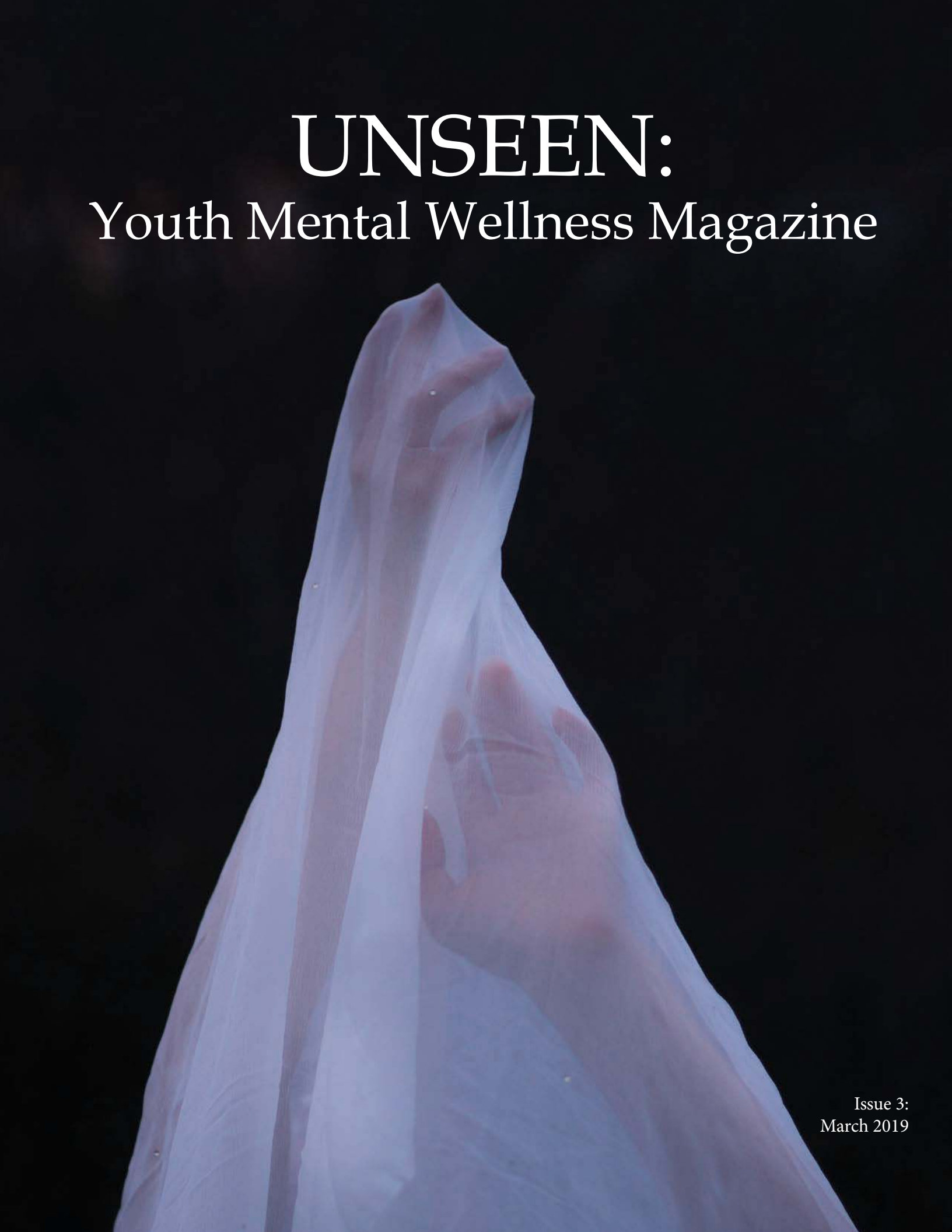
UNSEEN:
Youth Mental Wellness Magazine



Issue 3:
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Trigger Warning

Thank you so much for picking up our third 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. When we put our magazine together, we think a lot about risk. It is really important for us to be able to share our experiences in a way that tell our truths without making us or our readers feel unsafe. We hope that by talking about difficult topics like assault, 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 mental health support.

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

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.

TABLE OF CONTENTS

LETTER FROM THE EDITORS

It has been a long and much anticipated wait, but we cannot be more delighted to share our third edition of Unseen!

Thank you to our valued readers who've been here since the beginning, and the curious strangers to whom we may be your random waiting-room reading selection. We have so much to share with you all.

Unseen is 100% crafted by local community advocates itching to spread their voices on mental health reform. Within these pages you will find articles spanning from personal stories to scientific insights into mental illnesses. Our photos and art are (mostly ;)) from our members, created in and about Edmonton. This magazine provides a diversity of voices, illustrated by a diversity of formats, to cater to the diversity of mental health problems and individual experiences.

Wherever you are—a bookstore, public school, a doctor's office; whoever you are—somebody who is suffering, a loved one, or somebody reading for interest; and whatever you are going through, we share the same message:

You are not alone. Together we will make a difference.

We hope these pages provide some wisdom, some chicken-soup, and a real understanding of mental illness from those in the community who have faced it.

Sincerely,

The CASA Youth Council

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

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

Self-care

BY VICTORIA F.

SELF-CARE ON GOOD DAYS

When things are okay, and you need some self-love

- Read your favourite book or watch your favourite movies
- Take a long bath (use bath bombs, bubbles, or essential oils to amp it up!)
- Spend time with your loved ones (or don't if you need to take a day for yourself! Just remember not to isolate yourself)
- Cook your favourite food, or try a new recipe
- Go for a walk or drive (get out of the house for a little while)
- Exercise (release some endorphins!)
- Find a new hobby, or spend time doing one you already love (painting, knitting, hiking, baking…)
- Go to bed early (most teenagers and young adults need approximately 9-9.5 hours of sleep every night)
- Let your friends or family know they're loved (especially if they're having a rough day. Plus a reminder always feels good)
- Get off your phone, or take a small break from social media (take a break from keeping up with technology, even 5-10 minutes of getting off your phone can help your brain to unwind)
- Put on your favourite lotion (bonus if it smells good!)
- Take 5 minutes to be mindful of your surroundings (being mindful everyday can help, check out www.mindful.org !)
- Try and do something you love, every day (watching a show on Netflix, listening to music, playing an instrument, playing video games)

SELF-CARE ON BAD DAYS

When things feel rough, and you need to take it easy

- Shower or do hygiene care (this one can be taxing, but hygiene is an important part of a daily routine)
- Change your clothes (if you've been in the same clothes for more than a day, change into new ones. Even if it's from old pyjamas into a new pair of pyjamas)
- Eat, even if it's only something small (crackers, fruit, yogurt, popcorn. Anything that will give your body energy)
- Drink water (an average 8 cups a day is recommended)
- Take any medications you might have (set a daily alarm on your phone if you tend to forget on bad days)
- Reach out to friends or family to avoid isolation (even a simple "Hey" is a good start. If your friends and family hear from you, they may be able to talk with you and help out)
- Stretch (even if it's only for a few minutes. Use this tip if you've been in bed all day)
- Get some fresh air (you don't need to spend hours outside, but give your lungs the courtesy of getting out of the house)
- Draw, doodle, colour, or try any other distracting, hands-on activity (this can also be a mindfulness exercise)
- Turn on the lights, and open curtains (staying in the dark can make it more tempting to not get up and do anything at all. Turning on lights can help with feeling awake and alert)
- Call a hotline, if you feel the need (if you feel unsafe, or have no one else to talk to, hotlines are available 24/7)
    - Kids Help Phone: **1-800-668-6868**
    - Children's Mental Health Crisis Line: **780-427-4491**
    - Edmonton Adult Mobile Mental Health Crisis Response Team: **780-342-7777**
- Let yourself cry, or feel any emotion that comes up (repressing or holding in your feelings can be emotionally and physically draining. Let yourself express those feelings in a safe environment)

DISCLAIMER: All of the self-care methods provided are based on what I have found works for myself, or others tell me work for them. These suggestions are not to fix any existing mental health concerns. Effectiveness may vary from person to person. Please talk to a trusted health care provider if you need more formal help with your mental wellbeing.

PHOTO

Madeleine L.

Ending Stigma:

It's Okay Not To Be Okay

BY KRISTINE R.

My name is Kristine. When I was 22, my life was strongly impacted when I was told that I had bipolar disorder. One thing I've learned since my diagnosis is that the words we use to talk about mental health have a powerful influence on the stigma surrounding mental illness.

Hearing someone say, "she's bipolar" feels like a weight pressing down on my shoulders. "Being bipolar" is a strong label to carry around, and it makes me feel like I am being told that I am a lesser person. Having to change the way my daily life is lived because of a diagnosis is enough of a challenge without feeling like others believe that I'll never accomplish much.

I'm very careful to say that I *have* bipolar disorder, and not that I am bipolar; there is a distinct difference between having and being. It's not someone's fault that they struggle with their mental health. No one chooses to have a mental illness.

It's important to separate the person from the illness because no one should be defined by one facet of themselves. Everyone consists of many traits and interests, and I think of myself as a student, a friend, a movie lover, or a dancer, before thinking of myself as someone who has bipolar disorder.

One of my favourite things to do is to tell someone that I have bipolar disorder. I like to see their face light up with confusion as they say, "really? You? I never would have guessed." I take this as an accomplishment; I'm defeating the stigma of someone with bipolar disorder, and hope that it affects how they view those with mental illness in the future.

I enjoy casually talking about mental health, as if I were talking about having a cold, or getting a coffee. Every time I mention my mental health struggles, at least one person shares that they have them too, or that they have a loved one who struggles as well.

I think that talking about mental health issues is beneficial in making mental illness seem less scary, and helps to normalize the idea that it is okay to not be okay. I believe that the stigma surrounding mental health could be reduced if more people looked at it this way. ■

Every time I mention my mental health struggles, at least one person shares that they have them too.

ILLUSTRATION: Joshua H.

SOMEDAY

ANONYMOUS

Someday, my child will be optimistic
Someday, my child will only know love
Someday, my child will smile with grace
Someday, my child will not be traumatized
Someday, my child will grow wholeheartedly
Someday, my child will plant seeds of courage
Someday, my child will not be accustomed to racism
Someday, my child will be regarded as a human being
Someday, my child will not breathe in messages of hatred
Someday, my child will be educated with care and warmth
Someday, my child will have her basic wants and needs met
Someday, my child will not cry tears of abuse and exploitation
Someday, my child will find pleasure in her nation's knowledge
Someday, my child will paint the sky with her adventurous passion
Someday, my child will learn to fight with peace rather than violence
Someday, my child will look up to her grandfather and smile with pride
Someday, my child will live in a country where she is valued and welcomed
Someday, my child will be free to run in a field of flowers that bloom kindness
Someday, my child will be able to find people who appreciate her uniqueness
Someday, my child will be able to lead her life with purpose and hope, not fear
Someday, my child will hold my hand and beg for more stories of her ancestors
Someday, my child will have the ability to see beauty in the darkest of things and grow
Someday, my child will look up to see the stars and stare with eyes of innocent curiosity
Someday, my child will be the change she wants as she amends the flaws of her country
Someday, my child will be able to dress herself in clothing that displays her pride in her nation
Someday, my child will grow up in a community where love can be found in every unturned stone
Someday, my child will go to school where her peers will not deem their lives empty and insignificant
Someday, my child will ask for an explanation on why her grandmother's scars illuminate injustice.
Someday, I will answer.

This poem is based on my understanding of a conversation I had with an Indigenous individual whom I met at a program in Ottawa. She was an amazing role model and the conversation I had with her will always remain with me. It gave me an insight into her daily life as an Indigenous individual, as well as what she and her family had to go through in terms of ignorance from society, discrimination, and hate. She gave me some insight into her friends' lives on the reserves, and how suicide and depression have affected the people she loves and the people she is surrounded by. Systemic discrimination was a term that kept coming up, and this poem reflects that discrimination and forms of assimilation are still a part of institutions and the specific geographical area. This poem does not explicitly acknowledge the forms of mental illness that frequently impact Indigenous individuals in Canada, but how intergenerational trauma plays a role in Indigenous communities.

This poem acknowledges my imagining of how an Indigenous mother could feel towards her child in the open world amongst the driving factors that promote negativity, instead of love and respect in a distinct community. This poem is based on my feelings and knowledge gained from my conversation with my friend. It is not meant to hurt or further marginalize anyone, but just to put my thoughts and emotions regarding my conversation out there in a form communication. ■

PHOTO

Ananya

My Tips for Better Sleep

BY MACKENZIE

As an introduction to myself, my name is Mackenzie Roberts. I am 21 years old and just last year I was hospitalized for mental health reasons. While in the hospital I was diagnosed with borderline personality disorder. Since my hospitalization, I have learned an immense amount about myself and mental health in general. Of course, I can only speak about my own personal experiences and what conclusions I have drawn from them. If you are someone like me, you have a love hate relationship with sleep. You love the idea of it and how wonderful it can be. But you hate the fact that you struggle so much with it. Sleep has definitely become an enemy of mine throughout life. I found myself pulling all-nighters in high school trying to study and complete homework. I would keep myself so utterly busy that I would physically only have a few hours throughout the day where I could get into bed and rest. I had such terrible sleep-hygiene; and even though I recognized how terrible it was, I couldn't find the energy in me to change anything about it.

PHOTO

Ananya

Thankfully, I have slowly, slowly, slowly curated a list of what I like to think of as my go to steps for setting myself up for a good night sleep. I want to preface this by acknowledging that yes, once I found a solid sleep medication that worked, my sleep improved immensely. However, I know that medication is not a necessity, nor a want for a lot of people. And I want to say that EVERYONE requires a good night's sleep, whether you have a mental illness, physical illness, or anything in between. Everyone needs time to recharge their brain and allow their body to restore itself.

When thinking about writing this article, it was super important to me to be able to express that if you are one of those people that have tried everything and have run out of options and even energy for trying to improve your sleep, I have been there!

I was losing even more sleep because I was so stressed about not sleeping. And let me tell you, when I was in the hospital and my psychiatrists explained sleep hygiene to me, I rolled my eyes and thought, "yeah I know I'm not supposed to go on my phone before bed." Trust me, I have been there, I have questioned these theories. But now that I have gotten out of that funk, it is super important for me to be able to share my tips and tricks towards setting yourself up for a great sleep. I once was that doubter and that lost girl who had run out of options. My hopes with providing this list, is that maybe one of these tips will work for you and kick start your journey to a healthy sleeping pattern.

Don't go on your phone before bed
How ironic that I am preaching this concept. But seriously, this makes such a difference. Your brain needs time away from the bright screen. I started to read before bed, I never ever read. Wasn't a reader. But let me tell you, reading before bed or laying in the dark makes me feel so much more calm and ready to sleep.

Create a bedtime routine.
Just like when you were in elementary school and you prepared your lunch and outfit for the next day, do that! I set aside half an hour or so each night, where I get everything ready for the morning. Going to bed knowing you are ready to take on the next day, relieves so much stress.

Practice some relaxing behaviours before bed.
Whether this is having a warm bubble bath, meditating, doing some yoga, drawing. It is so important to calm your heart rate and your brain before getting into bed. Nothing worse than getting into bed as a huge stress ball.

Lavender
I love to place lavender in my diffuser a few minutes before I am ready to get into bed. I open my bedroom door and feel as though I am walking into a spa. The scent of lavender provides the perfect essence of calm and relaxation throughout the bedroom

Have some breathing exercises in your back pocket *(not literally—or literally, pyjamas with pockets sound like the most wonderful thing)*
When I am struggling to sleep, I like to refer to different calm breathing exercises that I have learned. I learned many in the hospital, however you can research different exercises and try them out. Choose a few that really clear your mind and allow you to breathe and prepare your mind and body for sleep.

Exercise regularly. I know, the most dreaded tip to hear. But seriously, I started to exercise once a day and I won't look back. Whether it is a short 15 minute walk, an intense gym session, or a few swimming laps. Your body needs some type of physical exertion throughout the day; even if it sucks at the time, you will thank yourself later when you are tired and ready to sleep.

Pillow mist Pillow mist may just be one of the best things ever. A few sprays of eucalyptus mist on my pillow, paired with my lavender diffuser creates the best combination for completely transforming my room into a relaxation realm.

Do at least one thing a day that makes you happy.
Filling your days with the job you hate and nothing else can be exhausting. Go to bed thinking about that one thing that made your day fantastic.

Drink water The benefits of drinking water are immense and make such a difference. Sleep is not just a solo act. Taking care of your body as a whole impacts sleep. Nourish your body and treat it well, it's the only one you've got :)

Take your required medication. I sucked at taking medication at first. I would always forget, or take it at different times every day and that is not good. It is important to follow the instructions your doctor gives you regarding your medication, for sleep or not.

Don't be so hard on yourself.
You are probably thinking, "easy for you to say Mackenzie," but seriously, I know how frustrating it can be to not be able to sleep. And I am in no way saying that these tips are magic. I am saying, give yourself a break, and try some new things. Sleep is a journey and you must be easy on yourself. You will figure this out. ■

WARNING: this piece covers content related to sexual assault and may be triggering for some readers.

I Didn't Want Tea

BY TIANA W.

Very few people are aware of this part of my story. This broken branch on the tree of my life has been hidden and hushed for years. But today, I am going to let you in on my deep dark secret. I like tea, but on the night of July 16, 2014, I did not want tea.

You may be wondering, "what is she talking about? What does tea have to do with anything?" I'll tell you. In 2015, one of my psychology professors showed the class a YouTube video.[1] This video went into details about the nature of consent, in regards to tea. If someone asks for tea, you may give them tea. If someone asks for tea, and then falls asleep, do not try

1 https://www.youtube.com/watch?v=QDhKM8qWWBM

PHOTO: Kyra H.

to pour the tea down their throat. If someone does not want tea, do not try to pour the tea down their throat. Yes, you've probably put the pieces together by now: I was raped.

I was seventeen and had just graduated high school. I was excited to be going on my senior grad trip to Puerto Vallarta, Mexico. There were about 400 teenagers from all over Canada accompanying me at the resort. Only two of them were from my school. The weather was amazing, I got to zip line, I got to surf, there were themed parties on and off the resort all week, and I got to have my fill of all the coconut rum I could get my hands on. This was going to be a trip to remember! Now as I sit here and write, I wish with all my heart that I could forget it.

Black and white party, on the resort. I wore a white tank top tucked into a black skirt that came just above my knees. Nothing too scandalous, nothing too revealing. I danced, I drank, I mingled, I talked to the one friend I had from my school (who was also my roommate for the trip), and all was well. A few hours into the party, my roommate asked me for my key, as she had lost hers and needed to grab something from the room. I handed over the key and we parted ways for a few hours. After a few too many drinks, I began to get tired, so I went back to the locked room, and knocked. There was no answer and no signs of movement from within, so I went back to the party to find her. I talked to a few people, asking if anyone had seen her. One of the boys I talked to offered to help me find her, and so we walked around the resort together. After a while, he suggested we take a break. He said he had a guitar in his room and would play some songs for me to pass the time. Being the young, naïve (and heavily intoxicated) girl I was, I agreed to hear a few songs before resuming the search. Big mistake. The door opened, I stumbled in, and the door closed. I will spare the details of the following events, both for your sake and mine. All I will say, is that I did not want tea, and still I was made to drink it.

The last few days of the trip were bearable, but I wanted to go home. I had no idea what to do. I was in a foreign country, what would they do if I did report it? There were 400+ people in the resort, and all I knew was his name and that he was from Revelstoke. I blamed myself for getting too drunk and being stupid enough to go to his room. I thought it was my fault that this happened to me, so I stayed quiet and waited for the trip to conclude. Once home, I did my best to repress the memory of the event and move on with my life. For the most part, it seemed to work, but every once in a while, it would sneak up on me. People who shared his name would make my heart pound in my chest. Anything having to do with his town would make my palms sweat and bring up a welling anger from deep within. I worked at liquor stores my first few years of college, and found that I was unable to stock or even walk by the "Revelstoke Whisky" without being triggered. I was mad at him, but I was madder at myself for 'allowing' it to happen to me.

It wasn't until the tea video that I realized it was not my fault. I said no. I tried to stop it as much as a small drunk girl could. I did not want tea, and it was poured down my throat while I was partially unconscious. It wasn't my fault, it was his. Maybe I shouldn't have drank so much, maybe I shouldn't have gone to his room, maybe I should have just asked the front desk for another key, but maybe he shouldn't have raped me. Maybe he should have respected my 'no', maybe he should have left my unresponsive body alone, maybe he should have been a decent person and not have touched me without my consent.

Four years later, this trauma still affects me. The first weekend of July, 2018, my family and I drove from Red Deer, AB to Vancouver, BC to visit my brother. Along our road trip, we had to pass through Revelstoke. I knew I had to face this town, and I spent hours preparing for it. I thought I was ready for it, but the second I drove past the sign, I came undone. My hands gripped the steering wheel so tight my knuckles turned white, my heart pounded, my breathe was shallow and quick, and as soon as I pulled over I cried. Hard. Then I realized (with help from my boyfriend) that I shouldn't let the actions of one person ruin an entire beautiful town. I'm never going to see him again, he can never hurt me again, so why was I so upset about a town that did nothing to me. I focused on the mountains, the trees, the air, and tried to replace the negative association with new positive memories. I'd always heard such amazing things about Revelstoke, but never wanted to go there because of something one resident did.

Obviously, there will still be days where I won't be okay, this kind of thing may never fully go away. But I am doing better; I'm not angry at a town, or a whiskey. I will go back to Revelstoke in the future, and I will try not to let one horrible person ruin any more things for me. I am strong. ■

Opinion Piece:

How Animals Can Support Good Mental Health

BY THOMAS

For several years now, my family has been advocating for two types of animal support in mental health treatment: the inclusion of animal rooms at mental health clinics, and service dogs for children and youth with Post Traumatic Stress Disorder (PTSD). Our advocacy comes from firsthand experience with chronic mental health difficulties.

Animal Rooms

First, we would like to see animal rooms located in places that provide child and youth mental health services. In some mental health clinics, music therapy, art therapy, cooking rooms and Snoezelen rooms are provided as supports to help healing. We believe an animal room would add to these already existing supports. Mental health is complex, and we are all different as individuals. This means what works for one does not always work for others. Some of us are drawn to music as an expression of feeling, others to art or writing. Others, especially children and youth, are drawn to animals because we may feel we can 'connect' with them better than people. Animals are non-judgemental, have time to listen, and some – like dogs – give us safety in their unconditional positive regard. Many of us with mental health issues badly need this.

In my view, the ideal animal room would have different types of support animals, and could be staffed by youth volunteers or by staff who have experienced mental illness. We know there are allergies to consider, but if any extra place of healing can be added to youth mental health services, we absolutely need to do it.

PTSD Service Dogs for Children and Youth

My family has also been advocating for another 'tool in the box' to help children and youth with Post Traumatic Stress Disorder (PTSD). We would like those impacted by this mental illness to have access to service dogs. Currently, PTSD service dogs are increasingly being provided to Veterans and First Responders. Why not to children and youth with the same difficulty?

As a CASA Youth Council member, I have shared this idea with the Youth Council and I would like to share how far my family has gotten, and what we have learned with the readers of *Unseen*.

People with PTSD come from a wide range of trauma experiences; from those who have had a traumatic event such as a car crash or sexual assault, to those who have had continuous major traumas over a long time such as: children who have been abused, soldiers, or emergency workers. PTSD is likely present if a

PHOTO: Kiara J.

situation has involved fear, horror, helplessness and believed threat to life.[1] The severity of the trauma and its effect on the person, are determining factors as to whether a service dog can help. Of course, not all people like animals. But like all Service Dogs, PTSD service dogs are trained to support individuals so they can do everyday tasks that they currently cannot do, or would have difficulty doing, by themselves.[2]

The mental health difficulties surrounding PTSD are gradually becoming more recognized and talked about in the media. Veterans had the courage to start the conversation, and I do mean *courage*. None of us with mental health difficulties want others to think we are stupid or weak, and we may be afraid or embarrassed in case they do. In my opinion, people so often have the belief that if something traumatic has happened and is in the past – then that was

1 Mental Health Commission of Canada. 2011. Mental First Aid Canada.

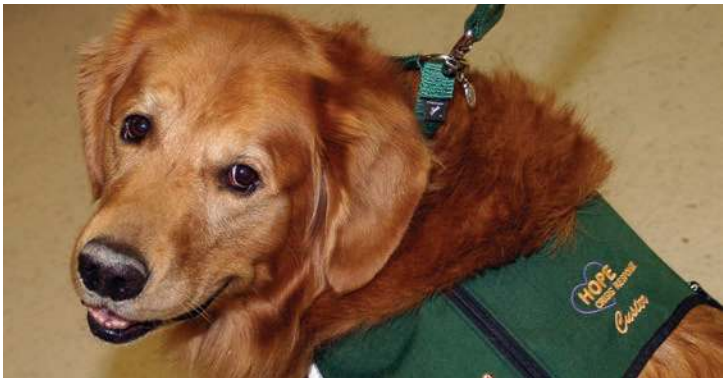
2 Government of Alberta, Human Services. 2017. Frequently Asked Questions, Service Dogs. http://www.humanservices.alberta.ca/disability-services/servicedogs-faq.html

then, and this is now, so the person should 'get over it', and/or 'strong people' can just 'push through'. I have also found that when a person feels safe themselves, they often cannot understand why another is not feeling the same. These reactions can mean those with PTSD start to hide, and in some cases, want to just stay at home. In other words, they just become 'unable to do things others just do'. A cycle of depression and frustration may then emerge as the person becomes angry at themselves for being this way.

A service dog can give some social legitimization, i.e.: the person with the dog is seen as having a legitimate difficulty. Incredibly dogs – with their quiet, unconditional positive regard, loyalty and obedience – are able to help people with PTSD by:

1. Supporting them to feel less hyper vigilant to danger and afraid when they are in public spaces.[3]
2. Recognizing if a person is having a flashback to a trauma and helping reorient them by providing "reality affirmation with persistent nudges and calm disposition."[4]
3. Standing by their owner when they are feeling anger, depression, or anxiety from the trauma, and helping them feel control lived experience.
4. Providing non-judgemental emotional support.[5] This brings trust back into the life that has been traumatized.
5. Offering reassuring physical contact for abused kids who may be wary of adults but need safe physical contact like a hug or security to sleep.
6. Sensing when fear or anxiety are present or rising, and moving in to comfort. As mental health is all on the inside, fear and anxiety cannot be seen by others. Often this results in fight or flight responses by a person with PTSD before others are aware that they need help.

In sum, the presence of a dog gives *safety*. Dogs are patient and undemanding; life is not. They therefore make the perfect mental health support. ■



3 National Service Dogs. 2012. Certified Service Dogs for PTSD. http//www.nsd.on.ca/programs/skilled-companion-dogs-for-veterans/

4 National Service Dogs. 2012. Certified Service Dogs for PTSD. http//www.nsd.on.ca/programs/skilled-companion-dogs-for-veterans/

5 Mental Health Foundation of Nova Scotia. n.d. How do Service Dogs Help. http//www.mentalhealthns.ca/ptsd-service-dogs/

OUR JOURNEY [SO FAR]
ADVOCATING FOR PTSD SERVICE DOGS FOR YOUTH

Step 1

First, two years ago, we found out that Assistance Dogs International (ADI) was starting to recognize the effectiveness of service dogs in supporting individuals with PTSD. But these were for adults only, there were no training schools in Alberta and Alberta did not licence such dogs anyway (licensing is required so a service dog can have access to public spaces). We found too, that the other provinces that did have schools that would look at training dogs for children or youth, did not provide their dogs for free.

We contacted some of the ADI schools in Alberta and BC to see if they would be interested in looking at PTSD dogs for children if we could get them licensed, but they were already overwhelmed by demand for service dogs for other special needs.

So we contacted our MLA, Colin Paquette. With his wonderful help, in April last year (2017) the Alberta Legislature passed new regulations to license more service dogs. Now, a dog can be trained either privately or at a training school, and if it then goes to an accredited ADI school and passes the requirements, it can be licensed. This includes PTSD as a support category and includes a provision for children and youth.

Step 2

Next, we looked around for a school or private trainer willing to train the new category of a PTSD Service Dog for a youth. Unfortunately, two schools that train for adults did not want to expand to include youth. A third school that would was already closing its waiting list due to the high demand for dogs to support the other established categories. This meant we would have to go the private route.

We decided that going to a private trainer might be beneficial since we could make a list of the specific needs that a child or youth with PTSD might have from our lived experience. But then there was financial cost to consider. We approached some local charities that give funding for supporting children and youth, but none were interested. We then approached some researchers to see if the training of a PTSD Service Dog for a youth could be part of a research project in mental health. Again, no one was able to take on the project at this time.

So, this is where we are in our journey to bring PTSD service dogs to children and youth in Alberta. We will keep working on moving our project forward and have now had the idea of approaching some government departments. As awareness and knowledge of chronic mental health difficulties increases, we want to get PTSD service dogs available at no cost for all who we feel so desperately need them. This includes the children and youth!

Madness – an Open Letter

ANONYMOUS

What happens when better than it was is still bad?

Someone very close to me had a psychotic episode last year that lasted four months. It was one month of confusion and three months of pain, suffering, and struggle to get him into treatment. Psychosis and schizophrenia spectrum disorder symptomatology is documented in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). This disorder can include positive symptoms (addition of behaviours that were not previously present), negative symptoms (absence of behaviour that should be present), and cognitive symptoms (alterations to general functioning). Typically, schizophrenia is associated with positive symptoms, such as hallucinations and delusions, but the negative and cognitive symptoms can be just as debilitating. Negative symptoms can include: apathy (lack of interest), catatonia (abnormal movement and behaviour), social withdrawal, and anhedonia (lack of pleasure). Symptoms of cognitive dysfunction can include: disorganized thoughts, speech, memory problems, and having difficulty completing simple tasks.[1] The DSM-5 contains a more extensive list of symptoms, but what the DSM-5 doesn't document is the amount of physical and emotional distress and suffering that coincides with this illness.

I don't think anyone can really understand the gravity of a psychotic episode unless they've either experienced one, or watched one unfold. Even then, it is very difficult to make sense of the experiences and attach words to them. Everyone's experiences are different, everyone's fallout is different, and everyone's damage is different.

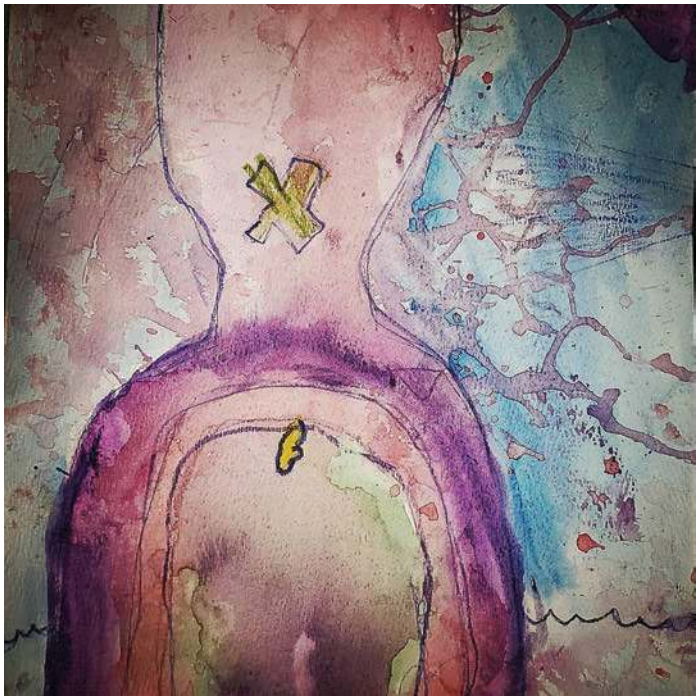
Research into all mental illnesses is important, but schizophrenia and psychosis research has a particularly dark history. From the initial treatment of mental illnesses in asylums, to the use of behavioural therapy[2], the history of treatment has been largely dehumanizing and without the patients' long-term interests in mind. Behaviourism attempted to help by reinforcing "normal" behaviours without tackling the root of the problems.[3] We went from painting over behavioural differences to the prefrontal lobotomy.[4] Now we have antipsychotic medications that can alleviate symptoms, but these can be accompanied by a myriad of devastating side effects.[5] Where knowledge about anatomy and pathology have been lacking, we have filled in the holes with, what some people may feel are, intolerance and Band-Aid solutions. We think that if we push these people to the back of the room and close our eyes, maybe their problems aren't as devastating as they really are, or maybe they don't exist.

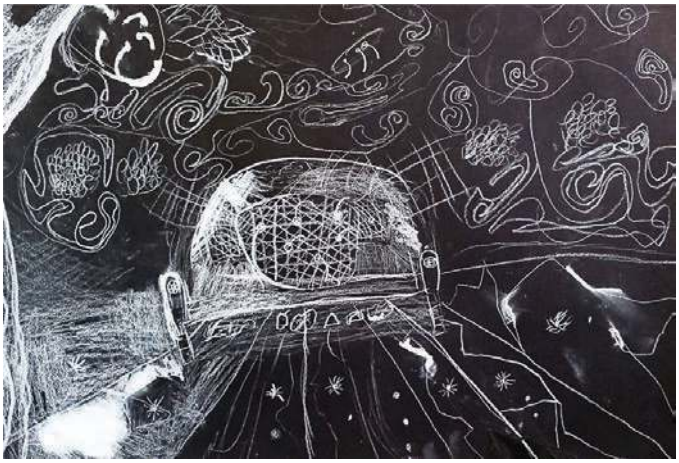
Although many of the aforementioned treatments have improved, we still have yet to find a medical solution that targets the symptoms of schizophrenia without gross physical side effects, such as weight gain, diabetes, tardive dyskinesia (stiff, uncontrollable movements), tremors, muscle rigidity, sedation, sexual dysfunction, menstrual dysfunction, and lactation.[5] This is not anyone's fault, really, but until science and technology progress enough to find better solutions, we need to do better. Just because something is better than it has been, doesn't mean that is the best solution. We cannot stop at any interim solutions; we need to find better ones. People living with this illness shouldn't have to choose between physical and mental wellness. People are not just chemicals, our biology is not our destiny, and there is a person behind every diagnosis.

Communication and education for the general public about schizophrenia and treatment is essential to moving forward and creating a more inclusive and understanding community. There is a

IMAGES

Left: **Karter**
Right: **Nic**





disparity in our social commentary when it comes to schizophrenia and related disorders. Resources need to be more readily advertised, people with lived experience need to be given platforms for their voices, and there needs to be a push for normalizing the discussion of these problems. We can discuss these problems and advocate for people with schizophrenia so that schizophrenia and related illness can get the same kinds of research funding and attention as physical ailments. The symptoms of these illnesses are sufficient enough barriers to treatment – it is difficult to get help when you have hallucinations and delusions that disconnect you from reality, not to mention that many people on the spectrum also have anosognosia (very low awareness of their symptoms). [6]

It is challenging enough to navigate the healthcare system when your new normal is a terrifying reality; these individuals shouldn't also have to navigate stigma and social isolation. I realize that progress takes time, science takes time, and research takes time. But education, raising awareness, and donating resources are not as large a feat as technological progress. My friend was scared to write his medications on his insurance coverage document for work, "just in case someone knows what this drug is used for." This stigma needs to change. This last year has taught me to appreciate the small victories as they happen. You appreciate holding hands more, sitting in silence with someone you love, or getting ice cream. Simple things, such as having a coherent conversation with someone, are victories. I love my friend because the same aggregate of variables and experiences that predisposed him to being "sick" also make him wonderful.

What do we do now?

I wish for a future with more acceptance, love, and understanding for people on this spectrum. I encourage you to treat people who appear "different" with more kindness, to practice creating a social dialogue about these issues until they are no longer uncomfortable, and to acknowledge that just because someone is different, they aren't any less of a person. People can live with this illness and be successful. They deserve to be treated with the same respect and dignity as anyone else. Acceptance may make a world of difference to the young person who may be wondering if their new diagnosis is a death sentence. ■

1 American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.

2 Comer, R.J. (2015). Abnormal Psychology. Worth Publishers.

3 Miltenberger, R.G., (2016). Behaviour modification: Principles and procedures. Boston, M: Cengage Learning.

4 Caruso, J. P., & Sheehan, J. P. (2017). Psychosurgery, ethics, and media: a history of Walter Freeman and the lobotomy. Neurosurgical focus, 43(3), E6.

5 Center for Addiction and Mental Health, 2012

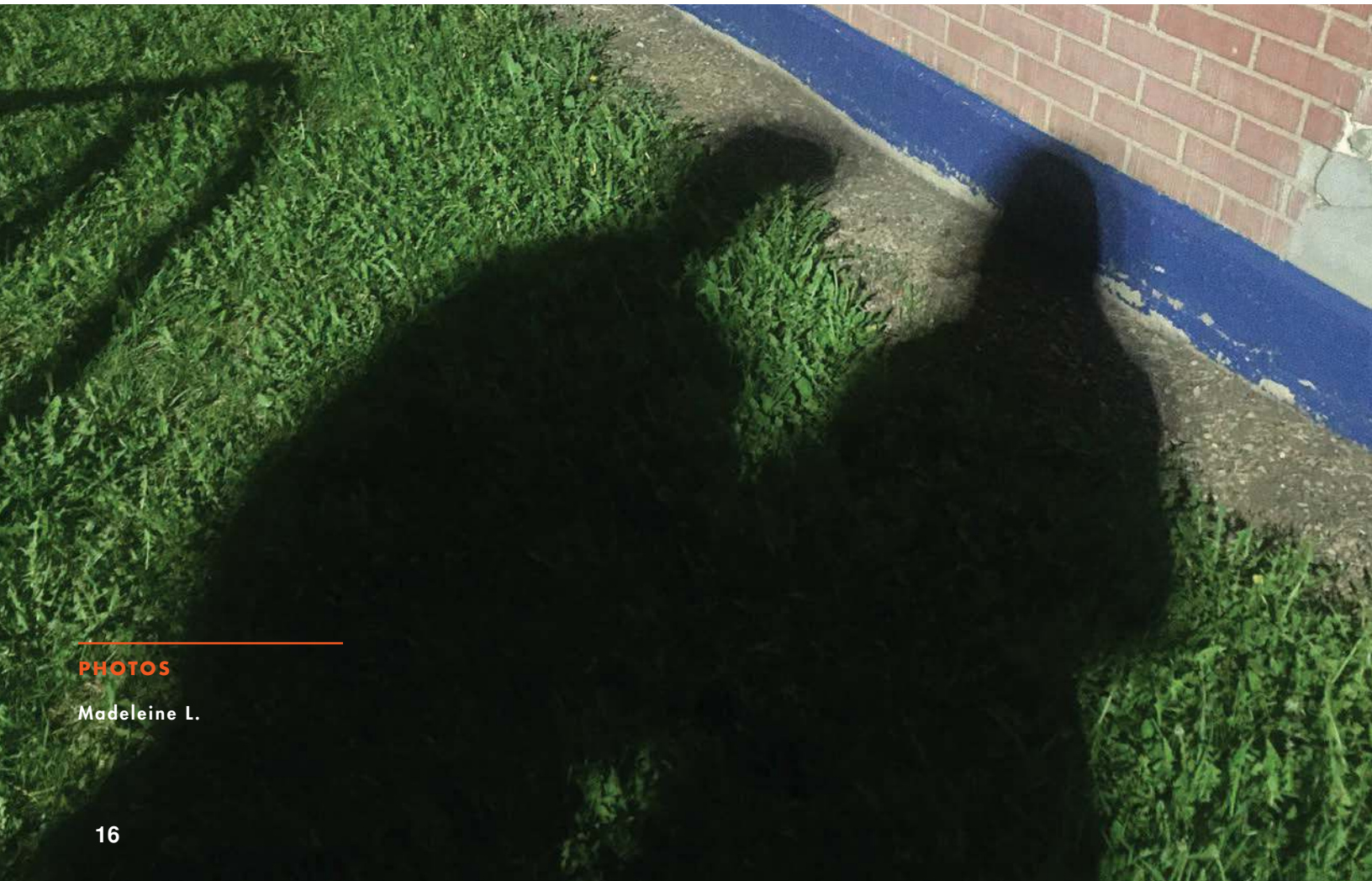
6 American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.

"The Support"

BY ELLA L.

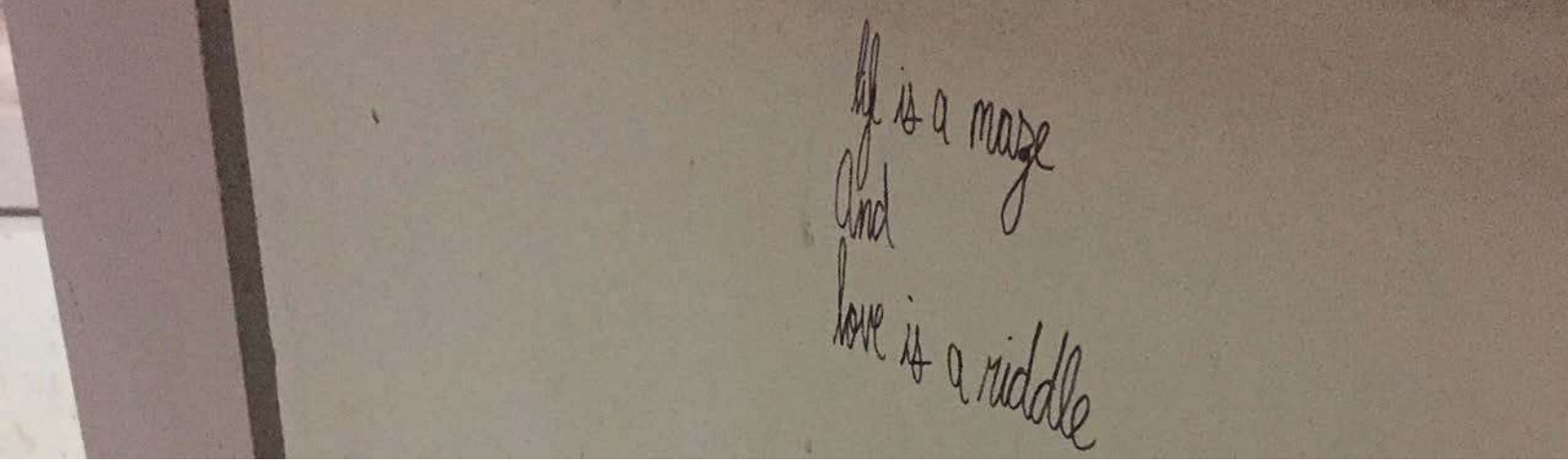
Several months ago I became the "support system" for a person in my life and having never been introduced to the mental health community before this time did not help. I went from talking about cute boys and test scores to bringing very serious mental illness diagnoses into my regular everyday vocabulary. My life quickly turned into crisis mode, and I have been working to rebuild it ever since. A person very close to me was hospitalized in a psychiatric ward after suffering from a psychotic episode and remained there for thirty days. I didn't know what to think–or how to even react really– because I was unaware that my life had changed in the matter of one morning. I quickly became the "support system" for somebody I never imagined needing to offer that kind of support to. In the first two months, I felt myself existing just in reaction mode. I would say to myself, "you're doing so well Ella," and "stay strong for so and so." I was just doing what I was expected to do and conforming to the social pressures around me, which placed unrealistic expectations on a teenager. Quickly though, I felt myself spiraling downwards and was uncertain of how to help myself. I did recognize that I lacked support and knew I needed help, but I struggled to reach out for it because of previous people denying me help. I was pushed to the back of the line for care and support. Even though I thought I was a strong rock that couldn't be crushed, I soon realized everyone needs support and help. I knew something was wrong, but I pushed it aside because I knew I had a trip to Australia coming up and thought that would relieve me of all my stresses.

Soon I found myself in Australia, but I was feeling worse than ever. I couldn't sleep at night, I would have frequent anxiety attacks



PHOTOS

Madeleine L.



and felt myself closing off. I came home from my trip feeling empty, deflated, and not ready to face the world. A month went by and I just felt myself trapped in a hole, and the people around me could see it too. I soon found myself in my doctor's office after a few days of not getting out of bed, missing school, and experiencing thoughts of just ending it all. My doctor told me what I was feeling was from my circumstances, and that I was finally feeling the full effects of what I had experienced a few months prior. I was not diagnosed with anything, but I finally got the true meaning of mental wellness. I felt just as if I wasn't taking care of my body, I also wasn't taking care of my mental health. I let myself get so caught up in supporting and trying to keep everyone around me afloat, that I ended up ignoring myself. I experienced academic and social problems that I am still trying to work on today and have not fully recovered from. I figured out that, as a fifteen year old girl, I can't take on the world's problems; I need help and need to still take care of myself.

I can't take on the world's problems; I need help and need to still take care of myself.

I knew I needed to get my mental wellness back into shape and started to look forward. I started doing the things I loved again and I reached out for help. I have felt better equipped to help support others and found balance. Often we will reach out to help a friend, or ask a friend to help. As that friend, we will selflessly submerge ourselves into supporting and helping the other in need. Often times we don't think about the ripple effect, or the supporter who can also end up struggling massively. I think sometimes I get lost in other people's problems, and in this case, I did for a really long time and it caused me to neglect my own needs. From this experience, I felt, and still feel that I was encouraged to ignore myself and submerge myself in this other person's life and difficulties. You are portrayed by society, your close relatives, and anyone without a firm grasp on the situation to be the healthy stable one in the situation; ready to take on everyone else's burdens. This happened so quickly, and I found their expectations overtaking me. I was not encouraged to find my own help, or even really asked if I was doing okay, while my life was being put on display for everyone around me.

When people talk about the major effects of mental illness and who it affects, they should also consider people who don't not struggle with a mental illness themselves, but live with it around them. What happened seven months ago was never explained to me or ever really talked about again. Being a close immediate family member I was never taken aside and told what really happened and how I could help that person and to this day it is something I eternally struggle with. Spending countless hours online reading and meeting with people who have gone through a similar experience just trying to put together what happened and why I find it so difficult to talk to that person now. Just because I was the one without a mental health crisis, meant that I was pushed to the side. This has affected me tremendously, and I was deprived of any support at all. I am not sure how anybody expects me to be a good supporter when I have no knowledge on how or what I need to help support that certain individual and help them get to a better place. This has left me with no other option, but to stay away which hasn't been fair to anybody and has also been unproductive. I am telling my story so that if you are reading this and relate to it in any way, know that what you are feeling– sitting on the sideline, being the support–is an important job and one that you need to take care of and monitor. You come first, your own mental health is a priority, and by keeping it that way, helping support whoever you need to support will be so much healthier for everybody.

Recently I found myself struggling again. The end of the school year left me feeling frazzled and lost again. With finals, starting a new job, and end of the year activities, I ran myself up a wall. I was in a place I have found myself in before: feeling lost and hopeless. Luckily, I have found being open with a trustworthy adult has been very beneficial. My dad also realized I was neglecting myself again. Together we have been working to help me take care of myself and my mental wellness. This time I knew when it was time to reach out for help, and luckily I had a supportive parent to help me through it. Please, to whoever is reading this, know that you are not alone and there is always another option. For me it was a parent. For you it could be a teacher, a friend, a coach, or anyone who you trust. Please, if you are in need of mental health attention, reach out for it. ■

This is Your Brain...*ON PTSD*

BY CADENCE R.

Post-traumatic stress disorder (PTSD) is a mental health concern that can follow after an individual experiences or witnesses actual or threatened traumas such as sexual violation, abuse, aggression, violence, and/or death.[1] PTSD can also occur by learning that such an event happened to a loved one, or having repeated exposure to a traumatic event. After these stressful events, the person may re-experience them through memories, nightmares, and flashbacks.[2] In addition, the person may avoid things which remind them of the event, show decreased emotion, have feelings of guilt, be unable to remember parts of the event(s), be easily startled, or be quick to anger.[3] However, it is important to remember that not everyone who experiences trauma will develop PTSD.

In responding to catastrophic events, such as those listed above, many people may first go into shock, causing them to be unable to respond. This means they may not be able to talk, or able to understand their own emotions. Next, many will follow directions given from others. In recovery, individuals often respond to these events by excessively talking about what occurred, and what could have happened if different decisions were made.[4] There is a possibility that if this stage does not occur stress resolution will not happen, allowing the continued stress response of the brain to initiate PTSD symptoms.

Like other mental illnesses, PTSD can create changes in brain physiology and chemistry, as well as creating changes in the brain's responses and functioning. In particular, PTSD may cause changes in learning, memory, experiencing emotions, and emotional regulation.[5] One of the psychological vulnerabilities to having PTSD is sensitivity to anxiety. In stressful situations, corticotrophin-releasing factor (a hormone released by the anterior pituitary) and cortisol (a hormone produced by the adrenal glands) are released,

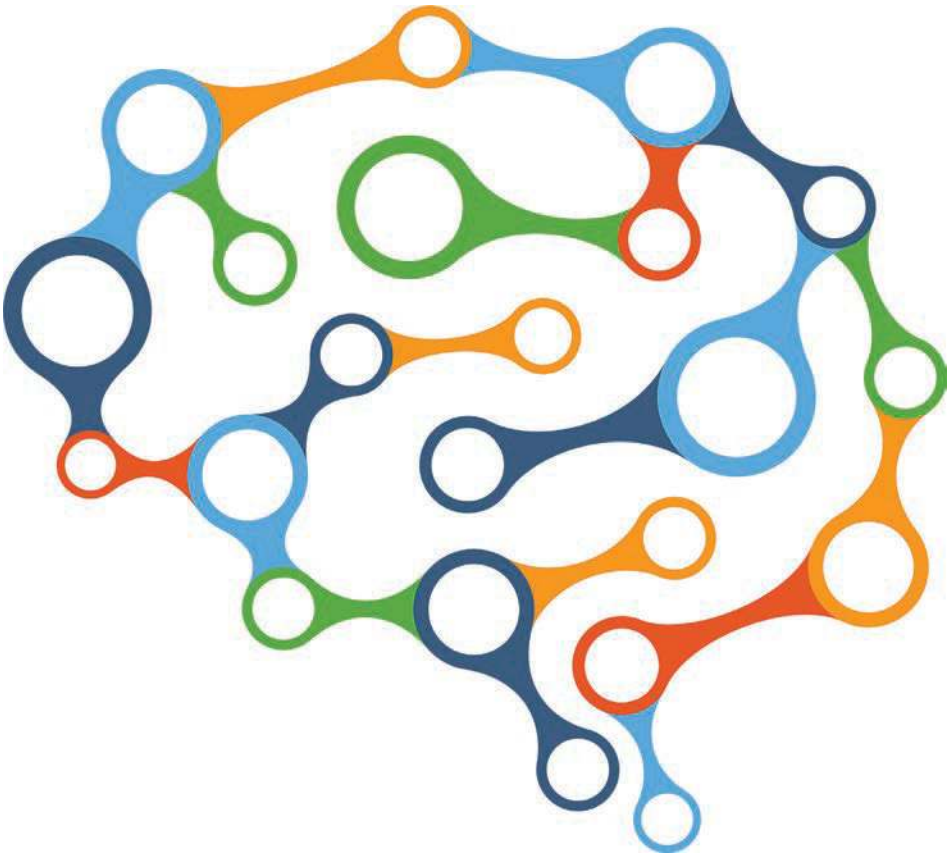
1 Abnormal Psychology by David H. Barlow, V. Mark Durand, Sherry H. Stewart, and Martin L. Lalumiere, 2015

2 Canadian Mental Health Association. n.d. Post-Traumatic Stress Disorder. https://cmha.ca/mental-health/understanding-mental-illness/post-traumatic-stress-disorder-ptsd

3 National Collaborating Centre for Mental Health (UK). Post-Traumatic Stress Disorder: The Management of PTSD in Adults and Children in Primary and Secondary Care. Leicester (UK): Gaskell; 2005. (NICE Clinical Guidelines, No. 26.) 2, Post-traumatic stress disorder. Available from: https://www.ncbi.nlm.nih.gov/books/NBK56506/

4 See Dallaire, R. 2016. Waiting for First Light: My Ongoing Battle with PTSD. Random House Canada.

5 Abnormal Psychology by David H. Barlow, V. Mark Durand, Sherry H. Stewart, and Martin L. Lalumiere, 2015



causing potential changes in the brain's activity and function.[6] Continual hippocampal exposure to cortisol causes neuron injury and neuron death. As the hippocampus is important in learning and memory, these functions are affected as the creation of new memories and retrieval of old memories is distorted.[7] Specifically, as the hippocampus helps tell the difference between past and present memories, it may become confused. When someone with PTSD has a flashback, they may not be able to tell if the event is really happening in the present or not.

Unlike the hippocampus, the amygdala, increases its activity in the wake of traumatic events. The amygdala helps to process emotions we may be feeling, especially those of fear. The amygdala is connected to the hippocampus, and uses its ability to remember events of the past to ask questions. In PTSD, these questions are often asking if a situation is safe, or if the stress response should be activated. As the hippocampus is injured, the amygdala has a difficult time properly responding to emotion.

The ventromedial prefrontal cortex is involved in regulating the brain's negative emotions such as feeling scared. Like the hippocampus, this area also shrinks in PTSD, causing an inability to regulate these emotions.[8] In PTSD, this may cause the person to have fear or stress even when dealing with things not related to the original traumatic event.

Another hormone, norepinephrine, has higher amounts in the blood of people with PTSD, which causes some of the physical symptoms of PTSD such as increasing heart rate, bodily sweat, breathing rate, and blood pressure.

There is treatment, supported by research, for PTSD. The most recommended type of psychotherapies for PTSD are trauma-focused psychotherapies.[9] These therapies focus mostly on the traumatic event and what that event or events mean to the suffering individual. Specific versions of trauma-focused therapies include: prolonged exposure, cognitive processing therapy, and eye-movement desensitization and reprocessing (EMDR) therapy.

In prolonged exposure, the individual learns to gain a feeling of control over the trauma by talking about it and doing activities that may have been avoided since the onset of PTSD. In cognitive processing therapy, individuals learn to reframe their negative thoughts about the trauma. For EMDR, individuals process and actively recall traumatic memories while paying attention to movement of a blinking light or finger, or a sound. Other therapies have been shown to work as well, such as cognitive behavioural therapy (CBT).[10]

Antidepressant medications—SSRIs and SNRIs—can be used for PTSD therapy. Some commonly recommended medications for PTSD include sertraline (Zoloft), paroxetine (Paxil), fluoxetine (Prozac), and venlafaxine (Effexor).[11] ■

PHOTOS

Previous Page: **Rong W.**

This page: **goodfreephotos.com**

6 Fundamentals of Human Neuropsychology by Bryan Kolb and Ian Q. Whishaw

7 Abnormal Psychology by David H. Barlow, V. Mark Durand, Sherry H. Stewart, and Martin L. Lalumiere, 2015

8 Abnormal Psychology by David H. Barlow, V. Mark Durand, Sherry H. Stewart, and Martin L. Lalumiere, 2015

9 https://www.ptsd.va.gov/public/treatment/therapy-med/treatment-ptsd.asp

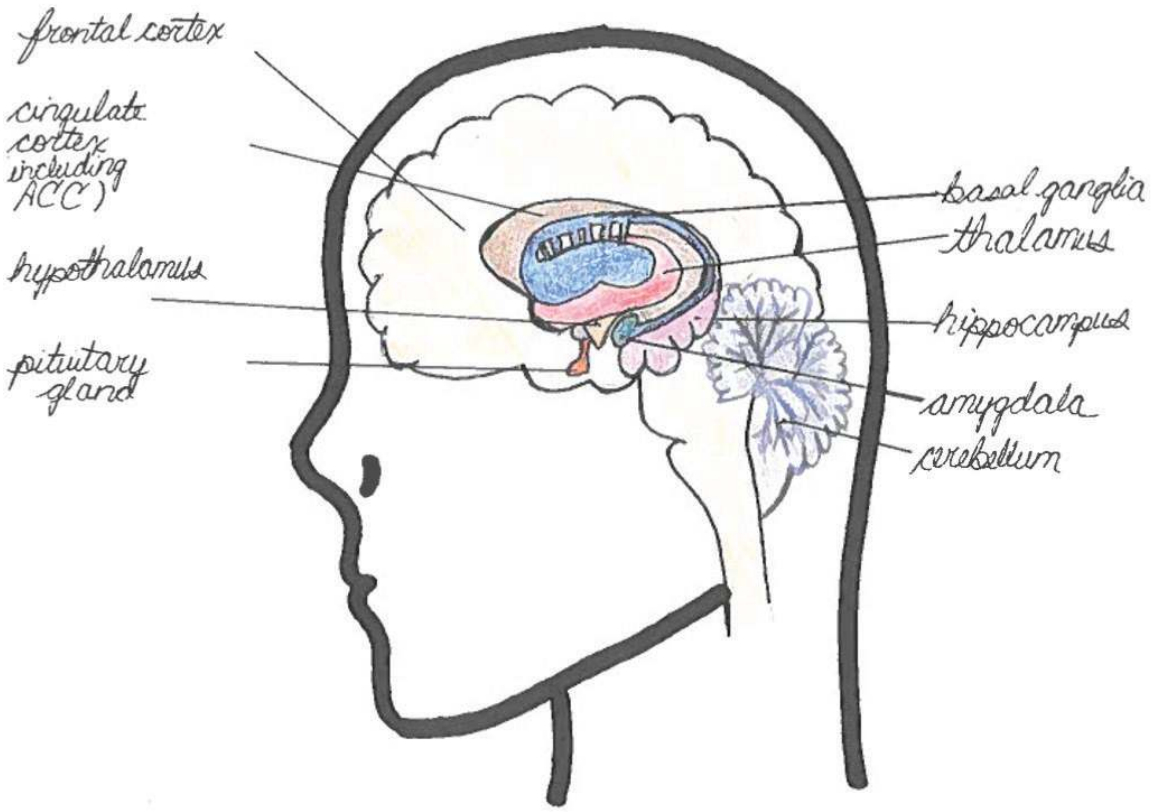
10 For information on therapies for PTSD see: WebMD. 2018. What are the treatments for PTSD?. https://www.webmd.com/mental-health/what-are-treatments-for-posttraumatic-stress-disorder#1

11 Anxiety.org. 2014. Talk therapy alters biology of PTSD patients. https://www.anxiety.org/what-talk-therapy-can-really-do-for-post-traumatic-stress-disorder

Welcome to Your Brain... The Hippocampus

BY CADENCE R.

The hippocampus—Greek for "seahorse"—is located inside the medial temporal lobe, and extends towards the middle of the brain. The hippocampus is connected to the rest of the brain by two major pathways: the perforant pathway, and the fimbria fornix. The perforant pathway connects to the posterior temporal cortex, while the fimbria fornix connects to the thalamus, prefrontal cortex, basal ganglia, and the hypothalamus.



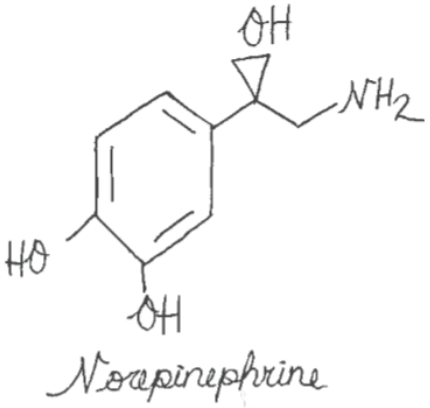
The hippocampus is a part of the limbic system, which is involved in human emotion. In this circuit the amygdala, hippocampus, and prefrontal cortex connect with the hypothalamus. Through a series of connections in the hypothalamus' nuclei, it connects to the anterior cingulate, which connects back to the amygdala, hippocampus, and prefrontal cortex.

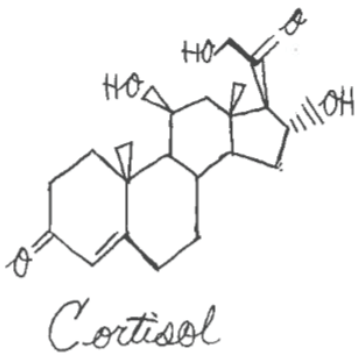
From brain injury studies, it has been proposed that the hippocampus has an important role in episodic memory.[1] Episodic memory has many different specific memory systems. First, it contains autobiographical memory- such as your first day of kindergarten. Secondly, it contains emotional memories, like how you fear large dogs. Thirdly, it contains spatial memories, such as your knowledge of the layout of your living room. It also includes the ability to learn facts that can be vocalized- such as the largest whale is a blue whale which can grow up to thirty metres in length. This area is also thought to help form new memories in the brain by making connections to areas in the cortex.

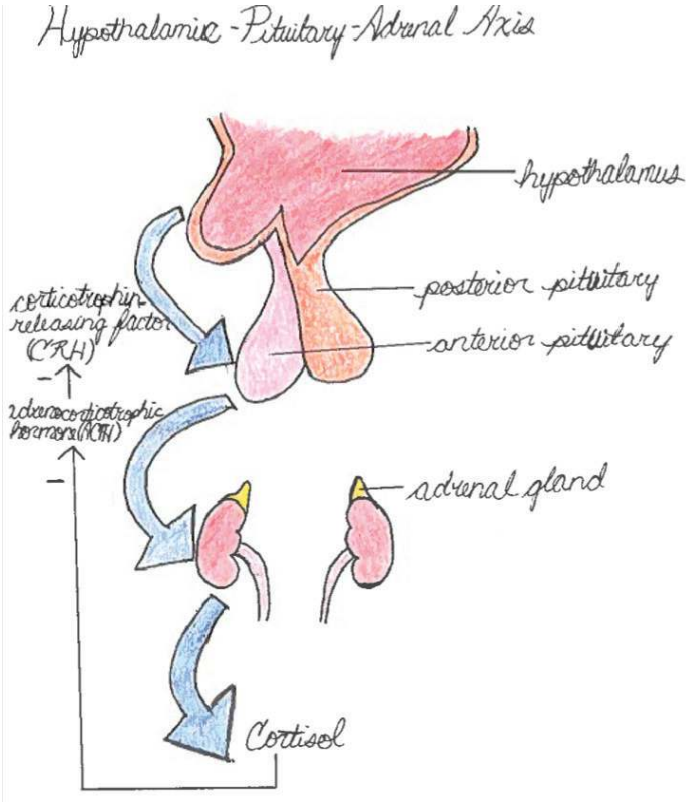
1 Fundamentals of Human Neuropsychology by Bryan Kolb and Ian Q. Whishaw. 2015

Contextual fear conditioning is when a person becomes anxious or scared because of something, such as a snake, in a certain circumstance. The hippocampus is involved in this response as it is critical in spatial memory. For example, the hippocampus will participate in the fear conditioning if the snake is crawling freely in a dark room, but not if the snake is in a cage.

The HPA axis (hypothalamus, pituitary, and adrenal glands) also connects to the hippocampus. This important connection regulates our stress response.[2] When the hormone cortisol is released, the hippocampus responds, and helps to turn off the stress response. However, high levels of cortisol, and therefore stress, kills neurons in the hippocampus. This decreases the ability of the brain to turn off the stress response, leading for a continued cortisol release. Increasing levels of cortisol release, and later cell death may cause difficulties in problem-solving abilities, decrease immune system function, and neuronal recovery.







2 Abnormal Psychology by David H. Barlow, V. Mark Durand, Sherry H. Stewart, and Martin L. Lalumiere

Beyond the Winter Blues

How Seasonal Affective Disorder, otherwise known as Major Depressive Disorder with seasonal onset, affects Canadians

BY JASMINE. G.

With summer's end quickly approaching, the long, warm days are a distant memory of the past few months. With these seasonal changes, many of us may feel the onset of the "winter blues" which may be characterized as a lack of energy and increased need for sleep. Though Canadian winters, especially in Alberta, are known to be unforgiving, for some individuals living with Seasonal Affective Disorder (SAD) winter brings more than just shorter days and snowy weather. For 2-3% of Canadians symptoms of SAD can cause significant functional impairment with the changing seasons, meaning they have difficulties in their day-to-day tasks. In addition, 15% of Canadians may experience a milder, sub-clinical version of SAD.[1] People with sub-clinical SAD may have some, but not all, of the symptoms seen in people suffering from this mental illness.

1 Canadian Mental Health Association. Seasonal Affective Disorder [Internet]. CMHA BC Division; 2013 [cited 2018 Feb 23]. Available from: https://cmha.bc.ca/documents/seasonal-affective-disorder-2/

PHOTO: Madeleine L.

What is Seasonal Affective Disorder (SAD)?

The DSM-5 classifies SAD as a form of major depressive disorder specifically associated with a seasonal pattern.[2] Symptoms must be present most days, during the same 2-week period, and include at least one of the following: depressed mood or irritability nearly every day, and a loss of interest in activities. Other symptoms include changes in weight and appetite, a craving for carbohydrates, sleep disturbances, a reduced ability to concentrate, loss of energy, anxiety, and difficulty with waking in the morning. Though most individuals experiencing SAD have symptoms presenting during the fall or winter, a minority of cases may involve an occurrence of symptoms in the spring or summer.[3]

What causes SAD and who does it affect?

A variety of biological mechanisms are thought to be involved in clinical seasonal affective disorder. These factors include physical, mental, and behavioural changes that follow a 24 hour cycle, commonly referred to as circadian rhythm[4]. Other mechanisms include either advances or delays in the internal biological clock, resulting in changes to melatonin (a hormone that regulates sleep and wakefulness), genetic variations in circadian rhythm, abnormal levels of neurotransmitters in the brain, and irregular sensitivity of the eye's retina to light.[3]

SAD is more often seen in females than males at a reported rate of 4:1. It particularly effects women of childbearing age, and younger individuals. SAD shows a typical onset between 20-30 years of age. As well, SAD is more prevalent in individuals living at higher latitudes or climates that experience decreased hours of daylight. Evidently, some countries like Canada, Iceland and the United Kingdom meet that criteria.[3, 4]

How is SAD treated?

There are 3 main treatment approaches for SAD. Specific recommendations are highly individualized based on the patient, their medical conditions, and current medications.

- *Light therapy*- Yup, you read that right, light therapy, which sounds quite intuitive. This treatment consists of exposure to a light box with a UV filter for 30 minutes a day in the morning, and is a first line option for those living with SAD. Improvement may be noted within 1-3 weeks of treatment, though most individuals continue on therapy throughout the season to prevent relapse.[3,5] Light therapy is generally well tolerated, but side effects may include headache, eye strain, and insomnia.[5]
- *Antidepressants* – The primary antidepressants that have demonstrated effectiveness in treating SAD are selective serotonin reuptake inhibitors (SSRIs), sertraline, and fluoxetine. SSRIs increase the transmission of serotonin, a chemical messenger in the brain, by preventing reuptake and metabolism of serotonin via a transporter.[5] Studies have shown these medications improve depression scores and remission rates, as a dysregulation of serotonin in the brain is one of the proposed mechanisms involved in the development of SAD.[3] Notably, symptom reduction may take up to 6-8 weeks, and continuation of therapy after initial improvements is critical to preventing relapses.

What about prevention? With the yearly seasonal changes, recurrent episodes are a possibility for many patients with SAD. However, there are options for patients when it comes to preventing recurrences. Pooled data from 3 studies has suggested lower recurrence rates in those taking bupropion, an antidepressant that also regulates the neurotransmitters–dopamine and noradrenaline–in the brain.[5] In Canada and the United States, bupropion has a labelled indication for its use in preventing seasonal onset major depressive disorder, and treatment may be continued throughout the year, or tapered and discontinued in the early spring depending on the individual.[5,6]

- *Cognitive Behavioural Therapy (CBT)* - This form of counselling has demonstrated comparable effectiveness to light therapy, and may be beneficial in

2 American Psychiatric Association: Depressive disorders. In: Diagnostic and Statistical Manual of Mental Disorders. 5th ed. Arlington, VA: American Psychiatric Association; 155-88, 2013 [Cited 2018 Feb 20]. Available from: https://www.psychiatry.org/psychiatrists/practice/dsm

3 Lurie SJ, Gawinski B, Pierce D, Rousseau SJ. Seasonal affective disorder. [Internet]. American family physician. U.S. National Library of Medicine; 2006 [cited 2018 Feb 21]. Available from: https://www.ncbi.nlm.nih.gov/pubmed/17111890

4 DynaMed Plus [Internet]. Ipswich (MA): EBSCO Information Services. 1995 --, Seasonal Affective Disorder; [updated 2017 Jan 17; cited 2018 Feb 23]; Available from http://www.dynamed.com/topics/dmp~AN~T114880/Seasonal-affective-disorder. Registration and login required.

5 CPS [Internet]. Ottawa (ON): Canadian Pharmacists Association. [cited 2018 Feb 18]. Available from: http://www.e-therapeutics.ca.

6 Bupropion In: Health Canada Drug Product Database [Internet]. Ottawa (ON). [updated 2017 Nov 3; cited 2018 Feb 3]. Available from: https://health-products.canada.ca/dpd-bdpp/dispatch-repartition.do

preventing subsequent episodes. Symptom reduction can be noted within the first few weeks, or within months, of starting treatment. CBT may be used in combination with other treatments.[7,8]

Are there other management options?

There are a variety of self-management strategies and preventative tips to help with winter onset SAD including:[9,10]

- Spending more time outdoors, and maximizing time spent in the sun
- Increasing light in the home and near workspaces
- Engaging in regular physical activity
- Visiting warmer, sunnier climates during the winter months if possible
- Sticking to a regular sleep-wake schedule to minimize disturbances to your internal biological clock

While there are a variety of factors that may contribute to the development SAD, there are pharmacological and non-pharmacological treatments available. So, while some of us may feel a lack of energy or feelings of the impending "winter blues" as the days get shorter and the weather gets colder, consistent symptoms associated with impairments in daily functioning may point to an underlying condition. Ultimately, early intervention and recognition of symptoms is fundamental in promoting better outcomes and managing recurrences at the outset. Ask your doctor, mental health therapist, psychiatrist, or pharmacist for more information and prior to starting any treatment or medication. ■

7 Martin B. In-Depth: Cognitive behavioral therapy. Psych Central website. [cited 2018 Feb 23]. Available from: http://psychcentral.com/lib/in-depth-cognitive-behavioral-therapy/

8 Rohan KJ et al: Randomized Trial of Cognitive-Behavioral Therapy Versus Light Therapy for Seasonal Affective Disorder: Acute Outcomes. Am J Psychiatry. 172(9):862-9, 2015 [cited 2018 Feb 15]. Available from: https://www.ncbi.nlm.nih.gov/pubmed/25859764

9 Lam RW, Levitt AJ, eds. Canadian Consensus Guidelines for the Treatment of Seasonal Affective Disorder. Vancouver, British Columbia, Canada: Clinical and Academic Publishing; 1999. [cited 2018 Feb 3]. Available from: https://www.researchgate.net/profile/Raymond_Lam3/publication/228549345_Evidence-Based_Management_of_Seasonal_Affective_Disorder_SAD_Clinician_Resource_Package/links/0deec521af5e8a9208000000/Evidence-Based-Management-of-Seasonal-Affective-Disorder-SAD-Clinician-Resource-Package.pdf

10 Management of seasonal affective disorder In: BMJ: British Medical Journal; 340 (7757): 1185-1189. 2010. [cited 2018 Feb 21]. Available from: http://www.jstor.org/stable/40702168

PHOTO

Madeleine L.

Power of Music:

BY RONG W.

You, once lost yourself,
In a sea of oblivion.
Hard as you try to navigate,
The waves of solitude push you back.
Cold and cruel.

Whoosh! Appeared a melody,
It came from the above,
Drawing out the oblivion
Replenishing the sea with hope
Sweet and soothing.

It lifted you upwards,
from the gnashing winds,
Or was it the stormy sea?
But it left you spiraling in the air,
Wondrous at this miracle.

It carried you down,
To a sunny day in the prairie,
Or was it a sunset by the beach?
But you felt different,
Happy and more complete.

ILLUSTRATION

Joshua H.

Depressed or Anxious? Listen to music!

BY: RONG W.

About two months ago I started volunteering at a senior care centre as a recreational assistant. As in all volunteer interviews, they asked me about any special skills I had. Since I wanted to stand out, I told them that I could play the flute. That is how I started to play music at the senior care centre from my first week of volunteering. At first, I was scared about the reception I would receive – but I was amazed at how many people came to listen. Some people even asked the nurses to push them out of their rooms to hear me play. When they all sang along to the songs, I could sense their happiness and enjoyment of the experience. One time, after I finished my usual playing, another volunteer at the care centre approached. She began by saying how beautiful I played, but then suddenly turned to me and said, "you know, it's great you're playing those songs. I went to a session lately where I learned about how music actually has the power to [reduce] symptoms like dementia and those found in depression." That is when I decided I wanted to learn about music therapy, and the mechanism behind it.

I have always loved music because it is a language understood by all. People may speak different languages, but once someone starts to play a lively tune on an instrument, everyone can tap along to the beat and form a "musical" connection. Sadly, this power to connect is often overlooked in society. Even though music has the power to help a person regulate their emotions and behaviours,[1] music therapy is still insufficiently researched and may not be widely known about by the public. It's surprising how many people neglect musical therapy as a type of treatment, considering the fact that music has been used for therapeutic purposes since the start of human civilizations. The ancient Greek philosophers asked patients with mania "to listen to calming melodies of the flute, and also instructed people with depression to listen to dulcimer hymns."[2] Interestingly, there was even a rumour that the music of Thales cured people affected by a plague in Sparta around 600 B.C![3] Modern research is also very interested in the effects of music therapy. In 2011 a group of Finnish researchers published a study in the *British Journal of Psychiatry*[4] which found that a music therapy treatment was effective in reducing depressive symptoms, anxiety, and even improving overall functioning.

Music allows individuals to express themselves in nonverbal ways. According to a Music Makers blog post, different types of melody, harmony, and rhythm can stimulate the senses of a person and promote calmness by slowing down breathing, heart rate, and other bodily functions. [5] Reverting back to the beginning of the article, music is relational in that it helps us engage, communicate, and interact with others without being verbal. We are all social beings, and music allows us to connect with one another.

Last of all, just remember this: listen to music while ye may, old time is still a-flying; and this music you hear today, tomorrow shall be healing.[6] ■

1 Yuna L. Ferguson & Kennon M. Sheldon (2013) Trying to be happier really can work: Two experimental studies, *The Journal of Positive Psychology*, 8:1, 23-33, DOI: 10.1080/17439760.2012.747000

2 Borchard. T., 2017. How Music Therapy Can Relieve Depression. https://www.everydayhealth.com/columns/therese-borchard-sanity-break/music-therapy-to-relieve-depression/

3 Gfeller, K. E. (2002). Music as a therapeutic agent: Historical and sociocultural perspectives. Music therapy in the treatment of adults with mental disorders; theoretical bases and clinical interventions, 60-67

4 Erkkilä, J., Punkanen, M., Fachner, J., Ala-Ruona, E., Pöntiö, I., Tervaniemi, M., Gold, C. (2011). Individual music therapy for depression: Randomised controlled trial. *British Journal of Psychiatry*,199(2), 132-139. doi:10.1192/bjp.bp.110.085431

5 "Treating Stress with Piano Therapy." Music Makers Music School and Shop, musicmakers.com/treating-stress-with-piano-therapy/.

6 A play on Robert Herrick's poem, "To the Virgins, to Make Much of Time"

PHOTO: Kiara J.

PHOTO: Ananya

Insecurities' Minions

Little sneaky demons

Scream their nasty lies

They shoud that I'm unworthy

Chase me till I cry

"You're ugly, you're fat

Nobody wants you"

They cackle and laugh

I run and scream

Cover my ears

They bite and gnash,

Attack me

But no one hears

"You're nothing, you're no one

All alone are you"

They chant and taunt

Their demon faces

Merciless and cruel

Little sneaky demons

Beat and bash my soul

Their sharp biting teeth

Leave me bleeding out of control

Slowly, but surely

I fall to the ground

Those awful little demons

Wear their words like crowns

Chanting and cheering

They think they've won

For a moment I think

It might be nice to die

To escape my little demons

And their nasty, taunting lies

But then a light inside me shines

It grows within my heart

Blinding my little demons

Chasing out the dark

I might live after all

WARNING: this article focuses heavily on the topic of suicide and might be triggering for some readers.
We have a list of resources at the end of this piece for anyone who needs to seek help.

The Ledge

BY. ARIEL G.

She takes a step out, onto the ledge. Looking down, she takes a deep breath and wonders how it came down to this. This moment, where she made a decision for herself, perhaps for the very first time. This moment, where she would remove herself from the picture. Remove herself from the pain, the sorrow, and the utter loneliness that had become her life. This moment where she would jump, and finally be free.

She doesn't realize that there is no freedom in death. The glorified term that has become a comfort to her for so long contains a false promise; there is no peace, there is no accomplishment. Once she is dead, that is all she will be. Another person who decided that life was too hard, that she couldn't handle the daily stresses anymore. Another statistic to add to the growing list of lives affected by long term bullying and abuse. Just another figure to illustrate that there was a problem, but never contributing to the solution. There is so much she doesn't understand yet, and if she does this, she never will.

She doesn't realize that her other attempts had failed for a reason. That she was still here, breathing and alive, for a reason. Right now, she might be too close to the picture to see it, but there is a purpose for everything. She has a purpose, a reason for being in this world. Unfinished business and a mission to participate in. Her story isn't finished yet, not by a long shot and hopefully she realizes that this isn't the way. Suicide isn't the answer. Suicide isn't the way to fix the pain. Suicide will not erase her presence, but magnify it and leave a torrential storm in its wake.

She feels torn now, she's been standing upon that ledge for so long. Thinking and wondering. *Is this it? Is this what my life has become? Am I really going to be just another number that others will pity? Another tragic death with no explanation? Is this what I will become? Is this what my life is worth? Am I ready for this? Am I just a coward looking for any excuse to change my mind? Why must I be so afraid – I have been seeking the sweet comfort of nothingness for so long, so why am I hesitating? Why am I second guessing my decision? Why can't I just get it over with?*

Tears begin to stream down her face. An unstoppable tidal wave of emotion overwhelms her. *What will my mother think when she receives the news? How about my sisters and brother? What will they do, how will they react? Will they blame themselves? Will they ever forgive me for what I have done?* She is afraid, overwhelmed by sadness and realizing what further damage this would cause. The cycle of pain would not end with her death, but continue to perpetuate, taking more victims and ruining more lives. She gasps, her knees give out beneath her, and she falls backwards off of that ledge and back to safety. A crumbling, sobbing mess, she sits there on that rooftop. She sits there and questions everything.

Her thoughts are running wild now. Wreaking havoc on her psyche, making her question everything. *How could I have thought such a solution was viable? How could I have allowed myself to come so close to the end?* The tears continue to flow, as she gets back onto her feet. She looks back over that ledge, only this time the view appears different. This time she looks down, and she doesn't see freedom, she doesn't see the end of pain. This time she is filled with fear. Fear that she almost did the unthinkable. Fear that she almost did the inexplicable.

That night, something changed within her. A spark that she believed had been extinguished long ago was reignited. A small flame was brewing deep within her soul, catching, and changing her forever. She is stronger than this, strong enough to overcome any obstacle, strong enough to live. She has hopes, dreams, and goals to accomplish. She is a part of something much larger than she could have anticipated that night. She will flourish, she will persevere, and most importantly she will live. She will continue to live through heartbreak, through pain, and become the person that she is meant to be. None of this would have happened for her, if she had jumped. ■

If you are in distress, please tell someone you trust or call:

Kids Help Phone
1-800-668-6868

Children's Community Response Team
780-413-4733

Support Network Distress Line
780-482-HELP (4357) | 1-800-232-7288

Adult Mobile Mental Health Crisis Response Team
780-342-7777

IF YOU OR SOMEONE YOU KNOW IS IN IMMEDIATE DANGER,

CALL 911

Surprise Guest

BY AMANDA G

Imagine you're taking a stroll around the block – it's a mild day, the sun is out, you're in a good mood, maybe listening to music. There is nothing unusual about your surroundings, and no caution signs warning that things may change. Now picture this: out of nowhere, mid-breath, you've fallen into a lake, clothes on that are weighing you down, with metres of water above your head. Suddenly, everything around you screams danger and you feel your impending doom acutely. There was no way to prepare for the fall, and literally nothing you can do now that you're already drowning. All you can do is wait helplessly, and hope that by some miracle, you find your way back to breath.

Perhaps it seems cliché to paint such a picture, but if I could imagine my anxiety into being, she would shape herself very similarly to the scene described above. I refer to my anxiety as a separate me, because in a lot of ways, she is. When anxiety visits, she takes over the rational me that normally controls my thoughts, emotions, and behaviours and thus, transforms me into a completely different, unrecognizable derivative of my real self. When she comes, anxiety turns my whole world – all my surroundings, both person and object – into traps and dangers. She tears up my positivity, transforms friends and families into foes, and washes away the sidewalk, replacing it instead with a deep chasm of water. She is tough to live with because I can never quite be sure when and why she will pay me a visit, but I know that inevitably, she will make an appearance somewhere.

Often when anxiety finds me, she comes without warning, for no sane reason, and there is very little I can do to change the outcome of her stay. I've struggled with anxiety nearly my entire life and have had to learn to accept the ups and downs that come with her. I can recall experiencing night terrors as a child – waking up to find that I'd barricaded myself in some room in the house, usually crying and covered in sweat – terrified that some night monster was coming for me. For years, I couldn't sleep alone in my bed without slipping into a state of frenzied panic, and so I refused to sleep on my own – which I am sure thrilled my mother to no end. To this day, I sleep with multiple nightlights on in my room, and have a completely unfounded fear of the basement at night – which, considering I currently reside in a dimly lit basement, can at times make sleep an interesting adventure. The smallest unexplained noise in the night, whether it be a creak in the floor or sounds from my neighbour's house, ignites my flight senses, making it almost impossible to fall back to sleep. Sometimes, it takes all my mental energy just to stay in bed and not leap up and run away.

I also remember those after school evenings when I would literally cry hysterically into my open textbooks because I just couldn't handle the pressure of homework (thanks a lot math class). I have always been a perfectionist and grew up in a household where academic excellence was demanded. When I encountered a problem I couldn't immediately solve, anxiety found me, equipped with her arsenal of taunts. I measured my self worth by my grades; when I performed below my extremely rigorous standards, anxiety made sure to tell me how stupid and useless I was. It didn't matter that I was a straight A student, if I wasn't perfect, I took no joy in my achievements. When I made the decision in university to withdraw from my economics class because the course was literally pushing me towards a nervous breakdown, I cried for weeks. Anxiety made sure I knew that I had failed. Even though I excelled that semester – which would not have been possible had I stayed in the class because it had been taking up so much of my time and energy – anxiety tormented me and caused me to question whether I belonged in university at all. I mean, smart people go to university and I couldn't even make it through first year economics as a third year student. My entire experience with school was a constant roller

I measured my self worth by my grades; when I performed below my extremely rigorous standards, anxiety made sure to tell me how stupid and useless I was.

coaster – I loved learning and being in the classroom, but I also felt paralyzed by the constant self-inflicted pressure to achieve perfection across all subjects. It's no wonder I was constantly exhausted. Even today, those pesky anxiety visits like to surprise me at the most inconvenient moments. For example, when I'm driving, anxiety sometimes appears and reminds me that I could crash, or I could hit someone, or I could miss the red light and careen into traffic, causing destruction and mayhem. In fact, I never really wanted to learn to drive because the thought would make me sick. When I was a teenager, I would occasionally talk about how great it would be to have a car, but that was more because I wanted to sound "normal," and less because I actually had the desire to get behind the wheel of a death trap. Anxiety told me time and time again that I would be a terrible driver and that I would undoubtedly hurt someone one day if I ever attempted to drive. When I began taking schooling for social work, I knew that driving was a relatively unavoidable occupational hazard. To be honest, I almost quit because of it. I've since learned to drive, but unfortunately, that doesn't mean anxiety's cut me any slack. My poor driving instructor – who's patience I will be forever grateful for – had to reassure me

every time I got behind the wheel that no, I was not a terrible driver, and that yes, I was getting better. My dad as well was a beacon of patience, talking me down if I made a mistake on the road and dissolved into tears. In fact, even after I got my license and had purchased my own car, he would drive with me to work. We'd take my car, I'd drive to work, and he'd take the car home with him and then drive back at the end of my shift so I could practice driving home. He did this with me every workday for over two weeks. Quite honestly, driving has been one of my biggest anxiety triggers, and she very nearly won that war.

My anxiety, like a deep lake that appears out of nowhere, or even like the anvil that always seems to drop onto the Wiley Coyote, finds me at the most unexpected and inconvenient times and likes to hijack my entire being for no real reason. However, as I have grown older, I've found small tricks and tools that help me work with and minimize the damage anxiety leaves in her wake. Something I like to do, even though it can push me to my limits, is to tackle her head on. For example, I'm terrified of the basement and yet, I sleep in the basement every night. It's my small way of telling anxiety where she can stuff it. Some nights are tougher than others. For the entire first year that I slept in the basement, I refused to move and would lie stiff as a board the entire night – let me tell you, it was just such a comfortable way to sleep. If anxiety comes out in full force while I'm trying to drift off to sleep land, I remind myself that as of yet, I've not come across some creature out of a Stephen King novel and that I have successfully made it through the night every time. I also do myself a favor and avoid any form of horror/suspense/thriller movies, literature, or references (I won't even watch commercial previews, literally shutting my eyes and putting my hands over my ears if I have to). It's a small comfort, but it does help. Driving is still a tough one as I'm relatively new to it, but even so, every morning when I get behind the wheel I am telling anxiety that she does not define me. Often when I drive, with her sitting inside my mind throughout the duration of my trip, I literally have to shout words of encouragement to the empty car, just so I can make it to my destination in one piece. It looks ridiculous and I often laugh at the humour of it after the fact, but it helps me get where I need to and that's what matters.

Anxiety has always been and will always be a very real fixture in my life. I used to hate myself for not being able to control her better, which made her feel even more powerful. For years, I dealt with anxiety on my own – I never told anyone about her and did everything I could to keep her hidden because I honestly thought she made me less worthy. I believed wholeheartedly that if anyone ever discovered her, they would abandon me. She grew strong in my shame, to the point where she almost completely overtook me several times. Recently though, I've been able to open up about my anxiety, and that's helped make her smaller and less scary. I've come to accept anxiety as part of myself and have worked extremely hard to develop strategies that help me keep her calmer and quieter. It's tough for the perfectionist inside me to forgive myself on days when anxiety manages to overtake me, but I am getting better at letting it go. I still struggle significantly in social situations, and so, I keep to myself more than I would like – but again, it's something I'm working on. I've learned to celebrate the small wins and practice patience on those days when her voice seems to follow me wherever I go. She does not define me. ■

IMAGES

***Previous page*: Jiwon Y.**

***This page:* Madeleine L.**

Accept the Light

BY MADELEINE L.

Grab the lantern,
find your way,
I know you'll get there somehow.
You've been in darkness for so long
the light may burn your eyes
Keep going,
and you'll learn to bask in the sun.

The Last Time

BY AMANDA G.

I saw you once
In a dream
One year later

You spoke to me
Smiling
That audacious, troublesome grin
Still so charming

In this dream,
I knew you were gone
And yet,
The truth of your presence was
Undeniable
You were impossibly there

It was the first time
I'd seen you
In many, many years
Life had taken us away
We'd lost touch
It happens

In my dream
I asked if you were okay
I told you I'd missed you
That I loved you and I cared
They were the things
I wish I'd said

As we spoke,
I thought back
To the time when we were friends
The crazy work conversations
So many shared laughs

I remember the time
We were talking about scary things
And I said I was terrified of E.T.
Everyone thought I was nuts
Except you,
Who agreed
We bonded that day

In my dream
You stood before me
I was too happy for words
I wanted to stay there Forever
To live in our imaginary world
But all dreams end

Before I woke
You hugged me
The pressure of which
I can still feel
That was our goodbye

It's been many months
And I can't stop thinking of you
I never knew
How much I missed you
Until I'd heard the news
We'd never be in touch again

I should have told you
You were my favourite part
Of going to work each weekend
You made the job bearable
Even fun

I should have told you
How special,
How smart,
How kind
You were
You were always there

I should have told you
And I should have kept you close
We are fools to think
We have time

If I'd been a better friend
Maybe you wouldn't have
Felt so alone
Maybe…

I'll never forget you
Your presence lives on
Whenever I watch an ad for E.T,
Or see a Lego display
(Even as an adult, you loved Lego)
Every time the Northern Lights
Illuminate the sky
I think of you and love you
And feel you hugging me
Lighting up life
With that charming, troublesome
Smile

IF YOU ARE IN DISTRESS, PLEASE CALL: 780-482-HELP (4357) | 1-800-232-7288

My Story: Managing Loss, School, and Other Things

WORDS AND IMAGES BY CHELSEA

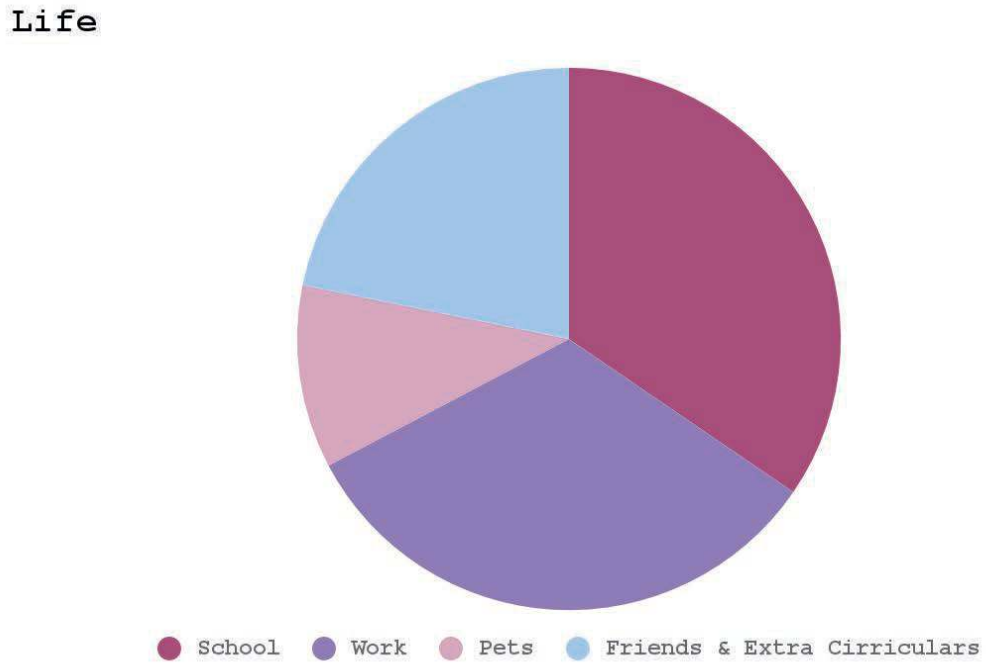
Dedicated to my grandmother, Jacqueline, "Memere." I love you, forever and always.

In May of 2017, on her 90th birthday, I wrote this in her card:

> "You have been on this earth for 90 years. You have been there for me since the day I was born. I wish I would have been able to know you for all 90 of your years; but I'll cherish the 23 beautiful years that I have spent with you."
> - Love, Chelsea

My grandmother's 90th birthday party was rather extravagant. We invited all of our relatives, and almost everyone showed up to celebrate. We took a ton of beautiful family portraits and even managed to get a "4 Generations" photo. At the end of the day, we did give ourselves some grief over the party budget, and worried about whether we'd made too big of a fuss (especially Memere). Little did we know, the party we had fretted over became one of the most important memories a lot of our family members have. Looking back, all of us would have thrown the party again, and again, had we known it would be the last.

In November, when her passing began, it happened relatively fast: over about 17 rather peaceful days. My very brave mother, my grandma's youngest daughter, spent every one of those days and nights loyally by her side. My father and I did all that we possibly could to make each and every single one of those days focused on my grandma's healing. We supported my grandma in many ways like: cooking meals for her (even if she would not eat), holding her while she cried to show our unwavering support, and sharing our stories about how we had grown by both loving and grieving our dear Memere. I would travel the three hour journey from Edmonton during the week to be with my mother and grandmother. When my father was not working on the weekends, he would be there to trade places with me. It seemed like a pretty seamless procedure, but realistically, we all knew there was definitely some "life planning" required. Grief can affect every facet of our lives. Here is how I managed mine:



SCHOOL: I ended up having to formally withdraw from one college class. Unfortunately, that meant I did not get any money back, on top of needing to redo the entire class. I withdrew to enjoy 6 beautiful days with my grandma. My other classes only had me scheduled to attend twice per week, and I proactively communicated with my professors about my family matters. My post-secondary school offers every student free counselling; this is an amazing improvement from the total lack of resources I experienced in high school. Personally, I already receive regular counselling for self-care.

WORK: In Alberta, employees have rights when it comes to bereavement. The best place to begin is by notifying your manager or human resources manager, or consulting with a union representative. According to the Alberta Government, "eligible employees can take up to 3 days of unpaid leave upon a family member's death"[1] and take time off without the fear of losing their job. For example, my mother used a combination of bereavement, and sick leave to take the proper time that she needed.

PETS: Luckily, the town I was staying in had hotels with pet room availability (even without a size restriction- yay!). I was able to bring my dog, and had one less thing to worry about knowing he was safe. It was also a bonus, having my pal there to support me; I was never alone when I went back to the hotel room. I was also never gone too many days for my cat to handle, especially now that we live in the era of food and water dispensers.

FRIENDS: I had been given an opportunity to photograph a wedding of a family member. I did not know at the time, but the wedding date would end up being on the same weekend as my grandmother's celebration of life. I had to be communicative with my friends. My communications were honest, and my actions were accountable. Most people showed understanding towards my situation. Some did not however, and that was frustrating. I began to realize that sometimes people may not understand certain situations until they experience something similar. One day, the mutual understanding could benefit our friendship, and that is the silver-lining I will choose to hold onto.

Overall, I am proud that I was there for my family. Being there took sacrifices, and even meant balancing a stressful schedule, temporarily disappointing friends, and missing out on certain events. However, only three of us grandchildren were there to say "goodbye", and "thank you" to the woman that did so much for our family. For me, the compassion of holding someone's hand so they never have to feel alone is irreplaceable; I would do it again, and again for my family. ■

1 Alberta Government. (December 31, 2017). *Bereavement leave*. Retrieved from https://www.alberta.ca/bereavement-leave.aspx

BATTLING MENTAL ILLNESS

BY MADELEINE L.

We all have problems. Some are big, some are small. Most are impossible to compare, primarily because adverse experiences can affect every person differently. I personally happen to have a wide array of problems. To an outsider looking in, it may appear as though I have nothing to worry about and that my life is without pain. This is true, to some extent. I live in a lovely, safe house with my family, and I always have enough food to eat. I have warm clothes to wear in the winter, and I reside close to the river valley which is full of natural beauty. I often try to think about these things and implement gratitude into my life. Despite the many privileges that exist in my life, there are a few less than savoury challenges that have managed to creep in. Health, specifically mental health concerns, in my case, do not discriminate. During my grade seven year, I began to experience increasing symptoms of depression and anxiety. The symptoms refused to subside, even after I sought help at the age of fourteen. I began staying home from school in order to cope with the anxiety and depression I was experiencing. At the age of sixteen, I was finally diagnosed with Major Depressive Disorder and Generalized Anxiety Disorder, and at the age of eighteen, Borderline Personality Disorder. Despite the overwhelming number of treatments that I have received, I still struggle with mental illness. It continues to affect my ability to do well in school, especially with my attendance.

A lot of people who are fortunate enough to be mentally healthy often have a difficult time imagining what it might feel like to experience mental illness. Many try to relate it to their own feelings and experiences. I think this can be a great approach when trying to practice empathy, but the issue here is that mental illness is not solely emotional – it also includes the thought processes, perceptions, and physical symptoms of a person. Additionally, the emotional pain and inner struggles are often much more severe than people think. One might experience anxiety on occasion, but that doesn't mean that they experience it to the same level as someone with an anxiety disorder.

One may have days when they feel sad, but this can hardly be compared to the complex nature of major depression. That being said, it is important to remember that mental health is on a spectrum.

Similar to physical health, one is not simply healthy or ill. Everyone can move up and down the spectrum of wellness. I notice myself fluctuating on this continuum frequently. Often there are small movements within a single day. Over the months and years, changes in my mental state became more distinct. I like to think that my relationship with the continuum of mental health is one of constant progression towards the healthy side. Recovery, however, is not a linear process. Just when I begin to see improvement in myself, something often comes and knocks me down.

Even with its remarkable elasticity and potential to be remolded, the brain does not like to be changed. It will do as you tell it until an obstacle comes along, and then it jumps at the opportunity to revert back to its old, comfortable ways. Throughout the seven years that I have struggled with mental illness, I have tried a myriad of treatments. I have worked with eight different therapists, seven psychiatrists, and two therapy groups. I have tried at least nine different medications, a few of which have been helpful. I practice mindfulness, and I've even tried "pulling myself up by my bootstraps." I have been assessed in psychiatric wards during hospitalizations following my three suicide attempts. I have made at least fifteen trips to the emergency room because of suicidal intentions or self-harm and it is exhausting. Although the numerous treatments I have received have been helpful to an extent, my struggle with mental health remains prominent in my life.

Recovery, however, is not a linear process. Just when I begin to see improvement in myself, something often comes and knocks me down.

My daily troubles involve slightly fewer dramatic events after I had a medication change two years ago. Lithium, a well-known mood stabilizer, has quite literally saved my life. It has greatly reduced my impulsivity which in turn reduces my self-damaging behaviours. Still, perfectionistic anxiety and polarized thinking continue to plague my ability to complete my schoolwork in a timely fashion. I happen to be the queen of procrastination: if I don't feel I can do well on an assignment (and "well" to my standards is exceeding expectations), I put it off so that I don't have to deal with the looming fear of failure. Often I find myself choosing not to do something at all, rather than finish it and do poorly. This is an example of black-and-white thinking, a symptom of Borderline Personality Disorder. I remember beginning to think in this way when I was in junior high. The thought of mediocrity makes me cringe. Once I begin to procrastinate and fall behind in my studies, it becomes extremely hard to get to class. Not only does the possibility of reprimand cause me great anxiety, but I already struggle with going to school. School subtly brings back painful memories of failure, feeling misunderstood, and being bullied. No matter how safe and accepting my current school is, the fear of ridicule and rejection still lives in the back of my mind. I am very likely to stay at home when these two factors couple with any stressful event in my life, instead of attending class. On these days I often feel like there is a magnet holding me down to my mattress. A mixture of hopeless depression and panicked anxiety fight each other inside my head, swirling like toxic smoke and clouding my thoughts. It seems that this experience repeats itself over and over again. I am on a sinister carousel and I can't seem to jump off. Perhaps it is because I can't see the ground below. It feels safer up here. Familiar.

There are a few promising methods of treatment that I have not yet explored in full. Recently, it was recommended to me that I try medical CBD oil (the non-psychoactive component of cannabis). I also have two self-help books recommended to me that I plan on reading. Downloaded on my phone currently is an app, called Routinely, which I am hoping will help me stay on task during my morning routine, therefore helping me get to school. My sleep schedule is also something I am endeavouring to improve. Looking back on my hardships and improvements, it is in some ways difficult to infer what my responses to my challenges say about me as a person. In truth, I have not always been strong, or heroic, or inspiring. A lot of times my responses were greatly affected by my compromised mental state. I do believe my battle with mental illness has made me a better person. I am wiser, more self-aware, and I am able to extend empathy to a wider range of people. My desire to help others has grown with my journey. Improving the mental health system and reducing stigma are things I am very passionate about, primarily because I have experienced those deficits firsthand.

My battle with mental illness has been extremely challenging. The hardships I have endured have made it difficult to do well in school, regardless of my intentions. I still experience the taxes of my mental illness daily, but my improvement should certainly not be overlooked. I have hope for my future. I fully expect to continue to have challenges. I know very well that recovery does not happen overnight. As I face future battles, I plan to keep going. ■

NATURAL HEALTH PRODUCTS USE IN MENTAL HEALTH:
Balancing Risks and Benefits

BY JASMINE G.

As a pharmacy student, I have had the opportunity to work in both hospital and community pharmacies. During this time, I have encountered diverse groups of patients whose stories reveal more about a patient's experience of illness than what can be taught in any number of lectures. My experiences working in a mental health hospital have shed some light on the struggles and triumphs of both acutely and chronically ill patients managing their diseases.

While shadowing on one of the acute care units in my 3rd year of pharmacy school, I came across an interesting patient case. A middle-aged woman who had recently returned from a yoga retreat presented with symptoms of visual and auditory hallucinations. These had been going on for a week before she returned home. Initially, it was unclear whether the patient was experiencing a psychiatric side effect of a specific medication used to prevent malaria, or if there had been any potential causes associated with travelling to a less developed area. Her unremarkable past medical history and lack of previous similar events was contrary to what would be expected for common diagnoses involving aspects of psychosis. Upon further questioning, it became evident that her symptoms had stemmed from excessive consumption of an herbal tea that was provided by locals at the retreat. In fact, this patient had brought back a fair supply of the tea, and since returning about a month prior was continuing to have symptoms that seemed to get worse to the point of marked limitations in daily activities.

I never found out exactly what herbal tea she had been taking, or what the ingredients were that may have triggered such a reaction. However, reflecting back on this rare case has highlighted the importance of engaging in a dialogue with patients to recognize when natural products are being used, while also considering the individual ingredients and quantities of these products, including those that may be seemingly harmless.

A 2012 poll revealed that more than 70% of Canadians surveyed used natural health products ranging from commonly used vitamins and minerals, to probiotics and omega 3 fatty acids.[1] With the trend towards increased use of complementary health products, it comes as no surprise that sprawling aisles in pharmacies and grocery stores are dedicated to supplements and natural health

Complementary Medicine:
Treatments used along with standard treatments such as acupuncture, herbs, dietary supplements.

Alternative Medicines:
Used instead of standard medical treatment such as homeopathy, Chinese medicines.

Integrative Medicine:
A holistic approach combining standard treatment with complementary and alternative medicine practices.[2,3]

products. While working in a community pharmacy, I commonly receive questions from patients regarding the use of over-the-counter medications. The uses of various products range from lowering blood sugars to alleviating joint pain to managing insomnia–but what about use for mental health? Before delving into the variety of products that have been studied, there are a few factors such as safety and effectiveness, product regulations and the importance of individualized therapy that should be taken into consideration.

Natural Health Products (NHP's) encompass a variety of products from vitamins and minerals, to herbal products, and homeopathic medicines. Homeopathic remedies fall within the alternative medicine classification. Homeopathy is based on principles of the body's innate ability to heal itself, and that "like cures like," meaning a small amount of substance that produces symptoms in a healthy person can be used to cure a person with specific symptoms.[2] These therapies are highly individualized and use a series of dilutions, with each dilution believed to increase the strength of the medicine. There may be misconceptions surrounding the use of the term "natural," as not all of these products are safe. They can interact with medications, food, and can even have potentially serious side effects such as liver damage. As well, the manufacturing of these products is not standardized, which may lead to different effects between brands, and even within brands.

Standards for regulation of natural products vary across the world. Moreover, the process of evaluating natural health products is different from the standards used for prescription pharmaceuticals. In Canada, the Natural and Non- Prescription Health Products Directorate is the branch of Health Canada responsible for regulation of NHP's, and ensuring licensed products meet safety, effectiveness, and quality standards. To determine if Health Canada has reviewed a product for licensure and sale in Canada, look for the Natural Product Number (NPN) or Drug Identification Number Homeopathic Medicine (DIN-HM). *(Talk to your doctor or pharmacist about what non-prescription products you are taking or thinking of taking).*

A variety of NHPs have been studied for use in depression and anxiety. These studies help clinicians in making evidence based decisions. Notably, the products used in studies are very specific to a certain brand and quantity. Therefore, the research findings may not be applicable to different products and patient populations.

A brief overview of some products with data regarding use in mental health are listed below:

OMEGA-3 FATTY ACIDS

- Omega-3 Fatty acids, found in fish oil, play a role in brain function and can have an anti-inflammatory effect.[5]
- Early research has shown supplementation with Omega-3 fatty acids may be beneficial for mild-moderate depression by increasing levels of DHA (docosahexaenoic) and in particular EPA (eicosapentaenoic acid).[5]
- Used as an add-on to other therapy. Doses of 1-4g/day have been studied, with the most benefit seen with EPA alone formulations.[5,6]
- Side effects include fishy aftertaste, nausea and diarrhea which are usually mild.
- This product may not be suitable for those who are pregnant, nursing, taking blood thinners or have a bleeding disorder.[5]

ST. JOHN'S WORT

- St. John's Wort is a flowering plant which contains components such as hypericin and hyperforin that make up its active ingredient.
- Short term studies ranging from 4-12 weeks have shown it may be beneficial as potential first line therapy in mild to moderate depression. In 2008, a systematic review of 29 studies suggested that St. John's Wort may be more effective than placebo and equally as effective as tri-cyclic antidepressants and selective serotonin reuptake inhibitors (SSRI's).[5,7,8]
- The extract standardized to 0.3% hypericin content has been used in most clinical studies. [5]
- Side effects include insomnia, agitation, stomach discomfort and sensitivity to sun and light.[2]
- Note that St. John's Wort has shown to interact with multiple medications and reduce their effectiveness due to its action on a liver enzyme. It may cause a life threatening condition known as serotonin syndrome if taken with antidepressants.[5,6]

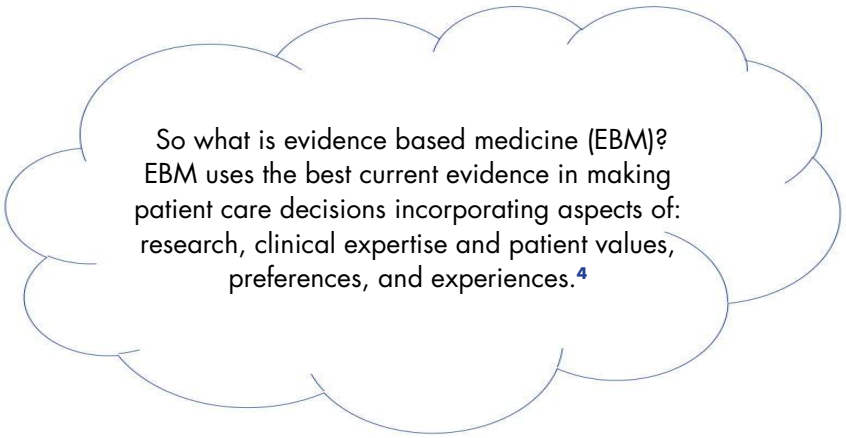
S-ADENOSYL-L-METHIONINE (SAMe)

- SAM-e is a synthetic version of a naturally occurring amino acid found in the body. As noted by the Natural Medicines database SAM-e "contributes to the synthesis, activation, and/or metabolism of hormones, neurotransmitters, nucleic acids, proteins, phospholipids, and some drugs."[5]
- Some systematic reviews indicated it may be used as second line therapy of mild to moderate depression. However information on long term use and prevention of relapse is limited.[6]
- In individuals with bipolar resistant to treatment, SAM-e has not been shown to improve depressive symptoms.[5]
- SAM-e is generally well tolerated, common side effects include nausea, and stomach upset.[2]
- Much like St.John's wort, SAM-e may increase the risk of serotonin syndrome if taken with certain medications.[5]

PASSION FLOWER

- Passionflower is a woody, perennial, climbing vine. It has traditionally been used for its anti-anxiety and sedative properties.[5,8]
- Early research has shown that passionflower may reduce nonspecific symptoms of anxiety by acting in a similar way as benzodiazepines. Overall, results are limited to specific extracts of passionflower.[5]
- A small study comparing passionflower and two drugs in reducing anxiety noted a similar, small degree of effectiveness.[5,8]
- It is generally considered safe, common side effects include dizziness, confusion and sedation.
- It is advised to avoid taking passionflower with stimulants or depressants of the central nervous system.[8]

Bottom Line: Many of the studies used to evaluate these products have limited, inconsistent and unreliable evidence due to small sample sizes and methodological flaws (such as lack of placebo control, randomization etc.). As well, they generally reflect results of short-term, rather than long-term use of these products. Similar to prescription drug therapy, the use of NHPs has risks and benefits. The balance between risks and benefits can be individualized to a patient based on a variety of factors such as current prescription use, age, health status, medical conditions, and for women, whether they are pregnant or nursing. As well, provincial health plans and private insurers may not cover the cost of Natural Health Products. Ultimately, a discussion with a trusted healthcare provider prior to using complementary health products ensures that a shared, and informed treatment decision is made. ■



ADDITIONAL RESOURCES REGARDING NATURAL HEALTH PRODUCTS:

- Health Canada, Consumer information regarding Natural Health Products
  - *http://www.hc-sc.gc.ca/dhp-mps/prodnatur/faq/question_consum-consom-eng.php*
  - *https://www.canada.ca/en/health-canada/services/drugs-health-products/natural-non-prescription/regulation/about-products.html*
- National Center for Complementary and Integrative Health: *https://nccih.nih.gov/about*

REFERENCES

1. Functional Foods and Natural Health Products, Government of Canada Available from: http://www.agr.gc.ca/eng/industry-markets-and-trade/canadian-agri-food-sector-intelligence/functional-foods-and-natural-health-products/trends-and-market-opportunities-for-the-functional-foods-and-natural-health-products-sector/opportunities-and-challenges-facing-the-canadian-functional-foods-and-natural-health-products-sector/?id=1410206902299
2. CPS [Internet]. Ottawa (ON): Canadian Pharmacists Association. Available from: http://www.e-therapeutics.ca. [Database Subscription]
3. Complementary Medicine, My Health Alberta. Available from: https://myhealth.alberta.ca/Health/pages/conditions.aspx?hwid=aa63785
4. JAMA Users' Guide to the Medical Literature. Available from: https://jamaevidence.mhmedical.com/Book.aspx?bookId=847
5. Omega-3 fatty acids, St. John's Wort, SAM-e, Passionflower. Natural Medicines Database Website. Available from: naturalmedicines.therapeuticresearch.com. [Database Subscription]
6. Canadian Network for Mood and Anxiety Treatments (CANMAT) 2016 Clinical Guidelines for the Management of Adults with Major Depressive Disorder: Section 5. Complementary and Alternative Medicine Treatments. Available from: https://www.ncbi.nlm.nih.gov/pubmed/27486153
7. Linde K, Berner MM, Kriston L. St. John's wort for major depression. Cochrane Database of Systematic Reviews. 2008 [edited 2009]. Available from: https://www.ncbi.nlm.nih.gov/pubmed/18843608.
8. National Center for Complementary and integrative Health website. Available from https://nccih.nih.gov/.

Mindfulness, In Motion

WORDS AND IMAGES BY ANNA

I am sitting in the world's most uncomfortable chair. The springs have been digging into my back for the last two hours. The room's too hot and it smells like leftover lasagna. I kind of need to go to the bathroom. Clearly, it's time for a break. I'm frantic to stand up, stretch, and get some air. The teacher pauses on the very last PowerPoint slide and then, and in that smothering afterschool-special voice, says: "let's all take a mindful moment." Sigh. Here we go again. Grudgingly, I close my eyes and prepare to fail. I'll pretend to clear my mind while I ruminate about the report due tomorrow. Instead of listening to my breath, I scan for my asthma wheeze. Peaceful focus falls over the room while my brain clangs and crashes, screaming that I'll never be able to do this mindfulness stuff. I should give up right now. I'm not cut out for this practice. Who wants to be mindful anyway?

I don't know about you, but it seems like everywhere I go people are talking about *mindfulness*. Psychologists rave about it, it pops us on websites and social media, and grocery store magazines advertise "10 mindful secrets for your zen-est life!" As I worked on my anxiety toolbox over the past few years, mindfulness kept coming up as an option, but I could never figure out how to actually do it. In theory, mindfulness sounded fairly straightforward. Jon Kabat-Zinn – one of the first professionals to use this practice as mental health treatment — defines mindfulness as "awareness that arises through paying attention, on purpose, in the present moment, nonjudgmentally."[1] So, it's about noticing what's happening right now, sort of the opposite of being mind*less*. The many stated benefits of mindfulness can include:

- Encouraging a focus on the present moment rather than worrying about the future (ex., "what I need to be doing") or worrying about the past (ex., "what I should have done differently").[2]
- Learning to recognize emotional states to help regulate feelings[3]
- Responding to stress by observing feelings and thoughts in the moment and *choosing* how to respond instead of just automatically reacting.[4]
- Developing "kindness, curiosity, [and] acceptance" of experiences as opposed to categorizing and judging our thoughts, feelings, or self as good or bad.[5]
- Helping us to "experience thoughts and emotions as temporary states, rather than as identifying characteristics."[6]

I definitely wanted all of these benefits! Unfortunately, until a few months ago, every mindfulness method I tried left me feeling claustrophobic and more worried than I was before. Mindfulness was always presented to me as a thing that you did sitting down, being quiet, and staying still. I'm not a sit still person. I'm made out of bouncy balls. I came to believe the mindfulness was for good, mature, calm people and I would just have to stay anxious (see all the judgments there? Yikes).

This summer I spent a good chunk of time worrying about what to write about for issue 3 of *Unseen*. I had an hour to burn before an appointment and was wandering around downtown. As my anxiety churned I thought, "let's give this blah mindfulness thing one more try, maybe it'll help me think of something." I walked down Jasper Ave and tried to get into the present moment by checking off all the things I could sense. I really *looked at* the grey of the sidewalk, the gum stains, the smoke drifting up from a half-crushed cigarette. I *heard* the buses gasping their brakes and a chugging motorcycle. I *felt* the push of my toes against the ground, the weight of my backpack, the swing of my ponytail, the heat of the July sun on my shoulders. I *smelled* exhaust, and pollen, and garlic from the restaurant on my right. I didn't *taste* much of anything. I cycled through seeing, hearing, and feeling. I was astounded by how much sensory information could live inside 30 seconds. Without meaning to, I felt the crazy rainbow of sensory experiences settle into a strange quiet. It was as though I had stepped back and was looking at myself. I could see my thoughts from the outside and the volume on my worries about what to write for the magazine, and what's for dinner, and whether I was being productive enough at work turned way down. As I continued my wander, I could feel myself get distracted and would try to come back ("gently" as they say in mindful practice) to paying attention to my senses and surroundings. My rapid walking speed released me from feeling like my energy would burst out of my skin and freed up my mind to stay inside the moment. If I moved fast enough, I could even hold my attention on just my breathing. Within fifteen minutes I was feeling calm and happy from my micro-mental holiday. With so much to see and feel and notice there was much less room in my brain to feel anxious. I had finally found a way into mindfulness!

I am still pretty early in my experiments with mindfulness. I have tried it while running for the LRT, driving to a meeting, and for just five breaths at a time during random transitions in my day. More than anything, I am trying to test out mindfulness without judging myself for how it goes or how I feel about it. In talking with my therapist colleagues and doing some research for this article, I've started learning about "mindful movement" and "walking meditation," [7] forms of mindful practice involving specific movements and close attention to how movement feels in the body. I wish I'd known sooner that these exist! There are so many ways to be mindful, and we can all chose what works for our own minds and bodies. I'll probably never be an anxiety-free, zen master but I have already experienced the astonishing magic of all the sensations, sounds, thoughts, ideas, feelings, and dreams that can happen in just a single moment of being alive. ■

1 As cited in Jon Kabat-Zinn: Defining Mindfulness: What is mindfulness? The founder of Mindfulness-Based Stress Reduction explains. By Mindful Staff | January 11, 2017: https://www.mindful.org/jon-kabat-zinn-defining-mindfulness/)

2 Kind, S. & Hofmann, S. G. Oct 2, 2016. Facts about the effects of mindfulness. https://www.anxiety.org/can-mindfulness-help-reduce-anxiety

3 Kind, S. & Hofmann, S. G. Oct 2, 2016. Facts about the effects of mindfulness. https://www.anxiety.org/can-mindfulness-help-reduce-anxiety

4 Kind, S. & Hofmann, S. G. Oct 2, 2016. Facts about the effects of mindfulness. https://www.anxiety.org/can-mindfulness-help-reduce-anxiety

5 Witkiewitz, K., Roos, C. R., Dharmakaya Colgan, D., Bowen, S. 2017. Mindfulness. Hogrefe Publishing Corporation. Boston, MA. p. 2

6 Witkiewitz, K., Roos, C. R., Dharmakaya Colgan, D., Bowen, S. 2017. Mindfulness. Hogrefe Publishing Corporation. Boston, MA. p. 3

7 See: https://www.frontiersin.org/articles/10.3389/fnhum.2015.00297/full and https://ggia.berkeley.edu/practice/walking_meditation

CURRENT INTERVENTIONS IN PLACE FOR PERSONS WHO INJECT DRUGS:

Efficacy of Safe Injection Sites and the Opioid Crisis in Canada

BY SASHA, SOFIA-ANASTASIYA, JIWON, AND KATIE

Addiction is a chronic issue that spans across social, biological, and psychological domains. In turn, addiction impacts the individual with the addiction as well as people in their lives and communities; therefore, interventions for addiction must address these domains in order to benefit both Persons who Inject Drugs (PWID) and the public. There are many types of injectible drug use, however, this article will focus primarily on the risks from injected opiate/opioid* use. Given the substantial health risks and costs associated with injected opiate/opioid use, the minimal decreases in general drug injection (when current interventions are offered), and high rates of relapse in PWID, there is a need to examine the efficacy of the existing social, pharmaceutical, and stigma focused interventions available for PWID in Canada. This article will examine some of the current interventions and compare them to the presence of Safe injection sites (SIS) (these sites are a valueable way to support PWID). ▸

LEGEND FOR ACRONYMS

HIV: human immunodeficiency virus
PWID: persons who inject drugs
SIS: safe injection site
MMT: methadone maintenance therapy

Social Interventions

On a social level, addiction is primarily seen as a criminal problem, which is reflected by government budgets focused on enforcement and justice initiatives in addressing illicit use.[1] In line with abstinence models of drug use, law enforcement initiatives adopt zero-tolerance policies aimed at eliminating drug use by punishing individuals for their drug related activity[1]; examples of punitive measures can include increased surveillance including searches, confiscation, and arrests for possession and/or dealing of illicit substances.[1,2,3]

Social intervention through police enforcement has been shown to be ineffective at reducing drug related crime, and has been shown to contribute to an increase in health consequences for PWID, creating public health issues. Across multiple studies, the main objectives of enforcement initiatives were identified as reducing public disorder issues (examples being drug-related crime and signs of drug use).[1,2,3] Police initiatives consistently resulted in temporary reductions of the visible drug scene, while issues of public drug use would be displaced to other communities.[1,2] Meanwhile, increased surveillance has repeatedly shown to have minimal effects on drug markets, which continue to thrive[2].

More seriously, police interventions were strongly associated with negative public health consequences.Researchers found that police presence negatively influenced PWID access to syringes and their willingness to carry syringes.[3] Syringe confiscation was frequently reported by PWID, even though possession of sterile syringes is not prohibited by Canadian law.[1] Consequently, PWID would avoid carrying injecting equipment to avoid police harassment.[1,3] Lack of sterile equipment spurred unsafe injection practices and disposal of syringes, such as leaving used syringes in public and use of contaminated needles across PWID. Police presence also caused PWID to relocate to unfamiliar places, placing them at higher risk for overdose. Because the displaced locations are usually secluded, PWID are removed from services that can provide clean equipment and emergency medical attention; this makes overdosing more likely to be fatal.[1,2] Displacement of PWID causes disruption to social services such as addiction programs (an example being methadone maintenance treatment (MMT)**), and nursing programs. If support staff, such as street nurses, are unaware of their client's location, contacting clients can become difficult.

Pharmaceutical Interventions

Pharmaceutical interventions for opiate/opioid addictions involve two main approaches: detoxification with permanent abstinence from opiate/opioid, or drug replacement therapy which

1 Small, W., Kerr, T., Charette, J., Schechter, M. T., & Spittal, P. M. (2006). Impacts of intensified police activity on injection drug users: Evidence from an ethnographic investigation. *International Journal of Drug Policy*, *17* (2), 85-95.

2 Aitken, C., Moore, D., Higgs, P., Kelsall, J., & Kerger, M. (2002). The impact of a police crackdown on a street drug scene: evidence from the street. *International journal of drug policy*, *13* (3), 193-202.

3 Rhodes, T., Mikhailova, L., Sarang, A., Lowndes, C., Rylkov, A., Khutorskoy, M., & Renton, A. (2013, July). Situational factors influencing drug injecting, risk reduction and syringe exchange in Togliatti City, Russian Federation: a qualitative study of micro risk environment. *Social Science & Medicine*, *57* (1), 39-54. doi:https://doi.org/10.1016/S0277-9536(02)00521-X

is maintained throughout an individual's life.[4] Immediate drug termination is not an effective treatment because it fails to address the brain changes that occur after an individual abuses drugs; therefore, this approach results in high rates of failure to rehabilitate PWID.[4,5] Opiate/opioid agonist substitution therapy is more commonly used in treating addiction (an example being MMT**).[6] More information on pharmaceutical interventions can be found in any of the following articles: ([4,6,7,8,9,10]).

Stigma

Stigma associated with drug misuse has been found to have negative effects on the health of PWID and is a lead cause for decreased treatment retention.[5] From self-report studies, a prevalent concern among PWID receiving treatment was the lack of direction that MMT could provide for re-entering mainstream communities. Clients anticipated rejection from future employers, which caused further marginalization.[10] The stigma often leads to clients ending treatment before they are ready, resulting in their return to unstable physical and social conditions, which can minimize their chances of receiving further treatment. Researchers found that clients on MMT for longer periods of time experience less stigma, but that the stigma surrounding drug use is highly pervasive during early stages of treatment and can strongly impact the individual's ability to remain in treatment.[5] Along with dosage, family support of treatment was found to significantly influence treatment retention.[5,10] Overall, studies show that confronting drug related stigma increases the effectiveness of treatment initiatives.

What does this mean?

One factor that can reduce high individual and societal costs from illicit drug injection is the presence of Supervised Injection Sites (SIS) (these sites are also referred to as safe injection sites or facilities). SIS are equipped with staff members trained to provide support in case of emergencies such as overdose; the staff are also equipped to teach PWID proper injection practices[11]. Contrary to the public perception that SIS will encourage drug use and/or relapse, a 2-year longitudinal*** study found no evidence of change in relapse rates when comparing the behaviors of PWID before and after the facilities opening. In fact, SIS's were associated with decreased numbers of PWID relapsing into binge-drug use. Similarly, studies show that the use of SIS, especially when consistent, was associated with decreases in unsafe injection habits leading to injury or infection.[12,13] There was also a decrease in PWID injecting outdoors.[14] Consistent SIS use was associated with increases in safe injection habits.[13] Another study showed that death from accidental overdose decreased by 35% within a 500m radius around a SIS in downtown Vancouver. However, the fatal overdose rate in the rest of the city outside the perimeter of

4 Dorp, E. L., Yassen, A., & Dahan, A. (2007). Naloxone treatment in opioid addiction: The risks and benefits. Expert Opinion on Drug Safety, 6(2), 125-132. doi:10.1517/14740338.6.2.125

5 Tran, B. X., Vu, P. B., Nguyen, L. H., Latkin, S. K., Nguyen, C. T., Phan, H. T., & Latkin, C. A. (2016). Drug addiction stigma in relation to methadone maintenance treatment by different service delivery models in Vietnam. *BMC Public Health, 16* (1). doi:10.1186/s12889-016-2897-0

6 Gossop, M., Marsden, J., Stewart, D., & Treacy, S. (2001). Outcomes after methadone maintenance and methadone reduction treatments: Two-year follow-up results from the National Treatment Outcome Research Study. *Drug and Alcohol Dependence, 62* (3), 255-264. doi:10.1016/s0376-8716(00)00211-8

7 Alberta Health Services. (n.d.). Service. Retrieved April 17, 2018, from https://www.albertahealthservices.ca/info/service.aspx?id=100028

8 Alcaraz, S., Trujols, J., Sinol, N., Duran-Sinderu, S., Batlle, F., & Cobos, J. (2016). Exploring predictors of response to methadone maintenance treatment for heroin addiction: the role of patient satisfaction with methadone as a medication. *Heroin Addiction and Related Clinical Problems* , *19* (4), 35-40.

9 Booth, R. E., Corsi, K. F., & Mikulich-Gilbertson, S. K. (2004). Factors associated with methadone maintenance treatment retention among street-recruited injection drug users. *Drug and Alcohol Dependence, 74* (2), 177-185. doi:10.1016/j.drugalcdep.2003.12.009

10 Rozanova, J., Marcus, R., Taxman, F. S., Bojko, M. J., Madden, L., Farnum, S. O., Altice, F. L. (2017). Why People Who Inject Drugs Voluntarily Transition Off Methadone in Ukraine. *Qualitative Health Research, 27* (13), 2057-2070. doi:10.1177/1049732317732307

11 Bayoumi, A.M. & Zaric, G.S. (2008). The cost-effectiveness of Vancouver's supervised injection facility. *Canadian Medical Association Journal* , *179* (11), 1143-1151. http://dx.doi.org/10.1503/cmaj.080808

12 Kerr, T., Wood, E., Grafstein, E., Ishida, T., Shannon, K., Lai, C., Montaner. J., & Tyndall, M.W. (2005). High rates of primary care and emergency department use among injection drug users in Vancouver. *Journal Of Public Health* , *27* (1), 62-66. http://dx.doi.org/10.1093/pubmed/fdh189

13 Kerr, T., Stoltz, J.-A., Tyndall, M., Li, K., Zhang, R., Montaner, J., & Wood, E. (2006). Impact of a medically supervised safer injection facility on community drug use patterns: a before and after study. *BMJ : British Medical Journal* , *332* (7535), 220–222.

14 Stoltz, J., Wood, E., Small, W., Li, K., Tyndall, M., Montaner, J., & Kerr, T. (2007). Changes in injecting practices associated with the use of a medically supervised safer injection facility. *Journal of Public Health*, *29* (1), 35-39. http://dx.doi.org/10.1093/pubmed/fdl090

SIS only decreased by 9%[15]; this suggests that the presence of SIS has more positive impacts on the health of PWID. Even unsanctioned SIS (not funded by the government) were shown to have successfully supervised over 3000 injections with no cases of overdose.[16]

Studies have also found relationships between the presence of SIS and public order that contradicts the concern that drug-related crime (drug trafficking or assault) may increase near injecting facilities. A study reported no such increase in the neighborhood of a SIS in Vancouver when comparing the year before and after its opening.[17] When looking at the crime rate beyond drug-related activities, SIS were associated with decreases in property violation and other violent crimes[18]; and, while the crime rate near SIS decreased by approximately 42 crimes per week (this was shown to be a lasting change), the city-wide crime rate did not show any change. This suggests that exposure to treatment and systematic protections for PWID through SIS may lead to reduced crime. As well, other researchers found that, in comparing the time before and after Vancouver's SIS opening, there was a significant decrease in the number of PWID injecting in public and the amount of drug-related litter after the opening.[19] Again, this shows a relationship between SIS's and increases in public order. In contrast to the police interventions (see references [1, 2, 20]) the studies on SIS's unanimously show positive social and biological impacts for the lives of PWID while also providing no negative impacts to the health of PWID or to society.

Going forward, we must challenge policy makers to change their methods of managing drug addiction. As mentioned previously, research has identified the methods that are not successful at managing addiction (zero-tolerance polices, police intervention) and has noted those that are more helpful (SIS, stigma reduction, community support). Currently, in Canada, there are 30 SIS's open. These sites exist in Edmonton, Calgary, and Lethbridge, Alberta; Kamloops, Kelowna, Surrey, Vancouver, and Victoria, British Columbia; Ottawa and Toronto, Ontario; and Montreal, Quebec.[21] The presence of these sites is a huge step towards a future with less accidental deaths from overdose, and hopefully a step towards a future with increased education, research funding, as well as a reduction in the stigma that surrounds PWID. ■

**The words opiate and opioid appear similar, but the words have different meanings. Opiate refers to drugs that are directly derived from the opium poppy (examples being "street drugs": heroin). While Opioid refers to synthetic drugs made to mimic the effects of drugs directly derived from the opium poppy (examples being prescription painkillers: fentanyl, oxycodone). We are noting both in this article because prescription opioids can be abused in similar ways to opiates and the two classes of drugs are related in their use and misuse.*[22]

***Methadone Maintenance Treatment (MMT) is often used to help treat heroin addiction. Methadone acts as a replacement drug to limit the amount of withdrawal side effects when coming off of street heroin. Methadone is more effective than quitting "cold turkey" due to its extended and less potent drug effects, which delay heroin withdrawal symptoms4. Commonly, this treatment is both dispensed and consumed under medical supervision9. Within Alberta, clients pay for their medication unless they are covered by insurance, Income Support, or First Nations Inuit Health Branch.*[23]

****Longitudinal research often consists of researchers following the same individuals for the duration of a study and for extended periods of time (ex. For several years).*

15 Marshall, B. D., Milloy, M. J., Wood, E., Montaner, J. S., & Kerr, T. (2011). Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study. *The Lancet* , *377* (9775), 1429-1437.

16 Kerr, T., Oleson, M., Tyndall, M., Montaner, J., & Wood, E. (2005). A description of a peer-run supervised injection site for injecting drug users. *Journal of Urban Health, 82* (2), 267-275. doi:10.1093/jurban/jti050

17 Wood, E., Tyndall, M. W., Lai, C., Montaner, J. SG., & Kerr, T. (2006). Impact of a medically supervised safer injecting facility on drug dealing and other drug-related crime. *Substance Abuse Treatment, Prevention, and Policy, 1* (13). doi:10.1186/1747-597X-1-13

18 Myer, A., & Belisle, L. (2017). Highs and lows: An interrupted time-series evaluation of the impact of North America's only supervised injection facility on crime. *Journal Of Drug Issues*, *48* (1), 36-49. http://dx.doi.org/10.1177/0022042617727513

19 Wood, E., Kerr, T., Small, W., Li, K., Marsh, D. C., Montaner, J. S., & Tyndall, M. W. (2004). Changes in public order after the opening of a medically supervised safer injecting facility for illicit injection drug users. *Canadian Medical Association Journal* , *171* (7), 731-734.

20 Murphy, E. L., DeVita, D., Liu, H., Vittinghoff, E., Leung, P., Ciccarone, D. H., & Edlin, B. R. (2001). Risk factors for skin and soft-tissue abscesses among injection drug users: a case-control study. *Clinical Infectious Diseases*, *33* (1), 35-40.

21 Health Canada. (2018, July 12). Supervised consumption sites: Status of applications. Retrieved July 22, 2018, from https://www.canada.ca/en/health-canada/services/substance-abuse/supervised-consumption-sites/status-application.html

22 Meyer, J.S., Quenzer, L.F. (2005). *Psycopharmacology: Drugs, the Brain, and Behaviour*. Sunderland, MA: Sinauer Associates, Inc.

23 Government of Alberta. (2018). Opioid and substance misuse, Alberta Q1, 2018 interim report. *Alberta Health, Analytics and Performance Reporting*. Retrieved 5 April 2018, from https://www.alberta.ca/opioid-reports.aspx


WAY OUT

WHAT I WANT MY FRIENDS TO KNOW ABOUT MENTAL HEALTH

If there was one thing that you would want your friends to know about living with a mental health concern, what would you want it to be?

"I wish my friends knew that they don't have to treat me differently just because they now know that I have a mental illness." **Anonymous**

"I know that during the bad times that I am acting irrational. During those times, I crave and need validation to help me combat the negative thoughts. I know when I ask you to confirm that you're not mad at me that you aren't, but...my brain needs to hear it from you." **Josh**

"**For me the one thing I would say to my friends is to always be the beautiful distraction I know they can be.** Nothing brightens my day more than being included in things that pull me away from my own headspace. Sometimes I might not be available. But the continuous bugging always makes me feel acknowledged and loved. I have my doctors and my records to help with my therapy and working out situations. But to have friends who are willing to invite me to things will always trump over being in my own headspace and alone." **Mike**

"I don't have control when my depression hits, or my anxiety." **Grace**

"If I'm acting like a 5 year old it's because I feel like a 5 year old. Panic and flashbacks don't have any maturity." **Carmen**

"I wish my friends knew that everyone has different symptoms; nobody is going to fit into the perfect label for anxiety or depression." **Natalie**

"I want my friends to know that mental illness isn't a competition. When I'm expressing what's going on in my life, I need my friends to listen, not tell me how much worse their story or situation is. I want my friends to know that

sometimes I don't feel like talking about what's going on, and when I say "I don't want to talk about it," I mean it. Badgering me to talk doesn't help, it makes it worse. Sometimes I just need my friends to distract me or comfort me in silence. I want my friends to know that I'm sorry when I shut them out. There are times where I can't leave my bed or pick up my phone to text them back. It's nothing they've done, it's just how I get sometimes. I want my friends to know that even though I'm struggling with my mental health, I will always be there for them when they are struggling too." **Tiana**

"I would want my friends to know: just because I'm having a good time doesn't mean my depression is gone; you don't have to say much, just sit there and listen; **it's okay if you don't know what to do to help**; how to properly help (if they try to help); not to just nod their heads; not to leave me alone for me to 'cool off'; not to readily ask if I'm okay." **Maddy**

"I wish my friends knew that I am okay to talk about how I am feeling and how they are feeling. **I wish my friends knew that just because there is mental illness in my family does not mean I am weak and sensitive, it means I am strong and brave**." **Ella**

"**I wish my friends knew that it's okay to talk about their mental health without using satire**. They can always talk to me openly and honestly without joking about symptoms to try and make the conversation lighthearted. I want them to know that no matter what I will always support and love them for exactly who they are." **Victoria**

"**I want my friends to know that I appreciate their constant support when I am feeling stressed or overwhelmed.** Even though we each have busy lives at work and school, simple gestures like sending a quick text message, or sharing a funny video goes a long way in staying connected and most of all, reminding me that I am not alone when it comes to caring for my mental wellbeing." **Jasmine**

"I think one thing I'd like the ones I love to know is that I want to share what's bothering me when they ask, I just don't want to bring them down with me." **Jen H.**

"Mental illness is not like a common cold. You have to constantly work at it. Every day, you have to decide whether it is worth the fight or if this is the day when everything ends. For some people, you may think, "*How can someone feel this way? What could possibly be so bad in their life that it would be worth taking your own life?*" Every person struggles differently. It took me many years to realize that I truly was struggling. I was slowly reaching a breaking point, getting closer and closer to a wall that I eventually crashed into. I had fallen as low as I could get and I was in such a dark place. I had made a plan to end my life. I had lost all hope in myself and I had

decided it was not worth the fight anymore. But just when I believed I had lost everything, I had a friend reach out to me. I did not want help, not even from one of my closest friends. I felt like I was alone and therefore was needing to face my struggle by myself. This lady helped kickstart my brain. She helped me to see that it's okay to ask for help. From that point I was then connected with a set of women that have become a guiding light on my journey. They saw my struggle, but also saw the fuel behind me - the desire to fight and face this head on. They were there for me through the good, bad, and ugly. They helped to talk me down when I felt that I had lost my way. **Sometimes all you need is someone just to say *"You are worthy! I am here. I am not leaving you now."*** I won't say that the fight was easy but in the end it was worth it. There were times when I lost track of the person I was trying to be, but no matter what was going on my support system was always there. I am able to look back at that dark point and see how far I have come. Through all the tough times, I have now discovered my why. I have also learned that, with support and motivation you can achieve things you never thought were possible. So if you or someone you know is struggling, it's okay to reach out for help. Everyone deserves to have someone on their side. And always remember that you are not alone, we all have our own things, and everyone needs a little extra help from time to time." **Kelsey**

"I have good days and bad days. When the days are bad, I don't feel like myself and I'm aware something is off. I don't need you to understand, but please don't worry about me - just love me until I come back. I'm working on it. I've battled this for a year, and my whole life before I got professional help. It's not an excuse - I AM working on it, but it still gets the best of me sometimes. Please don't try to give me MORE tips and advice to get over depression. It's likely I'm exercising, spending time with friends, writing down things I'm grateful for, and drinking lots of water. **I don't need my friends to fix me. I have doctors and specialists. If they want to be a part of my journey, the most helpful thing they can do is love me, believe in me, and be compassionate enough to sit with me in times of discomfort, and just say: *"that sounds hard and I love you. Want to play Mario Kart?"*** This is coming from me who is intentionally pursuing growth and maturity around mental health. It might be different if someone was just learning about their mental health and discovering it, but it's important to have people who are curious, and not judgemental, as a support system. Judgement tries to fix. Judgemental friends say "*I assess you to be disturbed! Awful! Here is a cure! Please stop making me so uncomfortable! I would never let myself get that way!*" Real friends love and encourage and even try to understand." **Tessa** ■

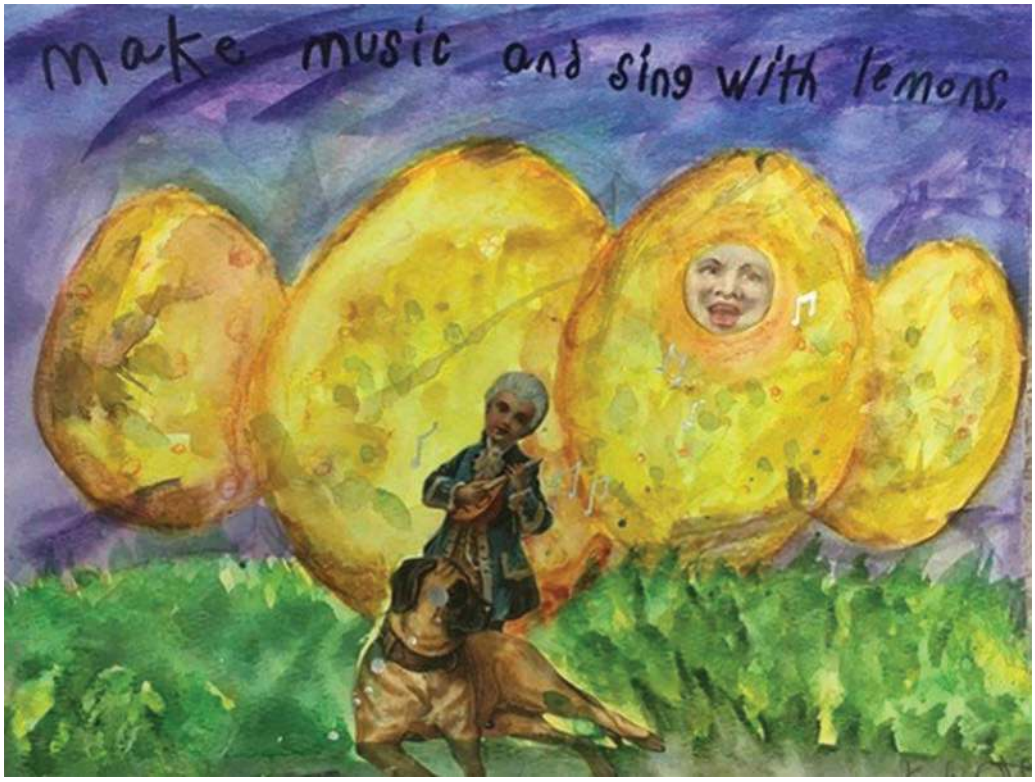


ILLUSTRATION:
Karter

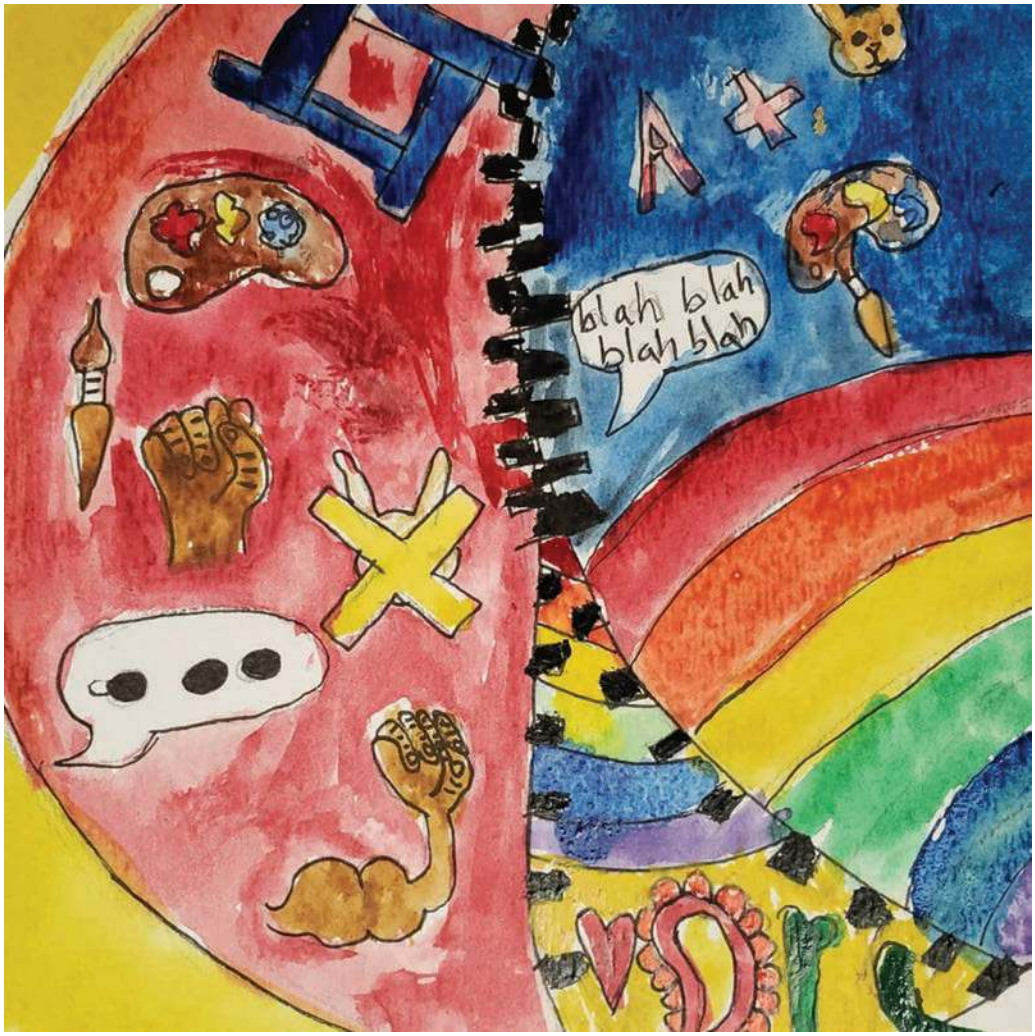


ILLUSTRATION:
Liliana

A Note On NEURODIVERSITY

BY RACHEL G.

IMAGE

HR Magazine (2017).
Why firms are embracing neurodiversity.
Higginbottom.

A psychological condition is deemed a disorder if it exemplifies the 3D's: it must be Distressing (to oneself or others), be Dysfunctional, and seen as Deviant (this last one is not as important).[1] But, there are some neurological disorders such as Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD) that hold a heavy label as a "neurological disability" that may be better seen as "neurological differences." Instead of calling people living with these diagnoses "disabled," it's much friendlier and (and in my opinion, correct) to use "neurologically diverse."

It was surprising at first to be diagnosed with ADHD when I was in high school – I did well in school, and never considered myself as being "disordered." I always considered myself a quick thinker, and sometimes my thoughts could get carried away easily. In some situations, this was a nuisance. For example, when I talk with peers I can easily go off on a tangent and ramble a two-minute question into a full conversation. Or, I struggle to finish my exams in time. Writing my MCAT this summer – sitting at a computer for 7-hours taking a test – was probably the hardest thing I've ever done. But, is my condition distressing and dysfunctional? Only in a few contexts.

Diversity is not a new topic. We use diversity when describing human race or sexual orientation, but socially, this hasn't been fully extended to how we and others think.

Outside of school I work as a server and bartender at an Italian restaurant. In some ways, I believe my neurological condition allows me to excel in this position. When I'm working it's all "go-go-go"; at any given time there's many tasks to think of around me – answering the phone, clearing plates, taking orders, estimating

1 Butcher, J., Mineka, S., & Hooley, J. (2007). Abnormal psychology and modern life (13th ed.). Boston, MA: Allyn & Bacon.

order times, scanning for empty water glasses, making drinks. In a way, being a quick thinker helps me move quickly and jump from task to task. At work is my ADHD dysfunctional or distressing? Not at all.

Neurodiversity is central to ASD as well. My father has Asperger's Syndrome (which is now recognized as ASD), which is a high-functioning form of autism. In some situations, his condition can be distressing: in certain social contexts, he can come off as awkward and admits he has difficulty forming friendships. However, what I admire most about my father is how he thinks. He is a very intricate, visual thinker, and can easily grasp new concepts and apply existing knowledge to them. By valuing his differences, he's made a successful career as a software engineer and has four patents in relation to communication technology. Does his condition cause him distress and can it be dysfunctional? In some situations, yes. But he would never see himself as a disordered individual, just different.

You'd be surprised how many historical innovative thinkers are now described as having aspects of ASD: Thomas Jefferson, Paul Dirac, Albert Einstein, Nikola Tesla, Michaelango, Mozart, Henry Cavendish, Sir Isaac Newton – writers, presidents, poets, artists, scientists, physicists.[2] Our world would not be where it is today without their brilliance. Many of these individuals noted their struggles with their differences from others. But, would you call these people "disabled" or "disordered"? Clearly not. "Neurologically diverse" – definitely.

Although I believe it is helpful to fund research that seeks treatment for these sorts of "disorders", it is more important we focus on changing the negative stigma and finding a place for those who are neurologically different. Focusing on treatment takes on a perspective that sees these disorders as something that needs to be cured. These genetic differences are not errors, but simply natural variation that pose advantages. Ideally, I believe our society should instead focus on incorporating individuals – such as creating jobs they can excel in, or accommodating curriculums to better help their style of learning. This way we encourage those with neurologically different minds to instead discover and celebrate their strengths. ■

2 Applied Behavior Analysis Programs Guide (2018). History's 30 Most Inspiring People on the Autism Spectrum. https://www.appliedbehavioranalysisprograms.com/historys-30-most-inspiring-people-on-the-autism-spectrum/

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

Alberta Health Services. Jan, 2011. Addiction and Mental Health – Edmonton Zone: *Pocket Guide to Community Supports.*

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

THANK YOU!

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Matera Family from M.A.P. Group of Companies.
Your support helps us build our platform for youth advocacy!

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CASA Foundation

CASA Child, Adolescent and Family Mental Health

UNSEEN
contributors

CADENCE, *Unseen Magazine* Subcommittee Co-Chair & CASA Youth Council Member, Age: 22

"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, *Unseen Magazine* Subcommittee Member, Age: 24

"Animal foster. PTSD fighter. Picture taker."

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

: 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.

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

ELLA, Social Media Subcommittee Chair & CASA Youth Council Member, Age: 16

Quirky. Sister. Lover of nature.

: I became involved with Unseen because I see importance in many small voices contributing to a larger impact. I got involved with CASA CYC because I wanted to learn more about the mental health community and be a an advocate for youth mental health. My only goal is to someday be able to live in a society where it is okay to just be who you are and not be judged or discriminated against.

: I love to road bike and mountain bike, or even just cruise along Edmontons bike paths. I also enjoy hiking and adventuring outdoors and love little weekend escapes to the mountains. I am also a very big art enthusiast, dance, theatre, artwork, you name it I'm there!

JASMINE, CASA Youth Council Member, Age: 21

Dessert-lover. Cultural Enthusiast. Aspiring Globetrotter.

: To raise awareness for youth mental health and spark conversation in the hopes of reducing stigma to foster engaged and inclusive communities. Ultimately, facilitating an environment where individuals living with mental illness feel empowered and supported.

: Cooking, reading, playing soccer and tennis, biking, playing board games.

MACKENZIE, *Unseen Magazine* Subcommittee Member, Age: 21

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

: 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.

MADELEINE, Community Education Subcommittee Co-Chair & CASA Youth Council Member, Age: 20

Lifelong learner. Big sister. Lover of the arts.

: To improve the experiences of youth living with mental illness by breaking down stigma and increasing awareness in the community, schools, and in the health system. Living with mental illness throughout my youth has opened my eyes to a lack of support. I want youth to be able to access mental health resources more easily than I was able to. I would like teachers to be able to understand and better support their students with mental illness.

: Nature walking, dancing, volunteering, yoga, journaling, writing, crafting, reading, singing, bracelet making.

RACHEL, Unseen Magazine Subcommittee Co-Chair & CASA Youth Council Member, Age: 19

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

: 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.

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

RONG, CASA Youth Council Member, Age:15

Poems, Volleyball, Nature

: Unseen is an opportunity for me to unite together two things I'm passionate about - writing and mental health. With my writing, I hope more people will become aware of how important mental health is and try to help those around them. That is another thing I try to achieve in my writing - teaching people how to help the people around them that have problems with their mental health.

: Writing, reading, playing the flute

SASHA, CASA Youth Council Member; Age: 21

: I am involved with both Unseen and the CASA youth council because I am passionate about decreasing the stigma surrounding addictions and mental health concerns. I am especially interested in how science and research, as well as personal lived experiences, can inform health care programming to improve the lives of people who need to access resources for mental health and addictions.

TIANA, CASA Youth Council Member, Age: 22

"Dancer. Serious about mental health. Psychology student."

: To share my experiences and promote awareness for mental health and end the stigma around it. I hope that at least one person can relate to what I've been through, and that my story can help in any way! My end goal is to become a youth clinical psychologist.

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

VICTORIA, Community Outreach Subcommittee Co-Chair & CASA Youth Council Member, Age: 18

"Lifelong learner. Tattoo devotee. Mental health advocate."

: 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 stigma free environment of understanding and support for mental health is something that has and always will be extremely important to me.

: Netflix binging, baking, playing guitar, exercising, daydreaming, spending too much money, studying.

AMANDA, CASA Youth Council Co-Facilitator, Age 26

"Globetrotter. Writer. Bookworm. Dreamer"

: To bring youth perspective on mental health to the forefront of treatment. I think that the voices of those who have lived experience with mental illness are extremely valuable, and these voices – regardless of age – should be honored and respected by professionals across the spectrum of treatment. Working with youth is such an honour; their boundless energy, passion about mental health, commitment to stigma reduction and overall drive never cease to amaze me. They are the true game changers in creating public awareness and shifting attitudes about mental illness.

: Swimming, yoga, hanging out with my nieces and nephews, crafting.

ANNA, Youth Council Co-Facilitator, 34

"Historian. Auntie. Optimist"

: 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 world where no one feels alone with their mental health concerns. I want us to feel safe to say, "I'm having a hard time," and for there to always be someone to hear us.

: Wind-surfing, tap dancing, playing guitar, and general mischief.

JILLIAN, CASA Youth Council Co-Facilitator, Age: 29

"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, crossstitching, kayaking, live music, road-tripping, reading, and collecting tattoos.

ARIEL, *Unseen Magazine* Subcommittee Member, Age: 25

THOMAS, *Unseen Magazine* Subcommittee Member, Age: 24

KRISTINE, *Unseen Magazine* Subcommittee Member, Age: 24

BACKGROUND: BeardedGuy (Freepik)