



U N S E E N

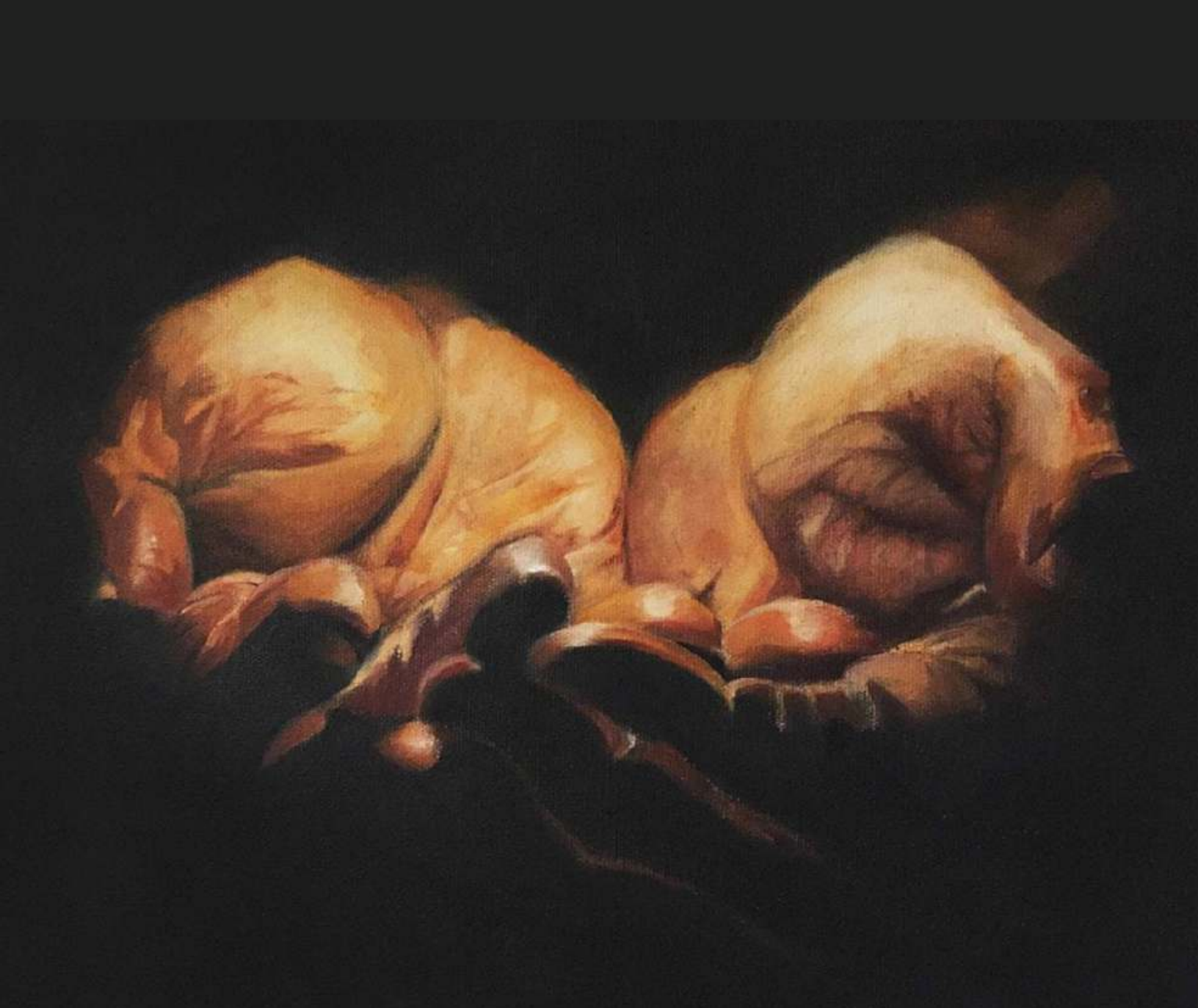
Youth Mental
Wellness Magazine

Issue 4: April 2020

TRIGGER WARNING

Thank you so much for picking up our fourth 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 may be heavy, triggering, or difficult for some readers. 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 tells 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 need it.

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.



To all of our past facilitators
Jillian, Anna, and Amanda,
for giving us a voice,
and to our new facilitator,
Stefanie,
for giving us wings

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Letter From the Editors

The start to a new decade endows thoughts of a new beginning and renewal of self. It provides an optimistic sense of a fresh slate for which to grow. For those who are struggling, let these pages serve as a scaffold, and remind you that you are not alone in your journey – we hope to instill a community of mutual understanding and care.

Unseen is constructed entirely by local youth in Edmonton, who share a common ambition to promote the mental well-being of others and reform quality of care. The photography, hand-made drawings and articulate pieces are all produced with emotional intent to share one's voice or feeling regarding mental wellbeing. We hope our voices speak to you as you dive through these pages.

We are grateful for your choice in reading our carefully crafted magazine and are tremendously appreciative of the over-whelming positive feedback we've received on our previous editions from our loyal readers. Knowing that we've touched so many hearts and minds is what powers our continual publication.

So, let's cast aside our troublesome worries and painful memories without resolution, and lock those nagging thoughts in the last decade – and together start this year with hope.

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 members of the CASA Youth Council, and do not necessarily reflect the position of CASA Child, Adolescent, and Family Mental Health.

Why I Advocate

I advocate in the hopes that the next generation of youth seeking mental health services won't have to endure the hardships and stigma I have.

- **Victoria**

I advocate for those who have had their voices silenced.

- **Sasha**

Because someone needs to speak for those who can't speak for themselves.

- **Kate**

So that I can be a catalyst for the change that is so desperately needed.

- **Cadence**

I advocate because I see a potential for growth and learning in the system, and so that one day there can be a unified and universal system for everyone- but we need to be loud to get there!

- **Ella**

So I can end the stigma around mental health. People should not have to feel ashamed of the life they live.

- **Kelsey**

I advocate to promote the use of seamless care, follow up, and availability of resources for patients at transition points between inpatient and outpatient mental health care.

- **Cassandra**

I advocate for mental health because there is still stigma surrounding this issue.

- **Rong**



A EUPHEMISM

RONG W.

When black curtains closed,
the mind is free
to hide in the sand castle by the sea.
A defense against nights painted
with colours of black and blue,
like the bruises on a heart
beaten and beating constantly.

It was the place for dancing,
bare feet kicked away the pain
while bare hands traced the constellations --
strong stars in the fantasy of
a girl living as a fragile nebula,
gradually broken apart by the world's forces.

It was the place for dreaming,
and as she slept, she saw the sun.
But cold sand tickled her scabs from
old wounds
and she dared not venture into the fathomless,
suffocating sea --
her castle was haven and prison.

She often peeked outside
and dreamed of sun, soil, and wind.
Yet, concealment had become a habit
because of her fearfulness.

She is fearful of the world.
She is fearful of breaking again.

All she wants is a smile to
erect a mast to guide her inside.
All she needs is a genuine heart to
shape a boat to protect her outside.
She would then know
beyond the sea
awaits a new life
better than before.



PERMISSION TO BE

VICTORIA F.



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My brain is hard-wired into survival mode: a trick that once helped me get through life's adversities, but now hinders the way I interact with both myself and the world around me...I am constantly bracing myself for the next traumatic event that could derail my mental health.

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As a survivor of childhood trauma, I've become adept at white-knuckling through most everything life has thrown my way. My brain is hardwired into survival mode: a trick that once helped me get through life's adversities, but now hinders the way I interact with both myself and the world around me. My survival mode is directly tied to my PTSD (Post Traumatic Stress Disorder); I am constantly bracing myself for the next traumatic event that could derail my mental health. This way of thinking has severely impacted my sense of recovery. For years, traumas I thought I was "getting over" were merely being repressed in order for my brain to remain alert and ready for the intake of the next stressor.

Repression is easiest when I am comfortable in a routine. During my later teenage years I reveled in the familiar pattern of going to high school, working a part-time job, and socializing with friends. My brain became familiar with the repetition of my life, and so I was able to stabilize my mental health. This led me to believe that I was - for the most part - recovered. I no longer had triggers surface as frequently, my relapses with depression were few and far between, and my sense of self was stronger than it had ever been. I no longer needed therapy as frequently as I used to, and my medications seemed to be working as they should. It was not until I began my first year of university, which effectively crumbled my old routine, that I realized I had not in fact been properly processing my trauma and mental illness.

Many of my older peers in university had cautioned me before my first year: it was a drastic change from high school, and I would need to make big adjustments in my life. While I took their advice to heart, I still severely underestimated just how much this transition would impact me.

Because my brain was not adjusted to my rapidly changing life as a university student, my defense and repression mechanisms were performing sub-par.

It did not take long for my self-esteem to degrade as I quickly discovered having a 4.0 GPA in high school does not mean I would get the same easy grades in my university courses. Maintaining a full course load and job while struggling with my mental health was exhausting. In the blink of an eye my sense of recovery was depleted, and I felt hopeless about myself and my life.

At the completion of my first year of university, I wanted nothing more than to feel proud of myself. Instead, all I felt was exhausted and numb. I had experienced a massive trigger midway through my winter semester that brought up traumas I wasn't even aware existed, which led to an ongoing massive depressive episode. During this time, I only shared my struggles with my therapist; my family and friends had little insight as to what was going on.

My hope was that my mental health would level itself out once the school year was done, and the stress of classes and exams ceased. I desperately did not want to deal with how I was feeling. My efforts to white-knuckle through my mental health issues ultimately led to being in crisis, as my body and brain became so exhausted that I could do little more than work and sleep. I became increasingly suicidal, and would both start and end each day thinking of ways I could escape my pain. I was the least healthy I had been in years.



As I had spent my entire life putting others' needs ahead of my own, I did not speak up about my struggles during my first year in university. I felt that I had to maintain a good academic standing, that everyone went through a tough first year, and that I didn't want to disappoint my supports or myself. The only thing motivating me to go to work every day was the fear of disappointing my employer or coworkers. This mindset leached joy from my life. It wasn't until I disclosed my struggles to my mom that I began to realize that if I didn't make changes to my life, I wouldn't be able to keep myself alive much longer.

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On advice from my therapist, I received a medical note from my family doctor excusing me from work for 6 weeks in June. The thought of taking time off work was terrifying. Not only was I anxious of disappointing my employer, the time off meant I had to focus on healing and stabilizing rather than repression.

I was putting my life on hold for the first time to focus and deal with my mental health. This was the first big step in working towards putting my needs first - despite what others may expect or think. The next big step I took for my own needs during my time off was giving myself permission to take a reduced course load for my second year of university, so I can continue healing rather than overwhelming myself all over again.

Adjusting my life to better suit my mental health is not a magic cure for my trauma. It simply allows me to reduce my external stressors so I can work diligently with the professionals, family members, and friends in my circle of support towards stabilization. I am just beginning my work on bettering my brain for it's response to trauma; the process could take anywhere from months to years. Being fortunate enough to take a step back from my everyday life is the kickstart my brain and body needs to begin this process. There are still many days where my depression and PTSD seem unbearable, like I'm a prisoner suffocating in my own mind. But whereas before I would try desperately to ignore these symptoms, I now try to implement the strategies my therapist has taught me. Allowing myself this break has helped me recognize my needs in all aspects of my life, as well as reevaluate and adjust the high expectations I place on myself. Taking a step back to reflect has enabled me to take a step forward in my recovery. I'm working on giving myself permission to just "be".

TO MY FELLOW PEOPLE-PLEASERS:

It is okay to put yourself first. You owe yourself attention, care, and gentleness before everyone else. Practice saying no. Practice letting people in. Practice meeting your needs before you find yourself overwhelmed, overanxious, and overtired. If you do find yourself completely and utterly burnt out, allow yourself the space to heal, whatever that looks like for you. Maybe, like me, you need some time off of work and school. Or to reconnect with friends and family, because mental illness can feel so isolating. Exercise, adjust your diet, practice mindfulness daily. Seek professional support or use existing strategies. Whatever you need to do, do it. And do it solely for you, not for the expectations or needs of anyone else. As professional people-pleasers we constantly live selflessly. It's okay to be selfish sometimes. Put yourself first. You are the only person that you will spend day in and out with for the rest of your life, so make it count.



BUILDING YOUR MENTAL HEALTH THROUGH YOUR BODY

Christian Vezeau



"In order for the man to succeed in life, God provided him with two means. Education and physical activity. Not separately, one for the soul and the other for the body, but for these two together. With these two means, man can attain perfection"

-PLATO

I am not a doctor, I do not have any psychology degrees, but what I can offer is 56 years of life experiences.

In 1980, at the age of 17, I joined the Canadian Armed Forces. During the course of my 25 years of service, I was deployed to the Middle East during Desert Storm. Throughout my time there I completed two tours of 3 years each, was on board a Canadian Navy ship, was a crash rescue firefighter, was a ship diver, and was a team member on many task forces. I retired from the military at the age of 42 and started my new career with the Edmonton Fire Department, of which I am still a member of today. The knowledge I will discuss in this article is based on my life experiences, research, my studies of Emergency Medicine (as an EMT) and my training as a Level II CrossFit Coach.

One of the greatest challenges we have as humans is stress, and how we handle it. I believe that the development of technology and modern medicine have made dealing with stress more difficult.

As humans, we evolved over millions of years in an environment where we had to work for our calories. Those calories were packed with whole, natural food. Today, our grocery stores are packed with thousands of varieties of food; however, we have lost the benefits of whole foods. I strongly believe that we have an addiction to food that is killing us.

We all think we know stress, but do we really? We all face stress every day. It is everywhere—at home, in schools, in our relationships, at work, etc. It can be described as acute, chronic, physical, emotional, and many other ways. Nevertheless, stress is a major component of our survival. I am talking about the fight or flight response. Without this, we would not be here today.

What is stress? Stress is defined as a complex response of both the brain and the body whose role is to activate powerful hormones and neurochemicals in the brain. The amygdala, which is considered to be the panic button of the brain, sets off this chain reaction upon receiving input of a threat. The amygdala connects to many parts of the brain to fire off messages that cause the adrenal gland to release hormones such as norepinephrine, adrenaline, and cortisol. The accumulation of these hormones can have a negative effect on our health. This is particularly true of cortisol. The purpose of this survival response is to mobilize our bodies to act, so physical activity is a natural way to prevent the negative effects of stress.

Another job of the amygdala is to assign the intensity of any incoming information, which may or may not be about survival only. For example, the amygdala will monitor events such as sexual arousal, euphoria, or winning lots of money. Those events are not considered stressful in nature, but our brains do not distinguish between good and bad. A third job of the very busy amygdala is to signal other parts of the brain to remember each event. This explains how an event, a subconscious perception, or a memory can trigger a stress response. If you've ever had thoughts that got your heart racing, then you were likely anticipating something bad and a stress response was activated. Imagine how many times this stress response could be activated in one day.



Cortisol is a stress hormone whose role is to activate different actions during the stress response. Cortisol takes over the job of epinephrine and signals the liver to make more glucose in the bloodstream, while at the same time blocking insulin receptors for the non-essentials tissues and organs so that fuel can be re-routed to necessary areas for the fight or flight response. Cortisol also begins the recovery and replenishment of energy. Cortisol also begins to convert protein into glycogen and begins the process of storing fat. This happens because the brain's response is to conserve fuel in case a further response is needed. If this process continues, you will have a surplus of fuel (also known as fat). Human nature's tendency to conserve energy means that we must make a conscious effort to exercise and burn the extra fuel.

My path through the years has meant that I have been exposed to high levels of stress, and

this continues today with my career as a firefighter. How do I manage stress in these circumstances? During my time in the military, I had no choice but to be fit and this meant fitness became a lifestyle. At the time, I did not know how important it was on my mental health, and I'm not sure that the military knew either. Fitness was a part of the culture and it was used to promote teamwork, challenge yourself, see how far you would go before you broke down, and to rebuild your confidence.

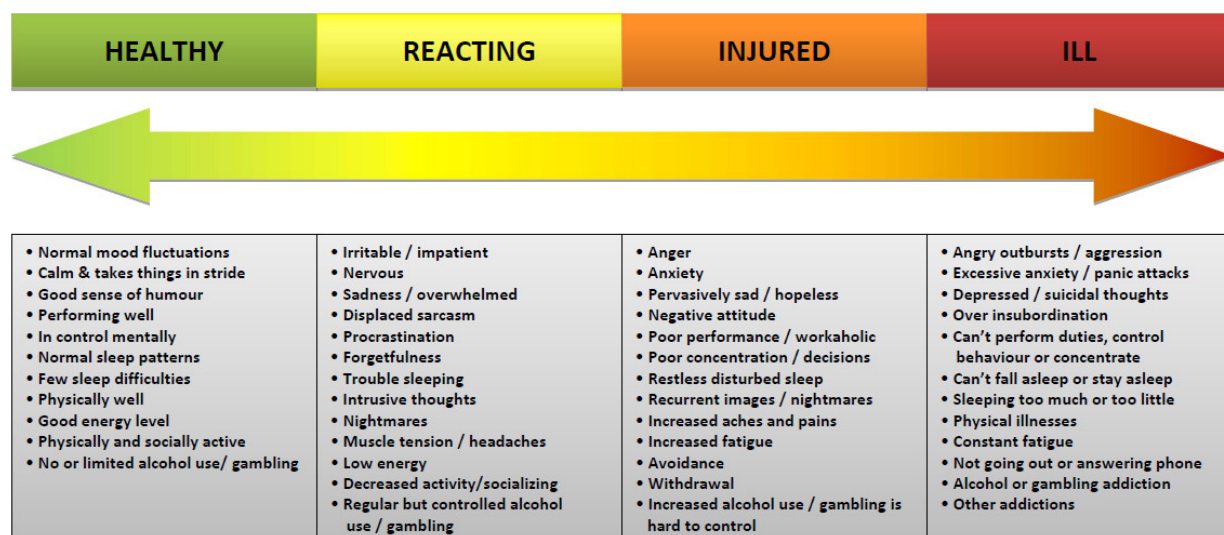
As a firefighter, fitness coach, and someone who values fitness, I'm often amazed to see how inactive and sick people are. This realization made me realize that I needed to educate myself to know more about how I can help my clients. Some of this education came through personal experience of injuries and not being able to exercise. I have had several back injuries, starting back from my time in the military. I was conducting a rescue exercise at sea when I jumped out of helicopter at 40 feet and landed on my back on the water. Recovery was fairly quick because I was young and able to start rehab right away; it was only a month before I was back to full duties. At the age of 49, I was injured during a hockey game and had an L1 fracture, plus two bulging discs. This time recovery took close to 4 months before I was able to return to full duties, however, this was still considered to be a quick recovery. The third injury, though, was a very different experience. I was told that I might not be able to return to my duties as a firefighter. I was using a lot more

painkillers and experiencing high levels of stress that I was not coping with well. A Mental Health Continuum Model (see below) was introduced in the Edmonton Fire Department and I would describe myself as living in the orange, with many of those behaviours and experiences. (1)

When I started exercising, I was amazed to see the changes in my behaviour and mood. Other contributing factors that helped me recover were stopping my pain medication, learning meditation, breathing exercises, proper sleep, and changing my diet. Research is showing that nutrition has a direct impact both on physical and mental health. I am not saying that you should not take a prescribed medication - that needs to be a discussion between you and your doctor. I am suggesting that you ask yourself what the purpose of the medication is. Is it for pain relief or does it really promote physical and mental health? Your doctor has the responsibility to discuss both the purpose of a medication and the rationale for the treatment plan with you, so do not be afraid to ask those questions. There are a lot of people that will argue that it's crazy to live with pain, however, pain medication is not a cure. The real recovery happens when you find the cause of your pain and treat that, not the symptoms.

As humans, we are designed to preserve energy and be comfortable, however, our DNA has also programmed us to survive and seek pleasure. One way that we can achieve this pleasure is

Mental Health Continuum Model



(1) <https://www.canada.ca/en/government/publicservice/wellness-inclusion-diversity-public-service/health-wellness-public-servants/disability-management/fundamentals-employers-responsibilities.html>

through exercise. Exercise will keep cortisol levels in check and increase the “feel good” hormones, such as serotonin and dopamine.

Change is hard and through my role as a fitness coach, I have firsthand experience of seeing how hard it is to make these lifestyle changes. This means that someone has to get out of their comfort zone and work hard, both physically and mentally.

I use four words to help with this process. They are:

Challenge: see change, adversity and variety as opportunities. Challenge yourself.

Commitment: to what extent will you keep your promises to yourself, or others?

Control: manage your emotions, recognize what you can control and what your response is to the things that you can't.

Confidence: do you have the ability to deal with what you will be faced with?

Fitness is a great avenue to building mental toughness. **Misery loves company.** A team atmosphere is a very powerful experience that can be positive or negative, depending on how you use it. As humans, we have an ingrained need to belong, and to have a purpose. We need social interaction to be healthy. Fitness has



always been a part of who I am, and in the past five years I have seen, and continue to see the positive effect that exercise has on someone. The physical transformation is good, but the most impressive part is the mental change. I have people telling me that they are off their medications for multiple chronic conditions, and they have never felt better.

As simple as it sounds, exercise and nutrition are some of the best ways to manage stress and prevent other devastating conditions.

Raye's Story

If you didn't know me before, to look at me now you would never guess that I was never the athletic type. I did some swimming as a kid, but other than that, fitness was in no way the focus of my life. Growing up, and for most of Junior High and High school, I was over-weight and eventually borderline obese. My main focus was academia; struggling to maintain high grades in a full AP Honours program; I pushed my physical and mental health to the back burner. During this time (Grade 11-12) I also was struggling with “coming out,” my gender identity, my sexual orientation, and how to approach my extremely religious and homophobic parents. After coming out, everything kind of blew up in my face. My grades fell, I had no outlet to cope with my own emotions, and no one to talk to about my feelings.

I hated myself, completely. I would look in the mirror and see a monster, someone unworthy of love, or success. The persecution I faced due to my faith and those who were supposed to love me for who I was - but didn't - beat down my self-worth even more. It pushed me to the brink of suicide.

One night I just woke up - around 4am - and felt so utterly hopeless, so unhappy with my body image, and feeling so completely out of control of everything that I just snapped. I decided, "I'm done feeling helpless, and I'm going to do something about it!" So, I laced up my sneakers and jogged for the rest of the night.

It was a turning point in my life. My anger, frustration, and sadness provided me fuel to have the courage to change. I set goals, cleaned up my diet (went through a few eating disorders, mind you), but ended up learning a lot about better nutrition. I eventually went vegan, and dropped roughly 50 lbs of fat. Anytime I was sad, or felt depressed, or stressed, I'd go for a bike ride, lift weights, or run. Fitness became my escape. What started simply as a way to lose weight and feel good about my body image evolved into an obsession, a passion, a love. Because not only did I start to notice changes physically, I felt different. I felt happy; I began to love myself again.

Losing the weight made me realize that I was in control, and I did hold the power to change things. No goal was unreachable with time and dedication. However, after a few years I began to feel lost and without purpose. After all, I had achieved my weight loss goal (195lbs to 145lbs). What I needed now was a new challenge.

Around this time, I heard about CrossFit, specifically the CrossFit Games. Watching those athletes perform inspired me, and so I did what I always do: I set new goals, made a plan, and found the closest CrossFit gym in my area. Finally! Biking? Running? Swimming? Weights? Gymnastics? Now this was the sport for me! It's a challenge that I can dedicate my life to! It is something so dynamic I'd never grow tired of it, and I'd always find room for improvement in it. CrossFit hasn't just helped me grow physically, but it also has changed my mindset and who I am as a person. Not only did CrossFit give me a purpose, it gave me a family - an amazing network of people who share the same goals,

mindset, and who radiate positivity. These people continually encourage me, love me, believe in me, and push me to achieve my goals in and out of the gym.

My fitness journey has been a winding road, but it saved me. Fitness saved me from suicide, self-hate, self-doubt and fear. Without fitness, I would have never made it. Everyone has their own story, and everyone is different, but for me there is no possible way I would ever have gotten to where I am today, or achieved optimal mental health without it.

Chelsea's Story

I think I was born with anxiety. From my earliest memories until this very moment, I have almost always struggled with feeling constantly overwhelmed and worried about anything and everything. I didn't sleep as a child, and when I did, I had nightmares. I battled with severe stomach aches which I am convinced were the result of the constant worrying that I picked up from my mother. My father was an angry alcoholic, so my mom kicked him out when I was six. This resulted in me spending a solid portion of my early years trying to take care of her and my younger brother. Not the life a child should live, but I just wanted my mom to be happy and not so restless and sad all of the time.

I spent most of my teenage years depressed and confused about why I felt the way I did. I was



plagued with insecurities and self-doubt. Mental health was not talked about then the way it is now, so I just accepted that I was going to be unhappy and uneasy forever. Kids were mean and only added to my anxiety by bullying me and making me feel inadequate.

After I graduated, years of emotionally and mentally abusive relationships only made things worse for me. My self esteem was basically non-existent. My anxiety was out of control; I constantly felt like everything was wrong, or my fault, or like the world was crashing down around me. The worst part of all of it was the constant pain and pressure I felt in my chest. It turned into my "normal". I didn't know what it was like to not feel high strung, restless, and on edge.

When I finally pulled myself out of a bad relationship at the end of 2014, I went on what I liked to call a year long self-discovery journey. Mostly this entailed staying up late, binge drinking, and trying to find validation out in the world wherever I could get it. This really only caused my anxiety to get worse. In the midst of it all, I was going to yoga frequently because I heard it would help "calm me down." But honestly, I never could quiet my mind in yoga - it was always going a million miles an hour, overthinking every possible situation and things that hadn't even happened yet.

At the beginning of 2016, when I had hit another low in my life, my cousin took me to a CrossFit class. I think it was the first time where a workout made the spinning in my head stop. The intensity and fast paced workouts made my mind focus more on what my body was doing in the present and not what might happen 20 minutes from that moment. I finally found something that put my mind at ease, and even for hours afterwards. Walking into the gym



started to feel like coming home. I made friends who all worked out for similar reasons, not only to get fit but to take care of themselves mentally. They became my family.

Watching not only myself, but other people progress in their mental and physical selves sparked a passion in me that I never saw coming. Within a year and a half of being a regular at my CrossFit gym, I was running events, working at the gym full time, and was well on my way to becoming a coach. I didn't think I would ever be able to do any of these things because when I started CrossFit, I was a quiet, scared, insecure 27 year old who didn't know what she wanted in life. CrossFit changed all of that. I became a stronger, self-confident individual who no longer let anxiety rule her life. This isn't to say that I don't have my ups and downs, because there have been many. But they are generally less intense and more easily managed. I truly believe that CrossFit saved me at a crucial time in my life and I highly recommend physical activity of any and all kinds to anyone who struggles with their mental health.

QUICK RELAXATION TIPS

Things To Do Immediately to Release Tension



Breathe

Often, when feeling stressed or panicked, we tend to breathe quick and shallow. This reinforces your body's fight or flight response. Try taking deep, slow breaths to become calm.

Challenge your thoughts

When you feel stressed, you may begin to have irrational thoughts in the form of "what if" statements. These are often formed around worst-case scenarios. When these thoughts occur, instead of continuing the nightmare, pause and think about the likelihood of the scenario, whether it has ever happened to you before, and what you can do to handle the situation.

Relax your body

Progressive relaxation is a physical technique that can be used to center yourself and calm down. To start, lie down with your arms out. Start at your toes, and release any clenched muscles or tension. Slowly work up your body until you reach your head.

An easier way is to just drop your shoulders. This helps reset your posture into a more relaxed and natural position.

Write it out

If you find it hard to talk about the reason behind your stress or anger, write it down. Writing helps to get negative thoughts out of your head, instead of bottling up all your emotions. Another plus is there are no worries about others taking what you are saying the wrong way, or being offended or hurt.

Use your five senses

Instead of focusing on your stress or anxiety, focus on what is directly in your presence. Start with what you can see. Find and concentrate on five things you can immediately see. Once you find five, take a deep breath and focus on five things you can touch, then hear, smell, and even taste!



I Thought I Had Recovered

ANGELLA R.

The normalcy of sadness is becoming more and more accepted in today's society. The statement, "it's okay to not be okay" has become a commonly used phrase by people to comfort others, and themselves. Advice and tips on how to pull oneself out of sorrow or bad days are scattered across the media and can be found by the simplest of Google searches. However, depression is not merely sadness, and simply making oneself a cup of tea will not always remedy the clamor of one's thoughts.

For a much longer time than I would like to admit, I believed my misery and daily struggles were normal. I truly thought that my feelings of despair and hopelessness were nothing short of ordinary. I thought every young adult felt this way on a daily basis. I thought I was exaggerating my thoughts and emotions and that neither me, nor anyone else, should attempt to resolve what was happening in my brain. I continued to believe these neglectful ideas until my sister, a registered nurse, recognized my telltale symptoms as ones that are indicative of mental illness.

Even though she could not fully understand what I was experiencing, she comforted me as best she could. She steered me in the direction of counselling in hopes of getting me proper treatment. I felt relieved that my sister, both a healthcare professional, and someone who knows me better than anyone else, recognized that what I was facing was not as common as what I chalked it up to be in my mind.

So, I took her advice and sought counselling.

At first, therapy was uncomfortable and a bit messy. I was never one to openly discuss my feelings and experiences. Being asked to do so was a realm I initially did not care to venture in. However, I did not want to continue living with the swarm of obtrusive and adverse thoughts that persisted in my brain. I honestly answered

every question my therapist asked, and took the time to reflect on my past experiences. At the end of my first appointment I was prescribed an antidepressant and taught to practice mindfulness whenever my brain decided to overwhelm me.

Fast forward a year, and I was feeling a lot better. I primarily thanked the medication I was given for that, but I was becoming better at utilizing the practice of mindfulness and remaining calm when life became stressful. I felt it was time to wind down on my dosage, intending to come off it. The events occurring in my external world and inside my mind were stable, to say the least. With that comforting fact, I came off my medication.

The first couple weeks went well. My mood and behaviour seemed to be healthy. Yet, as the days ticked by, my mind slowly began cultivating the intrusive thoughts that previously plagued me. My physical health began to follow suit. I thought to myself, "I'm relapsing". It was not due to a previous addiction, but due to my depression being addicted to me.

It hurts, to be frank. It hurts knowing you have put the time and effort into healing yourself, witnessing the progress you have made, only for it to crumble and collapse. To be honest, I still feel like I'm amongst the rubble of my relapse, despite it being weeks since it first began. It somewhat feels as if I have to start over - yet I know I won't be. Throughout my previous treatment I was handed tools and taught how to use them in order to get better. I know digging myself out of this sort of relapse will require much more than using mindfulness occasionally, or switching my thoughts from negative to positive. Depression is much more than what is occurring inside one's mind. Depression is a myriad of events occurring both internally and externally that sometimes slips out of your control. In my case, my mental health stumbled outside my reach, and now I'm trying to regain my grasp on it.

Mental Health Apps



HEADSPACE

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



SELF-HELP FOR ANXIETY MANAGEMENT

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



DEEP SLEEP WITH ANDREW JOHNSON (\$3.99)

Guided meditation to help overcome insomnia and get to sleep.



BELLYBIO INTERACTIVE BREATHING

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



PTSD COACH CANADA

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



UPLIFT

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



WHAT'S UP?

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



OPERATION REACH OUT

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



DBT DIARY COACH AND SKILLS COACH (iPhone only)

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

TRANSITIONING TO POST-SECONDARY

Mackenzie Roberts



Often times in moments of despair and darkness, all we want is a sign of hope. Something to tell us that everything is going to be okay and to not give up. It's easy to be afraid of the future, of the unknown. But perhaps we would feel at ease, knowing that someone else has overcome challenges that we may relate to.

University can generally be a stressful thought. A scary time, full of unknowns. It can be easy to believe that our mental illnesses will conquer our post-secondary experience. It can be easy to believe that we may not get through such obstacles because we feel so alone. We feel like we are the only ones that may be balancing the acts of our inner demons with meeting assignment deadlines.

I reached out to friends and the general public with the intention of interviewing them on their post-secondary experiences. Some individuals have been diagnosed with a specific mental illness and some individuals have not. I wanted to show multiple aspects of the relationship between mental health and post secondary. It is important to recognize that mental health is something that everyone should take care of, regardless of a diagnosis. My goal is to provide the youth of today, and anyone that may be fearful of post-secondary, with some hope. I hope these varied stories will provide some reassurance that we are not alone, and that our future does not need to be sacrificed due to mental health obstacles or fears.

M.H.

Fourth year nursing student at the University of Lethbridge

I struggled with my mental illness from a young age. I definitely neglected it, namely due to the stigma my father associated with it. It wasn't until I moved out for university and had the chance to meet new people, and learn of other's struggles with mental health, that I realized not only how important it was, but how so many people are impacted by it. I aim to keep on top of it - but with nursing it's difficult because of how demanding the schooling is, and how emotionally tasking it is to work with patients who often are facing similar struggles. Generally, my biggest obstacle with my mental health is coming to terms with the fact that it's not a sign of weakness whenever I seek out help. If anything, it's a tremendous sign of courage.

Recommendations for future students:

No grade is worth your mental health. Do not feel ashamed of struggling with your mental health - university is a challenging time and there are so many people out there who wish to see you succeed.



BRIAN

Bachelor of Arts in Criminal Justice from Mount Royal University

During my time as a university student, stress was experienced during end of semesters and finals week. My response to stress is usually visually demonstrated on my body. I break out with acne and I develop canker sores. Ever since I graduated from university, I rarely get acne or canker sores. One of the ways that I maintained healthy mental health was lifting weights at the gym and listening to music after a study session or completing an assignment. Furthermore, learning how to manage my time properly also helped a lot with stress management. Having friends and family living in the same city was definitely also a huge positive support as I had someone to relate to, to reach out to, and spend time with.

Recommendations for future students:

Self care. Being able to know yourself and know what to do in order to take care of yourself. Find something that you enjoy doing and use that as your unwinding time. Mental Health First Aid is an important course on how to recognize the signs of mental illness, decrease stigma and increase awareness on mental illness. It goes through the steps to take if you encounter a friend or family member in distress.

A.W.

Diploma in Travel and Tourism from SAIT

My mental health issues began around the 7th grade, where I experimented with self-harm and began to have anxious, irrational thoughts (people can tell what I'm thinking, people think I'm strange when I walk down the street, etc). Throughout middle school, my experimenting with self-harm turned into a way for my brain to handle stress. Throughout high school I smoked cigarettes and continued to seriously self-harm myself whenever I was anxious, which was becoming a daily occurrence. I did eventually tell my parents; my mom simply left the room, and my dad gave me a lecture on how I didn't know what stress was. So, no help there at all. I asked my mom if I could go see a therapist; she told me that maybe when I'm anxious I should just talk to her. Again, no help. Little did I know my mom was also dealing with an anxiety disorder, but refused to acknowledge that what she was feeling was something worth going to the doctor about. My dad always had the rather bold opinion that "everyone gets anxious sometimes, I don't get it."

I haven't been officially diagnosed, but my family doctor did



prescribe me Zoloft for my panic attacks and general anxiety. It's a definite priority in my life, and being on meds consistently has completely controlled my overall anxiety, and my panic attacks have definitely gone down. I've definitely done the whole "take for a few days, don't take for a few days" thing before. Bad idea.

My biggest obstacle I now want to face is continuing my education WITHOUT having illicit substance binges and using self-harm to make me feel better. I want to continue my education regarding Cognitive Behavioural Therapy to help me get off my meds eventually.

Recommendations for future students:

I stayed in a concrete dorm 90% of my free time; PLEASE go outside for small walks around campus.

Don't get upset with yourself for being anxious; it's a part of your mental health, and getting mad isn't going to help you in any way.

Eat when you can, even if it's just a few crackers!

Your "best friend" who encourages you to skip class and not care - drop them. Seriously.

BAILEY D.

Fourth Year Education Student at Mount Royal University

My studies have had an incredibly positive effect on my mental health over the last few years. I think that being in a program that is focused on something I love and am passionate about helps me deal with the stress that university can bring. When everything seems overwhelming at school, I try to focus on my goals and what I am working towards, to remind myself that it'll all be worth it!

Recommendations for Future Students:

I haven't had the opportunity to use any of the mental health resources that MRU provides, but I know the resources are endless, so use them! Don't be afraid to reach out - they're there to help you. Other resources that universities provide, such as resume-building, developing a study schedule, or editing your assignments, are a great help and a total stress-reliever! I've used these resources multiple times during my studies, and I will continue to use them during my last year.



KEELY

Bachelor of Arts in Sociology and History, Second Year
Masters Student in Sociology at the University of Guelph

From the first day I started at Guelph, I found the school to be very proactive in its approach to helping students, with resources being constantly promoted, and providing a community structure to support its students. I was however, also a very involved student on campus right from the beginning, and was privy to immediate messaging from administration through student leaders about these resources, and this could be the reasoning as to why I knew more about what existed on campus. That said, there have however been a lot of issues brought up on campus, as there have been unfortunate instances of suicide within the campus community, so it is clearly evident that not all students know about the resources, or feel they can access them. For the most part, I'd say one of the biggest struggles the university faces is providing enough resources to all students that are adequate, and to do so before students reach a point of crisis. While our campus has an abundance of resources (both on campus and in the City of Guelph), a lot of students are not aware of them before they

need them, at which point they are faced with barriers to accessing them, or do not feel they can use them.

Recommendations for future students:

I would say time management was a big factor in my lack of extreme stress during school. I have always been a planner, and have always organized my time, but I found it to be very helpful during my studies. The one thing I would always do right after receiving all my course syllabi, was to not only note important due dates/test dates, but to block off time in the week(s) before the test/due date to ensure I had already committed the time to that task. I found that to be a big help for me.

Ensuring I use my time wisely was a necessity while being busy with other non-academic related things on campus/around the community. I volunteered a lot off campus, and was part of things on campus, so this (in addition to working) took up a lot of my time as well. I personally found this helpful, since it in a sense forced me to complete tasks in the allotted time knowing I didn't have other time free to complete them - this is definitely not for everyone though! I personally thrive under the pressure of limited time, so I would only recommend this to others like that! I would also say to get involved - maybe not to an extreme of taking most of your time up - but in one or two clubs/groups on campus that match your interests. There are so many different clubs, and it is a great way to meet other people on campus, and to meet people outside of your program/year. I found that a great support while at school was my friends, and having friends who were older who had either completed the courses I was in, or who had a few years of experience around campus to talk to when I was feeling a bit stressed with the workload or about the material on an upcoming test was a great support!

If you have had experience with negative mental health, I would suggest seeking resources on campus, regardless of what your state is when you get to campus. It is always better to have the resources if you start to need them than to be put on a waiting list when you are in need of the help!



HOLLY H.

Fifth Year English Student at the University of Calgary

I have always felt a little off when it came to my mental health. When I was 15, I started noticing myself becoming increasingly anxious. It all happened in waves so I never sought help because I figured if I wasn't feeling it all the time then it would be a waste of time to see a doctor.

During my first year of university is when I had my first mental breakdown. It happened on January 16, 2016 which was a week after my 19th birthday. I remember calling my older sister and telling her I couldn't handle all the pressure anymore and I was tired of being a failure. I told her I wanted to die. It was an overwhelming situation for my sister who was completely baffled as to why she had to talk me off a ledge because "I hadn't shown signs of being depressed."

The next day, I had promised that I would go to the doctor to see what my options were. I wasn't really sure what to expect because we're not really taught what to do when our brains aren't okay. I was desperate as I just had an episode, so I was open to anything to cope with how I was feeling. I was terrified sitting at the doctor's office, constantly thinking about how I was going to explain what happened to me as I had no words to describe what my body had just gone through. The only word I could think of was crazy - which is exactly what you're afraid of being called, but that's how I felt.

I was immediately put on antidepressants and am still on them, three years later. My biggest priority with my mental health right now is to come off of this medicine so I don't feel like my happiness is tied to a red pill I have to take every day. Of course, there shouldn't be a stigma around being on antidepressants, but for me it's just my opinion on my own medication.

Let's rewind this thought though as to why a mental breakdown occurred. University is incredibly stressful and anyone who tells you otherwise is a liar. It is a huge adjustment, but I was always good at school so I figured I would do fine without any adjustments. The first blow happened when I received the mark back on my very first university essay. I had excelled in high school English, which was why I choose it to be my major. I received a C- on my English essay on Shakespeare which was a huge shock to my system as Shakespeare was my favourite to study back in high school. Imagine getting 85% on a final exam worth 50% of your grade then being handed a C- in an Intro to Shakespeare class in university... I honestly felt worthless.

My grades continued to not be what I was used to, and that was the most disheartening part of the experience. You literally get to pick the classes you take so you're supposed to be good at them, but it's an entirely different atmosphere being in a university classroom versus a high school class-room. After my first year of university, I seriously considered dropping out altogether. However, I knew my anxiety would be worse if I wasn't in school because then what would I do with the rest of my life? I had always wanted to be a teacher, so I needed to stick with it.



Recommendations for future students:

Do not be afraid to form relationships with your professors and TAs. I have found actually attending office hours even if it's just to introduce yourself eases my anxiety so much because it demonstrates that you actually care about the class, and you feel more comfortable asking for extensions or for extra help because they know who you are.

Utilizing the mental health resources available on campus is extremely important because they are FREE. I recall paying \$125/ session through a private organization. Counselling does not mean you're weak or crazy, and you don't need to be diagnosed as depressed to find counselling as a useful tool to incorporate into your life.

Journaling has always been a tool I have relied on during my mental health journey. For me, there is something calming about being able to see the words that I am feeling written out in front of me because then it doesn't seem so daunting. For visual people, keeping a journal even just to work through feelings or anxiety helps instead of bottling everything up inside.

HOW RANDOM ACTS OF KINDNESS CAN BOOST YOUR WELLBEING

Jasmine



The LRT train screeched into the platform and as the door slid open the rush hour passengers quickly packed into the compartments. With standing room only, people jostled to get their balance before the train once again took off. In the corner by the door stood an elderly woman in visible discomfort as she tried to wrestle with multiple bags and stand her ground among the dozen other passengers. While most had their eyes glued to their tablets, phones, or books, a young girl sitting near the door caught the elderly woman's attention and gestured her over to take her seat. As they traded spots, the elderly woman profusely thanked the girl and could not stop smiling the entire ride home.

A random act of kindness, or RAOK, may be perceived

differently by everyone. Defined as a "selfless act performed by kind people to either help or cheer up a random stranger, for no reason other than to make people happier."⁽¹⁾ Acts of kindness can be classified under the principle of altruism which has the "goal of increasing another's welfare" and is "out of the goodness of one's heart."^(2,3)

It was clear this gesture brightened the day of the elderly woman on the LRT. From holding the door to the elevator, to shoveling your neighbor's walk, to buying coffee for the person in line behind you, there is an undeniable feeling of doing good and the resulting happiness for contributing to making someone's day better.

A 2016 systematic review of 27 articles published by researchers from Oxford University, sought out to determine whether kindness boosted the well-being of the "actor", or the person carrying out the act of kindness.⁽⁴⁾ The studies most commonly looked at participants instructed to engage in acts of kindness or being given money to spend on someone else. They measured well-being using self-reported happiness and life satisfaction. The results showed a 0.6 increase on a 0-10 happiness scale, which was reported as a "small-to-medium effect." Though it may not sound like a large effect, the publication mentioned the difference is comparable to other acts designed to boost positivity such as mindfulness, positivity, and counting your blessings. Some limitations of the articles they looked at included that the definition of acts of kindness were variable, and therefore it is hard to judge what specifically has the largest positive effects. Secondly, the participants in the studies also varied widely, as did the conditions of who they were giving to such as strangers, family or friends and at what cost to the participant. Lastly,

further research is recommended to identify the long-term effects of performing acts of kindness as only the short term effects were observed. (5)

Additionally, other published research has showed that kindness lowered social anxiety in a group of socially anxious participants engaging in acts of kindness over 4 weeks. (6) These acts lead to positive effects on mood and promoted “positive perceptions” of social environments. In another study, RAOs also helped participants feel more energetic, and “calmer... with increased feelings of self-worth, attributed to what is known as a “helper’s high.” (7) A finding published in 2003 by The Commission on Children at Risk in a consensus statement indicated that “helping behaviour” contributed to lower rates of depression in adolescents. (8, 9)



Similarly, other acts of altruism such as volunteering are opportunities for individuals to share their desire to help others through a purposeful activity. A survey of over 2700 adults based in the United States, captured how volunteering can also have positive health and wellness benefits. With 88% reporting an improved self-esteem, 93% noted an improvement in mood, and 79% felt they had lower stress levels. (10) Volunteering has even been shown to have physical health benefits such as decreased blood pressure mediated through oxytocin, a hormone in the body, enhanced well-being. (11, 12) In particular, one study showed reduced mortality in individuals who volunteered for 2 or more organizations compared to non-volunteers. (13)

Generally, altruistic behaviours such as helping others, although not always specified may include RAOs, resulted in positive mental and physical health benefits across multiple studies. On the other hand, despite the benefits of helping others, it is notable that giving beyond one’s means or resources and or feeling overwhelmed by this can have greater harmful effects on mental health. (14)

SO HOW CAN KINDNESS AFFECT YOUR MENTAL HEALTH?

It has been proposed by Dr. David Hamilton that RAOs, generate oxytocin in the brain of the giver and receiver. Oxytocin is a protein made in the brain where it is stored and eventually released into the blood serving as a hormone. (11) The effects of oxytocin are many and include reduced fear, anxiety, and greater trust, generosity, and ability to determine other people’s emotions and therefore influence social interactions. The reward pathways that link concrete rewards such as food, and drugs with neural activity may also be implicated when someone makes a charitable donation. (5, 15) Moreover, acts of kindness performed consistently can alter how the brain is wired by creating and strengthening connections in the brain. This in turn would integrate more kindness driven behaviours into the brain circuitry suggesting there may be the potential for long term benefits.



Several studies have shown that acts of kindness can have an impact on the mental and physical wellbeing of those performing these gestures. (7-9, 12-15) These benefits may also extend to those receiving kindness. Though the exact nature and duration of the effect and influence on mental

health has yet to be elicited, it seems all different types of acts of kindness can have positive effects as long as it is within the giver's means. Best of all, choosing kindness does not have to be expensive or time consuming; it is accessible and can even be contagious to those around you!

EXAMPLES OF RAOK:

1. Bring baked goods or home cooked food for your coworkers
2. Hold the door for someone
3. Let someone merge in front of you on the highway
4. Shovel your neighbour's driveway or mow their lawn
5. Babysit for free
6. Text someone that you are grateful for them
7. Donate a book to a library
8. Participate in a fundraiser
9. Send a handwritten thank you note to someone
10. Donate clothing
11. Give someone a compliment
12. Offer to give your friend a ride
13. Buy food for the person behind you
14. Write a positive comment on social media, a blog or website
15. Practicing self-kindness also counts! Take some time out of the week to relax, reflect and do something you truly enjoy

FOR MORE IDEAS OF RAOK:

- <https://www.randomactsofkindness.org/kindness-ideas>
- <https://kindness.org/>



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MY OPINION ON THE USE OF LSD AND MICRODOSING AS MENTAL HEALTH TREATMENTS

Noella S.

Disclaimer:

CASA Child, Adolescent, and Family Mental Health and the CASA Youth Council do not promote the illegal use of drugs or the use of drugs by minors. This article is written by a local youth, not a medical professional. Reader's discretion is advised.

Lysergic Acid Diethylamide or LSD is a psychedelic drug - a drug that produces hallucinations and apparent expansion of consciousness. LSD is one of the most potent hallucinogens, meaning it can cause extreme and terrifying hallucinations and experiences. Yet LSD does have some uses that are arguably advantageous. Microdosing is a prime example. Microdosing is the injection of a fractional dose of LSD. Although-LSD has been reported in some cases to cause awful and terrifying hallucinations, and microdosing with psychedelic drugs has not been studied in very much depth, some studies have found that results consistently suggested therapeutic uses for [LSD] in treating anxiety disorders, depression, and addictive disorders. (1) These studies claim LSD can aid individuals with heightened focus, productivity, and creativity. Because of these effects, carefully microdosing, and practicing it safely and properly has been shown to improve someone's psychological well-being and cognitive functions. Microdosing is also used to aid in reducing the frequency and intensity of certain more challenging mental illnesses such as ADD/ADHD and PTSD.

The small amounts of LSD used while microdosing can provide certain positive mental benefits while leaving out the high, the addiction, and hallucinations. (1) The results of a case study done by Anderson, Petranker, Rosenbaum, Weissman, Dinh-Williams, Hui, Hapke, and Farb shows that microdosing in a lot of cases does improve mood and reduces dysfunctional attitudes. Furthermore, the study has shown that microdosing also may increase wisdom, creativity, and open-mindedness. In addition, there are numerous reports that say microdosing has helped with mental illnesses, including reducing anxiety and depression. (1) And yes, while there are risks with using any illicit drug, LSD has one of the lowest risk factors, only higher than buprenorphine (an opioid medication used to treat opioid addiction) and psilocybin mushrooms (a weaker psychedelic that is grown naturally), and alcohol has the highest in risk factors. (1) Some of these risks are drug-related and specific to morality and others to damage caused under the influence.

I personally believe that LSD microdosing should be legalized. Truthfully, I could see myself trying this in the future - if it becomes legal and when I am of age. I find that the benefits do outweigh the risks and that microdosing would be very helpful for me.

With the controversy surrounding LSD microdosing - mostly claiming LSD is an illegal drug and therefore, no matter what, should not be used - many questions arise. Some of these questions are whether or not governments and universities should invest time and money into the study of these drugs? What are the advantages of participating in microdosing - if there are any? I believe governments and universities should put in time and money into further studying the benefits of microdosing LSD. With more collected evidence on the positive mental effects from microdosing LSD, we can also make LSD use better supervised and safe, as well as easier to publicly access; The fact that this can really help with a multitude of mental illnesses is amazing and I believe that it's therapeutic benefits need to be better understood so it can be made safely accessible to those with mental illnesses - above the age of 18 in most cases - who could benefit.

At the start of the paper, I went over the risks of LSD and the benefits of microdosing. Overall, it seems that microdosing is a possible way to help with mental illnesses. I believe that carefully microdosing, and practicing it safely and properly can improve someone's psychological well-being and cognitive functions. Microdosing is also used to aid in reducing the frequency and intensity of certain mental illnesses such as ADD, ADHD and PTSD. (1) So while there are some risks that we may not know about, microdosing seems to help more than it is hurting.

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JERRY CORDEIRO

CADENCE ROLFSON



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Although Jerry Cordeiro, the creative genius behind Humans of Edmonton Experience, is a photographer, for him it's not only about the photos. Photography is an important part of his life and his mental health.

Hailing from Edmonton's inner city, Cordeiro says that while walking downtown growing up, he would always "freeze-frame" people in his mind so he could remember them as they were in that specific moment. Despite what would have been a seemingly natural draw to photography, Cordeiro first began working for various organizations and group homes that served others.



Although he was wonderful at working with the youth and adults in these homes – and later even started his own group home – he determined he could not care for others while he wasn't taking care of himself. It was impossible to pretend to care about others dealing with disabilities, homelessness, mental health disorders, and addictions in his own struggle because through the connection he had built with his clients, they would know he was faking his own well-being. He didn't want to be living contradictory to what he was teaching. In order to take care of himself, Cordeiro became a full-time photographer. Naturally, when he bought his first camera, he went back to the inner city where he felt most comfortable. Even now, while traveling to

different cities, he always goes into the inner city first.

Even though Cordeiro wanted to move towards improving his own mental health through photography, his photos have benefited many. His facebook page, Humans of Edmonton Experience has portrayed various Edmontonians (and individuals worldwide) along with pieces of their story. Each post brings awareness to a social issue, such as mental health, homelessness, and Aboriginal rights. These posts have also built an online, supportive community, and allows people to relate and feel like they're not alone in their struggles.

It's his particular brand to be friends and

build a relationship with everyone he photographs. In building these relationships, he has often helped with meals, drinks, items such as clothing, and for some, well-meaning advice. One particular instance of advice-giving led to a friend who was homeless and struggling with substance use “getting his life together,” and showing Cordeiro his first apartment keys six months later. Even more impressive is how Humans of Edmonton Experience has reconnected over twenty families with homeless individuals.

Boxer, a Canadian world champion boxer lost to the public due to mental health and alcohol problems was reconnected with his daughter this way. The photographer was private messaged over Facebook asking where the photo was taken. She was amazed he had been

residing behind a dumpster only a couple blocks away from her home. Cordeiro wasn't. He believes many people are blind to those around them, and sometimes even to themselves; on the other hand, his photography really showcases and brings individuals to light. Cordeiro also believes that these photos help individuals dealing with homelessness because even though he can “make them look nice,” and feel good, it can contrastingly help them see how they are wearing away. This helps individuals humanize themselves.

Eventually individual photos led to larger projects such as the Inside Out project. Large posters of Cordeiro's photographs were pinned up outside of a bottle depot in Edmonton. Later, another round of the Inside Out Project was portrayed in Vancouver's East Hastings.



In 2018, Cordeiro paired up with NAIT for their event entitled “The Skin I’m In.” For this project, women were captured with bare skin which tells its own stories. Many of these pictures depict mental health, and especially eating disorders. For example, one photo displays a woman who was abused on a date, which the cops didn’t do anything about. Since this event, she had lost 180 lbs. Unfortunately, some of the facilitators and event goers thought some of the photos were too triggering. Although they were still shown, these photos were placed in a separate area than originally designated. Cordeiro, while understanding triggers, does not want to tone down the material presented in the photos because it shows the truth. In addition, many viewers find the photos relatable, and expressing

experiences and emotions that cannot be put into words. The individuals in the photos even found the experience cathartic.

In the future, Cordeiro wishes to continue with his international projects, such as his 2018 trip to Haiti. While taking pictures of refugee camps, hospitals, and devastated streets, he fully came to understand the contrasts of racism and privilege. According to him, Haiti was the scariest project he has undertaken so far. In unison with his respect for war photographers, one of Cordeiro’s dream projects is to work with UNICEF after a catastrophe to bring more awareness to the human suffering and resilience present. Although both have passed, his other dream projects include



photographing Leonard Cohen, and being able to take another picture of his mother.

You can easily see that through developing his passion for photography, and taking the lived experiences of those around him on relevant social issues, Cordeiro was able to better his own mental health, and inadvertently

advocate and support others amidst their challenges. Most importantly, his work leaves us with a call to action to “just help one person, there is no need to take on the whole cause. Really see what each person needs. The ripple effect will help the rest.” We can each help others, one soul and one face at a time - just like his photos.



Mental Health in Indonesia

TIANA W.



The communities around the world are culturally diverse. We know that mental health and substance use problems affect everyone, regardless of their background, culture or ethnicity. Culture plays a big part in the way we think about, and understand health and wellness. Different cultural groups and people may have different explanations of mental health problems or substance use problems. In order to get hands-on experience, and better understand mental health in a country and culture other than my own, I traveled to Bali, Indonesia for four weeks on a mental health placement.

BELIEFS

In the population of Bali, 83.5% practice Balinese Hinduism. (1) Like most aspects of daily life, the island's ancient healing arts are intrinsically linked to this religion, which is all about maintaining balance. At its heart, Balinese Hinduism focuses on harmony and the constant struggle for balance between the opposing forces of darkness and light: Sekala (the seen) and Niskala (the unseen). The Balinese Hindu belief is that sickness is deemed the result of disharmony between a person and their surroundings. There are two ways of treating sickness. Sekala, seen/physical illnesses, are treated with natural herbs and cures, alongside western medicine. Niskala, unseen mental illnesses, are usually treated by traditional healers, as the symptoms of emotional distress that accompany and are attributed to the 'darkness.' (2)



Due to a number of factors, the typical pathway to care for a Balinese individual experiencing mental health issues starts with a local traditional healer, called a Balian. There are an estimated 8,000 Balias within the Bali population of 4.23 million. The most common explanation for mental illnesses is black magic, evil spirits, ritual error, and karma phala. (3)

Black magic: the result of a conscious effort by a person to gain control over supernatural, evil forces and use them to harm others. Generally used as revenge or jealousy of others' good fortune. Extended kin is most likely to be accused.

Evil spirits: many Balinese believe in the existence of ghosts and demons, who have the power to take control of a human body. This possession can present as symptoms of mental illness. Offerings are made daily to appease good spirits and ward off bad spirits.

Ritual error: forgotten or improperly performed rituals are blamed for a wide variety of personal and family ills. A sufferer may believe that they are being punished for their insubordination and mistakes, and they must perform corrective rituals to make up for this error.

Karma Phala: The belief that an individual inherits their status or illnesses as a result of their past life or the past lives of family members. Good actions and intentions reap good rewards, and bad actions result in pain and suffering (4)



Regrettably, many individuals were locked up by their families or traditional healers due to their symptoms. This form of imprisonment is referred to as 'pasung' or 'in chains.' Pasung is a hallmark method of "treatment," in which patients are constrained - often naked - in sheds, houses, institutions, or outdoors for days to years. (5) Fortunately, pasung was banned in 1977, following the 1962 Mental Health Law. Recent figures from the Indonesian government suggest that more than 57,000 people in Indonesia have endured pasung at least once, while an estimated 18,800 are currently chained or locked up.

In 2014, 1,274 cases of pasung were reported across 21 provinces. (6) These individuals were rescued in 93% of cases. There is, however, no data on how many of those were successfully rehabilitated, and how many were later returned to their shackles.

ALARMING STATISTICS

Indonesia is comprised of 17,000 islands, and the population is roughly 260 million. In 2016, it was estimated that 14 million people were suffering from mental illnesses in Indonesia. (7)

There are:

773 psychiatrists (1 psychiatrist per 300,000-400,000 people)

451 psychologists (1 psychologist per 600,000-700,000 people)

6500 mental health nurses (2 MH nurses per 100,000 people)

51 mental health hospitals (50% of MH hospitals are in four provinces in Java; 8 provinces do not have MH hospitals)

The island of Bali, with a population of 4.23 million people, only has one mental health hospital. (8)

MY PLACEMENT

In addition to myself, 87 other psychology graduates and undergraduates gathered in Gianyar, in central Bali. We were split into East and West villages. Each week, we would go to six different projects to do activities with the people at the projects, who were referred to as service users. I went to two orphanages, a senior's facility, two-day homes for children with developmental and physical delays, and Bali's only psychiatric facility. Each Monday, we would get into groups and plan what we would be doing at each project. We were given a psychological focus for each project that changed every week, such as gross or fine motor skills, social skills, English development, self-esteem, etc.

A typical day for us began at 7 am with breakfast, then meeting at 8 am for hour-long transportation to a project. Projects would run for an hour or 1.5 hours, followed by the journey home for some lunch. Meeting times for afternoon projects would typically be around 1 or 2 pm, followed by another hour-long drive, and a 1-1.5 hour project. After returning to the village, supper was served at 6:30 pm, and then we would spend the remainder of the night prepping for the projects for the next day.

The first week was a little challenging. Going to all the projects for the first time and getting to know all of the service users, and their varying abilities, took a bit of getting used to. Many of the children in the centers for children with delays were non-verbal. Many of the service users in all the projects did not speak English, so we were challenged to give instructions in a non-verbal way, using only demonstrations and body language. We started and ended each session with 10 minutes of yoga, as it is a big part of their culture and it has many psychological and physical benefits.

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Windmills made from cups and plastic. Used for fine motor skills and creativity, as well as focus.



Paintings made with leaves and things found in nature. Used for art and creative therapy, which can help individuals visually express emotions and fears they cannot articulate through conventional means. It also helps them foster self-awareness and self-esteem, while creating something they can be proud of.

Musical instruments made by service users, then they shook the bottle with the personality trait they thought suited them (kind, caring, funny, smart, etc.). Used for sensory stimulation, which has been shown to increase concentration, focus, and alertness, and improves communication skills and social relations. It was also used for identity, allowing the service users to recognize their potential, talents, and contemplate the constructs that represent the self.



NEVERTHELESS SHE PERSISTED

KELSEY W.

A few years back I had lost sense of who I was. I had become someone my mind made me believe I was. I felt as though my life meant nothing and that I didn't deserve to be here. In the past, I was treated poorly by people I loved and trusted. I was at a point where I had convinced myself that no matter what I did, I wasn't good enough. I wasn't strong enough. Some people can just brush it off, whereas others take everything they hear to heart. I was the person that believed everything that I was told to be true. Even subtle negativity or personal jabs from others had me doubting myself. I would just separate myself from friends and any sort of social interaction. I felt that I didn't deserve to partake in the fun activities others were doing.

Late at night was the hardest since troublesome thoughts would run through my head, like how people might see me, and how I saw myself. As no one was there to disagree, my mind would come up with the craziest things such as "people wouldn't notice if I disappeared. Maybe it would be better if I did, then their lives wouldn't be so stressful." I convinced myself that maybe their lives would be better off without me. I started to believe that I was no longer needed in this life. I took myself on a roller coaster of "what-if?" scenarios. I didn't want to die. I loved my family and friends. I just didn't know what to do any more. You worry that if you tell someone what's going on that they will be upset. I have been so good for so long and then suddenly something hits you like a tonne of bricks. I thought to myself, "how much more can I truly handle...?"

There was a point where I figured 'what's the purpose in fighting for yourself when it seems like no one else is fighting for you?' But that's just it. You are the one who must put in the work for yourself. You must believe that you are worthy of life just as much as anyone else. Say you had a friend come up to you and tell you that they thought they were garbage and worthless. I bet you would do everything you could to convince them differently. So what makes you any less special than that friend?

I know that sometimes the voices in your head get so strong that they overpower your rational thoughts. You can't think straight; you are overcome by the dark hole that is your mind. You must remind yourself that you are not controlled by your thoughts. What has happened in your life doesn't define you. It is not easy, but when you are in a dark space you need to find a support network. Some may not necessarily understand what you're going through, but the people in your support network will sit with you in the dark and will support you through this journey. You need to be able to surround yourself with positivity. To quote one of my favourite song lyrics, "when darkness pushes you back down, the light will help you grow." These people and other mental wellness tools that you may have will help bring the light back into your life.

The Effects of Dissociative Identity Disorder on the Core Personality



The criteria or description of Dissociative Identity Disorder (DID), formerly known as multiple personality disorder, from the DSM-5 is that “two or more distinct identities or personality states are present, each with its own relatively enduring pattern of perceiving, relating to and thinking about the environment and self.” (1) DID is a less commonly diagnosed mental illness that affects more women than men, and only about two percent of the population. (1) The most common reason that DID develops is due to childhood trauma, most likely abuse - physical, verbal, emotional, or sexual. About 71% of people with DID have experienced childhood physical abuse and around 74% of that is sexual abuse. Yet, other things such as natural disasters can also cause DID. (1) Some signs and symptoms are amnesias; a more extreme case of this would be not remembering hours, days, or even weeks if another ‘alter’ is in control. Due to the amnesia, people with DID usually end up not remembering

all of the trauma they went through. Olivia confirms this was her experience. She says that her ‘alters’ continue to keep memories and information from her to protect her. The main treatment for DID is psychotherapy - also known as talk therapy - but there are other treatment options. (1) Some of the other treatments include medication such as anti-depressants and mood stabilizers, though no medication currently exists that directly treat the symptoms of DID.

Alters are the alternate personalities that are in the core body. The amount of alters can be between two and in some cases up to over twenty, like in the case of Christine “Chris” Costner who had twenty-two known alters. (1) Alters can have their own age, gender, and/or race. In some cases the alters can even be non-human or animals. Sometimes alters only come out once and are never seen again. Olivia said



that once when she was around thirteen, a toddler alter came out when she was at a restaurant and she nor her family or closest friends have ever seen that alter again. An alter can become stuck at a certain age. This may be due to a moment of intense trauma or due to the fact that they have not been active since the core personality was young. (2) When an alter becomes the dominant personality, the core personality may lose complete control and have no idea what is going on outside of their mind, or they may have somewhat of a say. "It's like being in a car sitting on the passenger side. I can say stop, I can protest. But I can't actually do anything," Olivia said while I was talking to her.

The alters come forward due to different reasons, protection being one of the main reasons. One of the personalities that Olivia was

comfortable sharing about was very protective and calls herself 'Mother'. Mother was a very prominent alter in her childhood, as she was a motherly figure to her brother when they were being abused. Mother is also the one that took over if the core personality needed help. If the core was becoming suicidal to an extreme, as to where it may have happened, Mother stepped in and became the dominant personality to ensure help was sought out. Mother made sure that the core personality was taken care of. For a period of time, it was hard for Olivia and Mother to not switch when she was around her brother. Mother wanted to take care of him and make sure her brother was not in danger. But, as time went on, and Olivia began to recover, Mother stopped showing up as much. Olivia said that she has very little memories of being in crisis, and being in the psychiatric ward. Although Olivia knew the main events that occurred, she does

not remember any of the specifics. As she recovered, more and more memories about her childhood came back, though they came back slowly and only when the alters thought that she was ready to handle the new information. Even now at nineteen, she is still getting memories back. Olivia told me that she only remembers about thirty-five percent of her childhood. With very little memories, she has to rely on others for her own memories.

The treatments for DID, like every other mental illness, vary per patient. The most common being psychotherapy - a way to help people with a broad variety of mental illnesses and emotional difficulties. (3) Psychotherapy can help eliminate or control troubling symptoms so a person can function better and can increase well-being and healing. (4) Though psychotherapy is the most common treatment, it isn't always effective for everyone. Some people with DID use humanistic therapy which involves a core belief that people are good at heart and capable of making the right choices for themselves. (4) These two different types of therapies use slightly different approaches but they have the same fundamental idea: to talk. While humanistic therapy is more about thinking that all people are good and only has one approach, psychotherapy has a handful of subcategories.

One of the main subcategories is cognitive behavioural therapy (CBT). CBT works on the basis that the way we think and interpret life's events affects how we behave and, ultimately, how we feel. More specifically, CBT is a problem-specific, goal-oriented approach that needs the individual's active involvement to succeed. It focuses on their present-day challenges, thoughts, and behaviours.

Another option is music therapy. Music has been known to have benefits that help trauma and abuse victims as it gives a voice to traumatic experiences. Music can also help improve social interactions and inter-personal communication, reduce anxiety, provide emotion release, and provide validation. (5) Olivia says that playing her guitar helps calm herself and her alters.

Olivia told me that school and test taking can be difficult because she could study for hours for an exam, but it could not be her taking it or vice versa. The effects of DID on the core personality can be

anything from the alters chatting a bit, to having memories missing. One effect that can occur is a food obsession. "I can hear my alters 24/7 and picking food is very difficult so when we all agree on one it becomes an obsession of sorts."

She also says that her alters can be helpful in some cases. Along with DID, she has social anxiety and PTSD, making it very hard for her to do public speaking. It makes her want to throw up. However, a different alter that doesn't have anxiety can come out and do the speech for her. In other cases, if an alter comes out and is rude, Olivia gets into trouble. If an alter becomes extremely angry, the core personality blacks out and has no memory of what happened. When she comes back, she feels as though she is cleaning up someone else's mess.

With being able to hear her alters at all times, focusing can be very hard. She was at a meeting and two of her alters wanted Olivia's attention. One was singing a few lines of a pop song, while another was repeating a quote from a movie over and over. So, to get them to be quiet, she mumbled the song under her breath for a short period of time and told the other alter they would watch the movie when they got home.

Olivia entered university last year, which was a big change. Change unsettles everyone, and this is true with all of her alters. It made everything unstable and stressed the alters out. Olivia had ways of coping with this. If she was to go to a new restaurant, she would look at the menu a few days in advance so they can try and find something they all agree on, or at least narrow it down to two or three options. Otherwise, she just orders the same thing. The alters also all have different tastes in food and music. She personally enjoys classic rock, so if all of a sudden she doesn't, she knows she is switching or already has.

Through my research, I found that DID is still misinterpreted. DID is not the scary mental illness some think it is. If you have a friend, family member, or even know anyone with DID, keep in mind they are probably more worried about switching than you are. DID is manageable. DID is its own illness. DID has effects on not only the core personality and all of the alters, but it also affects everyone around them. It is important to remember that people with DID are not classified by it. **They are still people.**



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Fishbowl

I feel shame, but I don't know why.
My stomach feels tight.
My voice leaves my body.

It's illness, but not something worth
compassion.
It's psychosis
- I am angry.

We sit in their fishbowl, holding hands
so tight that it hurts.
My hands are white and my eyes ache.
They peer in and tap on the glass.

"This is a hospital." Stop. Touching.

Sweat and fear sink us further.
I try to give you my air,
but you're trapped under too much
water. I am suffocating.

"This is a hospital."
The tapping reminds me that you're the
wrong kind of sick.
In their bowl, compassion is reserved for
the others. No touching. No love. No
comfort. No hope.

You're in their fishbowl drowning, and I
get to leave. I feel
shame.

-Anonymous

C B T v s D B T

RACHEL G.



Psychotherapy is one field of treatment for a range of mental health concerns – including emotional challenges, diverse mental health problems, and psychiatric illnesses – and has shown great therapeutic responses while taught singularly or combined with medication. Psychotherapy can be useful in situations where one is struggling with an internal conflict as well as in troublesome

relationships with others. There exist multiple different forms of psychotherapy, depending on the concern you'd like to address, with many involving overlapping skills to achieve a healthy mind. How do you know if and which psychotherapy is right for you? Here is a list of the most popular therapies, what they target, and what type of healthcare practitioner can provide the service:



CBT

CBT focuses on altering a person's maladaptive thoughts, beliefs, and attitudes to improve their emotional feelings and behaviours. The core principle of CBT assumes your thoughts, feelings, and actions all interact and influence one another. It is focused on the here-and-now – your present state thoughts and how they shape one's emotions. The main goal of CBT is to learn new skills to train your brain to recognize one's own maladaptive perceptions and stop one's automatic self-damaging thoughts, that one may even be unaware of, to prevent disordered mental behaviour. Clients are trained to become aware these destructive thought patterns, re-interpret these thoughts as irrational rather than factual, and then trained to take on new, uplifting viewpoints.

CBT follows a time-limited, structured plan – people who see a CBT therapist often have only between 8-20 sessions. It is also problem-focused, whereby the client is taught practical strategies and skills to examine and improve how they make sense of the world surrounding them. Essentially, you are learning to become your own

therapist. It is common to be given “homework” to practice these taught strategies daily.

Extensive research has shown CBT to be highly effective with a range of mental disorders – especially for those struggling with anxiety and/or depression. More tailored forms of CBT can be found for specific anxiety disorders (generalized anxiety disorder, OCD, phobias, etc.), other mood disorders (PTSD, bipolar disorder), as well as eating and substance use disorders.

DBT

DBT is based on CBT, in the sense it aims to identify and change negative thinking patterns, but with a greater focus on one's emotions and influence in social relations (or, the psychosocial aspect). It was originally designed for treatment of Borderline Personality Disorder, but has been extended to other mental disorders that involve severe emotional dysregulation. It is similar to CBT also as DBT teaches clients practical everyday skills and strategies to better identify and manage extreme mood swings as well as to build interpersonal effectiveness.

DBT is based off the assumption that some individuals are more prone to intensely reacting to emotional or unexpected stimuli, and arousal levels fluctuate more rapidly; which can often be maladaptive in sustaining relationships. DBT is cognitive-based (also helps individuals identify interactions between their thoughts, actions, and behaviours) and collaborative (explores one's experiences with others and may involve role-playing.) The skills taught in DBT aim to improve interpersonal effectiveness, expand one's mindfulness and awareness, aid one's emotional regulation, and improve distress tolerance.

While DBT is the main psychotherapy for BPD, it is frequently used with those with bipolar disorder, as well as individuals in general with higher levels of suicidal ideation and/or self-destructive behaviour.

MANAGE AND ALLEVIATE STRESS THROUGH EXERCISE

Balraj M.



STRESS, STRESS, STRESS...

Stress is something that individuals must deal with on a day to day basis. It is an inevitable occurrence in our lives. Whether it be from having to study for an exam the next day, having to do the chores, or even an incident at work... events that occur in our daily lives have a significant impact on the levels of stress we are dealing with. In a recent study conducted by the ADAA, seven out of ten adults stated that they experienced stress in their day to day lives. (1) This stress and strain may build up to a point within us where we don't know how to deal with it. Rather than internalizing it, how can we reduce it? How are we supposed to manage stress without it having an impact on the ones around us? The answer may be through the product of physical exercise – endorphins.

WHAT ARE ENDORPHINS?

One effective method of alleviating stress is through regular physical exercise. How can aerobic exercise reduce our stress? Well, one of the main mechanisms through which our body alleviates tension is through the production of endorphins – neurochemicals produced by the body which can act as natural painkillers. (1, 2) When we engage in any sort of physically demanding task, our pituitary gland is constantly releasing endorphins that activate our bodies natural reward pathways. (2, 3) Even five minutes of aerobic exercise, whether that be jogging, swimming, or even taking your dog for a walk can stimulate anti-anxiety effects. (1) Other activities could include yoga or tai chi. (4)



BENEFITS OF ENDORPHINS

Endorphins have quite a few benefits, but some of the most important ones include alleviating depression, reducing stress and anxiety, and boosting your self-esteem. (2) Through the production of these neurochemicals, certain areas of the brain light up, leading to a whole cascade of benefits. Some studies have shown that these natural painkillers can improve our ability to sleep, which may also lead to a reduction in stress. (1) It's quite remarkable how only a few minutes of aerobic exercise can lead to the release of a neurochemical with such impactful consequences! While exercise has shown to lead to the release of substantial amounts of endorphins, there are other ways we can get this release.

OTHER METHODS OF RELEASE

Say you don't enjoy participating in athletics, there are other ways to increase the level of endorphins within our body. Studies have shown that acupuncture, massage therapy, and meditation are also potent triggers for the release of these endorphins. (3)

THE BENEFITS ARE YOURS TO REAP

The benefits of physical exercise have been studied countlessly, and physicians have always praised the physical benefits. (1) However, in more recent times, more studies have been done pointing to the effects of physical exercise on the mental state of individuals. These effects include reducing stress, reducing fatigue, improving memory, and boosting out overall mood. (5) Just taking a few minutes out of your day to do some aerobic exercise can go a long way in managing and alleviating the stress around you. The most important thing is taking that first step. The rewards are there waiting for us, we just have to make that first move and attain them.

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BENEFITS
INCLUDE
ALLEVIATING
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AND BOOSTING
YOUR SELF-
ESTEEM
”

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THE STUDENT'S OPINION

Sheher-Bano A.



This past July I had the opportunity to participate in the SHAD program - a STEAM enrichment program. SHAD is an immersive high school enrichment experience where students spend 27 days away from home, living at a university campus. Students spend time creating many collaborative projects, one of which is the Design Entrepreneurship, or DE, project. This project involves creating a viable business surrounding a problem facing the world today. Students in teams of seven get three weeks to plan, initiate and present their project, which means they are working on a tight deadline the entire time. Throughout these four weeks, students spend time learning from lecturers, working on group activities, and even camping in the wilderness. For many students, this is their first time living by themselves away from home.

I thought this would be an excellent opportunity to observe the different ways mental health is dealt with across Canada. I interviewed four of my fellow SHADs, in order to get their perspectives.

WHAT IS YOUR EXPERIENCE WITH MENTAL HEALTH?

"I've struggled with mental health my entire life. My father was abusive so before I was even born I was exposed to high cortisol levels that really impacted the person I am today. Last year was the worst point of my mental health journey. I reached a really dark place. I couldn't do it anymore. A lot of people make jokes about suicide, but do they really understand? Do they know what it's like to sit on the edge of my bed and want for it all to end? I was devoured by the illness. I couldn't see the light anymore; everything was pitch black. I have gone through one heck of a journey trying to put in place the right supports - from medications to counselling. What I've had to realize is that medications and doctors, they can't save you, they can only ease your symptoms. You have to choose to help yourself. That's not an easy decision, because how do you let go of the addictive destructive habits you have? My negative coping strategies were a way for me to control what was going on around me. My way of doing this was through controlling the food I consumed. When I was in that bad place, I lost a quarter of my body weight. On the days when I was able to get sleep, I would wake up feeling more exhausted than I did before going to sleep. I lost so much of my adolescence to my illness, and those are years I am never going to get back. But at the same time, it's not impossible to move forward. I know for me it felt like it was never going to get better - and I was convinced recovery was this magical thing - but recovery is actually really hard. You just have to make the effort. As hard as it is to get help, there is help out there."



"I think mental health problems have always been a part of my life. Especially anxiety. After I got into higher grades, I started getting bullied, and my mental health got worse. I knew what depression and eating disorders were - we'd learnt about them in school, so I recognized the signs. I didn't tell anyone because I didn't feel comfortable. I learned how to deal with it myself. I wasn't getting the grades I wanted, my mental health was too hard to deal with without medication. I really wanted medication so I could do better in school. I talked to teachers and professionals, did tests online, looked at symptoms. I also tried to talk to my parents about how I thought I was struggling, but they dismissed me. They told me a child as young as me can't have mental health problems. They made me think that maybe I was wrong, maybe I didn't have any problems. I forgot all my coping strategies because I thought I didn't need them anymore. In reality, however, I still had issues. They didn't go away just because I stopped acknowledging them. I live in a very controlling environment, so I wouldn't be able to just make an appointment, and get diagnosed. I really want to get diagnosed, but I think ultimately I'll have to go behind my parents back. I'm scared because my parents are really supportive in other areas and I don't want to lose their support."



"After my brothers moved out, I was the only child living at home, and so my parents noticed more about what was going on with me. In the 7th grade, I was diagnosed with ADD and anxiety. I switched counsellors often. In grade 8, I started dating a guy two years older than me. This relationship lasted until grade 10. He was emotionally and sexually abusive, and ultimately made my issues worse. In grade 9, I was put on antidepressants. They worked a little bit, but in grade 10 I was admitted to the hospital because my parents were afraid. I was so angry at home; sometimes I would yell at my parents, and I wouldn't want to get out of bed. My experiences at the hospital weren't great. The ultimate goal for the doctors and nurses looking after me was to send me home. I wasn't allowed to have anything from home, my friends couldn't visit, I couldn't have my phone or anything for entertainment. I started going from the hospital to school and then back again. Finally, I was released. I then broke up with my boyfriend. That relationship left me with PTSD and anxiety, making it difficult for me to trust other people."



"I've had a lot of anxiety problems. When I was in public school, I was bullied often, and my coping mechanism was books. I left that school and went into the Catholic school system. But my anxiety got worse in grade 8, and I had difficulty with anorexia. Control is very important for me, so when I don't have control, I try to control the things I can, which in my case was food. Wanting to be in control is definitely something that stems from my ASD (autism spectrum disorder). My teachers were the ones that noticed I wasn't eating anything. They mentioned it to my counselor, and that's how I started getting diagnosed. I saw a psychologist for a year, until I got into an anxiety clinic.

At the clinic, they mentioned Asperger's. In the beginning, I was afraid I would have a condition with a swear in it. So, I did my own research, and found a forum called "Aspie Problems," and I could see myself in a lot of these situations, which helped me make sense of this situation while psychologists were throwing around these terms. The anxiety clinic interviewed both me and my parents, gave lots of questionnaires, and they looked through my diary. I was finally diagnosed with unspecified anxiety disorder, moderate to severe. I was also diagnosed with query autism spectrum disorder, which meant they wanted to do more testing. I went back the day before school started. They made me do IQ testing, and match pictures of people with emotions and motivations. I was then diagnosed with Autism Spectrum Disorder. My psychologist said I "wasn't very invested in her as a person," and I didn't really understand, because I was there to get diagnosed and didn't think being invested in my psychologist would help me.

I'm not on any medication now, but I was on antidepressants for five or six months during diagnosis. I reacted really badly. I was really desperate for a cure, so I agreed right away but it did not work very well for me. My personality changed, I became anxious and impulsive. It was a frightening experience. I even ran away from my grandmother's house to my old elementary school. I don't remember much of it. This is called elopement - when people with ASD are overwhelmed and run in order to gain control of a situation. When you're out of control and have ASD and anxiety, regaining control is difficult and can be dangerous. I'm thankful to have safe spaces at home, but it was definitely a frightening experience."

HOW DO YOU THINK THE SHAD PROGRAM AFFECTED YOUR MENTAL HEALTH?

"SHAD has definitely tested my mental health. Not having my own space is hard because I don't have a way to let everything out or collect myself. It's challenged me to push myself in a continuous social setting and forced me to leverage my strengths, as well as the strengths of others. There are things I can do that others can't, and there are things others can do that I can't. It's made me recognize the skills I don't have, and how to work with others to collectively achieve extraordinary things. It's made me recognize how much I can do in a day. It's taking away the time I would spend in my own head, and instead, further my productivity. It has been a roller coaster of emotions and stressors that have taught me so much within a single month. It has truly been the best month for my life."

"I think at times it was very overwhelming. I like isolating myself, which is something I can't really do at SHAD. It can be hard to not have time to myself. Sometimes I can't focus because of the people, and there's no time to put my emotions together. I just have to take a deep breath in and force myself through it. When I need a moment, I go to the bathroom. However, it's very inspiring to hear from people who are experiencing similar things, and to have a lot of people to talk to."

"SHAD is not exactly designed for people who are not neurotypical because it's constantly busy, loud, and noisy. Everyone here has been understanding, however, and I can take breaks when I need them. People don't really always understand breakdowns, but I think most people try their best to."

"SHAD has been a positive experience for me. I know here that I always have someone to talk to. Also, being away from home, no one knows anything about me. I'm free to share as much or as little as I want about myself. It's like having a fresh slate to portray myself whichever way I want."



HOW HAS WHERE YOU LIVE, AND THE CULTURE AROUND YOU AFFECTED YOUR MENTAL HEALTH?

"From my parents' perspective, I'm very lucky. My mother, for example, couldn't interact at all with the opposite gender, but she doesn't believe that depression happens in younger people who outwardly don't have anything wrong with them. She thinks depression is something that happens when you're old, lonely, and can't pay your bills. She thinks depression needs an outward cause. People in my ethnic group can all be like that. At the same time, I know a supportive community exists. Knowing about the supportive community and not being able to join can be hard. Suppressing my emotions is also taught by those around me. I smile all the time because that's my natural reaction now since I've suppressed my emotions for so long. Sometimes I smile when I should be really sad. It's not that I'm not sad, I've just suppressed my emotions for so long I don't know how else to react."

"Being in a small town, there are a lot of supports. I participated in activities with others with ASD. There are also a lot of bike paths to bike down. Cities can be noisy and hard to deal with, so small towns are better. There are a lot of resources in nearby Calgary and Alberta in general, although there are less for people with high functioning ASD."

"I live in a tight-knit community, which makes it both easier and harder. It's hard to get away from the people you know sometimes, and there aren't as many resources to help people who are struggling. For example, one facility has a waiting list of 200 people, as compared to facilities in other provinces which have more and resources."

"I come from a really big city, and yes there are a lot of supports surrounding me in order to get help. But since it's such a highly populated area, getting support is ridiculous. You have to be in a really bad spot before you can get help because of the high demand for medical services. In a way, it's beneficial because I know whenever I'm in crisis there will be help, but it's also kind of scary, because there are so many hoops to jump through. Sometimes I feel like I am drowning because of how densely populated it is. It's hard to build relationships with people because geographically you're so far apart, and the amount of people between two individuals. Think of it like this: you're walking down a road and there's five people in each house, and that's how many people you have to go through to get to another person to make a meaningful connection. For university, I'm moving to a small town of 5000 people and I think that will make it easier to form relationships because it's a really close-knit community."

WHAT WOULD YOU SAY TO OTHERS FACING MENTAL HEALTH PROBLEMS?

"My parents were really scared of me getting a diagnosis because it will be a big label following me for the rest of their lives, with potential for judgement and stigma from others. My mother had experience with mental illness, while my father didn't. However, they didn't realize how important the label was to me, since it made me feel more valid and gave me access to more support. Although the process was difficult, finally getting a label gave me relief. If you feel a diagnosis will help you like it helped me, get one."

"Don't make you being better someone else's priority. Understand your problems yourself first. Ultimately, it's up to you to be better. It's a journey, but it does get better. It may never go away, but it does get better."

"Mental illness distorts your view of the world - it's like wearing the wrong pair of glasses. Different people need different things to see the world clearly through the right lens. You wouldn't tell someone who wears glasses to stop wearing them and try harder - it's the same for mental health. You shouldn't quit therapy and medication, and "try harder."

Finding the right treatment can be rough, but having gone through it, it is nowhere near as bad as living the rest of your life with an untreated mental illness. My struggle has made me relish being alive. Recovery is possible, but you have to make the choice to work towards getting better. It starts with admitting you need help; that's the hardest part. You need to make the decision to help yourself, and by doing that - you become invincible, not invisible."

"Make sure you develop good coping strategies, and talk to your support system. Try to go to the doctor. If the best you can get is doing your own research, or talking to your friends, do it. However, if you're doing your own research, make sure to check multiple reputable sites. Do as much research as possible and then try to talk to experts."

In conclusion, it is easy to see the disparities in the mental health experiences of each of these individuals. They all come from different parts of Canada, and each of them have unique perspective on their illness, which stems from their varying areas, cultures, and individual experiences.

MENTAL HEALTH COPILOTS

Cadence Rolfson



MENTAL HEALTH COPILOTS IS A NEW, FREE MENTAL HEALTH SERVICE IN EDMONTON THAT WILL HELP YOU FIND THERAPISTS OR COMMUNITY SUPPORTS THAT FIT YOUR NEEDS! IT'S EASY TO GET CONNECTED WITH THEM THROUGH THEIR WEBSITE AT [MENTALHEALTHCOPILOTS.ORG](https://mentalhealthcopilots.org)

At a time when the mental health field is branching out in numerous directions, the strenuous task of finding the right support and aid may be daunting to individuals facing a crisis. Mental Health Copilots is a much-needed organization aimed at helping individuals access and navigate the mental health system.

The guiding principle is the belief that all individuals deserve equal access to mental health supports. Navigating the available resources can require a significant time investment and understanding of what each service actually provides - a task seemingly insurmountable to even a person not struggling with their mental health. The volunteers at Copilots ensure that they are there to support every person, every step of the way in their journey to finding a mental health provider. Not only does this free service help people find resources, Copilots can help a person understand how different therapies work, what

services each resource can provide, and can provide other aid such as helping the person feel comfortable getting to a meeting, and helping the person know what to expect when they arrive.

The service got its roots from a university intro to clinical psychology project in which the founders, Branden, Amanda, and Meghan, had to make an extensive list of every mental health service in Edmonton. This list included what the service provided, how much it cost, and how to get into the treatment. The assignment was meant to be an impossible task. Although it was only meant to be a one-time assignment, the important lesson behind it remained: if university psychology students had a difficult time finding and understanding the resources available, how are people from varying circumstances and understanding of mental health supposed to do it?

The Mental Health Copilots wanted to stay involved and take on the task of helping others receive proper care because they knew what it felt like to have others close to them or themselves need resources and feel overwhelmed. Since people with mental health disorders such as depression may already face a lack of motivation, such a trying task can easily be brushed aside - even if it may help in the end. The Copilots help their clients navigate the mental health system, making it more approachable and less stress inducing. Even with guides, finding out the cost and quality of services can be scary. At intake the volunteers take information such as what insurance the person has, what symptoms they may be experiencing, previous diagnoses, what transportation is available to get to facilities, what time works best, and any other needs. With this information volunteers can find a better match for each person. Although they cannot

**THE MENTAL HEALTH COPILOTS
FOUNDERS: BRANDEN LEDUC,
MEGHAN REGIER, AND AMANDA
MONTEY**



guarantee the quality of each service, they are willing to continue looking until the individual is satisfied. As the Copilots say, “finding a psychologist is like dating; you have to find the right match.”

If you would like help from the Mental Health Copilots, and you are over the age of 18, book an appointment online! This meeting can be in person, through video chat, by email, or by other messaging services. Go to www.mentalhealthcopilots.org, or email info@mentalhealthcopilots.org

Branden Leduc

My name is Branden Leduc, and I am currently finishing up a Bachelor's of Science degree at the University of Alberta with a specialization in Psychology. I am 26 years old and will hopefully be continuing my education to eventually become a clinical social worker. My interests with mental health began with a loved one experiencing distress and not knowing what to do. Having seen family members and friends struggle with depression, anxiety, and PTSD, I have come to realize that even in the best of situations and with a good support network, the stigma associated with mental illness, and the angst associated with the daunting task of navigating mental health resources can seem hopeless. It is for this reason we've created the Mental Health Copilots. Our mission is to connect individuals with mental health professionals that best suit them. We promise to support you every step of the way, even after you've found a therapist you like. Mental illness is real, but you don't have to overcome it alone.

Amanda Montey

My name is Amanda, and I am studying at the University of Lethbridge for a Masters of Education in Counselling Psychology. I struggled to find a service provider when I first began my journey with anxiety and depression. Upon

looking for services, I found myself overwhelmed and procrastinated getting the help I needed, simply to avoid the associated stress. With the support of my family, I was finally able to connect with a psychologist and it has made all the difference. I was fortunate to have a support network that was comfortable with discussing mental health issues. Not everyone is so lucky. I hope to help make the experience of finding help more comfortable and accessible for others through my work with the MHCP. In my downtime, I love spending time with my cat, husband, and friends playing Dungeons and Dragons - so yes, I am a nerd!

Meghan Regier

My name is Meghan and I'm a fourth year psychology student at University of Alberta! About five years ago, I had a serious season of depression where I couldn't get out of bed for two months. At the time, I didn't think going to see a psychologist could help me, and I refused to go. I was lucky that the intensity of that season finally lifted, but everywhere I went afterward I still had so much emptiness and struggle. Through school and work in the psychology field, I've learned a lot about managing my own life and thoughts. I've also seen three different counselling psychologists since then. The first two psychologists didn't really work for me. The third one has been great, but my insurance can only cover a few sessions. The vision for Mental Health Copilots - to help people find professional mental health supports that WORK FOR THEM - is a big one. It's hard because there are so many barriers. But that's why we need something like Copilots. The help is out there, and it CAN help, we just need to be supported until we find it.



**Check us
out on
Facebook!**

Mental Health Copilots

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



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



We would like to thank CASA Child, Adolescent and Family Mental Health and the CASA Foundation for their generous support of the CASA Youth Council.



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Mental Health

ART AND PHOTO CREDITS



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COVER PAGE
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PERMISSION TO BE (9)

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A EUPHEMISM (6)

JASMINE
HOW RANDOM ACTS OF KINDNESS
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JERRY CORDEIRO (29-33)

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CBT VS DBT (47-48)

CADENCE ROLFSON
MAGAZINE LAYOUT

Unseen

CONTRIBUTORS



Angella, 22
CYC Member

Science nerd. Coffee addict. Tattoo collector.

OBJECTIVE: To emphasize the importance of empathy and awareness for those suffering with mental health related illnesses, and helping to cultivate environments where these individuals can reach out for support and learn tools that can help them overcome whatever they are experiencing

HOBBIES: Strength training, reading books about the human mind, and watching psychological thrillers

Cadence Rolfson, 23
CYC Member & Unseen Magazine Subcommittee Co-Chair

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, CrossFit, running, hiking, and writing



Jasmine, 23
CYC Member

Dessert-lover. Cultural enthusiast. Aspiring globetrotter.

OBJECTIVE: 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.

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

Kelsey Waddle, 28
Unseen Magazine Subcommittee Member

Twin. Supporter of the Arts/Theatre Industry. Always working to be the best version of me.

OBJECTIVE: To change the way society views mental health. Why should I have to feel like I can't be myself just because I struggle with mental illness?? I shouldn't feel this way, but I do. Society has put such a stigma behind mental illness that people don't want to talk about it. This is where the change needs to happen, don't get me wrong things are much better than they were 5 years ago. All I am asking is for you to start that conversation, be the person that someone else needs today.

HOBBIES: Photography, volunteering for a mental health organization, watching live music, travelling.



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CONTRIBUTORS



Mackenzie

Unseen Magazine Subcommittee Member

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

OBJECTIVE: 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.

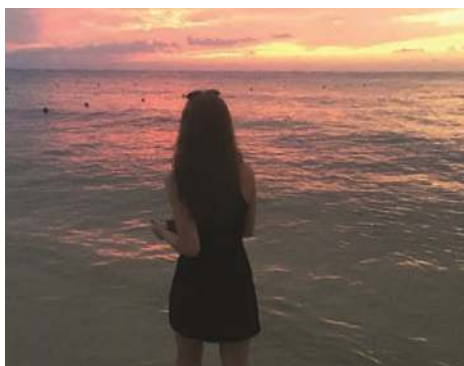
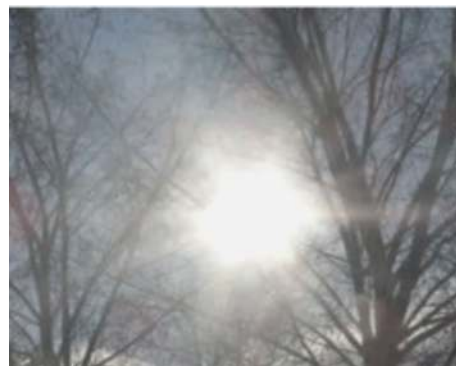
Noella, 17

Unseen Magazine Subcommittee Member

Dog lover. Big sister. Slytherin at heart.

OBJECTIVE: I started helping with Unseen by just submitting pictures, but as time went on I decided to write a few articles.

Hobbies: reading, theater, music



Rachel G., 21

CYC Member & Unseen Magazine Subcommittee Co-Chair

Neuroscience nerd. Coffee fiend. Mental health humanitarian.

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

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

Rong

CYC Member

Poems. Volleyball. Nature.

OBJECTIVE: 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.

HOBBIES: Writing, reading, playing the flute



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Sasha, 23
CYC Member

OBJECTIVE: 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.

SHEHER-BANO



Tiana, 23
CYC Member

Dancer. Serious about mental health. Psychology student.

OBJECTIVE: 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.

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

Victoria Fehr, 20

CYC Member & Community Outreach Subcommittee Co-Chair

Psychology Student. Tattoo devotee. Mental Health Advocate.

OBJECTIVE: To let youth know that they are not alone in their journey with mental health. I aspire 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.

HOBBIES: Netflix binging, baking, playing guitar, exercising, daydreaming, cuddling my kitty.



