ELEMENTAL

The Official Mental Health Magazine of the University of Toronto

INTERVIEWS

SOPHIE TRUDEAU

MENTAL HEALTH & WELLBEING: THE POWER OF STARTING A CONVERSATION

& DANIEL DERKACH, JAMIE KELLER, CATHERINE SABISTON, NORMAN FARB, CURT JAIMUNGAL, JULIE AUDET

ARTICLES

DEPRESSION

HOW TO DEAL WITH ADDICTION, SHAME, AND POST-PARTUM DEPRESSION

& THE IMPORTANCE OF SLEEP, EXERCISE AND LIVED EXPERIENCE IN COMBATING DEPRESSION

mag.gradminds.ca
13 November 2018
Fall 2018, Issue No. 2

FALL 2018
ISSUE 2

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LETTER FROM THE EDITOR

I am delighted to introduce to the second issue of Elemental, the University of Toronto's official tri-campus mental health magazine. The theme of our current issue is depression—one of the most prevalent mental health disorders in Canada. Depression falls under the broader category of mood disorders, and can affect anyone at any age. Approximately 8% of adults experience depression at some point in their lives1. Interestingly, half, or 49% of individuals who felt they suffered from depression or anxiety, never sought counsel from a health care provider [1]. Mood disorders, like most mental health-related issues, are often attributed to a combination of causes including genetics, biology, environment, and life experiences. We all go through our share of ups and downs in life. Depression, however, can make it difficult for individuals to go about their daily routines, and affect how individuals feel about themselves, interact with others, and experience the world around them.

In the current issue, Sophie Trudeau talks about the impact of starting a conversation around mental health and the importance of self-care in academia. Dr. Norman Farb explains the connection between mindfulness and depression, and director Curt Jaimungal discusses the film 'I'm Okay,' which portrays depression as an anti-romantic comedy. Professors Catherine Sabiston and Michelle French speak on the benefits of exercise and mental health, and Julie Audet discusses the development of mental health strategies at the Faculty of Engineering. We also hear from UofT's Jack.org chapter on improving mental health education and resources, as well as the Faculty of Pharmacy on incorporating lived experience into courses.

I would like to extend my thanks to the Elemental editorial team as well as Grad Minds, for their hard work and dedication. I would also like to extend my gratitude to the faculty, students, staff, and community advocates who have lent their voices and support to this initiative. Finally, a special thank you to our sponsors at the Faculties of Arts & Science, Engineering, and Medicine—all of whom continue to make this vision a reality.

Taking care of our mental health is an important but often neglected topic, not only in academia, but everyday life. Being self-aware, able to recognize cautionary symptoms, and seek appropriate supports early, are all crucial components to recovery and wellbeing. My hope is that we continue to share our experiences, connect, learn from others, and support eachother at the University and beyond.

Sincerely,

Rachel Dragas

Editor-in-chief, Elemental
Co-Chair, GradMinds

References

[1] Mental Health Commission of Canada (2013). Making the case for investing in mental health in Canada.

LETTER FROM THE PRESIDENT

The University of Toronto is an academic community, but we're also a community, full-stop. So, while our missions are teaching and research, in pursuing those missions we need to look out for one another. That's why mental health is a key priority for all of us.

As one of the world's leading research-intensive universities, we are incredibly proud of our strength in the full range of disciplines and professions involved in mental health. It's a vital part of our contribution to society as an academic institution. At the same time, we're keenly aware of the direct connection between mental health and academic success. We are a diverse and complex community, but we experience the same challenges prevalent in the society around us.

This second issue of EleMental offers a lot of good news, helpful insights, and inspiring stories from across the University. The big picture is hugely encouraging, reminding us of the progress we're making towards our goals of reducing the stigma of mental illness and promoting mental health in our own community.

There are many terrific examples. Some flow directly from the University of Toronto Mental Health Framework, launched in 2014. Others are the result of ongoing work by countless members of the U of T community – caring individuals who appreciate the impact of mental illness in our society, and are working collaboratively on evidence-based projects to help ensure that all those affected can get the support they need.

We've seen a number of important new initiatives at U of T Scarborough over the past year. The Wellness Recovery Action Plan (WRAP) group supports individuals who've experienced mental illness in developing their own individual wellness plans. In addition, the Health & Wellness Centre has reduced wait times for intake, from 3-4 weeks to same-day service.

At U of T Mississauga, health and wellness services have been integrated and expanded under a new Assistant Dean portfolio, established in 2016. Programming now also includes services related to athletics, recreation, and accessibility, plus innovative ways to build resiliency, and wonderful outreach initiatives designed to reduce stigma, such as Let'sTalkUTM Day.

A shift towards embedded services on the St George campus has led to an increase in on-location counselling sites from four to 24 over the past five years, with three more expected this Fall. As a result, there's now an array of specialized services – from mindfulness workshops to international transition advisors – in faculties, colleges, and other sites throughout that campus.

In closing, I'd like to encourage students to make full use of these and the many other services and opportunities available across our three campuses. And I encourage faculty and staff members to take advantage of the resources available through the Employee and Family Assistance Plan, the Organizational Development and Learning Centre, and the Health and Well-being office.

I would also like to thank and congratulate UTGSU, Grad Minds, and the editorial team of EleMental Magazine, for this tremendous new publication. Your leadership on this crucial front is exemplary, and much appreciated.

Sincerely,

Meric S. Gertler
President, University of Toronto

MAKING MOVES AT THE MENTAL HEALTH AND PHYSICAL ACTIVITY RESEARCH CENTRE

RACHEL DRAGAS

An Interview with Professor Catherine Sabiston

Dr. Catherine Sabiston is a Professor in the Faculty of Kinesiology and Physical Education and the Canada Research Chair in Physical Activity and Mental Health. She completed her Master of Human Kinetics at the University of Windsor and PhD at the University of British Columbia. Dr. Sabiston's research has centered on physical activity and mental health outcomes across the lifespan, with a particular focus on individuals at risk for chronic disease. Her research has been recognized and supported by a number of funding agencies including the Canadian Institutes of Health Research, National Science and Engineering Research Council, and Social Sciences and Humanities Research Council of Canada. I sat down with Dr. Sabiston to hear more about her work and discuss some of the exciting initiatives happening within the Mental Health and Physical Activity Research Centre at the Faculty of Kinesiology and Physical Education.

Can you tell me more about the Mental Health and Physical Activity Research Centre?

The Mental Health and Physical Activity Research Centre (MPARC) here in the Faculty of Kinesiology and Physical Education officially opened two years ago; we received around $1.6 million from the Canada Foundation for Innovation and the University to put together this internationally novel centre for mental health and physical activity. While the physical research space is in use, we are also currently working on the formalization of MPARC as a recognized center within the University of Toronto. Within the centre there are a number of research areas, from disability and inclusivity (led by Kelly Arbour-Nicitopoulos), motor development (led by John Cairney), oncology (led by Daniel Santa Mina and Linda Trinh), and emotions and motivation, which is my area of research. Together we have numerous studies underway that all focus on the broader challenges in physical activity and mental health.

One of the flagship programs in MPARC is called MoveU.HappyU. This stemmed from a meeting we had several years ago with the Counselling Centre and psychiatrists at Health and Wellness around the overburden of students going in for mental health services. When students go in to Health and Wellness and make an appointment, they can sometimes wait up to 12 weeks, which is close to an academic term, before they can see someone. Higher risk students are seen more frequently, but for students who go in for concerns around symptoms of high stress and poor mood that are common among students, they're going to wait quite a substantial amount of time. These students are provided with a number of resources to help better manage these symptoms, such as self-care and self-management strategies, drop-in programs, and other information. Exercise was not standard practice of care. However, there are several benefits of exercise; we know that it can reduce symptoms of anxiety and

depression and improve mood. We wondered if we could put together a program where students who were waiting to seek help could come and exercise. We're located in the Athletic Centre and student fees include access to the building, so it's convenient on multiple levels. Moreover, if students can start exercising in this building, they can develop the confidence and familiarity to be able to potentially sustain that exercise long term. So we collaborated with Health and Wellness and the counsellors now refer students to us. We are currently running one-on-one sessions for a 6 week period in an integrated behavioural counselling and physical activity program. We are hoping to provide students with a self-care, self-management plan that involves exercise. So far we've had over 80 students referred to us through Health and Wellness who have gone through the program and we've seen amazing results including reduced symptoms of anxiety and depression as well as better life satisfaction and positive emotion. The MoveU.HappyU Program has been running for about a year and a half. In addition, we've shared what we've done with the University of Windsor, who is now implementing their own version of the program, as well as the University of British Columbia which is led by Guy Faulkner who helped initiate MPARC when he was in Toronto. So the model we've created seems to have legs to take off with, which is great. The only thing we haven't been able to do yet is follow that progress over time. The MoveU.HappyU program uses the MPARC space for exercise, and we try to transition students from that lab space into the Strength and Conditioning Centre in the Athletic Centre at some point within those 6 weeks, so students can feel more comfortable in the exercise space on campus. Another good thing is that MPARC has all of the same equipment as Goldring, the Athletic Centre, and Hart House, which enables students to better transition to exercise space on campus.

You've collaborated a lot with Health and Wellness on these very promising initiatives. Have you integrated mental health literacy and education into the curriculum at the Faculty of Kinesiology and Physical Education?

We've been able to educate the counselors and clinicians at Health and Wellness, and they've been able to see the value and benefits of exercise for students. We have also educated parents, teachers and principals on the value of physical activity in younger students. Generally, we do a lot of presentations, workshops, and outreach to better educate people. In the Faculty of Kinesiology and Physical Education, there are also a number of great initiatives to help students feel more comfortable getting involved and active. One program provides individuals with a specific wristband that identifies to the trainers on staff that the individual is willing to receive help and advice while working out. There are also a number of varied exercise classes, and of course, there are also fee-for-service personal training sessions as well. Also, the intramurals program has been modified to help increase involvement. Historically intramurals have been quite competitive, and now there is a completely separate division for just coming out, dropping in, and having fun—a non-competitive model. From my perspective as a researcher, it's great for students to identify that they want the competition but can also drop in whenever they want and potentially learn a new sport, which is really important for long term physical activity behaviour.

In our curriculum for kinesiology students, it's really important that they understand how and what it means to work with someone with mental illness, for example. While they're all trained in first aid, how to manage a cardiac arrest, how to perform CPR, how to treat an open wound—there's very little training for mental health. So I really try to be the advocate around making sure that our students receive the education, information, and training that they need in order to be able to work with someone in any capacity. We're living in an increasingly better society around mental illness and the stigma associated with it, which means that people are more open to talk about it, which is wonderful. But it also means that if you're in a capacity as an exercise trainer and you are working with someone one-on-one, usually you're pushing them to their limits, they're sweating, their heart is racing, and often times exercise can exacerbate some symptoms like panic or anxiety, for example. You have to be able to manage that and realize that even though you think you're working with a healthy student, you can never tell whether someone is going to divulge to you that they're feeling overwhelmed. So we've

really been trying to work with Health and Wellness programs to identify the appropriate steps in managing symptoms through to crisis.

We also have a Master of Professional Kinesiology program as part of our faculty that is very practical-based and also has a mental health area where students are partnered with community members. The four main areas that this program targets are working with high level performance athletes, children with physical disabilities, people with cancer, or mental health challenges. In the mental health area, students from Health and Wellness with a clinical diagnosis come into this program for a 12 week (one term equivalent) intensive exercise program in either September or January. It's an entirely new program that started in September 2016 so there have been two full cohorts that have gone through it so far. While students in the professional program are matched to different criteria that they're most interested in, all of our students attend courses together throughout the degree. That's where we really try to emphasize behavioural counselling and mental health as being very important for the whole group rather than just those Masters students who matched with students from Health and Wellness. There's always been a stereotype that kinesiology has a focus on physical health, whereas now we're pushing the mental health model as well, and we're really starting to see some promising improvements in that direction. We have developed MPARC as an entity to highlight the importance of mental health considerations in exercise research, training, and practice. We are drivers of education, awareness, and initiatives in physical activity and mental health.

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ALWAYS GROWING: A FOCUS ON RESILIENCE, MINDFULNESS AND THEIR CONNECTION WITH DEPRESSION AND ANXIETY

IOANA GHEORGHIU

An Interview with Professor Norman Farb

Studies have found that Canadian post-secondary students feel stressed, overwhelmed and lonely. Many students have to juggle issues with health, relationships, academics and finances - all at the same time - placing them at an increased risk of depression and anxiety. How do we develop resilience to the challenges that we face? What role does mindfulness play?

The following is an interview with Dr. Norman Farb that looks at these topics. Dr. Farb is Assistant Professor in the Department of Psychology at the University of Toronto, Mississauga, and is currently a postdoctoral fellow studying the cognitive science of flexibility, adaptation and well-being. A brief summary of his past research includes a focus on neural predictors of relapse in depression, how mindfulness training reduces the relapse risk, and how biases in self-regulation are created and altered. Most recently, he has completed a postdoctoral fellowship on neural networks in people with dementia, while looking at mindfulness and well-being in older adults. I sat down with Dr. Farb to gain a better sense of mindfulness and resilience and why students should continually look for opportunities to grow in these two areas.

Can you tell me a bit about your research and focus of it?

I am really interested in how people train themselves, knowingly or not, to have a sense of well -being or to suffer, and how they develop cognitive habits that are either conducive or maladaptive to their well-being. I have a specific interest in mood disorders, vulnerability and relapsing depression - a situation where someone looks normal, considered not actively depressed, but considered high risk. So what is different about them handling stress, versus someone that does not have a history of depression?

I am interested in ways that we can intervene to make people more resilient. My 'claim to fame' has been by studying mindfulness interventions. I got into that research at just the right time when it started to become a credible mental health intervention. People were starting to ask 'Well, how does it work?' Other people did all the hard work and tried to convince people that there are some benefits to doing meditation. That was sort of becoming established and when I was in grad school that seemed like a cool question to ask: 'What is happening here? Are people just destroying the self?' Which is a popular lay conception of what meditation is doing in 'getting rid of the self' but then it is really the research that revealed that it was not the whole story of what was going on.

We do lots of other experimental interventions in my lab. Part of that is the clinical 'how do we help people

be more resilient to stress?' and on the other side there is a lot of research on mechanism. Two of the biggest mechanisms that we study is body awareness, so how do you know if someone has body awareness. Sometimes people who are the most confident are not actually better than other people. A 30-year meditator will think that they are actually better at body awareness, but on average they are actually not. So body awareness is one, and the other that ties into that is meta awareness. So, how do you know that you are aware of what is going on? Because if your mind wonders, you get distracted - by definition that means that you are not aware until you realize 'Whoa, where did an hour go? I did not mean to be on Facebook for that long.' So what we find is objective measures of body awareness and meta awareness. Those are two early markers of progress in a lot of therapy, including meditation therapies, where much of it is self-report.

You are never going to override self-report. At the same time, we are trying to understand, if you are really growing in meta-awareness, are you getting a better sense of your body? It would be nice to have something better than just self-report measures. If people do not have good body awareness, how are they supposed to know if it is working? We can say 'I feel more connected to my body' but there are so many other things wrapped up in that. We do a lot of work initially in neuroimaging, but then move into more behavioural tasks on smartphones or computers that would help participants track their own mental health and also whether they are cultivating these adaptive behaviours.

You mentioned a little bit about depression. In your research, did you find any tactics to help individuals that have depression?

There are a lot of things in the literature already. My research focuses mostly on preventing return of depression in those with a history of it. I can speak to the broader literature as well. There is a hierarchy of things that have to happen when someone has depression. Oftentimes, depression forms its own self-sustaining cycle, so you don't do things because you feel really bad, then you reflect on your day and you don't feel good about not having done anything, so it's like 'Oh, I am so useless I did not do anything today then the next day I just feel a little bit more useless.' See, these sort of cycles. People with really severe recurrent depression, the most important thing to do it seems - although all the research is not there yet - is to get the person behaviourally activated, is what we would call it. You want to get them just doing something. It's probably not the thing that they want to do with their life, like maybe going for a 10-minute walk is better than just for 10 minutes (whatever the habit is). You want to create the grounds for an experience that interferes with a single narrative of how the person is thinking - that there is something wrong with them or that there is something wrong with the world. Those thoughts will still be there but you can interfere with them. Then, what is most adaptive next depends on the person - if it a lack of their own ability to appreciate change and appreciate what is going on in the world around them, then trying to scaffold or build attention to unexpected experiences is really important, next is to open up and just sense things.

Many that have depression have very well rehearsed narratives about why things are terrible. Just practicing being open and curious to other experiences – not saying that now you are going to have a good feeling – but not act that everything is hopeless for a bit. For some people they understand that their beliefs are not realistic, but they cannot figure out how to deal with those beliefs themselves, so more cognitive approaches might be indicated. Cognitive therapy will try to answer the question of how true their beliefs are – it is more like skills training, what does that belief do to you and is it 100% true? So the whole thing about cognitive therapy, to my understanding, is you try to find the thin lines, so if something is 100% true to you, then we can't touch that, it is real, but if something is 95% true...so an example is my roommate does this because she hates me. So how true is this? Well, that's 95% true. I'm pretty sure she does not like me and that she is doing this because she does not care. So what is the other 5%? If it is not 100% then there is another potential plausible explanation. Let's not focus on which one is actually real, let's focus on what is the function or effect of always thinking about this 95% true negative belief and if there is no real way to tell which one is absolutely true than why persist with that belief? There are lots of different ways to address it. Sometimes it is just a neurochemical load, where

therapy can make a big difference. It really depends on the person, like getting them into safe environments where they can have different experiences. Coupled with are you taking new information, are you challenging or working with non-adaptive beliefs and are you addressing more potential biological reasons why you feel depressed - can deal with depression and preventing it's return.

Since your research focuses more on being mindful in the moment, do you find that it affects depression?

Usually mindfulness interventions are designed for people that are at a more acute episode, when they are at their lowest, but they act as stress reduction classes. It works like a weight-loss class. I don't go to a class because I think my weight is perfect. It is the same thing. People do not sign up to a stress-reduction class because they have no stress. You get people who have moderate levels of depressive symptoms, but not enough to be diagnosed as having major depressive disorder. In those populations, mindfulness has a really big effect. It is comparable to cognitive behavioural therapy or antidepressant medication. In the studies we do, we see people - they weigh as control. The people who completed mindfulness meditation are almost always at the lower end of depression symptoms than people who have not taken it yet. Now we have more studies where we look at people over time and it makes a big difference.

But like I said before, it is not panacea about just mindfulness and you forget about all these different techniques. The real challenge is how do you match people to the right type of training to where their weaknesses are. A healthy person has a whole bunch of skills that help them cope with stress. We all have things that we are not stronger on. So, maybe I am very good at rationalizing things but that can be a trap. Like, 'I'm so smart I can figure out a reason for everything', but then I can also justify why I should be angry and upset. So then me doing cognitive therapy - you might have to create these learning patterns to stop rationalizing, and realize that it is just exhausting to always explain and control mentally, and say 'I don't have to do that'. Maybe then I have more resources to come up with other ideas and I just notice other things and not condition and rely on habit. That's when mindfulness is super useful.

Sometimes people have a really have a good grasp about what is happening to them and it is something in their environment that is a stressor. Take for example, people in some kind of an abusive relationship or poverty - being mindful is not going to cut those things. For a lot of people in the West - thankfully most people are safe from violence, have enough food to eat and shelter - and yet we are still feeling overwhelmed. It is not like it is something objective in the environment, it is how you are relating to those experiences. Someone says something that you don't like and instead you tell ten other people about that one negative event. It'll stretch into ten conversations. The event took three minutes of my day and now it's two hours of my day obsessing about someone that pushed past me on the bus, or something. Not that I should have liked it in the moment, but there is no reason to hold on to it. This is when mindfulness can make a big difference. It's teaching people that there are different ways to relate to experience. And even that, like I said, it is a skill, it's a practice to be cultivated.

The number one thing that we see now in our research where we compare different therapies, it's not that one therapy is better than another, but if you can fine practice a therapy that gives you a sense that you are growing in this ability to cope with stress, that is the best predictor that someone is going to stay well. That sense of growth is more of a risk factor than waiting for something else to happen.

With the student population, especially in university, there is an increased rate of depression with a direct focus on future tasks, like tests and midterms - taking away being mindful in the moment. Do you have any tips for students specifically?

Yeah, I think so. I just did a talk at a Developmental Psych Conference about how in some ways we try to come up with these complicated models about how to deal with stress and have a perfect stress model. So we had a study where we had people just tell us what their evaluation schedule was, and just knowing when people's exam schedules were, we would assign a score of '3' to the day they had an exam and a '2' to the day before and a '1' to the day before that, but if you

had multiple tests they can build up. So if you have an exam tomorrow and today, today would be a '5', instead of a '3'. We found out that if we got people to rate over three weeks their daily stress level and anxiety you didn't need any other information – it was the perfect stress test. I totally get that. You can say that it's so unnecessary to have evaluations and tests, but the reality is that it is very stressful. Some things we find that are quite useful is being able - not so much you shouldn't feel bad or stressed during exams - but having the ability to have a meaningful recovery day in-between evaluations. I think a lot of student recovery habits kind of impair them. Kind of like drinking or doing drugs in the middle of the term can actually leave you more vulnerable to the next stressor, or getting into arguments with people. Trying to make sure that you have real ways of relaxing is very important.

Even with recreation, you are recreating yourself. So having healthy recreation activities, even if they are not mainstream, if they can be restorative or rejuvenating I think is really important. Social supports, especially friends or romantic partners help. It does not actually help you on the day of the exam, even if you have the best friend or partner in the world - on an exam day you are still going to be stressed. On the days that you don't have an evaluation is actually when it makes a huge impact. So this gets back to the idea of being able to recuperate or recreate yourself. So I think that is a big thing.

The other part is that you are stressed in between evaluations and this stress often leads to procrastination. Then it becomes a vicious cycle. You are more stressed as the evaluation comes. I don't think anyone is acting against their self-interest, but procrastination seems like it acts against your self-interest, so then what is the other interest being served? Trying to get away from feeling stressed and overwhelmed by doing something that is not that. If you do enough of that then eventually it comes back and bites your, right? So, one of my students this year did his thesis on different factors that affect procrastination. He actually came up with a few different interventions. It's hard to show that one is better than another, but what seemed clear is that the more people have compassion and a sort of intentionality in taking care of themselves, they are better off. We tried giving them guided meditations to do each night for a week, and it wasn't any better than our control, which was giving them a wristband that they wore and every time they looked at the wristband it was a reminder to take care of yourself . It helps remind themselves not to focus on the stressor.

I think this is part of it. You don't want to tell people to relax and don't worry about it - it's just not realistic. You're in school, that's a big part of your identity, you won't be able to just not worry about it – it's a major deciding point as to what happens, next term, next year and in your life, so you are going to be stressed. If you know you are going to be stressed – like, if I know that after I run a marathon the worst thing that I can do is be too stressed to train. I may hate the idea of running a marathon, and think that it's dumb, and have all this negative talk, but I can still force myself and get out and do some preparation to get through it. Whereas, if I was so afraid that I can't even prepare, then it will turn out exactly how I feared. You kind of see that playing out with student evaluations too. You are worried and have anxiety thinking about the future - more anxiety than depression. They are sort of two separate points, but depression is a focus on the negative that has already happened and anxiety is worrying about the negative things that are about to happen. In a lot of ways they are similar cognitive styles but depression is a bit more past-focused and anxiety is more present-/future- focused. Part of the way to diffuse that anxiety is to learn to do other things that aren't just thinking about the anxiety and how you are going to deal with it. It's kind of a constructive distraction. So it's one thing about general life skills.

From a mindfulness angle, the way you know what's right to do, is actually by being curious and exploring how you are doing it. There are going to be times every day when you feel less capacity and you feel overwhelmed, but other times think 'it's not so bad right now'. Being able to recognize both of those states is being open to the fact that some days will be worse than others, and not compound it by the fact 'Oh, I'm useless, I just feel overwhelmed all the time'. You will feel more overwhelmed. This will help determine what to do. So you have to discipline and work when sometimes you don't feel like it.

There is also a time when you are working and you are doing your best and it's just too much, and you are forcing yourself. I used to do this too. I used to stay up an extra hour a night thinking I would get more homework done and it would take me an hour to do something that would take me 5 minutes the next morning, but the next morning I was so tired from staying up. So there is a rationalization going on and kind of wisdom where you say: 'I'm kind of too tired and too stressed to do more work right now. I know I could force myself to stay up another hour or I could just not browse the internet for as long tomorrow morning, and put in 10 minutes of 'awake' time'. That's again just being in-tune with your body and habits.

I think some students think that they're supposed to be like "complete people" when they are done high school, but this idea that you can still be growing and learning in the face of stress, and getting to know about your own habits every day, but especially during undergrad - it's a very different mindset than just trying not to be destroyed by midterms. How am I growing? What am I doing to develop? A lower grade means that there is something more to learn there. From a growth perspective it's worse to get top marks because then you just assume that you are perfect, but you can do well and still try to learn something from the situation. Some of the best students that I have had, are students that have come to me, not just to get a mark bumped up but say: 'Look, I actually don't want you to change my mark. I want to understand why I got this grade.' Those students will come back a year later and get way better marks. Even though it's a momentary set-back, it's also an opportunity. I think generally in education we try to make it better, even though it doesn't always look that way.

Thank you so much. Is there anything further you wanted to say to conclude the interview?

That idea of growing and being mentally healthy and resilient is a stand you have to take for yourself. Other people will care about you and will not want you to be unhappy, but it's an individual choice whether or not you want to try to grow. I think it's a choice that anyone can make. You can be the crappiest person in the world and still want to get better and you can be the best in your field and still want to be better. The challenge for anyone is, are you going to put yourself out there and say that you want to grow? How do you cultivate that to make it happen? It's also important to have reminders and that you tell other people what you are up to. Connect yourself with people and this idea that you are looking to develop and if that happens you can overcome any stressor, because there are sign-posts along the way and gates that stop you. What are you interested in developing in yourself? How can you get there? That's the most robust thing to get out of your undergrad.

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PERSPECTIVES OF A STUDENT MENTAL HEALTH ADVOCATE ON IMPROVING MENTAL HEALTH EDUCATION AND RESOURCES

JACALYN KELLY

An Interview with Daniel Derkach

Daniel Derkach is a student mental health advocate who has been a leader of the University of Toronto chapter of the mental health advocacy organization Jack.org. Jack.org is Canada's largest youth network of mental health advocates. The organization utilizes a peer-to-peer approach to spreading mental health education by training post-secondary students to deliver mental health talks to schools across the country. This approach has significantly increased youth interest and had proved very effective at engaging youth audiences in mental health education. Jack.org also addresses issues affecting access to mental health care and advocates for systems-level changes to improve on these issues. Through Daniel's personal experiences and advocacy work with Jack.org, he has developed strong insight into the mental health needs within our communities and the barriers that individuals with mental health challenges face.

Daniel's personal experiences led to his passion about mental health and motivation to get involved with Jack.org.

"I went to an all-male high school in Toronto where no one was talking about mental health, at least when I was there. And I know a lot of people who would have benefitted from those kinds of conversations, including myself. I did struggle quite a bit in Grade 12, but didn't talk about it with anyone. I stopped caring about school, stopped hanging out with my friends, and I didn't do anything for the longest time. It was my friends who eventually realized something was wrong, and encouraged me to tell them what was going on. At that time, it was some really serious family issues. My sister had been living in a group home for a few years and was really struggling with her mental health. Around this time, she had tried to

take her life, and I felt really guilty about not having been more supportive for her. So I just got into this rabbit hole of thinking things were going to get worse and that my family would struggle forever with this, and I didn't know who to talk to. But my friends were extremely supportive. However, it wasn't until the 3rd year of undergrad that I got involved in mental health advocacy. In my third year of undergrad, I learned about Jack.org and their Talks program, which trains postsecondary students to deliver mental health talks to high school and postsecondary audiences. I had never heard of any programs offering peer-to-peer mental health education, so I applied to become a speaker with the organization. In my first year with Jack.org, there was such a high demand for this program that I had done around 30 high school talks in Ontario. And after my experiences delivering these talks and seeing that students actually valued them and took them seriously, I decided that this was something that I wanted to make part of my career, and part of the rest of my life."

Daniel has found that the more he has learned about

mental health and how pervasive mental health challenges are, the more he has become passionate about it.

"My relationship with my sister and realizing that I could have done more was the initial spark for me. Since then, I became more vocal in my friend group and in the community, and because of that people would start approaching me more to talk about their own mental health, and I realized these issues were a lot more widespread than I initially thought. Almost everyone you talk to can tell you about a negative experience they've had with their mental health, or that of someone they know. Initially, I didn't know that suicide is the leading health-related cause of death for Canadians aged 15-24, so a big part of my passion came from learning about youth-specific issues."

As Daniel alludes to, despite the pervasiveness of mental health challenges, there is a strong lack of knowledge about mental health and mental illness in the community. This leads to stigma that can prevent people from opening up about their mental health challenges and seeking help. However, there are many ways upon which we can work to eliminate this stigma. Part of that is accurately communicating what mental illness and mental health are.

"Mental illnesses are a cluster of symptoms that can negatively affect your mental health. When presented for a certain duration and in certain combinations, these symptoms can result in diagnosis with various mental illnesses. And these diagnoses come with different treatment plans that can help restore a certain level of mental health. However, mental illnesses are just one factor that affect your overall mental health. It's important to know that mental illnesses are treatable, and that it's possible to experience optimal mental health even if you have a mental illness, just the way someone with diabetes can get the treatment they need and still live a physically healthy life. Having mental illness does not necessarily mean poor mental health. Stigma is definitely a result of insufficient education amongst youth. Nova Scotia is the first province to officially include mental health education into the K-12 curriculum, and no other province has actually signed onto this yet. And I think that is one of the easiest and most cost-effective ways of increasing help-seeking behaviour. You don't need marketing, you don't need any flashy branding, just education in high school and elementary school settings. This can include resilience and healthy stress-coping strategies, and mental well-being in general. It's kind of shocking that this hasn't been something politicians have taken more seriously, considering that the disease burden of mental illness and addiction is 1.5 times higher than all cancers combined in Ontario. I think that educating people at a younger age would make students take mental health seriously, which is important as most mental health issues arise in adolescence. I think a lot of mental health advocates are also beginning to realize that we need to avoid generalizing mental health struggles. Cultural diversity in Canada, especially in Toronto, is something we need to take into account more. Among certain cultures, mental health and illness are still taboo and stigmatized, and increasing help-seeking behaviour may be the priority for these communities. For communities where mental health is more acceptable to talk about, priorities may include making services more accessible and affordable."

Increased education about mental health and mental illness, as well as providing mental health resources tailored to the needs of different cultural groups, both require systems-level changes to be accomplished on a large scale. Both university systems and political systems must increase their commitment to disseminating mental health education and directing resources towards the mental health needs of our communities. To work towards systems level change, it is important that we engage leaders in the university and political community. Jack.org recently held a mental health panel where they invited faculty from the University of Toronto to speak about their views about mental health.

"More students are beginning to view mental health advocacy through a professional lens. I think we've gotten used to seeing mental health advocacy on campus as de-stressing events, and general feel-good events. These are often effective at engaging students and reducing stress, but not for driving systems-level change. At this year's Jack Summit, our annual national conference, there was increased discussion about mental health as a political topic, and greater interest than ever about how to get involved in political advocacy. To address institutional and structural

issues, student advocates need to engage faculty and administrators in mental health conversations, not just other students. If we want to see improvements to the way mental health and illness are being treated on campus, we need to be addressing individuals with decision-making authority, especially related to funding. We often talk about wanting a seat at the table, but we've failed to effectively engage faculty and administrators until recently. That is the direction we are trying to go in as a Jack.org chapter at UofT - not just reducing stigma but also driving change in institutions and the community."

One of the largest factors affecting access to mental health care is the wait times to see a counsellor or therapist.

"Wait times to see specialists and counsellors is an issue not just within the healthcare system, but at almost any academic institution you go to. It is very difficult for students to get adequate outpatient care when they need it, making early intervention nearly impossible. This is one of the contributing factors to why Ontario has seen a 67% increase in hospitalizations for youth seeking treatment for mental health issues over the past 10 years, so it's extremely upsetting that it sometimes takes a crisis in order to receive care. Therefore, there are essentially 2 extremes in how students are accessing mental health care, either through short-term hospitalization or by waiting months to see a specialist in outpatient settings. In Toronto, youth have been subject to wait times of over 6 months, and over 16 months in Ottawa. Therefore, lengthy wait times are clearly one of the issues that students struggle with the most."

The long wait times for mental health treatment such as counselling therapy is due in large part to there not being enough funds directed towards hiring counsellors at institutions, as well as there not being enough insurance coverage to allow people to afford to see a counsellor.

"Services like Health and Wellness at the University of Toronto don't have the resources they need to hire more counsellors. The wait time to get a referral can be upwards of two weeks, and the first appointment is usually several weeks after this, even during the least busy times of the year. During exam seasons when demand for these services is greater, they're often far more difficult to access. For part-time students, coverage for mental health services is just a fraction of what full-time students receive, making mental health care not just difficult to access, but nearly impossible to afford."

Improving access to and availability of mental health resources is therefore something we must push for as advocates of mental health with decision making bodies such as universities and government.

Alongside eliminating stigma and driving systems-level change to better accommodate mental health care, another very important factor in improving the mental health of our communities and increasing help-seeking behaviour is ensuring that individuals are able to recognize when they need mental health support, and realizing that their concerns about their mental health are valid and respected.

"Reaching out for help is something you should always consider doing, even if you're not sure if you are, quote-on-quote, "sick enough", which is a concern that many students have. They may not know whether their issues are serious enough to warrant attention. If you ever have any doubt that you might not be healthy, reach out for help. Physicians and counsellors won't judge you for wanting to talk to them to get a second opinion about your mental health. I think that this uncertainty holds a lot of students back, who ignore certain symptoms and avoid seeking out professional help. It's also important to know that it's normal for your mental health to fluctuate; not to say that mental illnesses come and go, but your mental health can fluctuate in the absence of mental illness. It's important to recognize when social support and self-care strategies no longer help you feel mentally healthy, and to reach out for help."

Having young student advocates like Daniel is important for spreading these important messages about mental health care and is instrumental in creating changes in our culture around mental health. Through his work with Jack.org, Daniel has seen the impact young advocates can have in their communities and encourages others to get involved.

"At our chapter's recent mental health summit, we

had two different panels of speakers, one being a professional panel, and the other a student panel. We had a high school student who just turned 17, a medical student, and a clinical psychology student. What was interesting was that, although both panels provided tangible advice for improving our advocacy work, I was most inspired by the student panelists, who exemplified the impact that young leaders can have in their communities. Advocacy work can often feel overwhelming and lead to burnout, and it's definitely challenging to get established. These student panelists demonstrated exactly how students can get involved in effective mental health advocacy, and are central in the movement to improve the mental health landscape in Canada."

Daniel strongly encourages other students join Jack.org to expand peer-to-peer impact in mental health advocacy.

"If students want to get involved with the Jack.org Chapter at UofT, the easiest way is to contact us at jackchapteruoft@gmail.com or on our Facebook page, Jack.org UofT. Alternatively, individuals can contact the organization directly through the website Jack.org. I would strongly recommend looking into the Jack Talks program, which trains postsecondary students to deliver mental health presentations to Canadian youth in high schools, colleges, and universities in an appropriate and engaging manner. It involves a training program during the summer, which prepares students to discuss mental health fundamentals, how to identify potential red flags, and how to offer support. The goal is to have these talks in every high school across the country, but we hope that mental health education will soon become part of the high school and elementary school curriculum in every province. Until mental health education is provided by the education system, we will continue delivering these presentations, and we are therefore always in need of volunteers."

Daniel's message to those struggling with mental health challenges:

"We all need take our mental health seriously, regardless of whether we have a mental illness or not. For those of us who are living with a mental illness, it's important to understand that recovery is possible, even if certain support strategies or treatments haven't previously worked. We can't afford to sacrifice our mental health for grades, for performance on a sports team, or due to other societal pressures. Our health should always be our top priority. If you were to experience a physical injury, you'd probably want to rest and recover to prevent making the injury worse. So if you were to experience any significant mental trauma or distress, you should also take the time that you need to recover, and work on taking care of yourself, which includes building resilience. Even as mental health advocates, we often ignore our own advice of making it a priority to care for our mental health, and this often catches up with us. Just as everyone needs to understand and care for their physical health, we all need to treat mental health the same way." //

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ENGINEERING MENTAL HEALTH SOLUTIONS FOR GRADUATE STUDENTS

RACHEL DRAGAS

An Interview with Professor Julie Audet

Professor Julie Audet is the current Vice-Dean of Graduate Studies in the Faculty of Applied Science and Engineering. Prior to this role, she served as a Graduate Coordinator and Associate Director of Graduate Studies in the Institute of Biomaterials and Biomedical Engineering, where she is also an Associate Professor. In addition to this, she regularly collaborated with the School of Graduate Studies as part of the Supervision Guidelines Working Group. Professor Audet completed her PhD in the field of stem cell bioengineering, with a focus on the development of biological search algorithms for stem cell manufacturing. Her innovative work in this field has been recognized by a number of organizations including the Brain & Behaviour Research Foundation, the Canadian Stem Cell Network, and Ontario Institute for Regenerative Medicine. Throughout her time at the University of Toronto, Dr. Julie Audet has also remained passionate about graduate student academic success and wellbeing.

Can you tell me a bit about yourself and some of the graduate student mental health initiatives that you have in the works at the Faculty of Applied Science and Engineering?

The first initiative that we are developing at the moment is having an engineering graduate coach on site, comparable to an executive coach. Prior to my current role, I served as a graduate coordinator at the Institute of Biomaterials and Biomedical Engineering for 5 years, and often met with students who experienced difficulties in terms of academic progress and other challenges. So in that role, I tried to help them in the best way that I could, and I learned a lot in the process. One thing I learned is that delays in academic progress are often the tip of the iceberg; there are usually other things going on beneath the surface. So in the process of trying to help these students, I became more aware of the resources on campus. The University has a lot to offer, including the Crisis Centre, Accessibility Services, and Health and Wellness. I think when it comes to our personal problems, we sometimes tend to have blind spots, and I think it's useful to have someone to talk to who can provide a fresh or different perspective on things. But there are barriers that can exist in this approach and I'd like to help facilitate the conversation while mitigating these barriers. When I was a graduate coordinator, in the mind of students I imagine I was still, above all, a Professor. And while it may have been a little intimidating for students to approach me or other faculty, I think students could perhaps benefit from talking to a peer. So I really like the approach that the Graduate Conflict Resolution Centre has developed, which is to train graduate students in helping other graduate students. I think that would be really useful to have in the Faculty of Engineering—not necessarily an expert in mental health, but someone who can identify the main issues a student might have, and point out available resources that might help. I think it's important for students to talk to someone who understands what it is to be a graduate student without having those barriers or power dynamics present. If this is in Engineering, then the student would ideally know what it's like to be in that environment, which might be different than in other divisions. So one thing that we considered is an executive coach. We are also considering embarking on a pilot project to identify and train graduate students

who would be interested in taking up this position, offering it to students, and seeing where it goes.

Another initiative that I'd like to mention—and it's not something that you'd think of as directly mental health-related—is the OPTIONS program (Opportunities for PhDs: Transitions, Industry Options, Networking, and Skills). This is a graduate professional development program in the Faculty of Engineering that started in the Fall of 2017. The OPTIONS program is offered to PhD students and post-doctoral fellows, and was developed in association with the Institute for Leadership Education in Engineering. It was developed for students that may be interested in exploring career options outside of academia. Career outlook is an important factor for mental health, and this program really aids in informing students about alternate career options and work cultures, while also emphasizing professional skills development. Another particularly nice aspect of the OPTIONS program is that it places students in contact with alumni who can expose them to different types of careers and also share their lived experiences. Our students also get a chance to interact with students from different graduate units, who might not otherwise be in contact. So I attended a few of these workshops and towards the end of the Fall term, students shared their personal pitches, what they learned, and what their action items would be. They had learned so much, expressed such gratitude, and were so positive about their career outlooks. So this program isn't a cure for mental health challenges, but it's certainly an improvement, because if you have a positive outlook on the future and know there are options, you can gain confidence and motivation. If you know what you want to do and what you're good at, issues of progress can be more effectively addressed.

The third initiative that we are developing is a graduate career fair designed specifically for engineering students. Interestingly, we are in contact with a firm that specializes in helping businesses recruit people with neurodiversity. While traditional recruiting processes typically consist of speed-networking, this approach doesn't always fit with everybody, so we'd like to be able to offer an alternative to students.

What are you hoping to see over the next 3 years with these initiatives?

In terms of results, I'd like to improve the retention of graduate students, follow those numbers, and then look at program withdrawal, students beyond their program time limit, and how we can prevent some of these events. So if we recruit graduate engineering coaches, we could look into the numbers of students who would subscribe to that service. It would be nice to have an increasing number of counsellors within the program as well as graduate career fairs that are held throughout the year with these alternative recruitment methods.

In your role as a graduate coordinator and now as the Vice-Dean of Graduate Studies, how have you seen the mental health landscape change over the years?

It has changed quite a bit. There's definitely a lot more awareness and discussion on mental health from the faculty side of things. When we see students with difficulties, it really stays on our minds. I would say that a couple of years ago, mental health challenges would perhaps be the fifth thing I would think about as a source of difficulties, but now it's one of the top things on my list and I think it's the same for other faculty members. We need to consider that there might be mental health issues as a possible explanation for behavioural changes or challenges that we see in students, and we need to have a better appreciation of this prevalence. There have been several studies on student and graduate student mental health, and a pretty high proportion of students will likely encounter some of these difficulties over the course of their studies. Most of us are researchers, so we are used to believing data, and it's quite convincing. I think what the School of Graduate Studies has done over the past 5 years is remarkable in terms of increasing resources for graduate students. At the level of different faculties and graduate unions, many committees are also being organized and information is a lot more accessible. We've developed a better appreciation of what it is to be a graduate student, what it's like to be at the University of Toronto, and how we can better address those blind spots that we tend to have.

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PHM302: BRINGING LIVED EXPERIENCED TO "PHARMACOTHERAPY 7"

KATE RICHARDS

An Interview with Professor Jamie Keller

Jamie Kellar has been teaching pharmacy students at U of T for seven years. As assistant professor at the Leslie Dan Faculty of Pharmacy and a former advanced practice pharmacist at the Centre for Addiction and Mental Health (CAMH), she is dedicated to exposing students to as much "real world" knowledge as possible

in a class setting.

"To provide good care, you need to have a sense of what it's like to live with a chronic disease," says Kellar. She adds, "When it comes to mental illness, there can be a lot of fear and misconception associated with it. I think it's important to breakdown any potential fear and our students have been really receptive to this."

Kellar does this by incorporating the voices and experiences of people who live with mental illness and have received care and support through the healthcare system. In the third year course she teaches, billed as "Pharmacotherapy 7", students learn about medication function and management for major mental illness like schizophrenia, bipolar disorder, and depression. Every year she works with psychiatrists at CAMH to coordinate a panel of current or former patients to speak to the class for a two-hour lecture.

"Students have an opportunity to see the people behind the diseases they are learning about and to see that very often they don't fit into existing stereotypes. With the right care, people can manage these illnesses effectively and be successful in their lives," says Kellar who says participants have come from all walks of life and professions including lawyers, artists, and healthcare providers.

Kellar also works with U of T pharmacy students to host mental health movie nights at least once per term. Kellar states that ,"We screen movies and documentaries related to mental health and substance use and we follow up with a discussion, often about how people were portrayed in the film and how media can contribute to or correct misconceptions." On occasion people involved in making the films have attended the screenings and engaged in the discussion.

This work all contributes to empowering pharmacists to be better care providers and advocates for their patients and Kellar explains, "When a patient gets sick, pharmacists are often the first to know. So it's not only about the medication-related advice you provide, it's your overall interaction with that person and your understanding of their experience and how you may be able to connect them with other services."

Since integrating this kind of nuanced, first-hand experience, Kellar has seen more students requesting rotations at mental health facilities and course evaluations have been very positive and adds that "Bringing in patients to share lived experiences was one of the most valuable parts of the course."

Kellar says the mental health movie nights are open to all interested students, faculty and staff. "We'd love to have more people attend and join the discussion," she says and expects the next one to happen in fall 2018. If you'd like to attend the free movie nights, follow the @UofTPharmacy Twitter account for details.

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MENTAL HEALTH AND WELLBEING: THE POWER OF STARTING A CONVERSATION

RACHEL DRAGAS

An Interview with Sophie Grégoire Trudeau

Sophie Grégoire Trudeau is an engaged activist for gender equality, media personality, mother of three young children, and wife of Justine Trudeau, Prime Minister of Canada. During the past 15 years, she has been involved with a variety of causes, including teenage self-esteem, women and girls' rights and freedoms, eating disorders, and mental health. Recipient of the 2013 UN Women National Committee Canada Recognition Award for her contribution to human rights, she was recently named as an influencer for the Deliver for Good campaign of Women Deliver. Sophie Grégoire Trudeau has lent her support to Plan Canada's "Because I am a Girl" initiative and FitSpirit Organization. This past April, she graciously lent her support as a Keynote Speaker at the University of Toronto's Open Minds mental health conference. I sat down with Sophie to discuss how the state of mental health has changed over the years, the importance of spreading awareness, and how we can reduce stigma.

How do you think the mental health landscape has changed over the last decade in Canada and where do you envision it going?

I think that we are being more honest with ourselves and that we are being more vulnerable in sharing our stories and in admitting that we suffer. The response has been amazing. I think that when people are truthful about their journey, other people usually respond with curiosity and openness. And we shouldn't underestimate the power of what sharing your story can do, because when we raise our voices as individuals, we raise voices for everybody else and we create a net where people feel safe to start talking in their communities. I think that not only socially, but even in other countries jurisdictionally, everybody is kind of waking up when it comes to women's rights and we want more people to be able to follow in that path. So there have been many good changes going around!

Why do you think it's so important to have these

discussions, educate, and raise awareness about mental health, especially for students?

I think that when you're studying, it can be a very anxious and stressful time, and the balance between nutrition, sleep, and physical exercise can have a huge impact on your general wellbeing and mental health. Being a student is difficult and very demanding. I think that in periods of such stress, helping students through education and telling them how to be able to find balance during this difficult period in their lives can be very helpful. It's also very important to create an atmosphere where students can feel safe enough to confide in one another.

How can we better help those who may be suffering from mental illness?

By not judging them. You know, when you start listening to what people go through in their lives—and the array is very large as it varies from one individual to another—you realize that there's not much we haven't heard, seen, or gone through ourselves or know people who have gone through it. We are much alike in our suffering; all forms of compulsions for example, root back to fear, trauma, anxiety, how we were raised, or where we come from. But when we think about it, we all want to be loved unconditionally, to be recognized, and to be filled with purpose. It is what everybody wants— it doesn't matter if you're rich or poor, believe in God or not—we all want that. So I think we have to be as non-judgmental as we can and that starts with being non-judgmental towards ourselves first.

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I'M OKAY: DEPRESSION AS AN ANTI-ROMANTIC COMEDY

ANDREA DIAZ

An Interview with Director Curt Jaimungal

Can you begin by telling me about your film?

I usually describe it as an anti-romantic comedy. Have you ever been through a break-up where you didn't hate the other person, but you hated yourself and then the world by extension? And then you started to be isolated, and in your attempts to hang on to any connection that you have with people you somehow alienate them and you become more and more lonely? It's self imposed but you only realize it when you're out of it. That's what this film is about. Romantic comedies usually show the beginning of relationships and everyone ends up happy. But in this film you watch a couple at the end of a relationship and they hate each other, and that's what a relationship is really like. So, to me it's a little bit more real, at least in my perspective. They break up 20 minutes into the film and then you watch the aftermath of not being able to let go and going through depression, disliking yourself, and questioning what you are even doing in life.

You've mentioned before that when you were making the movie you didn't realize that you were making it about depression. Could you explore that?

To me, depression was my life when I was 18-25, so it's just a part of me. And it's no longer a part of me. It's there, I'm sure. I can get depressed probably easier than the regular person although I haven't been depressed in a long time and that's probably because I work at it like any muscle, like I go to the gym for my mind for that. But it's a part of me. So I was just writing an almost auto-biographical movie, which is very narcissistic, but it was therapeutic. When someone said, "Oh, your film deals with depression," it was as if someone said, "Your film has a lot of grass in it." Isn't there grass everywhere? Like, that's just normal, no? And that was just my experience. So to me, the film is no more about depression than it is about grass.

So then, how does your film help to normalize depression?

So I would say that the movie, and I'm hesitant to say this because it makes me sound good, but people came up to me after and saying that "I relate to this character [the main character, based on Curt]" and I thought, "I never once thought that anybody would ever relate to me". Like, I just thought I'm so strange and weird and quirky, how could you like me or relate to me? And I realized that the more specific the pain, the more general it is. So people can find themselves in your specific problems. I guess when you see it portrayed, you realize you're not alone, and that is something that I've gotten quite a bit. So I guess the film allows them to connect on an emotional level, to feel like they're not alone.

What advice would you give to someone dealing with depression?

Jung say that the branches that lead to heaven have roots that lead to hell. Really, it's like, that's so profound. And there's an order you have to through—you actually have to go to hell first before you can go to heaven. And so that's one of the greatest things about having depression: you can come out so much stronger. A way of building your house brick by brick—and it's really a tedious process and it takes long and it brings you to some dark places—but you can get to there by speaking the truth, not telling lies. Try to confront the darkness. And then the second thing I would say is fix what you can around you. So here's a question you can ask yourself on a daily basis, "what can I do today that would make my life slightly less miserable tomorrow?" Just slightly less. And: what could I do that I would do? It's those two—really it's three: what should I do,

that I could do, that I would do? The reason why is like, OK ,"What should I do?" Well, I should send off a bunch of emails to people. "What could I do?" Well, I could do that. That's within my capabilities. But, "would I do that?" I don't really feel like it. OK, so that's fine, you don't feel like it. What else? There are a hundred other things. So keep going until you find something that you're willing to do, and just fix that, just do that. Then you've made yourself just a little bit stronger, and the next time you can take on a bigger dragon, then a bigger dragon.

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REIGNITING THE FLAME: BURN OUT IN A UNIVERSITY SETTING

VIVIAN ZHOU

An Interview with Elizabeth Kiosses, R.N.

Burnout is a state of chronic stress that can lead to physical and emotional exhaustion as well as feelings of ineffectiveness and lack of accomplishment. In a university setting, these feelings can be experienced often by students and staff alike. I had the honour of interviewing University of Toronto Scarborough's Elizabeth (Elsa) Kiosses, a registered nurse working at the Health & Wellness Centre, on the topic of burnout and ways to cope with it.

Who can experience burnout?

I think we can all experience some level of burnout when we're working on something or feeling stuck in our lives—for example, doing something over and over, and not feeling like we're moving forward or becoming successful. Everyone experiences it to some level. It leads to frustration and stress. While a high level of stress can be debilitating, having some level of stress can keep you motivated and keep you moving forward. Otherwise, there'd be no push to get things done and check off that to-do list. However, in the case of burnout, you don't have that positive experience at any point anymore. Each day gets harder and harder.

Do you think mindset plays a big factor in burnout, and how we approach it?

It can be mindset, environment, circumstances, or just not being aware of all the options available to you. It's important to notice when you need to take a step back and evaluate what's going on around you, and what's going on with yourself. You need to see if there are options that could help you get out of that environment, situation, or lifestyle. It's so easy to compare yourself to others and see how others are thriving and growing, but you don't seem to be—and that only leads to more frustration.

A common misconception is that experiencing burnout is a reflection of something you're doing wrong. For example, "I'm not managing my time well enough." What are your thoughts on that?

I don't think that's the case, necessarily. Burnout can stem from factors that you may not have power or control over, such as an environment, a situation, a set of rules or tasks. You may not feel like you have a choice—you have to go to school, go to work, and deal with responsibilities.

Speaking from my own experience, juggling all those responsibilities can play a big role in burnout. How do you prioritize those?

There's a lot of pressure for people who want to say yes to all opportunities, and who don't want to miss out on an experience. They don't know if that opportunity will present itself again. You have choices, but it's also important to understand your limits. You can empower yourself and be satisfied with where you're at, while knowing where your capabilities lie and what's healthy for yourself. As a student, meeting deadlines and expectations is different for each person. People have different energy levels, levels of support, organizational techniques, or perspectives. We all want to be successful and it's important to have goals, but it's important to be flexible with yourself. Tomorrow will still come. You don't have to be the best version of you right now. You're better at some things, good enough at others, and maybe not so good in others. It's about understanding where your strengths are and how you can utilize them.

It can be easy to ignore the mental health side of things when you're focusing on so many things at once. For example, putting off meeting your friends until after a round of exams, or sacrificing sleep until you're done a set of assignments. How can we navigate that?

You have to schedule in time for those things, just as you schedule time to study and work. Eating, sleeping, and socializing are essential things for you to be healthy. For short periods of time, you may have to make small sacrifices, but try to keep a balance. For example, you may decide to hold off meeting your friends to do an assignment, but you still make sure

you get at least six hours of sleep that night. You may have to prioritize in that way. However, if it's been three months since you've seen your friends and you've only slept six hours every single day, that's where it gets unhealthy. That's when you need to take a look at self care and what you consider essential. Navigating that may mean planning way ahead so you can set aside that time.

What are some tips towards coping with burnout?

Doing the day-to-day routine can lead to a cycling of those negative feelings, but looking to gain a new perspective helps. It's important to take time to yourself, and to self-reflect. What is it that I want? What is it that I want to do? What choices are there for me? Looking for ways to empower yourself, to do things differently, or to rejuvenate your own energy by doing things for yourself can be helpful. Some people start working out, try a new sport, take art classes, learn to drive—it's about bringing variety and finding meaning in the things you do.

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IMPROVE SLEEP TO IMPROVE MENTAL HEALTH

AMOL RAO

It's midnight, you're working on something due tomorrow. The coffee from earlier is wearing off and your eyes are complaining. Despite a promise to yourself, you're getting to bed after midnight again. When was the last time you woke up feeling refreshed, like in those mattress commercials? Can't recall. Your friend claims they 'only need 4 hours of sleep to function' so you're aiming for 5 hours (recommended is 8 – 9 hours). You'll catch up on sleep this weekend (hint: probably not). Finally you give up and head to bed; only to wake up feeling even worse?!

Humans are special in many ways. We're the only the animals that willfully forego sleep on a regular basis. We are so caught up in our daily lives – so drawn to our screens, stressed about work, or just too wired from stimulants that we regularly sacrifice sleep. A 2016 survey of 1,500 Canadians found that 67% of respondents wish they could get better quality sleep [1]. In the same poll, about 59% of respondents said they weren't happy with the quantity of their sleep. Students aren't doing much better. In a poll conducted by the IMS Magazine in 2016, about 40% of respondents reported being 'unsatisfied' or 'very unsatisfied' with their sleep. Although for many, poor sleep is not a choice, this widespread disruption of sleep has serious consequences.

Sleep and depression

The link between mental health and sleep has long been known to scientists. Originally, it was unclear whether sleep issues were causes or symptoms of mental health problems; the two often appeared together. A growing body of evidence suggests the relationship between sleep and mental health is quite complex and includes bi-directional causation. In short; sleep issues and mental health problems tend to reinforce each other.

One particular problem that appears with poor sleep is depression. A team led by Dr. Eisenberg at the University of Michigan found that depressive anxiety disorder was experienced by 15.6% of students, while suicidal ideation was experienced by 2% of students [6]. These are large numbers. Considering that U of T has 70,000 undergraduate students, it could be up to 10,000 students suffer from depression.

Although many factors contribute to depression which can include but not limited to socioeconomic status, genetic risk, major life events, illness and abuse. It's the relationship between sleep and depression that should garner more interest among those seeking to improve student wellbeing. A review of 205 peer-reviewed articles published between 1964 and 2005 found that depression is the most common psychiatric disorder associated with insomnia [2]. Another review looked at whether insomnia in patients could predict the development of depression [4]. The authors concluded that 'almost unambiguously, insomnia at baseline significantly predicted an increased depression risk at follow up…'.

This isn't to say that bad sleep causes depression. However, since they often appear together it makes sense to consider both when trying to tackle either. And so, we should strive to tackle both issues concurrently rather than in isolation. Indeed, trying to improve mental health without addressing underlying sleep problems may prevent effective treatment. So what do we need to know about sleep?

What can a student do to improve sleep?

'The most important thing a student can do is learn about sleep hygiene', that's according to Vineet Prasad, who's currently a 2nd year student in Rehabilitation Science at the University of Alberta. Vineet's interest in sleep stemmed from personal experience – he found that a few nights of poor sleep would make him irritable and unable to focus during the days. After learning about sleep hygiene, Vineet decided to help other students. Together with a small group, Vineet won a grant and successfully implemented a campaign to promote sleep across the University of Alberta's campus. Their successful outreach campaign reached hundreds of students, through means such as pop-up stalls, health talks, brochures and online modules.

Sleep hygiene incorporates principles, habits and practices that are conducive to sleeping well on a

regular basis. Some of these practices are easier than others. A few key principles are:

Avoid electronic devices or brightly lit areas before bed time. If devices must be used, dim the screen and use free software which reduces blue light (i.e., f.lux);

- Avoid stimulants such as caffeine and exercise in the few hours before bed time;
- Limit daytime naps. If naps must be taken, limit them to 30 minutes and no naps within several hours of bedtime;
- Keep a consistent sleep and wake schedule;
- Establish a regular bed time routine which involves relaxation; and...
- Keep the room cool and dark.

A quick google for 'sleep hygiene' brings up lots of great advice. Most of these tips are well known – yet the sleep problem persists. One issue, is that many of the tips are just too difficult to follow, says Samantha Gubka. Samantha is currently completing a Masters of Occupational Therapy at the University of Alberta. In her practice, she tries her best to inform patients about the benefits of sleep, however she acknowledges that often the patient can't stick to right practices. For example, is it realistic to expect people to avoid electronic devices for 2 hours prior to bed?

To combat this, students can work with a trained sleep professional – either a medical doctor, sleep physician, naturopathic doctor or occupational therapist. These services may be available on campus and the student can tailor general sleep hygiene practices to things that work for them. Medical professionals though are already stretched – dealing with more urgent issues. This is why university administrations need to step up and fill the gap that exists.

Universities must take the lead

Universities are well placed to widely disseminate sleep education in a way that individual medical professionals are not. Universities have a wide reach and can provide focus to things that are important in a proactive way.

The grant won by Vineet – was part of a program called Heroes for Health. This program funds student run projects that help the student community with physical, psychological and mental wellbeing. Universities across the country should offer such programs. This type of program – undertaken by students for students – can be more effective as students fully understand what their colleagues are going through. They can get the message out in the right way, and through the right channels.

Universities could also attempt to better manage student workload. Often, professors don't know (and don't want to know) student workload in concurrent courses. Professors assign work and deadlines primarily with regard to their course requirements. For students, this often results in conflicting deadlines or deliverables lumped together which then leaves no choice other than to sacrifice sleep.

Lastly, universities must make greater efforts to tie in sleep promotion programs with overall health and wellness programs that look at diet and exercise. There should be regular educational campaigns that promote sleep wellness. Regular restful sleep lays the foundation for mental and physical wellbeing, and small investments can result in large returns.

For too many in society, regular restful sleep is a rare luxury. Sleep disruption has serious long term impacts on mental health. However, we have the tools and knowledge to make meaningful advances in improvements to sleep. Now universities and students need to work together to make this happen.

About the Author

Amol Rao is currently pursuing a M.Eng. in Industrial Engineering. He is passionate about sleep. He is the founder of Somnitude Inc. (www.BlueBlockGlasses.com), a company which harnesses circadian science to improve sleep and health. Their line of blue light filtering glasses help people who can't avoid light in the evening hours.

References

[1] Canadian Sleep Review 2016. Current Issues, Attitudes and Advice to Canadians.

[2] Tsuno, N., Besset, A., & Ritchie, K. (2005). Sleep and Depression. The Journal of Clinical Psychiatry, 66(10), 1254-1269. http://dx.doi.org/10.4088/JCP.v66n1008

[3] Benca, R. & Peterson, M. (2008) Insomnia and Depression. Sleep Medicin, Vol 9, Supplement 1, Pages S3-S9.

[4] Riemann, D. & Voderholzer, U. (2003) Primary Insomnia: A Risk Factor to Develop Depression?. Journal of Affective Disorders. Vol. 76, Issues 1 – 3 , Pages 255 – 259.

[5] Curcio et. Al. (2006) Sleep loss, learning capacity and academic performance. Sleep Medicine Reviews. Vol. 10, Issue 5, Pages 323 – 337.

[6] Eisenberg, D. et al. (2007) Prevalence and correlates of depression, anxiety, and suicidality among university students. American Psychological Association. Vol 77 (4), Oct 2007, 534 – 542.

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RECOVERY FROM ADDICTION

IOANA ARBONE & ALIREZA JAMSHIDI

The concept of "recovery" has been used in the area of mental health to mean people's experience of "themselves as recovering a new sense of self and of purpose within and beyond the limits of the disability." [1] In other words, recovery is a personal and subjective experience, and does not require complete absence of symptoms [2].

In the addiction field, recovery has been notoriously difficult to define [2].However, recovery in addiction is generally seen as involving an abstinence, sobriety, and absence of drug dependence.

In this article, two stories of recovery from addiction and mental health will be recounted. Both individuals in this story have struggled with mental health and addiction issues. These individuals will be kept anonymous and will be given two aliases: John and Johanna.

For both John and Johanna, recovery came as a realization that the life they were living was not their ideal life. For Johanna, this realization happened as she was given a form 1, which declares the individual as either a danger to themselves or others, or incapable of caring for their needs. This gives police the right to bring the person to the hospital. John said he just decided, at one point, to stop using drugs, since he had enough of them. For both of them, recovery came after hitting their rock bottom.

For Johanna, recovery from drug abuse means being back to the way you were. It means being happy. It also means having the necessary skills to deal with difficult emotions, such as anxiety and depression.

However, the road to recovery was not a simple one. Johanna had to cut ties with many friends that were using substances. John had to learn again how to function in society.

Family played an important role in their recovery. Johanna remembers when her brother encouraged her to go to treatment. She also remembers how her family made her feel loved. This love played a positive role for her.

Willpower was important for John. He said he decided to stop using drugs and once he made up his mind, that was it. Their two stories exemplify William White's idea of "recovery capital."3 By "recovery capital," it is meant the resources that one can draw upon to sustain recovery from addiction. Within the notion of "recovery capital," it is possible to differentiate between personal recovery capital (e.g., willpower), family/social recovery capital (e.g., family and friends), and community recovery (e.g., counsellors available in the community). Indeed, for both Johanna and John, these three resources made a difference.

Looking back, Johanna says that she would tell her younger self that she is loved and to remember that her family is there for her. John also mentioned his family, particularly how they are still worried that he is not completely recovered. John is certain he has recovered and has made up his mind.

We must remember that recovery is a personal journey.

All recovery journeys are different. These two recovery stories are just two examples. As it was shown in this article, recovery is possible.

References

[1] Deegan P. Recovery: The Lived Experience of Rehabilitation. Psychosocial Rehabilitation Journal,1998, 11, 11-19.

[2] Best D. Addiction Recovery: A Movement for Social Change and Personal Growth in the UK. Charlesworth Press, Richmond House. 2012

[3] White, W. & Cloud, W. Recovery capital: A primer for addictions professionals. Counselor, 2008, 9(5), 22-27.

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OVERCOMING SHAME

JACALYN KELLY

Every one of us experiences shame at one time or another. Some of us much more often. Shame is the result of having the perception that others view you as having unattractive characteristics or as having behaved in an unattractive manner [1-3]. Some of our experiences of shame are derived from direct shaming from others, such as when others outwardly criticize our appearance, choices, beliefs, actions, behaviours or personal characteristics. In other cases, shame is created in our minds, when we assume that others have a certain negative view of us, which may be the result of people having outwardly shamed us in the past, or oftentimes because the view we believe others have of us is actually a view we have of ourselves. Regardless of the cause of our shame, it can seriously affect our mental well being.

Despite the negative impact shame has on our psyche, social psychologists believe that shame actually evolved as a human emotion to benefit us [3, 4], as evolution tends to do. Specifically, it is believed that the function of shame is to "motivate behaviours that are appealing to others" by sending an emotional signal when the characteristics or behaviour that a person is currently exhibiting do not appear to be appealing to others [3]. This is aimed at preventing an individual from "losing social rank or being rejected" by others [3], which in primitive times could have meant being cut off from key resources provided by being part of a community [4]. In modern times, this may benefit us by driving us to behave in ways that allow us to develop valuable social connections from which we may derive friendship, romance, or even resources such as employment. Essentially, shame shows us when we have exhibited a characteristic or behaviour that is not considered socially acceptable within a given context, triggering us to re-evaluate what characteristics and behaviours are considered acceptable so that we may exhibit them next time and perform better in that social context.

So yes, shame may prevent us from unprecedentedly lashing out at our friends or repeating an offensive joke; it can teach us to engage effectively with our communities, such as by enacting objectively beneficial social expectations like offering your bus seat to an elderly person. However, while short-term instances of shame in reaction to poor behaviour may have its long-term benefits, the effects of long-term feelings of shame on our mental health can be drastic. Shame has been described as the strongest cause of emotional distress by psychology researchers [5, 6]. Shame causes us to feel defective, worthless and powerless6,7. In addition, shame is significantly associated with multiple mental health disorders, such as social anxiety disorders, depression and eating disorders [3, 6, 8]. Shame can be both a cause and outcome of these mental health challenges, and acts as a roadblock to recovery [6]. In fact, world-wide conducted studies have shown that the extent of shame an individual feels in relation to eating behaviours is the strongest predictor of the severity of an eating disorder [6, 9, 10]. Feeling shame about having a mental health challenge can also prevent individuals from seeking the treatment they need to recover [6].

Shame can be caused by many factors, and each cause of shame may require a unique approach to be overcome. In addition, different approaches may be effective for different individuals in dealing with their own shame. Here we present some approaches for overcoming shame that have demonstrated effectiveness for shame resilience. While this is not a comprehensive list, and

these methods may not all apply to an individual situation, hopefully these suggestions can provide some insight into effective ways to deal with your own instances of shame.

Understand the difference between guilt and shame [3, 4, 11].
"The difference between shame and guilt is the difference between 'I am bad' and 'I did something bad.'" – Brene Brown.

The difference between guilt and shame may seem subtle, but it can have substantial consequences. When we do something we are not proud of, both guilt and shame are reactions that help us realize that behaviour can be improved upon. However, while guilt puts the focus on the behaviour and how it affects others, shame puts the focus on criticism of the self; it leads us to associate our behaviours with our quality as a person, impacting our self-worth and self-confidence [3, 6]. It is important to recognize when feelings represent shame, rather than guilt, allowing you to identify when you may be judging yourself too harshly.

Recognize shame when you are experience it [3, 6].
Shame is often tagged along by other emotions such as anger, sadness and fear. In these situations, it is important to realize that these other emotions are the result of shame. This will help you better understand your emotions and determine how to appropriately deal with upsetting situations. This can prevent you from taking out your emotions on someone else when your qualms are with yourself.

Recognize your shame triggers and try to distance yourself from them [6, 11].
Feelings of shame can be enhanced by certain people, places and things that bring our insecurities top of mind. If there is a person in your life who treats you in a way that makes you feel ashamed, consider communicating this to them and ask them to change their behaviour. If this proves ineffective, you may want to consider distancing your relationship with that individual. If certain atmospheres, magazines, social media sites, activities or anything else triggers feelings of shame, consider how you can limit your interactions with these entities, or change your perception of them.

Remember that the intent of shame is to benefit you and use it to benefit you [4].
Shame feels awful and you may resent how often you feel it, but by remembering its evolutionary intent to teach us how to behave favourably in our communities, you can put a positive spin on this negative emotion. This will refocus your energy into thinking about what factors you can change, whether it be your behaviour, your perspective or the emphasis you put on others' opinions, that may help reduce the chance of you feeling shame in the future.

Confide in people who are also experiencing what is causing you shame [6, 8].
When you confide in people with similar challenges as you, you are likely to find that the things causing you shame are a source of shame for others as well. Confiding in someone who understands what you are going through will help validate your feelings and show you that you are not alone in your shame. It is also cathartic to share your struggles with others and to hear their stories. Your communication with and perception of your confidant may help you re-evaluate your perception of yourself and what is causing your shame. This is particularly useful for healing from shame associated with eating disorders and body image6.

Confide in people you are worried are judging you [8].
Sometimes we superimpose our insecurities about ourselves on others and assume they are making judgements about our personalities, beliefs, capabilities or appearance8. When you address your concerns with individuals you think may be judging you, you are able to know the truth rather than making assumptions. More often than not, you will find that the other person does not hold any judgements against you, and rather is wrapped up in their own insecurities and struggling with how to best present themselves to the outside world. On the other hand, they may inform you of something you are doing that has been off-putting, giving you the opportunity to evaluate whether you want to alter this behaviour, especially if it is offensive to someone else, or potentially remove yourself from a particular social context that is not well suited to you. Overall, addressing your concerns

with others will help to ease your anxiety about what others are thinking about you, and can lessen your shame or allow you to make changes to prevent feelings of shame in the future.

Resist repeated recalling of shame-inducing events.
Experiences that caused us strong feelings of shame can often linger in our memories and reignite those shame feelings whenever we think of them. This can perpetuate our self-criticism to an unproductive extent and over-emphasize a particular event in our evaluations of ourselves. After an occurrence leading to feelings of shame, once you have evaluated the situation (either thinking how you could prevent shame next time, if your shame was based on something you did, or confronting your feelings of shame, such as through confiding in others, in cases where shame was thrust upon you by someone else), then do what you can to resist returning your thoughts to that shaming instance. Work to let go of the situation and move forward. The more we actively recall a memory, the better we remember it and the more likely it is to passively pop up in our minds and elicit and emotional responses from us.

Invalidate perfection and re-define ideals [6].
Many instances of shame can stem from the standards we expect ourselves to meet, which can often be unrealistic. When we set unrealistic standards for ourselves and strive for perfection, we end up constantly evaluating our worth against those standards, leading to harsh self-criticism when we find we do not measure up to our ideals. This often to leads to strong feelings of shame. By maintaining unrealistic ideals, we maintain and support our shame, which strongly prevents recovery from shame and its effects on our mental health [6]. Therefore, invalidating perfection is an important step to overcoming shame. Reinforce to yourself that no one is capable of perfection, and that doing your best to be a good person and work towards your goals is the most you can expect from yourself. Rather than focusing on the fact that you have imperfections or shortcomings, set achievable goals for improving yourself in the areas most important to you. Focus on how you can utilize your strongest qualities and abilities to your advantage in an area where you can succeed rather than focusing on how other qualities may be disadvantageous in particular areas. When you direct your life around utilizing your best traits, you move yourself away from internal shame and towards a life of pride and success.

Focus on what you can control, and not what you can't [6].
Some cases of shame are derived from things we have no control over. For instance, we may feel shame if someone we are closely associated with behaves shamefully. In other cases, we may feel shame about something that someone did to us, which may have severely embarrassed us or made us question our worth, deservedness of respect, or lovability. Further, we may feel shame from a characteristic we were born with and cannot change. In all these instances, the entities causing our shame are out of our control. In these cases, it is important to realize that what is causing your shame is not your fault, and thus you should not feel ashamed because of it. You cannot change the past, but you can impact your future. You can work towards dissociating your thoughts around the shaming circumstance from yourself to prevent perpetuating the shame. You can also seek further support in relieving your negative feelings, either through your support system of family and friends, or through professional help with a counsellor or therapist.

Cognitive Behavioural Therapy [3].
Cognitive behavioural therapy is an extremely widely used and evidenced-based method of therapy for mental health. Cognitive behavioural therapy focuses on changing patterns of destructive thinking or cognitive distortions and decreasing an individual's association with their destructive thoughts. With cognitive behavioural therapy you can work towards alleviating distortions you create in your mind about how other may be judging you and help lessen the judgement you place on yourself. Cognitive behavioural therapy has shown to be effective in reducing shame in individuals with social anxiety disorder3.

Be compassionate towards yourself [6, 11].
Shame is often associated with strong self-criticism, which can lower our self esteem and enhance feelings of stress or anxiety, sadness or even depression. Try to re-direct your thoughts and think of yourself with the same love and compassion you would a loved one. Find

reasons to be proud of who you are and recognize your best qualities and make peace with your imperfections. Challenge thoughts which strengthen your shame and attempt to recognize where your self-criticism may be unwarranted or to harsh. Accept love and compassion directed to you from others. Self-compassion can help to balance out the self-criticism that comes with shame [11]. According to social psychologist Kristin Neff, self-compassion leads to the release of oxytocin, which is the hormone that elevates feelings of calmness, safety, emotional stability, connectedness and trust [11].

Shame, whether playing a huge role in our mental-well being or a smaller one, is something we all must deal with. Finding the most effective method for recovering from your own experiences of shame may take some time to work out. But the road to recovery, whether long or short, is always worth pursuing.

Disclaimer: This article is not written by a psychologist, psychiatrist or counsellor. Addressing feelings of shame resulting from trauma or abuse are beyond the scope of this article. Assaulted Women's Helpline: 416 863 0511; Distress Center Helpline: 416 408 4357; Counseline: 416 946 5117

References

[1] Tangney, J. P., Miller, R. S., Flicker, L. & Barlow, D. H. Are shame, guilt, and embarrassment distinct emotions? J. Pers. Soc. Psychol. 70, 1256–1269 (1996).

[2] Gilbert, P. The relationship of shame, social anxiety and depression: the role of the evaluation of social rank. Clin. Psychol. Psychother. 7, 174–189 (2000).

[3] Hedman, E., Ström, P., Stünkel, A. & Mörtberg, E. Shame and Guilt in Social Anxiety Disorder: Effects of Cognitive Behavior Therapy and Association with Social Anxiety and Depressive Symptoms. PLoS One 8, (2013).

[4] Breggin, P. R. The biological evolution of guilt, shame and anxiety: A new theory of negative legacy emotions. Med. Hypotheses 85, 17–24 (2015).

[5] Scheff, T. J. Shame in Self and Society. Symb. Interact. 26, 239–262 (2003).

[6] Dayal, H., Weaver, K. & Domene, J. F. From shame to shame resilience: Narratives of counselor trainees with eating issues. Qual. Health Res. 25, 153–167 (2015).

[7] Gilbert, P. in Shame: Interpersonal behavior, psychopathology, and culture 3–38 (1998).

[8] Leeming, D. & Boyle, M. Managing shame: An interpersonal perspective. Br. J. Soc. Psychol. 52, 140–160 (2013).

[9] Burney, J. & Irwin, H. J. Shame and guilt in women with eating-disorder symptomatology. J. Clin. Psychol. 56, 51–61 (2000).

[10] Geller, J. Mechanisms of action in the process of change: Helping eating disorder clients make meaningful shifts in their lives. Clin. Child Psychol. Psychiatry 11, 225–237 (2006).

[11] Davenport, B. 8 Strategies for Overcoming Shame. (2015). Available at: https://liveboldandbloom.com/06/self-confidence/8-strategies-for-overcoming-shame?inf_contact

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POST-PARTUM DEPRESSION FROM A FEMINIST LENS

KAVITA KANDHAI

The American Psychological Association (2018) states that 1 in 7 women experience post-partum depression (PPD). Over the last few years, research has examined why postpartum depression was increasing throughout the modern world - looking at correlations with diet, breastfeeding, exercise, sun-exposure - grappling to connect the tangible world with the mental. In 1892, Charlotte Perkins Gilman published a short story, The Yellow Wallpaper in the New England Magazine depicting her struggle with post-partum depression not being recognized as a legitimate mental health issue leading to isolation and suicidal ideation. With over a century past from her publication, not much has changed in the way that post-partum depression is viewed, treated, and often dismissed or reduced to being the cumulative effects of poor eating or some other maladjusted circumstance post-birth. With a feminist lens, I assert that post-partum depression is the mental manifestation of internalized pain experienced by women, brought to the forefront of consciousness through the biochemical upheavals and an array of freshly exposed vulnerabilities brought on by pregnancy, childbirth, and motherhood. Vulnerabilities experienced by women in the post-partum period include traumatic levels of objectification (focus on breasts, nipples, and birth canals) and judgment (the idea that a good mother switch gets turned on and that parenting isn't reflective process often learned through trial and error like it is for men). Women not being regarded as the powerful and miraculous humans with inherent ways of knowing, creates an unhealthy space for the paternal advising of women of what is best them and their children.

Daily, women are subliminally exposed to and ingest patriarchal media that revels in women being objects, "parts", owned, viewed, sold, and monetized. Post-partum, those "parts" that women have been taught held value as our self-worth undergo drastic change inferring an internal message that we are damaged therefore worth less, desired less, subjected to male narratives such as being MILFs, or that our husbands are more likely to stray. Society further compounds mental turmoil by demonizing women for their choices such as going back to work, not breastfeeding, not being the mom that purees vegetables or instantly re-attains her pre-baby body. The unfortunate truth is that women have attuned their psyches to the visceral pain of judgment and increased pressure to not only be a perfect woman but also now be a perfect mother, a notion instilled in girls from youth says, Reshma Saujani, an advocate for creating a positive outlook on female identity and socialization.

During the post-partum period, the body succumbs to the angst from a painful metamorphosis catalyzing a need to retreat from the body or the physical, into the mind for the seeking of safety and assistance of coping from the physical trauma endured. Instead of safety and solitude, what resides in the mind are doubts, insecurities, fears, and helplessness to make change. Motherhood is a quick study of sacrificing one's self and the realization that there is nothing equal about motherhood and fatherhood, despite any disillusioned past feminist ideals that existed in singleton. The new reality's depart from those ideals creates a shock and isolation from their partner that shakes the core of one's mental threshold of resilience. Even the best of fathers are seen as babysitters, not fully accountable parents yet receive overwhelming praise for miniscule tasks that women do regularly yet receive negative criticism for, like changing a diaper. During this difficult interim of having to adjust to a new body, baby, and lifestyle, there is an overexposure to societal voyeurism and even sadism that feeds on the pain and loss women suffer with. The illness of post-partum depression leads easily to thoughts of suicide - in a desperation for escape – for true freedom. Over a century ago, Gilman's Yellow Wallpaper story had depicted a post-partum manifestation of a haunting and ghoulish personification of her home as she fought with feeling imprisoned, dismissed, and reeling from externalized and internalized pain and chaos. These are in reference to various cages and prisons that women experience across a lifetime but in the antepartum heightened and inflamed as if the soul itself had been set painfully ablaze.

While women have been subjected to a being treated

in a sub-class and sub-valued part of our society for the entirety of their lifetimes, after childbirth, it is not the world that changes, it is the women's perception, questioning, and what they desire from the world in return. The time of reflection begins with the question, what do I want for this precious child? Mothers nowadays realize, they want much more from society but feel helpless and hopeless in knowing where to start to make change. For instance, the lens of motherhood beckons questions of why girls are conditioned to be damsels, to be subjected to the gaze of men, instructed how to be ladylike, while boys are conditioned to be less accountable to the home and society in the name of masculinity. As girls get older, injustice intensifies as real life stories of how female foetuses are aborted because girls are less valuable, that women's bodies are defiled at the hands of men but are not crimes because no one believes them or worse it's the woman's fault for the unconsented defiling, or that for every dollar a man makes women are only worth three quarters of that, or that female blame is rooted as far back as the sin of creation itself where women are deemed deserving of the suffering and so harsh and unjust realities are normalized in the past, present, and likely future. No veil exists between us and our sisters and our mothers that have been silenced, abused, oppressed, sex-trafficked, made dependent on men, and subjugated to a subservient way of life.

"News articles" on how women broke the internet with nudity, photo shops of thigh gaps and concern of how fast a woman is supposed to regain her "post-baby" body propagate further objectification that stifles the yearning to emerge the true matriarch that ebbs within. To survive means to become disembodied from your flesh – its subjectivity to your worth and the pain you have inherited through your gender, and you realize you no longer want to internalize the pain of patriarchy but forge a new truth but do not know how to make any change to such a historical, political, and atrociously unequal system and it feels as if you have made a bed in quicksand. It is not the lack of love for your child that causes post-partum depression but the need for the psyche's retreat from despair - to numb the senses.

Women today are trying to do it all and are more determined than ever. Three females out my graduate school cohort are mothers and some pregnant or thinking about family planning. Women need support and safe space to debunk the issues that surround their womanhood. Climbing the corporate ladder and advancing education are happening concurrently with pregnancy and childbirth. Supportive measures for mothers in the antepartum include counselling support on returning to work and school to learn how to balance and transition to a new life's expectations with competing priorities and support on subsequent family planning. Post-partum depression has multi-factorial origins and can have negative repercussions on work, school, and relationships. Imperative is the legitimizing that PPD is a mental health condition that is biochemical in nature at a time in womanhood that is highly vulnerable, reflective, and difficult. To fellow sufferers and those who have endured PPD, post-partum is described as a time that is supposed to be filled with joy, yet you may experience some of your darkest days but aim not have shame or guilt about this, as this is part of being in the modern world. In the post-partum, there is an awakening within that is not congruent with the world we live in, yet do not try to stifle the awakening but find ways to let it out – to make change in the world and in how we socialize our children so that generations from now, we face a more positive female identity where women are allowed to be broken, imperfect, strong, resilient, and whatever else they choose to be.

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THE LIFE AND TIMES OF A BASTARD KID BY DELFIN AVACYN

TRANSCRIBED BY: MARIJA ZIVCEVSKA

They say that life is full of surprises, so be prepared. No one told me however, that there were life experiences that I couldn't prepare for. Depression came to me early, when I was around seven or eight years old. I didn't know what it was and was not aware of any consequences. I grew up thinking mental illness was shameful. Because of this, I knew that I needed to hide it and pretend it wasn't there. I never had anyone in

my life to look up to for guidance. My family, and the culture I grew up in, looks down on those with mental illness. And so I learned to lie at a young age, especially to myself about my daily experiences. I ended up believing what adults told me: "It's all in your head."

When my family and I came to Canada ten years ago, it was a huge milestone for me. It was a new country, and a new way of life. But I didn't know anybody and I didn't understand "civil" and "socially-acceptable" nuances. I saw through the lens of an immigrant. Canada seemed opposite to what my Filipino upbringing taught me. Things like mental illness, sexuality, gender constructs, and equality, were foreign concepts for me. The openness and the frankness of the conversations I read, watched, and heard, were new territory. I didn't know what to make of it at the time. As I turned into my mid-teenage years, I discovered more things about myself that I was afraid to admit. It put those confusing cultural differences into a larger problem for me. I first understood myself as a cisgender, gay man. My Filipino parents saw this as a negative. I was accepted and protected under Canadian law, but in my home I wasn't. I felt trapped. I hid as much as I could.

High school was a completely new experience for me. Everyone wanted to be my friend but as someone who never really had friends, I didn't know how to respond. I immediately became this aloof weirdo who said things just to start a conversation. I didn't know how to act around people and to this day, I still don't. Ninth grade ended and it took a couple months before things began to get ugly. I didn't know who I was as a person. I had no idea how to process my emotions, social cues, and my own discoveries about myself. I was a deer in headlights. Around the fall semester in grade ten, my family found out, through relatives, about my sexuality; this news wasn't well-received. My parents put me through constant supervision. They demanded to know my location at all times, what time I was coming home, and who my friends were. It scared me. I never really had any sort of freedom to explore myself and to search for resources to deal with what I was going through. These events triggered three years of depression and anxiety.

I learned to create a façade of happiness. I hid my struggle as much as I could, but I felt alone and helpless. I had a few friends but they seemed more interested in their schooling, and participating in typical adolescent activities. I never had a "normal" growing up phase which led to my academic downfall. I graduated but had to do remedial classes the following year to be able to get into post-secondary institutions.

University was another ballgame for me. This is where everything exploded in my face. My depression and anxiety was at their highest and most destructive. I tried to make myself feel better by hiding my feelings but struggled with destructive thoughts. This jeopardized my relationship with my parents even more. I had to move out despite having no money. I'm grateful to my boyfriend at the time for helping me survive each day. He was my rock. It was in the early part of 2015 that I started to realize my gender identity. This caused a drift in my relationship and led to an amicable split. At the same time, I was considering hormone therapy but midway through the year, I realized it wasn't for me. I now identify as non-binary (they/them pronouns) and as pansexual. Within the next two years, my life went through significant changes. I moved out of my parent's house in 2016 for good. I then got diagnosed with HIV that same year. Because of my diagnosis, I lost another relationship and my partner kicked me out. The events in 2016 triggered a year's worth of depressive episodes. By this point, my self-expression had been through various changes and experiments, much to my family's dismay.

Flash forward to now, I still battle with depression and anxiety but I have a better handle on things. I found friends who I love and trust. My relationship with my family has gotten slightly better. I can call them now and talk about work, my relationships and how things are. They still disapprove of the way I dress and express myself, but I'm at peace with that.

Reading my story, you may be wondering how I managed to survive it all. My answer to this is that it requires a strong support system. You need to surround yourself with people who have your best interests in mind. People that make you feel safe and comfortable. It may be cliché, but if the family you were born into won't accept you as who you are, then create your own family. Meditate, go on walks, find joy in the little things (i.e., waking up in the morning,

having that first cup of tea or coffee, being alive). Listening to music helps. Find something that makes you happy; find something to look forward to. A couple years back, a friend of mine introduced me to a trading card game called "Magic: The Gathering". It's packed with high-fantasy lore, art, and has a large supportive community. Within the game, you can explore different places they call "planes", all of which differ from one another. You can be a vampire on one plane, or an elf, a goblin, a faerie, or some other creature. I made new friends playing this game and I found a community I love. "Magic: The Gathering" was my ultimate saviour. I live and breathe this game. Looking back, I'm better off now than I was before. I've grown a great deal from my journey. I'm grateful for my seven-year old self who failed to hurt themselves and for discovering anime and Yugioh. I'm grateful for my seventeen-year old self for stopping their prescription medication addiction and for completing a self-rehabilitation process though poetry, writing and reading. I'm grateful for my twenty-one-year old self for seeking help even if it was in a destructive way. I was just on the path to recovery. I'm grateful to myself for the past year for never giving up, finding the love of my life and surrounding myself with good people. To myself, past and present: We did good. No, we did awesome.

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START YOUR JOURNEY TO ENHANCED PHYSICAL AND MENTAL HEALTH

PROFESSOR MICHELLE FRENCH

Soon after I started a post-doc in Toronto in 1996, my supervisor, Professor Jane McGlade invited members of the lab to join her for a lunchtime run. A few of us accepted her invitation and headed out for our first run. My journal entry for that day reads "Queen's Park, 4X around, jog + walk, mostly walk, very tough, total time 38 min". Our lab runs continued weekly and gradually we improved. Soon Jane and I were meeting on Sundays for longer runs: we trained for and completed 5k and 10K races and a just over a year and a half later, finished our first marathon (42K). Jane and I have continued to meet for runs weekly for the past 21 years, participating now and again in races, and more recently training for triathlons. But more important than these finishes is the friendship and physical and mental benefits that I have gained through exercise. These benefits keep me moving and inspire me to encourage others to do the same. Here, I summarize the benefits of exercise, describe how I am encouraging my students to run, and provide tips on how you too can start or sustain an exercise program.

The Benefits

Individuals who engage in vigorous physical activity have fewer heart attacks and strokes, are less likely to develop metabolic syndrome and Type 2 Diabetes and have a lower risk of developing osteoporosis and certain cancers. Physical activity also enhances brain function including improving learning, memory and mood, and protects against age-related cognitive decline. Engaging in physical activity with others brings social benefits: your exercise buddies or fellow teammates provide friendship, encouragement and support, and importantly keep you motivated. Achieving exercise goals, such as completing a 5K race, builds self-esteem and confidence that can be harnessed for other aspects of life.

Remarkably in spite of these and other benefits, only 20% of Canadians as a whole and 38% of undergraduate students in Ontario1 report meeting the recommended levels for physical activity (Box 1). As a professor, the lack of exercise among students worries me, especially since approximately 60% of these same Ontario undergraduates report recently feeling "very lonely", "that things were hopeless" and/or "overwhelming anxiety" [1]. Given my own discussions with students about the challenges they face, and my positive experience with physical activity, I now encourage my students to exercise to help them lead happier lives. Essentially my dream has been to recreate the experience I had with my lab mates in 1996, so that my students will develop their own friendships and life-long exercise habits.

Getting Students Moving

With this goal in mind, I worked with MoveU to offer a running/walking program for students in my large introductory human physiology course (PSL301H).

(MoveU is a campaign run in partnership with Faculty of Kinesiology and Physical Education (KPE), Hart House, Health and Wellness that aims "to inspire and educate students about the benefits of being active".) PSL301H students were encouraged to join a Learn-to-Run program offered by Hart House and/or participate in twice weekly PSL301H/MoveU Community Runs/Walks at the Athletic Centre track. Students who participated in eight or more sessions received an annotation on their Co-Curricular Record and free entry to the MEC 5K race held in April.

I was thrilled when 48 students showed up to run with me and MoveU volunteers at the first Community Run and with the success of the entire program, which is now in its second year. We have averaged approximately 25 students per week for Community Runs, and 160 individuals have participated at least once. Last year, 33 PSL301H students signed up for the Learn-to-Run program, and the 5K MEC race has had over 30 program participants each year. In written reflections, PSL301H students report: "exercising really does help me deal with my stress" and the program "afforded the opportunity to connect more with people I knew . . . [and] to extend the network of people that I study with, making exams feel less isolating". At least four of last year's participants became MoveU volunteers this year and others have gone on to complete longer races.

I would like to see more students exercising and more courses/organizations on campus partnering with MoveU to introduce physical activity to students. With this in mind here are my top ten tips to help you start or sustain a running or exercise program:

1. Find an exercise buddy at a similar fitness level and commit to meeting at the same time every week,
2. Exercise buddies can be lab or office mates, friends, family, teammates, pets or even someone you meet at a drop-in exercise class,
3. Start small: aim for 30 min one day a week, next add a couple of extra days, and then add time to one of the sessions,
4. If you are new to running/exercising, start with run/walk or moderately hard/easy intervals, gradually increasing the run/moderately hard interval time,
5. On days when you feel tired, commit to 10 min – often you will be able to do more,
6. Record your progress in a journal (e.g. distance, time, weather, route and exercise buddy),
7. To keep you motivated set a goal (e.g. complete a 5K race) making sure it is realistic,
8. Remember it takes about a month for something to become a habit,
9. Join the Learn-to-Run Program at Hart House or similar programs offered in the community (e.g. MEC, Running Room),
10. Partner with MoveU to introduce physical activity to your student organization. They offer a variety of programs to suit your needs (see: http://harthouse.ca/moveu/).

The other day, Jane and I went out for a run. My journal entry reads: "Run with Jane, Rosedale, 10K, total time: 65 min". I hope that our story motivates you to take your first step to better physical and mental health or to stay committed to your current

exercise regime. Best wishes on your journey.

References

Box 1: Canadian Physical Activity Guidelines for Adults (aged 18-64)

- To achieve health benefits accumulate at least 150 minutes of moderate- to vigorous-intensity aerobic physical activity per week, in bouts of 10 minutes or more.
- It is also beneficial to add muscle and bone strengthening activities using major muscle groups, at least 2 days per week.
- More physical activity provides greater health benefits.

Source: http://csepguidelines.ca/wp content/uploads/2018/03/CSEP_PAGuidelines_adults_en.pdf

[1] ACHA-National College Health Assessment II reports for undergraduates and Ontario Reference Group

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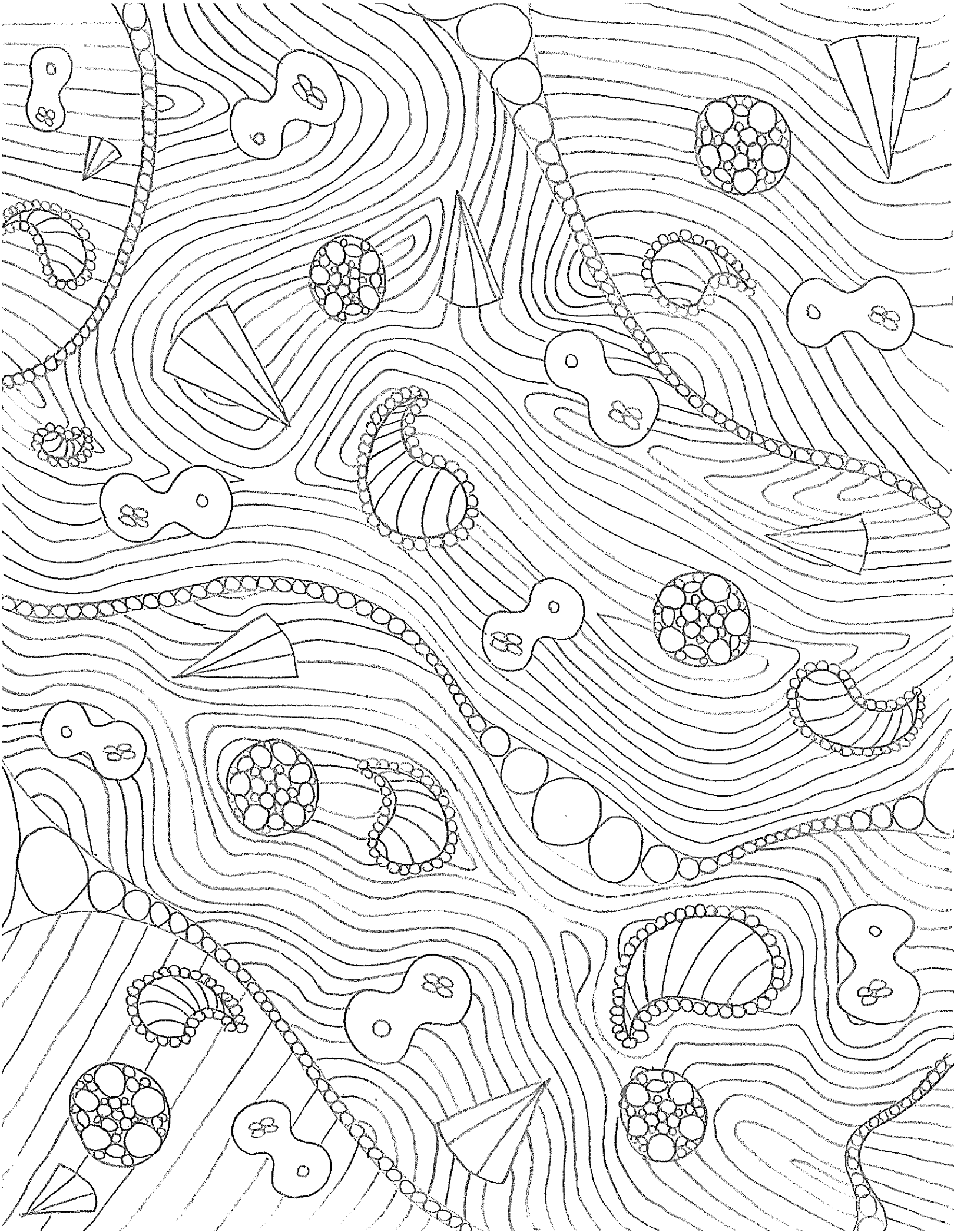

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