ELEMENTAL

The Official Mental Health Magazine of the University of Toronto

SPRING 2022

SPOTLIGHTS

A STUDENT'S STORY OF BEING DIAGNOSED AS BIPOLAR

RAW TALK PRESENTS: THE PRESSURE TO PERFORM

THE LINK BETWEEN SLEEP & PSYCHIATRIC DIAGNOSES

PHYSICAL HEALTH

FIND BALANCE BETWEEN MOVEMENT AND REST

LEARN HOW TO MOTIVATE YOURSELF BY GAMIFYING

COMMON MISCONCEPTIONS ABOUT LOVE & INTIMACY

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LETTER FROM THE EDITOR

I am delighted to present the ninth issue of Elemental Magazine, the University of Toronto's official tri-campus mental health magazine. The theme for this issue is Physical Health and Mental Health. The Canadian Society for Exercise Physiology recommends that adults aged 18 or older do at least 150 minutes of moderate-to-vigorous intensity exercise per week as well as muscle strengthening exercises at least two times per week. Canadian statistics, however, show that only 16.4% of Canadians meet these requirements[1]. As graduate students, we know how difficult it is to implement physical exercise into our daily routine; but no matter how busy we are, exercise must be a priority.

Most people would agree that regular physical activity has many mental health benefits. The latest research confirms the benefits of exercise for brain health. Regular physical exercise lowers the risk of developing depression (by jogging for just 15 minutes a day);[2] improves mood, anxiety, and cognitive health in people with depression and schizophrenia;[3] increases the size of the hippocampus, one of the brain's major memory and mood centers;[4] and stimulates the production of growth factors, such as BDNF (brain-derived neurotrophic factors), which improves neuroplasticity.[5] For those struggling with their mental health, finding the motivation to exercise can feel almost impossible, but if you can push past those feelings and just do it anyway, you will feel much better.

The purpose of this issue is to educate readers about the link between physical and mental health and offer tips on how to get started and stay motivated (e.g., gamifying). We highlight the importance of physical activity for children and adolescents, especially those with autism spectrum disorder. We offer insight on how to find the right balance between movement and rest. In collaboration with RawTalk Podcast, we investigate why amateur and professional athletes may feel the need to take performance enhancing drugs. We explore common misconceptions about love and intimacy. Dr. Michael Wainberg, Postdoctoral Fellow at CAMH, delves into the link between sleep and psychiatric diagnoses. We include coping mechanisms that involve becoming more in tune with your feelings and practical ways to combat the "Winter Blues." Finally, we share a student's account of being diagnosed with bipolar disorder during her first year at UofT and another student's story about losing people to suicide during the pandemic.

As this will be my final issue as the Editor-in-Chief of Elemental Magazine, I would like to extend my deepest gratitude to the Elemental team, not just on this issue, but on all other issues over the last five years. It would not have been possible without their hard work and dedication. Looking back on our nine issues, I am so proud of all that we have accomplished. We have come so far since our first publication in 2017. In total, we published 120 articles that will be read for many years to come. I would like to give a shout-out to the Executive Editor and Co-Chair of Grad Minds, Curtis D'Hollander, as he has been a driving force behind the magazine's success. Lastly, a special thank you to our readers for their support. It has been a pleasure working with the Elemental Team in getting these articles published for our readers.

Sincerely,
Jeffrey Lynham
Editor-in-Chief, Elemental Magazine
Co-Chair, Grad Minds

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RAW TALK PODCAST PRESENTS: PODIUM PILLS – FAME OR FOLLY? THE PRESSURE TO PERFORM

ELIZABETH KARVASARSKI

"The pursuit of higher, faster, and stronger has led some athletes to risk shame, bans, and even death to get an extra competitive edge..." This quote is from the introduction to the recent Raw Talk Podcast episode titled, "Podium Pills: Fame or Folly?" The episode dives into the world of performance enhancing drugs, with perspectives from the World Anti-Doping Agency, Olympic athletes, and a supplement formulator, to find out why and how performance enhancement occurs in sport.

You may have heard of famous athletes such as cyclist Lance Armstrong, baseball player Jose Canseco, tennis star Maria Sharapova, and UFC fighter Jon Jones, who have all been caught using banned performance enhancements in their sport. These discoveries drew criticism and had many debating the legitimacy of the athletes' accomplishments. The use of performance enhancing drugs (PEDs) is deeply entrenched even in junior levels of sport, but the question is: why do athletes use PEDs?

According to a 2002 British Medical Association report, motivations of athletes to take PEDs included media pressure to win, financial rewards, or to improve their body image.[1] Dr. Vivienne Nathanson, the head of ethics and science at the British Medical Association, added, "What is really worrying is that people who use drugs in sport are taking potentially life-threatening drugs and think its worth it. Surely no accolade is worth your health or indeed life?" Our struggle to understand the decision to used PEDs may be due to the fact that, while the physical impacts of sport have been well documented, there is comparatively less research on the mental health and psychological well being of athletes.[2]

When exploring the mental health of athletes, it is important to note the intense mental and physical stressors that are a unique to a sporting career. Some of these stressors include, "the pressure of increased public scrutiny through mainstream and social media, limited support networks due to relocation, group dynamics in team sports, and the potential for injuries to end careers prematurely."[2] How athletes cope and appraise these stressors partly determines their impact on their mental health.[3] For example, perceiving anxiety symptoms in a facilitative manner was related to adaptive ways of thinking (and consequently behaving) that are beneficial to one's well-being.[4] On the other hand, perception of anxiety in a debilitating manner was found to be related to negative patterns of perfectionism.[5] Maladaptive perfectionism, characterized by "setting consistently unrealistic

personal standards"[6] may be a precursor to obsessive-compulsive disorder.[7] When looking at sex differences, females have reported greater focus on performance (as opposed to cooperation and effort), concentration disruption, and anxiety compared to males.[8] Furthermore, athletes may have traumatic experiences during their sport, such as serious injuries, which may pose an even greater risk of progression to a chronic trauma-related mental health disorder.[9]

Comparing physique with others through social media, the pressures of maintaining a lean body shape (e.g., gymnastics), or cutting weight to participate in a certain weight class (e.g., wrestling), contribute to higher vulnerability of eating disorders and body image issues among athletes.[2] In 2016, the estimated prevalence of eating disorders among athletes in general ranged from 0-19% in men and from 6-45% in women.[12] According to Hilkens and colleagues (2021), young male gym users have been indicated as 'at risk' for the use of PEDs, and gym users in general have a higher prevalence (~18%) compared to the general population's (~3%) use of PEDs.[10,11] In the episode by Raw Talk Podcast, Dr. Dean St. Mart, a product formulator for Supplement Needs, discussed the dangers of misinformation about PEDs in gym and bodybuilding forums, leading to a significant knowledge gap in how these substances can affect the user's health. Exposure to this misinformation and the plethora of fitness-related content on social media may drive the use of PEDs due to the construction of negative body images, especially in male gym users.[12]

Athletes face many unique stressors; however, various barriers prevent athletes from seeking support to cope with such stressors. These barriers may include stigma (public and private), the lack of understanding or misinformation about mental health, busy athlete schedules, and perceptions that seeking help is a sign of weakness.[13,14] Even athletes with positive attitudes towards seeking mental health support have reported concerns regarding how they will be perceived by their peers, coaches, and sport managers.[15] Furthermore, in some contexts, mental health services and education may be scarce, and approaches to understanding and treating mental health symptoms and disorders may not be evidence-based.[16] Therefore, mental-health frameworks that can help understand, assess, manage, and intervene to enhance athletes' mental health are required. Purcell and colleagues (2019) developed a new mental health framework that recognizes the impact of athlete-specific risk factors and engages individuals that can help monitor and promote the athlete's mental health and well-being. This framework has 3 main aims: 1) help athletes develop skills to manage psychological distress; 2) train individuals in the sport environment, such as coaches, to recognize and respond to concerns regarding athletes' mental health; and 3) highlight the need for multi-disciplinary teams to manage athletes with mental health disorders.[17] Although this is a promising framework, its efficacy is still being evaluated using controlled trials and other high-quality study designs.[17]

Athletes are always searching for ways to get an edge in competition, and some turn to PEDs. But using PEDs may represent the symptom of untreated mental health disorders related to sport, such as inadequate stress management strategies, challenges with body image, eating disorders, as well as barriers to accessing mental health supports. Such challenges represent opportunities for more research related to the athletes' mental health, psychological well being, and delivery and treatment for related disorders.

Edited by Jeffrey Lynham & Curtis D'Hollander

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THE BALANCE OF MOVEMENT

SARAH STAPLETON

After nearly two years of intermittent lockdowns and movement restrictions, physical activity is increasingly recognized as essential to wellbeing. Those who remained active throughout the pandemic reported more positive mental health and fewer psychological problems. It is, however, always possible to have too much of a good thing. If performed without listening to one's body, physical activity can become counterproductive to wellbeing. Striking a balance between movement and rest, activity and nourishment, and work and play are crucial for maintaining a balanced mental state. Each person will cultivate their own balance based upon their physical needs and unique personal circumstances; however, the following steps may serve as steppingstones towards finding your own movement balance.

Find Your Starting Point

Like any new activity, each person will begin at a unique starting point based upon their history, experiences, and context. If you have always had a strong relationship with your body and movement, your first steps towards balance may be different than someone brand new to listening to their body. Consider your history with mental and physical wellness. Have you experienced injuries that may impact your ability to perform certain movements safely? What is your inner dialogue like when you engage in movement, and is it more of an inner critic than a true open dialogue? How has your relationship with food been throughout your life? What activities have brought you joy throughout your life, and what activities have brought you anxiety? These are just a few of the initial questions that may support you in your self-discovery journey.

The Shame Society

From the time we enter kindergarten, society and structures dictate how and when we are allowed to move, nourish, and care for our bodies. Throughout fourteen years of school, we are assigned specific periods in which we can nap, eat, use the bathroom, and move our bodies. We are disciplined when we do not sit still enough. We are called distracting if we move our bodies outside of a pre-determined recess period, which may or may not align with the times at which our bodies feel the need to move. This creates a culture of ignoring our bodily signals and experiencing shame when we do listen to our bodies. These ideals are perpetuated in the workplace, where productivity is frequently valued above all else and workers are often expected to ignore their physical needs in service of a company. In other words, if you struggle to have a healthy relationship with your body, it is not your fault; almost everyone has been conditioned to ignore their physical needs from age four! Luckily, there are things that can be done to rekindle that relationship with yourself, and it all starts with listening.

Listen to Your Body

The antidote to societally fostered shame is tuning back in with ourselves to discover what we and our bodies truly need. No matter what stage of the movement journey you are at, listening to your body is always critical. If this practice is new to you, start small and simple. Check in with your body at regular intervals to see if you feel tired, thirsty, hungry, restless, or have any other physical cues that need addressing. Once you recognize a need that your body has, listen. Have a snack, take a break, or engage in some movement if your body is craving it. Teaching your body that you will listen when it sends you a signal is a great way to start building a stronger relationship and healthier communication between you and your body. As you continue to develop this relationship, your body will gradually send you more nuanced signals, and your relationship can continue to grow. You might realize that you need more of a particular food group to feel satisfied one day or notice that your mind is busy and a fifteen-minute meditation session would do you some good. Your body has inherent wisdom, and it can be an incredible partner on your wellness journey if you allow it to do so.

Movement Versus Exercise

Throughout this article, the term "movement" is often used in place of the more conventional word for physical activity, "exercise." When cultivating a healthier relationship with activity, it is important to recognize that not all forms of movement need to be exercise, particularly for those who have experienced stigma, judgment, or other harmful associations with the concept of exercise. Recalling the value of simple movement can be life-changing for those who feel limited by the idea of exercise and is no less valuable for the body. Changing positions, such as standing from sitting, engages different parts of the body. Cleaning the house or dancing to your favourite songs are not often viewed as workouts, but they are acts that require stamina, exertion, and muscular engagement to perform. From boosting physical fitness to releasing endorphins, these everyday activities can be a wonderful compliment to wellbeing at any stage of fitness and are a great way to become re-acquainted with the things your body can do! As you listen to your body, become curious about which movements bring you joy. This could be anything from swimming to weightlifting to dancing in the kitchen. As you learn which movements support your wellbeing, take the time to engage in them.

Unlearning unhealthy feelings and practices around movement may take time, patience, and enormous self-compassion to overcome. These things, too, are opportunities to foster gentleness and self-compassion as your body learns that it is safe to express its needs. As you take the next steps on your wellness journey, don't forget to include all your body's needs, from movement to nourishment to rest. As a whole and multi-dimensional person, these are the keys to find your truly balanced wellbeing.

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Edited by Jeffrey Lynham & Curtis D'Hollander

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ON-CAMPUS CRISIS: HOW I WAS DIAGNOSED BIPOLAR IN MY FIRST YEAR AT U OF T

RACHEL GANZ

In 2008, the summer between my first and second year at the University of Toronto (U of T), I was diagnosed with bipolar disorder, and I will never forget the crisis that motivated me to find help on campus.

Throughout my first year at school, I felt a growing pressure, like someone was slowly wrapping my chest in cellophane, squeezing it tighter as the layers thickened until I was nothing but a hot, sweaty mess.

U of T wasn't my first case of the varsity blues.

In 2007, I was 18 years old when I withdrew from the acting program at Syracuse University (SU) due to a massive depression. My withdrawal was a surprise even to my psychiatrist because I refused to admit I needed help.

Two years previous, while in high school, I was diagnosed with unipolar depression, but I never believed that I had a chronic problem. I thought my self-harming impulses and my evenings spent drowning in swampy hopelessness would end when I went to acting school. I worked obsessively hard to get into SU and when I got in, I felt proud and confident for the first time.

But when I arrived on SU campus, I felt immense social anxiety. I was panicked by the large crowds, or maybe it was the pressure to be brilliant, or maybe it was the risk of being less-than brilliant. Whatever it was, fear partnered with stress to become an existential panic, expressed as a hypo-manic effort to save the world through obsessive garbage sorting and environmental-warrior monologues to my parents (or to no one). I comforted myself by binge eating sugar until I boomeranged into a depression so deep, I forgot how hard I had worked to get to SU, and I dropped out because I felt helpless.

After a year off, I recovered. But I think, deep down, I knew that the cycle would repeat at U of T.

In 2008, I had applied to U of T with no real goal other than to stop working for my dad. Months before school started, he drove me downtown for an orientation on campus. I started shaking and crying on the drive down Avenue Rd. As we approached Bloor St, we were surrounded by busy people with backpacks and briefcases who walked in passionate surrender to their life's focus while I rode beside my Dad, heading to a fancy school, trying to collect a purpose for myself in my head. He kept asking me "what's wrong," until I finally screamed, "I DON'T KNOW WHY I AM GOING TO SCHOOL!"

I needed a pep talk or a hug or maybe even a suggestion of my value. But instead, Dad yelled, "WELL THAT'S RIDICULOUS. YOU'RE NOT GOING TO BE A DOCTOR, ARE YOU? YOU'RE NOT GOING TO BE A LAWYER, ARE YOU? NO, YOU AREN'T SO JUST TAKE A BUNCH OF COURSES AND YOU'LL FIGURE IT OUT."

But I felt guilty having no focus and I was worried my guilt would combine with fear to cause yet another failure to launch. And Dad was wrong. I was right to be worried that I might not "figure it out."

I began my first year with the same intense social anxiety I experienced at SU, a fear of crowds, of being in the way, of standing out and offending people. I think, in some way, I defend myself from these repeated anxieties by falling into a depression so deep that time slows so that I can hide in my bed.

I reported my depression to my psychiatrist, and she prescribed me more antidepressants. Since my mom has bipolar disorder, my doctor knew to monitor my mood for an elevation. But, at age nineteen, I was determined to avoid further diagnosis. Even as my mood began to lift, I ignored the signs.

As summer approached, I was entertaining a major in socio-cultural anthropology which, at the time, required a 100-level course in a second type of anthropology. I took a summer course in biological anthropology which, to my surprise, I found fascinating.

I felt a pay-off in the sciences. I felt a sudden direction, unlike the abstraction and the valuelessness I felt at art school. And even though this tiny dip into science was a shallow escape from who I was, I felt proud again.

I obsessively studied, devouring cue cards and timelines. And then at night, high from my academic productivity sessions, I visited every patio or threw parties at my apartment, and I felt truly independent for the first time.

But then, I stopped eating.

And, I stopped sleeping.

I started to feel restless. I knew my high mood wouldn't last. I became anxious and paranoid, and I began hearing the voice of God, directing me to safety, focusing my efforts on my newfound love of studying. I became obsessive and delusional about the small possibility that one day I could become a doctor, a person with value.

Life kept soaring until one day I woke up and I was too afraid to leave my bed. I felt certain that a tsunami was hitting Toronto. The noises outside, the groups of children walking to daycare, the traffic, the wind, it was all the result of a giant slow-motion wave. I hid in my bedroom until the voice of God led me to the door. Outside my bedroom door, there was no storm. It was in my head.

From there, I tried distracting myself at the cinema but the lights and sound triggered me further. Out of panic, I called my brother but quickly hung up on him. I am lucky that I have people around me who are prepared to help. He called my Mom and she took me to the hospital that afternoon. It was clear that the new addition of antidepressants was disruptive. Sometime later that month, I was diagnosed with bipolar disorder.

As I worked with my psychiatrist at Sunnybrook Hospital, she referred me to Accessibility Services at U of T. I booked a consultation with their office and learned that I could take exams in a private room. I was given extra time and, a note taker. Without their accommodations, I would never have graduated.

As I eased into accessibility services, I learned to trust my environment. For some reason, it's awkward to accept the imbalances of our personalities, moods and neuro landscapes but, my accomplishments at U of T helped me accept the art of identifying pressure and the practice of trusting the people around me to help me let it out.

Edited by Jeffrey Lynham & Curtis D'Hollander

HOW TO FEEL YOUR FEELINGS

ZOEY WILTON

What is a feeling, and how do we feel them? The definition of a feeling has become murky over time. You can physically feel something through touch or inner sensations, or a feeling can be something like being sad, happy, or anxious. Over time these definitions have become separate, when in reality, they are both very intricately connected. Culturally, feelings have become something that is embarrassing and should not be shown. However, studies suggest that suppressing feelings can have negative effects including higher overall stress levels, increases in blood pressure, and lower life satisfaction.[1,2,3] So, feeling your feelings is actually important for your overall wellbeing. To better understand your emotions, we must first explore what emotion or feeling is.

According to Dr. Lisa Feldman Barrett and her research on emotions, emotion is how you interpret sensory information from the body.[4] For example, depending on the situation, you may interpret shoulder pain in different ways. If you just completed a workout or lifted something heavy, you may interpret your shoulder pain as muscle pain. But, if you are writing an exam or working with a deadline, you might interpret your shoulder pain as stress. Similarly, if you are sitting at the dinner table, you may interpret stomach pain as hunger, whereas if you are about to meet someone new, or are about to engage in a public speaking event, you may interpret the stomach pain as anxiety.[4] In short, our physical feelings are interpreted by our brain through the stories we tell ourselves, then these stories are translated into emotions or feelings depending on what slot our brain files them into.

When it comes to the emotion or feeling itself, research conducted by Dr. Jill Bolte Taylor suggests that when you are triggered by something in your environment, "there's a 90-second chemical process that happens; any remaining emotional response is just the person choosing to stay in that emotional loop".[5] So, it takes 90 seconds for the initial emotion to clear, then whatever lingers after those 90 seconds encompasses thoughts, memories, stories, or preconceived notions you hold about that feeling, and you keep the feeling alive in your body through these continuing thoughts.

Research has also shown that the brain spends most of its energy on prediction and that these predictions are based on experience.[6] This is why you may get anxious before a date, or experience excitement before riding a roller coaster. It is because your brain is applying your experiences doing these things from the past to the current experience. This process of applying past experience into current experience is also why you may get caught up in emotion rather than clearing it in the 90 seconds it takes to physiologically clear an emotion.

This may lead you to ask, how do you clear an emotion without falling into this thought and memory cycle? There are five steps to doing this.

Step 1: Identify that you are having an emotional reaction.[7] This can come from both mental and physiological cues. Some common physiological responses to an emotional reaction include your heart beating faster, your chest, shoulders, or jaw tightening, your stomach hurting or feeling hot.

Step 2: Name the emotion. Say to yourself "I am feeling anxious" or whatever feeling you are experiencing. Try to do this without letting any opinions or judgments arise about the feeling.[7]

Step 3: Identify where the feeling is coming from. Take a deep breath and ask yourself where you feel this in your body. What does it physically feel like?[8]

Step 4: Observe the feeling moving through your body. Allow the feeling to pass through while observing it without trying to edit or change it. Stepping back from your feelings and emotions will allow them to pass following the 90 second rule. Observing without changing the feeling stops us from spiraling into memories, stories, or preconceived ideas about the feeling.[7,8]

Step 5: After the feeling has passed, return to the present moment.[8] Try to shift your attention back to whatever it was you were doing before the emotional reaction was triggered.

These steps take time and practice, but the more you use this method and become familiar with the steps, the easier and more natural the process will feel. When you first start to feel your emotions, it can be uncomfortable, confusing, or scary; by beginning to understand your feelings, what a feeling is, and by practicing and following the above five steps you can learn to manage feelings more effectively.

Edited by Jeffrey Lynham & Curtis D'Hollander

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ADHD AND PHYSICAL EXERCISE (PANDEMIC EDITION)

ISAYAH ALMAN

As we enter the third year of a global pandemic, researchers have begun to examine how new societal norms have impacted neurodiverse individuals. For people with attention deficit hyperactivity disorder (ADHD), the pandemic has led to "unprecedented challenges" associated with increased social isolation, difficulty engaging in online learning, and issues related to motivation, boredom, and sleep disturbance.[1,2] If these experiences resonate, you are not alone. Fortunately, an emerging branch of research has linked physical exercise to improved mood, concentration, impulse control, and cognitive performance.[3,4] These are promising findings for people with ADHD. In such times where the daily commute may be a few steps from our bed to our computer desk, remembering to slot in 30 minutes of daily exercise may be key to defeating the "covid blues," clearing pandemic brain fog, and remaining grounded and resilient amid these trying times.

Living with ADHD (in a pandemic)

ADHD brains process attention and concentration differently than non-ADHD brains. People with ADHD are more likely to experience wandering thoughts, have attention spans that jump from one thing to the next, and have no problem summoning the impulse to get up and try something new.[5] When ADHD brains are provided adequate structure, expectations, and feedback, attributes that were once difficult to manage can become instrumental for fostering inspiration, creativity, and inventiveness.[5,6] According to a 2014 article by Forbes, several highly successful people such as the CEO of Ikea have harnessed their ADHD as an entrepreneurial "superpower" which facilitates out-of-the-box thinking.[7] On the flip side, when lacking critical supports, individuals with ADHD can struggle with procrastination, forgetfulness, and disorganization.[7]

The pandemic brought a myriad of changes at all levels of society and has re-shaped how we structure our daily lives. These sweeping changes, though difficult for all, have had a greater impact on individuals with ADHD who once relied on consistent routines.[5] Due to increased stress and high workloads, university students with ADHD are particularly vulnerable to pandemic related challenges and they more often struggle with depression, anxiety, addiction, substance use, and academic difficulties.[1,8] Furthermore, decreased access to social support and professional services have compounded existing challenges for neurodiverse individuals.[8]

ADHD and Physical Exercise

ADHD is the most common neuroatypical diagnosis in pediatric psychiatry and has become a central subject of study in neurology and developmental psychology.[9,10] ADHD brains are characterized by biochemical compositions and structures that differ from non-ADHD brains, and those with ADHD are often prescribed stimulant medication to compensate for these differences.[11] Even with medication, ADHD impacts and shapes a person's developmental trajectory, and individuals with the diagnosis behave, think, and interact in a manner which manifests as inattention, hyperactivity, and impulsivity[10]. People with ADHD often find it difficult to focus on mundane and repetitive tasks, can become intensely focused on subjects or activities that interest them while ignoring everything else, and may experience co-occurring social, psychological, and academic/career set-backs due to their neurodiverse presentation[12]. Clearly, without proper support and structure, living with ADHD can feel more like a curse than a "superpower."

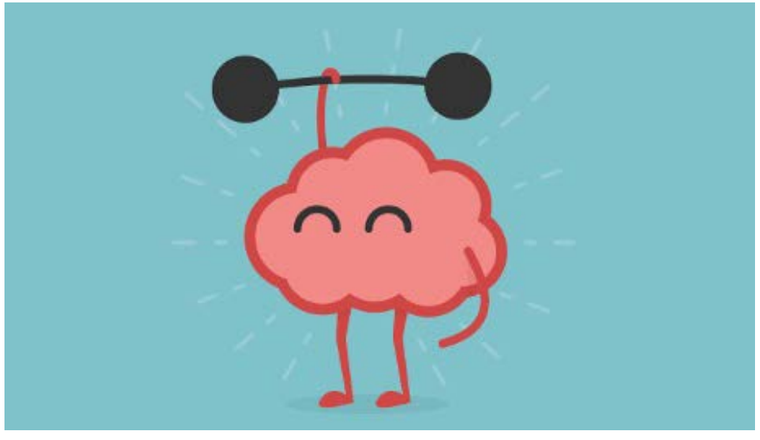
Thankfully, researchers have explored the possibility that intense physical activity can assist the management of ADHD symptoms with comparable effectiveness to medication. A 2009 study found that 30 minutes of physical activity resulted in improved attention for children with ADHD irrespective of their use of stimulant medicationII. Several researchers theorize that the structural and neurodevelopmental vulnerabilities associated with ADHD can be mitigated by physical exercise, which has been linked to better impulse control, working memory, attentiveness, and reduced stress, anxiety, and depression.[13] A 2014 research study found that a 5-minute sprint resulted in a 30.5% increase in cognitive performance for subjects with ADHD, who displayed similar performance to a control group without ADHD that did not exercise.[14] These findings reveal the benefits of physical exercise on brain function and highlight how a little bit of exercise can go along way in alleviating adverse ADHD symptoms.

In terms of type of exercise, intense cardiovascular activity (e.g., running, swimming, cycling) has been shown to have the most benefit and improves cognitive function, attention span, emotional regulation, and behaviour.[3] A mere 30 minutes of exercise has been found to dramatically improve executive function for individuals with ADHD;[4] however, the positive benefit of exercise increases proportionately with longer and more intense activity sessions.[15] Specific kinds of exercise may be useful for targeted outcomes, such as Yoga and Tai Chi for emotional and behavioral regulation, team-based sports for social skills training, and aerobic or endurance exercises for cognition and attention.[16]

So, how to Exercise? Try gamifying.

Okay! So, physical exercise will help with my brain function and will also help if I have ADHD. But now what? Jumping into a new exercise routine is easier said than done, and amid ongoing gym closures and capacity restrictions, who really wants to venture into a public locker room or hire a personal trainer (and will he/she/they wear a mask!?). Don't worry I got you covered. Well... not completely. Admittedly, preparing for, starting, and maintaining an exercise routine is difficult even without a pandemic. So, how to exercise? Let's draw from the information we've seen so far and come up with a rough action plan that might (no guarantees here!) work for you. If you identify as a person with ADHD, you have the superpower of creativity, imagination, and the ability to become so engrossed with stimulating activities that experts have coined the phrase "hyperfocus".[7,12] Thus, our "ADHD exercise plan" must be creative and stimulating to the point where we can trigger hyperfocus, so we don't get bored and quit halfway through. In this context, "gamification" might be the answer.

Gamification is a relatively new concept and strategy that has emerged



with the advent and popularization of, well, video games.[17] It refers to the process of turning an activity or task into a game or something that resembles a game and works by increasing dopamine availability when you engage in the desired task.[18] By applying game mechanics like quests, points, and rewards to non-game applications, we can trick our brains into "having fun" even when confronting a less-than-fun activity. Gamifying activities works well with ADHD brains, as it taps into the desire for stimulation and fosters intrinsic motivation.[19] Having the mindset that "my quest today is exercise" and rewarding yourself for completing the task can create excitement that the ADHD brain needs to engage in hyperfocus. There are phone apps and smart watches that further gamify the exercise experience by tracking your "points" and progress.[20] Walk around the block: 10 points. 15-minute sprint: 20 points. Give yourself a goal (like that thing you want to buy on Amazon) and at 100 points reward yourself! Get a friend involved to spice up the competition. Gamifying your workouts can make it easier to set goals and stick to them!

If you identify as a person with ADHD, physical exercise can be a great coping strategy. However, it is not a replacement for medication or professional services. Please do what is best for you in consultation with your doctor or mental health professional. However, for some, physical activity is a great option for improving the mind and body.

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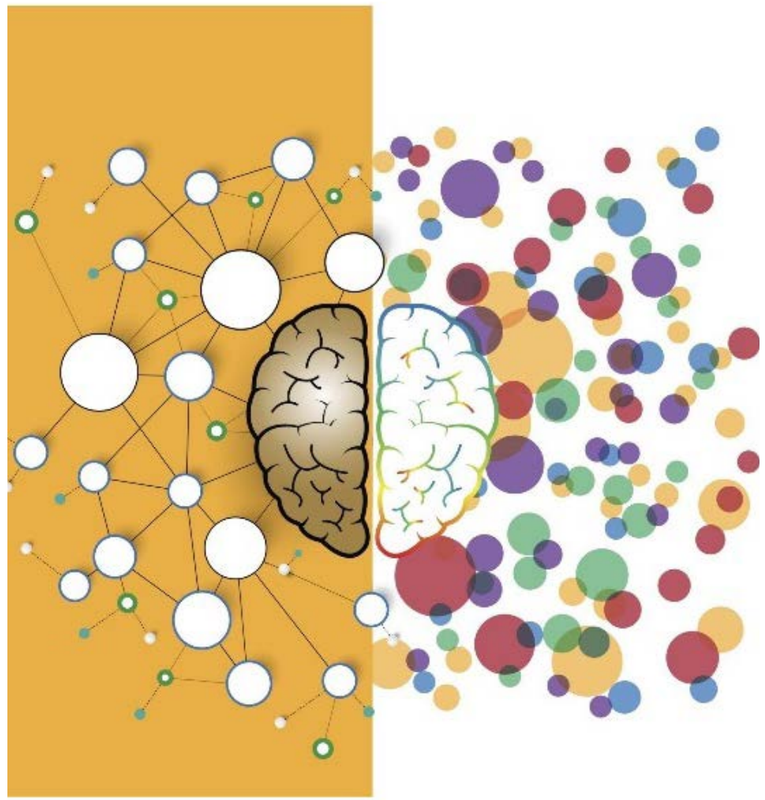

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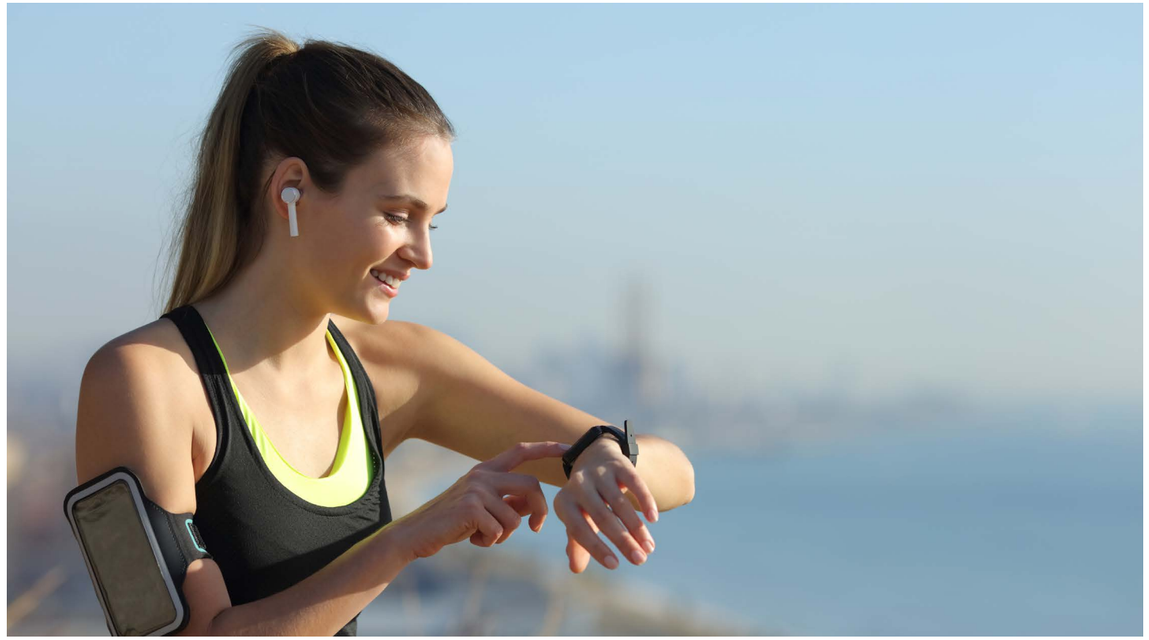

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WINTER BLUES

ANGLIN DENT

As we enter the winter months, "Winter Blues" and Seasonal Affective Disorder (SAD) are commonly thrown into our conversations to describe the shift in mood that accompanies the colder days and longer nights of the winter months. The Winter Blues and SAD are two separate phenomena. SAD is recognized as a clinical condition of re-occurring depressions that happen during the winter months, and is characterized by symptoms including energy depletion, fatigue, great sadness, crying spells, irritability, hopelessness, decreased activity level, and poor appetite.[1] SAD affects around 2-3% of Canadians each year.[1] Individuals with SAD may experience impairment of their daily life from these symptoms and are highly encouraged to consult a counsellor to discuss strategies for managing and alleviating the symptoms.[2]

Meanwhile, the Winter Blues are experienced by a much larger percentage of the Canadian population (around 15%) and are typically characterized by a less intense decrease in mood following the switch to the colder and darker winter season. Experts have described the Winter Blues as feeling the need to sleep longer hours, indulge in more comfort food, and feel less sociable.[3] Though the Winter Blues have a noticeable effect on mood and behavior, they are distinct from SAD in that they do not affect your ability to complete daily tasks and enjoy life.[4]

Both of these conditions have been extensively studied. Although there are no definitive answers about how and why individuals may experience these seasonal changes, specific environmental conditions associated with the winter months have been implicated as important factors. One of the most prominent factors appears to be the effect of decreased daylight on our body's biological clock. As the hours of sunlight become less, our internal clock may become disrupted and alter the balance of melatonin.[5] This can lead to the disrupted sleep-wake cycle and lower energy levels commonly noted in the Winter Blues. Decreased exposure to light has been linked with decreased levels of serotonin, a natural mood-regulating hormone.[6]

In addition to changes in daylight, the influx of cold, snowy, and icy weather of the winter months may also contribute to our shifting moods by limiting our ability to get outside and be physically active. As exercise is known to cause the release of endorphins and serotonin, this decrease in physical activity has been implicated in reducing mood. Acknowledging the connection between physical activity and mood - actively modifying your exercise routines in the winter months has been suggested to be a valuable technique for overcoming the Winter Blues.[3]

Given what we understand about the Winter Blues, what are some habits we can try to implement to take advantage of our natural mood boosters and actively combat the factors that might be contributing to our lowered mood levels?

1. Daily walks: If your regular running route is off limits due to the cold and snow, try implementing a regular mid-day brisk walk. Not only will you boost your endorphins from the physical activity, you can also use a walk to break up a long workday and get a dose of vitamin D.

2. Join a gym: Joining a gym can feel intimidating, especially if you are unfamiliar with the equipment. Making use of fitness classes and specialized gym offerings (e.g., women's only hours) can be a great way to become comfortable using equipment and working out in the gym setting. If you are a U of T student, make sure to check out the fitness class offerings on the Sport and Recreation webpages.

3. Make use of virtual workout videos: YouTube and the U of T Sport and Recreation virtual fitness classes are great resources to utilize in the winter months. You can find a range of videos geared to all levels of athletic abilities and can try out different workout styles from the comfort of your home.

4. Embrace winter activities with physical components: Many stereotypical winter activities such as skating, snowshoeing, cross-country skiing, and downhill skiing can get your heart rate up and the endorphins released. Try mindfully scheduling winter activities with an active component to get outside, increase your sunlight exposure, and elevate your mood.

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THE IMPORTANCE OF PHYSICAL ACTIVITIES FOR CHILDREN AND ADOLESCENTS WITH AUTISM

AGNES WONG

Have you participated in any physical activities this week? It is well understood that physical activities are beneficial for our physical and mental health. For example, you may feel happier, more relaxed, and more energetic after exercising. Physical activity is important for everyone, and it is especially crucial for the mental health of people in certain populations, such as those with autism spectrum disorder (ASD). In this article, the importance of physical activities for the mental health of children and adolescents with ASD will be discussed, and some tips for implementation will be suggested.

Why physical activity is especially important for the mental health of children and adolescents with ASD?

ASD is a neurodevelopmental disorder commonly characterized by deficits in social communication and social interactions, and the presence of restricted and repetitive patterns of behaviors, interests, or activities such as hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment.[1] Difficulties in sensory processing and social communication, together with difficulties in balance and motor coordination may limit activity choices among children and adolescents with ASD.[2,3] Recent research findings showed that the physical activity levels in people with ASD are lower than the remainder of the population.[4,5] According to the World Health Organization, people with ASD constitute a special risk group due to their more sedentary lifestyle, which can lead to other health problems like obesity.[6] In fact, children with ASD are at particularly high risk for obesity due to a lack of structure in nutritional intake and excess television to calm them.[7] It is predicted that the problem of sedentary lifestyle and obesity may increase even more among children with ASD due to COVID-19.[8] Understandably, the difficulties in multiple aspects such as social communication, limited interests, hyper- or hyporeactivity to sensory input, and sedentary lifestyles may put this vulnerable population at increased risk of insufficient physical activity and poor mental health. It is alarming that the prevalence of depression in teens with ASD was found to be about seven times higher than their peers,[9] and a significant proportion of children with ASD have a psychiatric comorbidity.[10] Understandably, sometimes we may forget to do physical activities on a regular basis and the benefits of doing so may be overlooked. Remaining physically active is beneficial for our physical and mental health, and it is especially important for certain populations, such as children and adolescents with ASD.

Benefits of physical activities in ASD

Numerous studies suggested that moderate to vigorous physical activity may be especially beneficial to children with ASD as it helps to decrease their stereotyped behaviours,[11,12] reduce off-task behaviors,[13] improve academic engagement and cognitive performance,[13,14] enhance quality of life,[15] and improve social and emotional functioning.[16] According to a recent systematic review about the benefits of physical activity in adolescents with ASD, there is strong empirical support for benefits in self-regulation, health, and motor skills.[17] The review, however, showed limited improvements to cognitive and sensorimotor functioning.[17] Many forms of physical activity can yield beneficial effects, and dance can be one of the options. A systematic review concluded that dance could improve social involvement, communication skills, body awareness, and mental health in ASD.[18] Remaining physically active leads to a wide range of positive outcomes, such as better motor coordination and communication skills, which in turn brings positive effects on our quality of life and mental health.

Suggestions for implementation

Caregivers may need to pay attention to many aspects to facilitate regular physical activity in children and adolescents with ASD. First, determine what kind of physical activities to do every day.[8] Some short and simple physical activities can keep them active throughout the day. Dancing, walking, climbing stairs, sit-ups, push-ups, playing games with the whole family, and performing chores, such as mopping and gardening, are good options for them to stay active at home.[8,19] Depending on the age and health status of the children or adolescents with ASD, as well as their preferences, caregivers may consider providing them opportunities for exercising for about 30 minutes at moderate intensity each day.[8,20] The European region of the World Health Organization recommended some home-based exercises such as knee to elbow, plank, back extensions, squats, superman, and bridge, that caregivers may demonstrate and participate together with the younger ones at home.[19] Remember to give sufficient breaks and avoid overwhelming the child to ensure adherence to physical activities in the long run.[21]

Second, predictability, familiarity, and sensory issues are important considerations when planning activities for individuals with ASD. It is useful to prepare the environment for the selected activities in advance so that the child can participate in the activity more efficiently.[8] Conducting physical activity in the same physical environment and incorporating visual schedules may help the child understand the structure of the session and anticipate the transitions between exercises.[21] Allow time for the child to adapt to any new pose or activity. Also, consider the sensory needs of the child. For example, avoid distractions, bright lights, and certain noises, especially for those with hypersensitivity.[21]

Third, the importance of caregivers' interventions during the activities cannot be underestimated. Praise, prompting, and modelling are some of the highly effective intervention mechanisms that can be used.[17] It may also be useful to combine verbal and visual instructions.[21] When necessary, provide breaks from the activity so that the child can enjoy other favourite

sensory activities such as tactile balls or healthy snacks.[21] Furthermore, active involvement of parents and siblings in physical activities may lead to greater outcomes and should be considered if applicable.[8,22]

To conclude, physical activities are particularly important for children and adolescents with ASD. It is essential to include physical activities in their daily lives, but this is easier said than done. Good planning and preparation may facilitate successful implementation in the long run.

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SHARING AND LISTENING: THE PANDEMIC, ISOLATION, AND SUICIDE

BENJAMIN BANDOSZ

As governments lift COVID-19 restrictions only to re-implement them to flatten the curve of cases to ensure the health care system's stability, we find ourselves, once again, isolated in uncertainty. Whether it is the fear of catching the virus, financial stress, wider economic precarity, or the pain of losing loved ones, the pandemic's existential weight is also flattening our mental well-being. These anxieties, fears, and pains all existed well before the COVID-19 pandemic, but over the past two years they have become exacerbated and threaten to corner us in our isolation—we might feel there is no way out of this seemingly unending situation. It is this feeling of terrorizing entrapment that leads many to think about and consider suicide. As David Foster Wallace writes, "The person in whom [life's] invisible agony reaches a certain unendurable level will kill herself the same way a trapped person will eventually jump from the window of a burning high-rise."

During the pandemic, two people in my life died by suicide. It was the early days of the stay-at-home-orders and travel restrictions when my uncle could not travel for work. He was a migrant worker, who would travel to Germany to do physical labour for better wages. Though he was often quiet, he told me that he enjoyed visiting new places. It was hard work, he said, but after his shift, he looked forward to eating dinner with a view of the Elbe river from his shared house. Suddenly, he was not allowed to travel and could not work because of the pandemic. Immediate and extended family was willing to financially support him, but the stress of unemployment caused a relapse of addiction. Isolated at home without a job and trapped in a bottle, he began making comments about death and suicide, but the prevailing stigma dismissed them: "Oh, you've had too much, again"; "Don't say such things, it's a sin!"; "Stop threatening us." These refrains went on for some time. Then, one night, when his daughter left him alone for a bit to check on the neighbours, he died. The cycle of socioeconomic pressures, relapses, and the ubiquitous unease surrounding conversations about suicide produce an unhealthy, even inescapable, predicament for those who struggle with suicidal ideation.

In Canada, the precarity and isolation caused by the lockdowns have had a significant impact on mental well-being, especially for the country's youth. The Mental Health Commission of Canada and the Canadian Centre on Substances Use and Addiction recently released a report underlining the growing issues Canadian youth face in the tumult of the pandemic. Young people reported drastically higher rates of depression, anxiety, and suicidal ideation than the general population. The rate of suicidal ideation among young Canadians was nearly double the general population, and eight times higher than that of older Canadians. Another alarming trend shows a marked increase in substance use in Canadian youth, who have been consuming more alcohol and cannabis to help cope with the pandemic's fallout; the pandemic has also had a frightening impact on drug overdoses. Despite numerous resources available to those in need and a recent shift in attitudes, the stigma about suicide, substance use, and depression still exists, muting important conversations with family, friends, and (when one has the means and privilege) professionals. As for the country's future, young Canadians themselves feel they cannot imagine a future beyond the pandemic and its myriad of economic, political, and social repercussions, which have made a good life appear unattainable, if not impossible.

Such stories and information cast the problem of suicide as a lonely and harrowing experience, but the truth is everyone one of us has the capacity to change the existing discourse. While statistics provide us with important, tangible information we can use to understand and model the problems we face, the change we wish to realize begins with our day-to-day lives. In as much as external stressors and circumstances contribute to our internal crises, the language we use to understand and communicate these experiences also plays a vital role in our ability to navigate life's extremes. Interpreting and further internalizing these thoughts and feelings through a singular language of guilt and shame isolates us. We must remember our experiences are rarely singular. One of the immediate ways we can address suicide, whether on campus or in the community, is opening up spaces for difficult, but important conversations—where we can share our stories, our pain, and ourselves with friends, peers, and others. Many other people are living similar stories to ours; and it is in the exchange of listen`ing and sharing we realize that we are not completely alone. In the hopes of initiating such discussions, I reached out to members of the Toronto mental health community to share their thoughts and experiences with suicide.

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Asante Haughton is a Training Manager in Peer Development at Stella's Place in Toronto. He is also a mental health advocate. Asante has shared his thoughts about the mindset of suicide and the stigma associated with it:

Unfortunately, suicide is still hard for many to understand. It is often maligned as a selfish and cowardly act. However, it is quite the opposite. Those who have the desire to take their own lives are not trying to take the easy way out, they are trying to take what they see as the only way. These folks often have endured an overwhelming amount of suffering that has taken over every aspect of their conscious and subconscious lives. In addition, these folks have also tried really hard to find a way out, to no avail. So then, the only options left are to continue suffering with no hope in sight or to end the suffering by ending their own lives. When folks who want to take their own lives approach that fateful decision they often feel a sense of guilt, knowing the impact their death will have on their loved ones—but their own personal suffering is too great to continue, even for the sake of those they love. And this is how people who are enduring immense pain arrive at the decision to take their own lives. If we want to help them then we must remove the stigma that suicide is selfish, cowardly or shameful since those sentiments only work to create more motivation for the person suffering to remain silent. Instead, we need to make suicide an open conversation—not about suicidal people but with suicidal people—so that we can work to understand a suffering person's experience and how to improve it. This will take a great attitudinal shift in our society, but when this shift happens we will be better at supporting those experiencing suicidal ideation. And we will save lives.

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Kevin Healey is a Health Promoter and a Hearing Voices Support Worker at the Inner City Family Health Team. He is also the founder and operator of RecoveryNetwork: Toronto. Kevin has shared his experiences and thoughts about suicide as an expression of pain:

Suicide is about pain, feeling suicidal, thinking about it and trying not to think about it, wanting to talk about it and not being able to, planning, attempting, acting, and the aftermath – is all about pain. Edwin Schneidman coined the term psyche-ache, soul ache if you like, the pain associated with deeply-felt unmet psychological needs.

To adapt a sentence from David Foster Wallace, "The suicidal person was in terrible and unceasing emotional pain, and the impossibility of sharing or articulating this pain was itself a component of the pain and a contributing factor in its essential horror."

I've known many people who died by suicide, who made the painful, lonely decision that it was time to end their own life. Friends, colleagues, and also three bosses (let that be a warning to you ambitious folks). I've also more than once been at the point where I thought it was time to end my own, and I've talked with countless others who shared that they thought and felt they were at that point.

Suicide is one of the hardest conversations to start. The hardest conversation because no one wants to hear, because not many have learned how to listen, yet we all can learn how.

As David Webb puts it, "we need to move beyond the question of whether we talk about it and towards how we talk about it."

We're immersed in an orthodoxy that says only mental health professionals can have these conversations but there will never be enough professionals to do the work. And, besides, professionals have trapped themselves in the role of gatekeepers, locked in rigid protocols of assessing risk, attending first to their need to assure themselves we're not going to die on their watch (or their employer's liability insurance) and overriding our need to be heard, understood, and felt.

In a dozen years of working in peer support roles, I've learned the importance of being able to create spaces in which [we] can talk about powerful feelings including feelings, thoughts, and the urge to die.

There are some successful approaches out there. Here are two of them: Alternatives to Suicide support groups (https://wildfloweralliance.org/event/alternatives-to-suicide-group-facilitator-training-on-line-multi-day/) and Suicide as a Language of Pain (https://dochub.clackamas.us/documents/drupal/54364dc6-0408-4104-af07-28b8570313d2). There are others and we need many more.

Much of the trouble we've made - which only we can unmake - is the language we use to frame and talk about suicide, a language of judgment that casts it as "sinning-before-god."

So, I offer you this, if you want to make a contribution to changing the landscape and a simple take away that you can start right away, make a choice now to stop using the word "commit" or "committed" in the same sentence as the word suicide.

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The more we share our voices and open up spaces in which we can communicate, the sense of isolation will slowly begin to wane. Though we have no control over the future, we are in the present together.

If you are in distress, or experiencing intense suicidal ideation, please reach out to the services listed below:

Canada Suicide Prevention Service, https://www.crisisservicescanada.ca/en/: Call or text 1-833-456-4566

Kids Help Phone, https://kidshelpphone.ca : To access the Crisis Support, text CONNECT to 686868, or call 1-800-668-6868

Toronto Distress Centres, https://www.dcogt.com: 416 408-4357 or 408-HELP

Gerstein Centre, https://gersteincentre.org: 416 929-5200

Spectra Helpline: 416 920-0497 or 905 459-7777 for Brampton and Mississauga residents

TTY: 905 278-4890; Languages: English, Punjabi, Hindi, Urdu, Spanish, Portuguese

Assaulted Women's Helpline, https://www.awhl.org: 416 863-0511; Toll-free: 1 866 863-0511

Community Crisis Line Scarborough and Rouge Hospital, https://www.shn.ca/mental-health/crisis-support/: 416 495-2891 for 24/7 telephone crisis support. Service borders: south to the lake, north to Steeles Avenue, east to Port Union Road, and west to Victoria Park

Durham Crisis and Mental Health Line, https://dmhs.ca/call/: 905 666-0483

Oakville Distress Centre, https://www.dchalton.ca: 905 849-4541 for residents of Halton Region (Burlington, Halton Hills, Milton and Oakville)

Edited by Jeffrey Lynham & Curtis D'Hollander

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LOVE, SEX, AND INTIMACY

ASHLYN JAMES

There are a lot of misconceptions about love, sex, and intimacy. Good therapy describes intimacy as mutual vulnerability, openness, and sharing often present in close, loving relationships such as marriages and friendships, adding that intimacy can but does not have to be sexual.[1] They then describe love as a mix of emotions, behaviors, and beliefs associated with strong feelings of affection, protectiveness, warmth, and respect for another person. Although these are subjective and complicated topics, we can all agree on two things: These topics can significantly impact our life and our mental health. Unfortunately, the psychoeducation around love, sex, and intimacy is severely misinformed. Non-biased information is just coming out in the mainstream. To test your knowledge, take the questionnaire below.

Answer the following true or false questions:

1. The major predictor of marital success is love and communication

2. Sexually, the happiest time is the first 6 months of marriage

3. The honeymoon is a great way to start a marriage, especially sexually

4. Having a baby during the first year enhances marital satisfaction and stability

5. Couples who establish a good premarital sexual relationship find marital sex requires little additional effort

6. Traditional sex roles are the most satisfying for both the man and woman

7. Affection is primarily the woman's domain and intercourse the man's domain

8. There is strong empirical support for John Gray's concept that men are from Mars and women are from Venus

9. Planning a child reduces sexual fun and spontaneity

10. Same sex friends give the most honest helpful advice about marriage and marital sex

11. Having a child strengthens a fragile marriage

12. The male should be the sexual initiator

13. Seeking couples therapy, sex therapy, or a marital enhancement workshop is an indication of major marital problems

14. The birth of a planned, wanted child heals a period of decreased couple's intimacy

15. Most affairs occur after 10 years of marriage

16. Most divorces occur after 10 years of marriage

17. Intercourse lasts between 10-30 minutes, less than 5 minutes indicates premature ejaculation

18. Over 90% of women have an orgasm during intercourse

19. Pain during intercourse is quite rare, and usually is a symptom of relationship alienation

20. A couple with a good marriage and good sex are immune from extra marital affairs

21. Intimacy-based couples therapy almost always enhances sexual desire, especially erotic feelings

22. For successfully treated couples, there is no need for a relapse prevention plan

23. When there is a history of sexual trauma, trauma issues must be addressed before couple sexuality issues

24. Couples who cohabitate before marriage, especially longer then 2 years, experience better sex and less divorce

Tally how many statements you put down as true and how many you put down as false. The truth is all the answers are false. Surprised? The purpose of this exercise is to bring attention to the common misconceptions the public has about love, sex, and intimacy. Where do these misconceptions come from? Love, sex, and intimacy have elements that are socially constructed evolving with the prominent changing voices of the time (e.g., the church, leading governments, patriarchy, etc.). The traditional view of these topics are informed by the cisgender heteronormative males and some inaccurate information has been perpetuated within our school and healthcare systems. This misinformation can be harmful, leading people to feel insecure or nervous about these topics which in turn can affect people's mental health. Dismantling these misconceptions is the first step we can take.

Now let's delve into some of the misconceptions.

False: Sexually, the happiest time is the first 6 months of marriage
True: Sexually, the happiest time is the after the 20-year mark of the marriage

False: Planning a child reduces sexual fun and spontaneity
True: Planning a child does not equal a lack of fun and spontaneity

False: Most divorces occur after 10 years of marriage
True: Most divorces occur after 1-2 years of marriage

False: Intercourse lasts between 10-30 minutes, less than 5 minutes indicates premature ejaculation
True: Intercourse lasts between 3-7 minutes, less than 1 minute indicates premature ejaculation

False: Over 90% of women have an orgasm during intercourse
True: Around 73% of women have an orgasm during intercourse

False: Pain during intercourse is quite rare, and usually is a symptom of relationship alienation
True: Pain during intercourse is more common than people think, it can be a symptom of many different psychological or physical factors

False: A couple with a good marriage and good sex are immune from extra marital affairs
True: Extra marital affairs happen for an array of reasons. Someone having an affair may be in a good marriage with good sex

This questionnaire is just a small snapshot! I received this questionnaire from a workshop with Berry McCarthy who is a practicing sex therapist. Another great book to inform your views of sex, specifically for women is the book "Come As You Are" by Emily Nagoski. I hope you found this exercise informative, helpful, and eye opening!

Download your free chapter of Rekindling Desire here: https://taylorandfrancis.formstack.com/forms/free_chapter_download_rekindling_desire

About the Author: Barry McCarthy is a professor of psychology at American University, a diplomate in clinical psychology, a diplomate in sex therapy, and a certified couple therapist. He is the author of over 100 articles, 33 book chapters and 21 books. He has presented over 450 professional workshops nationally and internationally. He received the SSTAR Masters and Johnson award for lifetime contributions to the sex therapy field.

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SLEEP, PSYCHIATRIC DIAGNOSES, AND BEYOND

AN INTERVIEW WITH DR. MICHAEL WAINBERG

EARVIN TIO

Dr. Michael Wainberg is a postdoctoral fellow at the Centre for Addiction and Mental Health (CAMH) with the computational genomics lab headed by Dr. Shreejoy Tripathy. Dr. Wainberg completed his undergraduate studies in engineering, and his master's degree in genetics and computational biology, both at the University of Toronto, before completing a doctorate in computer science at Stanford University. He then spent some time at the Institute for Systems Biology in Seattle, Washington as a postdoctoral fellow before his interest in the brain and neuropsychiatric diseases led him to CAMH.

Recently, Dr. Wainberg and his collaborators published their findings on poor sleep quality as a transdiagnostic feature of psychiatric disorders. Their paper, "Association of accelerometer-derived sleep measures with lifetime psychiatric diagnoses: A cross-sectional study of 89,205 participants from the UK Biobank",[1] published in the journal PLOS Medicine in October 2021, identified associations between disrupted sleep patterns and lifetime psychiatric illness—namely, major depressive disorder, anxiety disorders, bipolar disorder/mania, and schizophrenia spectrum disorders. This novel study demonstrates the scalability and utility of objective sleep measures, obtained via wrist-based accelerometry (available on most smartwatches), to further understand clinically different psychopathologies.

Dr. Michael Wainberg

Why focus on sleep?

The UK Biobank, which offers rich phenotypic data on almost half a million individuals, has been thoroughly investigated by researchers all around the world.[2] Accelerometry data has been a source of interest for studies focusing on wakeful activity patterns.[3] Dr. Wainberg, however, saw the opportunity and research gap to focus on sleep instead. Defining sleep is more difficult than simply identifying periods of no activity. He points to colleague Dr. Andrew Lim at Sunnybrook Health Sciences Centre and his work on sleep fragmentation and actigraphy (measuring sleep via accelerometer) to better understand working with objective sleep data. For example, transition dynamics between periods of rest and activity need to be considered in a probabilistic manner to capture sleep states more accurately.[4] From his findings, Dr. Wainberg highlights the transdiagnostic perspective on psychiatric illnesses, identifying poor sleep quality (measured through changes in any of ten sleep measures captured in a defined primary sleep period) as one such feature that replicates across diagnoses. This perspective is echoed in mental health literature[5] and challenges the pervasiveness and ubiquity of categorical approaches, such as the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD).

On Mental Health

Beyond the methods and discussion presented in the paper, Dr. Wainberg also comments on physical and mental health at large, stating "all of our thoughts and behaviours are encoded in the physical structure of our brain and our body and so [mental health] is fundamentally inseparable from physical health." He lists immune system interactions, environmental toxins, and physical activity as examples of this interplay. The literature at large also supports this holistic perspective.[6-8] For example, recent studies have identified gut microbiota as potential therapeutic targets in dietary-based mental health interventions.[9] Dr. Wainberg also postulates that the stigma surrounding mental illness could potentially stem from a misconception of a fundamental separation between the physical reality of the body and the processes of the mind.

Beyond the Brain

Dr. Wainberg goes on to state that "people are more than the sum of their parts," and that human behaviour is more nuanced than just the electric impulses that fundamentally drive the brain—for instance, onus and criminality. When society observes behaviour that deviates from acceptable norms, mental illness is often attributed. However, when similar behaviour (that is most probably encoded similarly in the brain) presents itself under different circumstances, personal actions and choices may be attributed instead. Dr. Wainberg notes that society has a need to hold people accountable for their actions, and that this need is hard to consolidate with the idea that humans are just a product of their physiology (i.e., genetics, biology, neurochemistry, etc). Consciousness and free will arise as deeper philosophical questions that have implications on "how we view mental illness and the notion of personal responsibility," states Dr. Wainberg. At the end of the day, research can only operate at the level of tangible, observable measures. Dr. Wainberg acknowledges the complexity and individuality of mental health and that "sleep is only one piece of a very large puzzle."

For further reading, Dr. Wainberg's article can be found here: https://doi.org/10.1371/journal.pmed.1003782

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NARRATIVES OF RAISING RESILIENT CHILDREN DURING THE COVID-19 PANDEMIC

EXPLORING HOW CHANGES IN EDUCATIONAL PRACTICES AND POLICIES IMPACT CHILDREN AND PARENTS

NIVATHA MOOTHATHAMBY & AGNES WONG

"I hear you and
I feel the same way"
~

The COVID-19 pandemic has brought high levels of stress for children and parents to continuously shift according to changes in educational practices and policies. Toronto children and parents provided insight into their current situations, hoping others shared similar narratives to not feel "alone." Children want to play with their friends, while parents want their child to learn academic skills from professionals. These wants are affected by the current schooling changes. These changes are also steering people to learn how to build resilience, since it is crucial to maintaining well-being during a pandemic era.

Resilience is usually thought of as an individual characteristic. It can also be viewed as distributed, part of a layered system with interconnections between people and social groups. For example, government policies are on the outer layer, the education system is in the middle layer, while school and family are in the inner layer. All these emphasize that a multi-layered approach is necessary to understand the person-environment interactions. Each person, practice or policy plays a significant role in a child's resilience development. School closure challenges, such as virtual learning, school disengagement, and food insecurity, catalyze change in children. These catalysts work on how children behave and think about issues, which enables the growth of a child's adaptive capacity.

From our interviews, parents shared how their young children showed adaptability like learning to navigate virtual classrooms, build closer relationships with their siblings at home, and develop life skills such as cleaning, cooking, and baking.

"I like staying home to play with my brother and cook with grandma." – a 4-year-old child

Although it takes time, children can adapt according to their environments.

"I think that's something that's missing from the conversation around school closures and COVID is that, while the kids are losing precious information, parents are primary teachers of their kids. You can learn more by just baking a cake together or cleaning the house." – Parent of 4-year-old child

Although all individuals in different systems are working towards a common goal – the well-being of children – the lack of listening across these systems leads us to numerous frustrations. Toronto parents reported current practice and policy changes are stressful for their children, themselves, and even for grandparents. Some young children require extra help from extended family, like from grandparents, who struggle with navigating technology and the online school system, thus creating extra tensions within families. While there are increased COVID-19 risks, parents preferred their children being in-class to enhance their developmental trajectory. Parents reported:

- Children age 4-6 are having trouble concentrating, participating, and attending online school
- Parents having to become full-time teachers at home, while managing their own work-from-home situations
- Dealing with worries about children's academic and social-emotional development
- Having schools and day care centres open would be the best option to help reduce pressure on children and parents

Through all these difficulties, parents expect actions of support from school boards and governments because when schools are reopening, parents are faced with both psychological and financial stress in finding sufficient personal protective equipment (PPE) for their children. Rather than just saying, "we're all in the same boat," school boards and governments need to listen to the frustrations of the children, parents, and teachers because it works in reducing stress and improving resilience among them. From our interviews, parents reported high stress around acquiring quality masks for their children, which needed to be restocked on a weekly basis. PPE is expensive and some parents simply could not afford it. Supplying sufficient PPE for all children and educators is a mandatory need schools are expected to fulfill, according to parents.

Yes, our children are resilient, they are battling through this global health crisis, but their resilience needs to be supported by the systems around them. Larger systems not hearing and supporting people's frustrations makes it impossible for children to climb the mountain of challenges they face. What frustrations are you facing? What would help you prosper in these uncertain times?

"Alone we can do so little, together we can do so much." – Helen Keller

*Nivatha Moothathamby and Agnes Wong are researchers at the University of Toronto and are interested in the fears associated with children, families, and COVID-19. They interviewed Toronto children and parents regarding their current experiences with schooling.

Edited by Jeffrey Lynham

Artwork by Arya Nithiyeswaran – 8-year-old child

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