors on one's mental health.

Q: What was life like back home in Greece?

A: I was a carpenter back in beautiful Greece. My wife and three children are the joy of my life and I would come home to them every day. It was great. In the late 1990s the economy became no good and I lost my job and so did my wife. It didn't seem like the government was able to provide a lot of aid to those who weren't working. This was super hard for my family since we had three kids to raise and feed and educate on top of bills but with no income. My wife was able to get an office job eventually that would barely cover basic needs for our family, but I was unsuccessful. I knew I had to find a solution to this instability and a better life for my family.

Q: What were some challenges you faced with your newfound home in Edmonton? Are you still facing these challenges after almost 20 years?

A: I didn't speak the language at all really. I had no idea how I was supposed to communicate with people and survive. Fortunately, I was hired to do some labor work in the city. I had no place to stay, no knowledge of the culture, and no family to fall back on. Every day I would work 10-12 hours and then find a park or alley to sleep in. I did that for three weeks until a guy I work with offered me to stay at his house. After saving up enough money and moving jobs, five years later I brought my family to Canada. My children continued their education here, while me and my wife found full time jobs to help support our family. Today, my children have graduated University and two are even married! Moving to Canada was a very hard journey but the sacrifices made were worth it in the end.

"I had no place to stay, no knowledge of the culture, and no family to fall back on."

⁴ Nations Encyclopedia. (2017). Greece: Overview of economy. Retrieved from <http://www.nationsencyclopedia.com/economies/Europe/Greece-OVERVIEW-OF-ECONOMY.html>

Q: What were some personal mental health obstacles you faced with your journey?

A: To me mental health wasn't something I focused on really. When I was sleeping on park benches and away from my family for five years, I truly got to learn a lot about myself. In the cold late nights, thoughts would race through my mind, I didn't know how much longer I could handle it. It was hard. I was sending money back to my family every week, but not seeing them was very difficult since family is the most important thing to me. I stopped taking care of myself, I stopped caring, I lost my faith in things working out and that's what happens when doubt takes over. Since I never got professional help, I just assumed I had a mild form of depression that would be fixed magically once my family came to Canada. That wasn't fully the case although their arrival did help; my journey with mental health was much deeper than that.

Q: Did you find that you had enough mental health resource available to you during this time?

A: I actually didn't even think of my mental health as something that can be helped, ya' know? Being someone who didn't speak the language at the time, I never thought of or even knew how to ask for help. I'm sure there was many resources available but today I credit my kids for educating me through what they learned on how I can receive professional help for my mental health. It is just as important as your physical health!

Through the interviews above we can see that everyone experiences relocation in a slightly different way. In Bryan's case, he never planned to leave their house, but the unfortunate case of a wildfire turned his family's life upside down. In contrast, Demetri willingly left his home to provide for his family, yet experienced mental health concerns due to cultural and social differences. With Ameena, some of her mental health obstacles were heightened after moving to Canada. Even though all of these individuals were able to start a new life, the effects of change on their mental health proved to be significant. Relocation is a process of

adaptation and preparation to shift both physically and emotionally to a new lifestyle. Therefore, we can't always assume that these transitions are positive as they may have some unexpected impacts. Moving forward, it is crucial that we provide mental health resources and support to those who journey to different settings, in order to ensure that their mental health is being looked after.



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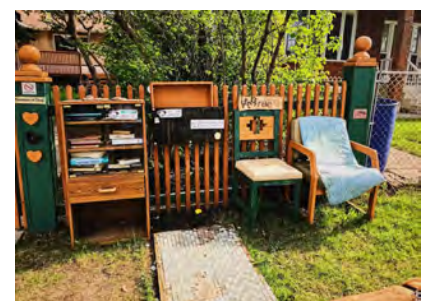
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**QUEEN
ALEXANDRA
PARK**
10721 72 Avenue,
Edmonton

RED OX INN
9206 95 Avenue NW,
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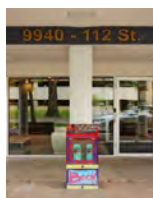
Little Free Library, n.d., About. Retrieved from <https://littlefreelibrary.org/about/>

"At its core, the Oliver Little Free Library project is a chance for Oliver's residents to get to know each other and build community."

- Annalise Klingbeil, creator of the Oliver Little Free Library Project. (April 1, 2014). *THE OLIVER LITTLE FREE LIBRARY PROJECT*. Retrieved from <https://www.makesomethingedmonton.ca/projects/359-the-oliver-little-free-library-project/>.



"You are not alone." - Handwritten message on a copy of *Unseen*



Trigger warning: themes in this article include child abuse, threats of domestic violence, minor aggression by an animal, and loss of a pet.

Memories

My dad was military. You know, big and strong. He had been trained to kill – and he told me this often. I was really, really afraid of him.

When I was three it began. He would grab me from behind and squeeze my little arms, then throw me over his shoulder. His grasp was tight and I couldn't breathe. My head hung down and I was afraid he would drop me head first down his back. I was so high up! He would try to put me in the garbage by holding my foot and lowering my face near the trash. If I struggled he'd laugh and tell me he was teasing. I didn't understand this. Where was Mom! Oh yeah, at work.

If I called for her, my dad would call me a baby and a "useless piece of flesh". When I was five, he said he would hurt her if I called. So I became quiet, swallowing my fear. If he walked through the room and I was playing with my toys, he would walk on them, crushing them under those big boots.

"Get this junk out of my way!" he would yell. "When I was a boy I had only one toy and I played with it in my room! You kids have it made today." And sometimes he would scoop up as many as he could and dump them in the garbage. My older brother at 7 would pick them out when he was gone and wash them for me.

When I was seven, my Grandpa bought me a big toy truck I could ride in. I pedalled it up and down and up and down the deck all summer! My dad threw it down the basement steps and the wheels came off. No more truck. Ha!

"You're so useless. I don't even think you are mine. . ."

Sometimes he would throw his army boots at me or hit me with his belt. Yes, I was a useless piece of flesh.

My mom was different. She was fun and kind. She was home on the weekends and holidays, and all summer.

We would go on adventures in the woods and swim in the river and have picnics. Or we would play dress-up and we were the three little pigs and she was the big bad wolf! We would squeal and run away as she came down the chimney to “eat us up!” We had a “snuggle chair” in the front room and on Saturday mornings we snuggled with a big yellow blanket and watched cartoons on the TV. *Godzilla* and *Silver Surfer* and *Roly Poly Oly*. Or we would make a “swimming pool” with blankets on the floor and cushions around. We would put on our swimsuits and goggles, and “dive” in.

At these times, my dad was different and I learned that he knew she would say something and not let him hurt me. But for some reason I never told her he did – I don’t know why! I just longed for her not to work, to be home all the time, to hold me, to protect me, to be with me.

But she worked. She would say, “it’s called paying the mortgage honey.”

I did not know what that meant; I just needed her. Once I heard her tell my dad she was tired and would like more time home with us kids. He laughed. Then he said, “well your kind wanted this and asked for this. Now you got it!”

It was the summer that I turned six that things began to change. My mom had bought us two puppies and two kittens the summer before because we lived in the country. The cats were great for mice and no more came into the house. But one of the pups became my wonderful friend and buddy. His name was Cesar and he was a Border Collie/Shepherd. Smart as a whip and so full of energy and fun. He followed me around whenever I was home and stuck to me all day long. Soon we were inseparable. We would play together, go in the woods together, swim together, and even fall asleep together in the woods. He taught me not to fear the basement – especially under the stairs, because he was right there at all times!

Cesar did not like my Dad. He was respectful, but did not stay near him. When my Dad threw things at me or grabbed me in his usual way, Cesar would bark and bark. My Dad would yell and call him a “stupid dog. . . we’re just playing!”

One terrible but good day [!] my father started his usual things with me. “Oh you’re so useless, you’ll never amount to anything, you’re just a shrimp! And you’re not mine you know, not looking the way you do, you’re nothing like me.”

Thank god, I thought. I’d rather be mummy’s. But then, that day he lunged at me and grabbed me, swinging me high above his head. He spun around and for some reason his grip was tighter than usual. His fingers dug in my side. I screamed.

“Daddy! Daddy! Please stop. You’re hurting me!” My dad squeezed harder and laughed.

Out of nowhere Cesar came. A streak of light. He lunged at my dad and growled a low rumbling sound I had not heard before.

He sank his teeth in my father’s big army boot and shook it side to side.

My dad yelled in surprise. “Let go you stupid mutt!” he said and tried to kick his foot free. Cesar held on.

My father yelled again and kicked harder. Cesar did not budge. He growled louder.

In frustration my dad dropped me.

Instantly Cesar let go and stood beside me as I lay on the floor. He looked at my dad – straight in the eye, head lowered.

For the first time I saw something different in my dad’s eyes. Was it shock or was it surprise? Or was it a sudden understanding of what he was doing...? He stumbled back and looked at his foot. There were teeth marks in his boot and blood was appearing in small droplets. I hugged my dog.

My dad continued to say all the things that he did to my brother and sister and me. But – from that day on – he never touched me again.

I have heard the saying, “every boy should have a dog” and I know why. My beloved Cesar was my best friend, my confidant, my buddy. And he was my protector. Was he perfect? No. Cesar loved going in the trash when no one was looking and he would dump it all over the floor. Once I cleaned it up upstairs–only to go downstairs and have him do it downstairs too! He went and hid! He loved to chase the cats and pick them up.

But Cesar would run beside me in the fields and the woods. He would sleep under a blanket tent with a flashlight, and he would chase my

brother and me up trees where we would play catch me if you can. He would jump as high as he could and we hung down, always just out of his reach! Cesar would listen with bright eyes, eyes fixed on my face as I told him about school, and he never, ever forgot to meet the school bus, sitting between the trees by the road as we drove up the hill to our house.

Sadly, seven years later, one hot September night, he passed away. My mom had heard him hacking in the kitchen and told me he came and licked her in the night. Was he saying goodbye? His stomach had flipped. I thought my heart would break, and I couldn't breathe.

Today I have a second dog, a lab/shepherd. I call him Buddy – and he too is wonderful. Different yes, but just as loving and smart, though maybe a little more of a goof!

I am tall now. Taller and stronger than my Dad. I don't like spending time with him, but he has apologized for all that he did; and when he is sick, half of me feels sorry. He said he had a horrid childhood and pretty much treated me the way he was treated.

I understand, but it does not make it okay. It's no excuse. I was the child. He was the adult. And after all, even a *dog* knew it was wrong!

Thomas

RESOURCES

CASA Child, Adolescent and Family Mental Health

<http://www.casaservices.org>

Government of Alberta Family Violence Info Line

<http://www.humanservices.alberta.ca/abuse-bullying/15666.html>

780-310-1818

Kids Help Phone

kidshelpphone.ca

1-800-668-6868

The Today Centre

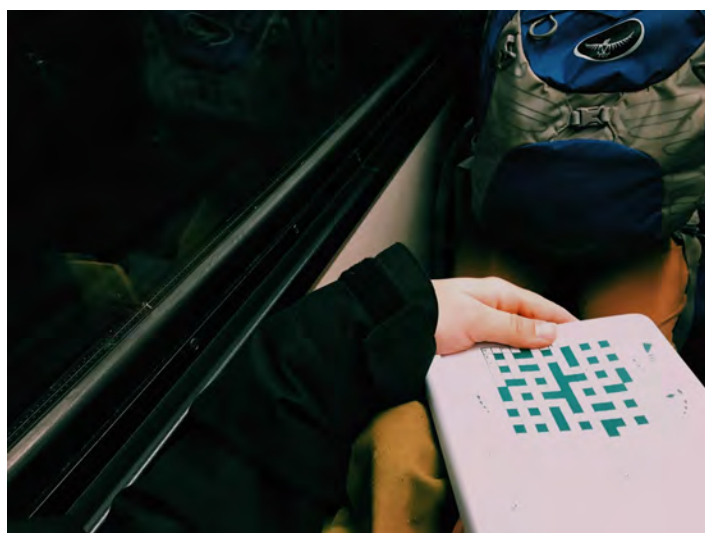
<https://www.thetodaycentre.ca>

780-455-6880 // 780-482-4357 (after hours)

RETURNING TO SCHOOL AT 22 YEARS OLD

In preparation for the first day, I filled my pockets and bag with some of the necessities I would need to complete the semester ahead of me:

- a transit card
- a membership for the recreation centre nearest my house (one with a pool, of course!)
- a cautious sense of optimism



To get to school on the first day, I sat on the LRT for a good 30 minutes. The

train swayed back and forth on the tracks as it, and all its passengers, travelled to each of our intended destinations. I worked away on a crossword puzzle book I purchased during a momentary lapse in judgement. Apparently for a moment I had forgotten that I could have simply

“The best time to plant a tree was 20 years ago. The second best time is now.”

Chinese Proverb

downloaded an app on my smartphone in order to

keep my easily anxious mind distracted. When I bought the book, a few weekends prior to my first day of my college course, I was already getting increasingly nervous, which I now know is **completely** normal.

I used to run at the first sign of failure...

In the past, I bolted from situations if I experienced any anxiety because I knew I was unprepared to easily diffuse it. I wanted to try my very best to minimize my chance of bailing on my first day, even before I accomplished the commute. To help myself through the first month of commuting to college, I took public transit. Each day I had my father drop me off at the station in the morning. I did this so that it would be less convenient for me to go home than it would be if I was driving myself if I began to experience anxiety. I learned to brace myself through the bouts of anxiety. Additionally, and to my surprise, through personal trial and error, I discovered that I found great results for myself using distractions such as:

- music
- writing
- exercise

At college orientation, I remember being told that cramming endlessly for hours in preparation for an exam would likely be less effective than segmenting your studying time into blocks around physical exercise. This is where my membership for the recreation centre came in handy. The idea of the recreation centre helped me with the initial anxiety of “signing up for a

new gym,” and fitting in with a crowd of zealous athletes. The beautiful thing about the recreation centres of Edmonton is that usually, at any given time, there is a wide variety of different people, ages 1-80+ making it a comfortable place for everyone.

I used to sell myself short, by giving up before there was the potential for a personal failure...

Looking back, before I began contributing to *Unseen*, I didn't truly believe that I was smart enough, or even capable of starting (let alone completing) the prerequisite course I needed to begin the potential program of my dreams. Completing this non-credit program guaranteed my acceptance into the next intake of classes to begin tackling the two-year credit program. My expectations were, and to this day still are, very modest; my primary expectation for myself going back to school was to maintain a manageable course load. I came to terms with the idea that taking an additional year to complete a two-year program was an absolutely respectable approach to setting myself up for success, without pushing myself too hard, and not limiting my ability to be social. In my life, ambition became the brilliant use of scheduling to achieve a goal, rather than the accelerated completion of that goal. I began to assess my schedule based on the notion of quality over quantity.



For me, when it comes to failure... it's all about managing perspective.

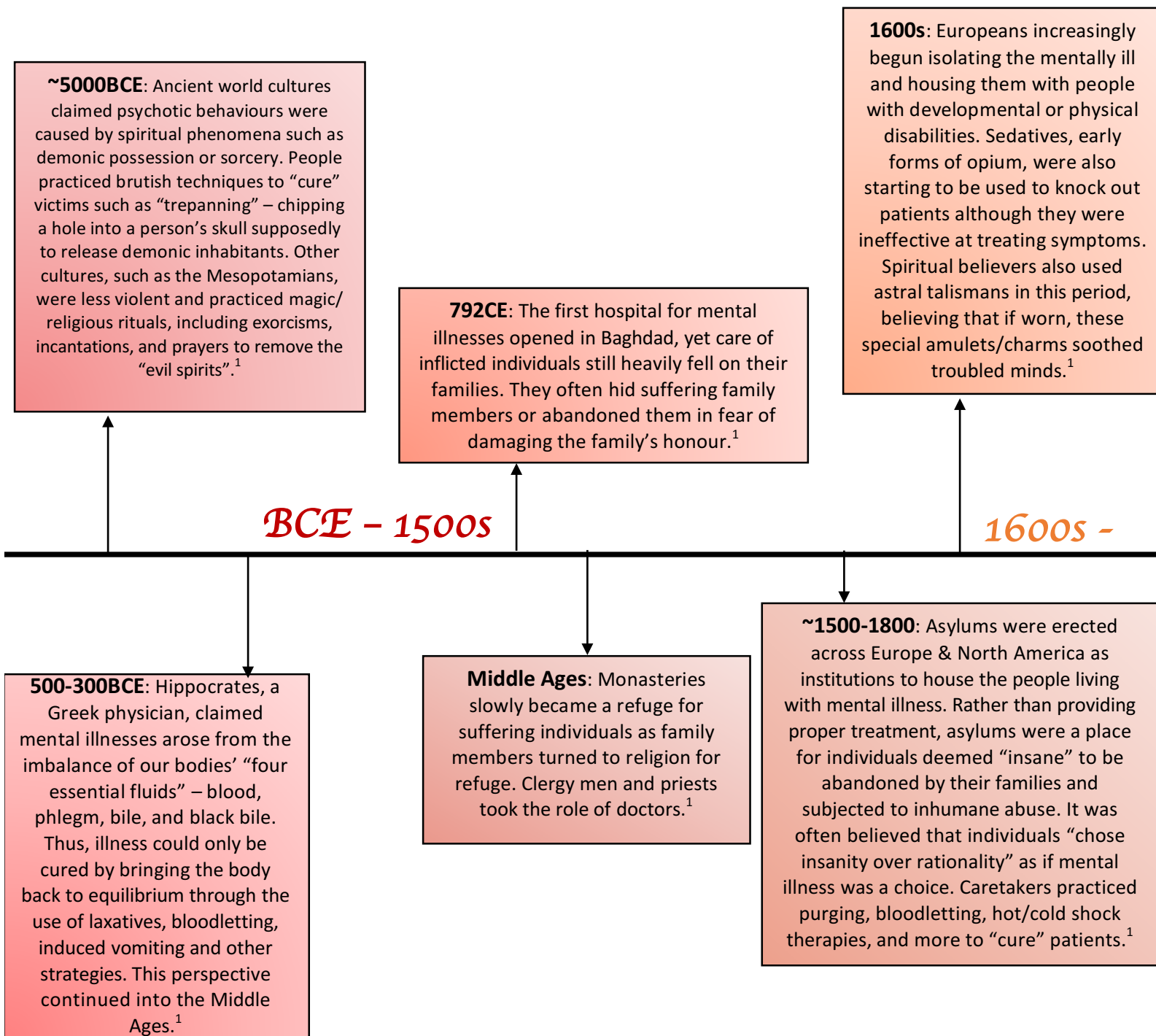
Before returning to school, I used to think that failure was not an option, and this caused me to self-destruct in almost every situation I encountered. Over time, I began to accept the idea that failure is a necessary risk in order to achieve any goal. I did not let the idea of failure shut me down before I made an attempt. As I began to accept the risk of failure, I saw my self-awareness increasing. As I became more self-aware, I was able to avoid developing a fear of my goal. I avoided mentally converting my goal into a failure before I was able to give it all of my effort. I started what would be the beginning to the end of the cycle of selling myself short.

I need to focus on being more optimistic towards my chance of success, rather than prematurely assuming that I can, and will, fail...

I know now that running away from failure means that I completely eliminate my opportunity to demonstrate my ability to succeed; and with that, only I am at a loss. I have made a personal promise to myself to use the threat of failure as a gauge, rather than a siren of danger. When I feel myself beginning to think that I am going to fail, I use this as a helpful signal to look calmly at the situation to identify where I can make improvements to logically, and practically, prevent my failure, such as:

- tutoring sessions (individual and group)
- learning strategies sessions
- school counselling
- study groups

History of General Psychiatric Treatment



References:

1. Foerschner, Allison M. (2010). “The History of Mental Illness: From ‘Skull Drills’ to ‘Happy Pills’.” Student Pulse 2.09
2. PBS Online. “Timeline: Treatments for Mental Illness”.
<http://www.pbs.org/wgbh/americanexperience/nash/timeline/index.html/>
3. Laing Society. (2003). “Timeline in the History Of Madness” <http://laingsociety.org/cetera/timeline.htm>

History of General Psychiatric Treatment

1792: Phillipe Pinel took charge and reformed La Bictre, a notoriously cruel French asylum. He proved patients showed the greatest improvement when treated with empathy, kindness, and respect. Other asylum leaders begun following his "moral management" style, which led to a wave of asylum reforms towards more compassionate methods.¹

1883: Mental illnesses are beginning to be studied more scientifically as Emil Kraepelin, a German psychiatrist, made a landmark distinction between the two major groups of psychosis: manic-depressive (now classified as a range of mood disorders) and dementia praecox (now known as schizophrenia).²

1909: Clifford Beers, an advocate for mental health reform, founded the National Committee for Mental Health Hygiene in America, which later evolved to become the National Mental Health Association.²

1800s

1850s

1900s

1840s: Dorothea Dix began a 40-year campaign to reform asylums, known as the Mental Hygiene Movement. The campaign raised millions of dollars to build state hospitals for effective care, and encouraged multiple American states to change legislation. She also influenced the reform of mental health care systems in several other countries. Despite her great strides, subpar conditions still persisted, especially in developing countries.¹

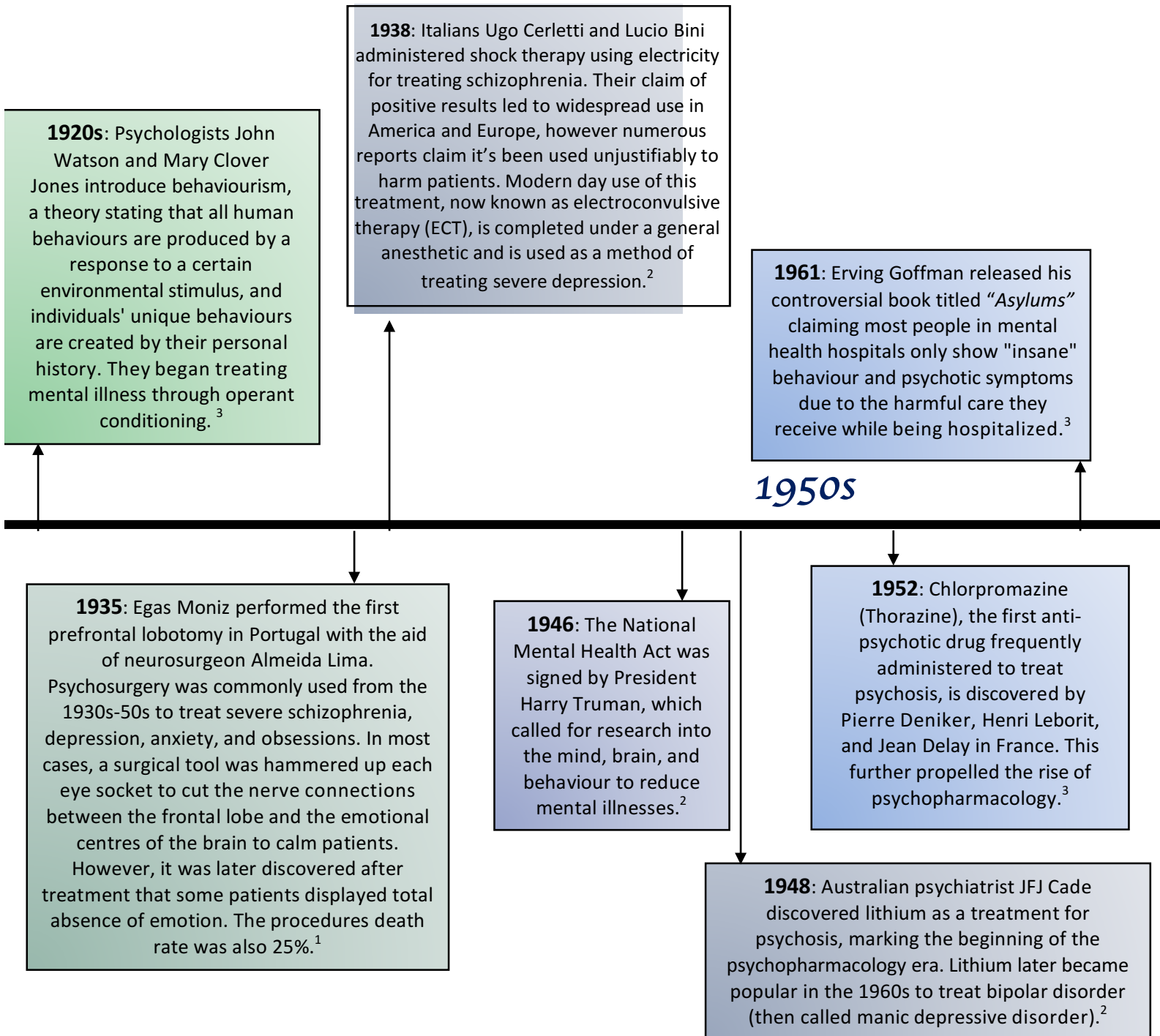
1888-1939: Sigmund Freud established and practiced his infamous psychoanalytic theory. He explained that mental illnesses result from conflict between three parts of the brain he termed the Id, Ego, and Superego. Freud believed that illnesses could be cured by revealing and addressing repressed contents in an individual's unconscious mind, by analyzing dreams and in periods of free association (where patients freely share whatever comes to mind).¹

1911: Eugen Bleuler introduced the term "schizophrenia" to describe the condition of the mind splitting off from reality and disorganization of thought.³

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1. Foerschner, Allison M. (2010). "The History of Mental Illness: From 'Skull Drills' to 'Happy Pills'." Student Pulse 2.09
2. PBS Online. "Timeline: Treatments for Mental Illness".
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History of General Psychiatric Treatment



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3. Laing Society. (2003) *"Timeline in the History Of Madness"* <http://laingsociety.org/cetera/timeline.htm>

History of General Psychiatric Treatment

1980s onward: With the rise of new psychoactive drugs to treat ill patients, many soon began to believe mental illnesses could be easily managed with simple medications rather than requiring patients to live permanently in institutions. Thousands of patients in institutions were discharged over time, including those who were who were incapable of living on their own, with medication or not. This unfortunately led to many facing homelessness – in the 1980s it was estimated one-third of the homeless population in America had a serious mental illness.¹

Without proper care, individuals with mental illness were pressured into deviance, leading to the incarceration of more than 100,000 mentally ill individuals in America alone. A survey conducted in 1992 found 7.2% of the American inmate population was “overtly and seriously mentally ill.”¹

1990s

1987: Prozac is introduced as an antidepressant, which is to this day, the most prescribed antidepressant in the world.¹

Present

To this day there have been great advances in therapy through talk therapies, such as cognitive-behavioural therapy (which focuses on eradicating negative thought patterns), as well as impressive progress in psychopharmacology. However, many countries are still severely behind on implementing proper mental health systems and legislation; making it incredibly difficult for distressed individuals to find proper treatment. Even in countries with established systems, the general population can be ignorant and stigmatize mental illness, which discourages individuals from seeking the help they need. Going forward, it's important we work together to change the public understanding of mental health. We must learn from the inhumane history and reform health systems to provide accurate care to those who suffer.

References:

1. Foerschner, Allison M. (2010). *“The History of Mental Illness: From ‘Skull Drills’ to ‘Happy Pills’.”* Student Pulse 2.09
2. PBS Online. *“Timeline: Treatments for Mental Illness”*.
<http://www.pbs.org/wgbh/americanexperience/nash/timeline/index.html/>
3. Laing Society. (2003). *“Timeline in the History Of Madness”* <http://laingsociety.org/cetera/timeline.htm>

STOCK PHOTOS AND MENTAL ILLNESS

Jillian Jones

A boy in a hoodie curled up against a row of lockers, hands clutched to his head. A woman looks in a mirror, only to see a disheveled, sinister version of herself looking back. I'm talking about stock photos that are used to represent mental illness. This type of imagery is not uncommon in media when talking about mental health and mental illness. I know stock photos can generally be pretty ridiculous. They can be good for a laugh. The issue occurs when these pictures are used in lieu of real representation. When this is the prevailing, predominant imagery with regards to mental illness, it works to typecast those afflicted with mental illness. It paints an image of what people living with a mental illness are supposed to look like. "Her? She couldn't possibly live with depression! She isn't wearing a hoodie! She isn't clutching her head!" I say this tongue in cheek, but when mental illness is still so stigmatized, accurate representation matters. I wanted to hear more thoughts on stock photos and mental illness, so I reached out to my social media networks, and invited people living with mental illness to provide commentary on a stock photo of their choice.



AMANDA, PREMENSTRUAL DYSPHORIC DISORDER

Stock photos for Premenstrual dysphoric disorder always show a woman holding her stomach, as if cramps are the worst symptom caused by your menstrual cycle. But for PMDD cramps are a dream when it comes to anxiety, depression, mood swings and suicidal ideation for one to two weeks out of every month. Better stock photos would help get rid of the stigma that PMDD isn't a big deal so people take it more seriously. My life is more than a stock photo. I am more than a stock photo. I am a memoirist, magazine editor, and human rights advocate.



JENN, BORDERLINE PERSONALITY DISORDER



This picture that I found under borderline personality disorder on the Shutterstock website, in some ways, spoke to me. Not only because it does somewhat represent the view of us hiding the depressed person hidden behind a fake smile — we in fact get really good at making our way through everyday with that fake smile — but this picture also spoke to me for all it *does not* represent. In my experiences, Borderline personality disorder is so much more than depression and a fake smile. For me, it's fear of abandonment, it's the complete lack of who we are both to us and to others. Borderline personality can make it be so that I am angry and happy and anxious all at the drop of a dime. It is a whirlwind of emotions and reactions

constantly changing and evolving. I sometimes feel like a damaged child living in an adult body. So as much as this picture shows the “faking the way through”, it doesn't show the darkness, the despair, and the confusion. My life is more than a stock photo. I am more than a stock photo. I am a mother, wife, daughter, friend, and fighter. I am a voice for those who may feel voiceless, working to end stigma and change the conversation. Borderline personality disorder is just a part of me.



KELSEY, DEPRESSION



In today's world, many young people are facing struggles with their mental health - with 10-20% of youth being affected by a mental illness.¹ I can say that before I knew anything about what it meant to have mental health concerns, I was living with it. The Oxford Dictionary definition of mental health is: “a person's condition with regard to their psychological and emotional well-being”.² Society has put a stigma on mental illness, so how are people currently struggling supposed to feel?

¹ Canadian Mental Health Association. (2017). Fast facts about mental illness. Retrieved from <http://www.cmha.ca/media/fast-facts-about-mental-illness/#.WOfLaLGZMb0>

² Oxford English Living Dictionaries. (2017). Mental health, Retrieved from https://en.oxforddictionaries.com/definition/mental_health

It's not like we woke up one day and decided that this is how we wanted to live our lives. I didn't ask to live with depression or suicidal thoughts, but events in my life have led me to this place. I knew that I was feeling lost and alone in my world, and I was scared of the person I was becoming. I didn't have any of the tools I needed, or even know where to start. I struggled with feeling like I was the only person going through this. I felt like I was on a roller coaster, and I didn't know how to get off. I felt trapped in my own body. This time last year I hit rock bottom, I didn't know where to go. My world was a dark hole that I couldn't escape. The colourful parts of life were fading away. However, twelve months later I have done a complete flip with my life. I know that my mental illness isn't like a cold and it won't just "go away", it is something I will have to live with all the time, possibly for the rest of my life. The only thing I can control is how I choose to deal with it. When the media attaches a stigma to mental illness, I feel it creates the feeling that there is more of a problem with me and who I am. Using cliché images has lead readers to believe that the appearance of mental illness is what the media has created. People can often base their opinions on what they believe to be true on information provided by the media. As someone who struggles with my mental wellness, I already feel like I am constantly being judged. My life does not look like the picture social media portrays. We are creating labels and a misrepresentation of what mental illness is. We have to stop using stock photo images or cookie cutter picture perfect ad campaigns, and start to understand what living with mental health issues everyday really is. Until we face the truth and reality, we will never be able to work to understanding mental health issues. My life is more than a stock photo. I am more than a stock photo. I am a someone who has taken her life from what was a dark hole, and through the guidance of friends and family, have changed my life for the better. As a very good friend of mine recently said, "if this last year has taught us anything, it's that there is nothing you can't handle."

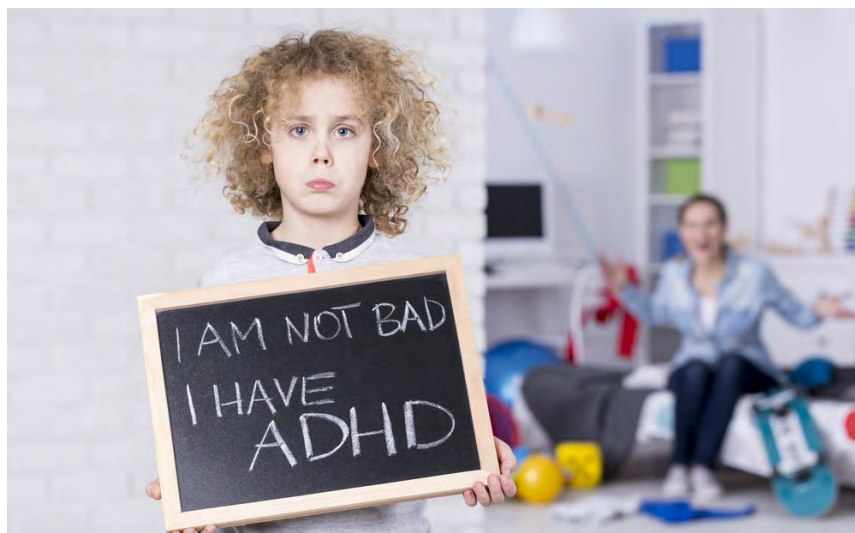


KRISTEN, ANXIETY DISORDER

When somebody asks me, "what's it like to live with an anxiety disorder", I say "you know when you just have to put on your heels and stand awkwardly in the kitchen? Just like that!". The way in which anxiety manifests varies drastically from person to person, but this stock photo is a bit ridiculous. So ridiculous, in fact, that I struggle to

find a realistic element in it that would believably compare to any of the numerous branches of anxiety disorders. I suppose this woman is not thinking clearly - heels in the kitchen? - which I can attest to. All I know is that when my anxiety stirs up, I'm arguably less composed. That being said, it's important not to undermine anybody when they say they're anxious. Many people have high-functioning forms of anxiety, and when they express their internal struggles, their concerns are often brushed off with "well, you look fine," or

"it mustn't be that bad." While my own anxiety is a very specific type (that is, I don't have a generalized anxiety that often immediately comes to mind), I've had a number of people question its authenticity. It's so strange to me that society is, in recent years, working towards empowering those struggling with a mental illness, yet it sometimes quickly delegitimizes those same experiences if it decides they're not "bad" enough. As important as it is to remember that anyone who feels completely trapped in their illness is not beyond reach, it's also important to remember that those with less obvious symptoms should be taken as seriously.



SHAWN, ADHD

The child in the stock photo is shown holding a sign that says: "I AM NOT BAD I HAVE ADHD". His face begs for understanding from his mother who apparently has had it with his unkempt hair, slightly untidy room, and his skateboarder antics. Now, to be entirely honest, I have unkempt hair, maintain a sufficiently messy room, ride a skateboard, and I happen to have ADHD. For

me, diagnosis wasn't an excuse, but it did give me answers. In my experience, living with ADHD is an unwilling separation between intention and action. Not so much the lack of attention, but a surplus of focus on other things not relevant to what I needed to accomplish. To do well in school, at home, or at work, I've had to put structures in place that allow me to complete whatever I had committed myself to. These structures, along with professional help and medication help me live a normal life. This picture doesn't feel accurate because you can't take a picture of what it's like to have ADHD; mental health isn't something you can just snap a picture of. My life is more than just a stock photo. I am more than just a stock photo. I am a husband, teacher, and a musician who just happens to have ADHD.



VICTORIA, DISSOCIATIVE IDENTITY DISORDER



At first glance of this image, I thought I may have been looking at some sort of odd *Lord of the Rings* impersonation of Smeagol. Once I realized this was supposed to portray mental illness, I laughed. Hard. It's baffling to me that individuals could actually sit down, brainstorm ways to convey mental illnesses in photos, and come up with...this. Contrary to popular belief, those living with with mental illnesses often times do not see a wild-eyed version of themselves, with messy hair and completely different

clothes staring back. Personally, when I look in the mirror, I see myself. That's it. That's all. So for the love of all things good in the world, stock photos, please step your game up when it comes to portraying mental health. Perhaps even *gasp* consult someone living with mental illness first. Because there's no way you've talked with anyone with lived experienced before creating the mess of images shown in this article.



WENDY, BORDERLINE PERSONALITY DISORDER



My chosen image comes from Shutterstock, an online resource for stock photography on a number of topics. This image is saved with the title, "two-faced woman manic depression concept". Now, I don't know about all of you, but when I hear the words "two-faced", images and preconceived notions come to mind immediately of someone who is untrustworthy and fake. As someone who lives with a severe mental illness called Borderline Personality Disorder, I face stigma and

discrimination from a society that bases its opinions about my illness on images that are portrayed in the media and stereotypes that are perpetuated in the world. I know that look people get in their eye when I share that I have BPD - they're mostly confused because the real person standing before them with the illness doesn't match what they have been taught to believe. I'd like to take this opportunity to dispel some of those beliefs and replace them with truths.

BELIEF: *You must be just like Winona Ryder in that movie Girl Interrupted because that's what BPD is right?*

TRUTH: Actually, no that's not what BPD "is". That's a character made up by Hollywood based on a stigmatized and ignorant view of the disorder. Each person living with this illness is different but we all share traits common to the illness. What I am is a compassionate and kind human dealing with an illness that causes me intense emotional pain and distress.

BELIEF: *You're a manipulator and use people to get your way. You're "two-faced".*

TRUTH: When I appear to be manipulating others, its not something I am doing in a malicious way. I will do anything to avoid the intense emotional pain that I am feeling. I also have a huge fear of abandonment and constantly worry that people will leave me.

BELIEF: *You are just looking for attention.*

TRUTH: In all honesty, it's not attention I am looking for. Often, I am seeking validation from others that I am worthy and loved. My illness often creates feelings of emptiness and loneliness and I have identity disturbances. Often, when I was young, my feelings were dismissed or not validated by my caregivers.

BELIEF: *You are just making this up because you're lazy.*

TRUTH: I judge myself every day for my inability to perform day to day tasks. I want to be a contributing member of my household, my family, and society, but mental illness robs me of the ability to do so sometimes.

BELIEF: *You'll never change.*

TRUTH: While BPD is a serious illness, I can improve with the right therapy and professional treatment. Many individuals go on to no longer meet the criteria of BPD after successfully completing DBT (Dialectical Behaviour Therapy).

Yes, there are many faces to mental illness. We have to hide who we truly are for fear of being judged harshly by those who don't understand. It may appear that we are "two-faced", when in reality we wear masks to hide the pain. The world wants to see our happy side and, in order to stave off rejection, we falsely wear that mask so they won't reject us. We've spent our whole lives feeling abandoned when we drop our masks.

It is my hope that this story will help change attitudes towards people living with BPD. They deserve compassion and empathy, no matter which "mask" they're wearing. My life is more than a stock photo. I am more than a stock photo. I am just like everyone else - worthy of love, respect, and kindness.

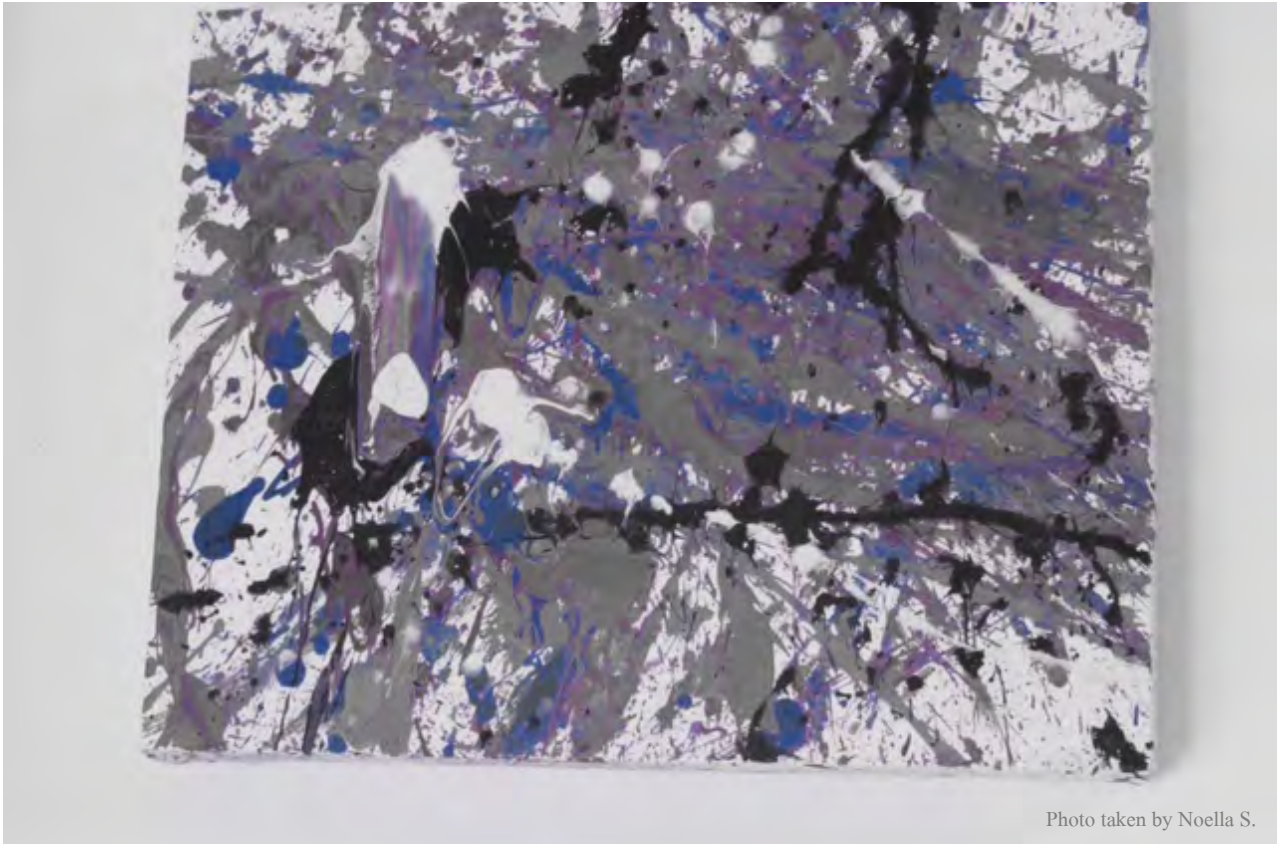


Photo taken by Noella S.

Contrast

By Victoria

There have been countless discussions, presentations, and fundraisers focused on challenging the stigma around mental illness. To this day — despite many brave individuals coming forward with their stories, seeking treatment, and/or simply trying to better their understanding of how the brain works — people can get blocked by a wall of stigma entrenched in deep-rooted values in society.

I often find myself asking “why?” Why are there so many people in the world who refuse to believe that others may be struggling, just because they themselves are not? Why does seeking treatment equate shame? Why would someone talking about their mental health concerns be seen as reason to pass judgement and tell them that they’re wrong or manipulative or “crazy”?

I have had a long, tiring journey with both mental illness and the systems in place to treat and handle them. While I have faced unease, apprehension, and disbelief from family and friends, I have found hospitals and treatment facilities carry the most stigma.

I was admitted to a hospital psychiatric unit for the first time in January of 2013. I went through the typical admission procedures: personal information, why I was there, what I was feeling. I went in with little to no knowledge on how I would be processed. Still, looking back on it now, it was shocking. The doctors and nurses who were in place to provide service and support were the first ones to discredit me. They made me feel inferior, and like I was wasting their time.

I wasn’t experiencing judgment solely in my hospital unit though, most all of my family and friends had no idea how to interact with me afterwards. My mental illness never came up in conversation, and if it did, they often looked uncomfortable. It made me feel isolated, and for awhile I gave credit to what the doctors were

said about my case not being “serious enough” to receive proper concern or treatment.

I especially felt invalidated when my little brother had a physical health crisis. I love my brother with all my heart, and the emotions I felt during his health issues had nothing to do with him, or any of my family. It had to do with stigma.

My brother had always had a shockingly low BPM (heartbeats per minute). His average heart rate throughout his childhood was 42 BPMs. Physicians had always noticed his low heart rate but had never thought anything of it. It wasn't until he came into CASA for an intake and the nurse noticed it that she recommended that he should have it checked.

A couple weeks later, my mom received a call with ECG¹ test results for my brother's heart. He had a third degree heart block.² My mom wanted to wait until an appointment with our physician before she shared the news with anyone, including my brother who was ten at the time. Sadly, we never made the appointment.

My mom found out about my brother's heart block on a Friday, and two days later he collapsed. I will never forget the panic I felt while watching my brother fade in and out of consciousness, only finding out the reason for his health decline after the ambulance had been called.

My brother was rushed to the Stollery Children's Hospital, and within 72 hours he had an emergency surgery to have a pacemaker³ implanted.

During this time my immediate family and I stayed by his side as much as we could. Personally, I would get huge bouts of anxiety any time I couldn't be around him. It wasn't only my

immediate family that came to visit, however. Aunts, uncles, cousins, and family friends all came to show their support. My brother was showered with in-person visits, gifts, balloons, and love.

I am so grateful to all of my friends and family that offered their support to my brother. Their willingness to communicate and be around him however, hit me hard. I felt very invalidated while watching the attention my brother received. Having only been released from the hospital a few weeks prior, the contrast of how my circle of supports responded to a physical health crisis versus one of mental health origin was vast.

It took me quite awhile to come to terms with the fact that the different responses my brother and I received on our journeys did not occur because my family and friends did not love me. They reacted in the way they did due to the lack of education, and a prevalence of stigma in our world that surrounds mental illness. Often times it can be difficult to approach something one may not yet understand.

Today, I am ecstatic to say that both my brother and I have had tremendous amounts of recovery. My brother is an extremely active thirteen year old boy, he's on the school wrestling and handball teams, and he loves to go out with his friends. I am now seventeen and I have a stable job, a car, and optimism for my life.

There are still huge contrasts with how mental and physical health are treated, but the work I see our youth council doing in and around the Edmonton area gives me hope that one day those seeking treatment for any ailment can receive the help they need, stigma and judgment free.

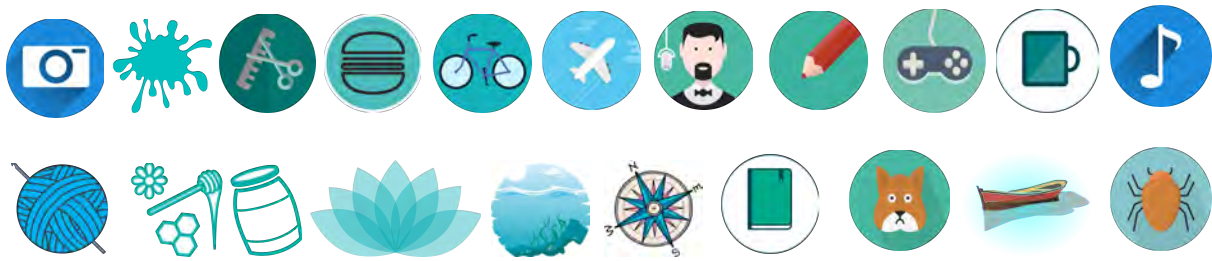
¹ An electrocardiogram (EKG or ECG) is “a test that checks for problems with the electrical activity of your heart.” WebMD. (2017). Electrocardiogram. Retrieved from <http://www.webmd.com/heart-disease/electrocardiogram#1>

² “Heart block is a disease or inherited condition that causes a fault within the heart's natural pacemaker due to some kind of obstruction (or “block”) in the electrical conduction system of the heart.” Wikipedia. (June 8, 2017). Heart block. Retrieved from https://en.wikipedia.org/wiki/Heart_block

³ A pacemaker is “a system that sends electrical impulses to the heart in order to set the heart rhythm. The pacemaker can be the normal “natural” pacemaker of the heart or it can be an electronic device.” Medicine.net. (2016). Medical definition of a pacemaker. Retrieved from <http://www.medicinenet.com/script/main/art.asp?articlekey=11866>

DISCOVER YOUR PASSION

A Story About Hobbies, Artistic Expression, Music, and Mental Wellness



Most artists, hobby enthusiasts, and exploration aficionados spend a large period of their lives exploring different crafts, working tirelessly to discover their favourite medium for artistic expression and inspiration. A list that fully defines “the arts” would be lengthy as art can be applied to so many disciplines. A few examples of artistic mediums are: painting, drawing, sculpting, pottery, weaving, photography, travelling, exploring, sewing, writing, poetry, singing, songwriting, playing musical instruments, gardening, bee-keeping, yoga, and gastronomy (the art or activity of cooking and eating fine food¹). Art-based hobbies are great mediums through which individuals can develop social skills, self-confidence, and increase their self-esteem.

For example, Edmonton-based musician Evan Crawford (23) has used the local music scene to increase his social skills, increase his self-esteem, meet new people, and develop important traits in public speaking. Evan has had his own trouble with depression. Evan began playing music over eleven years ago, then he began writing music on [his] own at nineteen years old. Evan sings, plays the guitar, bass, and piano. When asked why he wanted to pursue his passion for music, he smiled, laughed, and said: “I just wanted girls to like me.” Evan knew that it was important that he had a skill that he felt confident in, and that it would give him confidence, inspiration, and motivation. Evan knew that being around people was where he was the happiest, and a lot of the time he was happy to have a girl to admire. In 2011, Evan’s home, and much of his hometown of Slave Lake, was destroyed by a devastating wildfire, forcing him to relocate to Edmonton. After experiencing Edmonton for about a year, Evan was “inspired by the local scene in Edmonton, and all of the opportunity” that came with it. Evan saw this avenue for social interaction as an opportunity to share the skills he had developed as a musician over his lifetime, in a way that got him out on the weekends, doing something positive for the community.

“I actually started out playing open mic nights,” at a venue called the Druid. Eventually, he became the feature artist, which was a “full 45 minute, paid \$100 set”. Evan got to be the lead entertainment for many nights at other venues including Kelly’s Pub and Cha Island. In summer 2015, Evan “started to play festivals, lots of em”. He

¹ Merriam-Webster, n.d., Gastronomy. Retrieved from <https://www.merriam-webster.com/dictionary/gastronomy>.

played the Heart of the City Festival (a free annual festival for the underprivileged that still takes place to this day) and Make Music Downtown (an annual festival that takes place downtown Edmonton on 124th street). Evan spoke naturally, as if he were saying the exact right words at the exact right time, and silenced the room with this statement: “it was that summer that I decided I wanted to record my EP [Clockwork Heart], to quit my studies at the University of Grant MacEwan, and to just focus on music for a while.” In his life Evan has endured and persevered through his fair share of trying times, bouts of depression, and anxiety. His enthusiasm towards his decision to follow his calling was evident; it lined each smile as he described the process he went through to record, promote, and savour his accomplishment. We asked, “what was the first step recording your EP?” He described the process, and reminisced, “I already recorded a few demos at [a recording studio called] Two Bodies of Water, so I went back.” At the studio, Evan and the producer discussed elements of the process (such as price, vision, and production style) and they established a recording schedule. Overall the entire process took four months; they began recording in December and had the entire EP complete and ready for promotion in April. From April to July he began to setup the release of his EP by creating hype through promotion and playing shows. Evan Crawford released his EP entitled ‘Clockwork Heart’ on July 15, 2016. When asked to describe the achievement, he remarked “getting [the EP] released was a big accomplishment. I worked with Odd Ball Productions, and I managed to chart #124 on the iTunes alternative charts.” The pursuit of his musical hobby has given Evan something to focus on even throughout his darkest days. It has given him a way to reach out and interact with others, creating a support network of friends in his new town. Evan has continued to develop his skills as a musician through lessons, and of course, lots of practice.

What is music therapy?

After hearing Evan’s story, we set out to answer two questions: is music therapy considered a recognized form of therapy in Edmonton and, if so, what is it all about? The Music Therapy Association of Alberta defines “music therapy [as] the use of music to build therapeutic relationships and address clinical goals. Music therapists work with a broad range of client populations in health care facilities, schools, community settings and private practice.”⁴



“Music therapists use music safely and ethically to address human needs within cognitive, communicative, emotional, musical, physical, social, and spiritual domains.”⁵

Who could use music therapy?

Music therapy can potentially benefit a wide variety of patients who are impacted by:

- schizophrenia
- affective disorders
- personality disorder
- anxiety disorders
- substance use
- eating disorders

Among the many benefits achieved “through [music’s] structure and order, [it] can serve as a grounding experience.”³

“Music should strike fire from the heart of man, and bring tears from the eyes of woman.”
Ludwig van Beethoven

“Mental health clients may have unmet needs in many areas that music therapy can uniquely address. The emotional, expressive nature of music can serve as a bridge to self-awareness, insight, and identification of feelings.”⁶

³ Mental Health: Music Therapy and Mental Health. Retrieved from <http://www.mtabc.com/what-is-music-therapy/how-does-music-therapy-work/mental-health/to-patients>.

⁴ Music Therapy Association Alberta, n.d., para 1. Retrieved from <http://www.mtaa.ca>

⁵ Canadian Association of Music Therapists (June 2016). About CAMT & music therapy: About music therapy. Retrieved from <http://www.musictherapy.ca/about-camt-music-therapy/about-music-therapy/>

⁶ Music Therapy Association of British Columbia. Retrieved from <http://www.mtabc.com/what-is-music-therapy/how-does-music-therapy-work/mental-health/>

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PHOTO CHALLENGE

#CYCphotochallenge

A Comfort Scavenger Hunt

Below are themed photo challenges created by members of our youth council.

Participate by using the hashtag #CYCphotochallenge on Facebook, Twitter, and Instagram in the description of each photo you post as part of the challenge.

Feel free to tackle the themed lists in any order, and at any pace

We have focused on different aspects of daily life that promote peace and comfort.

The variety of responses resulting from the CYC photo challenge will be included in the third issue of Unseen!

Here are some examples below to get you started

Comfort

1. Your favourite shirt with buttons
2. An object that is older than you
3. Hands (your own or someone else's)
4. Something that belongs in the kitchen
5. A book
6. A "childhood artifact" (eg., something you have made, such as a craft made in school)
7. A before and after photo of something (eg., before and after giving the dog a bath)

Texture

1. Something metal
2. A wall
3. An object or structure made of plastic
4. Flooring
5. Fur, bubbles, or fuzz
6. Flowers, leaves, blades of grass
7. Fabric

Calm

1. Something that brings you peace
2. The time or a clock (eg., show your favourite time of day)
3. Your favourite pair of shoes
4. Something green
5. A pet, a friend, or yourself
6. A healthy snack
7. Your favourite exercise

Cozy

1. Your favourite warm beverage
2. A printed photo
3. Your favourite hat or toque
4. A fireplace or a window
5. Your favourite slippers
6. Something from a collection
7. Your favourite mittens

Find it or make it

1. A map
2. Sidewalk chalk
3. Something written in handwriting
4. A colourful salad
5. A painting
6. Something made from wood
7. Something wicker

Productivity

1. A clean room
2. A made bed
3. A clean kitchen sink
4. Clean laundry
5. Finished homework
6. Clean shoes
7. Completed journal

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There is no single reason why LGBTQA youth more commonly face anxiety disorders and depression. Bullying, unsupportive teachers, backlash from parents, fear of coming out, lack of self-acceptance, and a struggling medical system can be huge contributing factors towards this mental health crisis. According to American statistics, one in five

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LGB students⁴, and one in three trans students⁵, have faced physical harassment at school. LGB students are, on average, 13% more likely to face this form of bullying compared to heterosexual students attending the same schools⁶. Verbal harassment more commonly takes place, affecting over half of all LGBT youth.⁷ It is no surprise that half of LGBT students⁸ do not feel safe at school, compared to one fifth of straight students.⁹ Many LGBT students do not feel that they receive proper support from teachers when they report bullying. 31% of LGBT students claim that teachers made no effort to take action over reported physical attacks.¹⁰ Verbal and physical harassment in school is a major contributor to the mental health concerns of LGBT youth.

Parents are supposed to nurture, support, love, and tend to the basic needs of their children regardless of gender or sexuality. Parents with feelings of homophobia and transphobia, however, can be a large contributing factor to LGBT youths' anxiety and depression. Many LGBT kids avoid coming out to their parents due to fear of being either ignored, verbally or physically abused, or even forced out of their own home.¹¹ Some parents may pressure their children from an early age to fit into a specific gendered box, such as: dolls or action figures, dance or football, pink or blue, and the constant pressure to eventually marry someone of the opposite sex. If a child were to act outside of this box — a boy desiring to wear make-up and act feminine, or a girl wanting to play rough sports or engage in typical “male” activities — a parent may react out of fear or anger and impress even stronger gender roles upon their child. This could lead to the child feeling insecure about their own likes/dislikes, and even their own sexuality or gender identity. If, later in life, a teen were to date someone of the same sex, or start to act/dress in a way inconsistent with their sex, the parent might berate their child back into the closet. It is not uncommon for a parent to verbally abuse, physically abuse, or kick their child out of their home for being LGBT. Over one fourth of homeless youth fall under the LGBT spectrum, even though only one tenth of people align with an LGBT identity.¹² The lack of acceptance and abuse

MY STORY

I am one of the lucky ones, for the most part. I am a transgender-male, meaning I was born with all the parts of a female, but I identify as male. I have experienced social and physical dysphoria my entire life, although I did not come out until the end of high school. My friends, school counsellors, and classmates were, for the most part, very accepting. Coming out to my parents took some time; I feared one of my parents would react in anger, while in reality both continue to be very accepting. I have only been out to my coworkers for a few months and to my face they too try their best to use my preferred pronouns and treat me with respect. On the medical side of things, I have been waiting to start testosterone for nearly twelve months. The wait has been painful, and I have often imagined I will not see the end of it. Although I haven't faced bullying or parental abuse, I won't pretend things have been easy. Being trans is, in itself, a challenge that most people can't truly comprehend. I have experienced depression from a very early age. The more feminine I tried to act, the more forceful my depression became. I eventually fell into self-harm and continued for several years. I truly hated my body and I would have given anything to escape it. My gender dysphoria is a relentless creature, and she is always sitting above my head. Living with a face, a voice, and a body that does not feel male is painful. There are days where I feel that every inch of my skin doesn't fit me right. I have my own anxieties: if I'll ever pass as male, if I'll ever find an accepting and fulfilling job, if I'll ever find a romantic partner who accepts me, if I'll receive the necessary medical care, etc. To this day, I have learned to cope to the best of my abilities. Even with my dysphoria, I have learned to accept my body and treat it as my home. I know that someday I will be happy with myself, and all I need is to have faith in my future and my transition. If it was not for the acceptance of my school, the support of my parents, the unwavering love of my friends, and the accessibility of medical resources, I do not believe I would have gotten this far in life. Being part of the LGBT community, I have seen how difficult this identity has been for many others, and I cannot imagine the pain that hundreds of LGBT youth feel without having the same acceptance and support that I receive.

⁴ Kosciw, J. G., Greytak, E. A., Palmer, N. A., & Boesen, M. J. (2014). The 2013 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools. New York: GLSEN. Retrieved from https://www.glsen.org/sites/default/files/glsen_familyav2014.pdf

⁵ Calgary Sexual Health Centre. (n.d.) Research on LGBTQ youth. Retrieved from <https://understandingtheguidelines.ca/faqs/research-on-lgbtq-youth/>

⁶ Kann, L., O'Malley Olsen, E., McManus, T., Kinchen, S., Chyen, D., Harris, W.A., Wechsler, H. (2011). Sexual identity, sex of sexual contacts, and health-risk behaviors among students in grades 9–12 — Youth Risk Behavior Surveillance, selected sites, United States, 2001–2009. *Surveillance Summaries*, 60(SS07), 1–133. Retrieved from https://www.cdc.gov/mmwr/preview/mmwrhtml/ss6007a1.htm?s_cid=ss6007a1_w

⁷ Calgary Sexual Health Centre. (n.d.) Research on LGBTQ youth. Retrieved from <https://understandingtheguidelines.ca/faqs/research-on-lgbtq-youth/>

⁸ NoBullying.com. (n.d.) LGBT bullying statistics. Retrieved from <https://nobullying.com/lgbt-bullying-statistics/>

⁹ Calgary Sexual Health Centre. (n.d.) Research on LGBTQ youth. Retrieved from <https://understandingtheguidelines.ca/faqs/research-on-lgbtq-youth/>

¹⁰ NoBullying.com. (n.d.) LGBT bullying statistics. Retrieved from <https://nobullying.com/lgbt-bullying-statistics/>

¹¹ Calgary Sexual Health Centre. (n.d.) Research on LGBTQ youth. Retrieved from <https://understandingtheguidelines.ca/faqs/research-on-lgbtq-youth/>

¹² Calgary Sexual Health Centre. (n.d.) Research on LGBTQ youth. Retrieved from <https://understandingtheguidelines.ca/faqs/research-on-lgbtq-youth/>

from parents is a shocking reality that many LGBT youth face. This can contribute to feelings of hopelessness and severe anxiety.

Bullying and lack of parental support can cause many LGBT teens to feel afraid of coming out. This fear can lead to LGBT youth trying to present themselves as straight; ignoring the identity they feel at heart. If a gay male were pressured to act straight, and date someone of the opposite sex, he might develop deeper feelings of insecurity and self-doubt. Many trans-youth deal with dysphoria — the gender disconnect between mind and body. Being unable to socially or physically present as their identified sex can increase these negative feelings of dysphoria. Some LGBT youth spend decades of their lives identifying as straight due to fear or denial leading to poor mental health.

A less considered factor toward the degradation of LGBT mental health is how the medical field treats

gay, lesbian, and especially transgender youth. Only more recently has being LGBT been considered as a sexuality or gender identity rather than a mental illness. This means that there are not many mental health therapists or doctors with enough knowledge to help LGBT youth. If a gay teen required a therapist to assist with his self-acceptance toward his sexuality, or to help him with his past of being bullied, he might not be able to obtain or afford a knowledgeable resource, especially if he lived in a smaller city or town. For many trans teens it can take weeks to see an accepting and knowledgeable gender-mental health therapist. Medical treatment can also be hard to access. To begin life-changing hormones, even with a referral, can take up to two years. This means that a child could be living with crippling gender dysphoria for several years before receiving the proper health care to begin transitioning.

WHAT CAN WE DO TO SUPPORT LGBTQ YOUTH?

Many of the mental health challenges LGBT youth face can be overcome by listening to these kids and by remaining empathetic to their thoughts and feelings. The main people who can help LGBT youth are teachers/schools, parents, friends, doctors, and trained mental health therapists.

WHAT TEACHERS AND SCHOOLS CAN DO

Teachers and schools can assist LGBT youth by giving their students a voice. Implementing an LGBTQA club at school could be beneficial for students in many ways: they can interact with similar peers, they can find support in other students, and they can get involved in the community. The LGBT club at my old my high school helped me to realize that there were people similar to me; I did not feel as much like an outcast, and there were teachers that were very open about their support of the LGBT community. Teachers can also help to prevent bullying for all students, regardless of sexuality or gender. With 65% of LGBT students feeling unsafe at school, teachers need to step in to let kids know that bullying and harassment will not be tolerated on school grounds. This can be done by standing up to help the students that are being physically or verbally harassed in classrooms, in hallways, and through cyber-bullying. One of the biggest aids for trans students in school can be a gender neutral bathroom. A bathroom where any person can enter, regardless of sexual identification, could prevent a large amount of the harassment that occurs against trans students. For me, before I was even out as transgender, having a bathroom that ignored my biological sex felt liberating. The students that were out as transgender felt more safe, and that they could truly be themselves.

WHAT FRIENDS CAN DO

Friends are a necessary type of support for anyone, not just LGBT youth, although some friends do not know how to react when a friend comes out to them. Remaining calm, asking appropriate questions, and offering support are important aspects to remember. It's vital for friends to remain accepting and trustworthy, especially if their LGBT friend came out to them in confidence.

WHAT PARENTS CAN DO

Parents are vital to helping LGBT youth feel supported and loved, and can aid in the self-expression that's vital to many kids. Although it can be frightening for parents to discover that their child is anywhere along the LGBT umbrella, it's important to remain calm. A parent should ask appropriate questions: ask if the child would like to go into depth with how they feel, and affirm that they still love their child. A parent should never condescendingly question the validity of the child's sexual or gender identity, ignore them, yell at them, or threaten to cut them off from certain friends. It's important for parents to remember that being LGBT is not a choice, and that, like any person, their child just wants to feel supported and cared for. If a parent is overly upset, they could try attending family counselling coordinated by either an LGBT family based group, or a single trained mental health therapist. Although my parents were very supportive of me being transgender, they still needed a certain amount of time to grieve. Some parents might feel pressured to partake in complete acceptance; however, but it's vital for them to understand that their feelings are also important. Any feelings of sadness, anger, or grief are normal for many parents and it's important reflect on those thoughts. But overall their child still requires support and attention to benefit their growth into their identity. By keeping those negative thoughts away from their child the child can feel safer and more confident. Any thoughts of grief can be managed by family support groups, mental health therapists, and the positive reflection of extended family. Overall, kids need the love and support of their parents, especially at the first stages of coming out. For many LGBT kids, support from parents will affect a large portion of their self-esteem regarding their identity, and it is up to the parents to foster those positive thoughts.

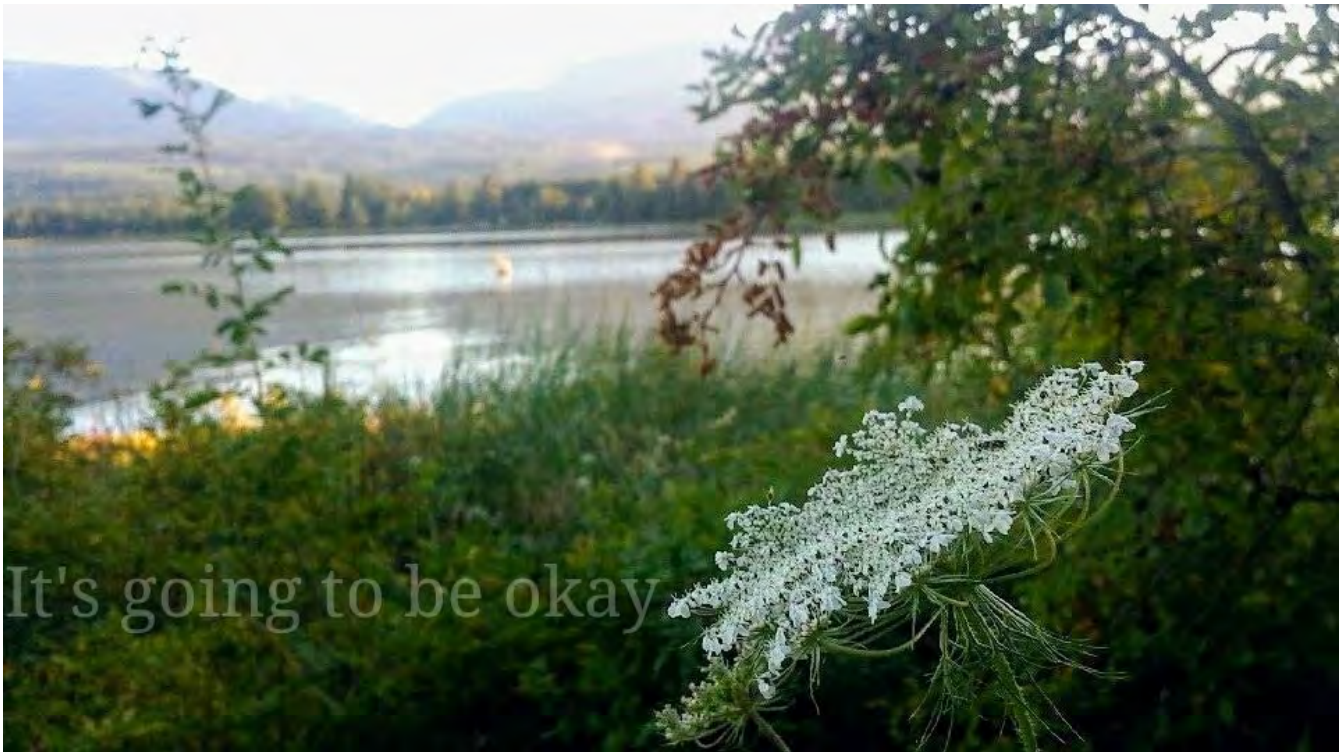
WHAT PRACTITIONERS CAN DO

For most transgender patients and many LGBT patients, doctors and psychologists can assist them in feeling more comfortable with their bodies. If more doctors and psychologists understood that sexuality and gender identity is not a choice, more LGBT youth would receive proper patient care. It's vital for mental health therapists to understand that many of the challenges LGBT kids face is different than what straight or cis-gendered people face. For example: from an early age, someone discovering that they are under the LGBT umbrella could cause them high amounts of relationship anxiety. It's important for mental health therapists to either treat these sexuality and gender specific issues, or refer their patient to someone more experienced in the field of LGBT mental health. As for doctors, a huge issue that many transgender patients face is being misgendered at clinics and in private offices, regardless of the gender identification on a patient's health card or ID. It's important for medical professionals of all kinds to respect trans patients even if their outward appearance seems contradictory. By respecting LGBT patients, especially at a young age, they can feel more comfortable in their bodies.

In conclusion, although LGBT youth face dramatically higher rates of depression and anxiety, we, as an allied community, can reduce the pain that these kids experience. If teachers, schools, parents, friends, and medical professionals came together, LGBT youth would not have to suffer alone; instead, they could feel supported, loved, and comfortable with their identities. This is an achievable task, all we need to do is listen and adhere to the needs of the LGBT youth.

OPINION:

[MEN]TAL HEALTH



Even though it doesn't really match my article I wanted a picture to show peace and calmness. When I look at this picture I can hear the water hitting the rocks and the trees waving in the wind and maybe someone out there can relate, and when they see this picture it brings them to their own place of calmness. Inhale. Exhale. Repeat.

"It's being called a silent crisis, a sleeper issue. But there are signs that this sleeper is at last awakening. Around the world studies, surveys, web networks, journals and newspaper articles are shedding light on a shadowy subject: men's mental health."¹

This isn't just some random quote I found to make my article sound cool or intimidating. I found this quote when I was looking up the rates of males living with mental illness. Before I jump into the whole shabam of it, I would like to introduce myself. My name is Maddy, I am a 17 year old girl who is living with my own

¹ Canadian Mental Health Association. (2017). Men and mental illness. Retrieved from http://www.cmha.ca/public_policy/men-and-mental-illness/#.WZURv7GZMb0

mental illness. The first thing most people notice when I say that is my mental illness, not anything else. And for many people, men and women, that is the case. In a study written by the Government of Canada, the male suicide rates have gone up by 17.3% in the past four years.² In 2009, the total number of male suicides was 2,989; in 2013 it had gone up to 3,041. Most of these deaths happen between the ages of 15 - 54. Now for the women, in the past four years the suicide rates have also gone up – by 11%. In 2009, 901 women died by suicide and in 2013, it's gone up to 1,013.³ The most common age for suicide was between the ages of 45 - 54. There is no “for sure” answer why the age gap between the two genders is so dramatic, but from what I have witnessed, my guess would be because men are told to hold everything back. Don't fight. Don't cry. Don't do anything that makes you seem like less than a man. That is just rubbish. It's because of this “social norm” that when Toronto Men's Health Network (TMHN) brought up the concept of mens' health, it was considered relatively new. There has been a lot of talk building up about male mental health lately, with more studies trying to make this “relatively new” topic more acceptable out in the real world. The only problem is that a lot of men don't feel comfortable with speaking

out about their mental health because it has been considered as less masculine. In my experience with friends and family, men are not talking about what's really

bothering them because they are scared of what society will say about them. When a man in a my life was torn down by a serious incident, it broke him. Having someone close to you end their lives is something that no one should take lightly. He was hurt, but he didn't want anyone to see that side of him. Weeks after this incident he received a message that he was not good enough and the work that he had put in was useless. After holding back the sadness of the loss he faced, the anger from that call pushed him over the line. He was angry and hurt and instead of talking about it and allowing himself to feel the pain, it built up inside of him, and then he snapped. This isn't some foreign subject, thousands of people experience this everyday. Boys in junior high get bullied and they either start a fight or they go home, lock themselves in their rooms and play violent games because what

“We need to stop the stigma against all mental health, including the fact that yes, men do have feelings and they can be hurt, and that's okay.”

² Statistics Canada. (2017). Suicides and suicide rate, by sex and age group. Retrieved from <http://www.statcan.gc.ca/tables-tableaux/sum-som/I01/cst01/hlth66c-eng.htm>

³ ³ Statistics Canada. (2017). Suicides and suicide rate, by sex and age group. Retrieved from <http://www.statcan.gc.ca/tables-tableaux/sum-som/I01/cst01/hlth66c-eng.htm>

else can they do? We tell them it's okay to feel the pain and hurt, but they can't express it? What sense does that make?

National institute for Mental health (NIMH) says that "men described their own symptoms of depression without realizing they were depressed."⁴ It is also estimated that about 6 million males are diagnosed with depression each year, which is relatively half the numbers for females. This isn't me trying to say that males are worse off than females when it comes to mental health, but from many studies and personal experiences, as males tend to try and hide away their pain, they are more likely to show symptoms of mental health than females, and that needs to stop. One way to convince more men to seek help is to convince them that the things they need help with are "normal". Saying stuff like "don't act like a girl and man up" does not help. The way men can get help is for people to actually stand up and talk about it. We need to stop the stigma against all mental health, including the fact that yes, men do have feelings and they can be hurt, and that's okay. Reaching out for help is never a bad thing, and yes it might be extremely hard to but it's not doing any help by ignoring it. As mentioned earlier, men are now three times more likely to die by suicide than females. It breaks my heart knowing that my best guy friend won't talk to me about how he's doing because then

maybe I won't consider him a man anymore, but that's not true. If anything he's more a man for admitting what's really going on. So, if there are any males reading this in a time of need, tell yourself that. Tell yourself that it is okay to talk about it and yeah, it makes you a hell of man for doing so.

⁴ Canadian Mental Health Association. (2017). Men and mental illness. Retrieved from http://www.cmha.ca/public_policy/men-and-mental-illness/#.WZURv7GZMb0

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 better 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 pass code to protect information, and 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 center, and helps people coping with depression to stay connected to others. The app contains resources for individuals looking to help a family member or friend who may be suicidal.



DBT DIARY COACH AND SKILLS COACH (iPhone only)

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 users information stays private.

UNDERSTANDING BIPOLAR DISORDER

I'm sure most people, at some point, have heard someone say something like "I can't make up my mind, I'm bipolar!" or "this weather is totally bipolar" or "she's always angry, she's so bipolar". I have often heard people using bipolar as a negative way to describe people or things. While this might not seem like a big deal, using the term 'bipolar' in this way contributes to the lack of understanding surrounding the illness.



I was diagnosed with bipolar I disorder five years ago, and every time I see something like this said, I feel irked. While I know the *intent* of using bipolar in this way typically isn't malicious, the *impact* can still be damaging. Using bipolar interchangeably with indecisiveness, anger, or strange behaviour not only leads to further misunderstanding of the illness, but it also minimizes the struggles of those living with the illness. Further, using bipolar as an insult, or in a derogatory manner, contributes to the shame and stigma that can surround this illness.

As I was researching for this article, two of the top Google suggestions that popped up were "bipolar is not real" and "bipolar is just an excuse". It made my stomach drop when I saw these autofill suggestions. Digging a little further, I found that nearly half of Canadians (46%) think people use

the term mental illness as an excuse for bad behaviour.¹ What this tells me is that we still have a long way to go in terms of reducing stigma and increasing understanding about mental illness. It is important that the lack of knowledge surrounding bipolar disorder be addressed, as these misunderstandings can lead to the continued stigmatization and discrimination towards those of us living with bipolar disorder.

So come along now, and join me on the bipolar knowledge journey, folks!

The basics of bipolar disorder

Bipolar disorder is a serious, chronic illness that causes significant shifts in mood, energy, and activity levels.² It is categorized as a mood disorder, and those living with the illness experience phases of both depression and mania or hypomania. Bipolar is broken down into four types, which are "based on the severity and duration of the altered mood".³

Bipolar I Disorder

Bipolar I disorder is considered the most severe form of bipolar disorder. It is diagnosed when an individual has experienced at least one episode of mania that lasts at least one week. While most people with bipolar I will experience episodes of depression, depressive episodes are not necessary to diagnose this type of bipolar. Episodes of mania and depression can last anywhere from days to months.

¹ Canadian Institutes of Health Research. (2014). Mental health statistics. Retrieved from: <http://www.cihr-irsc.gc.ca/e/47914.html?wbdisable=true>

² National Institute of Mental Health. (2016). Bipolar disorder. Retrieved from: <https://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml>

³ Here to Help. (2015). Bipolar disorder: Types. Retrieved from: <http://www.heretohelp.bc.ca/factsheet/types-of-bipolar-disorder>

Bipolar II Disorder

Bipolar II disorder involves at least one episode of hypomania, and one or more episodes of major depression. Hypomania is a less intense form of mania, and does not cause significant functional impairment.⁴

Cyclothymia

Cyclothymia is a form of bipolar disorder that is characterized by chronic fluctuations between hypomania and mild depression, that alternate for at least two years.⁵

Bipolar Disorder Not Otherwise Specified

This diagnosis is given when an individual “does not meet the criteria for bipolar I, II or cyclothymia but has had periods of clinically significant abnormal mood elevation. The symptoms may either not last long enough or not meet the full criteria for episodes required to diagnose bipolar I or II.”⁶

What are the symptoms of bipolar disorder?

The symptoms of bipolar disorder are broken down into four mood states or episodes: depression, mania, hypomania, and mixed.

Mania

Irritability. Rapid speech. Feeling unusually “high”.
Grandiose thoughts. Sleeping very little.
Energetic. Impulsivity. Distractibility. Delusions.
Hallucinations.

Hypomania

Includes less intense forms of all the symptoms listed for mania, except delusions and hallucinations.

Depression

Feelings of hopelessness. Fatigue. Loss of energy and motivation. Difficulties with sleep. Feelings of worthlessness. Feelings of guilt. Changes in appetite. Thoughts of suicide.

Mixed Episode

During a mixed episode, an individual is experiencing symptoms of both mania and depression. Mixed episodes have a high risk of suicide.

For me, having bipolar I disorder means that my moods cycle between the states of depression and mania. I was twelve years old the first time I experienced depression. People always described me with words like bubbly, energetic, enthusiastic, happy. And I am. I believe in optimism. I hold the values of positivity and kindness close. So when I would go through phases of deep, harrowing depression, my feelings came into a direct conflict with my beliefs. I would feel like I didn't know who I was anymore. In these moments, I would wonder if I'd ever really felt happiness. Like maybe it was all just a terribly wonderful, incredibly vivid dream, but never a reality.

On the other end of the spectrum, I experienced mania. For me, untreated mania meant speaking so fast that my thoughts couldn't keep up. Slurred words and jumbled my speech. Sleep becomes elusive and unnecessary. Feelings of constant, unsettling anticipation, for what, I didn't really know. An endless search for an unreachable target. I would feel it in my stomach and my skin and my hair. I was electric. I was buzzing. It felt unbearably agitating, confusing, and frightening. To not understand what is happening in your mind can feel incredibly isolating.

What causes bipolar disorder?

There is no single agreed upon cause of bipolar disorder. Rather, it is generally believed that bipolar is a result of different factors including genetic predisposition and environmental triggers.⁷

⁴ Wikipedia. (2017). Hypomania. Retrieved from: <https://en.wikipedia.org/wiki/Hypomania>

⁵ Depression and Bipolar Support Alliance. (n.d.) Types of bipolar disorder. Retrieved from: http://www.dbsalliance.org/site/PageServer?pagename=education_bipolar_types

⁶ National Institute of Mental Health. (2016). Bipolar disorder. Retrieved from: <https://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml>

⁷ National Institute of Mental Health. (2016). Bipolar disorder. Retrieved from: <https://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml>

Genetics

Bipolar disorder is often hereditary, and can run in families. If a child has a parent with bipolar disorder, they have a significantly increased likelihood of developing the illness themselves.⁸ Research pinpointing exactly what, genetically, causes bipolar disorder is ongoing.

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

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 bipolar disorder. 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 stress or drug use.

Who is affected by bipolar disorder?

Bipolar disorder is much more common than people may realize, with an estimated 1% of Canadians living with bipolar disorder.⁹ Based on this 1% rate, nearly 360,000 Canadians are afflicted with bipolar disorder.

Typically, bipolar disorder begins to onset when a person is in their early twenties. However, bipolar disorder can develop at any age. It is generally accepted that bipolar disorder impacts men and women equally.

Of course, mental illness is not an isolated experience. It touches the lives of everyone around the afflicted individual. By this measure, there are countless others – friends, family members, neighbours, colleagues – who are impacted by bipolar disorder.

How is bipolar disorder treated?

While there is presently no cure for bipolar disorder, people living with this illness can and do recover. As defined by the Toronto Branch of the Canadian Mental Health Association, "recovery is the personal process that people with mental health conditions experience in gaining control, meaning and purpose in their lives."¹⁰ With proper treatment and support, people with bipolar disorder can get better, not worse, over time. Bipolar disorder requires long term treatment, with medication as a key component of treatment. Mood stabilizers are the most commonly used medication in the treatment of bipolar disorder. Mood stabilizers help to prevent or control episodes of depression and mania/hypomania.¹¹ Antidepressants should only be used with caution when treating bipolar disorder, as they can actually induce mania.¹²

In addition to medication, engaging in therapy (such as Cognitive Behavioural Therapy) can be extremely beneficial.

After a diagnosis of bipolar disorder, lifestyle changes are often required. These changes can include establishing a strict sleep schedule and reducing stress. In my own experiences, a key factor in my recovery has been getting educated

⁸ National Institute of Mental Health. (2016). Bipolar disorder. Retrieved from: <https://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml>

⁹ Public Health Agency of Canada. (2012). A report on mental illnesses in Canada. Retrieved from: http://www.phac-aspc.gc.ca/publicat/miic-mmacc/chap_2-eng.php

¹⁰ Canadian Mental Health Association Toronto. (2017). Recovery. Retrieved from: <http://toronto.cmha.ca/mental-health/your-mental-health/recovery/>

¹¹ Wikipedia. (2017). Treatment of bipolar disorder. Retrieved from: https://en.wikipedia.org/wiki/Treatment_of_bipolar_disorder

¹² Wikipedia. (2017). Treatment of bipolar disorder. Retrieved from: https://en.wikipedia.org/wiki/Treatment_of_bipolar_disorder

on bipolar disorder. The more I understand the illness, the more I am able to employ coping strategies and self-management techniques, such as mood-tracking and sleep schedules.

Quality of life is another important factor in recovery, and includes aspects such as acceptance by family, feeling safe in the community, involvement of friends, and having a sense of belonging and purpose.

It's important to remember that life with bipolar disorder can still be a wonderful, full life. In my own experiences, life didn't end after my diagnosis, it opened up. Life, in fact, is quite beautiful.

To some, mental illness is viewed as weakness or a danger to others. To those living with it, we know that it can lead us to develop great strength, resiliency, and a profound sense of empathy for those experiencing struggles of their own. Some of the strongest, most inspiring people I have met are those living with mental illness.

The thing about mental illness is we really have no way of knowing who is touched by it. Society seems to have this vision of the "mentally ill". But mental illness does not discriminate, and anyone can be affected or afflicted by it – regardless of age, education level, economic background, ethnicity, religion, sexual orientation, etc.

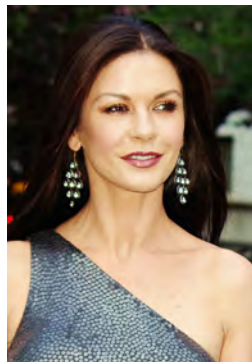
I am just one of those people. I am not dangerous, I am not crazy. I am just me. I will not let my bipolar define me, but rather I will define my bipolar. We need to stop defining those afflicted with mental illness by their illness alone. When a person battles cancer, we do not call them a "cancer". Let's do the same for mental illness. I have bipolar disorder, but I am not bipolar. And you. You are not your illness. You are you, and you is beautiful.

For more information on bipolar disorder, visit <https://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml>.

By Jillian

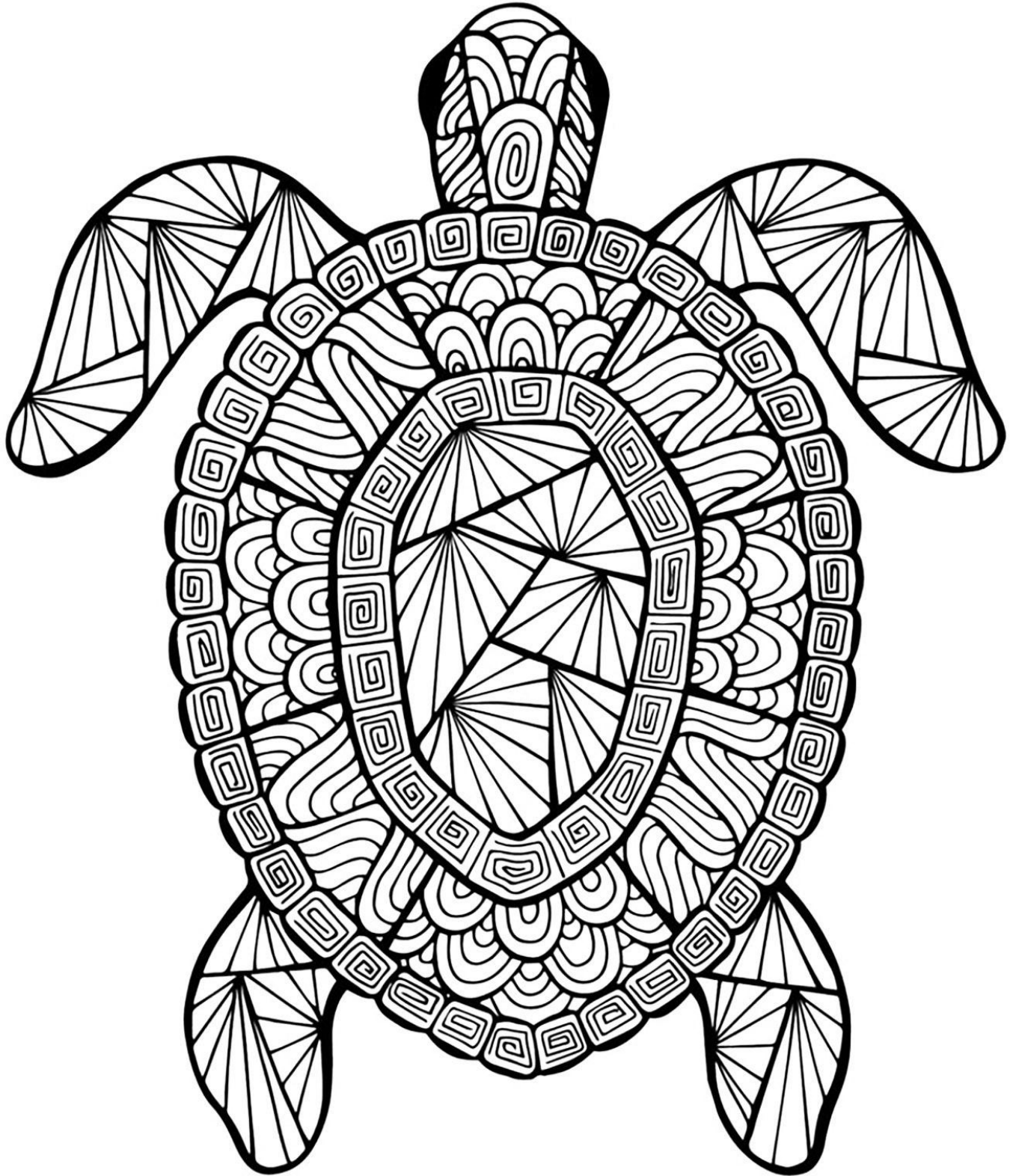
***Well-known
individuals with
bipolar disorder***

*Left to right: Demi
Lovato, Catherine
Zeta-Jones, Russell
Brand, Halsey*



*Left to right: Carrie
Fisher, Pete Wentz,
Matthew Good,
Margaret Trudeau*





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CONVERSATIONS WITH MY CRITIC

By Anna



Inside my head lives a girl with a permanently sour look on her face. I'm not sure if she's been eating vinegar soup all day or hasn't slept well in a month. Maybe she's just a jerk. Whatever the reason, this girl's favourite thing – indeed, her *raison d'être* – is to criticize my every thought, action, feeling, and dream. I can't remember when I first heard her sneaking whisper. Maybe she moved in when I couldn't wrap my head around grade nine algebra. Or it might have been that time I let my friend down. Some days it seems like the Sour Girl has been with me forever, waiting in the wings to tell me how stupid I am, how lazy, how unforgivable. And as she builds her fortress of doubt, she traps me there with her.

What is the inner critic?

We all have a voice inside our heads that tells us how to behave and who to be. Psychological science explains that this voice, the “inner critic”, is our internalization of the instructions and judgements adults gave us when we were young.¹ The inner critic can also be a reflection of negative attitudes our parents had about themselves.² Strange as it may sound, the inner critic actually has a super important job. Its

¹ Stone, H., & Stone, S. (1994). Origins of the inner critic. Retrieved from http://delos-inc.com/articles/The_Inner_Critic.htm; Downing, S. (2017) *On course: Strategies for creating success in college and in life*. 3rd Edition. Cengage Learning Solutions, Boston, MA.

² Firestone, R. As cited on Psychalive.org. (2016). The critical inner voice. Retrieved from <https://www.psychalive.org/critical-inner-voice/>

key role is to protect us from shame and social rejection.³ The critic reminds us of the values and behaviours that will help us succeed in the world.⁴ For example, the critic helps us to not eat a whole cake before anyone else gets a slice or reminds us to wait our turn to speak instead of just shouting out an answer.

A major problem with the critic however, is that it doesn't know when to stop talking. The critic doesn't understand how to encourage us or offer helpful hints; it can only warn us of danger, even dangers that don't exist. Instead of telling us "make sure everyone gets some cake" the critic might whisper: "don't you dare eat any cake, you're fat enough already." When our critical voice gets too loud, we can start feeling anxious, negative, and defeated.⁵

Talking back

For a long time I believed that my feelings of self-doubt and anxiety were just the truth. I felt badly because I *was* bad. Lucky for me, an awesome psychologist taught me about the inner critic and gave me some tools to help me start separating the Sour Girl's lies from what I really believe about myself.

I wanted to share some of my experiences of talking to my critic in case it helps someone else with their own inner jerk. I want you to know that I am not a mental health professional and am not recommending the use of any particular therapeutic technique. Please speak with a mental health therapist or a doctor for information about specific interventions.

Critic Tracking⁶

My inner critic twists herself around my thoughts and hides her bitter words inside my feelings. She makes me feel hopeless and assures me that nothing will ever change. My therapist invited me to write down all the mean things the Sour Girl says to me in a day. Every time I hear that aggressive, sarcastic voice telling me I'm not good enough, I am supposed to write out her words and think about what I could tell myself instead that comes from a place of self-compassion and kindness.

Sour Girl says:

Don't even try to write this article about me, you are way too lazy to get started and everyone will know how worthless you are if you do it.

What I would like to say instead:

I can only try my best with this article. Hopefully people won't think less of me if they know about my self-doubt. I wouldn't judge anyone else for feeling this way.

Sometimes it is difficult for me to hear the Sour Girl. All of a sudden I feel anxious or upset and I think that the feeling is just a response to my general terribleness. The flow from critic statement to feeling to negative belief about myself all happens so fast that it feels like truth. But the more I practice tracking the Sour Girl's words, the more I understand how my feelings are actually a natural reaction to someone being a mean jerk to me, even if that mean jerk is technically, well, me.

³ Stone, H., & Stone, S., 1994.

⁴ Stone, H., & Stone, S., 1994.

⁵ Eddins, R. (2016). Working with Your Inner Critic. *Psych Central*. Retrieved on July 21, 2017, from <https://psychcentral.com/lib/working-with-your-inner-critic/>

⁶ For more on this exercise see Firestone, L./ (2013). 4 ways to overcome your inner critic. Retrieved from <https://www.psychologytoday.com/blog/compassion-matters/201305/4-ways-overcome-your-inner-critic>

The Two Chairs

After I'd practiced tracking my Sour Girl statements for a while, my therapist invited me to have a live conversation with my critic in the "Two-Chair exercise."⁷ To be honest, at first it felt pretty weird. I was supposed to sit in one chair and be my critic, hurling insults at me and saying the usual mean Sour Girl garbage. Then I went back to the first chair to talk back to the critic as myself; speaking to her as though she lives outside of my head. I told the Sour Girl that her tone is mean and hurtful, and that telling me I will fail at everything is not actually motivational, just scary. I went back and forth from chair to chair, the critic coming out with the usual angry nonsense and me trying to defend myself against her cruel words. Though it started out awkward – performing a one woman fight scene in my therapist's office – as I continued, I started to hear the critic's voice unfurling from mine and the distance stretching out between us.

As my therapist pointed out, the Sour Girl is not particularly smart. She doesn't know how to craft an argument; she doesn't have any references in APA style to back up what she says. She figures if she screams insults loud and long enough, she'll win the argument. And sometimes she does. But not every time. The more I identify her words, the more I notice my automatic critic thoughts, the easier it becomes for me to find my own voice again and choose how I am going to coach myself through the day. I find a lot more success hearing "you can do this Annie! Try your best" than with "don't bother, you huge failure!"

And now for something completely different⁸

The Sour Girl will never be entirely gone. She pops up from time to time to insist that I will *never* do anything worthwhile or that *everyone* thinks I'm a loser. But I am working on not listening. These days, when the Sour Girl drops by to remind me that I suck, I picture a giant Monty Python foot squishing her flat or I stick her in the back of a cold musty cave where she can hiss at herself for a while. She may never completely get out of my head, but I get to choose whether I believe her or not.

⁷ Greenberg, L.S. (n.d.). Common language for psychotherapy procedures: Two-chair technique. Retrieved from http://www.commonlanguagepsychotherapy.org/fileadmin/user_upload/Accepted_procedures/twochair.pdf

⁸ Monty Python, 1971. See https://en.wikipedia.org/wiki/And_Now_for_Something_Completely_Different

DISORDERED EATING & DIETARY RESTRICTIONS

Shared Perspectives

With contributions by Chelsea and Noella

Disordered eating is characterized by a pattern of unhealthy eating habits. The biggest difference between an eating disorder and disordered eating “is the level of severity”.¹

Constantly thinking about a food allergy can be difficult, especially when you are trying to keep up with your friend, travel, or learn how to cook. Having an additional thought to consider before eating can be tiresome, not to mention the energy used worrying about the threats of cross contamination, accidental ingestion, and worst of all: anaphylaxis. For example, when I attended the CASA Carnival 2017, at a table of approximately ten people, I was the only one required to eat a vegan dish, as a result of my egg allergy. Egg is found in ingredients such as aioli (a mixture of garlic, mayonnaise, salt, and olive oil), “breaded and fried foods, salad dressings (caesar), cream pie fillings, crepes and waffles, mayonnaise, meringue and frostings, pastas, hollandaise and tartar sauce, soups,”² used in fine culinary settings. At the CASA Carnival 2017, the menu listed: fried frog legs, bread pudding, and other elements; most of which were laced with ingredients dangerous for me to ingest. I ate a meal that



contained a large amount of hummus, and watched as the other guests at my table enjoyed a warm meal that was not only nourishing them, but also amusing them and sending their palates on an adventure. I unfortunately did not get to have the same transcendent experience, and felt as though my meal was prepared as an afterthought. For dessert, I was served a very difficult to eat serving of three very frozen scoops of sorbet, served in a cocktail glass, that actually broke due to the coolness of its contents. This story resonates with most food allergy sufferers. A study conducted in Australia showed that “at fourteen years old, approximately one-third of the teens with food allergies self-reported depression or other behavioural problems”.³

¹ Eating Disorders Victoria. April 18, 2017. Eating Disorders: Disordered eating & Dieting. Retrieved from <https://www.eatingdisorders.org.au/eating-disorders/disordered-eating-a-dieting>

² WebMD. February, 2016. Tips to manage your egg allergy. Retrieved from <http://www.webmd.com/allergies/egg-allergy#1>

³ Allergic Living. January 21, 2016. Teenagers with food allergies face higher rates of depression, anxiety, study finds. Retrieved from <https://allergicliving.com/2016/01/21/teenagers-with-food-allergies-face-higher-rates-of-depression-anxiety-study-finds/>

Disordered Eating: Avoidant/Restrictive Food Intake Disorder (ARFID)

As told by Chelsea

In my early childhood, I don't remember having any official food allergies. I recall being a picky eater, with a near constant bellyache and tons of behavioural issues. I was always at the pediatrician. I was actually only diagnosed with my first food allergy when I was in the 6th grade. I was referred to an allergy and asthma specialist after I had an adverse reaction while eating a kiwi at school. The visit with the allergy specialist required a lot of tests, and resulted in a very long list of allergies; allergies that I had been living with, unknowingly. That incident with the kiwi, and the results of my allergy testing, initiated the fearful relationship I developed with food over the next few years. Eventually, I ended up in a place where I was so fearful of cross contamination that I was only able to eat food that I had prepared myself. I was not able to eat food that was processed, packaged, or even prepared by a family member. I was certainly unable to eat food that was served to me in a restaurant without having a panic attack. My panic attacks were often triggered by the thought of going into anaphylaxis from a potential allergen. My actions and behaviour towards food very much outlined the symptoms of a condition called Avoidant/Restrictive Food Intake Disorder (ARFID). The symptoms of ARFID typically show up in infancy or childhood. For example, "a child may avoid foods with certain textures or colours, or [have] a traumatic experience involving food... [and] may result in a fear of eating".⁴ This pattern of eating behaviours "does not include experiences of body dissatisfaction or disturbances in the way body weight or shape are perceived";⁵ and is distinct from eating disorders such as anorexia and bulimia.

Shortly after high school graduation, as I entered university, my health began to deteriorate. I was struggling

to maintain a regular routine, avoid potential allergy triggers, and consume the required amount of daily nutrition. I was expending far more energy each day than I was taking in. I began to struggle with high ketone levels, largely due to my lack of knowledge about safe foods to eat, and a terrible fear of my allergies. Ketones are "produced by the liver... when glucose (an energy source) is not readily available".⁶ My situation was bad, but it began to improve after an incredibly moving presentation by the Chintan Project (www.chintanproject.com). The Chintan Project is a consulting firm that was developed by Amit Chintan Ramlall, the son of the doctor treating my allergies. I had read a poster mentioning a discussion about the truth about allergies, and my mother decided to register us to see the presentation. The presentation was facilitated by Dr. Ramlall, an expert in respirology, and allergies in adults and children. During this presentation, Dr. Ramlall gave voice to Amit's words, which only exist in the form of text and sign language. The presentation began by introducing Amit's incredibly moving story; his birth, his endurance of surgery shortly after birth only partially anesthetized, and the impact that he has made as he lives with autism. If you sign up for the email list on their website displayed above, you can read a very moving poem written by Amit about his life, and his incredible perspective. Dr. Ramlall touched on the idea of how diagnosis no matter what it is, can often cause us to limit ourselves beyond the capacity that we truly need to, especially when it comes to allergies. Dr. Ramlall talks about the importance of a diversified diet, and lifestyle when it comes to allergies.

It is important to have open conversations with your doctor about your allergies. Dr. Ramlall made me realize that the excessive worrying I did about my allergies was due to a lack of knowledge around the meshing between allergies and the human body. Recently, as a result of my increased knowledge, I have been able to eat food that has been prepared in advance, or by a restaurant, even though

⁴ n.d., Clinical Definitions. Retrieved from <http://medic.ca/node/806>

⁵ n.d., Clinical Definitions. Retrieved from <http://medic.ca/node/806>

⁶ Laffel, L. Nov 1999. Ketone bodies: a review of physiology, pathophysiology and application of monitoring to diabetes. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/10634967>

I am allergic to eggs and nuts. It is important that I consume food in similar food groups to my allergens, as it helps me maintain a diversified diet. I have been able to maintain a healthy body weight, and enjoy food in social situations despite how I once felt about the fear of going into anaphylaxis.

Dietary Restrictions: *Celiac Disease*

Told by Noella, written by Chelsea

The Canadian Celiac Association defines Celiac Disease as “an autoimmune disease” where gluten, which can be found in wheat and other products, is no longer recognized by the body’s immune system.⁷ When an individual with celiac disease consumes gluten, it can cause some serious damage to the “villi,” which line the stomach. It is important that individuals with celiac disease avoid gluten as “continued deterioration of the villi can have many serious effects, including malabsorption of important nutrients like protein, fat, carbohydrates, vitamins, and minerals, which are necessary for good health.”⁸

Noella was diagnosed with celiac disease at age seven. It was a difficult adjustment to say the least. She was particularly heartbroken by the unrelenting discovery of gluten hidden within some of her favourite snacks, such as Twizzlers. She has admitted to cheating, once or twice in the past, indulging with things like, Timbits, croissants, cookies, and bagels,” but, unfortunately she endured the relentless wrath of the imminent “gluten hangover,” experienced by those with living with celiac disease. The dreaded “gluten hangover,” can be identified by symptoms, like: “decreased appetite, stomachache and bloating, poor growth, and weight loss.”⁹ Below are some of the many ingredients that CONTAIN GLUTEN, provided by the Canadian Celiac Association. These ingredients should be avoided by individuals living with Celiac Disease: “barley,

beer, breadding, brewers yeast, couscous, croutons, kamut, malt, malt extract, malt flavouring, malt vinegar, rye bread, seitan, semolina, spelt, wheat flour, wheat germ.”¹⁰

It can often be hard to manage the mental burden of celiac disease. Noella describes many of the aspects that affect her mental health as a direct result of her diagnosis of celiac disease. First, she describes she has realized that people don’t always inherently feel empathy towards the physical pain that individuals diagnosed with celiac disease are at risk of enduring, or actually endure due to cross contamination, poor labeling, or as a result of momentary lapses in judgement and indulgence. The physical pain is substantial, but Noella softens the pain of her words by saying, “I am lucky that my celiac disease isn’t very severe, I know that it could be so much worse, and I am very happy that it isn’t” – a very heavy thought for a young adult’s mind that, at this age, should be happy and carefree. Another burden on the front of this high schooler’s mind, is the inflated cost of her gluten free foods. She speaks so consciously and with such awareness of the economic burden that differentiates her grocery items from that of her brother’s. We all know that regardless of her diagnosis, her requires adequate nutrition just like her brother. Many specialty gluten free foods (often labelled as GF), help ensure she obtains proper daily nutrition. In addition to the guilt that she experiences due to the cost of her food, Noella also has to endure a reduced amount of options when it comes to what she eats. Her freedom of choice when it comes to food is often limited to what is simply available. Limited choices, and the cost of those choices, often makes trying new gluten free foods an impossibility. Even at our monthly meetings, Noella receives the same individual gluten free pizza almost every time. She is also often provided with gluten free candy, but, these candies are often shared with other members, and depleted very quickly. The lack of choices often leaves Noella thinking that mealtime is mundane, as well as monotonous.

⁷ Celiac Disease Association, n.d., Canadian Celiac Association Edmonton Chapter. Retrieved from <http://www.celiacedmonton.ca/about-celiac-disease/>

⁸ Celiac Disease Association, n.d., Canadian Celiac Association Edmonton Chapter. Retrieved from <http://www.celiacedmonton.ca/about-celiac-disease/>

⁹ Fernando del Rosario, J. September 2015. Kids: Signs and Symptoms. Retrieved from <https://m.kidshealth.org/ChildrensMercy/en/kids/celiac.html?WT.ac=m-p-ra>

¹⁰ Canadian Celiac Association, n.d., Eating Gluten Free: Foods to Avoid. Retrieved from http://www.celiac.ca/b/?page_id=302

RESOURCES

Alberta Health Services Eating Disorder Services

<http://www.albertahealthservices.ca/info/service.aspx?id=1002115>

Canadian Celiac Association Edmonton Chapter

<http://www.celiacedmonton.ca>

780-485-2949

Eating Disorder Support Network of Alberta

<http://www.eatingdisordersupportnetworkofalberta.com>

Kids Help Phone

kidshelpphone.ca

1-800-668-6868

National Eating Disorder Information Centre (NEDIC)

<http://nedic.ca>

I was bullied relentlessly
Certain aspects of my body, you see.
So if you're asking me,
Am I ashamed of the hair that
blanketed my body
for protection
when my anxious self
ceased to eat
hoping to silence the fear?

If you are provoking me,
I am not ashamed of the biology
of the human body
I am not ashamed of the hair
passed on to me
that kept my ancestors
warm
in what was once, Prussia.

If you are really
genuinely wondering
I am truly saddened the most
by the notion that the qualities
that differentiate my body
from another
was used as ammunition
against me
successfully



Trigger warning: themes in this article include suicidal ideation and self-harm

Borderline Personality Disorder

By Mackenzie Roberts

@_mackenzieroberts

I've been wanting to write about Borderline Personality Disorder (BPD) for a while now. Mainly motivated by the frequent question from friends, family, and even strangers, "what is borderline personality disorder?" I find it so difficult to answer this question, because as anyone with knowledge pertaining to mental illness might know, BPD is often looked at as the "tricky" illness. This idea of being tricky is mostly due to the fact that BPD is often misdiagnosed or never diagnosed at all. Meaning that many people living with BPD may be unaware that they actually have it.

Borderline Personality Disorder is a mental illness identified by various factors of instability. Some factors include unstable relationships, emotions, behaviour, etc. BPD generally occurs alongside other mental illnesses such as depression, anxiety, eating disorders, substance abuse, self-harm, and suicidal ideation. Which was me at one point. I constantly asked myself what was wrong with me and why I lived life so much differently than those around me. I felt lost and confused. Why would I get so worked up and upset about something when literally everyone else just brushed it off and forgot about it? Why would I stay up all night, worrying about whether my teacher was mad at me because she didn't smile at me when I walked past her in the hallway that day? Why would I love and give so much to others, when it wasn't reciprocated? Why was I so impulsive, self-harming myself with the belief that it took all pain away? Why would I constantly sway back and forth between who I thought were my real friends? I had so many questions and yet, I didn't talk about them, I didn't ask them. I got to the extreme side of being unable to regulate my emotions. I told myself that dying would be so much better than anything life had to offer. When I was diagnosed with BPD, my psychiatrist explained the illness as the inability to manage or

regulate emotions. And let me tell you, not being able to regulate your emotions is so much more than crying while watching *The Notebook*. It is having uncontrollable outbursts of emotion, sometimes lasting seconds, sometimes lasting days. Personally, when I was diagnosed with BPD, I felt a rush of relief. It was as though my psychiatrist was describing myself, when explaining BPD symptoms. It felt so good to be able to put a name to what I was feeling, therefore furthering progress and movement towards my recovery.

Although it can be scary, knowing is so much better than not knowing. This is simply my experience with BPD and how it has effected my life so far. Before being diagnosed I had never heard of BPD and obviously I am not a professional here to diagnose anyone with Borderline Personality Disorder. On my Instagram account is another post I wrote regarding my experience in the hospital due to mental health reasons, where I mentioned that the first step to ending the stigma around mental illness is talking about it. This was also my goal for creating this article. We should be able to talk about our experiences with mental illness, whether it be about ourselves, someone we know, or something we learned, as easily as we would if we were to talk about our broken leg. You know? It's like there is some sworn secrecy around mental illness, making it bad to talk about and that is so wrong. We should all be able to talk about our mental health concerns and gain knowledge regarding what someone you know may be going through. I hope this touched at least one person and maybe provided knowledge towards something that you once never knew. Not only do I write this with the hope of helping someone, I write these for myself, as a record of how far I have come. **Mental illness is nothing to be ashamed of, I promise.**



Information on Borderline Personality Disorder sourced from:
National Institute of Mental Health. (2016). Borderline Personality Disorder. Retrieved May 25, 2017, from <https://www.nimh.nih.gov/health/topics/borderline-personality-disorder/index.shtml>



CASA Youth Council Social Media

As you can see here in the pages of *Unseen*, we share our voices in many different ways. Follow us on social media, where we post about our experiences and the mental health issues that matter to us.



CASAYouthCouncil



@CASACYC



casayouthcouncil



CASA Youth Council

Edmonton Addiction and Mental Health

Community Support Guide



Information and Support

Aboriginal Consulting Services Association
(780) 448-0378

Canadian Mental Health Association (Edmonton)
(780) 414-6300

Family Centre
(780) 424-5580

Health Link Alberta
(780) 408-5465

Mental Health Patient Advocate
(780) 422-1812

Me Without Measure Foundation
(780) 944-2864

Schizophrenia Society of Alberta (Edmonton)
(780) 452-4661

Seniors Association of Greater Edmonton (SAGE)
(780) 423-5510



Crisis Services

Adult Crisis Response Services
(780) 342-7777

Children's Mental Health Crisis Line & Response Team
(780) 427-4491

Family Justice Services
(780) 427 8343

Mental Health Helpline
1-877-303-2642

Support Network Distress Line
(780) 482-4357

For more Information:

Within Edmonton: 211
Outside Edmonton: (780) 428-4636
City of Edmonton: 311



Alcohol and Drug Treatment Resources

AHS Addiction Services
Adult Outpatient
(780) 427-2736

Adult Detox
(780) 427-4291

Alcoholics Anonymous
(780) 424-5900

Al-Non/Alateen (Information for Families)
(780) 433-1818

Opioid Dependency Clinic
(780) 422-1302

Poundmakers Lodge
(780) 458-1884

Youth Community Service (Outpatient)
(780) 422-7383

Youth Detox and Residential
(780) 644-1535

UNSEEN: CONTRIBUTORS

Cadence, CASA Youth Council Member, Age: 20

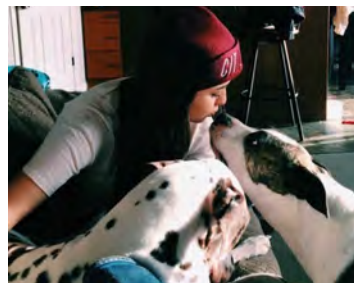


"Complete nerd. Adventure seeker. Curious about everything and anything"

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, CASA Youth Council Member, Age: 22



"Animal foster. PTSD fighter. Picture taker."

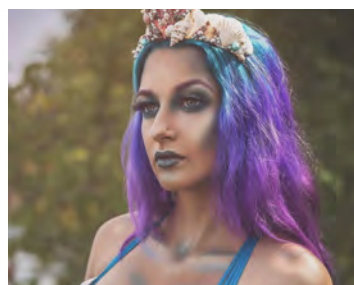
Discovered CASA after being diagnosed with Post Traumatic Stress Disorder after a lifelong pursuit to overcome depression.

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.

Harmony, CASA Youth Council Member, Age: 17



Objective: To let others struggling with mental health know that they're not alone and that there's tons of resources and ways to get help out there.

Hobbies: I love riding my horse, she's one of the way that I get through my mental illness.

James, CASA Youth Council Member

UNSEEN: CONTRIBUTORS

Jen, CASA Youth Council Member, Age: 18



"Political enthusiast. Social butterfly. Self-proclaimed chef."

Objective: To break down the stigma around mental health in our city and work towards engaging the public in improving services offered to those in need. I would like to use the youth council platform to reach out to our community through different events and projects in order to educate and provide plausible strategies to breaking down mental health stigma.

Mackenzie, Unseen contributor, Age: 20



"Respite worker. Basketball player. Positivity enthusiast. Football fanatic."

Objective: Residing in Calgary, I was introduced to CYC by council member, Ryan. Completely inspired by the amazing work of CASA, I wish to continue to tell my story while hopefully organizing something like the CYC in Calgary. I intend to encourage the idea of mental health being just as important as physical health. We luckily have so many wonderful resources at hand for dealing with our mental health, by simply talking

about it and spreading awareness, we will make an immense difference in the lives of those suffering alone. I want everyone to know that mental illness is nothing to be ashamed of.

Maddy, CASA Youth Council Member, Age: 17

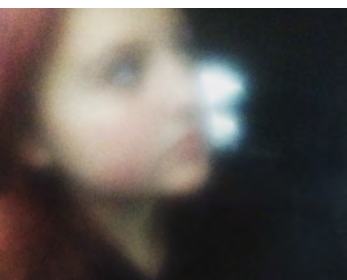


"Mental health advocate. Nerd. Aspiring psychologist."

Objective: Since I deal with my own mental illnesses, I would love help others going through the same type of journey to recovery. I was introduced to CASA almost a year ago and it's helped me find myself and find that passion to help others deep inside of me.

Hobbies: Singing, dancing, wasting my money on steam cards, horseback riding, writing poetry, and painting.

Maya, CASA Youth Council Member, 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

Morgan, CASA Youth Council Member

"Violist. Poetry lover. Hopeful pessimist."

Objective: To end the stigma on mental illness and to pave the path toward sustainable mental health support for all ages. I believe it's important for our community to receive education on what mental illness is, and for us to understand how we can support friends, family, and others in the community with mental health challenges.

Hobbies: Practicing various instruments, slam poetry.

Noella, CASA Youth Council Member, Age: 15



Rachel, CASA Youth Council Member, Age: 18



"Neuroscience nerd. Coffee fiend. Mental health humanitarian."

Objective: To destroy the stigmatization and ignorance surrounding mental illness and reform public health care and school systems to properly accommodate and support those suffering. As well as to provide the public with accurate education to create an atmosphere of understanding.

Hobbies: When I'm not studying for school (rarely), I enjoy reading books on psychology/neuroscience and philosophy, tutoring, and playing soccer.

Ryan, CASA Youth Council Member, Age: 22



"Animal lover. Aspiring youth psychologist"

Objective: To work with the CASA Youth Council to end the negative stigma around mental health. By sharing my story, my goal is to show struggling youth that they are not alone in this battle and that it will get better.

Hobbies: Learning to cook, volunteering, baking, fashion, makeup, & loving my dog Chloe!

UNSEEN: CONTRIBUTORS

Sarah, CASA Youth Council Member, Age: 22



"Lover of all things advocacy and elephants. PHD in all things food and bubble tea. Awkward dad-jokes."

Objective: To create effective strategies to curb the stigma of mental health in our community through engagement, advocacy and education. I hope to increase our community's understanding of mental health at all ages, gender and race levels. And ultimately diminish the apathy towards mental health.

Hobbies: Advocacy, volunteering, adventures in the open nature, escape rooms, reading funny Donald Trump fails, trying out crazy new things.

Thomas, CASA Youth Council Member

Tiana, CASA Youth Council Member, Age: 21



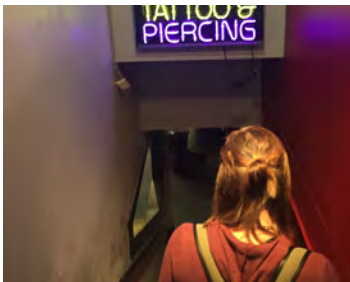
"Queen Mother of Hedgehogs. Serious about mental health. Psychology student."

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.

Victoria, CASA Youth Council Member, Age: 17



"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!

UNSEEN: CONTRIBUTORS

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 youth advocates in promoting awareness, cultivating empathy, and fostering meaningful conversations about mental health within the Edmonton community. To combine education and personal experiences as tools for stigma reduction and meaningful change in the mental health systems.

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

THANK YOU!



CLARK BUILDERS

To our generous sponsors at Clark Builders, thank you so much for making this issue of *Unseen* possible. Your support helps us in building a platform for youth advocacy!



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