

visions

Vol. 10 No. 2 2014



mind-body connection

**beyond the physical complaint:
a family doctor's perspective**

how to use the power of your
mind and body to reduce
stress and sleep better

visions

Published quarterly, *Visions* is a national award-winning journal that provides a forum for the voices of people experiencing a mental illness or substance use problem, their family and friends, and service providers in BC. It creates a place where many perspectives on mental health and addictions issues can be heard. *Visions* is produced by the BC Partners for Mental Health and Addictions Information and funded by BC Mental Health and Substance Use Services, an agency of the Provincial Health Services Authority.

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issn	1490-2494

subscriptions and advertising

Subscriptions to *Visions* are free in BC to those experiencing a mental illness or substance use problem, their families, and any service provider. For those outside BC, subscriptions are \$25 for four issues. *Visions* electronic subscriptions and back issues are available for free at www.heretohelp.bc.ca/visions. Advertising rates and deadlines are also online.

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I have just read *Visions* Vol. 9, No. 3 (Workplace) cover to cover. That's unusual for me.

The articles about mental health and bullying in the workplace are very pertinent and relevant to me. For the whole of my ongoing work life (17–60 years of age), I have experienced similar experiences to those of your contributors. I wish them all the strength to continue in good health.

— C. L. Linley, Nelson

I was troubled, but impressed and moved by the article by Joshua R. Beharry entitled "Lost in the Gap" in the recent issue of *Visions* on system navigation. I find it quite unbelievable that Joshua was so often rebuffed in his efforts to get help for his depression, but impressed with his determination to continue his search. Does this mean that even "caregivers" and "professionals" are unfamiliar with the appropriate services for people who suffer with mood disorders, and how to get them?

As a "fellow sufferer," I am happy to report that I received appropriate services from the time of my diagnosis by my family doctor, who provided me with some medication to "tide me over" until his referral to a psychiatrist materialized (within a week).

Following that, I entered regular psychotherapy, received appropriate medication, and even hospitalization for a month, all covered by BC's Medical Services Plan. I applaud Joshua's persistence, and wish him good health and every success for the future.

— John Konrad, Abbotsford

editor's message

Eight issues ago we looked at wellness broadly. After a reader vote,* a subtheme emerged for our next look at the theme of wellness. This is that issue.

The way we talk about mental health in our culture, you'd think we were just floating heads in space. And the way we talk about substances, you would think either we were floating heads ('it's a question of willpower') or headless bodies receiving a chemical impact from a drug, without context. We know it's not that simple. And yet we still have a physical health system on one side and a mental health and addiction system on the other. Thankfully that's changing, which makes this issue incredibly timely.

There has been a shift in recent years. Family doctors see it every day. Employers see it. Holistic health practitioners see it. Recreation staff see it. You go off work for chronic back pain, you're off longer because of depression. You take up a sport in school that you like and your body image and anxiety improve and you drink or smoke less. You go in to your doctor complaining of real physical distress and you leave with a diagnosis of a mental illness.

As our populations age and we continue to not move or eat well, chronic disease rates swell and guess what? It's not more pills that will stem the tide, but interventions looking at whole-person well-being. Our minds, moods, intentions and behaviours are grounded in our physical selves. When one is lifted the other is lifted by default. And when one is down, the other invariably goes down with it. Why has it taken us so long to start looking at both together?

Of course, many cultures intuitively know this better than we do. For example, all medicine wheels in Aboriginal cultures have at their base that you cannot separate emotional wellness from mental wellness from spiritual wellness from social wellness from physical wellness. They are all tied. And social wellness is relevant here. I think you will see in the pages ahead that it's not as simple as 'eat better and exercise more.' Social support seems to be a key motivating ingredient to getting people to make changes to feeling better—mind and body. So grab some water, a healthy snack and a buddy... and keep reading.



Sarah Hamid-Balma

Sarah is Visions Editor and Director of Mental Health Promotion at the Canadian Mental Health Association's BC Division

*If you'd like to vote again, we'll have a new poll up Dec 1 to vote on a subtheme for our Recovery issue. So check HeretoHelp.bc.ca soon and vote!

Healthy Behaviour is Not Normal

EXPLORING THE MIND-BODY CONNECTION FOR BETTER HEALTH

Wolfgang Linden, PhD

Hmm, odd title?* As much as this title is meant to provoke, the real question is why Visions considered the mind-body theme. Why this topic now? What has changed?



Dr. Linden is a Professor of Clinical and Health Psychology at the University of British Columbia, where he introduced the first Health Psychology course in 1983. He has worked with cardiac and cancer patients for over 30 years, trying to translate research findings into better patient care models. He has also been a lifelong volunteer with the Canadian Mental Health Association and other organizations striving for improvements in mental health and substance abuse care in BC

In some ways, the answer is: “not much.” Even the ancient Greeks knew that body and mind were interlinked, that one influenced the other. On the other hand, the contemporary practice of medicine has seen a major shift toward specialty care, focusing more on individual organs than on the whole patient.

Today’s family physicians, however, tell us that over half their patients who present with physical symptoms have underlying stress and emotional problems that need treating more than these physical symptoms do. Even common sense tells you that a patient with insomnia who also reports marital problems and a fear of losing his job shouldn’t receive just medication for his sleep problems as a primary treatment. Because the mind-body linkages flow

both ways, asking questions about causality is tricky. On the one hand, for example, depression has a role in the causes of heart disease. In diagnosed cardiac patients, depression is known to increase mortality. This is at least partly explained by the fact that depressed patients are less likely to follow a diet or exercise or take their medications.¹ On the other hand, systematic exercise is shown to be an effective treatment for depression and anxiety,² and can be of benefit to post-heart attack patients.³

Your health: Whose responsibility is it?

Now, one might ask, shouldn’t patients leave it up to the professionals to tackle these health issues? I, for one, posit that health professionals and politicians actually do worry about these issues and do invest in prevention and

*The word “normal” can be a loaded term because it has a habit of dividing the world into two camps and has, unfortunately, contributed to ongoing stigma in the world of mental health. For our purposes here, “normal” is used the same way as “frequent,” to acknowledge what most people do. It is not a value judgment.



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The problem isn't lack of knowledge, but lack of adoption and translation into action. Are we actually able to engage in preventative behaviours?

patient-oriented treatments—but this is not enough.

The typical attitude still is that patients—and we are all patients—go for medical help so their physician can 'cure' them. But much of primary care, and family medicine in particular, has become the practice of chronic disease management. Because of this, we need to accept that health care needs to be a team effort.

What we need is a shift in attitudes. Patients and health care providers all need to work together, engage in prevention and consider root causes.

In spite of knowing risks, we resist

Do people know how one behaves preventatively and do they follow physician advice? Do they know what the major health risk factors are and what they can do about them? The short answer is "yes." We know we need to exercise, eat well, not smoke, take our medications, go for medical

check-ups, engage in meaningful activities and spend time with family and friends.

But—and this is a big but—do we actually act in accordance with our knowledge? And here the answer is: "no, we don't." For example, among North American adults, the rate of obesity has more than doubled in the last 30 years, and that is equally true for Canada, the US and Mexico. In the US, in adults ages 20 to 74 years old, the prevalence of obesity increased from 15% (in a 1976–1980 survey) to 34% (in a 2005–2006 survey). Canada and Mexico lag a little behind, but certainly not enough to have earned bragging rights.⁴⁻⁵

The problem isn't lack of knowledge, but lack of adoption and translation into action. An obvious follow-up question would be: are we actually able to engage in preventative behaviours? Again, the answer is "yes." Everybody knows how to stop smoking (although

it is admittedly very, very hard) and how to exercise (you don't need a gym membership to go for a long walk!).

Not surprisingly, when you ask people how much they exercise, they tend to overestimate how much they do. But ultimately, the accurate answer for most people is "not enough." When we put this into hard numbers that actually predict health outcomes, here are some 2012 statistics for percentage of adults 18 years of age and over who met US physical activity guidelines: for aerobic physical activity, 49.6%; for muscle-strengthening activity, 23.6%; and for both aerobic physical and muscle-strengthening activity, 20.3%.⁶

I'm sure all readers appreciate that healthy eating and regular exercise require steady effort. So why are healthy behaviours nowhere near as prevalent as they need to be? Well, for one thing, we are faced with a huge number of exciting and available food options. We also deal with competing activities like work, home responsibilities and a sense of having earned the right to some leisure. Furthermore, the consequences of poor eating and no exercise take decades to show their ugly face, and that in turn prevents us from taking the need too seriously today.

Does it look any different when the needs for healthy behaviour are much more urgent? Think about this fact: people with insulin-dependent diabetes are at very high risk for prompt coma and death if they don't inject their insulin on a daily basis. And yet, consistent adherence to this absolutely necessary life-sustaining behaviour is only 48%.⁷

Consider this good news: most risk factors for disease are modifiable.⁸ If you bring nine of the major risk factors under control, you are 129 times less likely to develop heart disease.⁸ Why is this number so large? Individually, people with high cholesterol are four times more likely to develop heart disease than those with low cholesterol. Those with a stress-prone personality have a 2.5 times greater risk of heart disease. But just adding these risk numbers together misses the point because behavioural risk factors come in clusters and the inherent risk is exponential. The most frequently seen cluster packages high cholesterol, diabetes and obesity together. For another example, people who smoke are also more likely to experience depression, and depressed individuals are less physically active and have less social support.

Small steps to sustainable self and health care

In summary, the objective of this mind-body issue is to explore ways that healthy behaviours can be encouraged and ways they can be made sustainable. We look at connecting healthy behaviours to emotional health and to individual social contexts like social isolation or poverty or crime-ridden neighbourhood. Part of this effort will be geared to understanding what motivates patients and to accepting that different people can be motivated in different ways and by different arguments.

This issue isn't about grandiose plans, which typically don't go anywhere.

This issue is about implementing small steps that make a difference and that we can actually maintain. For example, in a self-controlled walking exercise

program for obese individuals, three-quarters of all participants had dropped out by three months. But in a control group where they had set up a buddy system, namely doing it together, almost half of all participants were still active at three months.⁹ That is a big difference, and it didn't cost anything, nor did it require more exercise effort.

This issue is meant to highlight existing opportunities for increasing healthy behaviours. When taken in isolation, some of the suggestions may seem trivial. But when multiplied, they can lead to a major shift in attitudes. This, in turn, can drive healthy behaviour and make it last.

Enjoy reading. ▾

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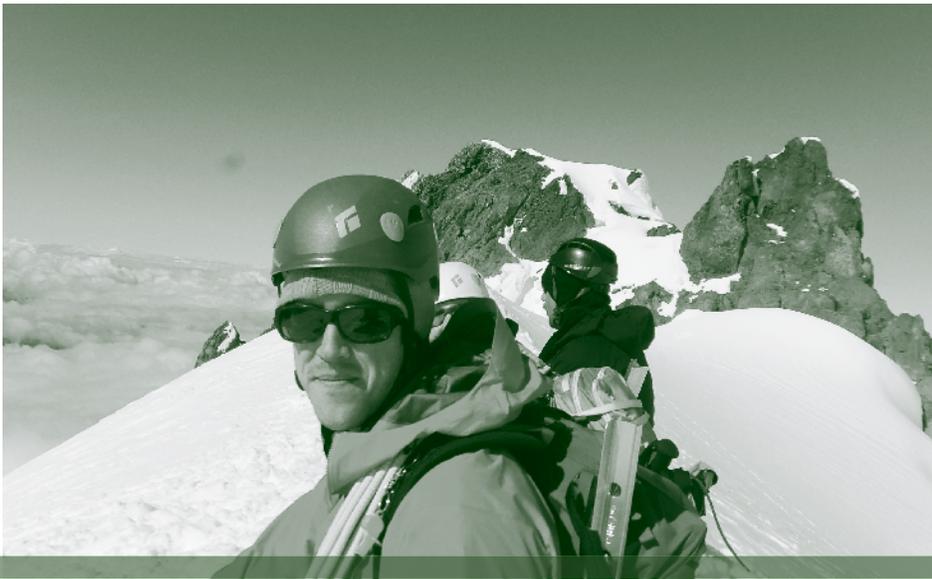
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Think Big but Keep It Simple

AND REAP THE BENEFITS OF PHYSICAL CHALLENGE

Brent Seal

After a suicide attempt, hospitalization and diagnosis of schizophrenia in 2007, my entire focus was on mental health. While the diagnosis was tough to hear, it explained the terrifying thoughts I'd been having.



Brent with friends approaching summit of Mt. Hood (11,250 ft.), Oregon, USA.

Brent runs Seal Wellness, a social enterprise that helps students, entrepreneurs and young professionals overcome challenges and become high performers. Diagnosed with schizophrenia in 2007, he has since been valedictorian of his SFU graduating class, shared his story across Canada and completed a number of ultramarathon and mountaineering adventures

I did all I could to understand the illness and gain clarity about what were symptoms and what was reality. I also focused on getting back to university. With strong support from a mental health team, family and friends, four months later I was back at Simon Fraser University (SFU).

This boosted my confidence so that I felt ready to reach out and support others, which I had also committed to do should I be lucky enough to make a recovery. I shared my story with the BC Schizophrenia Society, then launched a mental health club at SFU with support from the Mood Disorders Association and others, and more. I fell in love with

the mental health community that so welcomed and supported me. Around this part of my personal journey and recovery, I realized that mental wellness was not enough, and that good overall wellness would produce the best outcome for my mental health.

A return to sports

One of the biggest gains to my mental health was getting back into sports. For two semesters at SFU I watched recreational soccer out my dorm window, wanting badly to join in. Finally I signed up for a team, and soon after signed up for the outdoors club. Both of these provided not only fun ways to exercise, but great friendships.

Still, for a couple of years I struggled with weight gain despite the soccer and hiking activity. This was partly due to my medication, but also to poor eating habits and not enough exercise. I was fairly active playing soccer and hiking over the summer, but generally lost my fitness gains in the winter.

Lesson #1

My illness caused a lot of emotional pain—from thinking people were going to kill me, to thinking I had no future, to weight gain from medication side effects. Motivated by this pain, however, I decided to completely overhaul my health.

I started to feel more energized and happy right away. The simplicity of focusing just on exercise helped me build initial momentum and set me up for success.

In February 2011, I created a 30-day wellness challenge for myself. I listed about 10 bad habits I'd stop doing: drinking alcohol and coffee, eating fast food, staying up late, etc. And I listed things I'd start doing: drinking green tea, getting up at 5:00 a.m. and exercising daily, for example.

For the first two or three days, I loved it and was succeeding with most of the goals. But after five or six days, I started to fail and become discouraged. I got completely overwhelmed by the pressure and expectations I had put on myself. I quickly learned that pushing myself so hard, even in ways positive for my physical health, could be detrimental to my mental health and wellness.

Lesson #2

I needed a new strategy. My progress had to serve my overall health and wellness and had to be sustainable.

I decided to focus on just one thing—exercise. From March to June 2011, I had three sessions (all I could afford)

with a personal trainer. I started to feel more energized and happy right away. The simplicity of focusing just on exercise helped me build initial momentum and set me up for success. I also started studying endurance athletes—especially ones who had previously been unhealthy, like Rich Roll, a vegan ultra-athlete, and Ray Zehab, founder of impossible2Possible.¹ I tried to model their paths toward health and wellness.

Inspired, I set the goal of running a 50-kilometre ultramarathon (any distance longer than a marathon). How simple, yet how big the ultramarathon goal was excited me. I knew I'd likely achieve a healthy weight and improve my energy and productivity, which would also help my mental health. I was also getting into mountaineering, so figured the fitness gained from running would transfer positively to climbing mountains. I would have to be in the best shape of my life to achieve this goal.

And, I wanted to offer hope to others, letting them know by my example that they too could pursue a big goal even while living with mental illness.

When I started running, I couldn't complete a 2-km loop around a lake without taking a walking break. But I kept pushing. I started by working toward running 20 minutes without a walking break. Then I worked my way up from a 5-km trail run, to 8.8 km, to 16 km, to a half marathon (21 km). I was running one to three times per week, and had a couple of running partners, which really helped me keep on track and stay motivated.

My girlfriend Val played a big part in supporting me throughout this time.

We had met a few years earlier during a snowshoe trip. She was on the SFU varsity track team and always inspired me to get in better shape.

Soon I was losing weight, thanks to three changes I had made. First, I became more consistent with running, which made me want to eat better. Second, I started reading nutrition books and invested in a good blender and some superfoods. Third, I switched to a new medication because a new side effect—prolactin increased to a risky level—had shown up.

After about a year and a half on that path, Val and I were signed up for our first 50-km ultramarathon, to take place January 1, 2013.

We ran the first half of the race, but soon realized that 50 km is a lot farther than 21 km. Our legs burned out and after about 26 km we both bailed to avoid injuries. It was a solid lesson that endurance events require energy, mental strength and physical strength. We had focused well on energy (through nutrition) and mental strength (through my mental health recovery), but needed more emphasis on the physical aspect of training.

A couple of months later, we signed up for the Squamish 50, a 50-km mountain run to take place in August 2013. Taking the physical training aspect more seriously, we trained specifically for this challenge—running hills and turning hikes (e.g., to the summit of the Stawamus Chief, a 700-m granite dome, overlooking the town of Squamish, BC) into hike/runs. We still didn't follow a training plan very well, but we did one to three good runs per week on average, with bigger hill-runs around once a month.

Brent's tips for making physical gains

Here is my advice for those starting the journey toward health and wellness:

1. Find something that gets you excited and work toward it. It could be fitness-related, mental health-related, relationship-related, career-related or anything. It should be something that requires you to push yourself so you grow, and that if you achieve it will make other goals easier to achieve.
2. Simplify your approach. Don't try to do everything at once—focus on just one path at first. And break the big end-goal into bite-sized milestones.
3. Find support. Find people who have achieved what you want to achieve. Study them, model them and even reach out to them. Also, find someone, or a group of people, to support and encourage you, and to hold you accountable. This is a super important step as it helps you stick with it when things get tough.

With these strategies, I truly believe that no matter what you're going through, you can improve your life. If you're already coming up with reasons why this might not work for you, stop yourself and just give it a try. You might surprise yourself!

Then, in August, we took off from the Squamish 50 starting line with enthusiasm. Unfortunately Val ran into knee problems and had to stop running, but she was a trooper nevertheless. I was able to finish with a decent time and that was such an incredible feeling.

The trail running also helped build fitness for my mountaineering goals. Two weeks before the Squamish 50, I summited Mt. Rainier (4,392 m) in Washington state.

I had achieved two goals I'd worked toward for over two years.

The payoff

For me, and I believe for many people, achieving a goal is not about checking something off a list or telling others about it. I set goals that I know will require me to grow, expand and push myself to be a better, healthier and more competent person (see sidebar). The beauty of this wellness journey is that my predictions around health and fitness were spot on.

Being in the best physical shape of my life has had so many benefits. With better overall health, the symptoms of my mental illness decreased—my thoughts became more positive and daily challenges of life became so much easier to handle. Not only has my mental health improved, but also my relationships, sleep, productivity, energy, mood and enjoyment of life. ▾

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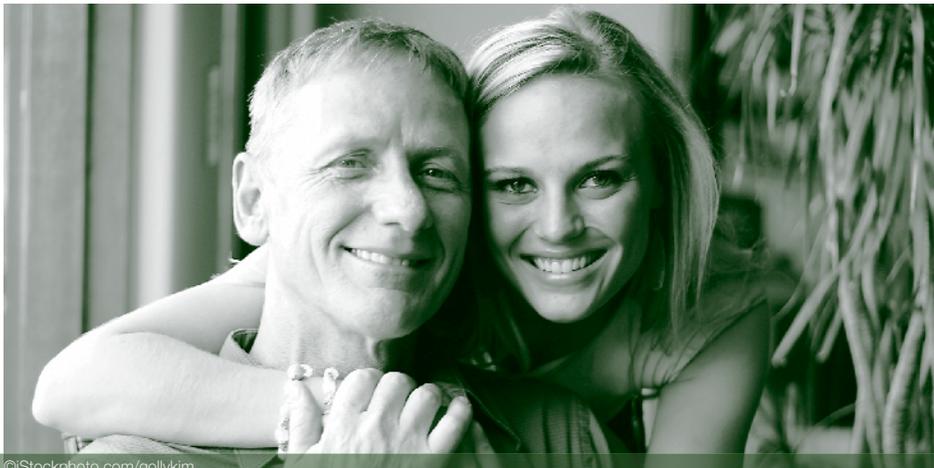


It's Not a Burden

CAREGIVING, MENTAL ILLNESS, AND DECLINING PHYSICAL HEALTH

Amanda

My dad has been ill for my entire life—I'm 31 years old. He has struggled with alcohol dependence, which masked an anxiety disorder, for over 30 years. When I was in high school, he declined sharply and ended up losing his job and his business.



Amanda lives in Greater Victoria

By the time I was 12 or 13 I had become a caregiver. I didn't really have a choice, because my mom worked long hours and travelled a lot for her work. I distinctly had a sense of, "Hey, this is something different from other families." I always worried that others would find out about my dad, and it was difficult to find people to talk with about it. How do you explain the situation to others?

Caregiving as a young person was stressful. It was challenging to figure out what to do. I tried to model my mom's behaviours, but I was on my own a lot of the time.

When I was 23, my dad had a series of heart attacks, which sparked his recovery from alcohol use, as he was

forced into withdrawal during his month in hospital. He's been in recovery for the past nine years, but still wants a drink sometimes. My mom and I keep coolers (alcoholic beverages) around to use in a "harm reduction" way—this allows us to manage his alcohol use, without him having to sneak around.

After the heart attacks, my dad had fairly stable physical health for about seven years. Then, two years ago, he had a stroke, followed by a confirmed diagnosis of Korsakoff's syndrome (a neurological disorder often linked to chronic alcohol use).

With the stroke and the effects of addiction, his motor skills and mobility have deteriorated and his words get mixed up. Sometimes he's really

insightful, but at other times he just repeats the same word over and over and there's no reasoning with him. He gets very frustrated as a result, which adds to his anxiety.

Managing my dad's care for his physical symptoms and disabilities is hard enough, but it has been a super challenge due to his anxiety. He gets anxious when his daily routine is interrupted, so the demands of these major physical health events and problems have really added to his anxiety. He's also super phobic of elevators, bridges and crowded spaces, so rarely leaves his neighbourhood and has to be accompanied to appointments. But with all of this, he still has fun working in the garden, watching old TV shows and telling jokes.

Mental health and physical health—they both matter

In the 1990s, health professionals tended to look at physical health problems, mental health problems and substance use separately. Early on in my journey as a caregiver, I would accompany my dad to appointments with our family physician. When my dad had a stomach problem, for example, the doctor looked at it as just a stomach problem—even though I can recall asking about the drinking. Our GP didn't consider mental health and substance use factors possibly contributing to the stomach problem.

Generally, I've noticed that people—including friends and family members—tend to trivialize mental health problems in relation to physical health issues. "At least it's not cancer," I've heard people say. The problem with this kind of comparison is it overlooks the significant impact mental health has on physical health.

People who have mental health issues have a greater chance of getting a chronic condition such as heart disease, stroke, diabetes and, yes, even cancer. We all know that stress affects our physical well-being. And, from what I've seen, having a mental health issue only compounds the negative impact of physical illness on one's life.

And clearly, declining physical health has a huge impact on mental health. My dad experienced a depressive episode after his heart attack, and after the stroke, he was very angry for about four months.

I've noticed that more recently trained health professionals, many of them very young, seem to better understand how my dad's addiction, mental health and physical health issues overlap. They also seem to recognize the importance of involving the caregiving family members. After my dad's stroke, the health professionals would set aside time to meet with my mom and I, and they were willing to have conversations about my dad's moods, his alcohol

consumption and so on. I even received counselling support from a social worker to help me through my dad's anger after the stroke.

My mom got more involved in my dad's care as the situation changed, going from alcohol use and mental health crises to more acute life-threatening physical health problems. Before that she had been somewhat desensitized to my dad's behaviour and symptoms; there was blaming—it was something he made up or something he "chose" to do. But after the heart attacks and stroke, the health problems were no longer abstract, because health professionals could see test results.

The impact of caregiving on my life

Balancing relationships and educational and work goals with the demands of my dad's mental health issues can be overwhelming. A couple of years ago I moved across the country to attend grad school. It's stressful to be so far away, but my family has found new ways to stay connected. My parents have learned how to use a cell phone. My mom and I use FaceTime (video calls over Wi-Fi from an iPhone, iPad, iPod or Mac), and I talk to my dad two or three times a day on their landline (he has a cell phone for emergencies). Although using the phone can be stressful for him, I think he likes having this contact with me, and I like hearing about how he is feeling.

I've noticed that people tend to trivialize mental health problems in relation to physical health issues. "At least it's not cancer," I've heard people say. The problem with this kind of comparison is it overlooks the significant impact mental health has on physical health.

I'm very aware of the need to maintain my own well-being, especially because there's a long history of alcoholism and mental illness on both sides of my family, and I've had some depression and other health issues. To ease stress, I walk, meditate and do a lot of art, particularly painting.

Three other things have helped me a great deal. The most important of these has been connecting with people who are my age and have been caregivers. Through studying in the mental health and substance use research field, I have made a lot of caregiver friends. We can talk about things that only caregivers can understand, like how to how to handle end-of-life care. And, as relatively young caregivers, we can talk about things like how to tell the people we're dating about our situation and experiences. Supporting these friends helps me too. For instance, through supporting a friend going through her dad's schizophrenia and cancer, I gained more perspective regarding my dad.

Another important piece was being treated respectfully by health professionals—in the emergency room and at the hospital, for instance. I was 21 and an undergraduate at university when my dad had his heart attack. It was a learning experience for me—I asked a lot of questions and found myself advocating for my dad. The professionals took me seriously; they talked to both me and my mom, and were willing to answer my questions.

A third piece was finding a doctor my dad trusts, and who tells my dad what's going on without beating around the bush. After his heart attack, my dad got a new GP. Dad and mom can really talk to him, and that has



I'm very aware of the need to maintain my own well-being, especially because there's a long history of alcoholism and mental illness on both sides of my family. To ease stress, I walk, meditate and do a lot of art, particularly painting.

made a world of difference. The GP makes sure my dad can access mental health services if needed and updates us on the status of referrals made by other health care providers and specialists. Keeping us in the loop has been really helpful.

There's still much to be done, however, about attitudes toward people with mental health issues—and their family caregivers. Young caregivers are stigmatized, as people tend to see the whole family as dysfunctional. And mental health issues just aren't seen as carrying equal weight with, for instance, cancer. I have friends who lost their jobs because they needed to take a leave of absence—when a teenage child attempted suicide, for example.

Our family members aren't 'burdens'

Despite the challenges of caregiving, I wouldn't have it any other way. In one sense, it was a choice—I love my dad and wanted to do everything I could to help him.

My dad, like others before him, has been affected by mental health issues that contributed to physical illness later in his life. The difference between 'then' and now is that we now have the capability, awareness and education to reduce the stigma associated with having a mental illness—and with caring for a loved one with a mental illness. ▾

Yoga and Anorexia

REDISCOVERING THE BODY

Julie Peters

I used to count the hours before the next time I'd be expected to eat. The farther away that moment was, the calmer and more in control I felt.



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Julie (JC) is a yoga teacher and a writer. She has an MA in English, serves as president of the Vancouver Poetry House board, and writes a biweekly yoga column for Spirituality & Health magazine. She owns Ocean and Crow Yoga in Vancouver with her mom, Jane. Learn more at www.jcpeters.ca

When mealtime came, I'd do everything I could to avoid eating, and when it was over, the countdown would begin again. I survived on a few pieces of toast and what my mother carefully watched me put in my mouth—and shrunk to 102 pounds on a 5 ft. 8 in. frame.

I was anorexic. I didn't realize this at the time: I didn't frame my relationship with my body that way in my head. Anorexia, I thought, was when people didn't eat because they wanted to be thin like the models in the magazines. Sure, I wanted to look like those impossible women, but you don't battle

hunger, one of your most basic survival instincts, to the point of endangering your health and life, if it's just about fitting into a pair of skinny jeans.

Anorexia is about control. As a young teenager about to start high school, the world was a very scary place, and my body was at the centre of it all. Bodies are how people judge you. Bodies are what men on the street are looking at when they catcall you. Bodies feel things. If I could get the confusing 'animal' of my body quiet and under control, I thought, then I could handle this world. If I stopped feeding the animal, maybe it would go away.

Taming the animal of my body

More than 15 years later, I survived not only to tell the tale, but to teach yoga, a profession that speaks directly to the experience and care of the body. While yoga can be many things to many people, for me it's been a practice of cultivating and healing the thorny relationship between my mind and my body.

These two aspects of myself—mind and body—used to be mortal enemies (literally, really). Now I think of them as two different but interconnected intelligences that make up who I am. The mind is a place for thought, deliberation, comparison to past experiences, and planning for the future. The body is that which

experiences the world, that feels and reacts in the moment.

It's no wonder that I targeted my gut and fat layer in my war against my body. The gut has its own set of neurons and sends signals through the spinal cord up to the brain. The fat layer just under your skin secretes hormones that communicate with the nervous system.

I didn't want the scary world inside me: the less I put in my mouth, the less information my gut and my shrinking fat layer would have. By not eating, I was trying to cut the lines of communication between my body, which experiences the world, and my mind, which acknowledges my existence in that world. Anorexia, like many addictions, can be a strategy for going numb.

Beating your body into submission through starvation, however, hardly makes you into a calm and rational machine. Just as the body can sometimes overreact with fear and anxiety when it doesn't have all the information, the mind can just as easily spiral into nonsense that sounds like logic but really isn't.

The body and the mind need to converse with each other in order for us to have a complete experience of the world and to respond to it appropriately.

Yoga and me: feeling it all

Yoga is often sold as a tool for feeling happier and more positive all the time. That's only partly true. As you spend time in yoga practice experiencing your body and listening to it, you can more easily access calm, contentment and happiness. But if you are willing



constructive rest pose

This simple meditation has been profoundly helpful for me in getting in touch with my gut and allowing myself to feel whatever it is I need to feel. I do this once a week for 10 minutes, plus anytime I feel overwhelmed or anxious.

Lie on your back with your knees bent, feet on the floor a little wider than your hips so the knees can rest against each other. If you're more comfortable with some support under your head, use a pillow or blanket. Rest your hands on your belly.

Focus your attention on relaxing your belly. There may be a lot of unacknowledged tension in there. When the belly relaxes, the breath will move there, and your hands will rise with your inhale and fall with your exhale. Don't force the movement or try to control it. It's okay if you don't feel a lot at first. Notice if you hold your breath or tense up when uncomfortable thoughts or emotions arise. Keep anchored mentally to the movement of your breath under your hands.

Observe thoughts, sensations and emotions as they come and go. Let tears, laughter or great sighs flow as needed. Every emotion you have is worth listening to, but that doesn't mean you should believe everything you feel. Now is a time to let your body talk; try not to talk back.

Afterward, feel free to spend some time journaling, talking to someone you trust, or eating some good food—you might just find that it tastes better.

to be present to those emotions, you'll also encounter fear, shame and regret. You can't selectively unfreeze your emotions—if you're going to feel at all, you have to feel it all.

Yoga, at its best, helps us access the intelligence of our bodies and gives us tools for experiencing both positive and negative emotions. The simple but profound secret, for me, has been

about being willing to feel, and then having permission and compassion for whatever I feel without trying to fix or change it.

This practice is not always easy, but it can give us the gift of a richer experience of our own lives. I wouldn't trade that for the world. Or for my beautiful fat layer—I worked hard for that thing! ♡

Beyond the Physical Complaint

A FAMILY DOCTOR'S PERSPECTIVE

Bruce Hobson, MD

Just ask the question. Iris* sat beside my desk with her list of concerns. Tiredness, sore muscles, not sleeping well, no appetite but can't lose weight...the list went on. I wanted to help but didn't know where to begin. As a family practitioner, you get a sense from the moment you enter the room to see some patients that it won't be an easy visit.



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Dr. Hobson is a husband, father, educator and Family Physician working in Powell River, BC. He works as a peer mentor with physicians around the province and teaches Doctors of BC Practice Support Program modules in adult mental health and lifestyle self-management techniques

When I was training to be a doctor, we didn't get much time in the office to deal with common things like ear infections or skin problems, let alone psychosocial issues. We were trained in hospitals and worked in specialty wards dealing with heart attacks, cancer, serious infections and broken bones. Training in mental health issues took place on psychiatric wards where we saw patients with severe mental illnesses, all of them on medications.

So, just ask the question. Iris, my fourth patient of the afternoon, continued to describe her various complaints. I was already 20 minutes behind, had charts

to complete and phone messages from people waiting for medication refills.

I didn't have anything to help me fix this patient's problem. I was trained to deal with illnesses by taking a history, doing an exam, running some tests and coming up with a diagnosis for which I provided a solution. I fixed things. In dealing with Iris, all I could do was listen, provide some common-sense solutions and maybe a prescription, then send her on her way. Her issues—physical and otherwise—were not resolved. She would be back.

That was 30 years ago.

No lab tests to answer these questions

I didn't know what questions to ask. I didn't have an approach, much less the solution to the difficult but common problems that many patients brought to my office. I could run every test in the book looking for answers to the problems that Iris was concerned about—but these complaints didn't have an answer that these tests could show.

The things Iris felt were real, and they were signs of struggles she was having with her mental health. But I knew that if I probed about feelings I might open floodgates that I wasn't prepared to fix.

*pseudonym

This wasn't like diagnosing a broken bone and applying a cast.

We physicians hear many things in our offices. People's mental health issues manifest themselves as physical complaints, drug or alcohol abuse and poor lifestyle choices. These are present to varying degrees in most patients we see.

Even with physical illnesses, mental health issues can determine whether one person fades away or another thrives with the identical problem. One man runs across the country on one leg and is a national hero, and another does the same and struggles with his demons.**

Today there is support to ask

Just ask the question. That was actually the key message I heard six years ago when the BC Medical Association's (now Doctors of BC) Practice Support Program developed an adult mental health education module for family practitioners.

We were shown questionnaires we could use in "real GP time" to determine if a patient had depression or anxiety. These simple and practical questionnaires can uncover anxiety or depression problems hidden by insomnia complaints, recurring minor illnesses like colds, chronic diseases like diabetes, overuse of pain medications or even an inability to lose weight. All are physical conditions with mental health issues lurking in the shadows.

We were taught cognitive-behavioural skills we could demonstrate to patients. These skills can help patients change their thinking patterns, become more physically active, and learn how to relax and meditate—all skills that can help

people suffering from anxiety or depression symptoms feel better. People work on a single, reasonable and achievable task. For example, patients could be taught abdominal breathing to calm themselves down, given tips on identifying and changing negative thoughts, or be encouraged to write down their activity and discoveries so they can become accountable to their goals.

These skills help improve my patients' mental health so that they can recover, deal with their various illnesses, improve their lifestyle and learn coping mechanisms without turning to drugs or alcohol. These skills give people hope; their futures look better; their relationships improve. They give people strength; they breathe easier; they accomplish more.

We were also given the *Antidepressant Skills Workbook* (see related resources) to share with patients. And we were made aware of Bounce Back (see next article), a coaching program for patients with mild to moderate anxiety or depression, that we could refer people to.

Both these resources allow a patient to self-manage his or her condition. The physician can provide patients dealing with anxiety or depression symptoms with a structured program they can work on at home. Patients can either do this work on their own using the

Antidepressant Skills Workbook, or with the assistance of a telephone coach from the Bounce Back program.

Having these resources available enables a busy physician to give patients (like Iris) something that will help them, without cutting into office time (which can also impact other patients).

Encouraging patient self-management

So much of what we physicians did in the past was based on the "prescriptive" model: patients came to us with a physical problem and we provided a solution (medications, advice, investigations or referrals). We now recognize that being prescriptive is fine for simple problems—someone has an ear infection and here's an antibiotic for it, for example. But it takes a different approach to get someone to actually make a long-term commitment in their life that will result in a change in their health.

Patient self-management has become a key component in developing commitment to change. In my practice, I'm using a technique called Brief Action Planning (BAP). With BAP, patients are encouraged to develop specific and detailed goals, to commit to them, to express their level of confidence in

**allusion to Terry Fox and Steve Fonyo

[continued on page 20](#)

related resources

Bilsker, D. & Paterson, R. (2009). *Antidepressant skills workbook* (2nd ed.). www.comh.ca/antidepressant-skills/adult.

Free versions in English, French, Punjabi and Chinese, as well as audio versions for the hearing impaired, are available online.

Bouncing Back

SELF-HELP PROGRAM HELPS BRITISH COLUMBIANS MANAGE THEIR MOODS

Lynn Dewing, Tami Muhlert and Betty Bates

Most of us have circumstances in our lives that are outside of our control and that limit what we can do. For some of us, these are physical health issues, which can feel overwhelming and result in anxiety and low mood. An unhealthy cycle can develop, where the less we do, the worse we feel, and the worse we feel, the less we do. This leads to a downward spiral in our moods and our health.

Lynn, Tami and Betty are coaches with the Bounce Back: Reclaim Your Health program serving much of the interior of BC out of the Vernon branch of the Canadian Mental Health Association. They all find great satisfaction in assisting people who are ready to take more control over their moods



The BC-wide Bounce Back: Reclaim Your Health program was introduced in 2008 by the Canadian Mental Health Association, funded by the Ministry of Health. It was specifically designed to help patients address mental health impacts of physical health problems. However, the program was soon expanded to include any adults who were struggling with their moods due to stress and who doctors thought would benefit.

In Bounce Back people use resources that include a DVD, workbooks and telephone support from coaches to help them make change. Tools from cognitive-behavioural therapy help

them discover what they can control and what a difference small changes can make. People begin to understand how their thoughts about themselves, the world and others influence how they feel, and they experiment with new ways of thinking and behaving.

Sarah*

Sarah was struggling with arthritis, chronic obstructive pulmonary disease and weight gain when she was referred to the program. She found that she was staying home more and more. It got to the point where she rarely left the house except for medical appointments. Sarah wasn't sure the Bounce Back workbooks would help her, as she

*pseudonyms

felt her problems were all caused by physical issues. However, a workbook called *Understanding How We Respond to Physical Health Problems* explained how feeling ill can lead to reduced activity and low mood. Sarah recognized herself in the words.

She realized that she had stopped doing things she enjoyed and her life had been reduced to a routine of basic chores, watching TV and going to medical appointments. Sarah avoided anything that wasn't absolutely necessary because she worried about being exhausted and in pain afterwards.

Sarah started focusing on her own well-being. Her Bounce Back coach helped her plan a small and easy goal to start. She had avoided asking others for help, but decided to ask a friend to help her go on an outing downtown in her community, to window shop for a while. The outing went so well that Sarah wondered why she hadn't done it earlier, and her friend enjoyed the outing as well. And, Sarah realized how much she had missed connecting with other people. She started making more of an effort to get out of the house, often for small, fun activities like going out for coffee. She did get tired after an outing, so she made sure that she only went out for a short time and that she had a few days to rest afterward. Sarah has been much happier and said that everyone noticed she seemed more upbeat and positive. Her physical conditions didn't go away, but her mood improved, which helped her to feel better about each day and to cope better with her pain.

Juan*

Juan has a heart condition, osteoarthritis and back pain. He had been

on a wait-list for surgery for over a year and was starting to feel that it was never going to happen. Through using this same Bounce Back workbook, *Understanding How We Respond to Physical Health Problems*, Juan realized that most of his thoughts were focused on his pain, his heart condition and his anger at not getting the surgery he needed. He didn't want to talk to anyone or go anywhere when he was in a bad mood, and he was cranky and in a bad mood nearly all the time.

Juan learned that his negative thoughts were making him feel worse and stopping him from enjoying life at all. He used another Bounce Back book, *Noticing and Changing Extreme and Unhelpful Thinking*, to learn more about the power his thoughts had over his mood. He learned how to recognize certain habitual negative thoughts, such as a pattern of jumping quickly to extreme conclusions. When he noticed this happening, he was able to remind himself that the thought wasn't realistic. Juan altered his thinking, which

interrupted the pattern and helped stop his mood from spiralling downward. He also started a walking regime, venturing out a few times a week. He used a mobility aid and brought a friend with him. They went very slowly and stopped to rest often. The mild exercise began to have some positive physical effects, including improving his heart condition. Juan was still in pain, but started to let go of the anger around waiting for surgery and to enjoy his outings.

Nancy*

Nancy suffers from vertigo and other chronic issues such as joint pain arising from an accident she had a few years ago. Her issues had become worse recently. She was feeling totally helpless and dependent on her husband and her mother to get through each day. She couldn't even shop, prepare meals, do her hair or garden on her own. Nancy used the new *Reclaim Your Life: From Illness, Disability, Pain or Fatigue* workbook. She worked with an exercise that asked her to think of times when



The mild exercise began to have some positive physical effects, including improving his heart condition. Juan was still in pain, but started to let go of the anger around waiting for surgery and to enjoy his outings.

her illness became a little “smaller” for some reason and then to write down in a chart why she felt better during those times. She filled the chart right up and then started including some of those things, such as talking to an old friend on the phone or visiting a garden centre, in her daily routine. She started thinking more about what she “could” do as opposed to what she “couldn’t” do.

Nancy also started to break her goals down into small, manageable steps. She found that her mood improved significantly and her anxiety decreased as she began to meet those goals and slowly add new goals.

“Instead of just forging ahead one day and then being in pain and unable to do anything the next, the workbook taught me how to pace myself,” she says. “I found myself feeling so much more positive, and I kept a journal of my accomplishments. My physical health

a tip from *Reclaim Your Life: From Illness, Disability, Pain or Fatigue*, a bounce back workbook

“Your life is more important than your illness... You can create a new relationship between your illness and yourself that separates who you are from what you’ve got.”

Dr. Williams suggests renewing acquaintance with activities that used to bring pleasure but have been dropped. He also suggests focusing on facing your fears.

also improved, and I no longer feel anxious and frustrated all the time.”

Bounce Back participants are taking a step in the right direction by reaching out for help. Many of them find, like the people in these stories, that connecting with other people can be very important to their mental and physical well-being. They also learn that big change begins with one small step. ▼

related resources

The Bounce Back workbooks are written by Dr. Chris Williams of the University of Glasgow, UK. They are a part of the Bounce Back program, which is available to people throughout BC free of charge with a doctor’s referral.

For further information phone 1-866-639-0522 or see www.bouncebackbc.ca.

CONTINUED FROM PAGE 17

achieving these goals, and finally, to plan a follow-up or check-in to help them be accountable to their plans.

These are plans and goals the patients develop for themselves, not things someone else tells them they should do. Working with people in this way has been one of the most powerful and satisfying things that I’ve done in my 32 years of practice.

Now, when faced with someone with physical or mental health issues, I’m not afraid to ask the question: “It sounds like you have a lot going on. How is this making you feel?”

Now I can do something useful. I have more empathy because I’m listening to the answers that come from asking the right question. I’m working with people on their own terms; working with them to develop their own solutions.

It’s the first step in being able to accomplish something meaningful for myself and my patients. ▼

How to Use the Power of Your Mind and Body to Reduce Stress and Sleep Better

Melanie Badali, PhD, RPsych

Have you ever been so stressed out that you can't fall asleep? Have you had problems sleeping that caused you stress? Sleep difficulties occur naturally in response to stress. Sleep difficulties can also cause stress. Minds and bodies can become aroused and difficult to calm down in both types of situations.

About stress

Stress is associated with emotional upset and body tension. Both increase arousal, which is a state of being awake and ready for action.

Arousal alerts and prepares the body to deal with danger. If you actually are in danger, you want to be awake and prepared to fight or run away. If you were a wild animal and you fell asleep when a predator was around, you wouldn't survive very long. But you're not a wild animal. Running away, hiding or fighting are probably not the best strategies for dealing with the types of stressors you face (e.g., financial, occupational, personal, social.)

The way you view yourself and the world, or what your mind's eye sees, can influence how your body reacts. If you see a large dog and hear it barking loudly and running toward you, you may perceive the threat level differently if you know the dog to be friendly than you would if it's unknown to you. If it was your pet, you could interpret the dog's barks as excitement.

Try thinking about stress as if it were a balance scale. On one side of the scale you have perceived demands. On the other side of the scale you have perceived resources. Imagine



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a situation where you have to pay a bill of \$100. If you have \$500 in your bank account, you can pay the bill. Your demand does not exceed your resources. But, if you only have \$50 in your bank account, your demand outweighs your resources.

Whether we feel stressed, or not, has to do with our perception of our demands and resources. One individual might not mind dipping into a line of credit to pay a bill, whereas another person might feel like a failure for not having enough savings. The way you view a demand or problem, as well as how

Dr. Badali is a Registered Psychologist certified in cognitive-behavioural therapy. She practises at the North Shore Stress and Anxiety Clinic (www.nssac.ca) and is a member of the board of directors for AnxietyBC (www.anxietybc.com)

If you find your mind and body racing, ask yourself, “What are my stressors?” But don’t stop there. Ask yourself, “What are my strengths and resources? What can I do to solve or cope with my problems?”

you appraise your resources and ability to cope with it, can have a big impact on how you will feel.

Envisioning stress as a balancing act between perceived demands and perceived resources allows you to view stress management as the process of:

- reducing perceived demands, and
- increasing perceived resources

Resources aren’t limited to money.

Resources can be cognitive (e.g., healthy thinking styles), emotional (e.g., emotion regulation skills), behavioural (e.g., taking action to change things), social (e.g., having support), physical (e.g., strength and energy) and spiritual (e.g., having faith).

If you find your mind and body racing, ask yourself, “What are my stressors?” But don’t stop there. Ask yourself, “What are my strengths and resources? What can I do to solve or cope with my problems?” Sometimes people get stuck focusing on stressors without paying attention to the things they can do to deal with them. Or, they don’t see the ways they can view things differently to reduce the impact of the stressors on their emotions and body.

About sleep

Good sleep is definitely on the “resource” side of the scale. Good sleep

helps with psychological functioning, including improved emotional regulation and cognitive processes such as concentration, attention and memory. Sleeping well also benefits general physical health by restoring the body and physical energy, repairing injury and promoting growth. Social functioning can also be affected by sleep, as tired, cranky people aren’t usually fun to be around.

Sleep is influenced to a large degree by two main systems in your body: your body-clock system and your sleep-driver system.¹ Your body-clock determines the best timing for sleep. It operates by sending alert signals to keep you awake. Your sleep-driver system balances time asleep and time awake. It operates by increasing the pressure to go to sleep with each accumulating waking hour. If everything is running smoothly, your sleep-promoting system will win out over your alertness-promoting system each night.

But if your stress level at bedtime is high, your alertness-promoting system can win out over sleep. Reducing stress by viewing demands as manageable can quieten the emotional and physiological arousal signals that get set off when you view demands as threatening or overwhelming. When

your stress level at bedtime is low, you are more likely to fall asleep easily.

Tips for lowering stress levels at bedtime

If your stress levels tend to run high near bedtime:

- Plan an hour of quiet time before bedtime when you focus on doing activities that promote rest. Develop rituals of things that remind your body that it’s time to sleep (e.g., relaxing stretches, breathing exercises, bathing, reading).
- Make your bed a cue for sleep by moving wakeful activities (e.g., screen time, working, worrying, planning) out of the bed.
- Go to bed only when you are sleepy. Leave your bed if your mind and body are too active to promote sleep. You can usually figure out after about 20 minutes whether you’re going to fall asleep or not.

Tips for building your resources

- **Build healthy routines and habits around self-care.** Do activities—including healthy eating, regular exercise and sleep—at regular times, as this can help set your body-clock.
- **Focus on your strengths and play to them.** How you view yourself and your ability to cope with stress can influence your stress levels and sleep. As Christopher Robin in A.A. Milne’s *Winnie the Pooh* says, “You are braver than you believe, stronger than you seem, and smarter than you think.”
- **Self-nurture.** Spend time doing things you enjoy and that make you feel good about yourself. Sometimes people spend so much time trying to manage their demands that they forget to take care of themselves. You can’t drive your car to the store to pick up groceries if you are out of

gas. Similarly, if you do not spend any time taking care of yourself, you will burn out.

- **Connect with others.** Develop a support system. Research shows that being able to perceive social support has protective effects on maintaining physical and psychological health, including increasing resilience to stress² and promoting sleep.³ Spend time with the people you care about and who care about you. Get involved in your community.
- **Practise relaxation or meditation regularly.** Calm breathing, progressive muscle relaxation, meditation and mindfulness skills can help calm and connect your body and mind. Regular practice can build up your resources and help you be better equipped to face life's challenges.

Jon Kabat-Zinn describes meditation as a way of being: "You don't want to start weaving the parachute when you're about to jump out of the plane. You want to have been weaving the parachute morning, noon, and night, day in and day-out, so that when you need it, it will actually hold you."⁴ Regular relaxation practice can also help you sleep better.

Tips for managing your demands

- **Make a stress management plan.** Set aside time during the day to manage your stressors, or demands, so your thoughts aren't so busy when you try to wind down at night. Identify your demands: Are there problems you can solve? Are there things you have no control over? Are you worried about things that haven't even happened and may never happen? Next to each demand, write something about your plan, resources or ability

to cope. Try to figure out which demands are problems to be solved with action (e.g., rent payment is due) and which ones need to be accepted (e.g., loved one has died). Choose the best strategy for dealing with each one.

- **Use time management strategies.** These can include prioritizing (e.g., figure out what is essential, what is important and what can be put off), delegating (let someone else take care of it) and using lists to help you plan, monitor and execute tasks more effectively. It's also helpful to set goals that are SMART (specific, measureable, attainable, realistic, timely).
- **Try healthy thinking strategies.** Challenge unrealistic thinking, focus on the positives, turn worries into action plans, use problem solving and accept the things you cannot change. Let go of perfectionism.

Try thinking in shades of gray: there is a range of performance, and 'satisfactory,' 'good,' 'very good' and 'excellent' are all alternatives to 'perfect' and 'fail.'

- **Use emotional strategies.** Identify, express and communicate your feelings. Labelling an emotion or putting your feelings into words can help reduce your negative experience of that emotion, and lead to changes in your brain and body.⁵ Try talking to a therapist or a friend, or write your feelings down.
- **Practise social and communication strategies.** Practise assertive communication by saying no and asking for help. You can reduce the number of demands on you by not taking on so many in the first place. Delegate tasks to others if you can. ▽



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Do activities—including healthy eating, regular exercise and sleep—at regular times, as this can help set your body-clock.

Ontario's Minding Our Bodies

PARTNERING LOCALLY AND PROVINCIALLY TO PROMOTE MENTAL AND PHYSICAL HEALTH

Scott Mitchell

Recent research suggests that healthy eating and exercise are beneficial for our mental as well as our physical health. In response to these findings, Ontario's new Minding Our Bodies program aims to provide more healthy eating and exercise programs for people living with mental illness.

Scott is the Director of Knowledge Transfer at Canadian Mental Health Association, Ontario



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The Beehive, a consumer initiative in the northern Ontario town of Elliot Lake, launched a collective kitchen program in 2010 called Good Food, New Friends. The Beehive worked in partnership with Algoma Public Health to implement the program. Participants learned how to cook and went home with the food they prepared as a group, inspired by a sense of hope and optimism for recovery.

Start-up dollars for Good Food, New Friends, as well as training and support for program planning and evaluation, were provided by Minding Our Bodies: Healthy Eating and Physical Activity for

Mental Health. Minding Our Bodies has sponsored 32 new physical activity and healthy eating programs across Ontario since 2009.

This province-wide initiative is led by the Canadian Mental Health Association, Ontario Division (CMHA Ontario), in partnership with the Mood Disorders Association of Ontario, Ontario Public Health Association (Nutrition Resource Centre), YMCA Ontario and York University. It received funding from the Ontario government's Healthy Communities Fund.

The objective of Minding Our Bodies is to help community mental health agencies provide more physical activity and healthy eating programs for people living with mental illness. Emerging evidence confirms that physical activity and healthy eating not only reduce the risk of developing chronic physical conditions, but they are good for our mental health too (see related resources).

Social support is a key element

Minding Our Bodies programs—walking groups, collective kitchens, community gardens and outdoor adventure clubs, for example—are offered in a group format that allows new friendships to develop. Participants gain social support and a sense of belonging, key ingredients for recovery from mental illness.

Many of these programs create opportunities for peer leaders to emerge, in a formal or informal role depending on the host organization. Some participants use their new-found confidence and acquired leadership skills to find employment or volunteer positions in the community.

Consumer leadership was encouraged in the Good Food, New Friends program in Elliot Lake. Two consumer volunteers were recruited: one brought accounting skills to assist with budgeting, and another completed peer support leadership training and helped to run the program.

Collaboration—a core strength

Creating new and sustainable partnerships is a key objective of Minding Our Bodies. Local partnerships were instrumental to the success of Good Food, New Friends. A retirement facility for seniors donated the kitchen space and covered the cost of utilities.

A provincial initiative can be the spark that ignites local action. And in turn, the creativity and expertise of local program leaders inspires provincial action.

Case workers at Ontario Works (OW), a provincial assistance program, referred clients to participate in Good Food, New Friends and provided a subsidy for OW clients if they couldn't afford the \$25 monthly fee. Local businesses contributed in-kind resources (hairnets from Tim Horton's, for example), and guest speakers (e.g., someone from the fire department, a pharmacist and a Zumba instructor) donated their time.

Susan Roach, program manager at the Haldimand-Norfolk Resource Centre, a Minding Our Bodies pilot site, knows that partnerships are essential: "You can't do it all [alone]. Financially you can't; resource-wise you can't."

Haldimand-Norfolk Resource Centre is a consumer initiative in southwest Ontario. They created the Get Moving, Get Fit, Enjoy Life program that trains peer specialists to be physical activity leaders. A healthy lifestyle education program was developed in co-operation with the Population Health Team at the Haldimand-Norfolk Health Unit. Staff members from the local CMHA branch and an Assertive Community Treatment Team helped plan and deliver the program.

Facilitating the flow of good ideas

A provincial initiative can be the spark that ignites local action. And in turn, the creativity and expertise of local program leaders inspires provincial action.

With our partners, both local and provincial, CMHA Ontario builds communities of practice to enable the exchange of knowledge. We know we're succeeding when we see mental health service providers actively engaged in collaborative relationships—with public health agencies, community centres, consumer initiatives, housing providers, hospitals, colleges and universities, and other organizations—that continue to flourish long after we've stepped back from our role as a catalyst.

Since the inception of Minding Our Bodies, all program leaders have been invited to share their success stories and lessons learned. This has been done through evaluation case studies, newsletters and a series of one-day knowledge exchange forums. These forums were open to other community organizations and potential partners, including fitness instructors and nutrition professionals.

Minding Our Bodies has created a variety of resources, including planning toolkits, a directory of programs, literature reviews, environmental scans, newsletters, a resource database and evaluation reports. These are available, along with presentation slides from the day-long forums, on the project website at www.mindingourbodies.ca.

Some new mental health projects

Several new projects have emerged



from the Minding Our Bodies initiative. They build on lessons learned and nourish our continuing partnerships.

Parks and Recreation Ontario and YMCA Ontario are collaborating once again with CMHA Ontario to develop mental health accessibility training for physical activity providers. People living with mental illness often face barriers that prevent them from accessing physical activity programs. The training will focus on improving customer service by increasing mental health literacy and reducing stigma. An eLearning module for physical activity managers and front-line staff will be launched in fall 2014. The project is sponsored by the Accessibility Directorate of Ontario to help meet the objectives of the Accessibility for Ontarians with Disabilities Act. For details, visit www.enablingminds.ca.

CMHA Ontario recently collaborated with Dietitians of Canada (a Minding Our Bodies advisory committee member) and the University of British Columbia to develop a research agenda around nutrition and mental health.

Canadian Institutes of Health Research provided funding. Stakeholders across Canada—including people with lived experience, dietitians, mental health service providers, researchers and policy makers—have been consulted through surveys, interviews and a face-to-face workshop. The results will be published on the CMHA Ontario website (ontario.cmha.ca) in fall 2014.

In 2013, CMHA Ontario started a new partnership with Conservation Ontario and Hike Ontario to create the Mood Walks program. The objective is to support the launch of new walking groups for older adults with mental illness, and draw attention to the mental health benefits of spending time in nature. More than 20 groups are now in full swing. A comprehensive planning guide to save time for busy program

managers was printed and distributed to all group leaders. An electronic version of the guide, including templates and evaluation tools, is also available to participating agencies (visit www.moodwalks.ca).

Bill Mungall, past president of the Guelph Hiking Trail Club and a Mood Walks volunteer, shared the following observation: “Participants [of Mood Walks] find nature uplifting, and sharing it with others rewarding. There is lots of mutual support through rubbing shoulders on a hike, in overcoming minor obstacles, in pointing out features of interest, and in communicating about other hiking opportunities. Participants are effusive in their thanks at the end of the hike, and also at what they see or hear during the hike—the sense of wonder is a delight to see.” For more information, visit www.moodwalks.ca.

A last word

None of these province-wide initiatives would have been launched without financial incentives provided by government. And none would succeed without strong partnerships to sustain them. Our challenge now is to build on our success by expanding our network of partners, within Ontario and across Canada, to share what we’ve learned and to inspire even greater collaboration. ▽

related resources

For more information about the connections between physical and mental health, see the Minding Our Bodies literature reviews and links to related resources at www.mindingourbodies.ca/about_the_project/literature_reviews.

Early FUNdamentals for Immigrant Families

TOWARD DEVELOPING HEALTHY RELATIONSHIPS WITH FOOD

Dawn Livera

Family FUNdamentals is a comprehensive parenting program for families with children two to four years old. Through interactive (parent/child) activities, the program helps parents to support the healthy growth and development of their children by addressing healthy eating and the importance of play and physical activity, as well as social and emotional well-being.



Dawn is Program Coordinator for Family FUNdamentals, a provincial parenting program of Family Services of the North Shore's Jessie's Legacy Eating Disorders Prevention Program

Family FUNdamentals was developed as part of Family Services of the North Shore's Jessie's Legacy Eating Disorders Prevention Program. The ultimate goal of Family FUNdamentals is to prevent disordered eating, which may lead to eating disorders or obesity.

I talked to Ada Sin* from SUCCESS about her experience with the Family FUNdamentals program in a multicultural setting.

Parenting challenges for immigrant families

Many of the parents Ada works with struggle to adapt to life in Canada. So many things are different here. They may be learning a new language; the education system and community services can be confusing; and ideas about "family" may be quite different.

In Eastern culture, the family is very 'big'—very important—whereas, in Canadian society, family is important,

*This article is based on an interview with Ada Sin. Ada is a Chinese Worker with Multicultural Early Child Development Services offered by SUCCESS (an organization promoting the well-being and full community integration of immigrants) in Port Moody, Coquitlam and Port Coquitlam. This service, for immigrant families with children from birth to six years, is provided in Korean, Farsi, Mandarin and Cantonese.

but not as big. Here, the idea of 'me' as an individual is much bigger. 'Me,' in Eastern culture, is relatively 'little.' Ada says, "In Eastern culture, we do have 'self.' But in terms of the family value, we subsume our own self in order to please the whole—for harmony. Here in Canada we talk about individualism; here we need to talk about being happy—'I am me; I love myself.' But for the Eastern culture, how well you did at school, how well you did physically—these things all reflect the grace or honour of the family...The healthier the children, the happier the parents." They will be proud of themselves for raising healthy children.

She adds: "Parents find it difficult to respect the Canadian way. They say, 'How come my child, only two years old, has so many arguments with the parents?'"

When children are in preschool they are offered choice, but choice is something really challenging for immigrant families. "We never had a choice when we were young; we just did what we were told."

Ada also explains: "The children don't understand why the teacher always says 'Sweetheart' or 'Honey'—it seems that the teachers love them so much. But at home we don't really use those words. We keep it in the heart; we do a lot of service for our children, but

that is a different expression of love. The children just see who treats them nicely. At home they say, 'Mom, you are so mean to me. How come you don't love me?'"

Parents sacrifice a lot for their children when they move to a new country, and it's really hard for them to take that kind of response from their children. It is also hard for the children.

There are many strengths in Eastern cultures that can help. For example, Ada feels that Eastern cultures see a natural link between mental well-being and physical well-being. For example, in Chinese culture, Ada says "We believe in a holistic view of health. All parts of the body are closely related to each other. Better physical well-being will certainly bring about better mental well-being and vice versa."

Ada tells parents, "We have something really good in our culture; we don't need to give it up. But Canadian culture also has many good things. So, if we can take the best from both, that would be perfect."

The importance of good role modelling

There's an old parenting adage: "Do as I say, not as I do." But we know that actions actually speak louder than words and young children like to mimic their parents. Ada often gets

feedback from parents saying things like: "The way my daughter talks to her younger brother is exactly the way I talk to her."

The best way to teach healthy behaviours and attitudes (to benefit mind and body) is by being a good role model and doing ourselves what we want our children to do.

Children can learn how to manage their emotions from their parents. Parents may not realize it, but if they are negative, their children might tend to be more negative. If the parents cry a lot or are depressed, it can be a factor for their children. If a parent is isolated at home, the child may not learn how to be comfortable with social interaction.

Parents can also influence their children's food choices. If you like junk food, your children will know it. As Ada says, "Your whole lifestyle—how you interact with people, how you respond to challenges, how you take care of yourself—has a big impact on the children."

The food issue

Ada says that, in some cultures, how healthy the children appear to others is the parents' 'report card.' The role of the parent is to see that their children eat well so they will grow. It is something physical, that other people can see and will judge. The mom will

In Chinese culture, Ada says "We believe in a holistic view of health. All parts of the body are closely related to each other. Better physical well-being will certainly bring about better mental well-being and vice versa."

say to the child, “You need to eat a lot; otherwise Grandma will say you are not healthy enough and I’m not doing a good job as a mom.” Immigrant parents need to be brave enough to counteract those upper-level family messages and to integrate the values of the new country.

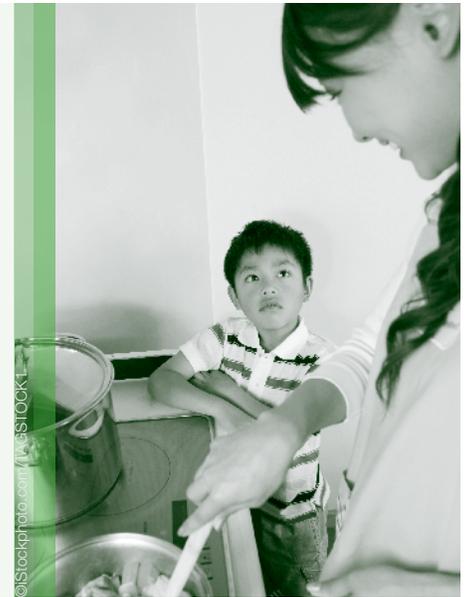
When her own son was five, Ada once said to him, “You didn’t finish that. Perhaps you are still hungry; maybe you should eat a little bit more.” He answered back, “Mom, do you think I know whether I’m full, or do you think you know better than me?”

Ada asks parents to consider the question: “Do you think your child has the ability to know if they are full or not? Do you trust that?” Young children and babies are able to tell us when they are full. Young children close their mouths and turn away when food is offered, and babies stop nursing and fall asleep when they are no longer hungry. They are following their body’s cues. It is the parent’s job to respect these signals.

Lots of Chinese grandparents have a bowl and a spoon, and they chase the children around to get them to eat. Ada talks with parents about having scheduled meal times as the Canadian way of feeding a toddler. She tells parents, “Let your child decide how much to eat and whether to finish. It is okay. There will be the next meal.” If the parents try it, they find it really works. But the mom has to really integrate in her head what she sees with her eyes.

“Eating is the most powerful thing that children can control by themselves,” says Ada. When feeding becomes a power struggle, it can extend to other areas of the parent-child relationship.

“Eating is the most powerful thing that children can control by themselves,” says Ada. When feeding becomes a power struggle, it can extend to other areas of the parent-child relationship.



The Family FUNdamentals program

Family FUNdamentals is a six-session program. Each module is 1.5 hours long and includes time for activities, songs, stories, parent information and a healthy snack. The module themes are: “Being Me, Being You,” “Healthy Relationships,” “Joyful Eating,” “Creative Movement and Activity,” “Being Confident” and “Celebration.” The written materials are in English, but individual groups can make their own decisions to deliver parts in other languages as needed.

Ada likes the Family FUNdamentals program because it is very playful—they don’t just sit and talk seriously. During each Family FUNdamentals session, parents and children learn together through songs, stories and games—putting positive parenting concepts into action. They prepare personal pizzas together, and parents practise being encouraging while they play with their children.

Each session is structured the same way: it starts with the program song, ends with a “mystery food” game

and snack, and the main activities that support the weekly theme are sandwiched in between. Songs and rhymes are used consistently to help children transition between activities. Ada loves all the routines that are part of the program—she talks to parents about how routines help children feel safe. Over the six sessions, parents really see the change in the behaviour of their children.

Ada also thinks the parents find it really powerful to sing the Family FUNdamentals program song (*see next page). In singing the song, they say for themselves: “I love myself; everything for me is okay, I’m unique; no matter how I look, I’m myself and I love myself.” That idea helps parents to really think about how each of us is unique.

Ada has found that the information about food choices, like snack ideas, is not only helpful for parents, but also for herself and her colleagues. “We had never tried these food combinations before.” Joyful eating is a big part of the Family FUNdamentals



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family FUNdamentals program song*

**sung to the tune of "Frère Jacques"*

*I am special, I am special,
You are too, you are too.
All of us are special, all of us are special.
Yes it's true, yes it's true.*

program. Each session ends with a family snack time where everyone sits together enjoying good food and interesting conversation. Some of the snack combinations that are provided include raw or steamed vegetables (carrots, cauliflower, broccoli, etc.) with

hummus (chickpea dip), or fresh fruit with yogurt. Make-your-own "participizzas" are also very popular.

"Families feel amazed and actually a lot of them went home and made it as a family," Ada says. "It's a good

integration, because the children are going to see these foods at school. So, when they make them at home, it makes a connection between the two cultures."

Ada says that actually preparing the food and enjoying it together makes a difference. At the end of the program they celebrate with ethnic food, which helps the parents really sink into the Canadian kind of "mosaic" and multiculturalism.

One mother's story

Ada told me about one mom who attended the SUCCESS Family FUNdamentals program. "She has two sons. One has autism and is elementary-school-aged. The other one is three or four years old. After a few sessions, she shared with us: 'Even though my son has autism and gives me so much trouble, he is still unique. He's still special.'"

This mother spent the time in our programs with only the younger son. She is usually always occupied by the older son. She really liked that time and has expressed: "Even though that son has no special needs, he also needs my attention. He is special and unique too. ▽"



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The Provincial Mental Health Metabolic Program

FOCUSING ON THE PHYSICAL HEALTH OF YOUNG PEOPLE WITH MENTAL HEALTH CHALLENGES

Kristine Kuss, PT, and Lorrie Chow, RD

One night in 2007, pediatric specialists Dr. Dina Panagiotopoulos (endocrinologist) and Dr. Jana Davidson (psychiatrist) were chatting after being called to BC Children's Hospital emergency room. They discovered they had both noticed the same pattern in their patients.



Kristine, a Physiotherapist, joined the Provincial Mental Health Metabolic Program (MHMP) in January 2013. She believes helping families make small changes toward increased physical activity, improved sleep and decreased sedentary time is an important part of optimizing their mental health

Lorrie, a Registered Dietitian, has worked in the MHMP since 2010 (apart from time out to have a baby). She loves helping families find a good balance with nutrition in their lives, and does not force kids to eat their veggies

That is, when the youth were given medication for their mental illness—specifically, second-generation antipsychotic medications or SGAs—they began to develop major metabolic side effects. The two most commonly prescribed SGAs in children in BC are risperidone and quetiapine.

Metabolism is the range of chemical processes by which our bodies use food and water to grow, heal and make energy. Metabolic side effects include: weight gain (especially around the belly), high blood sugar, high blood pressure, high cholesterol levels and high triglyceride levels.

The two doctors did some research. They found that, yes, although SGAs are the most effective way to manage some mental health disorders, they can cause unwanted metabolic side effects.¹ Approximately 5,000 young people in BC are prescribed SGAs each year. And for some young people, SGAs are the only option.

Their findings prompted Dr. Panagiotopoulos and Dr. Davidson to create the Provincial Mental Health Metabolic Program (MHMP), a clinic that supports families in making healthy lifestyle choices to help reduce the metabolic side effects of SGAs.

Who and what the program addresses

The MHMP is located at BC Children’s Hospital. It provides outpatient care for children and youth who:

- Are at high risk for metabolic side effects associated with taking SGAs, or
- Have pre-existing metabolic conditions (excluding type 1 diabetes) and have also been diagnosed with a mental illness

The MHMP focuses primarily on diet and physical activity, and sometimes also addresses sleep and stress as we are learning that they, too, can impact metabolic health.

The MHMP has a team of health clinicians who work together to provide families with metabolic screening and assessment, healthy living education and support, and ongoing monitoring and follow-up. Our team includes a nurse practitioner, a dietitian, a physiotherapist, a consulting endocrinologist and a consulting psychiatrist. Together, we help patients manage the metabolic side effects by educating families and helping them set small and achievable healthy living goals.

Tools and supports

We know how difficult it can be for families dealing with mental health challenges to also focus on physical health. We also know how important it is for this to happen. For instance, the chronic condition of cardiovascular disease is one of the leading causes of death in people with mental health challenges.²

The MHMP, in collaboration with the Health Literacy team at BC Mental Health and Substance Use Services

tips for children and youth on an SGA

Note: These tips are specifically for young people on second generation anti-psychotic medications and do not represent a preferred approach to general pediatric nutrition.

Nutrition Tips

- Eat regular meals and snacks to prevent the body from getting too hungry, which causes overeating
- Make sure to eat breakfast every day
- Increase water-based foods before meals as an ‘appetizer’ to fill up the stomach (e.g., broth-based vegetable soup, water, milk, raw vegetables) and decrease food portions in the following meal
- Increase fibre—slowly work up from 2 grams per serving to more than 4 grams per serving (e.g., use stone-ground whole wheat bread; add pearl barley to white rice when cooking; etc.)
- Keep sugar to less than 10 grams per serving, especially in packaged breakfast cereals and granola bars
- Stay away from sugar-sweetened drinks such as pop, energy drinks, frappuccinos, sports drinks and iced tea
- Limit foods that cause weight gain and overeating; keep chips, soda and processed meats out of the house most of the time
- Eat mindfully to prevent overeating; don’t eat in front of the TV, while playing video games or while driving
- Eat out less than once per week; meals prepared at home tend to be more nutritious, with smaller portions

Physical Activity Tips

- Add active transport into your day (e.g., walk, bike or scooter to school, a friend’s house, etc.)
- Decrease sedentary time after school by setting a schedule (e.g., for chores, homework, physical activity) or by going to a park or recreation centre
- Try new activities together as a family
- Find an activity that you enjoy—you are much more likely to continue with it
- Set limits on recreational screen time—maximum two hours per day
- No screens in your bedroom
- Find ways to overcome barriers to activity—start small and build up activity slowly
- Make at least one school break per day (recess or lunch) an active break (e.g., walk, skip ropes, play basketball)

(BCMHSUS), has developed tools for both clinicians and families.

• Healthy Living Toolkits for Families and Professionals

These toolkits help families to set small but sustainable goals toward healthy living, and help health professionals address these concerns in a helpful and consistent way. The

development of these toolkits used focus groups with parents to find out what they wanted to know and how they wanted to learn it. Parents were clearly tired of the ‘eat right and exercise more’ information. They really wanted to know how to go about eating right and exercising more, and in a meaningful and

sustainable way. Available at www.keltymentalhealth.ca/toolkits

- **A Guide to Second-Generation Antipsychotics**

The booklet, *Patient and Family Guide to Second-Generation Antipsychotics*, is for families with young people who are on SGA medication. It provides tips and ideas on nutrition and physical activity to address specific metabolic concerns. Tips include ways to start on making lifestyle changes before visiting the MHMP. The resource can also be used by clinicians around the province. Available at www.bcmhsus.ca/resources/metabolic-program

Challenges and successes in changing behaviour

While it can be hard to make changes to healthy-living behaviours, families report wanting to know about the side effects of SGAs so they can start working on behaviour change early.³ When families support their children

and make changes as a whole family unit, good things happen.

Jane,* an MHMP patient on an SGA, experienced big changes to her appetite; she felt hungry all the time and never felt satisfied after a meal. As a result, she was steadily gaining weight. After her weight had increased by 50 pounds, Jane's family made health a priority.

It was hard for the family to find time in their busy schedules to fit in exercise, but they started going to the gym and running together as a family. It was also hard to stop buying and eating favourite foods, but they removed from the house foods that Jane had trouble stopping eating, and replaced them with nutritious options she liked. To date, Jane's weight has gone back down 20 pounds. But more importantly, she is feeling good, and the family has been able to reconnect in a very positive way. ▼



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seeking spouse stories

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correction

In *Visions System Navigation*, Vol. 10 No. 1, Victoria Keddiss and colleagues at the FORCE Society for Kids' Mental Health wants to correct a sentence that appeared in their article, "Empowered Transitions." The sentence related to tips around information-sharing and privacy between parents and adult children. The corrected text now appears online.

original:

"Due to privacy laws, family members need to have signed consent from their child giving professionals permission to share information with you."

replaced with:

"Have a conversation with your adult child and service provider about how and when information will be shared with family members. Understand your child's wishes. Ask the professional if they require their clients to sign consent forms giving them permission to share information with you."

Healthy Minds in Active Bodies

PROMOTING CHILDREN AND YOUTH'S MENTAL HEALTH THROUGH PHYSICAL ACTIVITY AND EXERCISE

Caleb Leduc, Hons BA, BEd, MHK, PhD student

Mental health is a resource for daily life and includes our ability to think, feel, act and interact in ways that allow us to cope with challenges that arise while enjoying life. Mental health, as it relates to children and youth, is about healthy social and emotional development as they learn to experience, regulate and express a variety of emotions.



Caleb teaches in the School of Human Kinetics at Laurentian University in Sudbury, Ontario. He has an extensive background in health and physical education at the elementary through post-secondary levels. Since early 2013, Caleb has collaborated with the Canadian Active After School Partnership on several initiatives, conference presentations and resource documents

Positive mental health in children and youth allow them to be creative, learn, try new things and take risks.

In Canada, more than 800,000 children between the ages of four and 17 experience a mental health condition, for which the majority never receive formal treatment. More than one in five boys and one in three girls report feeling depressed or low at least once or more on a weekly basis.¹ It has also been observed that, from grade six to grade 10, the number of children and youth who have confidence in themselves is cut in half. And, 29% of

children and youth with a disability have sought medical assistance for mental health issues.²

The recent rise of mental health challenges faced by Canada's children and youth is matched by a decrease in physical activity participation levels. Only 9% of boys and 4% of girls meet Canada's Physical Activity Guidelines. The guidelines recommend that children and youth ages five to 17 get at least 60 minutes of moderate- to vigorous-intensity physical activity every day. The activity can be accumulated over the course of the day, in increments of at least 10 minutes each.³

Only a quarter of children with a disability report being active at all, while 59% of youth with a disability report they seldom or never play active games.⁴

During the after-school time period (3:00 pm–6:00 pm), sedentary activity is pervasive (e.g., watching television, playing video and computer games). One study found that kids are sedentary 59% of the time between 3:00 pm–6:00 pm, averaging only 14 minutes of physical activity.⁵

Physical activity improves mental health in young people

Engaging in physical activity has been proven effective in improving the mental health of children and youth. As children and youth exercise their body, they begin to feel their mood being enhanced. And, there is a dose-response relationship; that is, the more physical activity they do, the more they feel their mood improving.⁶ The benefits are equally available to children who are obese and overweight as compared to those of a typically classified 'healthy' weight.⁷

Additionally, the mental health benefits of physical activity appear to be equally available to both boys and girls. Engaging in physical activity has a protective effect on body image. And, importantly, this occurs regardless of noticeable physical changes or weight loss.⁸

Engagement in physical activity for children and youth with a disability is critically important. Being physically active has been shown to reduce the incidence of depression and isolation, and prevent the development of secondary disabling conditions in these children and youth.⁹ Further, participation in physical activity promotes independence, and challenges and improves physical skills, self-esteem and feelings of self-worth in children and youth with a disability.⁹

Physical activity influences two underlying contributors to positive mental health. The first is "working memory." Working memory is our ability to retain and manipulate information in the short-term and is critical for focusing and making sense of the world. Increasing physical activity and exercise levels



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Physical activity has been proven effective in improving the mental health of children and youth. As children and youth exercise their body, they begin to feel their mood being enhanced.

in children and youth during after-school programs has been shown to improve working memory and increase cognitive processing and performance.^{10,11}

The second underlying contributor is sleep. Being active physically decreases the amount of time it takes children to fall asleep and increases their total sleep time.

A resource for after-school care providers

After-school programs present an ideal opportunity for engaging children in physical activity. These programs are delivered by a diverse range of recreational, educational, and social organizations that include community centres, schools, non-profit organizations and child care centres.

The Canadian Active After School Partnership (CAASP) is a comprehensive and collaborative initiative of six national organizations: Active Living Alliance for Canadians with a Disability, Boys and Girls Clubs of Canada, Canadian Association for the Advancement of Women and Sport and Physical Activity, Canadian Parks and Recreation Association, National Association of Friendship Centres and Physical and Health Education Canada.

One of CAASP's current priorities is promoting mental health within "quality active after-school programs." These "quality active" programs are evidence-based and provide an intentional, child-centred, community-based and needs-driven environment for children (for a full definition visit activeafterschool.ca/about-us/defining-

related resources

The resource, *Healthy Minds in Active Bodies*, can be downloaded as a PDF in both English and French from the CAASP website. Go to www.activeafterschool.ca/ resource and type 'CAASP' into the search box above the resource listings.

quality). CAASP, in collaboration with the Canadian Association for the Advancement of Women and Sport and Physical Activity, recently published an online resource titled *Healthy Minds in Active Bodies* (May 2014). This PDF is designed for supervisors of after-school programs that are being delivered to children and youth of all ages and genders.

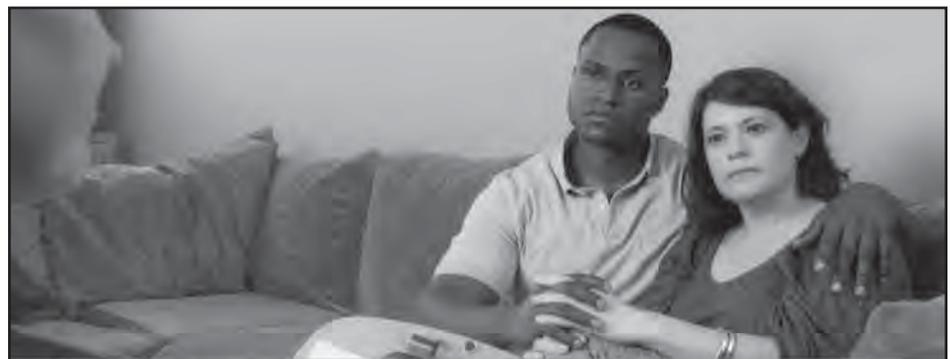
Healthy Minds in Active Bodies includes a practical checklist to help program supervisors reflect on and enhance current programs, practices and policies. It also provides tools and resources in five specific areas: promoting mental health among girls and young women, promoting mental health among children with a disability, talking with children (see sidebar), talking with program staff, and talking with parents.

In sum, whether you are a parent, educator, volunteer or front-line worker, you are encouraged to help children and youth explore the ways being physically active can improve their mental health and well-being. **v**

tips for talking with children

- Invite the child into a conversation. Demonstrate a compassionate and supportive attitude.
- Tell the child what you noticed about their emotions or behaviour. Be specific. Avoid making judgments about the causes.
- If you are giving feedback about their behaviour, start with the positive first, never the negative.
- Invite the child to talk. Help the child talk about their thoughts. They may find it easier to express the thoughts behind their feelings if you ask them to share what the voice in their head is saying.
- Use active listening and non-verbal cues like head nods. Repeat the child's own words back to the child.
- Be empathetic, positive and genuine. Focus on the child's strengths.
- Gently and realistically help children reframe their thoughts from a negative focus to a more positive orientation.

Adapted excerpt from the "Tool for Talking With Children" section of Healthy Minds in Active Bodies.



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Mending the Gaps

ENGAGING IN MEANINGFUL DIALOGUE WITH YOUNG PEOPLE ABOUT CANNABIS

Barbara M. Moffat, MSN, and Joy L. Johnson, PhD, RN, FCAHS

In the film *CYCLES*, a fictional drama based on research done at the University of British Columbia School of Nursing, we meet Lisa on her first day at a new school. Lisa settles in quickly—she joins the swim team, does well academically and has a boyfriend. Fast forward in time and we see Lisa smoking cannabis. She does this to mask feelings of sadness and depression and to help her get to sleep at night.



Barbara is Project Director at UBC School of Nursing and Co-Executive Producer of the film CYCLES, a research-based educational resource on marijuana use

Joy is a Professor in the Faculty of Health Sciences at Simon Fraser University and Co-Executive Producer of CYCLES. Her program of research explores the social, structural and individual factors that influence the health behaviour of individuals

The authors wish to thank Dan Reist for his helpful comments on an earlier version of this article

Lisa is a film character, but her story is not at all far-fetched. Without question, growing up in today's complex world presents challenges for many young people. These challenges may include family conflict, significant losses, school demands and fragile peer networks, as well as physical and mental health concerns.

A question we invite the viewer to explore is: How might Lisa have been

supported to explore options other than relying on cannabis?

Why cannabis use is a concern

Substances such as cannabis can 'fill the gap' for young people when emotional needs are not recognized by adults and when uncomfortable feelings predominate. While adolescents most often use cannabis recreationally, others describe using it to manage depression, anxiety, stress, insomnia,

problems with concentration and physical pain. Based on the young people who participated in our earlier research, this is particularly the case when they perceive that there are few other options available.¹

The risk of developing problematic substance use increases when young people try to cope with challenging situations in isolation. Using substances like cannabis may well provide temporary relief. However, if the underlying situation isn't addressed, use can progress to over-dependence on the substance.

Concern about cannabis use by adolescents, particularly early onset and frequent use, is warranted given

the recent evidence linking use with negative effects on the physical development of the brain. Regular marijuana use during adolescence can interfere with specific brain development. It can also lead to long-term defects in the parts of the brain involved with learning, attention, memory, problem-solving, abstract thinking and motivation. In addition, there are greater changes in the structure of the brain the more heavily one has used marijuana and the younger one is when beginning to use it.²

Why conversations about cannabis are needed

Given that cannabis is a complex substance, cannabis use is also a

complex subject. One young man recently shared, "Between the computer, media and TV, I don't know what to believe."

Since the topic seems ever-present in the media, there is easy access to information—and misinformation—from multiple sources. Some people promote the beneficial properties of cannabis, while others focus on the harms associated with the drug. Hearing about its medicinal use and living in a context where recreational use is common, yet illegal, also contributes to misunderstandings.

Additionally, we have found that there is a lack of balanced and meaningful discussion on cannabis use within most classrooms.³ This results in many students taking charge and seeking information independently.

We are all exposed to conflicting messages. Little wonder that there is confusion about the substance. And not surprising that some young people are advised by peers to use the substance to 'help' navigate life—particularly when there are complex intersections of physical and emotional pain.

One young woman reflected on her daily use of cannabis, "If you're depressed about killing yourself, I don't think that it's a good idea to smoke pot, because it could bring you down more. It's hard to say, though; it's different for every person, right?"

This young woman's question provides a natural segue into a discussion about the potential physical, emotional and social impacts of using cannabis. Balanced discussion regarding decision-making and cannabis use can be an opening for exploring



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Given that cannabis is a complex substance, cannabis use is also a complex subject. One young man recently shared, "Between the computer, media and TV, I don't know what to believe."

tips for engaging with young people on the topic of cannabis use

- Initiate conversations with young people about cannabis use
- Provide a safe space for private, confidential conversation
- Listen to what they are saying
- Be curious, non-judgmental
- Support personal reflection on cannabis use
- Encourage less cannabis use
- Refer to service providers as necessary

understandings of potential harms while encouraging personal reflection on choices.

Another young man revealed his struggle with conflicting information: “I know lots of people who would be just a complete wreck if they weren’t smoking pot. But then there’re also people who are a complete wreck because they do smoke pot, so it’s kind of a hard thing.” Being able to talk honestly about the known risks related to cannabis use allowed him to exercise critical thinking.

How conversations can help

In our experience, creating opportunities for open discussion with young people regarding the topic of cannabis use is welcomed and thought provoking.⁴ Young people are hungry for meaningful dialogue about cannabis. In fact, many youth are looking for such opportunities to talk.

In having such discussion, young people are better equipped to weigh the harms and benefits, and therefore, to make an informed decision about using cannabis for depression or other complex health concerns.

Adults can help bridge the gap by initiating conversations with young people about substance use (see sidebar). Honest conversations with youth are opportunities to explore potential knowledge gaps, specifically about cannabis as a harm-free substance. Exploring with young people their motives behind choosing to use substances like cannabis makes for meaningful dialogue. Not only can this be an opportunity for young people to reflect on personal cannabis use; it may also result in reducing or eliminating cannabis use among those who use the substance frequently.

Our research suggests that creating a “safe space” to discuss cannabis use is important. Providing privacy and respecting confidentiality are key elements of safe space. Listening without judgment can keep the conversation open, and being curious about the content shared raises questions for further discussion.

Another young woman who used cannabis regularly told us: “I have trouble going to sleep and waking up... I’ve had these problems since

related resources

*The CYCLES resource will be available in the “Publications & Resources” section of the Centre for Addictions Research of BC website www.carbc.ca in Fall 2014.

elementary school... I can’t go to sleep at night and then I like to sleep during the day.” What else might be going on with this young woman? Are critical issues about her physical, emotional or social well-being being overlooked that could be addressed by caring adults?

A new conversation starter

The film-based resource, CYCLES, focuses on decision-making and the consequences of cannabis use. The film can be viewed in two ways: an uninterrupted version or an interactive version. In the interactive version, the viewer is invited to engage in decision making alongside the two main characters. The film is accompanied by resource materials designed to support meaningful discussion in classroom settings following the film, facilitated by adult educators.

Earlier in 2014, the CYCLES resource was piloted across Canada. Not only has rich discussion been generated as a result of viewing the film, but many student viewers have emphasized how they felt “relieved” to be able to talk about the topic honestly and without fear of judgment.

Creating that safe space and inviting honest dialogue is the first step toward mending the gaps for young people like Lisa. ▽

Healthy Living Toolkits

Kelty Mental Health Resource Centre has two resources on health and well-being: The *Healthy Living Toolkit for Families* offers information, strategies and resources for families who are supporting a young person with a mental illness and want to improve health and well-being, while *Healthy Living, Healthy Minds: A Toolkit for Health Professionals* supports providers who are helping young people. These toolkits discuss healthy eating, physical activity, stress management, and sleep, along with tools and resources to build healthy changes into your home routines. The Healthy Living toolkit for Families is available in English, French, Korean, Punjabi, Simplified Chinese, and Traditional Chinese. To read, download, or order these toolkits, visit www.keltymentalhealth.ca/toolkits.

Self-Management BC

Self-Management BC, administered by the University of Victoria, empowers people to manage chronic health problems, including depression, and find strategies to live well. They offer free in-person workshops around the province as well as the Online Chronic Disease Self-Management Program. Health professionals will find resources on motivational interviewing, empowerment, problem-solving, health coaching, and other strategies to support healthy changes. For more, visit www.selfmanagementbc.ca.

 This list is not comprehensive and does not imply endorsement of resources.

Bounce Back: Reclaim Your Life

Bounce Back offers self-help for mild to moderate depression, low mood, stress, and anxiety. The program can help you boost activity levels, and there is a module specifically for people who experience a chronic health problem. You can either follow DVDs (available in French, English, and Cantonese) or complete a workbook with telephone support from a community coach. Bounce Back is free with a doctor's referral. For more information, visit www.bouncebackbc.ca.

Active After School

Active After School is a resource for after-school service providers in Canada. They encourage physical activity, good nutrition, and skills development to improve the well-being of children. Active After School also has a comprehensive resource section with initiative, information, and materials for programs like Healthy Bodies, Happy Kid; FUNdamentals for children who experience physical health, mental health, or behavioural challenges; the Flourishing Children Project; and adaptations for inclusive play and activities. For more, visit www.activeafterschool.ca/resources.

Minding Our Bodies Toolkit

Minding Our Bodies in Ontario has created a toolkit to help people develop physical activity or healthy eating programs for those who are experiencing or recovering from a serious mental illness. The "Making the Case" section of the toolkit offers good information and evidence in support of healthy living strategies to support mental well-being, and you'll also find a literature review. For more, visit www.mindingourbodies.ca/toolkit.

vote online for a *visions* subtheme

What subtheme would you like our *Visions* Recovery issue to explore?

Vote online to have your say in our upcoming issue.



vote at www.heretohelp.bc.ca between December 1 and January 8.



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