

December 2013

MENTALHEALTH



Former NHL star Theoren Fleury opens up about his struggles off the ice, and how he is working to make life better for those suffering in silence.

Featuring

IN THE WORKPLACE

Healthy people, healthy business

CHILDREN & YOUTH

Open communication and early intervention

STAYING ENGAGED

Helping Ontarians thrive in their communities

New year's resolution for all:



Camille Quenneville CEO, CANADIAN MENTAL HEALTH ASSOCIATION, ONTARIO

"It's not just people living with mental health conditions who need care and support; we all need support to maintain good mental health."

t's not difficult to see how mental illnesses can impact so many of us when you consider that 1 in 5 Canadians lives with an addiction or mental health condition each year. The number of people affected grows exponentially when you include the number of colleagues, friends or family members supporting a loved one in need.

Step 1: Discussion

In spite of the challenges before us, it's heartening to know that people and organizations are continuing to push stigma aside and create an environment where, now more than ever, dialogue about mental health and addictions can thrive.

Through ongoing discussion, we are all creating awareness that mental health is much more than just the presence or absence of a diagnosed illness. There are social, biological and environmental factors that affect our mental health. How we learn to cope, our relationships,

physical health, job security, race, gender, sexual orientation all play a part in our mental health. Life events, both positive and negative,

also have a significant role. All of this helps us understand that mental health is fluid: you can be in poor mental health without a diagnosed illness and, conversely, have positive mental health while living with a diagnosis. So it's not just people living with mental health conditions who need care and support, we all need support to maintain good mental health. And while we often take care of ourselves physically, we should put the same effort in taking better care of ourselves mentally.

Step 2: Pay attention to yourself

Building awareness about mental health and addictions is a good starting point. For example, depression is an issue we read and hear about regularly in the media and society in about it during the upcoming holiday season. It's important to know that symptoms of depression go beyond the occasional blues associated with ups and downs. If you notice that feelings of sadness or despair last more than 2 weeks, it may be time to check in with a doctor.

Step 3: Ask for support

Beyond awareness and education, however, we also need to understand that seeking support for mental health issues is not a sign of weakness. In fact, it takes great courage and strength to reach out. And really, the same empathy and courage with which we approach physical illnesses must also be used to support the process of recovery for mental illnesses.

That's where community mental health organizations can come in. Organizations such as the Canadian Mental Health Association, with 31 branches in Ontario, offer a range of

innovative services and supports to people who are experiencing mental health and addictions issues. In spite of available supports, however, a recent study indicates that a third of Canadians requiring mental health services did not receive them. Stigma and discrimination may have played a part, but improved capacity and investments in communitybased mental health and addictions supports, as well as investments in health promotion and prevention activities, would further support the growing needs of Ontarians.

Step 4: Make mental health your priority

Today we see many challenges, but together, Ontario's people and organizations, and you as an individual, have the capacity to make mental health a priority and achievable for all.

CAMILLE QUENNEVILLE

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CHALLENGES





Moving the mental health agenda from awareness to action

and stigma on the decline, it's time to move the mental health agenda from awareness to action. It's time to give Canadians greater access to the mental health services and supports they need. One in five Canadians will have a mental health problem or disorder in a given year and far less than half of them will get the help they need. Stigma gets in the way of asking for help but it may also be part of the reason why Canada isn't providing it.

Coverage through health insurance plans

In 2008, the U.S. introduced the Mental Health Parity and Addiction Equity Act which requires that health insurance plans cover mental and physical health services equally. We have no such provision in Canada. The services of

psychologists, Canada's largest group of regulated and specialized mental health care providers, are not covered by our public health insurance plans. Further, the coverage provided by private health insurance plans offered by employers put caps on coverage that are too low to allow for clinically meaningful amounts of service. In Canada, we have no consistency between mental and physical health when it comes to insured services.

The importance of access to services and support

What does it mean when we say that Canadians don't have access to mental health services and supports? It means that learning disabilities in children go undiagnosed and a head injury or dementia may go unassessed. It means that the majority of the Canadians with a mental health need, most often depression and anxiety, will not get access to psychological services that can effectively help them recover.

COSTS TO THE CANADIAN ECONOMY

ANNUALLY -

over \$50 billion

over \$20 billion to the workforce alone

Psychological treatments work. Psychological services work as effectively as medication for disorders like depression and anxiety and enhance patient outcomes when used in combination with medication for others. Psychological treatments used for depression can lead to less relapse than medication.

Burdened healthcare system

Too often, we hear that a burdened health insurance system, be it public or private, cannot do more to provide better coverage, but failing to provide services costs more in the long term. Mental disorders cost the Canadian economy over 50 billion dollars annually and come at a cost of 20 billion dollars to the workforce - as much as 6 billion of which could be recovered by employers if problems were identified and addressed early. It's time for Canada to get mental health care that works, and to get it to Canadians who

K.R. COHEN PH.D., C. PSYCH. CEO, CANADIAN PSYCHOLOGICAL ASSOCIATION

workplace mental health services.

Mental Health Innovations

provides a phased approach for im-

plementing Peer Support Programs

Mindful Employer Canada

has just been launched to recognize

and support organizations that make

a public commitment to support

positive workplace mental health.

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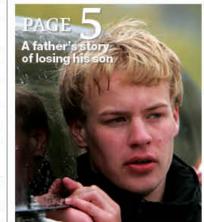
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MENTAL HEALTH

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The Toronto Star, December 2013 This section was created by Mediaplanet and did not involve The Toronto Star or its Editorial Departments.



readers with high-quality editorial content that motivates them to act.

The standard on psychological health and safety in the workplace

The National Standard of Canada on Psychological Health and Safety in the Workplace (the Standard) will be a year old on January 16, 2014. It's only been a year, but significant progress has already been made towards raising awareness of the Standard and workplace mental health issues.

Understanding the standard

The purpose of the Standard is to assist organizations in identifying how their policies, processes and interactions impact the psychological health and safety of employees. The Standard can be used differently by each organization. Some may want to focus on policies, while others may want to start with a gap analysis and management training. Employees, union representatives, and managers share in the responsibility for helping to sustain a psychologically healthy and safe workplace.

While the Standard is voluntary, psychological health and safety is beneficial to all organizations in terms of productivity, performance, and overall organizational excellence. Company size doesn't matter - even small businesses can easily work towards the Standard.

with over 40 employers across Canada which are implementing the Standard. The information will be shared so that all organizations can learn from these experiences.

Great-West Life Centre for Mental Health in the Workplace devotes an entire section of its website to providing free resour-

"While the Standard is voluntary, psychological health and safety is beneficial to all organizations in terms of productivity, performance, and overall organizational excellence."

Taking initiative

Since its introduction, many organizations have launched a number of public service initiatives to support the Standard's implementation, as described below:

Mental Health Commission of Canada has begun a threeyear case study research project

ces that support the implementation of a Psychological Health and Safety

Management System. Partners for Mental Health facilitates the Not Myself Today campaign to open up dialogue about

mental health in businesses.

Canadian Mental Health Association is expanding its national Reflect, celebrate, and strategize

in the workplace.

With so much support available to employers, many of the obstacles to providing a psychologically safe workplace, including lack of knowledge or resources, have been removed. The Standard's one-year anniversary will be a time to reflect on what has been achieved, and to celebrate and strategize for the future.

> MARY ANN BAYNTON GREAT-WEST LIFE CENTRE FOR MENTAL HEALTH IN THE WORKPLACE editorial@mediaplanet.com

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THERE'S A FINE LINE BETWEEN ABSENCE AND PRESENCE IN THE WORKPLACE

ach day, 500,000 Canadians miss work due to mental health problems. This is a growing concern for employers, as mental and behavioural health issues are the main causes of shortand long-term disability leaves in Canadian organizations.

Mental illness contributes to disability in the workplace in two ways: "absenteeism" or the days of work missed by employees, and "presenteeism;" when the employee is physically at work but there is low performance and productivity while working.

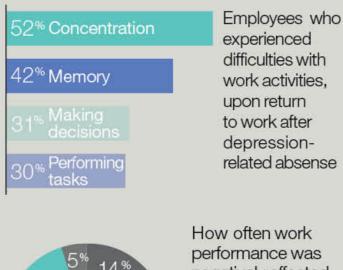
A fifty-one billion dollar economic burden

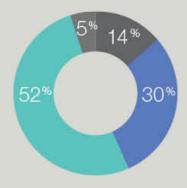
The burden of mental illness costs the Canadian economy approximately \$51 billion per year. This includes medical costs, direct work losses, decreased quality of life, and does not take presenteeism into account. Presenteeism costs Canadian businesses another \$15-25 billion

Depression in the workplace

Depression is one of the most common mental health concerns reported by Canadian workers. Approximately 16 percent of Canadian woman and 11 percent of Canadian men will experience major depression in their lifetime - an alarming concern. This is especially true since a depressive episode is one of the strongest risk factors for presenteeism in the workplace.

To determine the impact of depression in the workplace, the Conference Board of Canada recently published the results of an online survey they did of employees across Canada in early 2013. The goal was to determine if employees who had taken a leave of absence from work due to a depressive episode had difficulties with specific cogni-





negatively affected upon returning to work after a depression-related leave of absence Every day
 Some days

- Most days
 Never

SOURCE: CONFERENCE BOARD OF CANADA

tive abilities when they returned to work. This included concentration, memory, decision-making and performing regular tasks associated with their work.

Just over 2000 Canadians were surveyed, where 30 percent said that they had taken a short- or long-term leave of absence from work due to a health issue at some point in their working career. Of these people, 23 percent said that their leave of absence was due to a mental health condition or due to a physical and mental health issue. Two-thirds of employees who had taken a leave of absence because of mental health issues reported that they had experienced a depressive episode. 83 percent had taken prescription medication for their depression and

80 percent were still taking medication when they returned to work.

When employees who had taken a leave of absence due to a depressive episode returned to work, two-thirds reported that they had difficulties with specific work-related activities.

Impacts on the employer

Depression affects not only an employee when they return to work, but also impacts their employers. The study showed that just under two-thirds of supervisors said that they either currently or previously had at least one employee with depression at their workplace. Supervisors working in the public sector were more likely to have supervised an employee who had experienced a depressive episode.

Supervisors had noted that employees returning to work after a depressive episode often experience cognitive difficulties. Some notable behaviours include unexplained decreases in overall productivity, unusual lateness or absences from work, difficulties with memory, concentration, or decision-making, inability to work as a team member, anger in the workplace, health and safety problems, and decreased interest towards work.

People who experience depression often have unresolved symptoms, even after the depressive episode is finished. The study shows that cognitive symptoms often persist in people, even if they took, or are taking, medications for their depression.

Effectively addressing mental health in the workplace

It is critical to understand the importance in recognizing and dealing with mental health issues in the workplace for both employees and employers.

Organizations need to ensure that supervisors can recognize the symptoms of mental health issues, such as depression, in employees, and offer them the resources and support they need. Employees who return to work after a depressive episode may need assistance or accommodations to help them successfully reintegrate into the workplace. These types of measures can help employees stay healthy and productive at work and may also help reduce their risk of relapse and instances of absenteeism or presenteeism.

> SOURCE: DEPRESSION IN THE WORKPLACE STUDY. CONFERENCE BOARD OF CANADA

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DON'T MISS



COMPANIES ARE MAKING MENTAL **HEALTH A PRIORITY**

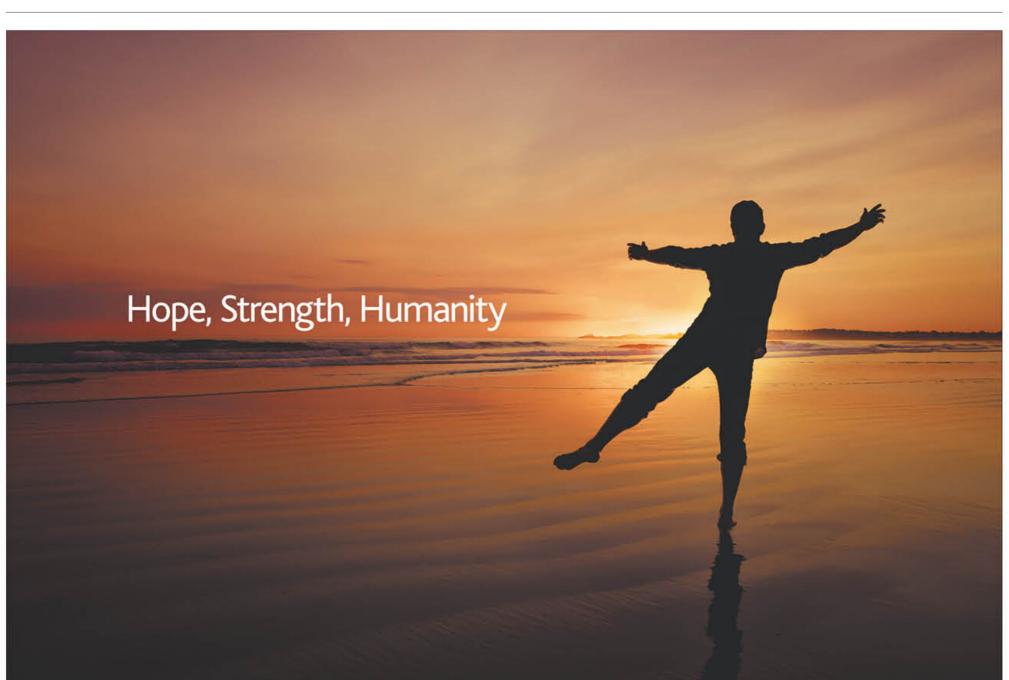
The National Standard was created to assist in the development of psychologically healthy and safe workplace. It is entirely voluntary, and many companies have already adopted it to their practices - including Great-West Life, Lundbeck Canada and Otsuka Canada Pharmaceutical Inc.

"Prevention is always the best way of reducing possible harm," says Patrick Cashman, President of Lundbeck Canada. "Establishing this clear, tangible approach to help Canada's employers better protect the mental health of their team members is an extremely important and positive step forward. Better protecting the mental wellbeing of our country's workforce benefits all Canadians through better productivity, lower health care costs and having healthier, happier people driving our economy.

Make it a priority

Make mental health your priority. Read more about the National Standard at the MHCC website.

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At Lundbeck, our approach to innovation is shaped by our Danish origins, a centuries-old tradition of respecting every individual and taking care of one another in times of need. It's part of our culture, and it's something we know Canadians take to heart.

This focus on the individual has already helped us become specialists in CNS disorders, changing the lives of people all over Canada. And now we're applying that same passion and drive to oncology. Creating partnerships, working with healthcare professionals and putting patients first will always be important parts of everything that we do, and we will continue to lead the way as we branch out into oncology.

At Lundbeck, caring is our culture.



INSIGHT

TECH TALK



BRINGING TECHNOLOGY INTO THE MENTAL HEALTH MIX

There is a worldwide increase in the number and types of technologies used to deliver child and youth mental health services.

In particular, email and web based applications, videoconferencing, and even telephone are utilized to enable clinical care and ongoing professional development of service providers.

Such technologies are becoming increasingly integrated into daily practices and have the potential to transform the child and youth mental health sector. Recently, a policy ready paper was completed for the Ontario Centre of Excellence for Child and Youth Mental Health on the use of technology in the delivery of child and youth mental health services.

Information was collected from policy and decision-makers, the current research literature, and a service scan of Ontario agencies that serve child and youth mental health needs.

Noting the benefits of technology

Results showed that technology enhances access to mental health services for children, youth and their families.

Its use is changing client-

practitioner relationships and offers opportunities to empower clients. It can also enhance service integration and interprofessional collaboration.

Evidence for e-mental health is emerging and to date demonstrates the potential to engage young people, and deliver outcomes as good, if not better than usual services. Existing services in Ontario have the capacity to make increased use of e-mental health as a vehicle for service delivery. Further research in this area is critical, as practice is moving ahead of evidence and guidelines.

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Aiding Ontario's youth

Creating accessibility to mental health services

t is a sobering, yet well-known fact that 1 in 5 young people live with a mental health illness. It is also a fact that 5 out of 6 young people who need mental health services do not get that help.

Stigma and inaccessibility to services

The culprits are stigma and a deep inadequacy of services. On the positive side, stigma, which is a very strong barrier to getting help, is now to some extent losing its strangle-hold as awareness and acceptance of mental illness has steadily increased. Still, the battle against stigma is far from over and the campaigns to eradicate it continue to be vitally important. For many, coping with stigma and the discrimination that can accompany it, only worsens the illness.

On the access to services side of this issue, growing numbers of young people and their families, encouraged by changing attitudes, are seeking out help that is not keeping up with the demand. Or it is not



Judith Nyman
CO-CHAIR, THE COALITION
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MENTAL HEALTH, DIRECTOR
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where and when it is needed. Those who live in the north or in rural areas are particularly disadvantaged; their option is often to travel great distances to get services, often putting a sometimes intolerable burden on families. How often then does inequitable access to services translate to no service at all?

Ontario's efforts

In Ontario, the Ministry of Children and Youth Services is conducting a consultation regarding a proposed Child and Youth Mental Health Service Framework. One of its welcomed areas of focus is on helping families navigate the mental health services system. Yet the Framework is not dealing with plans to increase service availability. It's critical that these two things go hand in hand, so that when those in need get to the right door, it will open in a timely way to the types of services that will help them.

There are, however, many positive developments across the mental health landscape. Ontario's Comprehensive Mental Health and Addictions Strategy is now in its third year. Because of this initiative, all school boards in the province have a leader who works collabor-

atively with board staff and community agencies to develop and coordinate a mental health strategy in each school district. Strategies are based on a foundation of healthy relationships and building a culture of caring and commitment to well-being in schools and classrooms across the province.

Using evidence-based practices

There is a focus on mental health promotion, building resiliency, prevention, intervention and access to timely pathways to care. The emphasis is on doing more with what we know by using evidence based practices proven to make a difference in the lives of children, youth and their families.

The whole community is brought into the strategy so that the need can be more closely matched with the services that meet that need. Commitment to evaluating how effective our efforts are will be critical. It's a model that is showing promise and it is a vital part of the mental health safety net that needs to be there for children, youth and their families.

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BUILDING A FOUNDATION FOR EVERY CHILD Bullying, substance abuse and relationships



David A. Wolfe, Ph.D. SENIOR SCIENTIST, CAMH

"We owe it to all children to teach them what healthy relationships look and feel like, and to set higher expectations for their behaviour."

I'm often asked, "how do I stop my child from being bullied, or my teen from getting involved in an abusive relationship?" The cop-out (but true) answer is "start early," by setting good examples and teaching respect.

Building something good is often the best way to stop something bad. Remember, bullying, abuse, and similar problem behaviours occur in the context of relationships. Children and teens need adult help and supervision to navigate their relationships and avoid these pitfalls.

Building a foundation

How a child learns to relate to others is similar to building a house: early relationships form the foundation for future ones, and education and supervision are critical. If this foundation is based on winning and losing, rather than sharing and compromise, a child learns to treat others as victims or victimizers. Drinking, bullying, name-calling are ill-conceived ways to gain status or popularity, at the expense of others.

We owe it to all children to teach them what healthy relationships look and feel like, and to set higher expectations for their behaviour. Because relationships are learned, healthy relationships can be taught to every student without stigmatizing anyone. Successful relationships serve to protect youth from harm and enhance their well-being. Wellbeing refers to an overall sense of personal accomplishment and satisfaction, which is supported through relationships with family members, teachers, and peers. Well-being is advanced when students feel safe and connected to their school, when they can access adult advice without fear, and when they have opportunities to learn healthy ways of relating to others.

Addressing bullying and interpersonal relationships

The shortsighted view to addressing bullying and similar acts of cruelty is to try to identify and treat the victims and offenders. But since bullying affects at least 1 in 5 kids, this approach is unrealistic and reactive, not proactive. We need widespread inoculation. We need to inject progressive education about healthy relationships and personal values into our core curriculum from K-12.

Students can build their sense of well-being starting at an early grade. Like we have taught students to wear seatbelts and bicycle helmets for their safety, they can be taught routines to promote healthy relationships every day. For example, younger students can learn to understand and respect differences in appearance, culture, gender, and religion, and to relate to peers

without resorting to pop cultureinspired (and sexually-based) insults. These lessons can be expanded in scope and sequenced throughout elementary and secondary programming, resulting in students graduating with a healthy balance of

Getting it right from the start

academic and social skills.

Relationship skills can be taught much the same way that physical education and academic subjects are taught — by providing accurate information and offering lots of practice, examples, and feedback. Our experience in developing and evaluating the Fourth R (for Relationships) program to schools across Canada has garnered a high level of success and enthusiasm from educators, parents, and students.

We envision a future when the success of our educational system is measured not only by math and reading scores but also by the nature and quality of student relationships and well-being. Getting it right from the start leads to better outcomes and is less costly than trying to fix it later. With this vision parents and educators can embrace creative strategies that reduce harm, foster healthy relationships, and maximize a successful transition to adulthood.

DAVID A. WOLFE editorial@mediaplanet.com

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INSPIRATION

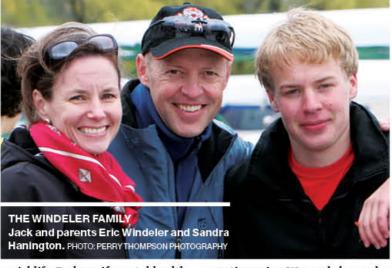
Family's loss inspires a revolution

he call that changed everything. The police officer called, then immediately came to our house. He told us we had lost our eldest son to suicide. A harsh entry into the complex and confusing world of mental health. It was March 2010, Jack's first year at Queen's University.

We struggled to understand. What signs had been missed? Why hadn't Jack reached out for help? Fear and shame had likely kept Jack from voicing his distress. If this could happen to us, it could happen to anyone. And that is simply unacceptable.

A difficult transition

Determined to make a difference with Jack's story, we searched for answers. We discovered that, for our young people, suicide is the second leading cause of death, and 1 in 5 will struggle with mental illness. The transition from high school is particularly overwhelming — many feel isolated and struggle to cope. Problems like anxiety and depression commonly emerge. Many don't get help or even knowwhere to find it. Students at Jack's residence told us there had been signs, such as withdrawal from his academic and



social life. Perhaps if mental health had been an ongoing topic of conversation, at school and at home, Jack would still be here today.

When we shared our story, we heard many in return. So we decided to act. We enlisted everyone we knew. We raised funds. We partnered with Kids Help Phone and started The Jack Project. We presented workshops to thousands of students, teachers, and parents across Ontario. Clearly Jack's story was powerful; it inspired students to seek help. It encouraged parents to have real conversations. But one-off speeches don't keep the con-

versation going. We needed a revolution in how mental health is understood, a revolution to overthrow the stigma and inspire meaningful dialogue and action. And revolutions are powered by young people.

Unleash the noise

In 2012, The Jack Project partnered with Queen's University, where a group of passionate students aspired to connect Canadian youth to fundamentally change the land-scape of mental health. Unleash the Noise, the first ever student-led mental health innovation summit,

became a reality in March 2013 — 200 high school and post-secondary student leaders from over 70 schools across Canada spent two transformative days discussing how to improve youth mental health and shatter stigma. Completely energized, they headed back to their school communities and got to work.

In July 2013, The Jack Project became an independent charity. A new wave of students will descend on Toronto for Unleash the Noise 2014, to continue the conversation and develop even more solutions.

We miss Jack every minute of every day. But the truth is we all know a Jack. Mental health is the number one health issue for our young people. It's no longer enough to spread the message that 1 in 5 people are affected by mental illness. Instead, we must engage everyone — the 5 in 5 — because we all have mental health. We're calling on Canada's youth to unleash the noise, wherever they are, and build a future where there is no more silence.

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DON'T MISS

HOW TO SAVE A LIFE: TIPS FROM A DAD THAT LOST HIS SON

mental health. Challenge your own stigma. Share your own struggles, not just the good stuff.

■ Be proactive. Start ongoing conversations about mental health, long before the transition to post-secondary school.

■ Create and discuss a mental health family tree, like you would for cancer or heart disease. Be a role model in taking care of your own mental health.

■ Build a warm, open, trusting, non-judgmental relationship with your child, so you become their go-to person when they need help.

Be sensitive to any changes in your child. Know what's normal for them, and what's not. Trust your gut. Dig deeper if they insist that they're fine but you suspect they're not.

Ask: "How is your mental health?" If you're seriously concerned, don't be afraid to ask, "Are you thinking of hurting yourself?"

■ Adjust your expectations. The path to adulthood isn't always straight; there are off-roads and detours, and that's okay — your child's complete health is what matters most.

Avoid comparing your child with others. Encourage them just to do their best.

■ Be familiar with post-secondary mental health services beforehand, and talk to your child about them, even if it's just in the context of how they could help a friend.

ERIC WINDELER editorial@mediaplanet.com

How parents can help their kids during a tricky time period

dolescence can be a very frustrating time for young people as they struggle to make sense of everything around them.

Changes in school, social groups, leisure activities, and family can be challenging at the best of times. When it comes to the early onset of a mental health concern, the struggle can be intense, leaving both the child and parents feeling helpless. Today, 1.2 million Canadian children and youth are affected by mental illness.

Parents often feel concerned and unsure of next steps as they search for help to deal with the changes their son or daughter is experiencing.

Constant and open communication

Honest conversations are key to identifying issues before they turn into long-term mental health concerns. These ongoing discussions, and increased societal awareness bring more young people and families seeking assessment and treatment than ever before.

Mental illness can often affect family life, education, recreational, and vocational activities. We must pay close attention to changes in academic performance, friends, substance use and legal troubles. Common concerns for youth relate to symptoms associated with anxiety and depression. However, low mood or feelings of nervousness are very common and understandable during periods of change.

Early intervention

Research and experience tells us that someone who develops mental illness will often have signs early in life. Early intervention will help understand signs, recognize illness and better manage symptoms.

Treatment for youth mental illness encompasses education to understand their illness and the expected level of functioning. Treatmanifests and whether medication is a viable option. Some mix of talk therapy, education and medication are often the best treatment options.

ment will also discuss how an illness

Continued dialogue with our youth lets them know we are there and allows us to understand who they are through the challenging teen years. You are not alone. There are resources and support available toyou.

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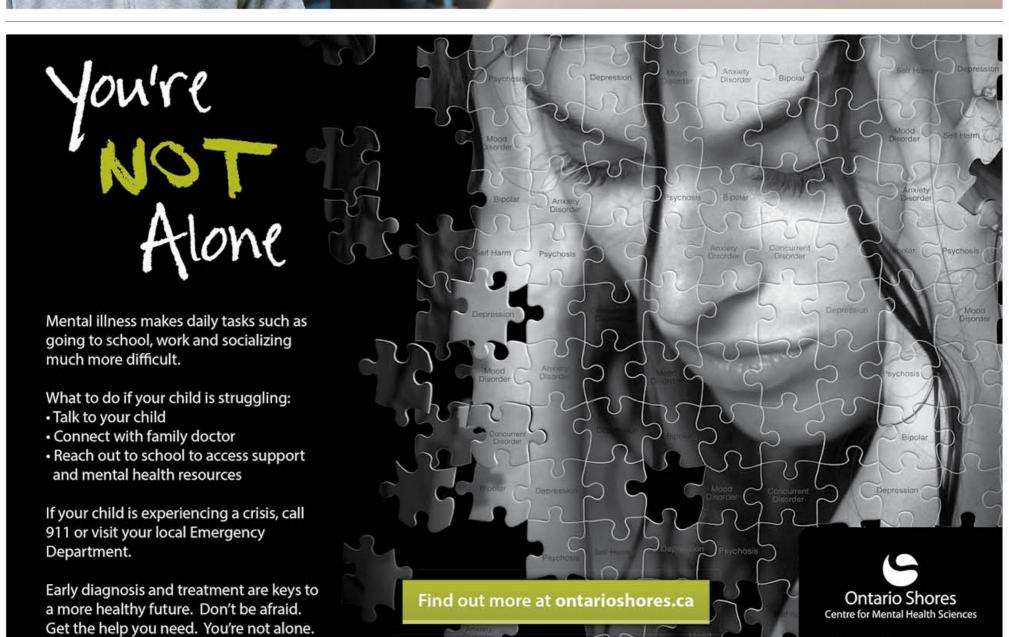
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INSIGHT

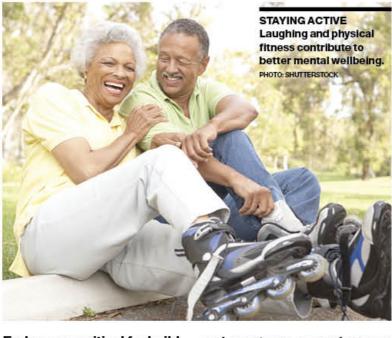
STAYING ENGAGED WITHIN THE COMMUNITY

he keys to physical fitness are quite clear — eat well, exercise regularly and get enough sleep — check. But very few people have a similar checklist for improving mental fitness.

Accounting for both physical and emotional well-being

For years, people of all ages have focused on physical well-being as a means of improving health outcomes and preventing illness, but until recently, our society has not placed the same value on our emotional well-being. According to the World Health Organization, "Mental health is not just the absence of mental disorder. It is a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."

Global research on the social determinants of health suggests that a person's overall wellbeing is determined not just by genetics or the physical environment we live in, but also by the social support systems in place. This is especially true of mental health.



Early years, critical for building resilience

Dr. Ian Manion from the Ontario Centre of Excellence for Child and Youth Mental Health believes that paying attention to emotional well-being must begin early in life. "Building resilience in children and youth is essential to help them deal with the many changes and challenges they will experience in their lifetime. Teaching children the value of connecting with others

and creating a personal support system through friendships and community involvement will contribute to their ability to cope and maintain balance in their lives."

Staying connected to the community

Building a strong foundation for mental health begins in childhood, but continuing to find ways to stay active and engaged in the community is equally important "Mental health is a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."

as we go through adolescence and into adulthood.

As we age, our challenges can become even greater. Our own children grow and leave the nest, lifelong friends may pass away, and physical health may begin to deteriorate. For a large number of seniors, staying active and connected to the community through social and volunteer activities can prevent premature deterioration of mental health, and improve their quality of life.

In a recent report to the Minister of Health and Long-Term Care to-wards a provincial Seniors' Health Strategy, Dr. Samir Sinha identifies health and wellness promotion as a key recommendation in keeping seniors healthy and independent for as long as possible. "We must also put an increased focus on pro-

viding more services that promote staying healthy, active, and wellconnected with others in ways that are respectful of changing societal needs and preferences and our overall diversity."

Lifelong community engagement

At every stage of our lives, we can take action to maintain our mental health. Self-care will continue to be important to physical and mental well-being, but finding ways to stay engaged in the community throughout life's stages will improve our ability to cope, to help others, and to enjoy life.

ONTARIO 211 SERVICES, DR. IAN MANION, AND DR. SAMIR SINHA editorial@mediaplanet.com

Moving towards proactive vs. reactive treatment

Three percent of our population experiences psychosis. We need to ensure they have early access to treatment and support.

When it comes to schizophrenia and psychosis, early access to treatment and support is a big factor in recovery. Schizophrenia is a very individualized illness — what works for one person in terms of medication dosage or social support might be different for another.

Proper treatment not only includes access to medication, but also having enough hospital beds, and not waiting days or even weeks to get a referral from a doctor. It means having socially inclusive supports such as safe and affordable housing, nutritious food, employment and educational opportunities.

Reviewing Ontario's mental health system

We often hear about the good and bad experiences people have with Ontario's mental health system. Mary-Lou Roder has been involved with the Schizophrenia Society of Ontario for 13 years now, and her son, Nathan, lives with schizophrenia. Mary-Lou speaks about the benefits of early access to treatment: "He's never been hospitalized. We've just been really fortunate because he was diagnosed really early," she says.

Upon diagnosis, Nathan was able to get a quick referral from a nurse, and began receiving treatment right away. Since then he has had only minor relapses, which he has quickly recovered from.

Accessing drug benefits

While acknowledging her good fortune, Mary-Lou also acknowledges that opportunities need to be more equitable, especially when accessing drug benefits. Not all medications are covered under the Ontario Public Drugs Program, and some require being on ODSP in order to get coverage. Nathan has had to switch medications a few times, but the one he currently uses will be covered under ODSP, even when he moves away from the program. This isn't always the case, and such inconsistencies create unnecessary financial barriers to treatment.

"People generally don't get

treatment until it's too late — late enough that they are only getting it because they're so far gone, or because they are a harm to themselves or to other people," Nathan says.

We must move away from a

We must move away from a crisis-driven mental health sys-

tem and toward one that fully addresses the needs of those experiencing mental illnesses. Schizophrenia is not a life sentence, and good quality of life can be assured, but only when treatment is accessible to everyone. With more equitable mental health supports — and the eradication of stigma and discrimination — we can ensure that the Roders' story becomes the norm.

MARY ALBERTI, CEO, SCHIZOPHRENIA SOCIETY OF ONTARIO editorial@mediaplanet.com

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Theoren Fleury knows all about overcoming tough battles.

The former NHL star had a successful career on the ice and was known for his aggressive style and unwavering will to win.

IT'S OKAY TO ASK FOR HELP

nfortunately, Fleury's hardest encounters occurred off the ice. As a child, the Stanley Cup winner and Olympic gold medalist was the victim of sexual abuse at the hands of a hockey coach, abuse which saw him attempt to mask the resulting pain, anxiety and depression with a reliance on alcohol and drugs.

Opening up

Over the past few years, Fleury has started to tell his story. In 2009, he released his autobiography, Playing With Fire, a no holds barred account of his trauma and how he tried to block out his painful memories.

"When I shared my story, so many people related to my feelings and came up to me to speak about their own issues and their own mental health problems," says Fleury. "I realized that the more you talk about your problems, the more you find out that you're not alone."

Creating safe places

Fleury now devotes his life to help-

ing other trauma victims start to overcome their own problems. Along with leading trauma therapist Kim Barthel, Fleury runs one day healing conferences across the country in which people can share their own stories in a safe environment.

"When people see me - this tough hockey player - being open and honest and sharing my feelings, they think: 'if he can do it, then I can certainly do it," says Fleury. "We all have skeletons in our closet, but it's what you do with those skeletons. If you let them run your life, you're going to struggle, but if you let them out, then you can start to move on."

Don't be alone

For people suffering with mental health issues, realizing that there is help out there, that there are people who understand what you're going through, is an important first step on the road to tackling your problems.

"It's okay to ask for help, it doesn't mean that you're weak. In fact, it

means the opposite: that you're a person of courage and strength," says Fleury. "It can be painful and scary, but seeking out help is the most important thing that anyone

Fleury wants to assure people who are scared of making that initial search for help that they won't be shamed or rejected. "We live in our traumas for way too long; we're afraid to tell people because of what their response may be, or because of the labels or stigma that are attached to mental illness," he says.

The cathartic experience of sharing your experience won't only benefit you, it'll also pave the way for others like you to open up and free themselves from their own traumatic secrets.

"Your story will save someone's life," says Fleury. "At some point, someone will relate to your experiences and not feel so alone, and this will help them to start out on their own path to healing."

> JOE ROSENGARTEN editorial@mediaplanet.com



Stigma: An unnecessary hurdle faced by sufferers of addiction

Addiction is not a choice; it's a chronic, all-encompassing illness that does not present itself like other health issues. But, while consensus is shifting so that addiction is viewed in the correct context, a lot of the population still holds onto some commonly held misconceptions.

Damaging mistruths

These misconceptions lead to a damaging stigma surrounding addiction, a stigma that alienates sufferers and makes the painful road to recovery even tougher.

"Stigma stems from a lack of understanding," explains David Kelly, who is the Chief Executive Officer at Addictions and Mental Health Ontario. "People are not recognizing that addictions do not discriminate, they can affect any one of us, regardless of our socio-economic situation."

People most in need

It's not often recognized that, for many of the marginalized people in



Laura Bhoi PRESIDENT. BELLWOOD HEALTH SERVICES

"Sixty percent of people with addiction or mental health issues do not seek help because of their fear of being labeled."

our communities, addictions and substance abuse are used as mechanisms to cope with traumatic ex-

"It's a complex issue," says Kelly. "When we continue to discriminate or stigmatize people who are trying to address their addiction or substance misuse issues, we create a larger and even more complex problem."

One common misconception is that addiction recovery rates are extremely low. In fact, the opposite is true. With quality treatment that includes continuing care and support, people with addictions can achieve very high success rates.

"Forty-six percent of the populaion believe that mental illness is used as an excuse for poor behaviour," explains Laura Bhoi, who is the President of Bellwood Health Services. "This links into another worrying statistic: 60 percent of people with addiction or mental health issues do not seek help because of their fear of being labeled."

Eradicating stigma

Social stigma makes people who are



legitimately ill feel ashamed and disenfranchised and reduces the chances of them seeking professional help. By beginning to eradicate the stigma that surrounds addiction, sufferers will be more likely to shed the fear that comes with admitting having a problem.

"Community groups, government and the media can help in reducing stigma by highlighting what addiction really is," says Bhoi. "This will, ultimately, give people the courage to step forward and get the help that they need."

Over the past couple of months Toronto has played host to several events geared towards removing stigma. As well as an educational symposium at the Science Centre, there was a Recovery Day at Allan Gardens which was part of a nationwide initiative for people to come together and share their recovery stories.

"By educating the public about the fact that addiction is an illness and not a choice, these events play an important part in breaking down stigma," says Bhoi. "There is great hope for moving this important social issue forward."

> JOE ROSENGARTEN editorial@mediaplanet.com



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ACCESS TO MEDICATION

A growing concern for Schizophrenia patients

You might know a person who has been personally affected by the symptoms of schizophrenia. The illness impacts every aspect of their life and the life of their loved ones.

The stigma of schizophrenia

Stigma affects both patients and caregivers coping with the illness, and exists at all levels. Patients are often afraid to talk about their illness, self-esteem is diminished and families are "burned out". The stress on family is substantial, as they provide financial housing, access to medical care, and ongoing emotional support for years to their loved ones.

Understanding the nature of schizophrenia is helpful in decreasing the stigma that is felt daily.



Ruth Baruch, MD FRCPC MEDICAL DIRECTOR COMMUNITY PROGRAMS, DEPARTMENT OF PSYCHIATRY. TORONTO EAST GENERAL HOSPITAL

plex and life-altering disease which affects a person's ability to think, their perception and general behavior. Symptoms vary from person to person and can include delusions, hallucinations and irrational behavior. Patients are essentially robbed of their ability to function in society as they struggle to manage their emotions, think clearly and relate to those around them.

One size does not fit all

Schizophrenia, like other chronic diseases such as diabetes and hypertension can be treated effectively. Medication is the most important part of treatment. With research, there are new medications that are available to treat the disease effectively and minimize the side effects. But there also remains a "one size

Unfortunately, I am not able to use all the available medications because they are not covered by the Ontario formulary. I find this very difficult to accept, as this is not in the best interest of the patients.

Schizophrenia is a serious, com- fits all" approach to treatment. Just as symptoms can vary from person to person, and over time, what works for one person, does not necessarily produce results for someone else. As clinicians, our task is to find the treatment which produces the best results for a patient, balanced with their tolerance for side effects.

Tailoring the right medication, to the right symptoms

In short, we need more treatment options. As physicians, we need to be able to tailor the right medication to the right symptoms in the right patient. Unfortunately, I am not able to use all the available medications because they are not covered by the Ontario formulary. I find this very difficult to accept, as this is not in the best interest of the patients.



As a physician, I am both aware and concerned about the stigma and indifference that exists at many levels. Of particular concern is the stigma in our government concerning access to new medications. The excuse is cost - "drugs are too expensive, and the newer drugs are not any better." Reality is, there is a need to look beyond the cost, especially since newer drugs have their advantages.

Receiving government approval

The cost of medication in schizophrenia is less than 10 percent of the overall cost of the illness. One day in hospital is more expensive than the cost for a one month supply of the most expensive drug. Health economics must factor in all costs such as, physician time, emergency room visits, hospital days, the fact that most individuals with schizophrenia do not work or work part time and rely on social assistance. Access to new medications that treat certain cancers that prolong life by 3 weeks are far more expensive than the newer antipsychotics, yet they are available to patients. Why is schizophrenia any different?

Today there are therapeutic agents that can make a difference and ensure that people function within society. Unfortunately, our government is not approving them for the provincial formulary, thus making them unavailable to the most vulnerable of our society. As a psychiatrist in this province, it makes it difficult for me to treat my patients. It is time for the citizens of Ontario to help their loved ones obtain these treatments. The government is just increasing the stigma burden of illness and overall cost by not approving these drugs for people living with schizophrenia. The time is now to make a change.

> RUTH BARUCH, MD, FRCPC editorial@mediaplanet.com



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