



The new norm?
Being fearless about
mental illness truths



Taking action
How to find the right
health care options

**MEDIA
PLANET**

May 2011

MENTAL HEALTH AND WELLNESS

3

FACTS

ABOUT LIVING
WITH A
MENTAL
ILLNESS



SEARCHING FOR THE LIGHT

For Canadians like **Karen Liberman**, empowerment is
the first step to recovery and hope

Workplace Strategies for Mental Health



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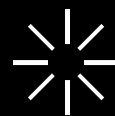
Get it straight from someone who's been there.

Working Through It is an inspiring video-based resource that speaks to those
struggling with work and life issues. It's one of the many free resources
available at www.workplacestrategiesformentalhealth.com/wti.

CHALLENGES



FACT
1
DEPRESSION IS CONSIDERED A MENTAL ILLNESS



WE RECOMMEND



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Taking action
Do you know your options when seeking treatment?

“The biggest misconception is that being mentally ill is seen as a weakness and people don’t even know that there are treatments out there to help.”

The new “normal” p. 5
Donna Hardaker doesn’t think mental illness should be a shameful secret.

Battling bipolar disorder p. 7
A survivor speaks on nearly losing it all.

With an estimated **two out of 10** Canadians living with a mental illness, chances are you might be one of the affected—yet fear and misunderstanding surround this **very common** issue.

Unite in the fight against stigma

It’s an important year for the Canadian Mental Health Association (CMHA).

We’re celebrating 60 years of improving people’s understanding of mental health through our annual Mental Health Week, May 1 to 7, 2011! Local events and activities are planned among many of our 140-plus locations in communities across Canada. CMHA’s Mental Health Week is an annual national event to encourage people from all walks of life to learn, talk, reflect and engage with others on all issues relating to mental health. Every Canadian has the potential to live an optimal healthy life that includes good mental health.

“Mental health is an important part of our overall health and well-being,” says Peter Coleridge CEO, CMHA, National. “We’re very conscious of our physical health but few of us take the time to focus on our own mental health yet research has demonstrated that our physical and mental health is interconnected.”

Next time you’re in line at the supermarket or at a bus stop, look around you. How many people do you see? Five? Ten? What if we told you that research shows that two of those 10 people have or will have a mental illness? Mental illness can affect anyone, at any time.

What is it?

Most of us have heard the terms mental illness or mental disorder or psychiatric condition. These terms are used to describe a wide range of different conditions, but what they have in common is that they all affect a person’s emotions, thoughts and behaviours—how they see themselves, see the world around them, and how they interact in that world. The key difference from “having a bad day or week” is both the duration and magnitude of the impacts on your life. There are many different kinds of mental disorders.

One in five Canadians, over the course of their lives, will experience a mental illness and what that ultimately means is that every single family in Canada will in some way be affected. There is nobody in Canada who can stand up and say, “Not my family, not my aunts or uncles or cousins or grandparents, children, siblings, spouse or self.” And yet the reluctance to talk about mental illness, to acknowledge it openly, to treat it as a form of human suffering like any other illness, relates in part to how threatening this set of illnesses is to our sense of who we are. Mental illness cuts across all age, racial, religious, or socio-economic categories.

“Unfortunately, there is still a sig-



Peter Coleridge
CEO,
CMHA, National

MY BEST TIPS

Five small ways you can make a difference:

- Tell someone who doesn’t know your story of mental health problems, or help support others to tell their story.
- Get involved! Seek direct contact by volunteering for a mental health organization in your community.
- Think about the words you use. Do you use people-centered language like, “A person living with...” or do you say, “A schizophrenic” or, “A depressive?”
- Think about how you personally support and treat people around you who are living with a mental health problem.
- Speak up when you witness or experience stigma and discrimination.

nificant amount of misunderstanding surrounding mental health issues,” says Coleridge. “If I said, for instance, that I was fighting cancer or heart disease, you would be compassionate and supportive. But if I told you that I was depressed, many would view this as a weakness and not know how to help. We need to change society’s attitudes and behaviours so that people with mental health problems can be supported in managing or recovering from their illness like any other illness.”

How bad is it?

Research shows that over half of people living with mental disorders said that they were embarrassed about their health problems, and over half felt like they had experienced discrimination. In one recent Canadian study, researchers found that:

- Just under half of Canadians thought that a mental disorder was just an excuse for poor behaviour.
- One in four is afraid of being around someone who suffers from serious mental illness.
- One in nine people think depression is not a mental illness, and one in two think it is not a serious condition.
- One in 10 Canadians think that people with mental illness could “just snap out of it if they wanted.”

With kids, early intervention makes all the difference

When you or your child receives a cut or scrape, you wash and disinfect it promptly to avoid nasty complications.

Children’s mental health problems, even minor ones, can also become serious and even life threatening if they’re ignored. So it’s important to know the signs that could indicate a child is experiencing unusual emotional or social challenges that may require specialized help.

It’s easy to recognize a child’s fever or other physical problem, but identifying mental health problems can be trickier. It can be difficult to distinguish the normal moods and behaviours of childhood and adolescence from those that indicate the onset of depression, delinquency, or some other form of serious challenge that requires counselling, medication or both.

Catching it early

The good news is that problems rec-



Gordon Floyd
President & CEO
Children’s Mental Health Ontario

“The good news is that problems recognized and treated early can almost always be resolved...”

ognized and treated early can almost always be resolved before the child’s life goes seriously off-track. With a few counselling sessions, some helpful advice and coaching for parents,

and perhaps a short course of drug treatment, most children and youth are able to overcome or successfully manage their mental health problems and go on to succeed in school and in life.

Fear of speaking up

The bad news is that at least three of every four children who need specialized help with their mental health don’t get any. Why? First, their bad moods or bad behaviour are ignored or dismissed as “just a phase”, even when they continue for weeks and months. Secondly, the fear of being labelled as “crazy”, or being blamed for failing to “just get over it” causes many children and their parents to avoid facing the reality of a potentially life-threatening problem and the stigma that can accompany severe mental illness. Finally, many young people and families just don’t know where to turn for help, so they suffer in silence while the problems get worse, friendships become fractured, school work suffers,

and family life is disrupted.

If your child, or one you care about, is exhibiting unusual behaviour or emotions that seem inappropriate for his or her age, interfere with normal activities, and last for more than two weeks, then it’s time to seek specialized help. Your family doctor, a guidance counsellor at school, or a children’s mental health specialist can quickly screen the child to determine if counselling or other treatment is required. A list of signs and behaviours to look for is available at www.kidsmentalhealth.ca, where you can also find a directory of accredited child and youth mental health services for Ontario; in other provinces local health authorities or government offices can provide a link to specialized expertise.

Asking for help is never easy, but our children’s minds—and futures—are too important to simply hope for the best and do nothing when symptoms of mental health problems appear.

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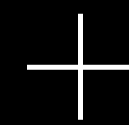
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DID YOU KNOW?

When should parents seek help?

- 1 A problem lasts too long to be a “phase”, usually more than a few weeks.
- 2 The child asks for help.
- 3 Behaviours and moods are interfering with more than one area of a child’s life—school marks go down, the child has trouble making or keeping friends, or don’t pursue hobbies.
- 4 Teachers or child care providers have suggested there might be a problem.

DR. MARSHALL KORENBLUM

Psychiatrist-in-Chief,
The Hincks-Dellcrest Centre
editorial@mediaplanet.com

NEWS

Will mental health issues be forgotten on the global agenda?

The push to recognize the unique challenges of those living with mental illness has gone global.

From April 27 to 29, the World Health Organization (WHO) convened a Global Forum on Non-Communicable Diseases (NCDs) in Moscow, Russia. This was followed by a meeting of health ministers from over 90 countries to plan a United Nations Summit on Non-Communicable Diseases in September, 2011. The summit was called to define health priorities for all countries in the near future. The question posed: How will mental health fit in this agenda? (Non-communicable diseases are diseases such as diabetes, asthma, heart diseases and cancers that, unlike HIV/AIDS or malaria, are not contagious or transferable, and account for growing health problems globally, accounting for approximately 60 percent of all deaths.)

Changing outcomes

The World Federation for Mental Health, along with their many partners, has been trying to ensure mental and substance use disorders are included in the NCD agenda—an uphill task. Once again, will mental illnesses and substance use disorders be neglected and forgotten? And, if this is indeed the direction we are headed, what can be done to change this outcome?

The case for including mental ill-



Vijay Ganju
Secretary General,
World Federation for Mental Health

“The global burden of these conditions is well documented.”

nesses and substance use disorders in the NCD agenda is straightforward. The global burden of these conditions is well documented. Neuropsychiatric conditions alone account for 14 percent of the global burden of disease. Among non-communicable diseases, they account for 28 percent—more than cardiovascular diseases or cancers. This information is available in greater detail on the WHO website.

At the same time, more than ever, we have evidence-based interventions that work and produce good outcomes consistently for mental illnesses and substance use disorders. This is not just true for high-income countries

like the United States, Canada, and the U.K.—the WHO Mental Health Gap (mhGAP) Programme has identified evidence-based interventions for low- and middle-income countries as well. That is, given the opportunity and the needed supports, we know how to make a positive difference in the lives of individuals facing mental and substance use problems.

From head to whole health

We know that the relationship between mental illnesses and other NCDs such as diabetes, cancer, and cardiovascular disease is complex, but, at the heart of it, science suggests that it is bi-directional. Persons with mental illnesses are more prone to these NCDs, and persons with these NCDs are more likely to have mental illnesses. Mental illnesses are both a risk factor and a consequence of these other NCDs. We also know that if the mental illness remains untreated, it results in poor treatment adherence and poor outcomes for these other NCDs. The bottom line is that the physical NCDs cannot be adequately addressed without addressing the issues of mental illness.

Fear of outreach

So why are mental illnesses and substance use disorders getting short shrift? The short answer is because there is limited funding, and there is a need to focus on a few conditions. There is a fear that if the initiative

becomes too overly expansive, this will dilute the impact. Also, the voices of, and support for, the advocates of the other NCDs such as diabetes and cancer is much better organized and stronger. Mental health advocates need to work together—quickly, with urgency—to make a better case for inclusion.

Even though the initial declaration from the ministerial meeting in Moscow did not include mental illnesses substantively, many ministers supported such inclusion. They need to expand in numbers before the UN Summit in September, and we need to help make this happen. We at the World Federation for Mental Health are committed to doing so.

So what can YOU do to help? First, you should work with health and

mental health groups in your country to try and persuade government officials to adopt a more mental-health friendly position at these international meetings. Second, write your health minister, and other key health leaders and officials, that you think that they should advocate for the inclusion of mental illnesses and substance use disorders in the NCD agenda. Information to make the case and relevant documents are available on our website at www.wfmh.com

This is a very critical time because the outcomes of the UN Summit will define priorities in global health for at least the next decade. We need to make sure that mental illnesses and substance use disorders are neither neglected nor forgotten. We look forward to working with you!

DEPRESSED?

You may be eligible to participate in a medication study on depression if you are: 18 – 65 years old and currently depressed

For information, visit: AntidepressantTrial.com

Or call our office at the Toronto General Hospital

416.340.4800

EXT 8839

No compensation provided



What's Hope Got To Do With It?

By Dr. Janice Currie
Vice President of Counselling Services
Kids Help Phone

Everybody has their ups and downs in life: 100% of young people will have feelings of frustration, sadness, worry, and uncertainty. It's an inevitable part of growing up. But for some, “downs” heavily outweighs the “ups”, and for 30% of Kids Help Phone clients, significant adversity, stressors, or mental health concerns make it very difficult to manage the challenges of everyday life.

Kids Help Phone's professional counsellors talk to many young people who feel “stuck,” hopeless, or like they can't move forward without help. They work to foster hope in these young people by hearing them out, supporting them to identify their strengths, helping them to set realistic goals, and communicating the belief that they can achieve them. These counsellors also

With the publication of its Critical Issue Report, titled *What's Hope Got To Do With It?* Kids Help Phone makes it possible for peers, friends, family members to carry hope for a struggling youth by offering these tips and practical suggestions:

- **Focus on the message.** Kids and teens may describe their struggles in a language or tone that seems oversized for their issue. Trying to understand the wish or need behind even the most passionate delivery can help us appreciate what they feel is at stake in their struggle.
- **Avoid minimizing.** The “life isn't fair” or “you're overreacting” attitude can indirectly invalidate a child's feelings.

- **Facilitate connections.** Encouraging young people to talk to trusted others about their struggles can help them build a support network that offers them a range of perspectives and types of assistance.
- **Encourage independence.** Making decisions that affect them, and learning to try, fail, and try again teaches kids and teens how to be hopeful.
- **Be a role model.** Children learn how to “be” in the world from those around them. To be a role model can include expressing a range of emotions, supporting others who are struggling, reflecting that it's okay to make mistakes, being non-judgmental and valuing yourself.

(Full report available at kidshelpphone.ca)

Recently I have been diagnosed with major depression. Before that I was told I had ADD. I never understood what made me do the things I did, or act the way I acted. I was ashamed. I went and spoke to doctors, did tests and I still didn't get the kind of answers I wanted. I felt I was a failure. Not only to myself, but to my friends and family, a failure as a son. I don't believe that just being “diagnosed” is enough. I think maybe, just maybe, what people really need is to be heard.

Actual post from kidshelpphone.ca

encourage further help-seeking by demystifying the mental health landscape, linking young people to mental health services in their own communities, and continuing to support them when they're on the wait list for those services.

No matter the situation or the concern, fostering hope is what the Kids Help Phone professional counsellors do every day.

- **Slow down.** Taking the time to listen to what the problem means for your child is a helpful and validating act, even when there are no solutions.
- **Focus on strengths and skills.** Pointing out the things they are doing well can help young people become hopeful that their strategies can help them deal successfully with future challenges.

1 800 668 6868
KidsHelpPhone.ca

Kids Help Phone
BEING THERE FOR KIDS

Kids Help Phone is Canada's only bilingual, phone and on-line counselling service for youth. It's free, anonymous and confidential. Professional counsellors are available any time of the day or night, 365 days a year, to help young people deal with concerns large or small.

INSPIRATION

FACT
2
TREATMENT TAKES TIME TO BE EFFECTIVE

Karen Liberman had lived with depression for so long that she felt she would never escape its dark grasp. Though the road to recovery seemed **inconceivable**, she found the strength and support she needed to **find joy**.

Fighting for the light

CHANGE

Before Karen Liberman was diagnosed with clinical depression, she spent six years experiencing multiple symptoms without even realizing that she was already face to face with a disorder.

It wasn't until friends and family began commenting on her weary appearance and expressed their concern about her extended periods of absence that she finally admitted something was wrong. "Things got so bad that it started to change my quality of life—I was sleeping a lot and always low in energy. I found it difficult to work and I withdrew myself from everyone around me," she says.

Behind closed doors

Growing up in an era when no one ever talked about mental illnesses, the stigma and discrimination associated with it contributed fuel to her fear of openly discussing her condition. After much thought, Karen eventually sought help from her family doctor while breaking down into hysterics as she confided in him about the state of her health and, as the emotional downward spiral continued, maintaining any sense of hope seemed impossible moving forward. "I'd take medicine and it wouldn't work or when it finally worked after six

to eight weeks, the side effects were horrible—or in some cases it would begin to work, then it would stop working," she says. "That constant one step forward and 10 steps back reinforced the fact that I was a hopeless case and I would be the one that they would never ever be able to help," she explains.

The brave steps forward

At times her future looked inconceivable, but with the encouragement and dedication of health professionals, family and friends, darkness was slowly brought to light. Throughout 17 years of a bumpy road to recovery, she tried out 27 medications, and was successful with only one—Remeron, which ultimately elevated Karen from the turmoil that surrounded her. "There was nothing mystical about it. It just happened to be one that finally worked for me. There's no magic pill that will make everything go away. The pill or the treatment that works for you, that's the magic, it just takes some experimentation," affirms Karen. Besides finding the right medication, there were small steps along the way that impacted the success of her improvement, such as being able to work when she was relatively well so that she felt a sense of accomplishment, getting dressed and going to see a movie, spending time with friends and family—all of which were cause for

celebration because it meant progress was being made. "The reality is that I was very blessed in many ways to have a fertile ground in which the seeds of recovery could grow. I had a lot of people praying for me and encouraging me which was important in my recovery," she says.

Finding joy

It's been 13-and-a-half years since Karen walked out of Sunnybrook Hospital a well person and regained control of her life. Since conquering depression, Karen no longer takes good days for granted. She says, "Years ago I wouldn't have known joy if it smacked me upside the head, but now every single day is a blessing. When I think back to being in the psych ward in a strait jacket praying that I would



SILENT SUFFERING
Karen experienced depression symptoms for six years before realizing she needed help.
PHOTO: PRIVATE

PROFILE

Karen Liberman

- **Date of birth:** November 20, 1945
- **Position:** Executive Director, Mood Disorders Association of Ontario (MDAO)
- **Highlights:** Community Activist and planner, Social justice advocate.
- **Honoured by:** Chatelaine magazine as a Health Hero and by Royal Bank of Canada for combating stigma and mental illness.

die and seeing where I am now, it really helps me get through the small stuff," she continues. "I am living breathing proof that no matter how serious the illness, it can be turned around. You can get better and most importantly

get your life back, so I encourage others who are struggling to never ever give up because it will get better."

PAULEANNA REID
editorial@mediaplanet.com



Mood Disorders Society of Canada
Société pour les troubles de l'humeur du Canada

Did you know ...

- 8% of Canadians will experience a major depression in their lifetime?
- 90% of people who are depressed never seek treatment?

Sponsor an Event
(visit our website for information)

Wheel to Heal 2011
Vancouver, May 15, 2011

Free Your Spirit Concert
Ottawa, June 4, 2011




Help Defeat Depression
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Mood Disorders Society of Canada is dedicated to raising awareness of mood disorders as treatable medical disorders, and eliminating the barriers to full community participation by reducing discrimination and stigma amongst the public, treatment and service providers, and governments.



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Dr. David Drenfeld, Psychologist
416.305.5864

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BRITISH COLUMBIA PSYCHOLOGICAL ASSOCIATION

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One in five Canadians can expect to experience a mental health problem in their lifetime, the most common difficulties being anxiety and depression. In addition to personal suffering and lost potential, these difficulties impact families, friends, neighbours, colleagues, and the general community. And yet, many of these difficulties can be significantly reduced in just a few treatment sessions with a skilled psychologist.

Psychologists can help: they provide cost-effective and timely services by helping people gain knowledge, skills, attitudes, and behaviours that are conducive to healthy living and the prevention of serious illnesses. Some work with people and their environments to optimize performance at work and play. Psychologists do not prescribe medications.

Why a Registered Psychologist?

Psychologists are more extensively trained in evidence-based psychotherapies than any other health care provider. They have at least nine years of post-secondary education and training, including a one-year doctoral internship. Moreover, they engage in continuing postdoctoral professional education.

Regulated professional standards: unlike others who offer counseling and therapy services, BC psychologists are regulated under BC's *Health Professions Act* and under the rigorous standards of the College of Psychologists of British Columbia. Only Registered Psychologists are permitted to use the "R.Psych." title.

The British Columbia Psychological Association provides a free service to help you locate qualified Registered Psychologists in BC. Visit www.psychologists.bc.ca or call us at 1-800-730-0522.

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INSIGHT

Donna Hardaker refused to hide her mental illness. Now she strives to **empower** others, not only to seek treatment, but to be honest about the challenges they face.

Speaking up for a new “normal”

I belong to the group of over six million Canadians who will experience a mental illness in their lifetime. I have much in common with these six million.

I have times of illness and times of wellness. When I am unwell I am afraid that the symptoms will never go away. Yet I do get better, in a constant process of recovery and growth.

Like many of the six million, I have experienced loss due to mental illness. I lost a job and a career. I almost lost my life. Yet I am one of the very fortunate ones who had the resources and the support to re-invent myself. My career now involves raising awareness about mental health issues in the workplace. I stand in front of thousands of people every year and say the words: “I have a mental illness.”

Speaking up

This is where I am very different from most of the six million. I have “come out” at work. I have told my employer that I have a mental illness. Hundreds of times in the past seven years people have said to me: “You are so brave to tell. I’m afraid to tell my employer that I have a mental illness.” And they are right

to be afraid. Employees are fired, passed over, and marginalized at work when they disclose.

And I wonder. What if we were talking about diabetes or asthma or cancer? Does it require bravery to tell our employers about these illnesses? Are these people also fired, passed over, or marginalized at work?

A new norm

I don’t believe that systemic change in Canadian workplaces will happen until we who have this so-called invisible disability are seen. We don’t have to share details, we just have to be seen. Six million of us—your family, friends, co-workers and neighbours.

I wonder what would happen if we who are well and are secure in our employment come out en masse. At a staff meeting, board meeting, team meeting maybe we could simply say, without fanfare or production, “I would like to celebrate Mental Health Week by identifying as one of the six million Canadians who will have a mental illness in their lifetime. I have a mental illness.”

Essentially with these words we are saying: I belong to that group AND I belong to you.

“I have ‘come out’ at work. I have told my employer that I have a mental illness.”



Donna Hardaker
Workplace Mental Health Specialist
Canadian Mental Health Association, York Region

4

ALLAN'S TIPS



Allan Stordy
President & CEO,
Arete Human
Resources Inc.

How to support employees

Who are we and where are we going?

1 People feel a sense of worth when roles and responsibilities are clearly defined. Discuss goals and projects regularly with staff. Explain how their individual talents and skill contribute to the company’s success.

Who is responsible for this?

2 Always expect the best from staff and then give them credit for achievements and success. Treat them as capable, competent people and they’ll rise to any challenge. Say thanks—often.


Is everything okay?

3 Rule out lack of resources or training, physical problems and unclear goals if there’s a performance issue. If you suspect mental health is the concern, proceed with tact and diplomacy. Employee assistance programs are a great support resource for employees, and offer guidance for managers too.

Are we having fun yet?

4 Smile at people. Laugh with them. Make it your job to stay connected. Repeat daily.

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My fiancé and I play instruments. Michelle 29, Costumer

I hit the gym when I can. John 58, Electrician

Look at life positively. Alicia 40, Caregiver

I meditate. Drata 54, Musician

I like being creative. It's my drug. Zile 69, Artist

Chill with my friends. Brian 23, Student

Spend more time with my husband! Daisy 30, Administrator

I try to help others. It makes me feel good. Walter 50, Postal Worker

I read. Aster 34, Student

What do you do for your mental health? May 1st to 7th is Mental Health Week. Seven days to talk, reflect, engage and celebrate. It's a chance to do more for yourself every day. Because good health includes mental health.

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Mental health for all. Find out more at www.MentalHealthWeek.ca

MENTAL HEALTH WEEK 60 YRS

CANADIAN MENTAL HEALTH ASSOCIATION
ASSOCIATION CANADIENNE POUR LA SANTÉ MENTALE

NEWS

Navigating your journey to recovery starts with the health care system

Across Canada, several facilities provide specialized mental health care, but what exactly does that mean?

Like any health specialist, mental health centres like the Royal Ottawa Health Centre Group have a specific place in the health care system.

In much the same way that the University of Ottawa's Heart Institute is for those in need of unique treatment programs for complex cardiac disease, specialized mental health care centres treat people with complex and serious mental illnesses that are often resistant to conventional treatments.

Various approaches are required

In an effort to illustrate how patients with mental illness receive treatment at a specialized mental health care centre, the Royal Ottawa Health Care Group's Chief of Staff and Psychiatrist-in-Chief, Dr. Rajiv Bhatla, describes three different scenarios for major depression. Only one of the three patients would require specialized mental health care.

In the first scenario, the patient has been diagnosed with major depression and responds well to treatment. Their family physician, possibly with



"Patients need to be able to move according to their level of need."

Dr. Rajiv Bhatla
Chief of Staff, Psychiatrist-in-Chief,
Royal Ottawa Health Care Group

the assistance of a psychiatrist, can ably manage their depression and they require no additional care.

In the second scenario, however, the person with major depression does not respond well to the initial treatment, becomes suicidal and requires secondary care. That person is admitted to an emergency room, becomes a short-term inpatient at that hospital, is treated and leaves relatively stable. That person can often return to the care of a family physician or psychiatrist who is capable of managing their treatment so that they can achieve and maintain good mental health.

The third case is one that involves a much more complex level of treatment and occurs when the patient does not respond to initial treatment. In that scenario, the person who has major depression has tried a number of medications and cognitive behavioural therapies without success.

Medication management becomes complicated and other treatments and expertise that are only available through specialized mental health care are now required. That person's next step is a referral by his or her family physician (or hospital) to a tertiary centre.

Mental health care and academic health science centres offer an opportunity for clinicians and researchers to work together in delivering mental health care. For example, the Depression Research Centre at The Royal is bringing together clinicians, science and technology to provide more accurate diagnosis and faster and more efficient treatment for people with depression. Studies at the Centre have already shown double the remission rates in six weeks for patients with treatment-resistant depression.



Stability isn't static

While a patient may require specialized mental health treatment at a particular time in his or her journey, Dr. Bhatla underlines the need to move away from associating people and their needs with one particular institution. "While patients can be stabilized, their status is not static. Patients need to be able to move according to

their level of need. Once stabilized in secondary or tertiary care, a patient can access services at different levels through different parts of the system."

COURTESY OF ROYAL OTTAWA HEALTH CARE GROUP

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NEED TO TALK? HOTLINES CAN HELP

Telephone helplines such as Kids Help Phone, Distress Centres and FUTFS offer immediate contact with a trained volunteer who's there to listen with empathy and without judgement. This confi-

dential connection is available to anyone who needs an ear to listen or a shoulder to cry on. Merrill Graham, coordinator of Telecare at Distress Centres in Peterborough says, "You can take your time and filter

through your thoughts. You don't have to identify one particular problem either—helplines are supportive through the rough times no matter what they are." It's an easily accessible safe haven which allows

callers to be mindful of their present feelings instead of replaying the past. By talking through problematic situations, a personal bond can release a lot of tension and open up a different perspective. Picking

up the phone is free and the best decision you'll ever make.

PAULEANNA REID

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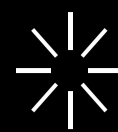
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The most effective types of treatment often combine medical and therapeutic intervention.



DON'T MISS!



Dave Gallson
Associate National Executive Director, Mood Disorders Society of Canada

Success is seen in the initiative to reduce stigma

It is widely recognized that Canadians with mental illnesses are stigmatized and suffer undesirable consequences such as increased social exclusion and isolation, limited life opportunities, and decreased access to treatment.

International and national studies have shown that persons experiencing mental illness have experienced discrimination from general practitioners and from mental health professionals. Persons with experience of mental illness, and their family's views of the pervasiveness, of stigma have been confirmed through research.

In a major initiative aimed at modifying the status quo, Mood Disorders Society of Canada has partnered with the Canadian Medical Association (CMA), Bell, the Mental Health Commission of Canada, North East Mental Health Centre, AstraZeneca Canada

and Memorial University, to produce a one-hour continuing medical education (CME) web-based course on the stigma of mental illness and what individual physicians and specialists need to understand to combat stigma within the profession. The program, which at the present time is in its development stages, will be submitted for accreditation by the College of Family Physicians Canada and the Royal College of Physicians and Surgeons of Canada.

Educating doctors

As all recent stigma research has shown, the most important group to which the anti-stigma message needs to be addressed are physicians. A successful campaign addressed to the 75,000 members of the CMA will have a very large multiplier effect on the rest of the health care provider community and it would also significantly change and shape health care advocacy targeted at all levels of governments and the Canadian communities that the CMA serves. A national anti-stigma training program for family physicians and specialists is an exciting opportunity to change the perceptions about persons with mental illness and to help people living with mental illness to achieve the best possible outcomes.

Identifying the issues

New directions for anti-stigma training includes defining the determinants of stigma, providing information and knowledge in an unbiased manner, addressing the unintended propagation of stigmatizing attitudes and behaviours, teaching patient friendly terminology, and is cemented within the scope of need of health care professionals; from a mental health patient centered perspective.

The partners believe that once the national anti-stigma program has been successfully initiated, it will evolve to become a benchmark for other health care providers, researchers and governments.

There is little doubt that successful implementation of this groundbreaking national initiative will have a positive and transformative impact on the lives of Canadians and their families who are coping and attempting to deal with mental health issues on a day-to-day basis.

Related research and final curriculum development are expected to be completed by the early fall of 2011.

C.C.

AGE 40

Toronto, ON

Courtesy of AA Pharma Inc. editorial@mediaplanet.com

Know your options when seeking treatment

Question: Are you or someone you love afraid to seek help for a mental or emotional illness?

Answer: Knowing your options for treatment will diminish your fear and put your mind at ease.

It's not uncommon for most people to associate a mental health condition such as depression, anxiety or bipolar disorder with a negative stigma, but with the right resources a little information can go a long way.

Often times both shame and fear are attached to having these illnesses due to lack of knowledge. "The biggest misconception is that being mentally ill is seen as a weakness and people don't even know that there are treatments out there to help," says Dr. Anthony Levitt, psychiatrist-in-chief at Sunnybrook Health Sciences Centre. He continues, "They may feel that they don't deserve help and think if they just pull up their socks they can just get over it." A mental health condition can convince a person that it's their fault which would indeed prevent open discussions out of fear they may be judged by others,



"The biggest misconception is that being mentally ill is seen as a weakness..."

Dr. Anthony Levitt
Psychiatrist-in-Chief, Sunnybrook Health Sciences Centre

however, by taking the brave step to reach out to a professional; it's just another way to take back control of your life.

Don't be afraid to ask questions

"A family doctor is the most common person whom most reach out to, but there are also employee assistance programs with tremendous amount of sources offered through most workplaces," affirms Dr. Levitt. It's important to ask questions in order to have a better understanding and become more prepared for possible treatment thereafter. Friends and family are also commonly used as a crutch for support, but unless they're educated on the subject matter, it's best to direct your concerns to a doctor.

Treatment is important

Depending on the condition, initial treatment can be a crucial component to the recovery process. Medication provides relief of psychological pain and starts to have an effect on the brain within hours but often can take weeks before the necessary changes for healing occur. A popular concern among patients is the probability of addiction to medication, according to Dr. Levitt, "You can always ask your physician what the risks of addiction are, but being dependant while you're ill is one of the most helpful things that you can do. Meds are not without problems; there are possible side effects as well but the key word is "possible". It doesn't mean it will happen." Talk therapy, electroconvulsive therapy and physical therapy are also com-

mon methods coupled with medication to assist in the upturn of the illness, but one of the most significant factor people overlook is time—results don't happen overnight.

Lifestyle changes are proactive

Achieving wellness through a natural approach is a great alternative for those who don't wish to take medication. Dr. Cecilia Ho, a naturopathic professional says, "Many things impact our moods like diet, lifestyle and environment. Fish oils as a supplement is a great start, B12 plays a roll in producing brain chemicals that effect mood and brain function and exercising is also a powerful, natural anti-depressant which increases serotonin levels; a feel good hormone." The philosophy of naturopathic medicine is aimed to treating the root cause of the problem through holistic measures. Treatment is individualized and an ND should be consulted for guidance.

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Battling with bipolar disorder: A survivor speaks

I grew up in Rosedale with a loving family—and then the day came when I found myself sleeping outside the Centre for Addiction and Mental Health, waiting for someone to admit me into the hospital.

I knew I had lost my mind—I was no longer the outgoing, overachieving leader I once was, but rather a delusional homeless person like the kind my parents had taught me to help when I saw them sleeping on the streets.

My family was there to rescue me and make sure I remained in the hospital, where I began a very long journey to recovery. Through the help of

my family, my doctors, and the right medications, I began a very slow and difficult road to regaining my identity, and my life.

Riding the emotion roller coaster

When I was as young as seven years of age I had bouts of mania, as well as extreme periods of depression. When I was experiencing mania I was on top of the world, but when I came down from the mania, it was like crashing into a mirrored wall, with all the glass shattering around me. At the time nobody knew what to call this sort of behaviour other than to describe the mania as "outgoing" and the tan-

trums and depression as "defiance". Today it is medically described as bipolar disorder 2.

A recipe for recovery

In order to survive mental illness there are two main ingredients: family/support and medication. You need medication in order to treat the chemical imbalance, you need to remain on your medications at all times, and you need a support system to help you both financially and emotionally through the hard times. One of the greatest challenges in getting well was finding the right treatment for bipolar disorder.

Today, I take Lithium Carbonate

Sustained-Release Tablets daily to treat my bipolar disorder. I have tried all the available treatments including Lithium fast acting, but I find that Lithium Carbonate Sustained-Release Tablets have the least amount of side effects, and work the best to keep me balanced enough to enjoy my life. I am married to a wonderful life partner, I have great friends, and I make a living as an artist.

“Will the health care system be there when I need it?”

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