



10th Anniversary Issue

Elemental

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

SPRING 2023

SPOTLIGHTS LOOKING AHEAD: THE FUTURE OF MENTAL HEALTH

MENTAL HEALTH CARE FOR CANADA'S TOUGHEST EMPLOYEES // HARM REDUCTION
INITIATIVES ON CAMPUS // THE BPD BUNCH - YOUTUBE TALK SHOW // SPIRITUALITY:
CREATING MEANING FOR MENTAL HEALTH // SELF CARE TIPS FOR A HEALTHY YOU –
NOW AND FUTURE// CHAT GPT - VIEW POINT

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LETTER FROM THE EDITORS

We are delighted to present the tenth issue of *Elemental*, the University of Toronto's official tri-campus mental health magazine. To celebrate the 10-year anniversary, we wanted to focus both on how far our field has come, but also acknowledge the challenges and aspirations for the path forward. Thus, the theme for this issue is *Looking Ten Years Ahead: The Future of Mental Health*.

Notably, the COVID-19 pandemic has increased public understanding and awareness of mental health globally. Reports of mental health concerns have increased across the population ¹ with an estimate of approximately 39% of college-aged individuals reporting a mental health diagnosis. ² Fortunately, mental health literacy and advocacy is also on the rise. ³

Research shows that virtual mental health care has become increasingly popular, in addition to the use of artificial intelligence, social media, and virtual reality. ⁴ Initiatives have also begun to focus on reducing barriers and increasing cultural responsiveness for marginalized communities. ⁵ Given



the rate of increasing support for mental health initiatives and a movement towards normalizing these experiences online and worldwide, we thought it would be important to highlight some ongoing and future initiatives on campus and beyond.

In the current issue, UofT's Dr. Kipusi discusses the future of mental health and spirituality. Dr. Hadjistavropoulos provides insight into her internet-delivered cognitive behaviour therapy program for first responders and public safety personnel. Xannie Bakeri shares her original YouTube talk show raising awareness for borderline personality disorder, and our journalists explore the role of social media in mental health and body image. We also hear from UofT's Harm Reduction Collective and the Street Health Overdose Prevention site on their mission and advocacy to reduce the health and social harms associated with addiction and substance use. The future of

psychiatric nursing in Ontario, as well as the use of transcranial magnetic stimulation as an alternative form of treatment are also discussed. Disney Pixar's film *Turning Red* is reviewed in the context of social identity, and the concept of work-life balance is explored in the context of the pandemic. We also incorporate tips for mental health for students on a budget, coping with imposter syndrome, and a step-by-step guide to try experiential focusing. Finally, in the era of AI, the current issue chose to utilize ChatGPT to explore the future of mental health care.

We would like to extend our gratitude to the *Elemental* journalists, illustrators, and communication and editorial team, for their hard work and contribution to this issue. We would also like to extend our thanks to the Chair of Grad Minds, Curtis D'Hollander, and the Grad Minds team for their support. Finally, we would like to extend our deepest gratitude to Jeffrey Lynham for trusting us with *Elemental* and for your dedication and guidance.

Sincerely,

Lola Leving & Talia Vacca

***Co-Editors-in-Chief,
Elemental Magazine***

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MEET THE ELEMENTAL TEAM

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2022/ 2023

WHAT CAN YOU FIND IN THIS ISSUE?



*Start with this word search for a
little clue of what's to come!*



H	F	U	M	E	N	T	A	L	P	E	A	C	E	H	K	C	T
T	O	M	H	V	P	B	O	D	Y	I	M	A	G	E	I	M	B
U	C	K	J	F	B	V	O	I	B	P	D	B	U	N	C	H	P
R	U	S	P	I	R	I	T	U	A	L	I	T	Y	B	N	D	L
N	S	H	A	H	A	R	M	R	E	D	U	C	T	I	O	N	Y
I	I	A	X	J	L	W	U	C	H	A	T	G	P	T	H	D	L
N	N	U	A	O	E	F	N	D	H	L	Z	P	C	B	U	Q	I
G	G	S	O	C	I	A	L	M	E	D	I	A	U	D	M	X	B
R	N	U	O	Q	P	S	P	N	E	T	V	J	R	B	Q	X	J
E	D	E	R	M	R	J	Y	C	U	C	J	O	B	Y	T	Z	F
D	M	E	N	T	A	L	H	E	A	L	T	H	R	M	W	N	V
G	A	A	N	U	P	M	X	L	S	E	L	F	C	A	R	E	G

Find the following words in the puzzle.

Words are hidden → ↓ and ↘ .

BODY IMAGE
BPD BUNCH
CHAT GPT
FOCUSING
HARM REDUCTION

MENTAL HEALTH
MENTAL PEACE
PSPNET
SELF CARE
SOCIAL MEDIA

SPIRITUALITY
TURNING RED

MENTAL HEALTH CARE FOR CANADA'S TOUGHEST EMPLOYEES

LOLA LEVING

Leading researcher and clinician Dr. Heather Hadjistavropoulos, an internationally recognized scholar in the area of internet-delivered cognitive behaviour therapy (ICBT) and principal investigator of the Wellbeing Innovation Laboratory at the University of Regina, Saskatchewan, is paving the way forward in innovative mental-health treatment. One of her many ongoing projects involves a specialized online intervention program called PSPNET, which serves to support public safety personnel or first responders and their families. Public Safety Personnel (PSP) is a broad term that includes individuals (career and volunteer) who ensure the safety of Canadians, such as: firefighters, paramedics, indigenous emergency managers, search and rescue personnel, police (municipal, provincial, federal), and more. I had the great opportunity to speak with Dr. Hadjistavropoulos, as we unpacked PSPNET and some of the strengths and challenges of internet-delivered mental health interventions in the PSP population and beyond.

First, we discussed the launch of PSPNET Families, which is now offering the Self-Guided Spouse or Significant Other (SSO) Wellbeing Course, a free eight-week



Image source: <https://www.dvidshub.net/>

course for spouses of public safety personnel. The course is tailored to meet the unique needs of spouses of PSP, providing education and guidance for how to manage mental health concerns like low mood, depression, anxiety, and posttraumatic stress injuries. The PSPNET Families Wellbeing Hub is developed through funding by the Public Health Agency of Canada. In our interview, Dr. Hadjistavropoulos emphasized that their goal was to “try and create a new doorway to care for PSP families”. “Given the high rates of mental health difficulties in this particular population, the trauma that they are exposed to, and the added stress of the job, there is a moral obli-

gation to help these people who are injured at work, and provide support for their families.” The SSO course was developed in response to research findings which suggested that there is a lot of concern for PSP families, and especially the spouses, or significant others ^{1, 2}. “There is a kind of secondary trauma that is happening to these families” says Dr. Hadjistavropoulos. Filling a much-needed gap in care, the SSO course is designed to meet their needs.

At its core, PSPNET strives to eliminate barriers to mental health care. “There are so many barriers, like servicing rural and remote locations, barriers to cost,

says Dr. Hadjistavropoulos. She also identifies specific barriers to care in the PSP population, “a lot of PSP don’t have very good mental health care benefits.” For instance, “in Canada, a lot of firefighting is done by volunteer firefighters, and they have zero benefits.” Additionally, “family members don’t necessarily have benefits” or support for stressors that are often “above and beyond ‘regular family’ stressors.” There is also “a lot of stigma about reaching out for help and having mental health problems in these professions”. “People want to self-manage mental health problems, and this seems to be particularly prominent in people who like control, feeling like, ‘I should be able to handle this myself.’”

There is “a lot of stigma about reaching out for help and having mental health problems in these professions”.

“People want to self-manage mental health problems, and this seems to be particularly prominent in people who like control, feeling like, ‘I should be able to handle this myself.’”



Longitudinal studies following recruits show that although people enter these professions with

good mental health, many end up with challenges and disorders from trauma, stress, and the addition of repeated exposure³. Having a source of support throughout the profession is vital.

In addition to overcoming various barriers to access, online therapy is a really important option for many individuals who may not be ready for other forms of intervention. Addressing this strength, we discussed how developing mental health services need to balance reducing barriers while maintaining key therapeutic aspects like empathy, collaboration, and therapeutic alliance. “In the self-directed SSO program,” Dr. Hadjistavropoulos maintains, “because there isn’t a therapist, it is extra important to do the research to make sure that the materials are developed to be supportive.” Research has shown that ‘therapeutic alliance’ or connection with program materials can be measured⁴, “when you read anything, sometimes it can be very factual, and then sometimes, you can feel the warmth in the writing. We really try to understand how to make online services as effective as possible within the limits of what’s there.” Elaborating on the future of mental health care, Dr. Hadjistavropoulos said, “what I would love to see is the day when you can pick the service that is most comfortable for you. When people can choose for themselves: they could take medication, go to face-to-face treatment, or do online therapy.”

One of the key features of the PSPNET SSO course is the inclusion of a voluntary online



Dr. Heather Hadjistavropoulos,
principal investigator at
PSPNET

discussion forum. “We didn’t have the resources to provide therapist assistance, so that’s why we wanted to have a discussion forum where a therapist would moderate but also clients could interact with each other.” Access to online community forums, especially in light of COVID-19 isolation, may provide additional support to clients of internet-delivered therapies⁵.⁶ For instance, “it’s very powerful when somebody does post a personal story on the online forum.” Additionally, “seeing how far someone has come, might motivate people to continue with the program.” As the course develops, Dr. Hadjistavropoulos is excited to enhance the logistics of the online community, working with the participants to understand how to improve it.

In addition to Dr. Hadjistavropoulos expertise in internet-delivered cognitive

therapy, her research also explores topics in health psychology. Dr. Hadjistavropoulos hopes to understand how to increase adherence to treatment plans of patients, in turn improving quality of life and well-being. One of the challenges of intervention plans, including online therapy, is encouraging people to reach out and “stick with it.” “There are a lot of things that we do in the program, for instance, we have an extra resource dedicated to maintaining participants’ motivation.” Asking questions similar to motivational interviewing, the material encourages people to “break behaviours down into really small and manageable steps and think about what their values are, why they want to work on that, what are their strengths, and what do they hope to see?” For example, “if someone has a goal to make time for pleasant activities like reading, we encourage them to make an attractive spot in their environment where they would want to sit down and read.” In this way, the resources themselves incorporate the things that motivate people to keep going and achieve their goals 7.

Reflecting on the exciting achievements of PSPNET, I concluded my interview with Dr. Hadjistavropoulos by discussing the future of PSPNET and how she envisions the next 5-10 years unfolding. “It really depends on funding. Assuming we continue to get funding I would love to be able to offer therapist assistance across the country. We are currently offering services in Saskatchewan, Quebec, Nova Scotia, New Brunswick, and

PEI, we would like to expand our program to other provinces and territories.” Furthermore, Dr. Hadjistavropoulos spoke about offering additional courses targeting sleep, alcohol use, mental health for leaders and organizations, courses for PSP kids, and more. “The goal is to increase awareness of the special issues that PSP and their families face, and some of the different strategies that can help.” Notably, “all of this is in first draft format – we do it, we get

“The goal is to increase awareness of the special issues that PSP and their families face, and some of the different strategies that can help.”

feedback, we learn what people want, and we keep developing.” The program, according to Dr. Hadjistavropoulos, is constantly changing, and “this really speaks to our responsibilities as researchers and clinicians.”

To learn more about Dr. Hadjistavropoulos’s research and PSPNET, check out the PSPNET website
<https://www.pspnet.ca/>

Edited by Farrah Farhat

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Image created with Midjourney

SPIRITUALITY — A LIFELONG JOURNEY OF CONSTRUCTING LIFE MEANING AND BENEFITING MENTAL HEALTH

ATHENA LI

Spirituality is an intuition born in human beings¹, just like the ability for language. Historically, people often equate spirituality with religion. However, the relationship between spirituality and religion is like the relationship between dark matter and stars in the universe: religion was born based on the spiritual intuition of human beings. So, in many Eastern cultures, spirituality is seen as the animating force of life.² Modern Western science devalues spirituality because of the opposition to religion. The Western postmodernist worldview supports pluralistic ways of knowing and believes that reality is constructed through interaction³, which emphasizes individual interpretation and subjective experiences; thus, strengthening the importance of spirituality. Based on this epistemology, the importance of spirituality in mental health has been widely accepted in recent years.⁴ After the pandemic, for example, people gradually returned to their normal life whilst also reflecting on what kind of everyday life they are returning to.

Dr. Sein Kipusi is a lecturer in the Social Justice Education Department at the Ontario Institute for Studies in Education at the University of Toronto. She has taught the course of spirituality and schooling. We interviewed her about the impact of spirituality on mental health and invited her to share her outlook on the future of spirituality and mental health in the next decade.

What is spirituality?

Dr. Kipusi: Spirituality is the relationship that you have with yourself and with whatever you consider to be your creator. This creator can be the force of life, God, a higher power, the universe, or cosmic energy. It is a lifelong journey about the relationship with yourself and with your creator because people change over time. For example, people are different in their teens, thirties, and sixties. When you change as a human being, your relationships with yourself and with your creator will change as well. So, spirituality is the lifelong journey of constructing the meaning of life.

Religion and science are considered to be two opposing perspectives on understanding the world. What is the relationship between spirituality and both religion and science?

Dr. Kipusi: Spirituality and religion complement each other, but they are separate. Spirituality is self-governing and what you need to look within yourself. Religion tends to have rules, institutions, or scriptures. So it is a group pattern and more external. Spirituality is a uniquely personal experience of consciousness. However, nobody has the answer to what consciousness is. Science can give us tools, especially quantum physics, to help us understand consciousness. For example, we are energetic and electrical beings that emit frequencies. The double-slit experiment also proves that our consciousness and thoughts can affect the movement of particles. So, spirituality and science are connected.

How do you understand the relationship between spirituality and mental health? Currently, there are at least two opinions on this topic:

one believes that spirituality benefits mental health, and the other believes that it harms mental health. What do you think about this divergence?

We live in an age where there are categories of mental health and people are diagnosed and given prescriptions to treat mental health problems. But spirituality cannot be measured or categorized, and no one can be diagnosed with too much spirituality, too little spirituality, or spiritual injury. This makes the relationship between spirituality and mental health tricky. I think both possibilities you mentioned exist. Mental health is a personal relationship with yourself and can be influenced by external factors in the environment. Spirituality provides a path to help you quiet down, step back, and become aware of your thoughts and mindsets, like looking at a mirror into your soul. It is exactly the first step to mental health. I would say spirituality is supportive because it can change you from a bystander to a participant of your mental health journey.

However, it can be problematic if a person relies solely on spirituality. For example, if a person is very spiritual and meditates every day but is socially disconnected and unable to interact with others, the isolating state will still harm this person's mental health. In other words, spirituality is a path to mental health, but the path itself is not the destination. If you just focus on the path and walk without a destination, you will get lost.

Does everyone have the capacity to be spiritual?

Dr. Kipusi: I believe so. Spirituality is human intuition. Different cul-

tures in the world have documented many different spiritual practices, such as the Celtic culture, the Mayan culture, the Asian Feng Shui culture. There are also a lot of similarities in the Middle East, Africa, and indigenous cultures around the world. But spirituality has no space in academia, so we have challenges when we want to develop spirituality and habitually look for courses and textbooks.

How can we develop our spirituality?

Dr. Kipusi: I think it should be through exposure and experience. Whatever your lifestyle is, you have to make a conscious effort to expose yourself to different living spaces. For example, traveling and interacting with people in a completely new country. It makes you humble because now you realize that your way of thinking is not the only one. Even just in your city, exposing yourself to different types of experiences is helpful. In Toronto, we have such a diverse population. Going to a theatre show in a different language or trying a sports game that is well-known in another country can put yourself in a challenging situation and give you an opportunity to reflect on your own biases by realizing the whole outside world. It is also beneficial to look into your own traditions, culture, and community, including talking to your elders. They hold a lot of knowledge, even if they are just your grandparents.

Do you have any prospects for mental health and spirituality in the next decade?

Dr. Kipusi: In the next decade, we will definitely become more technologically oriented. Our reliance on technology would also impact our mental health and spirituality.

Technology now allows us to get instant gratification, such as calling for an Uber in two minutes or ordering on Amazon to get something delivered. However, this kind of relationship you cultivate online with the outside world will soon disappear. They are not real. Human beings need connections, and if our connections are shaped and ruled by devices, this leads to social anxiety. In the next decade, I think there will be more people seeking spiritual answers through technological devices, especially the generation that grew up with screens. Therefore, it is more essential for us than before to create awareness on how to deal with technological tools, especially to understand the consumerism behind them. Developing spirituality is essentially managing your relationship with yourself, so it needs to start from the internal rather than relying on devices.



Dr. Sein Kipusi, Lecturer in the Social Justice Education Department at OISE, University of Toronto

Edited by Alaa Alsaafin & Talia Vacca

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Image (left) created with Midjourney



LOOKING THROUGH THE ILLUSION: A REFLECTION ON BODY IMAGE AND SOCIAL MEDIA

RIFAT FARZAN NIPUN

The popularity of social media is increasing with time. As per Statista (2023), 2.73 billion people around the world were using social media in 2017, which increased to 4.59 billion people in 2022.¹ Social media platforms allow us to gain followers and potentially become social media celebrities ourselves, as well as enable us to follow our friends and favourite celebrities.²

Often, perfectly styled pictures create an illusion in the viewers' eyes. When we start comparing ourselves with the images we see, our perception of our body image may become altered and influenced by social media. This article explores the inextricable connection between social media and body image. Following fitness and fashion content may create an unrealistic image of a perfect body or look. The con-

cept of the ideal body may lead to body dissatisfaction in the self. At extremes, this can present as body dysmorphic disorder (BDD), an anxiety disorder related to obsessively worrying about imaginary flaws or imperfect appearances. A study on association between BDD and the use of social media like Snapchat and Instagram revealed that looking at celebrities often makes young girls doubt their appearance; the constant comparison can sometimes lead to psychiatric problems.³

In addition to content related to body image, social media can alter an individual's perception of their body image through digital interactions, such as likes and comments. These interactions can offer validation by others, which make users feel desirable and perceive their body image positively.

Conversely, negative comments can lower an individual's self-esteem.⁴ Often the absence of appreciation by likes and comments creates a competitive environment, with peers and celebrities. For example, studies suggest that the risk for having an eating disorder is increased with the use and exposure to social media.⁵

Although body image-related studies primarily focused on women, studies in men also showed associations between social media and body image issues. For example, social media reinforces the idealized masculine body and can influence a young man's desire to gain muscle. This desire may result in an obsession, including regular appearance monitoring and increased anxiety about one's appearance.⁶ This is congruent with the associations observed between social media

engagement and body image disturbance in both young women and men.^{7,8}

Although there is compelling evidence of the negative effects of social media use on body image issues, social media can be a potential platform to spread body positivity. Social media platforms have taken some initiatives through campaigns to make content more realistic and promote body positivity. For instance, Instagram versus Reality is a viral trend on Instagram, which shows edited pictures versus unedited ones.⁹ Platform users have positively reacted to the campaign. For example, a previous article reports that women described feeling more satisfied with their own bodies after seeing the difference between the unedited/imperfect pictures and the edited ones.¹⁰

In a recent TikTok post, famous singer and actor Selena Gomez shared a moment of body positivity. When someone told her to tuck her stomach in one of her TikToks, Selena replied that she would not do it, as “a natural stomach would be coming out anyways”. The post became viral, and her fans greatly appreciated her positive message about body image.¹¹

It is important to understand that the body positivity movement is not above criticism. Some argue that body positivity might contribute to obesity and that normalization of plus sizes can bear a hidden risk for people who are overweight.¹² However, I argue that body positivity promotes inclusion rather than obesity. It is about self-acceptance and self-love. In my opinion, while the idealized fit image on social media creates body dissatisfaction, body

positivity promotes learning healthy behaviour and embracing one's flaws.

What social media offers for the future:

The debate on social media's positive and negative effects on body image will likely persist. Seeing celebrities like Mindy Kaling, Demi Lovato, and Jameela Jamil leading the body positivity movement is impressive.¹³ It inspires hope as I suspect that more celebrities will use their social media accounts as a platform to inspire their followers to embrace body positivity. Changing the idealized appearance-focused content to more realistic content can be a powerful method to spread the message of body positivity. Due to the number of social media users, we have the opportunity to change people's illusion of perfect body image and boost their self-esteem by modifying their perception of beauty.

Edited by Alaa Alsaafin & Lola Leving

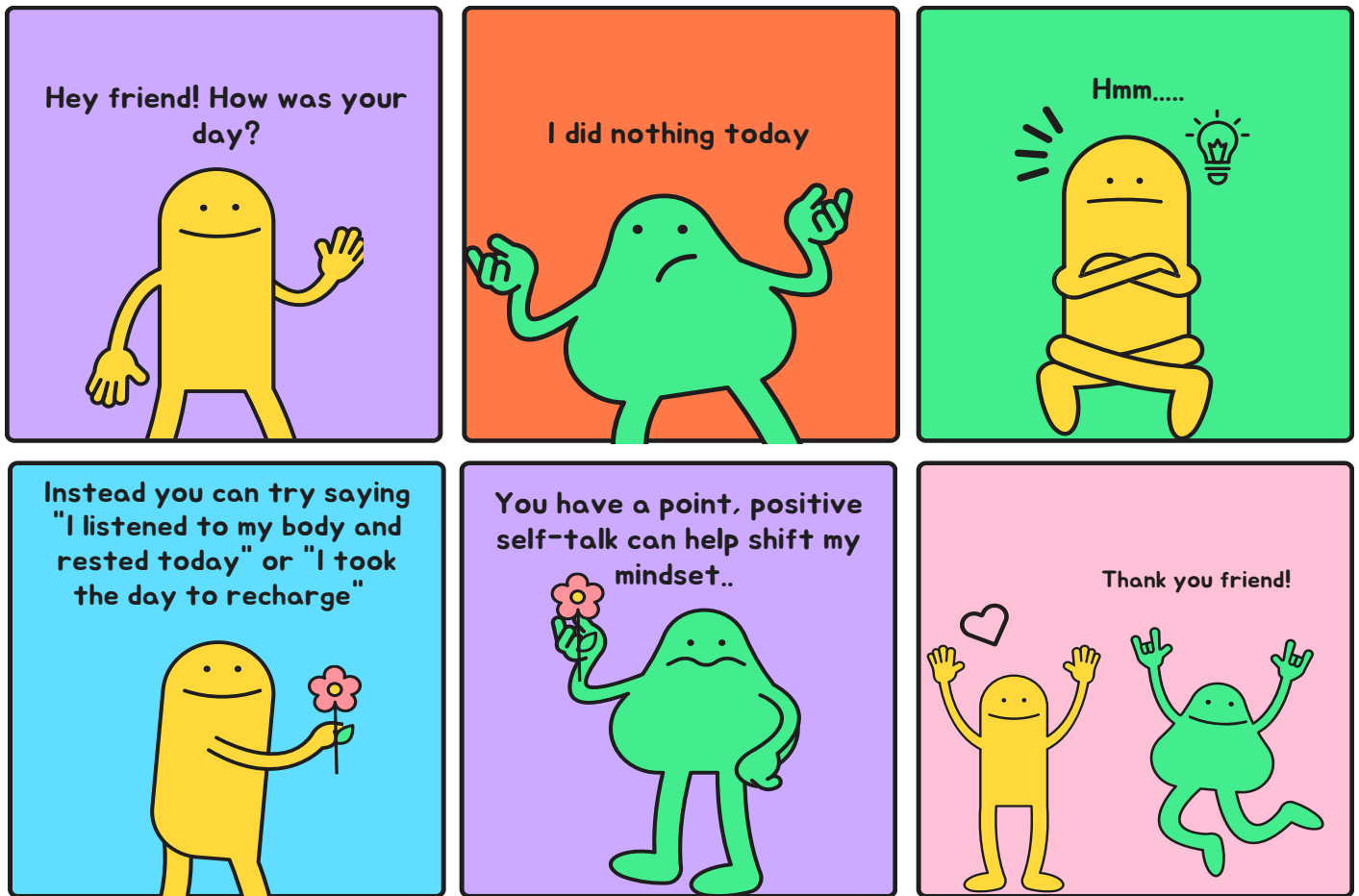
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"I DID NOTHING TODAY"



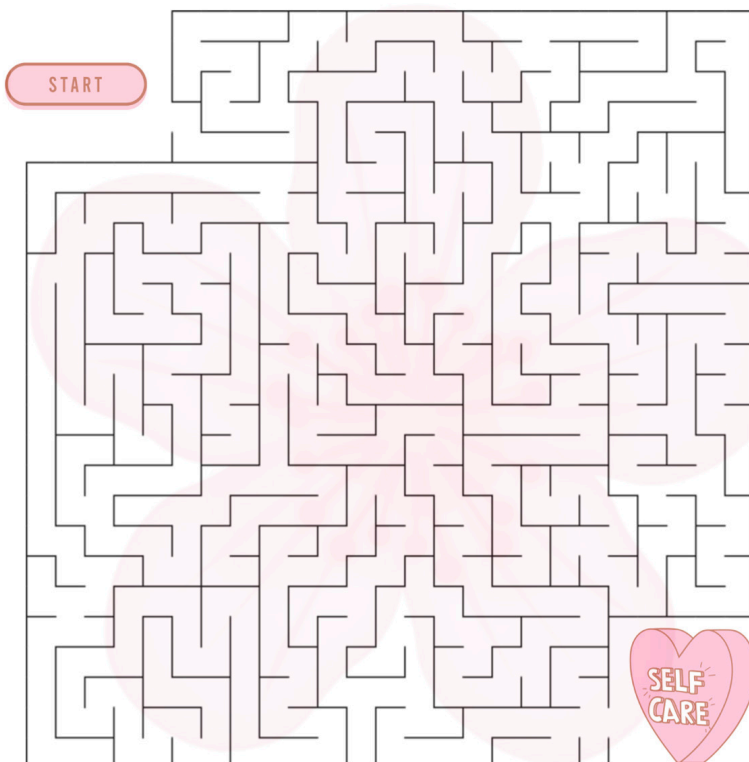
Original cartoon by Sonika Kumari

Thought of the day:

To care for myself properly is to love myself. My body needs rest, good food, exercise and clean air to breathe. My soul needs peace, love and happiness.

When I care for my true SELF - the spiritual being inside the human body - I settle into peace. It is so important that I keep myself full of positive energy to be able to face life's challenges peacefully. Today let me care for myself.

- Brahma Kumaris Centre (Halifax)



TAKING CARE OF YOUR MENTAL HEALTH ON A STUDENT BUDGET

SONIKA KUMARI

Social media can create a false reality of what self-care looks like. Although lighting candles, taking baths, and getting manicures is a type of self-care, self-care can mean something different for everyone. Self-care is about taking the time to fuel your mind, body and soul. Self-care practices don't have to be expensive or time consuming. It is a way to step away from work or studying, and recharge. Here are some ways that you can take care for your mental health during this school term without breaking the bank.

10- Minute Self-care Ideas

- Listen to a guided meditation
- Mind-dump journal – write down whatever is on your mind!
Labeling and verbalizing emotions can help us process them
- Make a vision board for the week – visualizing goals can help with focus
- Try a progressive muscle relaxation (or any grounding exercise)

30-Minute Self-care Ideas

- Go for a run – movement is medicine!
- Cook your happy meal (any food that brings you joy)
- Try an online yoga class (or follow a YouTube video)
- Call a friend or a loved one

60-Minute Self-care Ideas

- Check out a local coffee shop and journal
- Try a group fitness class at Hart House or Goldring (it's free!!)
- Read a self-help book
- Watch a motivational movie



If you are looking to try therapy on a budget:

- Look for therapists in training
- Group therapy
- Ask about sliding scale options

Lastly, take some time to reflect what self-care means to *you* — What brings you joy? What helps you recharge your mind and body? Remember, self-care can look different for everyone!

Edited by Lola Leving

HARM REDUCTION INITIATIVES SPOTLIGHT: UNIVERSITY OF TORONTO HARM REDUCTION COLLECTIVE

MATTHEW
PARRENAS

Harm reduction generally refers to efforts that seek to reduce the health and social harms associated with addiction and substance use, an approach with origins more than a century old rooted in social justice and pragmatism.¹ Harm reduction is ‘value-neutral’, person-centred, and meets individuals where ‘they are at’ within the continuum of substance use through non-judgemental and non-coercive strategies.^{2, 3} It is evidence-based, demonstrating ability in enhancing skills and knowledge to living safer and healthier lives, and it has proven that those who engage in such services are more likely to engage in ongoing treatment, has continued to contribute to reduced blood borne illnesses such as HIV/AIDS and

Hepatitis C, and has decreased the rates of deaths due to drug overdoses.¹ Examples of harm reduction approaches for substance use include naloxone kit distribution and overdose response training to temporarily reverse opioid overdoses.⁴ Such approaches transcend traditionally and strictly abstinence-based responses to addiction with roots in prohibition/ criminalization that

emphasize substance use as a moral failing and that those who engage in such are deserving of punishment and inherent responsibility.⁵

Given the efficacy and public health value of harm reduction, it is important to explore the bases for previous, current, and future action, particularly in contexts that McGill Faculty of Law professor Alana



Klein describes “where policies to date have been driven by ideology and have developed in ways that have excluded and marginalized those most affected from policy-making.”³ This is with great urgency given the opioid public health crisis that has continued to rock North America, including Canada, where the rates of opioid use disorder and opioid-related harms, especially overdose fatalities, have been rapidly rising.⁶ When accounting for all types of drugs, Toronto has one of the highest overdose mortality rates in the country, reporting 823 all-drug related deaths in 2020 — a 67 percent increase from the previous year.⁷ Significantly contributing to this crisis is an unregulated toxic drug supply and an increase in the prevalence of synthetic opioids (e.g., fentanyl and its analogs) which has accounted for the majority of opioid toxicity deaths in recent years in Canada.⁸ In an effort to gain some insight into local harm reduction achievements, barriers, and future implications, I have had the opportunity and privilege to interview harm reduction advocates from both a post-secondary institution perspective as well as a community health institution perspective - the University of Toronto Harm Reduction Collective (UofTHRC) and Street Health Overdose Prevention Site. The following is based on an interview with *Tenzin Butsang* and *Andrea Bowra*, members of the UofTHRC and PhD candidates in Social and Behavioural Health Sciences at the Dalla Lana School of Public Health.

Q: What is the UofTHRC?

A: Formerly known as the Canadian Students for Sensible Drug Policy (CSSDP) – University of Toron-

to chapter, we changed our name to the UofTHRC to reflect more of what we do and our values as a group. We are a grassroots student group committed to harm reduction, abolition, public health, drug policy reform, and social justice. Our activities on campus have included providing overdose response training and harm reduction panel events. As part of our larger efforts to advocate for harm reduction and decriminalization of all drugs, we have offered naloxone training for several years, something that has been very popular amongst students as UofT does not offer overdose response training for its students. The students see the importance of this training and although UofTHRC is a small student group, we are happy to facilitate that.

Q: Back in October of 2021, an open letter by your student group was published by UofT's student newspaper The Varsity in address to UofT's president Dr. Gertler with a petition signed by hundreds of students and faculty.⁹ Can you speak more about this publication?

A: This came from one of our panel events and one of the main things we wanted to highlight is the huge lack of harm reduction attention or resources offered by UofT for students and staff on campus who are situated and part of the larger, diffuse downtown Toronto community. There is no overdose response training for staff, and we have even received contact from people who work in student residences who actively tried to carry naloxone and were threatened with unemployment for going against residence policy. This type of training should be one of the first steps and at least the bare minimum for campus staff.

Substance use can affect everyone, so our message is also about responding to the needs of both students and the surrounding community. The petition aimed to highlight this and put this on the school administrators' radar, showing them that there are students who want to see the institution respond in a better way than they currently are.

Q: What were the outcomes from this?

A: None. We tried contacting university administrators several times and would get the run around and be told that they are “working on a policy”, but we have yet to see any real course of action or progress on the calls we have made. It essentially has stayed the same with us being a small student group responding to a greater need from the student body. We see this as something the school needs to take more initiative on. We are seeing this fall through the cracks. We don't want it to get to a point where an overdose occurs on campus for the university to start effectively responding. Although Discovery Pharmacy on campus currently have naloxone kits available, this is no different from what is offered by any community pharmacy. The school itself is not doing anything to support students in knowing exactly what is going on in Toronto with the toxic drug supply nor giving available resources to handle situations related to it.

Q: In September of this year, The Varsity published another open letter by UofTHRC calling for increased campus advocacy involvement from faculty on this matter.¹⁰ Can you speak to the importance of having increased faculty voices on this initiative?

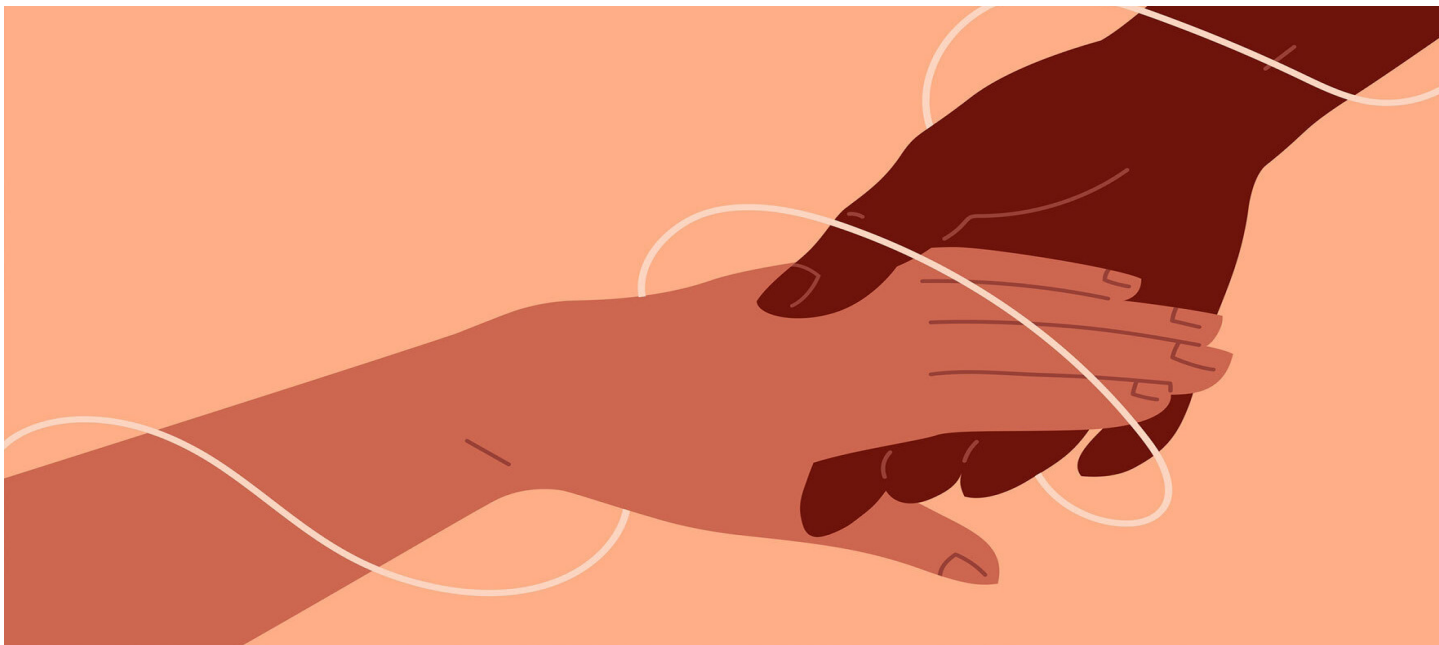


Image source: <https://publichealth.jhu.edu/2022/what-is-harm-reduction>

A: A lot of faculty members receive significant funding to do research on harm reduction and drug use, are interested in this area, and do very impactful work. We wanted to call on them for increased support and involvement in school advocacy as well, in the institutions they are situated in – with UofT being one of Canada’s top research universities and yet is the only major university in Toronto without overdose response measures or policies in place. We are hoping for faculty, especially those with expertise in this area, to recognize how much of an issue this is and leverage their capital towards changing how the university operates.

Q: What are some recommendations or insights, possibly based on what you’ve seen implemented in other post-secondary institutions, that you think the UofT community can benefit from?

A: Some common ways UofT can help include incorporating harm reduction resources into student services, offer overdose response

training for students and staff, and increase the accessibility of naloxone on campus. UofT is a big and central institution situated in downtown Toronto, and amidst this overdose crisis, it is affecting everyone, students included. It should not be this difficult for an institution like UofT to implement these recommendations, especially considering the potential consequences of not having these measures in place.

Q: The UofTHRC had developed the “Know your Drugs 101 toolkit” last year.¹¹ Was this a means to respond to the need from a grassroots perspective?

A: Yes, it was something we initiated as a collective on our own through a UofT student engagement grant we applied for during the COVID-19 pandemic. We found this project important after hearing from so many students that harm reduction was something they were not informed or aware of, and this especially extends to those coming from out of province or the country as well. We found out that a lot of international students may not know about

the toxic drug supply and overdose crisis and may also be using drugs. We developed this in consultation with young people and their lived experience with using drugs as well as international student groups, residences, and orientation leaders to develop and provide them with this toolkit. It is a small project that won’t respond to the greater urgent needs of the whole student body, but we believe this to be a good starting point.

Q: Why are such harm reduction strategies important for post-secondary students in particular?

A: Students use substances – drugs, alcohol, and in combination as well. It is prominent among this population. On campus, it is important for the student body to be informed, be able to make informed decisions, that they know what they are getting themselves into, know what the potential risks and benefits are, and ways to do so in the safest manner (i.e., not using drugs alone, mixing certain substances, etc.). This is not commonly acknowledged due to the stigma associated with drug use or

even talking about it openly amongst the student body, and it's easier for institutions to pretend it doesn't happen.

Q: Any other key insights/initiatives that the UofTHRC would like to highlight?

A: After discussions in panels with students from different faculties such as pharmacy, medicine, public health, and so forth, we discovered a significant lack of harm reduction education and overdose response training within our curricula, which we found surprising for the training of our 'patient/client facing' professions. This includes a lack of training around compassion, anti-oppression training, and ways to work with people who use drugs, which we believe should be at the forefront given the current overdose crisis, especially in our city. Students are interested and asking for this. Another initiative we are working towards is educating, training, and raising awareness amongst health care professions on safe supply programs, their value, and the need for more interest from healthcare providers to work in such programs.

Q: Any final comments and/or thoughts on next steps regarding communication with/from UofT's administration office?

A: We would like to see more transparency from the administration's side on what they are doing with regards to implementing policy in this area. We would also like to see them opening avenues for better consultation and communication with student groups, such as UofTHRC, and faculties on this specific need. Other universities in Canada are al



Image created with Midjourney

ready actively responding through policy and we are not asking for much, especially given how far behind UofT is. This is something that can't be postponed - it's something that needs to be done now.

Check out the “Know Your Drugs 101” Toolkit, developed by the UofTHRC:11 <https://www.dlsph.utoronto.ca/2021/11/25/drug-toolkit/>

Part 1. Edited by Farrah Farhat & Talia Vacca

(Collective references after Part 2 on page 24)

HARM REDUCTION INITIATIVES SPOTLIGHT: STREET HEALTH OVERDOSE PREVENTION SITE

MATTHEW PARRENAS

The following is based on an interview conducted with **Kelly White**, the coordinator for Street Health Overdose Prevention Site (OPS) since its opening in 2018. Located on the intersection of Dundas St. E. and Sherbourne St., Street Health is a community organization that has been in operation since 1986. It was developed in support of the homeless population in Toronto and has undergone growth and change throughout its 35 years. The Street Health OPS is one of many programs under the umbrella of Street Health and is a harm-reduction service that provides a safe, hygienic space for people to bring their pre-obtained drugs for supervised injection/intranasal/oral consumption. Other services provided by Street Health OPS include the provision of sterile injection supplies, fentanyl test strips, education, overdose prevention and intervention (including naloxone kit distribution), nursing, and other services and referrals.

Q: What is the history behind Street Health OPS?

A: Before this Street Health OPS, a number of staff and clients at Street Health were involved with the unsanctioned site initially established at Moss Park out of a tent back in 2017, which was the first supervised consumption site in all of Ontario and ran for over a year. This site

served as a push to the provincial government, showing that while three other supervised consumption sites were already approved by Health Canada elsewhere in the city, we as witnesses on the front-line continued to watch people from our communities die as ‘red tape’ delayed their opening. Overdose is preventable. It is a treatable respiratory emergency from which over 30,000 Canadians have died since 2016. We as a community decided enough was enough and something needed to be done. This site garnered support from people such as previous Ontario premier Kathleen Wynne and current mayor John

Tory, and even the police agreed to be ‘hands-off’ – this was all in acknowledgement of the severity of the current overdose crisis. By late 2017 to early 2018, the Liberal provincial government at the time had opened a small pool of funding for overdose prevention sites. The idea was to create a model to allow for the quick opening of such needed sites in communities affected by the growing overdose crisis. This allowed for agencies/organizations already offering services to those who use drugs to apply for this small pool of funding to operate an OPS. Street Health was successful in their application for six months



Street Health Overdose Prevention Site Staff: Kelly White, OPS Coordinator (left); Alex, Overdose Prevention Worker (right).

of funding and was immediately embraced by the community members who need our site. We opened our doors on June 27th, 2018.

Q: Can you talk more about the 'red tape' to establishing an OPS and addressing barriers?

A: Every supervised consumption site in Canada needs permission from Health Canada via the federal government, who are able to grant an exemption from the Controlled Drugs and Substances Act so that people who work in sites like this and those who come for services cannot be arrested for their drug possession and use. Applying for an exemption involves having certain protocols in place (i.e., an appropriate plan to operate the service), demonstration that there is a need in the community, some degree of community consultation, and so forth. Sites like this work best in communities and neighborhoods where higher rates of substance use and overdose have already been identified, such as the area we are situated in, a neighborhood in Canada with a very dense population and one of the largest concentrations of homeless shelters and drop-in centres. We know a huge proportion of emergency calls for overdoses come from this neighborhood intersection, and that many people who use the site have legitimate fears regarding calling 911 for help. Overdose fatalities are growing within the shelters, alleys, and high-rise building stairwells around here. The need is profound. The lack of equal access to overdose prevention sites across the country is unacceptable, given that the federal government acknowledges how bad the overdose crisis is and how important harm reduction services are. Yet funding is left to the whims of the

provincial governments. We've seen this play out in Ontario in a concrete way. Any agency or organization already serving people who use drugs and already responding to overdoses needs to open services like this.

Q: Can you discuss the funding for Street Health OPS?

A: Generally, funding for sites like this comes from the province. Upon election of the current Conservative provincial government under Doug Ford, there was an immediate review of overdose prevention sites in the province. This review process and who was consulted was non-transparent. At the end of the fiscal year in March 2019, literally around the last possible moment on a Friday after 4 pm, we got a call and were informed that our funding was cancelled, with no notice to the clients who would be coming the following Monday expecting support. We immediately got in touch with Health

Canada and were able to receive some funding from them to conduct our own evaluation of the service with the idea that we could prove we were meeting people's needs and in hopes the government would reconsider their decision on defunding. Unfortunately, the government did not. As of today, we have been lucky to fundraise enough money to continue to stay open. We did get a substantial donation from the Toronto Overdose Prevention Society (who ran the Moss Park site). A lot of private donors were inspired by this and by the work we do to assist as well. Street Health participates in an annual event called the Coldest Night of the Year, a fundraiser where people walk around the neighborhood and learn about the dire situation of homelessness in Toronto and the services available. Fundraising and donations is the only thing keeping our Overdose Prevention Site open, and we find this obscene and scandalous given that this



community is so deeply and devastatingly impacted by overdose. It is very much a year-to-year process.

Q: As a health service, the OPS appears to be constructed very much like a home with a welcoming environment. Can you tell me more about this?

A: This was intentional and what makes us a bit different from other safe consumption sites in Toronto. Although we have clinical services such as nursing available, this place is physically built to nurture natural, genuine relationships with people who come in here to have a safe space to use substances. Over time, from the trust we develop, we can also help meet their other needs such as primary healthcare onsite and calling to look for a shelter bed, a space in detox, a place to take a shower, etc. It is a one stop shop not only for healthcare services, but virtually for anything within reason.



Examples have included everything from assisting community members in finding housing to finding veterinary care. We are reversing overdoses every day and referring people to a range of medical, substance use and mental health treatments – there are many examples. Street Health nurses detected breast cancer in one of our clients and accompanied her throughout her treatment, and we had a person go into labour here. We also have a safer supply program for those interested in an alternative to the unregulated street drug supply which we can help onboard folks into. There are so many folks who do not trust any aspect of the healthcare system, understandably, due to trauma and stigma, except Street Health and sites like this.

“Harm reduction vs recovery is a false dichotomy. It is not that we don’t want people to recover - it is that we don’t demand abstinence from drugs for people to access healthcare.”

Q: Can you talk more about your site compared to others and the people who attend?

A: We are designed to be as low barrier as possible, thus there are benefits from being a smaller site compared to others, as we only have two booths and no time limit constraints. We allow for peer-assisted injection through approval from Health Canada which means people can bring a friend to assist them with injection if needed. Our site has specifically seen a large percentage of women,

those over 65 years old, those with physical disabilities, and sometimes clients whose behavioural challenges have barred them from other services. We get about 10-20 people coming a day who can access health, medical, and nursing care without an appointment. We are only open business hours, 9-5 Mon-Fri, due to funding limitations. The staff to client ratio allows for personalized care and many people have been coming here for years.

Q: Can you talk more about the model of Harm Reduction and Peer Support at Street Health OPS and sites like this?

A: Harm reduction vs recovery is a false dichotomy. It is not that we don’t want people to recover - it is that we don’t demand abstinence from drugs for people to access healthcare. A key aspect of harm reduction is that recovery is driven by the person affected. If the person’s goal is using a clean syringe every time they inject and they manage to transition to that behaviour, that is supported. If there is a goal to use fentanyl 3x a day as opposed to 7x, that is supported. If the person’s goal is abstinence, then that is supported. We do make referrals to detox, RAAM (Rapid Access Addiction Medicine) clinics for treatment, and so forth if that is what the person wants. With our population, a key part of our work is catching people’s motivations in the moment to make steps towards their goals but of course this comes into conflict with system barriers such as waitlists, long wait times on a phone, transportation issues, histories of trauma with the healthcare system, and so forth. Harm reduction has roots in the social activism of people who use drugs. Overtime, we have seen

such services become more integrated with and accepted by the health-care system through an evidence base that builds up. Many things in harm reduction are like this such as needle exchange programs. All these services have been started by those with lived experience. The key message is going back to the people who are directly affected. The further removed, the less effective things become. We have found that hiring people with lived experience with substance use makes a huge difference in helping those who access our services as well, such as by sharing personal experiences with what has worked or not worked in our own lives. We have even seen clients who have transitioned to working in harm reduction services as well, thriving and helping others through their own experiences.

Q: What do you think the future of harm reduction initiatives to address the overdose crisis are and/or should entail?

A: I have three broad categories: 1. Increased alternatives to the toxic drug supply which is in very bad condition, such as an increase in Safer Supply Programs with diversity in program delivery to meet the needs of their communities. 2. Some form of legalization/decriminalization of drug use. Drug use continues to be stigmatized. Stigma and criminalization go hand in hand. Places such as British Columbia, Toronto, and other municipalities have applied for decriminalization, but I wish more action is done in this front in address of the urgency. 3. More streamlined access to basic health services from drug treatment to mental health, and so forth, particularly for communities that tend to be so disenfranchised.

Q: What is your most favourite thing about this job?

A: We are like people's families. It is all about relationships.

Insights from Alex, an overdose prevention support worker at Street Health OPS:

This is a career that is challenged by issues such as funding and politics. When I explain what I do as my job to people who don't know anything about harm reduction or anything like that, I just tell them I hang out with people who use drugs and make sure they don't die. My favourite part of the job is the creation of a community for people who are often marginalized and stigmatized. For everyone, the relationships you build with people is a leading contributor to a long and valued life. This is a happy space for a lot of people.

Edited by Farrah Farhat & Talia Vacca

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Image source: Turning Red, Disney

TURNING RED: A FILM ABOUT SOCIAL IDENTITY AND MENTAL HEALTH

ATHENA LI

Turning Red is an animated film produced by Pixar in 2022. While it is a hilarious film about an adolescent girl's day-to-day, it also explores deeper issues of social identity and their effects on mental health.

Set in Toronto in 2002, the main character of Turning Red is a 13-year-old Chinese Canadian girl named Mei Lee. Mei is a straight-A student who excels at performing musical instruments and has a close relationship with her parents. Mei tries to meet her parents' expectations by doing things like taking care of the family temple. Mei's mother is an overprotective "helicopter" parent. Due to a situation that occurred between Mei and her mother, Mei's overwhelming emotions turn Mei into a giant red panda. Mei's transformative ability comes from a family inheritance, so Ming and other female

family members also have this ability. Since this mysterious power could be dangerous in modern society, Mei's mother wants to hold a ritual to seal Mei's red panda spirit into a talisman. However, after a mother-daughter struggle, Mei finally decided to retain her transformative ability and her mother chooses to respect her decision.

Turning Red is the first Pixar film directed entirely by a woman and the first feature film from Chinese-born Canadian director Domee Shi. The film's title "Turning Red" is a metaphor for the emotional and physical changes that occur during the journey of adolescent growth and exploration. Shi relates, everyone has experienced the chaotic, wild, hormonally charged age of 13. ¹ Also, the title, "Turning Red" is undoubtedly a hint of the topic of menstruation. In the film, when Mei

finds herself turning into a red panda, screaming, and hiding in the bathroom, Ming misunderstands that the red peony has bloomed and then takes out menstruation pads. It is the first time in Disney's 85-year history that pads are presented, which is considered a cinematic revolution.² In addition, *Turning Red* also symbolizes the awakening of Mei's self-awareness. Mei's goal was to develop her own sense of self and personal desires, such as going to see her beloved boyband, 4*TOWN, in concert.

I believe *Turning Red* explores the issue of social identity at a deeper level than simply being a film about an adolescent girl. Robert Epstein, a senior research psychologist at the American Institute for Behavioural Research and Technology in California and the former editor-in-chief of *Psychology Today*, suggests that the human brain does not operate like a computer because, as organisms, our brains respond to the environment in an orderly way based on previous experiences instead of storing information.³ In other words, each of us is unique because the neural structure of our brains is constructed by a lifetime of unique experiences.³ However, social identities are products of cultural patterns, so no social identity can match perfectly with an individual.⁴ So, individual identities arise from a process of "becoming rather than being".⁵ This means that as we produce ourselves according to the normal recipe provided by cultural patterns, we will find parts of us that do not match our social identity. Like Mei says, "we've all got a messy, loud, weird part of ourselves hidden away, and a lot of us never let it out".⁶ These hidden parts that are impossible to be accepted in society, like Ming's sealed red panda spirit, can bring challenges and doubts and may lead to an identity crisis. Identity crises can cause a decline in mental health, since they may lead to anxiety, depression, and insecurity.⁷

When Mei finally embraced her transformative power and demonstrated it at the family temple events, it had a profound meaning to the audience as it expressed the ideal state of building a multi-dimensional social identity system, where individuals have enough social space to present their uniqueness and enhance their self-esteem. In this idealized multicultural society, each person's uniqueness is not only accepted but also appreciated, encouraged, and highly valued. This brings each person a great sense of fulfillment and happiness; thus, benefiting the mental health of the whole society. As more films like *Turning Red* emerge we should continue to have these conversations to embrace our unique-

ness and celebrate each other in an inclusive light.

Edited by Alaa Alsaafin & Lola Leving

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Quiz (right) created by Lola Leving



SELF-CARE QUIZ

what self-care
animal are you
today?

today your
energy
levels are
high

no

you love
working in
coffee shops

yes

your friends
know you as the
life of the party

you rely on
to-do-lists

last night
you slept
less than 6
hours

you have a lot
of hobbies

you prefer
baths over
showers

movement
medicine
monkey

social bird
boost

indulgent
iguana

organized
ostrich

sleepy bear
self-care

It's time to move!
Your body is asking
for some movement
medicine today.
Head out for a walk,
hit the gym, or turn
on your favourite
online guided yoga
session at home!

Quality time with
friends and family is
calling your name!
Re-charge your social
battery with some
quality time with
loved ones. Board-
game night? A
comedy show? Or
simply call up an old
friend!

You're feeling
indulgent - and you
deserve to treat
yourself! Invest in
yourself by booking a
relaxing massage,
make a feel good
purchase, or take
yourself out for a
delicious dinner!

Self-care is about
setting yourself up
for success. Take
time to de-clutter,
reassess your to-do-
list, and organize
your week. Make sure
to take a moment to
appreciate how far
you've come and how
much you've done!

For you, self-care
looks like a good
cuddle up in a warm
cozy bed. Make it
your goal to prioritize
sleep today! Your
sleep routine is
important, and we all
need those zzz's to
put our best bear
paw forward!

A QUICK GUIDE TO EXPERIENTIAL FOCUSING

LOLA LEVING

Emotion coordinates our experiences, telling us what is important, what we should do, and who we are. Research and theory suggest that effective processing of one's emotion supports well-being¹, mental health², and healthy relationships with others³. Emotional intelligence, defined as the ability to appraise, regulate, and utilize emotion¹ starts with the recognition or perception of our own feelings⁴. Perception of feelings can be characterized by subtle and vague inner-bodily experiences, however, these sensations are often bypassed or ignored. Learning to focus on these conceptually unclear internal experiences can create meaning and provide direction for action in our lives^{5,6}.

Experiential Focusing is a body-oriented process of self-awareness, fostering a psychological stance of inward-directed attention⁷. In short, it is the process of "sensing what is bodily felt but not yet a specific or identifiable feeling or thought"⁸. Eugene Gendlin first outlined the Experiential Focusing method after examining qualities common to good outcome cases in psychotherapy⁹, however since the development of the Experiential Focusing method, this process has been taught and disseminated to the general public. Engaging in Experiential Focusing promotes insight and cultivates a positive relationship to self, vital for feeling and functioning well.

Experiential Focusing is the process of sensing into the vague, yet unclear richness of the body, known as the felt sense. The felt sense is fundamentally non-conceptual and usually comes to us in the middle of the body: throat, chest, stomach, or abdomen^{5,6}.

By following these six steps, you can use the Experiential Focusing method to compassionately guide yourself into the depths of your present-moment experiencing, connecting with your bodily grounded vague, unclear, fuzzy sense of "something there"⁶.

STEP 1: CLEAR A SPACE.

Gendlin's essential first step involves asking yourself, "what is going on inside right now?" With attention directed inwardly to your body, check in and allow any sensations or concerns to arise. When Clearing a Space, identify present stressors while creating distance between you and them. For instance, problems can be metaphorically placed in another room, in a box, under the bed, etc. Choose one problem to "focus" on, clearing aside any clutter.

STEP 2: CONNECT WITH YOUR FELT SENSE.

Once you have chosen an issue to focus on, direct your attention to the middle of the body and sense the whole of the problem. Felt senses can include a variety of sensations, for instance, a lump in the throat or the feeling of forgetting something. Allow yourself to feel the unclear, vague sense of "all of that," while maintaining an attitude of acceptance, non-judgment, and curiosity. Unlike mindfulness practice, where you may choose to simply witness these passing sensations, in Experiential Focusing you are encouraged to contextualize and create a bodily meaning of the vague and uncertain aspects of yourself.

STEP 3: GET A HANDLE.

This formation of meaning is evident in the third step of Experiential Focusing. Symbolization of the felt



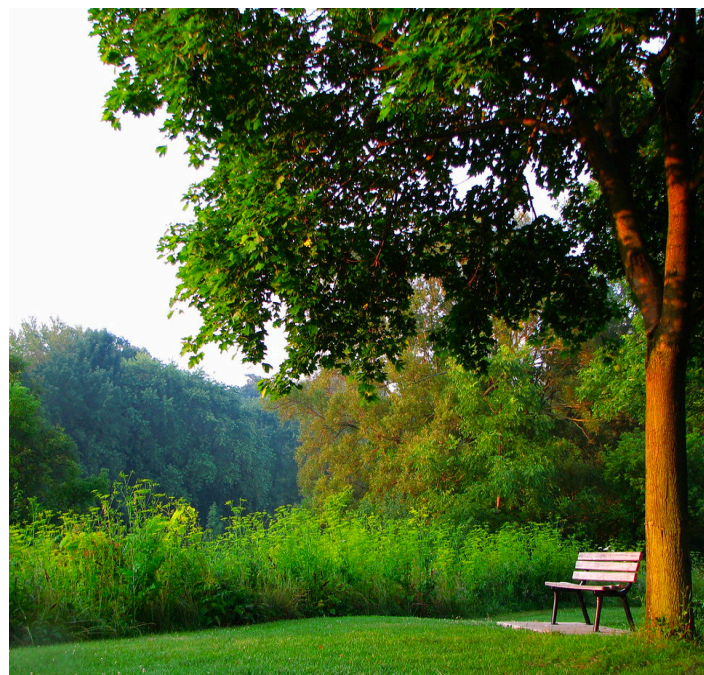
sense can come in the form of an image, a word, a gesture, a sensation, a sound, a memory, a feeling, etc. Begin to describe the quality of the felt sense, perhaps using a word like “tight” or “heavy,” an image of a boat lost at sea, or a purple ball in the middle of the chest. Allow your handle or symbol to come from the body’s felt sense, this is not about imposing labels from the thinking mind. The act of symbolization makes the felt sense more real and capable of being handled, the right word or image may bring relief

STEP 4: RESONATE.

This step is an opportunity to check whether the given handle fits the felt sense. Resonating back and forth between the two, feel whether the chosen symbol adequately captures the felt sense. Notably, the felt sense often changes, and thus, the symbol or handle must also change with the felt sense. If there is a good fit, there will be a confirming bodily sensation, possibly a deep breath, a release in posture or some version of an “A-ha moment”. This can be a powerful step, possibly leading to shift or release.

STEP 5: ASK.

You may choose to stop here. If you would like to continue, you may ask the felt sense, “what is it about this whole problem that makes me this quality of ____?” or “what does this felt sense need?”. This is an opportunity to probe further into the felt sense, and continue to “unstuck” any blockage or interruptions. Again, you may feel a slight shift, release, or a change in perspective like “a kaleidoscope transition” (McGuire, 2016).



STEP 6: RECEIVE.

The last step in the Focusing method is to receive whatever comes in a friendly, non-judgmental way. Take this experience without analyzing, judging, or trying to fix whatever has emerged. You may take a few moments to integrate the acquired bodily wisdom, protecting the new knowledge from any critical voices.

LOOKING FOR MORE RESOURCES?

The International Focusing Institute website:

<https://focusing.org/>

Find a Focusing “Changes Group” near you:

<https://focusing.org/articles/changes-groups>

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Image source: <https://www.flickr.com/photos/msvg/4796365228>

TRANSCRANIAL MAGNETIC STIMULATION — A NEW SOLUTION

ALEXANDRA LACOUTURE



Transcranial Magnetic Stimulation (TMS) is a procedure that is used on patients with various diagnoses, including treatment-resistant depression and obsessive compulsive disorder (OCD). TMS uses magnetic fields to stimulate nerve cells in the brain to improve a myriad of symptoms¹. The application of TMS as a treatment for mental health disorders is particularly relevant to the future of mental health care. Encouraging discussion, research, and application of TMS has the potential to improve people's lives. An increasing number of accredited and operating TMS clinics are opening across the United States and Canada.

Sometimes referred to as repetitive TMS or rTMS, the procedure involves delivering repetitive magnetic pulses to the brain¹. During an rTMS session, an electromagnetic coil is placed against the individual's scalp near the forehead. It painlessly delivers magnetic pulses which stimulate the nerve cells in brain regions associated with mood control and depression¹. TMS therapy is an intensive treatment option requiring 30-36 sessions that occur five days a week for six to nine weeks². Each session may last anywhere from 20 to 50 minutes, depending on the device and clinical protocol being used².

During treatment, patients sit in a comfortable, reclined TMS chair. The technician adjusts the device setting and places the treatment coil on the location of the brain determined by the TMS psychiatrist during the brain mapping process². Patients remain awake and are able to return to work or their regular routines immediately following the sessions³.

Since the 1980s, TMS treatments have been used to treat depression and anxiety by enhancing activity in areas of the brain, usually the dorsolateral prefrontal cortex³. The FDA approved marketing of TMS as a treatment for

major depression in 2008, OCD in 2018, and treating pain associated with specific types of migraine headaches in 2013⁴. Recent studies support and confirm that TMS can also be used to help treat anxiety, post-traumatic stress disorder (PTSD), and traumatic brain injury³.

TMS is not widely written about or discussed in the media despite being a safe and highly effective treatment for many patients struggling to manage and improve symptoms of depression, anxiety, etc. Approximately 50-60% of people with depression who have failed to receive benefit from medications and other therapy modalities experience a clinically meaningful response with TMS, and about one-third of these individuals experience a full remission⁴. Most TMS patients feel better for many months after treatment stops, with the average length of response being a little more than a year².

There may be potential side-effects such as TMS. These include memory loss, confusion, as well as heart rate and blood pressure increase⁶. These side-effects are very rare. Most TMS patients report minor and short-lived side effects like headaches that typically occur during or immediately after the procedure⁷.

Many people are in need of alternative treatment modalities for mental health conditions and disabilities. When medications and therapy aren't effective, TMS may be an appropriate and life-changing option. Consult with your therapist and/or psychiatrist if you are interested in TMS. Before having rTMS, you may need a physical exam, psychiatric evaluation, referral, and possibly lab tests². More information can be found on TMS Clinics of Canada website⁸.

Edited by Sonika Kumari & Lola Leving

LOOKING FOR MORE RESOURCES?

TMS Clinics of Canada website: <https://tmsofcanada.com/>

University of Toronto Health & Wellness Centre website:
<https://studentlife.utoronto.ca/department/health-wellness/>

Good2Talk Student Helpline: 1-866-925-5454

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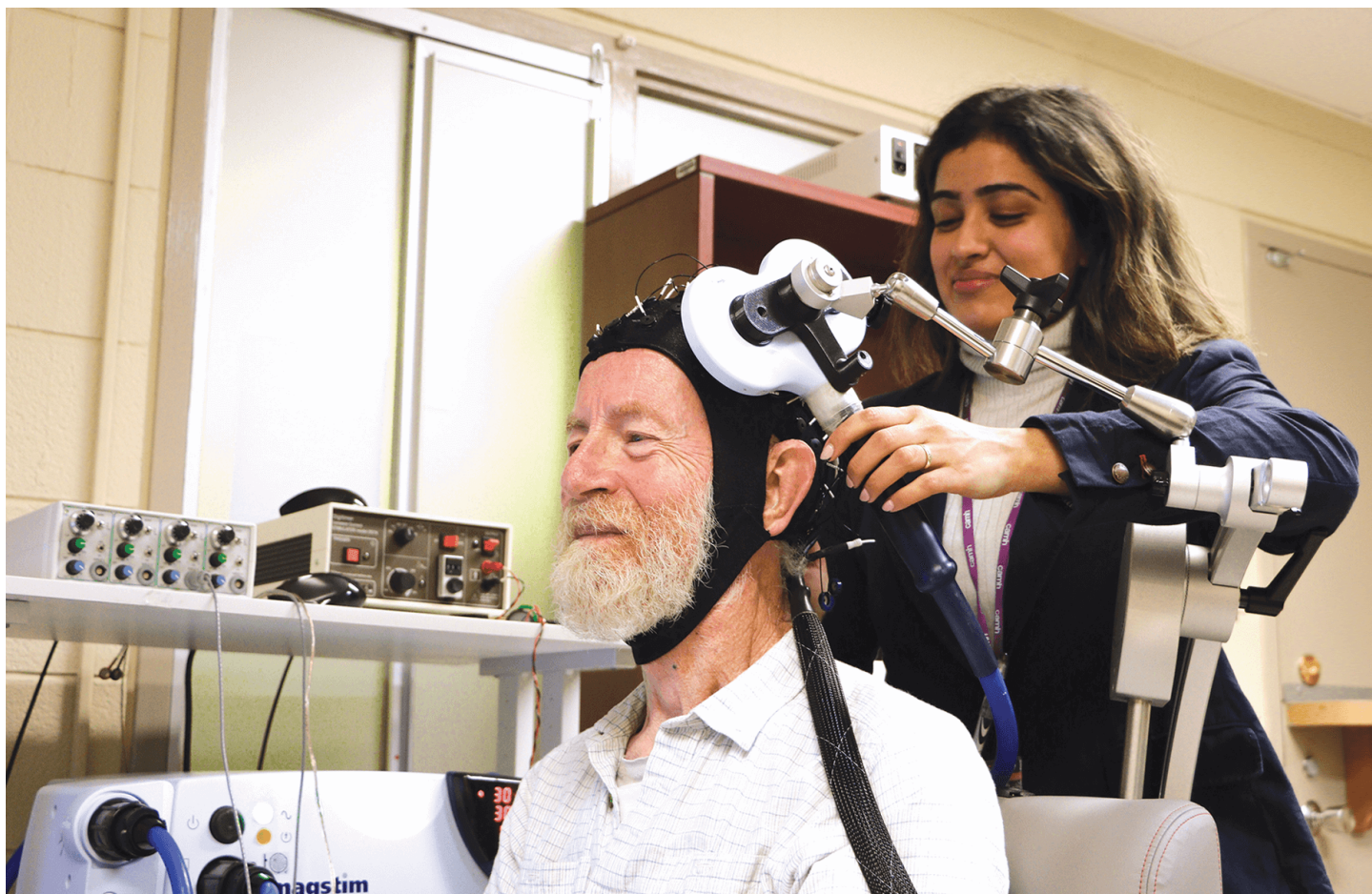


Image source: <https://www.camh.ca/en/science-and-research/discoveries/camh-research-impact-report-2019/brain-stimulation>

SOCIAL MEDIA: A BLESSING OR A CURSE?

RIFAT FARZAN NIPUN

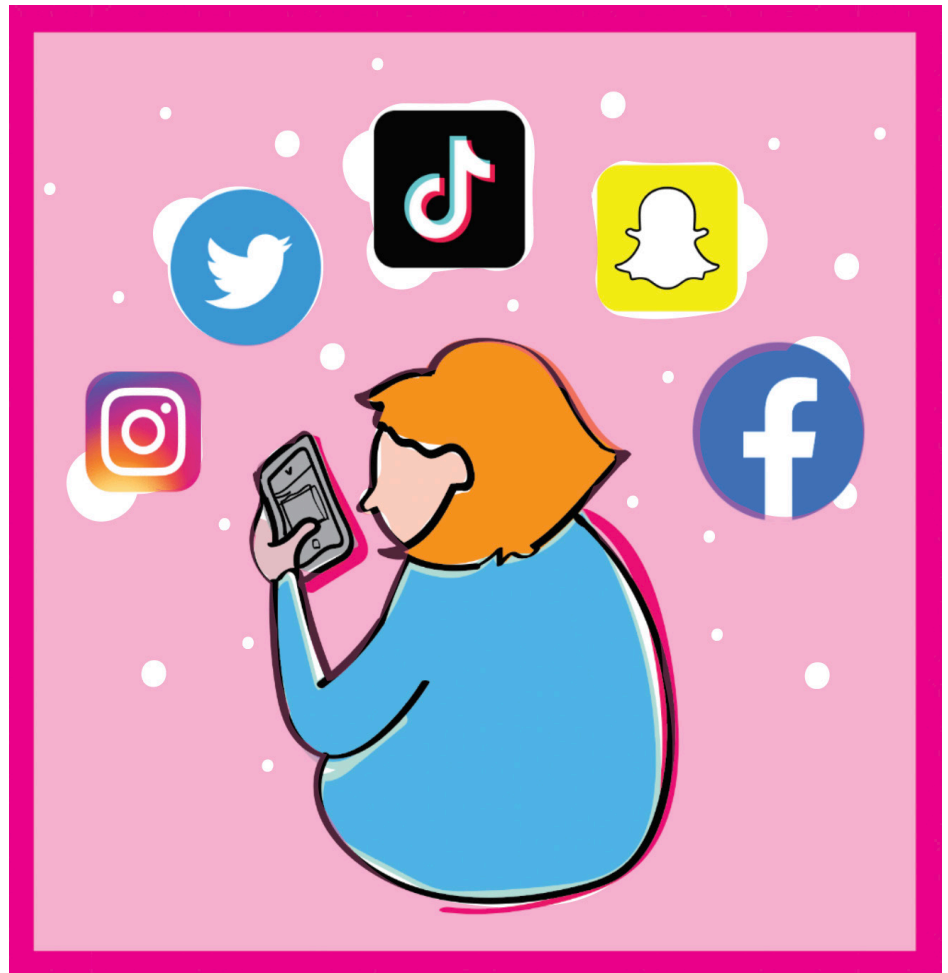
What is the first thing you do when you wake up in the morning? Most people's answer will be, "check social media." Social media has become an integral part of our lives. So much so, that we often start and end the day with social media.

A documentary on Netflix called *Social Dilemma* has demonstrated that we are not using social media; instead, social media is using us and our information. The plethora of data that social media pulls from users is unbelievable. Social media platforms track their user's activity, location, preferences, and mood. Interestingly, using artificial intelligence, social media provides customized content to its users to keep them hooked on the social media platforms.¹ The continuous urge to check what is new and the fear of missing out (FOMO) make social media addictive to users. The urban term "FOMO," popularized by Gen Z, explains social media through psychology. FOMO creates anxiety among users, as they fear that they may miss some important news or updates on social media. For instance, FOMO may provoke using social media late at night,² often interrupting healthy sleep.³

It is essential to understand the mechanism behind the addictive potential of social media. Engaging on social media activates the reward

center of our brain by releasing dopamine.⁴ Dopamine is a "feel-good chemical" that triggers a sense of pleasure in the brain.⁵ Social media attracts users by making the platform pleasurable, comparable to sex, gambling, and eating food.⁶ Moreover, the pleasant sensation experienced upon the release of dopamine in the brain reinforces the continued use of social media. The idea of reward and uncertainty makes the use repetitive and enticing.⁷

Furthermore, social media connects people through various interactive features, including likes, comments, messages, follows, and views. Users create content and share videos, pictures, and stories to communicate with others. Obtaining likes and positive comments on one's content can enhance their self-esteem by giving individuals a sense of achievement and reward. The potential to earn more validation from others often pushes people to delve more into the



Original image created by Lola Leving

social media platforms.

People often try to represent their best selves through pictures or life events to get appreciation on social media platforms. The urge to portray the best self-image leads some individuals to use beauty apps and other photo-editing software.⁸ Sadly, this trend introduces a sense of comparison among users, and as a result, individuals may start to question their looks and physical appearance.⁸ A study revealed that the unfavourable comparison with peers on social media affects the mental health of young adults.⁹

Cyberbullying, a form of bullying using online platforms, is another aspect related to social media that affects users' mental health. Sometimes, people use fake identification to create accounts to harass others anonymously through hate comments or threatening messages.¹⁰ Giumetti & Kowalski (2022) examined the association between cyberbullying and adverse mental health outcomes; they concluded that cyberbullying can lead to depressive symptoms, anxiety, reduced life satisfaction, and suicidal tendencies.¹¹

The most significant change social media has brought in our life is that we often prefer to connect with peers via social media rather than through physical interactions.¹² The tendency is even greater among young adults and teenagers growing up in a world of screens.¹² Social media interactions act as superficial and emotionally less satisfying than in-person interactions, which can create a sense of isolation among young adults who prefer the former.¹² Consequently, the feeling of isolation often leads to symptoms of depression.¹³ Interestingly, symptoms

of anxiety and depression vary with the number of platforms used and the duration of time spent on social media.¹⁴

Social media has come a long way and is changing continuously. New platforms are regularly being launched with better features, while the popular ones are developing and partnering with other social media platforms to offer an improved experience to the end-users. For example, since Facebook acquired Instagram in 2012, the two social media giants have worked collaboratively to enhance their users' experience.¹⁵ Although compelling evidence suggests that social media negatively affects users' mental health and well-being,¹⁶ social media has also brought the world closer by allowing users to connect instantaneously. Understanding how social media can be used effectively and meaningfully is essential. It is important to prioritize our mental health when engaging on social media as suggested below:

Reducing screen time for social media:

It is crucial to monitor and balance screen time. Starting the day with social media often affects our mood for the day. Similarly, scrolling through social media at night often disrupts sleep.² Therefore, avoiding social media at the start and end of the day can be helpful. Moreover, tracking and minimizing screen time is necessary if it interrupts study or work hours. Nowadays, mobile phones, like the iPhone, have a built-in screen time tracker that can be a helpful tool to track the hours spent on certain applications and regulate screen time.¹⁷

Choosing carefully whom to follow:

There are wide varieties of content on social media; therefore, it is our responsibility to know who to follow and engage with and whom to avoid. If any specific content seems to negatively affect our mental health, we must reflect and decide whether unfollowing those pages and accounts is beneficial to our mental health.

Seeking professional help:

At extremes, social media use involves cyberbullying which can impact the user's physical, mental and emotional wellbeing.¹¹ Unicef (2022) mentioned in their campaign how to take action if a person is being bullied in any online platform. As per the campaign, if you are the victim of hate or harassment, please inform someone. Informing a friend, family member, mental health counsellor or someone we trust may provide support and guidance. Furthermore, you may want to consider blocking or reporting the profile. If the harassment incurs damage that requires involvement of cyber security, it is necessary to take legal help by reporting and complaining to appropriate authority.¹⁸

It is important to set boundaries on our social media use to have a meaningful and fulfilling experience on our beloved platforms. Social media has the power to make us feel connected and cheerful, it can also induce feelings of isolation, anxiety, and depression. It is up to us to decide whether social media is a blessing or a curse.

Edited by Alaa Alsaafin & Lola Leving

(References next page, 34)

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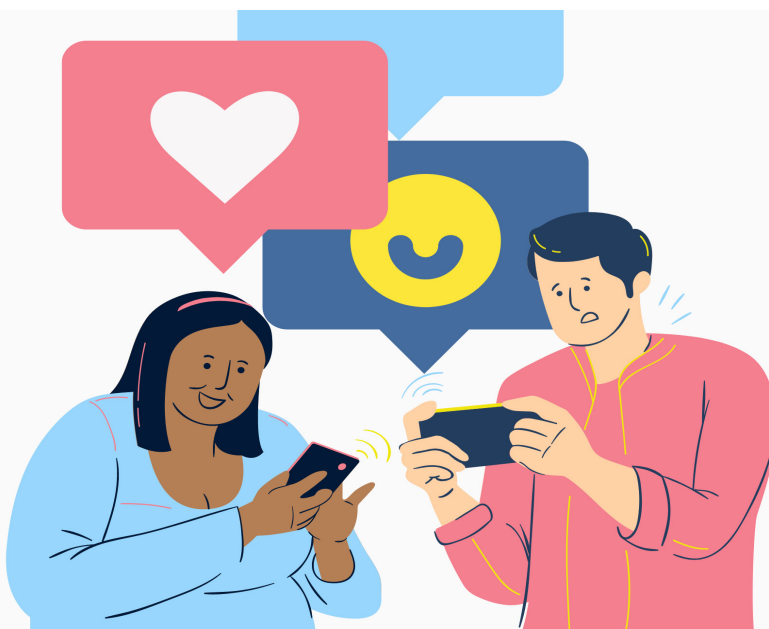


Image created by Katie Gordon

THE BPD BUNCH: AN ORIGINAL YOUTUBE TALK SHOW ABOUT BORDERLINE PERSONALITY DISORDER

ALEXANDRA LACOUTURE

Borderline Personality Disorder (BPD) is a mental health condition that is highly stigmatized, misunderstood, and misrepresented. This leaves individuals with BPD feeling isolated, helpless, and ashamed. BPD is rarely discussed in society and the media, which perpetuates the stigma as well as a lack of awareness of its diagnosis and possible treatments. One of my hopes for the future of mental healthcare is that stigmatized diagnoses like BPD are openly discussed and accurately represented. I believe that platforms, publications, and other mediums of communication should share the spotlight with clinicians and psychologists who can raise awareness of BPD and other underrepresented diagnoses and provide guidance towards relevant resources and treatment modalities.

BPD is a mental health disorder that impacts the way you think and feel about yourself and others, causing problems functioning in everyday life. ¹ BPD is more widely studied than any other personality disorder, ² and it's been estimated that between 1 and 2% of Canadians struggle with BPD. ⁵ The number may actually be much higher than that and many experts believe that the number is closer to 6%. ³

Signs and symptoms may include: ⁴

- Fear of abandonment
- Unstable relationships
- Changes in self-identity or shifting self-image
- Impulsive and risky behaviors
- Self-harm and/or suicidal ideation
- Difficulty regulating emotions
- Chronic feelings of emptiness
- Intense anger
- Dissociation and feelings of paranoia

BPD is rarely diagnosed on its own. Common co-existing disorders include depression, bipolar disorder, substance abuse, eating disorders, anxiety disorders, and

Attention-deficit Hyperactivity Disorder (ADHD). ⁴ When BPD is successfully treated, co-existing conditions often improve too; however, the reverse isn't always true. ⁴

Xannie Bakeri is a social media influencer making space for BPD within the mental health community on social media. I interviewed her to discuss her work and goals and learned that she received a psychology degree from the University of New Mexico and is currently working on her journey with BPD and ADHD. Xannie is trailblazing efforts to bring BPD into the public eye via Instagram and "The BPD Bunch," a first-of-its-kind YouTube talk show that she produces and hosts. The show's cast mates consist of every-day people from all over the world, and they get together to share their experiences with BPD and healing from trauma. Xannie clearly discloses that she is not a clinician or psychologist and her show is not legitimate group therapy.



Image source: <https://open.spotify.com/show/3x4x5CrJaQmzC1TtB-9JsMp?si=19e7fcc9cf824180>



Xannie Bakeri ,

Social media influencer & BPD Bunch host

Who is Xanni? Tell me about yourself.

If I had to sum myself up in a single word, it would be “extra.” I know people often use the word “extra” in a negative way, but I’m reclaiming it. I’m always working on a creative project, whether it’s my show, social media content, or working as a seamstress. I’m very open and willing to share my journey with ADHD and BPD, and I have lofty goals to help people who struggle with their mental health.

What is “The BPD Bunch,” and what was/is your “why” for creating it?

“The BPD Bunch” is a weekly YouTube talk show for and by people with symptoms of BPD. Each week, we get together to discuss BPD-related topics and share insights into the different ways the condition can be expressed in someone’s life. A big focal point of the show is to share our different paths to recovery in order to help others forge their own. We cover each of the nine BPD symptoms, and episodes air every Wednesday. There is also a bonus brunch series that airs on Saturday mornings.

As for my “why,” I’ve been thinking about how I could help the BPD community since I started my degree in 2017. One of my goals is to reduce the suicide rate of people with BPD by at least 1% during my lifetime. People with this diagnosis feel very isolated and alien-

ated. I wanted to create a show where people find belonging and a sense of community. I want people to know that regardless of where they are in their journey with BPD and mental health, it’s possible to create a life worth living. Another goal of mine has been to capture the vast spectrum of people’s experiences with BPD. Short-form social media, like TikTok videos and Instagram posts, isn’t ideal to describe the nuance of people’s lived experiences. Our show is like *Friends* if Ross, Rachel, Monica, Chandler, and Joey had BPD.

Who is in the show, and what is their part in it?

We are a group of 18 every-day people who have been diagnosed with BPD. A subset of the group, usually between four to six of us, get together each week to talk about various things related to BPD. Our group is very diverse, which was intentional so that viewers could see aspects of themselves in at least one of the cast mates. Our cast consists of people who live in different countries and represent diverse backgrounds, ethnicities, races, gender and sexual orientations, interests, and careers. We’re ordinary people, not performers. There is no script. We’ve all become good friends and have built a great support system complete with inside jokes. In future seasons, I plan to host and interview special guests and experts as well.

Who is “The BPD Bunch” for, and why do you think people will connect with it?

This show is for anyone who’s been diagnosed with BPD or struggles with BPD symptoms, as well as people who have loved ones with this diagnosis. Frankly, this show would resonate with anyone who struggles from having mental health conditions and trauma. This is because BPD is a co-occurring disorder. Many of the cast mates, including myself, have other diagnoses in addition to BPD.

One of the images I had in mind when creating the show was the camaraderie you see in friend groups on shows like *Friends* and *Sex and the City*. The individuals within those groups embody different archetypes, which gives viewers someone they identify with and gravitate towards. There are many different backgrounds, personalities, and experiences represented in our cast. Due to the long-term nature of this show’s cast, viewers get to grow and change along with us. Even if someone isn’t diagnosed with BPD, most people can resonate with at least one of the symptoms of the disorder in some

capacity. Pain and suffering is universal. Some people just feel and experience it with increased severity, and it manifests differently in their daily life. Everyone can use a little hope, an uplifting community, belonging, and friendship. This is what “The BPD Bunch” offers.

What do you want people to take away from this show?

I want people to know that they are not alone. Healing and being in recovery doesn't mean that you won't feel pain or suffer some days. The goal is to get to a place where you are healthy enough to do the things you want and need to do. It is more than possible to create a life that's beautiful to you, even if you suffer from BPD and/or mental health diagnoses.

You can find “The BPD Bunch” on YouTube, Instagram, Spotify, Patreon, and Apple Podcasts. Season 2 premiered on February 22nd, 2023.

BPD and other stigmatized diagnoses deserve to be held with compassion, understanding, and to be normalized, and accurately represented. Given that social media continues to become a large part of society and daily life, shows like “The BPD Bunch” are extremely important for the trajectory of mental healthcare and represent a big step towards destigmatizing mental health conditions.

LOOKING FOR MORE RESOURCES?

Find the BPD Bunch podcast on Spotify!

Instagram: <https://www.instagram.com/thebpdhunch/>

Youtube: <https://www.youtube.com/@thebpdhunch>

If you or someone you know are experiencing suicidal ideation, call Talk Suicide Canada at 1-833-456-4566. Support is available 24/7. If you're in immediate danger or in need of medical support, call 911.

Edited by Farrah Farhat

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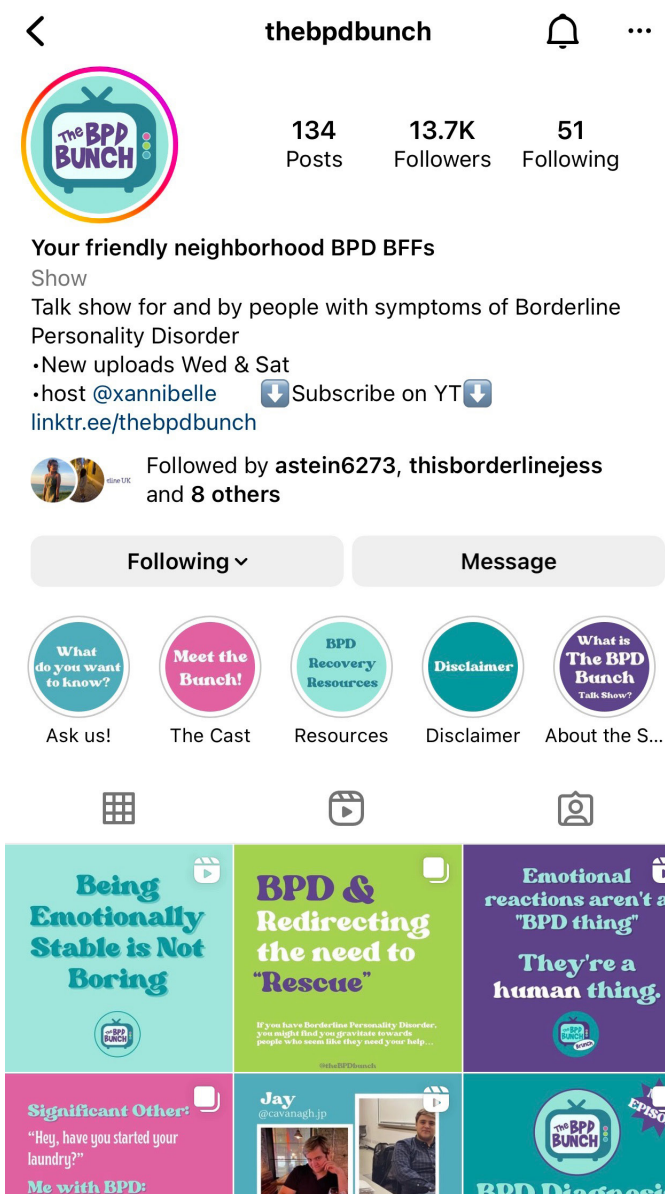


Image source: Instagram @thebpdhunch



MANTRA TO MENTAL PEACE: A WORK-LIFE BALANCE

RIFAT FARZAN NIPUN

We live in a time of restlessness, racing every moment to create an impact in the world. The world's digitalization has made us more ambitious, and we are ready to go beyond our boundaries to achieve those ambitions. But do we ever acknowledge just how costly those ambitions are?

In the quest for success, we often lag in finding a balance between work and personal life, costing us happiness and health. Work-life balance does not necessarily mean equal time distribution for professional and personal life. It refers to prioritizing working and personal hours at an adequate level for the individual

and minimizing feelings of stress or burnout.¹ This balance is necessary for a productive work life and a fulfilling personal life. A proper balance allows us to care for personal and family duties and be more efficient at work. On the contrary, an imbalance makes us unhappy and stressed about failing to carry out personal duties, which also intervenes with productivity in the workplace.

Professional achievements are indeed tempting, making us work harder and experience stress; however, these short-term professional gains can cost us our mental health and happiness. In a Gallup report (2022), the au-

thor suggests that nowadays, employees are experiencing the highest stress level compared to previous years.² While almost half of the world's workers feel stressed, working women in the US and Canada are among the most stressed workers.² As many women are tied with family responsibilities along with job-related tasks, particularly after childbirth, they suffer work stress more than their male counterparts.³ Work-related stress is harmful to both physical and mental health and is strongly associated with depression and anxiety.⁴

Interestingly, the COVID-19 pandemic has taught us a great lesson

about the importance of work-life balance. During the pandemic, employees had time to reflect on the importance of a healthy balance between work and personal hours; many employees decided to switch jobs in pursuit of happiness over a stressful work environment. According to a Pew Research Center survey (2022) and a survey by Indeed (2021), two of the main reasons Americans left their jobs in 2021 included a disrespectful work environment ⁵ and unhappiness in the current job. ⁶ Although happiness in a job or work life is related to the individual, employee satisfaction relies on the job environment, appreciation from management, flexibility, learning opportunities and inclusion. Another critical lesson COVID-19 taught us is working remotely. Although it has merits and demerits, working remotely helps many people balance work and personal life healthily. In a recent survey, 73% of more than 4,000 respondents working from home reported that they felt that their work-life balance had improved compared to working in the office and that working from home meant that they could spend more time with their partner, family, and pets. ⁷ Especially for women, joining the office after maternity leave often makes them feel anxious about leaving their children, which can interrupt their productivity and affect their mental health. Working from home and a hybrid workplace model is an attractive solution for those who want to care for their child and work simultaneously.

Both the employer and employee need to understand the meaning of work-life balance. An employer must emphasize the well-being of the employees in the workplace,

which includes the assurance that healthcare insurance covers their physical and mental health. At the same time, employees must prioritize family life, self-care, and job responsibilities to maintain a healthy balance. In recent years, there has been a shift made by policymakers and employers to promote a healthy workplace environment for employees. In 2021, the Government of Ontario passed the employee-friendly legislation Bill 27, Working for Workers Act, which allows citizens to request more flexibility at work, including the hours, the location, and the schedule. ⁸ Many companies are using wellness programs at the workplace to cater to the well-being of their employees. For example, Toyota Motor Manufacturing Canada is promoting employee health with their wellness program. Moreover, they offer employees with healthy eating options at the cafeteria and fitness facility at the office premises. ⁹ These efforts can improve the employees' satisfaction and experience working for those companies and increase retention rates. A report from Compare Camp suggests that employers providing better work-life balance have a 25% less employee turnover rate. ¹⁰

To conclude, chronic stress at work is detrimental to physical and mental well-being. A sound body and mind help people excel in their work and personal lives. It is impossible to avoid stress in life, but it can be minimized and avoided to some extent. To prevent work stress and ensure an adequate work-life balance, the employer and employee must work with and support each other in attaining this goal.

Edited by Alaa Alsaafin & Talia Vacca

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POLICY PROHIBITING PRACTICE: THE PSYCHIATRIC NURSING PROFESSION

MATTHEW PARRENAS

Registered psychiatric nursing is a distinct nurse designation that may be unfamiliar to the local reader, as it is a health profession that is not regulated in Ontario. Psychiatric nurses represent the largest group of mental health providers that are only currently regulated in Manitoba, Saskatchewan, Alberta, British Columbia, and the Yukon Territory.¹ With just over 6000 members, psychiatric nurses have been providing essential mental health and substance use health services to Canadians dating back to the early twentieth century.² As a registered psychiatric nurse from Manitoba who recently moved to Toronto to study at the Dalla Lana School of Public Health, I find this to be a unique opportunity to speak about a subject that falls on the intersections of Canadian nursing history, public policy, and the politics of nursing regulatory affairs, in the effort to educate the public about this profession and discuss implications for its future within the landscape of Canada's healthcare systems.

What is a Registered Psychiatric Nurse?

Registered psychiatric nurses, often holding the abbreviated title as RPN (not to be confused with the registered practical nurse designation in Ontario) in jurisdictions where they are regulated, work as autonomous healthcare professionals in

collaboration with clients and other healthcare team members (including registered nurses and practical nurses) to coordinate healthcare and provide client-centred services to individuals, families, groups, and communities.³ Psychiatric nurses share some of the same theoretical preparation and basic competencies as their nursing counterparts (i.e., fundamental nursing skills and process, medication administration and management, etc.) but have key differences in educational preparation in terms of the depth and breadth

of the focus and core content.¹ The primary emphasis of psychiatric nursing education and practice is on highly developed skills and knowledge in mental and developmental health, mental illness and addictions, and advanced therapeutic relationships and communication skills while integrating physical health and utilizing bio-psycho-social and spiritual models for a holistic approach to care.^{1,3} Although emotion, behaviour, and cognition are a major focus, significant elements in psychiatric nursing also



include the purposeful ‘therapeutic use of self’, the creation of an interpersonal relationship, and the ability to accept and embrace ambiguity and uncertainty.^{3,4} Psychiatric nursing education continues to evolve and the competencies acquired from this body of knowledge and preparation guide the application of critical thinking, and clinical and professional judgment in practice.²

Non-regulation in Ontario and the Great Debate

The non-regulation of the psychiatric nursing profession in Ontario is a prolonged situation and can be best described as a microcosm of a fragmented and static Canadian nursing policy community on regulation matters, traced to traditional divisions in Canadian legislation and of interests and ideas of nursing associations of the past.⁵ Health

profession regulation authority is divided across provinces/territories in accordance with Canada’s Constitution Act of 1867 which has led to the regulation of nursing practice and its encompassing designations (i.e., registered nursing, registered/licensed practical nursing, registered psychiatric nursing, and nurse practitioners) by a wide variety of legislative acts and regulatory bodies with different regional structures and practices.⁵

Accordingly, Ontario’s Regulated Health Professions Act (RHPA) and Nursing Act of 1991 determines how the nursing profession is regulated in the province which currently does not include psychiatric nursing.⁶ The College of Nurses of Ontario (CNO) is the solitary provincial nursing regulatory body operating in arms-length of the Ontario government and explicitly states that it does not regulate psychiatric nursing in favour of taking a ‘generalist approach’ to nursing education with a mandate to ensure “all Ontario nurses have the knowledge, skill and judgment to provide safe care to people of all genders and ages, in various practice settings, communities and populations” in an effort to protect the public’s best interest.⁷ This policy is grounded on the history of ‘generalist’ nursing associations who sought to end and absorb distinct psychiatric nursing education programs that were originally established in psychiatric institutions (i.e., asylums and hospitals) throughout Canada by medical/psychiatry superintendents due to issues of nurse supply and demand.^{4,8}

Ultimately, this resulted into two separate forms of mental health nursing education modalities in the

country, where psychiatric nursing is not distinctly taught or professionally recognized in Eastern Canada (where the mental health curriculum is reserved to ‘generalist’ nursing programs, and specialization in this field typically attained at the post-graduate level) but has thrived and grown as a distinct autonomous profession with undergraduate (and a graduate) programs in Western Canada, supported by other nursing associations, regulatory bodies, and government legislation dating back to as early as 1948^{4,9}

Advocates of ‘generalist’ nursing programs claim they provide students with sufficient preparation in all aspects of nursing care.¹⁰ By contrast, the current quantity, consistency, and comprehensiveness of the mental health curricula and related practicum placements across ‘generalist’ undergraduate nursing programs have been the subject of longstanding scrutiny in both international and Canadian systematic reviews.^{11,12} Of note, psychiatric nursing practice is guided by evidence-informed entry-level core competencies which have been formally published in 2014 by the Registered Psychiatric Nurse Regulators of Canada (RPNRC).³ This has even been referred to, referenced by, and falls in close alignment with the entry-level mental health and addiction core competencies for ‘generalist’ undergraduate nursing programs, published the year after by the Canadian Federation of Mental Health Nurses, an associate group of the Canadian Nurses Association.¹²

The non-regulation of psychiatric nursing continues to be rooted in traditional and dated underlying assumptions by ‘generalist’ nursing associations of the past who believe



psychiatric nurses do not ‘fit the mold’ of nursing, that it cannot be regarded as separate and distinct, and that its members do not have the competence and knowledge to provide safe care to society, supported by criticisms of what has been viewed as the psychiatric indoctrination of nursing services in institutions.^{4,9,13} This only demonstrates that the current state and contribution of the psychiatric nursing discipline continues to be generally undervalued and poorly understood, particularly amongst ‘generalist’ nursing bodies and regulatory authorities.^{10,14}

Although psychiatric nursing may have origins alongside psychiatric figureheads and dated practices in institutional settings, both the current practice of and literature on psychiatric nursing in Canada appears to indicate a significant paradigm shift in the practice settings, curriculum and training, and the profession’s philosophy during the era of deinstitutionalization of people with mental illness.^{4,8} The profession’s identity has evolved on a trajectory based on health promotion and prevention, person-centered care, perspectives of holistic rehabilitation and recovery, reducing stigma related to mental health, mental illness and addictions, and a focus on mental health service user involvement in the treatment decision-making process.^{4,8,14} To date, registered psychiatric nurses practice autonomously across the sectors of health, social and family services, justice, and education, working in a variety of practice settings (i.e., hospitals, clinics, community programs, schools, correctional facilities, government, etc.) with diverse populations, within the domains of direct practice, education, adminis-

tration, and research.^{1,3} They hold roles such as staff nurses, psychiatric emergency nurses, mental health consultants, behavioral specialists, clinical specialists, managers or supervisors, chief executive officers, executive directors, educators, faculty, and researchers.¹

Why Does this Matter for the Future of Nursing and Mental Health Services?

The potential growth, recognition, and utilization of the full scope of psychiatric nursing to also serve Canadians out East is limited by non-regulation. Dated contentious divisions between nursing disciplines and regulatory bodies favors politics and private interests above the efficient use of the intellectual and resource capital of the entire nursing workforce, considering the context of the several issues, gaps, and strains in Canada’s healthcare systems that have only been magnified by the COVID-19 pandemic.¹ This includes a consistently projected nursing workforce shortage in Canada, including in the mental health and substance use healthcare sector, resulting in consequences such as insufficient staffing, rising workloads, increasing rates of burn-out and mental health concerns amongst nurses (with a growing degree of absenteeism and individuals leaving the profession), and detrimental impact on the quality of patient care.^{8,15} For example, the ratio of working RNs per population in Ontario has continued to lag behind the rest of the country for many years.¹⁶ This is compounded by increasing rates of worsening mental health and substance use amongst Canadians (especially the intensifying of the opioid crisis) during the pandemic, where access to neces-

sary services have decreased in rural and remote areas as well as urban centres.^{17,18} According to Statistics Canada, the percentage of Ontarians aged 12 and over (all genders) who rated their current mental health compared to pre-pandemic as ‘somewhat worse or much worse’ had risen from 33.7% in September 2020 to 38.4% by the end of February 2022.¹⁹ Concerns are further intensified by expectations of seeing Ontario’s population increase by 3.1 million by 2025, primarily through immigration as well as expansions in life expectancy and the senior population.²⁰ Considering the fragility of Canada’s healthcare systems and surmounting public health concerns, bridging regulation practices to improve and include the mental health and substance use health workforce nationwide, including psychiatric nursing, represents commitment to inter-/intra-professional collaboration, interprovincial mobility, and meeting true public interest at large.

Edited by Farrah Farhat & Talia Vacca



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FEELING LIKE A FRAUD? HOW TO COPE WITH IMPOSTER SYNDROME

TALIA VACCA

Imposter syndrome has become a growing concern across university students, with some studies estimating that 70% of individuals in academia will experience imposter syndrome at some point in their life. ¹ Characterized by self-doubt and an inability to internalize one's achievements and success, individuals experiencing imposter syndrome tend to attribute their achievements to external sources such as luck. ²

Perhaps you've had an internal dialogue with the reoccurring thoughts of: "I'm not good enough", "My classmates are so much better than me", and/or "I'm a fraud, I don't belong here". Symptoms of imposter syndrome have been found to be significantly related to greater levels of anxiety and depression. ³ To help address this, the following four tips aim to help foster well-being and cope with feelings of imposter syndrome in graduate students.

TIP 1: SEEK OUT SOCIAL SUPPORT

- Social support has been linked to lower levels of stress and greater satisfaction. ⁴
- Seeking support from family members, friends, or individuals with first-hand experience of your current situation such as classmates or mentors, can help foster well-being. ^{5,6}



TIP 2: PRACTICE MINDFULNESS

- Mindfulness has also been found to be a helpful tool in reducing symptoms of anxiety, stress and depression in high-pressure situations. ⁷
- Some mindfulness techniques include: journaling, guided meditation, body scan, and progressive relaxation. ⁸



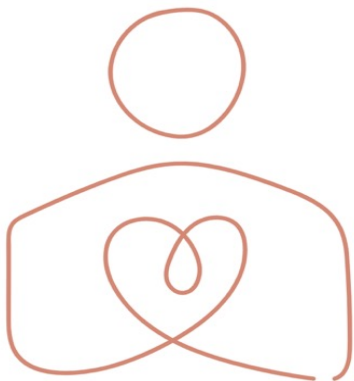
TIP 3: LEARN FROM CONSTRUCTIVE CRITICISM

- Be proud of your accomplishments and any positive feedback you receive! ⁹
- Remember that any feedback is there to help foster growth and serve as an opportunity to improve



TIP 4: RECOGNIZE WHAT YOU DO WELL

- Take the time to write out some of your strengths and accomplishments
- Helping others, through tutoring or TAing a course, may help you realize how much knowledge you've acquired thus far



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CHATGPT - ON THE FUTURE OF MENTAL HEALTH CARE

PROMPTS BY
ATHENA LI



AT

Do you have any views on the development of mental health of human beings in the next decade?



As an AI language model, I do not have personal opinions or beliefs. However, I can provide information based on current trends and research in the field of mental health.

In the next decade, it is expected that there will be continued growth and improvement in the understanding and treatment of mental health conditions. Advances in technology, such as virtual reality, teletherapy, and machine learning, may play a significant role in the delivery of mental health services, making them more accessible and convenient for individuals. Additionally, there may be increased recognition of the importance of addressing mental health, leading to greater investment in research, resources, and support systems.

However, there are also challenges that may arise, such as the potential for privacy and ethical concerns surrounding the use of technology in mental health treatment, as well as the need for equitable access to care for marginalized populations.

Overall, it is likely that the field of mental health will continue to evolve and make significant progress in the next decade, but it will require ongoing attention and effort from healthcare providers, researchers, policymakers, and individuals to ensure that advancements in mental health lead to improved outcomes for all.

AT

Can you understand the human mentality?



As an AI language model, I have been trained on a large corpus of text, including information about human psychology and mental health. This training allows me to understand and respond to questions about various aspects of human mentality and behavior. However, it's important to note that my understanding of human mentality is limited to the data I was trained on and the algorithms that drive my responses.

While I can provide information and make connections based on the data I have been trained on, I do not have personal experiences or emotions, and I cannot truly understand the subjective experiences of being human. Additionally, my responses are generated based on patterns in the data I was trained on, so it's possible that my understanding of certain aspects of human mentality may be incomplete or biased in some way.

CHATGPT - ON THE FUTURE OF MENTAL HEALTH CARE

PROMPT BY LOLA LEVING

Mental health care has come a long way in recent years, but there is still much work to be done. The future of mental health care is promising, with advances in technology and a greater understanding of the complexity of mental health issues. Here are some potential changes we can expect to see in the coming years.

1. Increased Access to Care: One of the most significant barriers to mental health care is access. Many people who need mental health care are unable to access it due to cost, stigma, or lack of providers. However, telemedicine and digital mental health services are making it possible for people to access care from the comfort of their own homes. This trend will likely continue, making it easier for people to receive the care they need.

2. Personalized Treatment: As we continue to learn more about mental health, it is becoming clear that there is no one-size-fits-all approach to treatment. The future of mental health care will likely involve personalized treatment plans that are tailored to each individual's unique needs and circumstances. This approach will involve more targeted therapies, such as cognitive-behavioral therapy, and medication management.

3. Greater Emphasis on Prevention: The old adage "an ounce of prevention is worth a pound of cure" is particularly true when it comes to mental health. The future of mental health care will likely involve greater emphasis on prevention, including early intervention for at-risk

individuals, mental health education, and community-based mental health programs.

4. Integration with Primary Care: Mental health is not a separate issue from physical health. The two are intertwined, and the future of mental health care will likely involve greater integration with primary care. This will involve training primary care providers to screen for mental health issues, as well as providing more comprehensive care that addresses both physical and mental health.

5. Advancements in Research: The future of mental health care will depend on continued advancements in research. As we learn more about the underlying causes of mental health issues, we will be better equipped to develop effective treatments. Additionally, research on the efficacy of different types of therapies will help us determine the most effective treatments for different types of mental health issues.

6. Reduction in Stigma: Finally, the future of mental health care will involve a reduction in stigma. Stigma is one of the biggest barriers to accessing mental health care, and it can prevent people from seeking help when they need it. Increased education and awareness about mental health issues, as well as more public figures and celebrities opening up about their own struggles, will help reduce stigma and make it easier for people to seek the care they need.

In conclusion, the future of mental health care is promising. With advancements in technology, greater understanding of mental health issues, and a focus on prevention and personalized treatment, we are well on our way

to a future where mental health is a top priority. The road ahead may not be easy, but with continued efforts and investment in mental health care, we can create a future where everyone has access to the care they need to lead healthy and fulfilling lives.

Prompt accessed February 17, 2023

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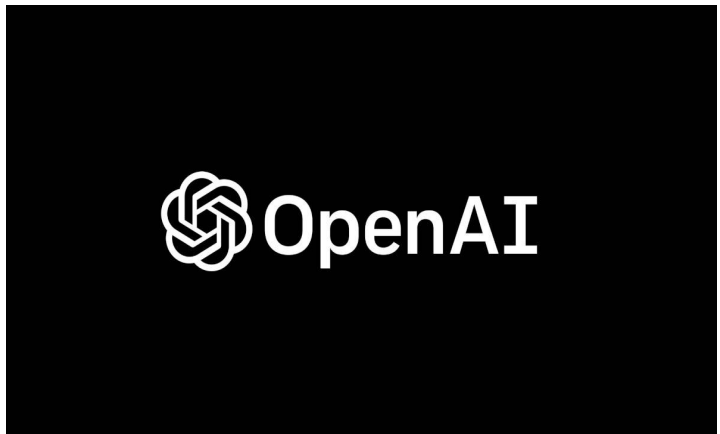


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