

# ELEMENTAL

*The Official Mental Health Magazine of the  
University of Toronto*

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WINTER 2017



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## LETTER FROM THE EDITOR



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I am delighted to introduce the inaugural issue of Elemental Magazine. Spearheaded by Grad Minds, the official mental health committee of the UTGSU, Elemental is a tri-campus initiative with contributions from students, staff, and faculty. This collaborative communication platform arose out of the desire to deliver informative and insightful content in the area of mental health. Each issue will offer readers the opportunity to learn about emerging faculty research, current challenges and how they are being approached by the University and community, in addition to inspiring testaments, all of which are meant to elevate the discourse surrounding mental health, reduce the stigma, and reinforce a strong system of support at the University. The topic of mental

health resonates greatly with me, not only in my role as Editor-in-Chief, but as Co-Chair of Grad Minds and Peer Advisor at the Graduate Conflict Resolution Centre. These opportunities have allowed me to glean new understanding into some of the mental health challenges and stressors that students may face throughout their academic and personal lives.

While much of the discourse surrounding mental health in academia focuses on students, we can often neglect that of our staff and faculty. Since the inception of this magazine, we've experienced great enthusiasm and support from university leadership, faculty, and staff; it is our hope that we can continue to encourage this dialogue and utilize collective efforts in creating a healthier campus for all.

The current issue provides a glimpse into how the University is actively addressing and promoting mental health on campus through a variety of tailored and timely supports. We hear about developments in UTSG's Health and Wellness Centre and UTSC's Flourish Program, alongside more specific initiatives at the Faculty of Arts and Science and the Faculty of Medicine. Dr. Brenda Toner highlights the benefits of mindful meditation while Dr. Allan Kaplan discusses the genetics

behind eating disorders. We hear about community activists and organizations, the importance of self-care and the brain boosting power of exercise, as well as strategies to navigate imposter phenomenon and more.

I would like to extend my sincerest thanks to Grad Minds as well as our editorial team, without which this magazine would not have been possible. This talented group of journalists, editors, and photographers were essential in bringing this vision to life. I am also profoundly grateful to the faculty, students, staff, and community partners who provided such informative and insightful content, and who continue to push the conversation forward everyday.

We hope that this initiative sparks a long-lasting discussion on mental health, reduces the stigma underlying mental illness, and encourages sustained collective action on campus. I am amazed by how far we've come as a community and am certain that we will continue to make great strides in supporting mental health at the University and beyond.

Sincerely,  
Rachel Dragas  
*Editor-in-Chief, Elemental*  
*Co-Chair, Grad Minds*

## LETTER FROM THE VICE-PRESIDENT & PROVOST



I am delighted that Grad Minds—a wonderful student-led initiative—is creating an opportunity to bring the voices of students, leading scholars, staff, and community partners together in a publication to advance our understanding of mental health. This publication, and the work of Grad Minds, emphasize the positive work we do at the University to look out for one another with support and guidance. This work supports broader efforts to raise awareness on our three campuses and foster a strong community of support.

The topic of mental well-being is near and dear to my heart, in my professional and scholarly work, and also in my role as Vice-President and Provost of the University of Toronto. As a social worker, I worked in inpatient and outpatient mental health facilities,

administered an outpatient mental health clinic, oversaw sexual assault and emergency mental health services, and led the trauma team at Pearson International Airport. As a faculty member, I teach and write about mental health, including the unique challenges facing university students today.

Over the years, U of T has had tremendous impact by raising awareness about mental health issues and improving our supports for students. There are real reasons for us to be proud and to commend the efforts of our faculty, staff, and students. Through our Office of Student Life, our Health and Wellness services, and many other programs and student initiatives, we have made strides to improve mental health services on our campuses. We are making good progress towards a system of proactive interventions and solutions to meet the demands of fostering mental health and well-being in our community. The University's goals are to provide a holistic and integrated approach to health promotion, and health and counselling services, while striving to break down the stigma associated with mental illness. All of these efforts give me a sense of optimism about the future at U of T.

We know that 70% of mental

illness emerges before the age of 25, and that mental disorders in youth are the second-highest hospital care expenditure in Canada. This is why we launched the University of Toronto Mental Health Framework in 2014, where more than 250 students graciously lent their insights through focus groups and consultations to ensure the recommendations fit the University's needs. The University of Toronto is committed to providing an academic community that enables students to thrive. Do we have a distance to go? Yes. Are we committed to getting there? Absolutely.

In closing, I would like to thank Grad Minds for spearheading this community magazine. I am also grateful to the editorial team for their time and energy on this project, and to the faculty, students, and staff providing thoughtful content on these important issues. It is through consistent, collective attention that we will land on solutions together to better support mental well-being at the University of Toronto and beyond.

Sincerely,  
Cheryl Regehr  
*Vice-President & Provost*  
*University of Toronto*

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## RISING TO THE CHALLENGE: EXPANDING AND IMPROVING MENTAL HEALTH RESOURCES AT U OF T

RACHEL DRAGAS

*An interview with Janine Robb on how the University is addressing student mental health and providing appropriate and timely access to resources on campus.*

Janine Robb is the Executive Director of the Health and Wellness Centre at the University of Toronto. She also co-created the Report of the Provostial Advisory Committee on Student Mental Health. This committee was integral in establishing a mental health framework at the University which takes a mental health 'systems approach' in focusing not only on health and wellness services, but acknowledging and striving to accommodate individual student needs.

*How do you think the University of Toronto is doing at addressing and accommodating mental health needs on campus?*

*I think it's been improving over the last several years, as evidenced by the senior administration asking for a mental health framework. We are now at a point where increasing numbers of faculties are requesting and receiving training on how to identify signs and symptoms of distress in students. That's significant because it demonstrates a sincere concern for our students. Professors are wanting to know what supports they can put into place and where they can direct students for care. We're very fortunate at the University of Toronto in that we have a large and interdisciplinary team of health-care providers. Additional funding through the Provost's*



office has made possible the hiring of additional embedded counselling positions across campus to enhance our capacity to provide localized services. We have also been fortunate to receive a donation from the Rossy Family Foundation to support the further implementation of key recommendations within the mental health framework and associated programming. This has facilitated the development of a mental health and resilience curriculum, supported the expansion of group therapy programming, and provided resources to evaluate what's being offered so that we can identify what's most effective.

*What kind of approaches or policies have been developed regarding mental health education, training, services, and programs at the University?*

In terms of education and training, there has been a strong focus on reducing stigma and increasing mental health literacy more generally, which means encouraging more open conversations about mental health and mental illness, and the impact that stigma still has, especially on help-seeking behaviour. At the same time, services and programs are continually being evaluated to assess whether we are meeting the needs of our community, and restructured as needed in response to the data. Revising or developing policies is a longer process, but one that we've been working to improve is the Leave of Absence policy. In this regard, if a student needs to leave because of mental health concerns, it is not addressed through

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the code of conduct policy, rather a compassionate policy that supports students stepping away from their studies for a time to focus on their health. That work is presently being undertaken through the Vice-Provost's office. We have also looked specifically at how to better support graduate students who need to take time away from their studies. Previously, graduate students had to continue to pay their incidental fees in order to maintain access to care, athletics, and recreation at Hart House. We've been able to do away with that, so that graduate students who need to take a leave, can continue to work with their team of health-care professionals at the University and not have to pay any additional fees. The challenge is that we can't start to see someone who hasn't been in our service when they are on leave; so it's not perfect, but it's an improvement over what was initially put into place.

*How have we dealt with some of the accessibility challenges associated with Counselling and Psychological Services given increasing demands and limited resources?*

We want students to have timely access to the support they need, and creating embedded counselling positions at 21 locations across campus has been one strategy to make services more accessible. We are planning to add another 7 embedded positions soon. That initiative has been very successful. Students who can receive counselling support early, often only need to be seen a couple of times. We call this approach "episodes of care." Students meet with the counsellors, perhaps learn some coping strategies, and then are encouraged to apply what they have learned. They are welcome to come back at a later point if they feel the need. Students who may have more complex needs can be directed by embedded counsellors to our central services where there are more options in terms of care. So we would meet with the individual, understand what their goals are in terms of seeking treatment, and help them work towards that goal. We received increased funding this year which has supported the development of a broader continuum of services. We knew that students were waiting to be seen, and we wanted to be able to provide them with support and, ideally,

a skillset that they could use during this *wait*; so we created a series of workshops based on cognitive behavioural therapy (CBT) techniques. CBT is an approach that helps people identify unhelpful or negative thinking patterns, which often contribute to feelings of anxiety or sadness, and to develop techniques to reframe those thinking patterns. We also created a more efficient triaging system which means that our nursing staff are able to support students with sub-clinical mental health concerns. So there's more flexibility, options, and pathways to receiving care.

We further developed our group therapy programming, which is also a very powerful way for students to recognize that they're not alone, and learn not only through their own experiences, but through the experience of others. Our findings so far have been very, very positive both quantitatively and qualitatively, so that's been quite a success. Two years ago, we integrated our health and mental health service, creating a single entry point on the second floor to ensure that students who are seeking mental health services are receiving it at the right time with the right clinician. Whereas in the past, when students could self-refer for mental health care, access is now based on the same model you would find in the broader community: where an individual's first point of contact is typically a family physician who would do a thorough assessment, may start the individual on medication or monitor them for a while, or make a referral to a specialized service. We want to ensure that students are getting their physical health checked out; there are a number of physical ailments that can mimic mental health conditions, and once they are addressed, the mental health issues that the individual was experiencing typically resolve as well. Most recently, we've created a 'shared-care program' where we place psychiatrists with family physicians to establish quick connections so that doctors can manage patients alongside a psychiatrist who may be consulting them to address or answer questions.

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*Since the creation of the mental health framework and the implementation of these initiatives, what kind of changes have you seen regarding the treatment and understanding of mental health at the University?*

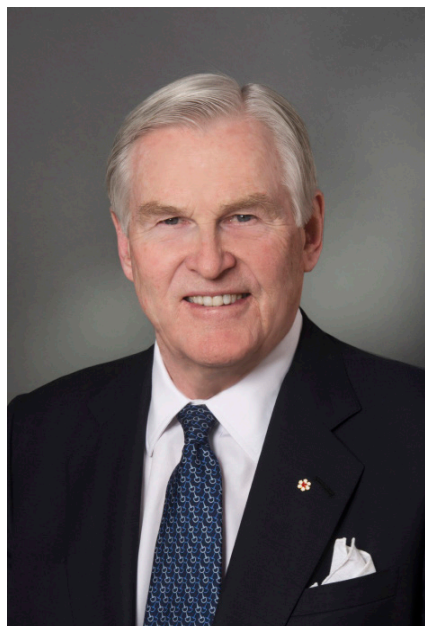
People are certainly feeling more comfortable in seeking out supports and they're seeking them out earlier, which is great, because that often means improved outcomes of care. We're also seeing a lot more students looking to lead mental health initiatives on campus; there are a growing number of student groups and clubs that focus on mental health. Overall, I'd say that we're seeing people earlier and getting them connected to the most appropriate resources. We do have a lot of students who come to us with mental health issues that are more complex, issues for which we don't have the capacity to treat. Fortunately, with the Centre for Addiction and Mental Health being so close to campus, and their increased focus on youth mental health, we can get students into early intervention programs. That's critical because we want to reduce the lifespan burden of illness; so if we can get students in quick and early, we can really make a difference.

*What are some existing challenges and how might we better approach them looking forward?*

In addition to existing programming, much of which focuses on wellbeing, we should also be focusing on developing mentally healthy policies with regards to things like student conduct. Other next steps should include a broader community engagement that includes staff and faculty. I think we could all benefit from recognizing that each of us has a role to play in helping to create a healthy, supportive learning environment. President Meric Gertler, in his installation address, articulated three priorities for the University of Toronto, one of which is to leverage our urban location(s) more fully, for the mutual benefit of the University and the City. If we, as an institution, could focus some of our resources on building healthier, more supportive learning environments within our campuses, while at the same time be a catalyst for creating healthier communities—those in which we are situated, but also beyond those borders—that would be a great achievement.

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## ADVANCEMENTS IN UNIVERSITY AND WORKPLACE MENTAL HEALTH IN CANADA

RACHEL DRAGAS

*An interview with the Honourable Michael Wilson on the changing landscape of mental health in Canada, emerging research, and support strategies at the University of Toronto.*

*Alongside your role as the Chancellor of the University of Toronto and your distinguished career in politics and business, you've been a leading proponent of mental health advocacy for over 20 years. Why is this area important to you and what inspired you to get into this work?*

Well the first exposure that I really had was as a member of parliament—people would come and talk to me about mental health and mental illness in their families, and there were also some very tragic experiences. My Constituency Assistant and her three sons were killed by her husband and then he committed suicide at his first wife's grave. That was a real shocker to me because I had been with him just a few days before; he seemed to be quite normal, very easygoing, and he and his wife seemed to be enjoying a very good marriage—yet this terrible thing happened. It was a real eye-opener. So that's one side of the extreme, but the other side is how people were having trouble coping with various forms of mental illness—at the low end of the scale, but still enough to affect their lives. I was President of the Canadian Cancer Society in Toronto before politics, and in my speeches, I'd mention that over

the course of a year in Ontario, 45,000 people would volunteer in different activities in the field of cancer. I remember talking to my wife shortly before I left politics and said, "I don't know one person who has volunteered in the mental health field. Maybe that's where I should spend my time." So that's what I did; I started with the Clark Institute of Psychiatry, and then shortly after that, our son became ill. He had a serious psychosis, his illness became severe, and he took his life. So that intensified the commitment that I had already made. After speaking at his funeral, people started telling me their stories, saying, "You know, I've never talked to anybody about this before, but—" and they'd look both ways and then open up about their own problems or those of their family. Soon I was asked to make speeches and do interviews; so it was something that built over a fairly short period of time.

*What kind of progress and changes have you seen since then?*

I think there have been huge changes since then. That was back in the early to mid-90s when mental illness was just not discussed. One of the things that the Centre for Addiction and Mental Health (CAMH) did after the merger that involved the Clark Institute, was, as part of fundraising efforts, develop posters of people with recognizable faces talking about mental illness. And that suddenly turned the light on and

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started to generate a bit of conversation. “Oh, there’s X talking about mental illness, there’s Y talking about mental illness.” The Royal Bank of Canada (RBC) also did something around the same time, which I thought was very effective. They would profile someone alongside their picture saying, “Sally Jones, who was manager of X, suffered from depression; she took 3 months off before coming back to her job.” And people would look at that and say, “If she still has her job, maybe I can talk to someone or maybe I should go and talk to her. This isn’t a place where, if I talk about mental illness, I’ll get booted out.” And as time passed, we had the BellLet’sTalk campaign, and that opened up a whole new field of discussion. People would say, “Okay, today is the day we can all talk about mental illness. Why can’t we talk about it every day?” So things have built significantly over the years. But having said that, there are still people who will not talk about mental illness because of their fear of what the repercussions might be, and there are still people who don’t really understand what mental illness is. At the same time, we have organizations like the Canadian Broadcasting Corporation (CBC) where there isn’t a week that goes by without at least a couple of discussions related to mental illness or mental health. But while a lot of things have changed for the better over this 20+ year period, I’m sure there are organizations that, if you came in and said you were suffering from depression and needed to take a few weeks off, would say, “Okay, but don’t bother to come back because we’re going to have to replace you if you’re going to be away for that period of time.” There are still challenges that we have to face.

*How do you think we can address those challenges?*

*I think talking about it is the best way that we can address this challenge of stigma. And I think it’s probably easier for younger people to talk about it because they have grown up in an environment where the discussion is easier than with people my age who grew up in a time where there was just no talk about mental illness. “Poor Jack, he had a nervous breakdown. He couldn’t take the stress. Poor Jack.”*

But no one really stopped to think what a nervous breakdown was. So people are talking more, and the more they talk, the more people who are suffering will feel that they can open up and aren’t going to be ‘one-of-a-kind.’ As with the RBC profiles I mentioned, if individuals know that someone in a position of responsibility at the bank has talked about mental illness and is willing to have their picture in the staff bulletin, they may feel like it’s an organization where they can be quite open.

*How is the University of Toronto doing at addressing and supporting student mental health?*

I think the University has done some very good work, with support being provided not only by the university staff, but student groups as well. And I think that peer support is a very worthwhile initiative, because if I’m a student and I can go and sit among half a dozen other students who are having the same problems I’m having, or with someone who had the same problems, then I’ll talk about it a bit more. I happened to meet with a group of students and talked about my career, being in politics, an ambassador to the US, Chancellor at the University, and so on. And then I said, “I’ve always felt that volunteer activities are very, very important. I learned this from my family, and one of the things I’ve been involved in is the mental health field.” When I finished, the whole conversation focused right back onto my quick passing reference to mental illness. There were about 45 students there and 5 of them stood up and talked about their own problems. One student mentioned about 4 or 5 different elements of mental illness that he had suffered over the years and said, “I’m not a doctor but I’ve gone through these challenges so I know how this affects people and anytime you want to talk, I’m here.” A handful of the students volunteered after that meeting to do work with CAMH. I’ve also been talking to people at the Ontario Institute for Studies in Education about training for teachers to identify certain behaviours or symptoms like energy loss or an inability to concentrate, which may be potential indicators of something more serious than simply ‘growing up.’

This is incredibly important for students because 70% of adults with a mental health issue typically display the first signs before the age of 18. So if we can heighten the awareness among teachers, they can identify signs and get treatment for these young people and we can head off some more serious problems when they grow up.

*You've established the Cameron Parker Holcombe Wilson Chair in Depression Studies at U of T. What are some emerging areas of research that you think hold promise?*

Canada is very good in two areas that I think are quite exciting; one is imaging and the other is genetics. CAMH is doing some very good work on both of those areas. You can now take an image of a person's brain who is suffering from mental illness, both pre- and post-medication, and are able to visualize changes in response to medication. This method can prove very valuable in matching the most effective medication to a particular individual's brain. There is a great deal of trial and error when finding a medication that works. You might not get the first one working and it might take you 6 months to conclude that it's not right—but that also means 6 months of continued mental illness and the impacts of that, alongside side-effects from the medication. By utilizing these imaging techniques to visualize changes in the brain in response to medication, you can identify the right medication sooner. There's also some very good genomic work being done at CAMH. Dr. Jim Kennedy's team is able to take an individual's saliva and do a personalized preliminary genetic identification to identify appropriate medication. I have wondered whether there might be a possibility in the future for newborns to get a saliva test and identify potential susceptibilities to acquiring mental illness, whether it's depression, anxiety, or bipolar disorder—not that they would necessarily suffer from it, but might be susceptible to it as per their genetic makeup. In this way, you could inform the parents of early signs to watch out for, in an effort to address the issue early on before it gets too serious. Mental illness is the same as any illness, so it's important

to get an early diagnosis, early treatment, and then early recovery—that's what we should be striving for. So these are two examples of where we are making headway through good research, and there are other areas that we can take some good comfort from.

*What can we do to help improve the lives of people who are struggling with mental illness?*

Mental illness is, in some ways, still a bit of a mystery, but the more research we do, the more we are going to get to the heart of that mystery and find out how to identify and effectively treat it. Some of the work that's being done in telepsychiatry is very important because there are people in small and remote communities who don't always have access to psychiatrists. Cognitive behavioural therapy is also something that we're not utilizing as well as we should; there's some very good work happening there and people are becoming more aware of what it can do. Electroconvulsive (or shock) therapy, typically evokes scenes from old movies where the body goes into convulsions following application of the shock. Today, you hardly realize the shock is being administered, and in those individuals where this treatment works, they quickly feel a lot better. So it's important that we do more research on different approaches to treatment, identify early signals of mental illness, and continue to talk about it. These are all things we're doing, we just need to continue doing it. Like any illness, the more work that is done, the better off we are. I remember when I was growing up, people didn't like to talk about cancer, let alone use the word; they called it "C-A." So we've come a long way from that, and it's happening with mental health and mental illness. There's no group of people who are immune to mental illness, so the more awareness and understanding we can achieve through this magazine, the more likely it is for individuals to get an early diagnosis, seek early treatment, and head off some more serious problems. Congratulations on this important initiative!

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## AN INTERVIEW WITH DAVID CAMERON

RACHEL DRAGAS

*An interview with David Cameron on the development of a Mental Health Advisory Committee and other initiatives to address and promote mental health and wellbeing at the Faculty of Arts and Science.*

David Cameron is a Professor in the Department of Political Science and Dean for the Faculty of Arts & Science. He was appointed Dean of the Faculty of Arts & Science in 2014. His research interests Canadian government and politics, federalism and Quebec nationalism, and ethnocultural relations.

Why did you decide to create an advisory group focusing specifically on mental health outreach and education here at the Faculty of Arts and Science?

I think there has been an increase in the evidence of mental health challenges that not only students, but faculty and staff are confronting. Perhaps people are more candid or open about it than they used to be, but there's a sense that something more substantial is at work here, and it's come into clearer focus for universities in general. That's certainly been true

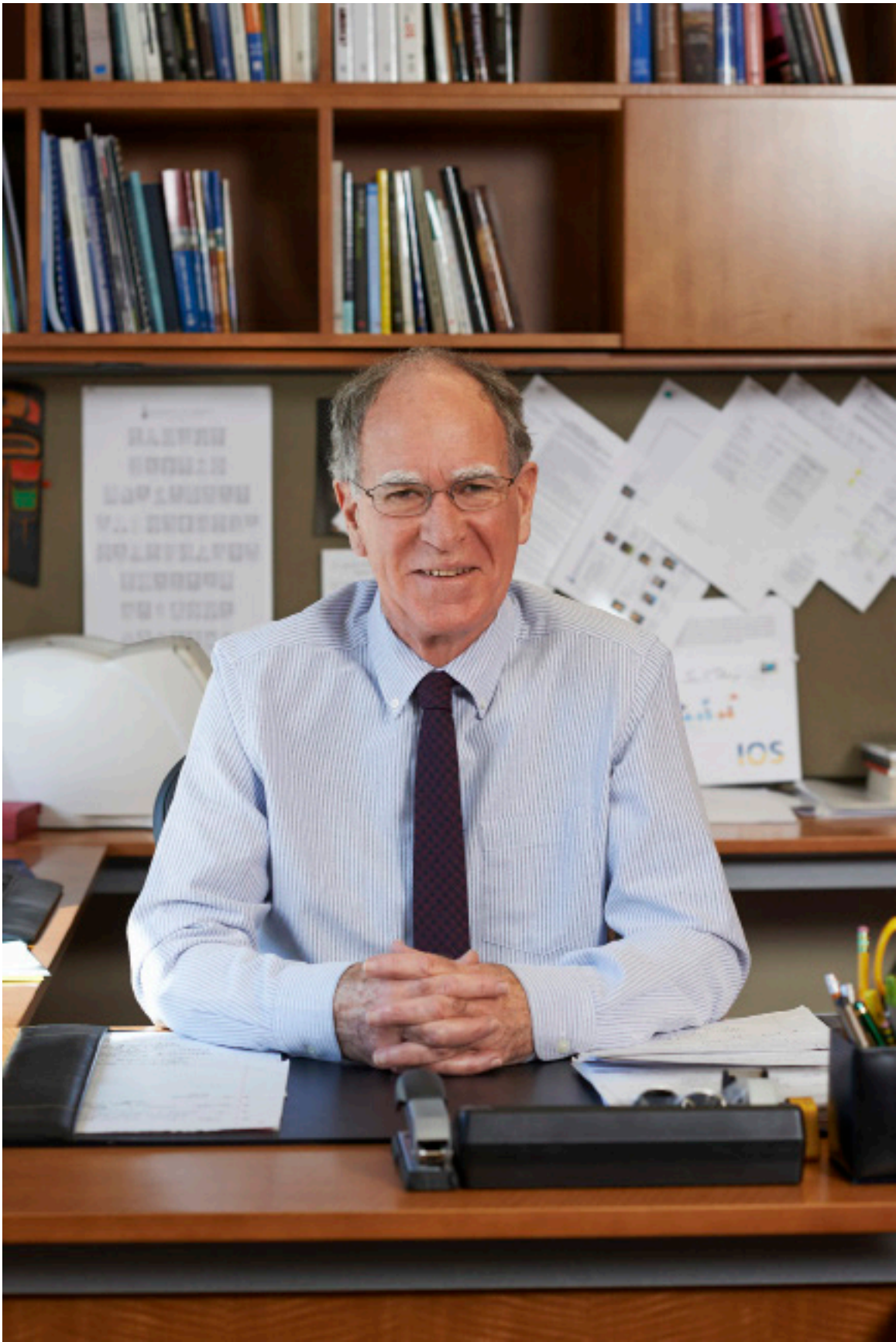
in the Faculty of Arts and Science, and there are a variety of supports that exist within the University and Faculty. I think we've perceived the need to be doing more and to address these issues more systematically; so, one of the major initiatives here is our Mental Health Advisory Committee.

There's an elevated consciousness of this as an issue, but I think that there needs to be a culture shift and more education on how to recognize problems, how to respond, where to go for help, and how to provide support. I think people are generally aware that this is a bigger deal and teachers are seeing that in their classes, but I'm not sure that they feel as well-equipped to recognize and respond to it as well as they need to. I think the Mental Health Advisory Committee is really an important cross-faculty initiative; through this effort, we've interviewed a wide range of people over the course of the summer to identify what the problems are, and to then look for patterns or categories within which these issues seem to surface. The next step would then consist of developing ways of responding to those problems in a more organized fashion, and to also test for new problems. A lot of ground has been covered

very rapidly and I'm amazed by what has been accomplished in the course of the summer. The committee is now moving towards the prototyping stage and then the implementation stage will follow. So on behalf of the Faculty, the committee is moving very rapidly to take stock of the situation. We don't know what the ultimate recommendations will be, or how this will be implemented yet, but I think it's a way of really responding to the range of issues that were raised by the University's Mental Health Report.

What changes do you envision arising from this work in the current academic year and beyond?

One thing is elevating the educational level and awareness of people throughout the faculty about this cluster of issues and how to recognize and respond to them. I would hope and expect that there'd be a lot of discussion with chairs, undergraduate directors, and more broadly with student groups, staff, and so on, about the findings of this report. There has been some quite interesting information that's been gathered by the committee about the stress point of faculty, staff, and students. I think that



What other initiatives and support systems are in place and how might they contribute to student mental health and wellbeing at the Faculty?

There are initiatives at the Faculty that are being initiated and others that are underway; one of them is a Student Commons that is currently being developed and led by our Faculty Registrar, Deborah Robbins. It's going to be online in the first instance but we're hoping to have a physical presence in Sidney Smith because there is a recognition that Arts and Science students wash in and out the building in very large numbers. There are college supports that certainly work very well for a great number of students, but there are some individuals that are less closely associated with their colleges or may not be in close physical proximity depending on their classes or course of study; as such, they may not have much reason to be physically at their colleges. Having a range of 'way-finding' or helping students identify where they need to go to get support, will be one of the important functions of the Student Commons, and we hope that having that kind of capacity here at Sidney Smith will have a substantial impact. We are also looking to develop peer support groups that have senior students providing support to less advanced students. I think that quite often, a lot of good advice and assistance can happen not only from staff-to-student, but student-to-student interaction. In a faculty of this

size, there are always conflicts and tensions that arise in the classroom context and sometimes within the departmental organization; to have someone like Caroline Rabbat, the Director of Critical Incidents, Safety, and Health Awareness, whose expertise and focal point is trying to help people work through these conflicts, is also really, really helpful.

The initiatives that we have here at the Faculty of Arts and Science have been evolving not only in response to the Mental Health Framework Strategy, but long before that, and it's always an ongoing process. Having a lot more discussion on mental health is really important. I think people are conscious of it and are trying to identify what the nature of certain issues may be, and what needs to be done about it. I think that this magazine, our student-led groups, the Mental Health Advisory Committee at the Faculty, and some of the other initiatives that we have at the University are vital to this role.

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## WELLNESS BY DESIGN AT THE FACULTY OF ARTS & SCIENCE

CRISTINA PETER & CAROLINE RABBAT

The University of Toronto Mental Health Framework for students was released in 2014, intending to inspire departments to better understand the needs of communities in order to support mental health and wellbeing across campus. In response to the framework, Dean Cameron recognized the importance of increasing conversation around wellness at the Faculty of Arts and Science, and established a Dean's Advisory Committee comprised of faculty, staff, and students to address these needs. The mandate of the committee was to develop an educational outreach initiative to encompass not only student wellness, but that of staff and faculty as well.

As one of the largest faculties in North America, we realized that this process would need to be broad enough to understand the diversity of needs within our community of 29,000 students, 944 faculty and 792 administrative staff. We recognized that mental health and wellness is too important a topic to review through a traditional committee; we needed something innovative, a process that would engage our community and understand the deeper needs of our members.

The i-Think team at Rotman was selected to assist the Dean's Advisory Committee in adopting a process that would develop a deep understanding of our community's needs and inspire creative and sustainable responses: Design Thinking. The i-Think Team facilitated a full day workshop about the Principles of Design Thinking and the importance of understanding our "users": the students, staff and faculty. From the very start, our group realized that this process would be vastly different from the traditional data gathered to inform decisions. Rather than working with

large summaries of quantitative statistics, individual stories were recognized to offer the most value in this process. As a group, we learned how to engage in an “open-ended interview,” a means of understanding the needs of our users through conversation. A small core team of our initial group then went on to conduct over 50 hours of interviews with a wide range of staff, faculty, and students, which were then transcribed into over 500 pages of stories and experiences.

Through these confidential interviews, we had the privilege of hearing both the inspiring and challenging experiences of our community. We were able to glean a deeper understanding of the Faculty of Arts and Science context and the needs of our community members. The first step of the design process afforded the opportunity to venture beyond the natural assumptions that we make and realize the truest needs of our community. For example, a natural assumption for supporting staff might be to help them feel appreciated; however, in listening to staff stories, we realized that it was not appreciation, rather a need to feel understood, that was most important. While the two may appear similar, creating solutions for staff to feel understood is very different than creating solutions for staff to feel appreciated. These seemingly small distinctions are what make the design process so effective in creating authentic and sustainable solutions.

In late August, we came back together to discuss trends that appeared in our conversations, and impactful quotes and stories that were shared about working and learning within the University context. Our findings revealed the paradox of excellence: the need for singularity of focus while trying to maintain a balanced lifestyle. As the core team reflected on the stories shared, we recognized a need to change the narrative of excellence and inspire changes in behaviour; by positively affecting the narrative and behaviour, we would be able to change the culture.

It was with broad themes like these, that we then brainstormed innovative solutions for addressing the needs of each group. This stage offered a rare opportunity to identify the underlying, and perhaps less obvious needs of our community and then generate creative and unique solutions that may otherwise never have been suggested through traditional mechanisms.

Based on the ideas generated at this session, we are now able to move forward to the final stage, which is to strategize around solutions. Our initiatives speak to two main narrative shifts in the Faculty: the recognition that individuals matter and that we are part of a connected and caring community. As we finish the Design process, we will be evaluating ideas and proposing innovative and sustainable initiatives that will enhance the wellbeing of students, staff and faculty within Arts and Science. We look forward to launching our initiatives this year and in the years beyond!



CRISTINA PETER  
STUDENT SUCCESS PROGRAMS COORDINATOR  
FACULTY OF ARTS AND SCIENCE

CAROLINE RABBAT  
DIRECTOR OF CRITICAL INCIDENTS, SAFETY, AND  
HEALTH AWARENESS

## INITIATIVES TO REDUCE TIME TO COMPLETION AND ENHANCE GRADUATE STUDENT MENTAL HEALTH IN THE FACULTY OF MEDICINE

ALLAN KAPLAN, MSC, MD, FRCP(C)

Time to completion (TTC) of degree has been an issue at the University for some time, especially in light of the recent increase over the past decade. Why should we as educators and students be concerned about this issue?

First, for students, this is an unhealthy situation, as it leads to ongoing financial and increasing emotional stress, contributing to mental health issues. In addition, prolonged TTC of degree is not good for students' careers and could impact negatively on the quality of the postdoctoral fellowships they may receive. Finally, such students take up supervisory capacity and stipendiary funding in many cases, often leading to newly admitted students being unable to access supervisors with available funding. This is a significant source of stress for newly admitted students who cannot find a supervisor to take them on.

Having TTCs that are longer than the standard time frames also impacts negatively on faculty and their respective departments in a number of ways. Supervisors are often unclear on how to best support and help students complete their degree in a timely manner. In addition, there are significant financial implications that could result with students being in the unfunded cohort in terms of provincial grant support, which is provided for only up to 5 years of training.

It is the responsibility of supervisors and Program Advisory Committees (PAC) to ensure that students are aware of what is expected of them at each stage of their training. Prolonged TTC often results when supervisors and PACs do not provide clear direction in this regard. TTC is one objective metric used

to evaluate the quality of supervision provided by supervisors.

The reasons for prolonged TTC are complex and multi-determined. Having said this, these factors lead to three groups of students who end up with prolonged TTCs. The first and smallest group of students are those who are academically weak and struggle with progression to their degree completion. These students need to be identified much earlier in their training by faculty in order to provide them with the remediation and support they need.

The second group are those who have experienced physical or more often mental health issues during their training, which have interfered with their ability to function effectively as graduate students. As a result, such students spend a significant amount of time in an unproductive state while the clock continues to tick in their program. Such students should have taken a leave of absence (LOA) to address their issues, but often could not afford to. Until recently, students who took a LOA did not receive their stipend while on leave, and were not eligible for any of the benefits that the University provides to graduate students, including access to counselling services or athletic facilities, which only exacerbated their health problems.

The third group is the largest group of students who have prolonged TTC. This group have decided that they are unlikely to pursue an academic career but are unsure of other career paths that may be available to them. Delaying completion of their degree allows them to delay graduating and dealing with the stress of entering an insecure job market. For this group of students, there is some security in staying as a graduate student for a prolonged period of time. This, however, can lead to increased stress on students, especially when there is a misalignment of expectations between themselves and their supervisors. The supervisor may wish to keep the student for a longer period to further expand the student's research with the goal of publishing in higher impact papers. This, however, may not be the priority of the student who is not intending to pursue an academic career.

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This can put the student in a difficult position of not wanting to disappoint the supervisor who may expect them to follow the same career path in academia as he/she did. Again, this situation can lead to significant emotional stress for students.

wellbeing of our students, thereby assuring that their graduate experience is satisfying and successful.

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The Graduate and Life Sciences Education (GLSE) initiatives that have been established over the past year through support from the School of Graduate Studies (SGS) Innovation Fund, specifically aim to address the issues that lead to prolonged TTC in the three groups of students described above and, in doing so, improve mental wellbeing and satisfaction during their training. These initiatives include:

1. The provision of a prorated amount of student stipend for one term to provide financial support during the LOA. In addition, SGS has now established that students on LOA retain all of their benefits while on leave. These initiatives will have a direct effect on improving the wellbeing of our graduate students, while indirectly reducing TTC.

2. A series of workshops for faculty on the importance of graduate professional skills (GPS) training for our students. This will provide supervisors with the necessary information to advise students on GPS development and support those who wish to take workshops that are given by SGS and include clear descriptions of career paths beyond academia. Beginning this September 2017, GLSE will provide, through the services of Professor Nana Lee, individual career mentoring for students in all of our life science graduate programs.

3. Finally, specific workshops for faculty on developing and implementing Individual Development Plans (IDPs) for students will be initiated in September 2017 under the tutelage of Dr. Lee. The implementation of IDPs should be of help to students who are struggling academically, and to their supervisors, and should directly lead to a reduction in TTC across the Faculty of Medicine.

All of these initiatives are primarily aimed at reducing TTC of degree and, in doing so, improving the

## MINDFULNESS: FAD OR THE FUTURE?

MARIJA ZIVCEVSKA

Over the years, mindfulness has become a popular term, endorsed by various celebrities, prominent personalities and widely encouraged across various departments across our campus. It has become such a buzzword, yet many are still mystified by what it is and how it can be implemented in their daily lives. Well, graduate students, this is your chance. I have had the wonderful opportunity to sit down with one of our very own faculty, who is an advocate in the field. Meet Dr. Brenda Toner.

Her journey with mindfulness started as a graduate student at UofT, where her thesis focused on test anxiety. She is also a registered psychologist in Ontario and over the years her involvement within UofT has been immense; she has held various teaching positions and several leadership and mentorship roles as well. Her main goal is to help enrich students' experiences at UofT both academically and interpersonally. During the interview, Dr. Toner's passion was evident, but even more so her kindness seemed to translate throughout all of her endeavours. It was a pleasure to see what she had to say.

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**Q: To get started, can you tell us what is mindfulness is?**

A: As a general definition, mindfulness is being fully present in your life, paying attention from moment to moment, with an open curiosity and kindness. We know through research that all of us spend a lot of our time either in the future or in the past, so we are not spending a lot of time on what we are doing in the moment. Studies show us that a wandering mind is negatively correlated with sense of well-being. It is very natural and normal for our minds to wander; with mindfulness we do practices to note where our mind is and to bring it back to our breath. It is all about being aware, and through practice you find that you are able to bring it back with a lot more kindness and with less inner criticism. Everyone who has an effective mindfulness practice says that it is not a passing fad, but rather takes a lot of discipline. Like riding

a bicycle or learning how to play an instrument, as you engage more, you will experience more. It will make you feel more at peace, less frantic and help you focus on what you want to do both academically and interpersonally. It is important to be mindful during all aspects of life.

**Q: What inspired you to get in this field?**

A: My academic research has really focused on women's mental health in general, in terms of disorders that have been disproportionately represented in women such as eating disorders, anxiety, depression, psychosomatic disorders, irritable bowel syndrome, chronic fatigue, and fibromyalgia. I come from more of a cognitive behavioural point of view and have lots of publications on brain connection. Throughout my whole career I have been very interested in mindfulness and have integrated it more and



especially over the last ten years it has become more of a focus. I have my own daily practice, and have decided to bring it back to UofT.

***Q: Can you tell us a bit about some of the mindfulness initiatives you are involved in?***

A: For the last 3 years I have been facilitating mindfulness drop-in classes called ‘Mindful Moments’, through Health and Wellness. They run from September-April in the Multi-faith Center, starting the 3rd week of September. Each class is fifty minutes long, from 12:10pm-1:00pm every

Tuesday. These classes are free and open to every student at UofT, both graduate and undergraduate, across all departments. We have students at all levels. You don’t have to have any experience or you could have been practicing mindfulness your whole life. There are no expectations for students other than being present and showing up. I don’t call on students; they don’t have to give their name or anything like that. Even if you’re late, we keep empty seats, so you can come anytime. It’s always fun because we have our eyes closed during the



practice and when we open our eyes there are more people in the room. Sometimes people are running late, and can only come for fifteen minutes. That's okay. We are very flexible.

**Q: How have these workshops been effective for students?**

A: We have been consistently getting feedback through surveys and people report that mindfulness has helped with their overall sense of wellbeing. Through being part of Mindful Moments, students report having increased academic focus, attention and feel more grounded. My classes are very practical, and all about how to reconnect the mind to the body. We use the breath as that connector. The breath is a good anchor because it reminds us that we are anchored to the present moment because our next breath hasn't happened and our last breath is already gone. So it's a beautiful metaphor: to stay focused on the breath is to stay focused on the present moment.

These workshops can help you as an individual, by helping you calm the waters in a frantic world and feel a little more openness. And because we sit in a circle during the practice, students that come to my classes start to feel a sense of community. We are all in it together.

**Q: Mindfulness can be intimidating for some students because they don't know what to expect. What would you tell them?**

A: I tell students it is not hard, the hardest part is remembering to do it. Most of the practices are based on paying attention to the breath and are really all about training the mind to focus. So it is just giving more space for people to take a pause so that they are refreshed. It is about letting you know that you have more choice, that the mind doesn't control you. If you have a thought, the idea is not to ignore but to acknowledge that it is already there and bring the mind back to the breath

in a non-judgemental way. Students are very hard on themselves so I am always trying to soften that inner critic through my classes. Students are very receptive, we de-jargon and demystify it.

**Q: Some argue mindfulness is a technique that teaches you to become indifferent, and unattached. What are your thoughts on this?**

A: There are a lot of myths associated with mindfulness. It is actually the opposite. It makes you worry less and care more about yourself and others because it is all about self-compassion and giving yourself a break. As you practice feeling kind and compassionate yourself, you care more about others. People have asked me "If I do mindfulness, will it dampen my ambition, will I lose my edge?" But the research, even within something like a business model, says that it actually increases your success in whatever you choose to do. It makes you more efficient and increases performance.

**Q: What is some advice you have for graduate students who are struggling to find balance during their graduate journey?**

A: When you are feeling that things are too frantic, and are overwhelmed, try to step back, take a little distance and to try to slow it down a bit. Try some deep breathing exercises and look at your various options and choices. Try not to be so hard on yourself. We lose so much energy beating ourselves up and need to be aware of how harsh we are on ourselves. Awareness is the first step to self-compassion. You are not alone. We are all experiencing these moments and they will pass. Be present in everything you do. This will help you both academics and can also translate to other aspects of life.

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**Mindful Moments** 12:00-1:00 PM  
Tuesdays @ Multi-Faith Centre

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## MATTE BLACK: THE HERO IN OUR BACKYARD

MARIJA ZIVCEVSKA



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Imagine yourself fifteen and homeless, vulnerable to the outside world. It's a situation that is difficult beyond measure, where feel good endings are far and few between.

Meet Matte, the exception and inspiration among the tragedy that exists in these circumstances. Now 33 years old, Matte has come a long way from his time on the streets, where he often turned to drugs

to cope with his situation, which at one point landed him in jail. He is now the founder of Heroes in Black, a non-profit organization, focused on helping homeless youth all across Toronto rebuild their lives. He is using his personal experience as a vessel to inspire change and reshape the lives of many. It is remarkable to see such light emerge from what was a very dark prologue. Let's hear his story.

**Q: As the founder of “Heroes in Black”, can you tell me what your inspiration was behind the name?**

A: The name comes from a Johnny Cash song called “Man in Black”, where he explains that he wears black for the suffering and poverty that exists in the world. When I first got signed to a record company, I took that name on because he had just passed, and called myself Matte Black, the new Man in Black. Matte Black is actually what I am, not who I am, that’s not my name at all.

**Q: How did Heroes in Black start? Why have you decided to focus on the homeless population in particular?**

A: When I was 15 years old, I was kicked out and was homeless for about 10 years. It didn’t make sense to me that I was homeless for so long, and I began to think that the best route was to end my life. [At that time], I was asked to perform a show to raise funds for a shelter I was at, and I decided that this would be my last show. I decided to end my life. But that night, I was discovered by Universal Records [Adrian “JB” Homer was in the audience], and I got a record deal and apartment that night. Everything changed for me in that moment. I realized that it took someone to believe in me when I didn’t believe in myself. I truly believe that if resources are given, youth will jump on the opportunity and make a living for themselves. Ultimately, I want to make these [opportunities] for them. We started with t-shirts, a two-for-one deal. If you bought a t-shirt, a homeless youth would get a brand new one for free. I put out a post online and within 3 days we had 100 orders, and I realized people supported this [initiative]. I then started creating programs to actually interact with youth.

**Q: What is your favourite initiative you’ve started thus far?**

A: My favourite initiative we have is Hero Camp. We basically do self-development programs, and our camps are separated into different levels of learning you could say. I am still working out the curriculum

myself. We bring professional motivational speakers, yoga instructors, homeopaths, nutritionists, to name a few. The coolest thing about these camps is that we have kids from different shelters, all over Toronto who don’t know one another, but by the time they leave, they are basically family. They go back with a support system of their own.

**Q: What makes your organization different than others offered in Toronto?**

A: There is a quote from Albert Einstein that says “if we judge a fish on its ability to climb a tree, then it spends the rest of its life believing it is stupid”. And personally, I feel there has been a lot of fish trying to teach youth how to climb trees when they have no idea what it is like to be homeless. Because I was in their shoes, literally living in the same shelters they are currently living in, there is a different type of bond where they really respect me. They realize I am not just a frontline staff that is getting paid to be there. I was one of them. That is definitely what makes us different. Not to mention, I am also from the next generation and have a lot of innovative ideas that I love turning into something that works, instead of just putting [these youth] in the system.

**Q: What are some of the misconceptions or stigma that surrounds homeless youth?**

A: There is more judgement, most people believe homeless youth are spoiled runaways. When people see them they think, they must have some family to help them, because what parent would let them live like that. But most of the time, they are really running away from unsafe situations. Many ask why they don’t have jobs; they don’t have jobs because they don’t have self-love. When people are judging them and tossing change at them, it does not help them grow. If we approach the situation thinking they are the problem, then we fail to see that we all play a part in it too. Because when people have a support system, when they have someone to believe in them, they begin to believe in themselves.

*Q: How does Heroes in Black address various youth mental health issues?*

A: Depression and anxiety are most prevalent in the homeless youth demographic. One of the biggest thing we do, as simple as it sounds, is to provide them with a YouTube playlist of about 30-40 videos that have been carefully selected by our staff. I started doing this because I realized it was something that helped me. Being homeless for so long, it becomes a mentality, not just a situation.

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*Q: What is the next step for Heroes in Black?*

A: Our next step is to open up a youth center, which will be open 24 hours. This center will be an entrepreneurial development center, where homeless youth can come in and work on any dream they have. We will connect them with opportunities. Our main aim is to rebuild, inspire, and employ. Those are our top 3 goals. We want to rebuild them first from the ground up, inspire them to follow their dreams, and employ them so they can break the negative cycle they are on.

Visit [www.heroesinblack.com](http://www.heroesinblack.com) to learn more about how to get involved.

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## FOOD FOR THOUGHT: ADVANCING OUR UNDERSTANDING OF EATING DISORDERS

RACHEL DRAGAS



*An interview with Dr. Allan Kaplan on the genetics, psychobiology, and misconceptions surrounding anorexia nervosa and other eating disorders.*

Among many of his notable designations, Dr. Allan Kaplan is a Senior Clinician/Scientist at the Centre for Addiction and Mental Health (CAMH), Professor of Psychiatry, and Vice-Dean of Graduate and Academic Affairs at the University of Toronto. For over 3 decades, Dr. Kaplan's renowned clinical and research work on eating disorders have stood as a testament to his passion and dedication in the field. He has contributed substantially to the field with over 160 peer-reviewed publications and numerous book chapters, while serving as the Past President of both the Academy for Eating Disorders and the International Eating Disorder Research Society. Having completed his medical, psychiatric, and graduate school training at the University of Toronto, Dr. Kaplan is well-integrated within the institution, having served in a number of leadership roles. He

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previously served as the Director of the Institute of Medical Science and the Director of Postgraduate Education for Psychiatry prior to becoming Director of the Clinician-Scientist Program in Psychiatry, Chief of Clinical Research at CAMH, and currently, Vice-Dean for Graduate Education. I sat down with Dr. Kaplan to hear more about his research and some of the progress that's been made on identifying genes that confer risk and therapeutic targets for individuals with anorexia nervosa and other eating disorders.

Can you tell me a bit about your background, research, and what led you to this particular field of study and practice?

In terms of my professional career, I'm a clinician-scientist, so my focus has always been on both the clinical aspect of mental health/mental illness and the research aspect of it—taking what I see in patients and asking questions that arise from the clinical domain. In a sense, that's how I became interested in my field of study, which is eating disorders. In addition, I've always had a parallel career in education, which led me to my current position as Vice-Dean of Graduate Education. I managed to have both of these foci over the course of my career.

There are 3 clinical phenotypes of eating disorders: anorexia nervosa (AN), bulimia nervosa (BN), and binge eating disorder (BED). Each is somewhat different from the other in terms of treatment, pathophysiology, and outcome. My research focus has been primarily, but not exclusively, on AN. During my training as an intern in internal medicine, I met a patient who had AN. At that time, none of the physicians involved in her care realized she had AN. She was being treated for severe weight loss through intravenous hyperalimentation without understanding what the underlying cause of her emaciated state was. One night when I was on call, I happened to go by her room and heard her vomiting. I was concerned and asked if she was okay. She proceeded to tell me that she vomited all the time, did it intentionally to get rid of calories, and had a morbid fear of gaining weight—even though she weighed around 80 pounds at the time. I think I had

around 10 minutes of education concerning AN in medical school, so that led me to do further research and become more interested in the disorder. She was an interesting patient to me because it was quite striking that she tenaciously stuck to the belief that she was obese. That's an amazing thing, if you ever have a chance to talk to somebody with AN—that there is a core entrenched belief that the individual is overweight. At times, this patient described feeling like she couldn't fit through the door at her weight. And well, the first thing you think is, "Has she lost touch with reality? Is she perhaps psychotic or is this a form of schizophrenia or other psychotic illness?" But it really isn't. Phenomenologically, the belief is an overvalued idea that relates to a distorted body image. People with AN don't distort others' size or shape, just their own. Over the course of the next year, I suppose I was doing some form of supportive psychotherapy with this individual—even though at the time I had no training to do so. Her physician would call me down to his office every time she came in for a visit once she was discharged (which was about every month), and he asked if I'd come and talk to her because she asked to talk to me. Clearly there was something in the doctor-patient relationship that was of value to her. So I would go down and talk to her, and the more time I spent with her, the more fascinating I found her to be. It became clear to me that this was not something I could rationally convince her to believe otherwise. And it got me really interested in the whole relationship between the brain and behavior. To me, it was very clear that this was kind of hard-wired in her brain; there was nothing I was going to say that was going to convince her that she wasn't overweight. And around the same time, I sought out and met one of the world experts on AN whose book I had read as part of my learning more about the disorder. He happened to be working at the Clark Institute (now CAMH), and I met him and asked him for advice on the situation. He later asked me about my career plans and I said, "I want to be an endocrinologist and treat young people with serious illness. I'm interested in the relationship between hormones and the brain and behavior." He took out a paper that he had just published on the endocrinology of AN and said, "Why don't you read this and think

about coming to work with me?” I transferred to psychiatry a few months later. So this is a story about the power of mentoring, and is how I ended up in psychiatry. To be frank about it, I wasn’t intending on becoming a psychiatrist, but I thought it afforded me the best opportunity to really delve into this disorder, and that’s what I’ve been doing ever since.

Initially I focused on some of the neurobiology and neurotransmitter disturbances in AN, and then I got very involved in studying the genetics of AN. I always felt that there was something hardwired, as it is counterintuitive from a teleological point of view—in terms of survival—that a brain would allow an individual to starve oneself to death. In other words, our bodies are wired to preserve themselves. Anybody who’s tried to lose weight knows how difficult it is, and even if you can lose weight, it’s very difficult to maintain, especially to that degree. To lose 40 or 50 pounds and keep your weight that low while continuing to starve yourself, to me this pointed to the fact that the protective mechanisms aren’t functioning normally in the brains of individuals with AN. That made me think of a genetic vulnerability, which is supported by the fact that these disorders run in families. I eventually became part of a small international group of researchers studying the genetics of AN. We looked at individuals with anorexia and their unaffected sisters, obtained blood samples, and examined genes. We looked for changes in nucleotide sequencing (or amino acid variations) in different DNA parts of the genome in these sibling pairs as part of a linkage analysis which revealed a genetic signal on chromosome 1p. This consortium has now grown to a group of about 100 in the world, and we’ve collected close to 4000 DNA samples from subjects with AN. We’ve just published a paper where we’ve identified, for the first time, through a whole genome-wide analysis (GWAS), specific changes in the DNA of people with AN. This is a very significant finding because these changes are not in genes we’d typically expect—genes that control appetite, hunger, depression, or anxiety. We localized and identified genes that regulated metabolism—lipids, cholesterol, insulin, and blood sugar. As a result of these findings, we’re now starting to

conceptualize AN as a metabolic disturbance as well as a psychiatric illness. This has potential treatment implications because it changes one’s focus on drugs that could be helpful in treatment. There are many drugs that potentially impact these metabolic indices. So this is a hot-off-the-press finding which I think is a fairly exciting development.

Of the 3 eating disorders, bulimia nervosa (BN) is essentially binge eating at a normal weight. And again, that gets back to this notion that one’s body protects its body weight—a set-point of weight. People with BN want to lose weight but they can’t; they lose control and overeat in response to the biologic drive to eat in the face of ongoing caloric restriction. Typically, individuals with bulimia then purge, usually by vomiting, after binge eating. The third eating disorder, binge eating disorder (BED), was only recognized as a psychiatric disorder in 2013 and is one that I’ve recently become involved in researching. This is a disorder that occurs in a minority of obese people—those who binge eat. Most people think that because an individual is obese, this must mean that the individual overeats. That’s not true for everyone who is overweight, but it is true for about 35% of people that are obese and who binge eat but don’t compensate (i.e., purge), which is one reason that these individuals are obese. As opposed to individuals with BN who always compensate through vomiting, laxatives, or over-exercising, people with BED do not compensate after bingeing. As a result, such individuals suffer the consequences of ingesting a huge number of calories, become obese, and have all of the complications associated with obesity. In terms of treatment, Health Canada has recently approved the first drug for BED, which is the psychostimulant Lisdexamfetamine (Vyvanse). There is also an approved drug for BN, which is Fluoxetine (Prozac), a selective serotonin reuptake inhibitor (SSRI). There are, however, no approved drugs for AN, which remains a relatively treatment-resistant illness. The outcome of the 3 eating disorders are somewhat different. In general terms, most people with BN do well, with 80% recovering over time. Most people with BED will also recover over time in terms of their binge eating, although they will continue to struggle

with their obesity. Most people with AN do not recover from their illness (about 40% do) and 15% die as a direct result of their eating disorder.

The other area that I've been interested in more recently, is examining the brain structurally and in terms of function. If a person with AN is losing body fat, they will lose body fat from all over—tissues, organs, as well as the brain. The brain is comprised of grey and white matter. Grey matter includes neurons and their projections, and are the regions of the brain involved in muscle control, sensory perception (such as seeing and hearing), memory, emotions, speech, decision-making, and self-control. White matter contains the connecting tracts that conduct impulses from one region of grey matter to another, serving as the communication system of the brain. Much like an electrical cord has a rubber covering which prevents it from short circuiting, white matter is “white” because it is ensheathed in myelin, a material which is made of lipids—and is 100% fat. It occurred to me and others that if an individual with anorexia is losing body fat, they are probably losing myelin too. Studies using diffusion tensor imaging (DTI), which is a form of magnetic resonance imaging that looks only at white matter, have reported white matter abnormalities in patients with AN. This is an important finding because we know that individuals with AN have cognitive deficits in executive functioning and decision making. That's been known for a long time and we haven't been able to understand why; but if white matter is disrupted, there will be a problem sending messages from one part of the brain to another, especially in the frontal lobe where executive functioning occurs. I'm excited to say that my PhD student, Amy Miles, for her PhD research, is conducting the largest DTI study done to-date in AN. We are imaging 4 groups of subjects; one group is underweight with AN, another group had AN in the past but are now recovered and at a normal weight. The third group is comprised of healthy siblings—these are the healthy sisters of individuals who had AN but who were themselves never ill. The final group is comprised of healthy controls. The rationale for looking at all 4 groups is because we want to determine if the

changes in the brain of patients with AN are due to the illness and the state of being underweight, or, if in fact the findings reflect an underlying trait abnormality that is not just caused by being underweight. By comparing underweight subjects with weight-recovered subjects, we can determine if white matter abnormalities are directly related to being underweight or if these abnormalities represent some underlying process that occurs in people with AN, regardless of whether they are actively ill or recovered. The rationale for looking at healthy siblings is also important, because once the brain has been affected to the extent observed in individuals with AN, even though one has recovered, the illness can leave “scars” in the brain. In other words, being severely underweight may change brain structure permanently. So what we observe in weight-recovered patients could just be the effect of “scarring.” On the other hand, there should be nothing wrong with the white matter in healthy siblings of someone with AN unless they have some kind of genetic predisposition to the illness. Examining the healthy siblings who have never been ill with AN would help tease out whether there is a genetic contribution to AN that is manifested in white matter abnormalities, or rather such abnormalities are a result of being underweight or having been underweight. We are approaching the end of this study and have some preliminary evidence suggesting that the group of healthy siblings do have some abnormalities in their white matter. Perhaps there's some genetic contribution influencing the formation of white matter in these otherwise healthy young women. We will be able to determine to some extent the functional significance of these changes as Amy is conducting neuropsychiatric testing in these subjects to assess their cognitive functioning.

Do you think there's a certain susceptibility in individuals to developing these eating disorders or is it a mix between genetics and environmental triggers alongside our cultural obsession with thinness?

Although the public and lay press sometimes allude to this, one does not develop AN just by being exposed to cultural influences—ie. being exposed to the fashion industry by reading magazines with



very thin models. Everybody is exposed to these cultural influences but only 1% of women develop AN. If it was simply exposure to certain cultural influences that conferred risk, then the prevalence of AN would be much greater than it is. The way to consider environmental influences in AN is much the way one would consider such influences in other medical illnesses—ie. cancer or heart disease. We're all exposed to factors that might, for example, contribute to heart disease: unhealthy eating, lack of exercise, sedentary behaviour. But to develop heart disease, we know that there is usually some genetic factor contributing as well. Likewise, one may have a genetic predisposition to cancer, but that doesn't necessarily mean one will get cancer. We know that the BRCA gene confers a very high risk of breast cancer in women, but not everybody with that gene gets breast cancer. One needs to consider the risk as an environmental-genetic interaction that explains risk to most illnesses, including psychiatric illnesses and more specifically, eating disorders. There's a saying: "the genes load the gun, and the environment pulls the trigger." We're all walking around with "loaded guns" because we all carry genetic risks for a variety of illnesses, but something has to happen in the environment that will cause the genetic underlying predisposition to be expressed. And that's important because we can't control our genes but we can, to some extent, control our environment. If one has a family history of alcoholism, as a parent, you wouldn't want your child to become a bartender. That's an unforgiving environment for somebody who is at risk for alcoholism. Similarly, if you're a parent and you have a family history of AN, it probably wouldn't be a good idea to put your young daughter in a competitive ballet class. There's nothing necessarily wrong with ballet, but for a vulnerable little girl, it can be a noxious and harmful environment. So the plea to the public is to know your child, know your medical history, know your genetic risk, and provide a protective healthy environment for your children.

As a clinician, what is the most challenging aspect of treating patients with anorexia?

Anorexia is a tough illness to treat. Patients often deny that they are ill, and as clinicians, we don't have consistently effective outpatient interventions to utilize. The question is often posed as to whether our treatment makes any difference or not. For young kids—because anorexia does occur in young 12 or 13-year-old adolescents—we know that there's a certain kind of family therapy that does seem to have significant impact, and there's evidence to support this treatment. For adults, in the absence of evidence-based outpatient treatments that have proven to be effective in clinical trials, clinical judgement and past experience help guide you to treat the patient. Frequently, admitting the patient to hospital is required for refeeding and nutritional rehabilitation. Individuals can die from AN—from starvation, the cardiac effects of being underweight, and electrolyte abnormalities as a result of purging. But that's just treating the symptom, it's not treating the underlying cause, and we currently don't know what the exact underlying cause is. If we are dealing with a genetic risk, then if we can identify genes or single nucleotide polymorphisms that may produce a protein and subsequent enzyme conferring risk for AN, then there is the potential to develop a drug that targets the fundamental genetic flaw. Right now, the best approach, as a clinician, is to know what has been studied and shown to be somewhat helpful to patients. We know psychotherapy is helpful, as is psychoeducation, so that patients can understand the effects of their self-starvation on their bodily functioning, and most importantly, the effects of such behavior on their brain function. I sometimes show my patients MRI scans of their brains; individuals with AN are typically in denial about their illness, but when they see a picture of their brain and the loss of white and grey matter, it has impact. Being supportive and providing education are the first steps in helping people recover. And I don't want to leave the impression that people don't recover—they do; 40% of people with AN will recover over time, however, 60% won't. We need to do a lot more research to understand why some people recover and some do not. Unfortunately, most physicians do not want to treat people with AN because these individuals are resistant to changing

their eating behaviour, we don't have highly effective treatments to offer, and physicians often don't feel they have the proper training to treat it.

Do you think that eating disorders are underrepresented or perhaps not given the same recognition, funding, and research that other psychiatric illnesses receive?

I do. Eating disorders are always sort of the orphan in psychiatry in terms of funding for research and clinical services, but that's partly because the research on bipolar disorder or schizophrenia, for example, is much further ahead than it is for eating disorders. So the community of investigators needs to do a better job of proposing questions that will attract funding and have an impact. In the past, when we've looked at treatments, we've borrowed from other psychiatric disorders. Individuals with AN can typically have depression and anxiety, so we've tended to say, "Well, if an SSRI helps people who are depressed, let's try it in people with AN." A colleague and I investigated SSRIs in a large placebo-controlled randomized clinical trial. We knew that if a clinician gives an SSRI to somebody with AN who is starved, their brain is not producing any serotonin so the drug has no substrate to act on and is generally ineffective. In our study, we first weight-recovered individuals with AN, then randomized them to placebo or the SSRI Fluoxetine, and followed them for a year, and assessed the relapse rate. We were hoping that the drug would provide a lower relapse rate, but it didn't—surprisingly; it didn't do any better than the placebo in preventing relapse. It's almost like the brains of individuals with anorexia are impervious to the drugs that are generally effective in other psychiatric illnesses like anxiety or depression.

What can we do to better address and support individuals who are dealing with eating disorders?

The first and most important thing to do is remove the stigma. And it's not just with eating disorders, but with psychiatric illness in general. And this is something that relates to your excellent work—

bringing this out into the open. These are mental illnesses, they're not character flaws, they're not something that should be moralized. It's not a matter of "pull your socks up and get on with life." These people suffer and we shouldn't victimize the victim by stigmatizing the illness. I think that this initiative is great because you're bringing it out into the open for people to better understand. Better education is the first step, because as a community we can't tackle something that is hidden and in the closet. People don't want to come forward because they're ashamed, and that's still a problem, even in 2017. Does it help that our Prime Minister's wife got up at a forum and said, "Yes, I had an eating disorder"? That helps a lot; so, kudos to her, it takes courage to do that. People in the public eye who destigmatize this—we need more of that.

Thanks so much for meeting with me. Is there anything else you'd like to share?

I think that this is a great initiative and would like to congratulate you for doing this. Mental health amongst our students is an important issue and it continues to be a challenge for us, as educators, to address. We have to do everything we can at the University to improve access to mental health care for our students.

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## HOW CAN I FLOURISH IN UNIVERSITY?

VIVIAN ZHOU

*What does it mean to thrive and be well in a university setting—and how can this possibly be accomplished, if at all? In an attempt to find out, Elemental had the honour of interviewing current University of Toronto graduate student and Project Coordinator of Flourish, University of Toronto Scarborough (UTSC)'s mental health initiative program, Ary Maharaj.*

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*What is Flourish and what does this program aim to accomplish?*

Flourish is primarily a student service project with campus-wide partnerships that takes an integrative and holistic approach to mental health. Flourish's main goal is to systematically help UTSC students explore their character strengths. Flourish is about believing that instead of just looking at the deficits, if we help students understand and use their strengths, they can [work towards] a state of positive mental health and wellbeing.

*The official website calls the university campus “a place for students to grow intellectually, socially, and emotionally.” How does Flourish target development in each of these areas?*

The Flourish Assessment, which is free for all UTSC students, is composed of four main components: wellbeing, stress, student engagement, and strengths. Knowing what your top core strengths are [...] can help you set goals, whether academically, personally, [or] professionally. Flourish workshops help students

figure out how to use their strengths to come up with solutions to challenges and set goals. So many students are so happy just to learn so much about themselves. We're helping students become more aware of themselves because unless you are aware, you cannot develop.

*What is “the remedial approach” and how does it compare to what Flourish calls “the strengths based approach?”*

The remedial approach is what you see in education. You write a test, check your exam, see what you got wrong, and it's like, “How can I fix what I got wrong?” It's not that you shouldn't try to improve, but when you spend too much time doing that, that's when we see people beating themselves up and being less self-compassionate. The strengths based approach would say, “Maybe some ways to remedy some weaknesses or identify other ways [to improve] is to use your strengths.” [This approach] makes you feel that you have your own competence and confidence to solve your problems, and tries to teach you to be more resilient in that sense.

*The website states, “Flourish is not about learning trite ‘feel good’ statements such as ‘I can do anything, if I work hard enough.’” How could these kinds of statements be less than beneficial?*

In psychology, there was a self-esteem movement in the 60’s to 80’s. Research has found that the con of [‘feel good’ statements] is that feeling good in that moment—that hedonic pleasure—evaporates really quickly and is not really sustainable for long term change. You aren’t committing to something, developing a habit, and building it into your identity—which is the difference between self-esteem and self-efficacy. You shouldn’t be isolating feel good moments. You want something more sustainable, something you can actually develop that uses your strengths.

*Based on your experience, what are some tips for managing stress and anxiety? Do you find these coping mechanisms vary in efficacy between individuals?*

There are different strategies that work for different people. A really good tip [...] is to find out what works for them; hopefully, it ends up being a positive coping response. Negative ones—[excessive] partying, drug abuse—help manage stress and anxiety in the moment, but they’re not good for [the] long term, and this is just over the course of developing as an adult. Determining what kind of self-care [works best] is useful for you. Often, I would find that trying to approach things as

a challenge instead of a threat—called growth mindset—gives students the confidence that they can handle this challenge [given their strengths.] To [University of Toronto] (UofT) students in general: [by getting] into UofT, you’re already extremely smart and capable—you deserve to be here. So many students get stressed or anxious because they don’t think they deserve to be here or they are struggling, but I think it’s part of the experience. If you ask for help when you need it and surround yourself with the right people, hopefully you can find the right strategies for you.

*Are there key strengths you feel are particularly powerful if developed and honed correctly, such that one might be better equipped to combat the stressors of student life?*

Christopher Peterson and Martin Seligman are the two researchers who came up with the idea of character strengths in 2006. They wrote a book called Character Strengths and Virtues. They looked throughout history [...and cultures...] to look for similarities: what did all these people value the most? That’s how they determined the 24 strengths that we use for Flourish. It’s not about having [any] strength in particular, but how [...] you use your unique set of strengths, look at your circumstances, and be in situations where you can use them as much as possible.

**VZ:** Flourish is a collaboration created on the UTSC campus. Do you have plans to extend and grow?

**AM:** The Flourish website ([www.utsc.utoronto.ca/flourish](http://www.utsc.utoronto.ca/flourish)) and the resources there are open to everybody. By the end of the summer, there should be a free assessment (minus the stress survey) available to everyone. We won’t be saving your data, but you can get your results emailed to you. We are currently in the process of publishing peer reviewed papers and book chapters documenting our research results, which will determine what we commit to [our next steps.] We only want to promote things we know will have a [scientifically proven] impact on people.





## AN INTERVIEW WITH KEVIN HEALEY

BENJAMIN BANDOSZ

The more I learn about mental health beyond my lived and personal experiences, the more I realize that we need to be having ongoing, inclusive dialogues. Not just academic colloquiums, or seminar discussions, but difficult conversations with people who have lived through vastly different mental health and health care experiences from our own. My interest in partaking in these conversations led me to different community groups in Toronto, such as Mad Pride Toronto, MADx, Decolonize Your Mind, and Hearing Voices. Through volunteering and participating with these groups, I had the chance to meet an activist named Kevin Healey.

Healey is one of Toronto's only post-binary, post-crazy activists (if you happen to believe his recent conference introduction and the Toronto Star). He plays an integral role in the Hearing Voices movement, his community within the city, and, more recently, on the University of Toronto's campus. In the last Intervoices Congress in Paris, France, he received the first ever Award for Innovation in recognition of his tireless work and ground-breaking activism. He has also founded recovery network: Toronto, a resource-connections website based in the city. He questions and critiques perceived stereotypes and discrimination of mental 'illnesses' held by people and the mental health system. This is not to say, however, that he is an anti-psychiatrist. Rather, Healey's work focuses on improving dialogue between practitioners, academics, patients, consumers/survivors/ex-patients, allies, etc. Basically, anyone who has been affected by mental health—which is every one of us. It is a space of listening, sharing, and collaboration which Healey hopes to create and support, so as to push toward more effective, inclusive, and person-first practices.

On a muggy, June evening I met with Healey in a resto/bar near Bloorville as people slowly piled into the restaurant for late dinners and drinks. The space was filled with a gregarious ambiance that dissolved the interview's formal façade, which allowed for a more candid discussion to develop. After a brief dinner, and a couple of pints of local APA, we decided to start the interview before our conversation became too involved for this short piece.

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*How would you define what you practice, or what you work towards in regard to mental health or mental health awareness?*

I'm gonna start by saying I don't really do definitions as in definitive, definite delineations of what something is, [meaning shifts around too much to pin it down like that]. I'd just say that most, if not all, of the work I do is non-medical, non-diagnostic. It really focuses on human experience and the importance of creating space so that we can talk about human experiences as human experiences, whatever else you think it might be, and in ordinary human language. I'm really not interested in arguments about whether something is an illness or a human experience, because it's always a human experience anyway.

The space I operate in is where we can help ourselves and each other, because even if we believe the experts have got the answer, there's always a lot more that we can do for ourselves, always a lot more that we can do for and with each other. That's where you'll find me. And, also, I've always been drawn to approaches that I believe are more—big words—emancipatory and liberating, and I'm very suspicious of those people who tell us they know what's 'wrong' with us and know what we need to do, because they don't because none of us do. For me it's about how to go about finding what we need to do for ourselves and each other, that's what I kind of try to do. For me all the stuff I get involved in, or give my efforts to, I think, are all about that kind of thing: it's about how we can make a bigger space so that we can live, either individually, or together, or collectively. I need a world that's easier to live in, I believe we all do.

*Just to unpack the non-diagnostic part of your work, why do you choose to avoid diagnostic language?*

It comes down really to the power of that language, the power it can have over us, and the way it imposes on and dominates our lives, how we live, how we think of ourselves and each other, and how we talk about living in this world as human—and especially how we talk about each other. Here's what I think we've lost: we're so obsessed with categorizing things and pretending that we 'know,' putting things into nice,

neat, little boxes and calling them names, calling each other names. To learn a powerful phrase from John Trudell, we've become what he called "The Callers of Names"; we love to call each other names 'cause we can then pretend to know everything about that person, when truly we know nothing about them except the name we have called them. That is really tragic. What we're losing, and really quickly, I think, is the kind of thing that I benefitted from: doctors that would be okay with saying 'don't know,' 'maybe this,' 'maybe that.' Which on the one hand might disappoint us because these days we expect them to know everything, but what it actually does is create space in which we can work together with our Doc, or whoever else might have some ideas and access to resources, to explore and to make sense of whatever happened to us, whatever is happening to us... To reflect on and in our experience and make sense of wtf is going on, make sense of our unique experience of being in this world, or if you like 'join the dots of our life' and say something like, 'I can make a story of this that makes sense to me and I can live my life with this story, and when that story stops working I can find a new one.' And you know what, science says you can't do that, but artists and human beings have been doing just that forever, it's what we do. And if science can't accept that then it is inadequate in that respect; this is the space in which art opens things up and science tries to close things down. But we need both, we gotta learn to fit the two together and use both sides of The Force.

In a psychiatric context, it is eminently obvious that the story we have been telling ourselves and telling each other for the last 40 years or so—and that's all it really is, about 40 years—is just the latest 'fad' and things are shifting already because we know it's a lot more complex than that simple story. It's not a question of take drugs or don't take drugs, but about each of us being able to make an informed choice to use drugs in our body to the extent that we personally find them useful. I don't believe any of us has the right to tell anyone else whether they should or should not take drugs, I don't believe in 'should.' It's about how you live your life. Life is really bloody complex, and it can be really hard especially sometimes and for some of us, so how do you make sense of it and find your way?

*Just thinking about your website, Recoverynet.ca. How do you define recovery? What is recovery to you?*

I don't really know what recovery is, for every person it's different. And I am very skeptical of people offering strict definitions of what it ought to be. You often hear that it's someone returning to how they were before 'mental illness,' kind of returning to that same baseline. I don't really think that's a good way of looking at it because we all go through very real, and very human, experiences and we learn a lot... Especially about ourselves. Being humans is not about being static—that point has moved, we move through life. To me recovery is moving beyond that original place, learning how to live more wholly with our self and building a resilience to push through and past what you already knew how to do. My simple idea is that people struggle, get stuck. Recovery, if you like, is getting un-stuck. I do think that whatever else 'recovery' is, it is really about getting to a place we can make our own choices and say to those who are preaching and moralizing at us and say, [polite Canadian version] 'thanks, I'm good with my own choices.'

*We use that word a lot, resilience. Not just in the Mad community, but even in wellness groups in universities. What's your take on being resilient, or what do you think it's about?*

We have this idea that being resilient is being able to take and absorb all the hits and different stuff we get thrown at us—life-crap. We often get told 'you need to be resilient,' but people I know who get told that a lot are some of the most resilient people who've walked this earth—that they are still standing is evidence of that. Just keep taking the meds, be resilient, and keep getting stepped on – suck it up, and get used to it because that's life and that's how the world works. I'm actually quite tired of how universities keep repeating the same, tired, old critiques of people's pain and struggle to live as results of neoliberalism. I have friends who say, 'I don't have a mental illness I'm suffering from Capitalism' and they're really not wrong. Me, I doubt I'll see changes happen just waiting for the evil, capitalist nightmare to be destroyed. To me being stuck in the same arguments is no less disabling and disempowering than the phrase 'you have a chemical imbalance,' they just identify the problem, but don't really do anything except identify and identify-ify with cleverer sounding words that have little meaning—labelling, and relabelling endlessly, relabelling the people who struggle. We do need to be resilient because at this rate we've a couple more hundred years waiting for experts to get their heads out of dark places and actually do something.

My idea of resilience is a bit different, I remember

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doing destructive testing of metals in college and in engineering test laboratories—like stress, resilience is a concept borrowed from that world and applied to humans, so it’s useful, but it’s less than perfect because a steel bar has a resilience that is measurable—a human works differently. Resilience is understood as how much energy a chunk of matter can absorb and how it can later release that energy, or the elasticity with which that chunk of matter responds: ‘springy-ness,’ in simple terms. It’s a way of responding to external forces. Some of the metals are rigid and just exploded when we applied enough force, other matter just crumbled. I feel like resilience is often understood as having this passiveness and quiet reservation as one crumbles. I think we need to look at resilience as being able to use the force applied against us and convert it into momentum and use it usefully in the world, not necessarily explosively, but with an elastic capacity to work against external forces, life-crap, or even work with it. We also need look beyond engineering and materials science. Resilience works in other ways, too; in nature it tends to be much larger, like the resilience of a coastline to withstand what humans do. For me the best symbol of resilience is a tree, but grass, reeds, are very resilient. Ant colonies, natural systems are maybe a better idea of resilience. There’s more to it than just “take the crap and bounce back.” I think that ultimately resilience is about connection and interconnectedness—if you like, it’s about being part of the world and part of a community or communities.

was a couple of years ago she was on a chat show with Graham Norton and he asked her, ‘What started you with the frocks?’ Then she just opens up and shares that ‘it’s how [she] dealt with [her] insanity. [She’s] a very creative person and since [she] was younger [she] always heard voices in [her] head. It was the clothing and the artistry that really saved [her].’ You can turn it into art or turn it into dressing up and going out, or whatever, just expressing some other part of you in a different place, in a different time, and in a different way—your way. It’s the kind of thing I use to do... I can see how that’s difficult to do at a university, on campus, but this is a big city and there lots of places and communities where we can go to for a few hours and express ourselves, find a way to let it out, preferably surrounded by others doing much the same.

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*Do you have any offhand advice for students about handling the mental stress and exhaustion from school life and their work?*

I try hard not to give advice. Who am I to tell you what you need? But if you’re asking for ideas, then maybe one way of dealing with the pressure of being a student and working towards a profession is to take a step outside of that every now and then, and a big city like Toronto offers possibilities to do that. You know, Toronto is big enough that you can go to another corner of the city and pretend to be somebody else, even be somebody else for a night. You can be some other version of you than the version of you that’s feeling bummed out at school. People have always done that. Lady Gaga is a popular example, it



## 6 WAYS TO FIT SELF-CARE INTO YOUR SEMESTER

NAOMI HAZLETT

Put one hand on your abdomen, right underneath your rib cage. Take a full, slow breath through your nose and down into your belly. You should feel your hand moving out as the air fills your body. Pause for a moment, and then exhale slowly, allowing your whole body to let go of any tension you might be carrying. Go ahead and do that two or three more times.

Congratulations, you've just practiced self-care! Think about how long it took... probably about a minute or so. Deep breathing is just one way to take a minute for self-care, whether you're on the bus to campus, studying in the library, or waiting for your next class to start.

You've probably heard or read about how important it is to take care of yourself while you're in school, but when life gets busy as a student, even the idea of fitting self-care in can get overwhelming. Maybe you want to get out to that yoga or meditation class, or take a long soothing bath, but it feels like you have no time in your schedule right now. Here are some ways to fit self-care into your semester, even when the going gets tough.

- [01] Back to basics. Having your basic needs covered can go a long way in ensuring that you stay healthy over the semester. Unfortunately for a lot of us, things such as sleep and nutrition can be challenging with a heavy workload. Take time to have a healthy snack between study sessions – an apple or a handful of nuts can help keep both your body and brain going. If you're feeling fatigued, it can be better in the long run to make a bit of time for a nap than trying to push through the last few pages of that assignment.
- [02] Body and brain breaks. It may not seem like it, but taking a quick time - out might help more than reading over that last page countless times. Take a stretch break at your desk, or while standing up. Walk around your room, or look out the window. Even doing a few jumping jacks or push-ups can get your heart going and help you feel energized and alert. Take a moment to take your mind off your work by mindfully attending to how you feel in the present moment - or try looking around and noticing things around you in a new way, such as the books on your shelf or the view coming in from your window.
- [03] Study outside. If the weather is nice, take some time to get some sun, even if you still have to finish those readings. Being outdoors and in nature can have a vitalizing effect (1), so find a comfy spot under a tree in the park, or sit outside a café close to some flowers or plants.
- [04] Aromatherapy. Get a pot of coffee brewing, grab your essential oils, or bury your nose in your freshly-cleaned laundry. Our favorite aromas can have a positive effect on mood and decrease anxiety (2).
- [05] Call a friend. Long hours spent on coursework can have the potential to make you feel isolated. Take five minutes to talk to a friend, family member, or other person in your support network. Or organize a group study session!
- [06] Positive affirmations. Finally, a major component of self-care is taking the time to reassure and support yourself mentally. Whether you think it, write it down, or say it out loud, practice positive affirmations, such as, "I can get through this," or "Even though things are difficult right now, I will pull through."

The more you practice, the easier it will be to fit self-care into your daily routine in school. Even small things can make a big difference and can get you through to the next time when you can go to the gym, cook a healthy meal, or take time to just relax. Take care and self-care!

## GRADUATE SCHOOL SUCCESS: THE BRAIN BOOSTING POWER OF EXERCISE

MARIJA ZIVCEVSKA



*“Movement is the essence of life” - Leonardo Da Vinci*

We often hear how exercise benefits our bodies - how it protects our heart, prevents diabetes, lowers cholesterol, the list goes on. As students however, we often fail to recognize the vast benefits exercise has on our mental health, particularly how it can help guide us through our graduate school journey. When deadlines come crawling our way, it may seem counterintuitive to spend some of our precious, and very limited, time on exercise. Why go for a run when our to-do list is exponentially growing? Aesthetic aspirations aside, physical activity is key at promoting optimal brain health, and can ultimately help us find balance and improve performance throughout our graduate school journey.

Over the last decade, many neuroimaging studies have demonstrated the efficacy of physical activity in enhancing cognitive function, with effects seen throughout one's life. Exercise is a catalyst to several neurological changes, both direct and indirect, as well as on the molecular and behavioural domains.

Molecularly, exercise enhances neurogenesis (growth of new neurons) by increasing levels of brain-derived neurotrophic factor (BDNF) and irisin (known as the “exercise hormone”) in the brain<sup>1</sup>. So why is neurogenesis so important? Stress, anxiety, and depression have all been linked to neural atrophy, particularly in the hippocampus, which plays a vital



role in learning and memory<sup>2,3</sup>. Exercise is a way to counteract such changes and is a trigger for a set of chain reactions that promote both optimal brain health and long-term memory. Exercise also triggers neurochemical release that translates into behavioural changes linked to increased mood, sleep, attention, and overall happiness<sup>4</sup>.

What is most intriguing is that implementing physical activity early on can also equip the brain for success in the future.<sup>5</sup> Recently, Zhu et al. found that engaging in aerobic activity during young adulthood (defined as mid-20s) resulted in better verbal memory, improved executive function and faster psychomotor speeds 25 years later<sup>6</sup>. Furthermore, continued physical activity during middle age lowers risk of dementia at old age<sup>7</sup>. It is clear that the benefits of exercise are continual through every life stage and persist over time.

So what type of physical activity is best? Cardiovascular and metabolic demands will vary significantly based on the nature of the physical activity. Moreover, non-traditional forms such as yoga and tai-chi have additional mind-body components that may also affect mental processes. These non-traditional modes of exercise have generated a lot of interest over the last couple years, where many claim that activities such as yoga are as effective, if not better, than typical aerobic activity. Recently, Gothe et al. compared performance on executive function tests of inhibition and working memory immediately following either a 20 minutes of Hatha yoga versus 20 minutes of aerobic activity (60-70% HRMAX). In contrast to previous studies, participants had faster reaction times and greater accuracy on cognitive tasks after yoga compared to responses following running on a treadmill<sup>8</sup>. It seems like science has not declared a clear winner just yet, and that's okay.

A one-size fits all mentality often over-simplifies the complexities that lurk beneath the surface. Ultimately, the best form of exercise is one that you enjoy and can implement into your daily schedule.

Here are some things to remember:

1. *Walk Before You Run*

If you are just starting out, start slowly, and gradually increase the level of activity over time. Overtraining can lead to burnout and possible injury!

2. *The Buddy System*

Movement can be an incredible way to socialize! Not only does it keep you accountable, but it helps to strengthen and develop your support system.

3. *Consistency Not Perfection*

Stress management is all about forming healthy habits and to do so, we need to make a conscious effort to practice these techniques daily. As a fellow perfectionist, it can be challenging when things don't go to plan. However to reap these brain boosting benefits, science tells us it is more important to just do it, rather than how we do it, per say.

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# THE IMPOSTOR SYNDROME

MOUSHUMI NATH

*Imagine this...*

A student with stellar grades, undergraduate research experience, and several awards enters graduate school. But little did the graduate community know that...this student was an impostor! That's right, an impostor. Those grades weren't that great. I mean, there were a few A-'s here and there. The extensive research experience? Yeah right, an experience full of gaffes you might say. And the awards? All flukes. Yet this student had made it. But for how long can they fake it? Will the impostor graduate student be uncovered? Or, will they make it out with a PhD...

Tune in five to seven years to find out!  
Does this scene sound familiar to you?

## The Impostor Phenomenon

The impostor phenomenon, commonly known as the imposter syndrome, was originally described by clinical psychologists Suzanne Imes and Pauline Clance in 1978<sup>1</sup>. They were examining high-achieving women who failed to internalize their successes. These women felt like their successes were undeserving and that they were actually frauds within their respective positions. These feelings actually resounded with people from all walks of life – men and women<sup>2</sup>.

The impostor phenomenon may be associated with:

- Self-doubt (“I can’t do this.”)
- Undermining of achievements (“I am not deserving. It’s all a mistake.”)
- Fear of being unmasked (“It’s only a matter of time before they find out I am a fraud.”)
- Perfectionism (“Everything must be perfect!”)<sup>3</sup>

70% of people will experience the impostor phenomenon at least once during their career<sup>4</sup>.

## The Impostors of Our World

From graduate students to research chairs, the impostor phenomenon can occur to anyone at any stage of their career.

Take for example Richard Felder, a professor emeritus of chemical engineering at the North Carolina State University in Raleigh. In elementary school, Felder was placed in remedial classes due to disciplinary issues. Despite his later academic achievements, he still experienced a persistent feeling that his previous self might re-emerge.<sup>5</sup>

Or meet Science Woman, a blogger and assistant professor, who felt most fraudulent while applying for academic jobs. Today, she often doubts her ability to compete with her peers for grants<sup>6</sup>.

“I’m not sure why my existence is being subsidized by government money. I feel like a fraud all the time...”, says a graduate student from McGill University.

Even famous people have experienced this.

“I have written 11 books but each time I think ‘Uh-oh, they’re going to find out now’”<sup>6</sup> said Maya Angelou.

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## The Birth of the Impostor

So, how do these fraudulent feelings come about?

### *The One That Doesn't Belong*

The impostor phenomenon is thought to be widely experienced, by men and women, and across cultures. However, being different from the majority of your peers – by gender, ethnicity, sexual orientation – may contribute to the development of the impostor phenomenon. For example, certain ethnic minority groups may feel like their successes are a result of affirmative action<sup>2</sup>.

### *Achieve! Achieve! Achieve!*

Individuals from environments in which a huge emphasis is placed on achievements are highly susceptible. These backgrounds may be laden with heavy criticism, over-praise, or both<sup>2</sup>.

According to Susan Imes, “Self-worth becomes contingent on achieving.”<sup>2</sup>

In a 2013 study conducted by the University of Texas, Asian-Americans were found to be more likely to experience the impostor phenomenon than Latino or African-American students<sup>7</sup>. This may be associated with the highly achievement-focused culture of Asian-Americans.

## The Impostor vs. You

What can the impact of the impostor phenomenon be on you?

### *Mental Health*

The impostor phenomenon, left unchecked, can be a significant source of distress. In ethnic minorities, impostor feelings were a stronger predictor of mental health issues than stress associated with their minority status. These mental health issues may include anxiety, stress, and depression<sup>2,7</sup>.

### *Productivity*

One feature of the impostor phenomenon is perfectionism. This perfectionism can be associated with two general outcomes: procrastination or overwork. Either outcome can cause a lot of stress to the individual<sup>2</sup>.

### *Careers*

A 2016 study conducted by the University of Salzburg in Austria showed that impostor feelings were associated with decreased career planning in students and decreased motivation to lead in working professionals<sup>8</sup>.

## Beating the Impostor

For a phenomenon that is experienced by numerous people of various backgrounds, how can we prevent this impostor from taking over us?

### *Speak!*

So many have felt a form of reassurance when they found out other people have experienced the same things that they have! Speak out – to comfort yourself and others<sup>3</sup>.

Professor emeritus of chemical engineering, Richard Felder, describes how he felt liberated when he first heard of the impostor phenomenon. He then went on to write an article titled *Impostors Everywhere* with advice on how instructors can accommodate those experiencing impostor symptoms<sup>5</sup>.

### *Visualize: I foresee success in your future!*

When Dora Farkas began to question her ability to complete her thesis, with a little encouragement, she began to visualize what she wanted. She visualized herself getting her PhD diploma at graduation while her family cheered her on the loudest they could<sup>3,9</sup>.

*Separate fact from fiction (REAL vs. FAKE news)*

Those who experience the impostor syndrome tend to exaggerate their faults and diminish their successes. It is important to have a realistic view of your abilities<sup>4</sup>.

Despite having worked as a lab technician for four years prior to graduate school, Abigail would often blame herself for experiments that went wrong in the lab. Eventually, she began to log each incident that occurred at the lab and the root of the issue. She soon discovered that the majority of the time, the issues were simply due to equipment failure and not her<sup>5</sup>.

*Change your mindset*

Easy to say; hard to do. But it is important to be aware that we are not perfect, that it is okay for us to make mistakes, and that it is okay for us to be proud of our achievements<sup>3</sup>.

**Impostor or Not**

So, let's return to our original scene. The audience has no idea what's going on in the graduate student's mind. If the graduate student is an impostor, that's one successful impostor! If the graduate student is themselves, then again, that's one successful graduate student! Either way, that PhD is waiting for you to claim it.

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# LEADING AN INTENTIONAL LIFE

MARMENDIA MEESTER, MSC

Studying is not just about cramming and time-management – managing work-life balance becomes essential requiring a very particular set of skills. Luckily, you don't have to be Liam Neeson to achieve that balance. "Every decision requires focus. And focus deprives us from our most valuable resources: energy and time." Ryder Carroll, a Brooklyn based digital product designer, highlights that we burden ourselves with unnecessary thoughts and decisions that eventually leads to 'decision fatigue', a term Ryder coined in his TED talk at Yale University.

By establishing a mental inventory of our thoughts and decisions, we allow space for our mind to focus on things that matter.

Individuals have varying needs and goals when it comes to leading a happy and healthy life, that includes a well-managed and productive work style. By far, the digital calendar schedules our time as such that we manage to perform our tasks effectively and time-efficiently. Our planning is largely focused on 'what' to do, but we overlook 'why' we do it. Simon Sinek, writer and motivational speaker on leadership topics, proposes that the key in success lies in starting with 'why'. When you set out to plan your tasks, or write a paper, I suggest to firstly ask why you do it. Second, you need to ask yourself whether it matters. If it's non-essential and/or doesn't

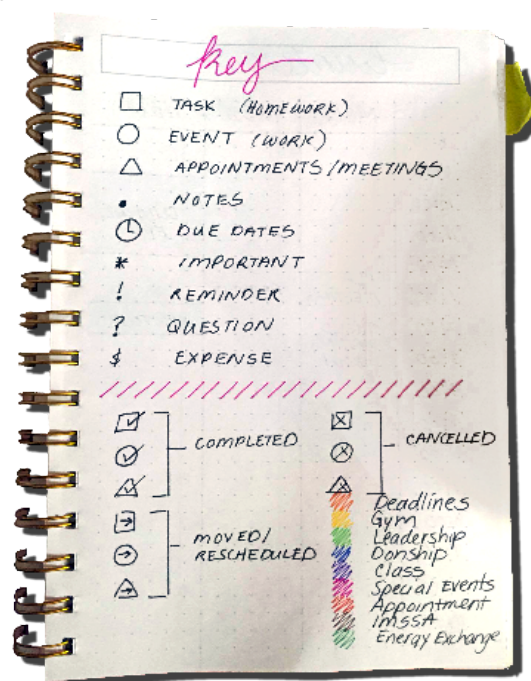
align with your personal goals, you should strongly consider revising that task or goal.

The 'why' is deeply entwined with the goals you set as a person, and as the person you want to be; something we often lose sight of when we lead our daily lives. There are several tools to help and remind yourself why you do what you do: create a visionary board and place it within your field of view, write down the type of life you wish to have if money and time did not matter, list the things that motivate, inspire and energize you, and put down a statement that aligns all of these: your WHY statement: To ... [your contribution], so that ... [your impact]. An example would be: 'To mentor open-mindedly, so that I may allow a safe space for my students to grow.' Although this may be a good template to start with, your WHY statement may truly take form in time and with many changes that may differ from the initial template. The WHY statement is not meant to be written down and forgotten, keep it within your sight at all times so that it may sub-consciously remind you.

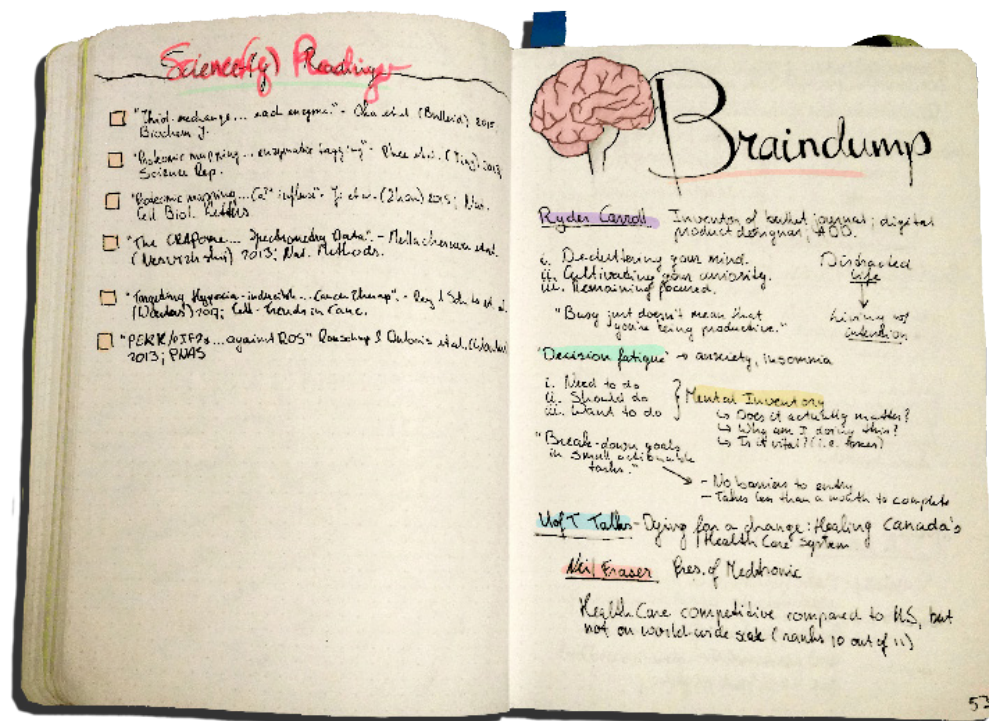
The sub-conscious mind, especially when dealing with mental illness, is often seen as a master of deception. Commercials, advertisements, product-placements, and other sales tactics are all tailored to trigger the sub-conscious mind to make you use certain products or services. There are many tales that tell us how a negative environment or thought process may influence your life

negatively. But the reverse is true as well. It is important to cultivate your natural curiosity so that you never lose sight of what inspires and energizes you. An easy way to keep track of what inspires you, is by keeping a collection of it. Write down the names of great authors, surround yourself with inspirational quotes and images, keep that amazing book by your side at all times, or even listen to music that contains lyrics you resonate with.

Life is a continuous trial-and-error, whether you are trying to make lifestyle changes or not. Many of you can probably recognise that diet or exercise routine you abandoned after not having seen any results. Or to decide to drink more water, smoke less, meditate, sleep more, and subsequently forgot all about these prospective good habits. Keeping track of your habits is a great daily reminder, and allows you to see results on a short-term basis (even when the results are slim).







In addition, it will also tell you whether one of your changes are not working effectively for you and you should choose to replace it. I have applied this concept for two months myself and have seen positive changes in my mood, sleep, and drinking. Also, I was able to see how strongly lack of sleep could influence my mood, leading me to understand the importance of high-quality sleep. I saw how having a water bottle by my side at all times made me drink more water, and how my water intake decreased when I lost it. It is a very easy way of reflecting on the outcomes of the changes you're investing your time and energy in.

To truly lead life with intent, you should not only start with why, but end with it as well. Schedule to reflect upon what you've tried and done. The frequency of reflection can be weekly or monthly. Take notes of what has worked, and what hasn't. Set your next goals depending on your reflection. And

allow yourself the space to fail. The journey matters just as much as your endpoint, whether it takes you a week, a month, or even a year. If your goal matters a lot to you, do not abandon it just because it may not have been successful this time. Continuous attempts and reminders will eventually make the change happen. According to the laws of attraction, focus on failure will lead to failure. But just as much, your focus on the road to success will lead to success.

Now, if you find yourself having a hard time keeping up with all your notes, WHY statements, visionary boards, inspirational collections, planners, habit-trackers, journals, etc., there is a simpler solution: the bullet journal. Don't shy away from it when you see the fancy Instagram photos of beautiful and artistic pages as you search the web. A very simplistic bullet journal will work just as effectively. The bullet journal was invented by Ryder Carroll, who required a flexible

and customizable solution to get a grasp on his life while living with ADD. In contrast with other journals or planners, the bullet journal is entirely customizable to your needs within your budget. All you need is a dot-gridded notebook, a ruler, and a pen. You start with an index, which keeps track of your journal's contents, and then design your bullet journal to your desire. I prefer my index in the back of the journal, working my way to the front, and design my planner and other pages monthly. But the bullet journal is not set in stone. You will find a large internet community devoted to the bullet journal; with all kinds of tips and tricks to inspire you or assist in your journal design. Several things I include, in this order, are: a future planner, a weekly planner, a four-point habit tracker, an achievement log, and a brain dump. The brain dump is simply a designated space to write down anything that comes up in your mind, whether these are notes from meetings or lectures, reflections, or even doodles. There is just one rule: never rip any pages out. Make mistakes, own them, learn from them, and see yourself develop in time along with your bullet journal.

This article was inspired by the Re-Imagining Leadership Retreat (organized by University of Toronto's leadership program), Ryder Carroll and Simon Sinek. For further reading: <https://studentlife.utoronto.ca/cld/>, <http://bulletjournal.com/about/>, and <https://startwithwhy.com/>.

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## STEPPING ONTO THE MENTAL CARE PATHWAY: A STUDENT-LED INITIATIVE TO IMPROVE THE TIMELY ACCESS TO MENTAL HEALTH SERVICES AT THE UNIVERSITY OF TORONTO

MARMENDIA R. MEESTER, BASC, MSC

University life is expected to be challenging. Often however, the challenges lead to stress and difficulty keeping up. Overwhelmed students may find themselves lost in the sea of services offered by the University of Toronto (U of T).

The Health and Wellness Centre (HaWC), located in the Koffler building, serves as the gateway to counselling and psychological services (formerly known as CAPS). As recent reports indicated an alarming amount of overwhelmed and depressed students in Ontario, a group of graduate students sought to improve accessibility to mental health services for their peers.

Tiffanie Kei, Gurpreet Kamboi, Cheryl Tsui, and Lily Ye are the first cohort of graduates from the Institute of Medical Science's (IMS) Translational Research Program (TRP). Although novices to U of T's mental health services, they are well aware of mental health challenges in the student community: "I feel everyone goes through mental health issues" Gurpreet noted, "this is an age where a lot of students go through a transition [in their lives] and experience mental health issues themselves or within their environment." Cheryl added: "there was a noticeable mental health stigma during my undergraduate experience, which was particularly challenging since I was living by myself."

Steve Szigeti, course director of TRP's Capstone project, directed the quartet to apply their motivation and efforts to the community most feasible to impact. Under the supervision of Janine Robb and Andrea Levinson, the group focused on



applying a design-thinking approach to improve timely student access to U of T's mental health services, naming their project Timely'. A first round of open interviews with U of T students did not lay a clear-cut foundation for problem-solving but revealed mixed experiences with accessing mental health services. They found that HaWC was generally complimented on their quality of counselling and promptly guided students to urgent care however, students often felt overwhelmed by the process of navigating the psychological services available and reaching out for help. "The students highlighted their remarkable experiences with the HaWC health service providers," Tiffanie pointed out. The Timely team concluded that once landed at the appropriate HaWC service, student cases are handled with great care and sensitivity. Thus, Timely was oriented

towards simplification of access to the HaWC mental health services.

A co-creation session allowed students and HaWC staff to individually engage amongst each other and contribute to a solution for nine issues that

#### Appendix H: Web Prototype



were addressed in a design-thinking process lead by the Timely team. Gurpreet noted that all health providers (psychiatrists, nurses etc.) were present in the room to communicate, presenting a rare opportunity to communicate amongst the various disciplines: “there was a lot of trust in our team. The HaWC staff were very supportive and open to the project and did great in the design thinking process.” The co-creation sessions were open-minded, blue sky type of brainstorming where students and staff incorporated their perspectives, leading to the creation of the ‘Care Pathway’ website?.

During a brief demonstration of the Care Pathway,

soon to be included on HaWC’s website, I was impressed by its easy-to-use navigation. During a step-by-step process, the website assists you in deciding what service is best for your needs and leads you to the forms and contact details required for accessing it. Additionally, the team included a response option ‘Yes, but I require more assistance’ when presented with the question ‘Did you try...’ as student often do try a wide array of resources before reaching out to HaWC.

Until Care Pathway is launched, it is important to understand how one can currently reach out to HaWC. By far, the easiest way is to stop by the reception. The staff will gladly guide you and take great care in ensuring your needs are addressed. As a helpful reminder, bring a sheet with questions to ask. You might want to enquire about service requirements, what to expect in terms of care and waiting time, and what resources you can access while waiting for your appointment with a health care provider. The HaWC website (<https://www.studentlife.utoronto.ca/hwc>) currently presents some information on available services, contact information, and contains the forms required for various care. In addition, Counselline offers counselling services online (instead of or in addition to face-to-face counselling) directed at Faculty of Arts and Sciences Colleges undergraduates. For an appointment with Counselline, simply call 416-946-5117.

The University of Toronto is actively refining their understanding, accommodation, community and, services to improve student mental health. You can access the mental health report at <https://www.mentalhealth.utoronto.ca>.

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## BOOK REVIEW: EMOTIONAL FIRST AID BY GUY WINCH

REGINALD OEY

Guy Winch's *Emotional First Aid* provides accessible tools for readers on how to deal with the often-overlooked topic of psychological injuries. Regardless of the reader's background knowledge surrounding mental health, Winch provides a fresh perspective on how emotional injuries, such as rejection, guilt, and failure, can take a toll on people's lives.

The author notes that from a young age, children are taught how to cope with and to heal their physical injuries, while discussions on emotional health are quite limited and are viewed as less crucial to one's welfare. However, Winch argues that psychological health should be taken just as seriously as physical health. As such, Winch focuses each chapter on a different emotional injury and opens up each one by explaining how each psychological wound can affect an individual's wellbeing in the same manner as a physical ailment. By equating emotional injuries to physical wounds, Winch is able to reach a wider audience and is able to speak to those who have little to no knowledge in the field of mental health. Additionally, these metaphors provide readers with a new angle on how to treat psychological injuries. Regardless of the reader's background, these descriptions of emotional scrapes and bruises encourage his audience to apply first aid so that the injury can be healed. In this way, Winch encourages readers to take care of these small injuries before they become too painful to handle on their own.

As these emotional injuries are often overlooked, many lack the proper skills to recognize these wounds when they occur. So, within each chapter, Winch gives tools and tips to help readers identify when emotional injuries happen in order to minimize the impact they have on people's lives. These tools are laid out in a way that is accessible and easy for anyone to follow. For example, the author describes different scenarios in which these injuries can happen and provides

explanations on why these injuries occur. As well, Winch provides anecdotes from the lives of his clients in order to illustrate the impact these injuries can have. These stories can help readers recognize if they themselves have been exposed to the same wounds.

However, even when these injuries are identified, many do not know what to do and many misjudge the impact a small emotional injury can have. Thus, the author provides practical exercises for readers to follow as part of treatment for each wound. Readers do not need extensive background knowledge in psychology in order to know how to apply these psychological bandages; Winch lays out these exercises in an easy to follow, systematic format. These exercises expand the breadth of the reader's self-treatment options or, as Winch himself puts it, the reader's "psychological medicine cabinet". As a result, readers may not only find immediate relief through these pages, but may also learn the self-coping skills to treat these wounds when they come up again in the future.

At the end of every chapter, Winch puts in an important note to help readers identify when professional help may be necessary. *Emotional First Aid* is wonderful for healing short-term, everyday injuries, but a first-aid kit cannot heal all wounds. Sometimes these wounds have festered for so long or have occurred so often that a simple bandage cannot heal it. Like with physical injuries, emotional wounds can sometimes be so great that one needs assistance from a health professional. These guidelines from Winch encourage his audience to seek medical assistance if needed.

*Emotional First Aid* is valuable for anyone, from individuals who want an introduction into psychological health to trained professionals who want a fresh perspective on emotional injuries. Throughout this book, Winch works to increase people's self awareness on how their mind and body work and aspires to bring discussions surrounding mental health hygiene into the everyday.



## LET'S TALK...

**MARMENDIA R. MEESTER,  
MSC**

It happened for the first time on a slow walk back from my research lab. Heartbeat increased, breath deepened, chest tightened, mind raced. It's just indigestion, I thought. The second time came when I was sitting at my desk looking over data. Thump. Thump. Thump. Thump. I could feel my heartbeat in my ears. I left my office... Walked quickly to the washroom... Hyperventilated... Cried. There is something wrong with my heart, I thought. The doctor disagreed, he said my heart was fine, my physical health was fine. He asked, "Have you been under a lot of stress lately?" With a chuckle I questioned, Stress? S-T-R-E-S-S. One word, six letters. I saw a therapist. She helped me pinpoint why this oversimplified word was controlling my life. She helped me pinpoint how to manage it, how to alleviate the constant and chronic stress that was causing my panic attacks. Now, I focus on my breathing as I'm turning a 4km run into an 8km run. Now, I still hear the thump, thump of my heart... But only because it is pumping blood all over my body to help me cross the finish line. Now, I still have stress, I still FEEL stress but even gaining an iota of control over it has allowed me to breathe easy.

*-Melissa, Master student*

Do you ever feel like you're drowning? As if your head is in a metal box that's just slowly filling with water? Some days I feel the want to fight to survive, other days I wonder why do I try so hard to keep my head up. It's those days, much like today as I write this, where I must remind myself that this is temporary and that I can always reduce my work-related obligations. I struggle because I push myself and that's okay. I stay because a psychiatrist at Health & Wellness taught me the proper tools when I was at my weakest. I stay because this is my own personal achievement and nothing will take that away from me. I stay because I haven't reached my limit.

*-A to B, PhD student*

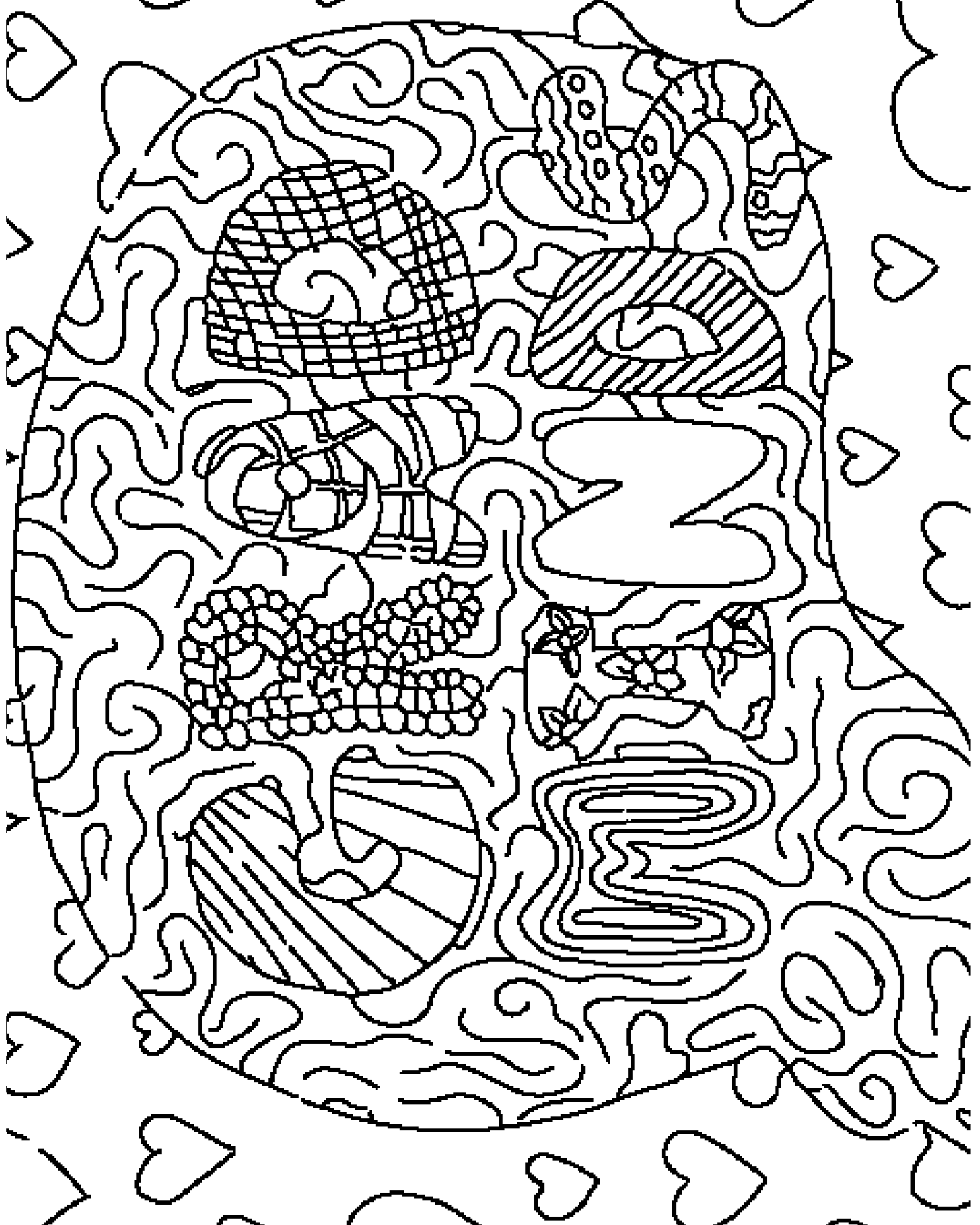
It's temporary. This sentence is what has kept me going for over 10 years, struggling with depression, anxiety and PTSD. Although it is hard to remember the moment I last felt truly happy, I do know that these bouts of sadness and fear are only temporary. At times, I heal by being alone, and then I long for nights of dance and drinking at the pub with my friends. I never expect anyone to say or do anything to help me heal, it is my journey and responsibility. The only thing I need is understanding. Those who become closest to my heart, are those that gave me the space I needed and that little push

when it was time to get out of the house or the lab. I largely cope by working long stretches, not needing to think about my healing for those number of hours. The very reason why I occasionally take a break from my psychiatrist, or even my family. Confrontation is not my medicine. It's temporary. And for the rest of the time I will dance, laugh, work and LEAD my life.

*-Delphine, PhD student*

# COLORING PAGE

NAOMI HAZLETT



# MENTAL HEALTH COMICS

ALYSSA CHOW

**Emotional Awareness**  
By: Alyssa Chow

When there's an event...

Stop. And ask yourself:

What is this that I'm feeling?

Happy Excited Cheerful Relieved Satisfied  
Ashamed Remorseful Worthless Guilty  
Sad Alone Hurt Hopeless Lost Disappointed  
Angry Betrayed Frustrated Disgusted Annoyed  
Afraid Panicked Shocked Uneasy Anxious  
Mellow Unhappy Upset Cautious Embarrassed

So many feels to feel!

**Emotional Awareness**  
By: Alyssa Chow

You can also ask yourself:

Why do I feel this?

What is the significance of this event? What does it mean to me?

What do these feelings tell me about my needs in this moment?

Remember, your feelings are valid. They are not 'good' or 'bad'. Emotions are natural, normal reactions to events and are a viewing window into what's important to us.

**Emotional Awareness**  
By: Alyssa Chow

When the event is tough and overwhelming, ask yourself:

What do I need to feel better?

I really need a hug.

If you need to, let people know when you need help.

I need you! Can I have a hug?

**Empathy 101**  
By: Alyssa Chow

1. A friend approaches you with a problem....

My friend moved away and I'm sad.

2. Respond to them with: The Basic Empathy Formula

"You feel (insert feeling word) because (insert situation)."

You feel sad because they moved away  
OR  
You miss them because they're gone  
OR  
You feel lonely because they're not here anymore

Yeah... that's exactly it.

**Empathy 101**  
By: Alyssa Chow

3. Don't try to fix their problem. Instead:

Appreciate the importance of their problem

Your friend must be really important to you. That's why it's so sad that they're gone.

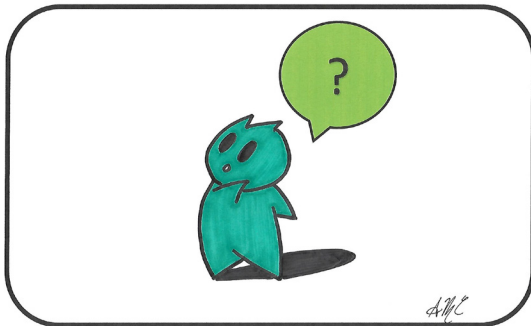
They really are important. We did so much together. I'm going to miss them.

With this kind of empathy, your friend is more likely to feel....

- Heard
- Understood
- Validated
- Acknowledged
- That Human Connection
- An increase of self esteem to solve their own problem

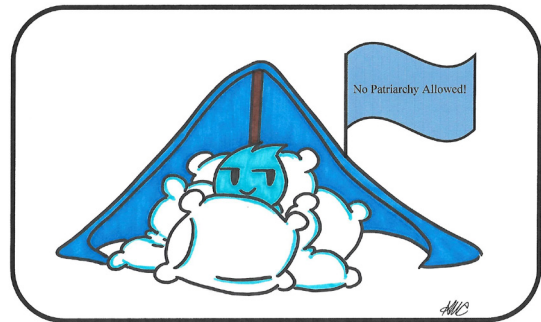
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What Can I Do Today to Take Care of Myself?



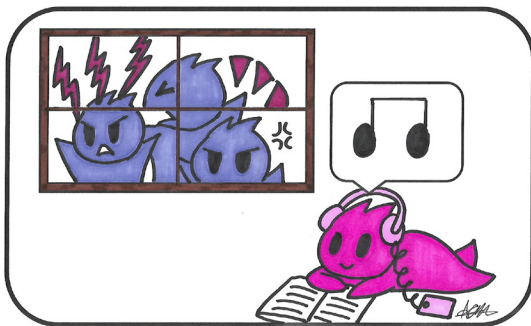
By: Alyssa Chow

Find Your Safe Space.



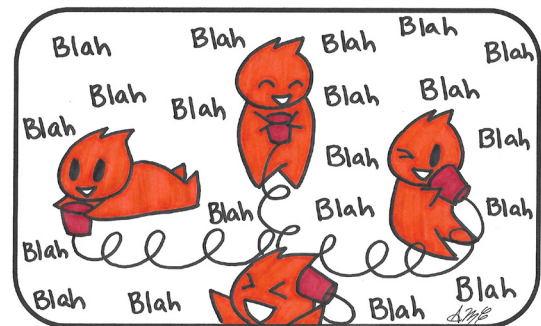
By: Alyssa Chow

Take Care of Your Own Needs First.



By: Alyssa Chow

Stay Connected to People Who Care About You.



By: Alyssa Chow



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