

visions

Vol. 7 No. 4 2013

wellness

**wellness—grappling with its
simplicity & complexity**

**what's the
buzz about
mindfulness?**



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 Addiction Services, an agency of the Provincial Health Services Authority.

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letters to the editor

I just finished reading the *Visions* issue about postpartum mental health that I received at my Pacific Post Partum Support Society (PPSS) group meeting. I was impressed with the range of articles and wealth of information relating to postpartum mental health. However, I have a suggestion for future publications.

My acceptance into the PPSS group was based on my experience with postpartum post-traumatic stress disorder (PTSD) as a result of a birth trauma. I knew immediately after the birth that something was wrong, but I could not identify the problem. The health unit assessment of my mood showed a moderate score for depression, but I did not feel depressed. There was no follow-up with my doctor and appointments with a counsellor did not help to clarify what was wrong. It wasn't until I saw an article in the *Georgia Straight* that I finally realized I had postpartum PTSD. Finally, after two years of suffering, I contacted a psychologist who had experience treating trauma victims. She began treatment last May and I joined the PPSS group at the end of August as a way to find more social support. (While I love my PPSS group, I find that my postpartum PTSD has a different symptom profile and could benefit from a specific support group.)

After reading the articles in *Visions*, I wonder whether some of the mothers could actually be experiencing some PTSD symptoms. There is some research to suggest that mothers can exhibit mild, moderate or severe PTSD due to a traumatic birth experience. I would propose that a PTSD screening questionnaire during postpartum medical appointments would help to identify women who have symptoms of PTSD either concurrent with or separate from depression or anxiety.

Brianna Peters, Vancouver

editor's message

It's been 15 years since *Visions* devoted an issue to mental well-being. Instead of my usual message, I'd like to use this space to update you on a few upcoming changes that will help ensure that important subjects like this one are given regular attention. From this issue forward, *Visions* will only look at eight themes. When our editorial board came to consensus on the themes, our criteria were that the themes should

- Be easy to justify and important enough to revisit every two years
- Broad enough to allow exploration of subthemes
- Relevant and meaningful to our diverse readership
- Focus on the strengths of the seven agencies that bring you *Visions*
- Be meaningful to both mental health and substance use audiences

Our eight *Visions* themes will be:

- Wellness (some aspect related to well-being, resilience, mental health promotion, prevention of mental health or substance use problems)
- Hot topic (some theme that's complicated or that we want to focus on if it doesn't get attention in our other themes)
- Housing and homelessness
- Families and relationships (using a very broad definition of family)
- Recovery (some aspect related to getting help)
- Young people (infants, children, youth or young adults)
- Work (workplace issues, unemployment would all fit in here)
- Culture (using a broader definition than just ethnicity)

Remember, these are themes, not issue titles. But these recurring themes give us a framework while still giving us room to go deeper into gender, age, setting, diagnosis or substance. I'm pleased at this new way forward and I can now guarantee that it will not be another decade before you see wellness explored again.

Sarah Hamid-Balma

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

footnotes reminder

If you see a superscripted number in an article, that means there is a footnote attached to that point. In most cases, this is a bibliographic reference. For complete footnotes, see the online version of each article at www.heretohelp.bc.ca/visions. If you don't have access to the internet, please contact us for the footnotes by phone, fax or mail using the contact information on page 2.

Wellness

GRAPPLING WITH ITS SIMPLICITY AND COMPLEXITY

Guest Editors Stephen Smith and Deborah Saari

The concept of “wellness” is difficult for many of us to put into words. Yet most of us know what wellness means to us individually and how we, and others, benefit from it. It’s also likely that we would offer different ideas around how we achieve and maintain wellness.

There are many reasons for this. One of them is how science has considered wellness—or, at times, how science hasn’t considered wellness.

Western medicine traditionally concerns itself with diseases, illnesses or health issues that can reduce our quality of life or life expectancy. In a similar way, many of us are more comfortable talking about the science-based topics of illness and disease than we are talking about the concept of wellness, a topic that seems less concrete and somehow less valid.

While scientific advances in identifying and treating illness and disease are undoubtedly some of humankind’s greatest achievements, there is growing interest in learning more about the things that keep us healthy in the first place. While this area of study is still fairly new, we now have a more solid understanding of what improves our health and well-being.

We also have increasing awareness that wellness not only benefits us as individuals, but it also assists us to better support our families, workplaces and communities. In many ways, this isn’t new. It supports long-standing beliefs held by many cultures around the world that are more focused on wellness than illness. In North America, for example, there is much we can learn

from Aboriginal communities about holistic wellness.

However, most of us continue to struggle with an understanding of mental wellness that feels more solid than just the absence of a problem or illness. This is where science is starting to have something to offer. More and more researchers are exploring this topic, and some have developed models to help us better understand wellness as it relates to mental health and substance use.

Mental wellness—A helpful definition

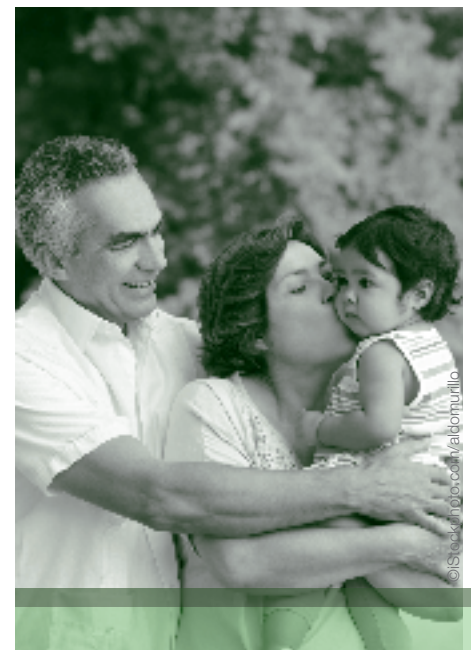
One model of mental wellness is a tool called the Mental Health Continuum, developed by Dr. Corey Keyes.

Keyes is an American sociologist and psychologist who suggests that wellness related to mental health and substance use can be understood as “positive mental health” or mental well-being. He says that emotional, psychological and social health are each distinct and important parts of overall mental well-being.¹

For Keyes, emotional health includes feelings of satisfaction and happiness, along with positive feelings about life in general. He describes psychological health as good self-esteem, warm and trusting relationships with others, and a desire to develop and grow as person. He suggests that a sense of purpose or direction in life, being able to

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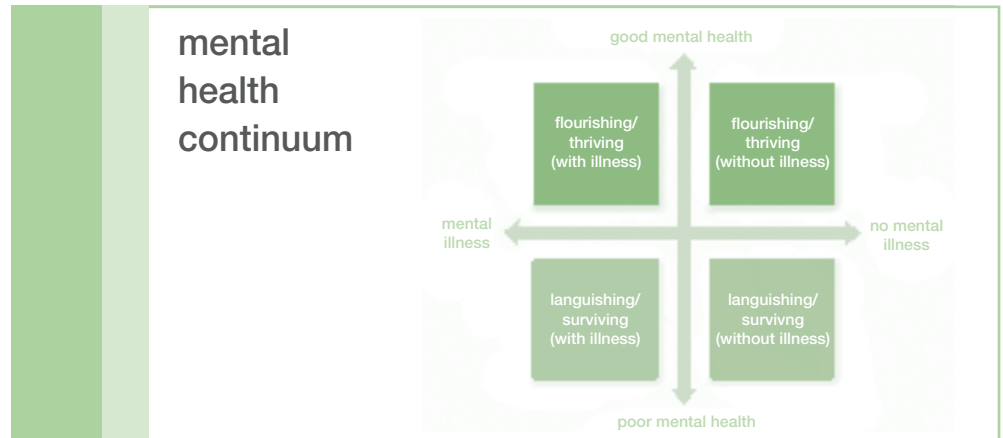


influence your environment to satisfy your needs, and being able to make decisions for yourself are important to our psychological health. Finally, he explains that social health involves a sense of belonging and acceptance in our communities, and of being a contributing member of society.²

These components of overall mental well-being provide us with some structure to support a better understanding of wellness related to mental health and substance use. This structure can be used to help measure well-being at an individual, family, group or whole-population level. It could also be used as a tool in clinical practice.

Keyes asks us to think about mental well-being as something we can plot along a vertical line, or as he describes it, a continuum. This line would reflect the whole range of experiences related to mental well-being. The top of the line is the point where we find ourselves experiencing the best possible mental well-being. Keyes calls this *flourishing*. Here in BC, we are more likely to describe it as *thriving*.

Not all of us are thriving all the time. In some cases our experiences might be plotted somewhere further down the line, suggesting that we are not necessarily thriving in all of the ways noted earlier. In fact, some of our experiences may be so far from what we consider thriving that we would find ourselves at the bottom end of the line. This is when we may experience a sense of emptiness, loneliness and lack of vitality. Keyes calls this state *languishing*. We can also refer to this state of non-thriving as, simply, *surviving*.



Good news

The experience of a mental health or substance use problem doesn't necessarily dictate a state of thriving or surviving. What's important to know is that our experience of mental well-being can be measured along this vertical line of the Keyes' continuum without knowing about existing mental health and/or substance use problems. In the diagram above, you can see that the experience of these problems ("mental illness") is reflected on a separate horizontal line. This means that although mental well-being and the experience of a mental health or substance use problem are connected, they are also quite distinct.

The four conceptual spaces in the diagram, created by the two crossed lines—thriving (with mental illness), thriving (without mental illness), surviving (without mental illness), surviving (with mental illness)—open the door to many possibilities. For example, service providers could think about new approaches to promoting the mental well-being of children, youth, adults, and families—so that they flourish, despite experiencing mental illness or substance use problems.

Policy-makers could use this model (or these ideas) to develop new policies and programs or plan services that improve the mental well-being of large groups of people. When we are thriving, we're not only healthier, but we're more productive and better prepared to deal with life's challenges. We feel strongly connected with our families and communities. This is good for all of us.

BC's recent ten-year plan to address mental health and substance use, *Healthy Minds, Healthy People*,³ recognizes the benefits of mental well-being for both individuals and society. It presents cross-government and cross-sector actions and strategies to help British Columbians thrive.

The articles in this issue of *Visions* present people's thoughts on how to achieve and maintain wellness. While not every writer uses a model like the Mental Health Continuum, they all in some way suggest that mental well-being has, at its centre, some mixture of emotional, psychological and/or social health. While it's clear that we're still looking for a common way to accurately describe all of the pieces that we refer to as wellness, we all share a growing appreciation of its value. ▽

A Wellness Perspective of Substance Use

Dan Reist and Bette Reimer

What do you see when you think of “a person who is experiencing problematic substance use?” For many of us, the image that comes to mind is a person overwhelmed by their substance use, unemployed and disconnected from family and friends.

Likewise, when we think of a person who is mentally healthy and thriving, we tend to imagine someone who is cheerful, holds a satisfying job, has close relationships and sees the future as promising.

But if problematic substance use sits at one end of the spectrum and wellness at the other, how can we explain people who use alcohol in ways that might damage their physical health but also use it to build social and business relationships? And what are we to make of people who inject drugs but also hold jobs and volunteer in their community?

These real-life situations, among many others, do not fit neatly into a linear notion of substance use and mental health. To understand real life, we need to rethink our ideas about what wellness looks and feels like, particularly if our aim in society is to promote and support health and well-being for everyone.

If we support people who use drugs to manage their substance use more safely and help them to achieve their personal goals, we centre attention on their health and well-being rather than on the substances they use. In the process, though, a new set of questions emerges as important. What exactly do we mean by the term “mental health”? How does our behaviour impact health and wellness? What factors influence a person’s behaviours

and choices related to their substance use? And how do things look from a well-being perspective?

What is mental health?

A model developed by Keyes provides a framework to help us think about a broader view of mental health (also see Guest Editorial on page 5). This framework looks at thriving (or flourishing), and surviving (or languishing). It views the range of surviving to thriving as a spectrum of mental health that is related to well-being rather than to the presence of a mental illness. This goes beyond the question of whether or not a mental illness is a factor in a person’s life situation.¹

This more complex model of mental health implies that experiencing less mental illness does not necessarily

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Dan leads a team that communicates current evidence with respect to substance use in a way that supports the evolution of effective policy and practice. This involves advising government departments and regional authorities, as well as creating materials that are responsive to real-world contexts. Bette is a member of this team



This perspective encourages us to reflect on what matters to a person who is using drugs—rather than what matters to us—and to consider ways to help this person achieve their goals.

equate with experiencing better mental health. A person, for instance, may have learned to manage symptoms of anxiety, but may not feel happy or hopeful about the future.

It also highlights the possibility of achieving high levels of positive mental health despite the presence of mental illness.² For example, a person may be living with a bipolar disorder, yet may feel optimistic and be actively engaged in their community.

This perspective on health and wellness helps us consider multiple sides of substance use and can help guide the responses of family, friends and other helpers involved in the lives of people who use substances in harmful ways. It encourages us to reflect on what matters to a person who is using drugs—rather than what matters to us—and to consider ways to help this person achieve their goals. It helps us understand and engage with a person who, say, injects drugs but doesn't view it as a core aspect of their identity, and who is cultivating strengths and making plans for their future—who may, indeed, be thriving.

According to the World Health Organization, mental health involves a state in which one “realizes his or her abilities, can cope with the normal

stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”³ A more expanded statement by Joubert and Raeburn describes mental health as “the capacity of each and all of us to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity.”⁴

Behaviour—what role does it play?

A variety of influences may contribute to our behaviours, and our behaviours may influence our health, in complex ways. Our capacity to navigate the world can be negatively affected by unhealthy behaviours such as risky substance use, which may result in a variety of chronic diseases and a decline in our mental health. In this case, our substance use behaviour impacts our health, which then restricts our ability to “enjoy life and deal with the challenges we face.”⁴

On the other hand, earlier trauma may weaken our ability to build social relationships and lead us to turn to a readily available substance like alcohol as a means to “cope with the

normal stresses of life.”³ If the alcohol use is too much, too often, it may lead to harms such as unemployment and a state of surviving rather than thriving.

A theory of behaviour developed by Glass and McAtee⁵ proposes that behaviours are shaped by many different factors and situations. They suggest that each person is influenced by a unique set of opportunities and constraints within a complex interaction of biological, environmental and social factors that play out over a life course.

This theory encourages a shift, from thinking of health behaviour as a response to internal and external stimuli, toward viewing it as self-directed action within the limits set by circumstances. The individual, who is knowledgeable about their own unique situation, is placed at the centre, pursuing goals within a particular context. This shift allows us to consider that real people with varying social, psychological, physical and material circumstances use substances in different ways to meet different needs.

What about addiction?

A common perception in our culture is that some drugs are intrinsically dangerous and possess the power to control human behaviour. According to this notion, a person takes a drug until, one day, the drug takes the person.⁶ Once this occurs, the person is characterized as addicted and powerless to exercise personal control related to their drug use. Though a common belief, this view actually has very little evidence and no solid theoretical basis.⁷

When we recognize that various factors contribute to the constraints and opportunities an individual experiences at any given point in time, we can understand why some people may feel a sense of dependence on a drug. A drug may be their only known means to cope with a mental health problem or deal with a chronic physical health issue.

When we recognize this range of contributing factors, a range of interventions also opens up.

So how do we help people from a wellness perspective?

If we think of substance use from a wellness perspective, it takes the focus away from the substances—it's not all about drugs. In this context, helping and supporting a person is guided by a desire to maximize "the capacity of each and all of us to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges

we face."⁴ It includes attention to the health behaviours and skills of individuals seeking to manage their lives. But it also includes attention to the environments in which those behaviours and skills play out.

The factors that influence health and wellness for an individual go far beyond individual choices, or even individual abilities such as social and emotional skills. They include a whole range of factors related to the physical, social and political environments. So, for example, opportunities to participate in the life of the community, no matter what level of ability the person has, is critical to well-being and may impact decisions related to substance use.

A wellness approach puts the individual at the centre in terms of making sense of life and directing personal behaviour. It may mean

encouraging reflection on goals, desires, needs and resources. It may take the form of reaching out to a person who injects drugs to share ideas with them on safer injection practices. Or it could be as simple as engaging a person who drinks in risky ways in a conversation about their future aspirations. But it may also involve changing social attitudes or policies that cause harm. For instance, it could mean giving all community members—including people who use drugs in harmful ways, or other marginalized people—a voice in advocating for change to policies that impact their well-being.

With this more balanced approach, the view of the individual changes from an "alcoholic" or "addict" who is controlled by a drug to a "thinking and feeling human being" who uses substances within certain contexts and for various reasons. We place the person before the drug and work with the individual to help them make sense of the factors that influence their health and well-being. We support them to increase their capacity to manage those factors in order to achieve their personal aspirations, and ultimately, to engage in creating healthier environments.

Working from a wellness perspective also offers a baseline for us to begin to explore our own beliefs about addiction and the complex relationship our culture has with substance use. ▽



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Personal Reflections on Shifting the Conversation to Mental Well-Being

Paola Ardiles Gamboa, MHSc

When I was five years old, I was taken away from everything familiar to me: my home, my roots, my language and my culture. I immigrated to Canada from Chile, as a young girl with my family. This was in the mid-seventies, during the Pinochet military regime. The lives of my family members were forever transformed because of violence and discrimination—as are the lives of thousands of other immigrants and refugees who come to Canada every year.

Paola leads and participates in provincial and national collaborative efforts, applying health promotion principles to research, policy and practice in mental health promotion. She lives in Vancouver with her two wonderful children and loving partner, practices yoga, salsa dances and commutes to work on her bike, rain or shine

This article was inspired by Paola's acceptance speech after receiving the Dr. Nancy Hall Public Policy Leadership award of distinction for her work in mental health promotion. The award was presented at the 2012 annual general meeting of the Canadian Mental Health Association's BC Division



My family was among the fortunate ones. We were welcomed into a country that promoted “multiculturalism,” universal health care and public education.

Both my parents, however, experienced an incredible amount of stress with their arrival in this new country. They had to deal with language barriers, lack of employment opportunities, problems with foreign educational credentials, unfamiliarity with the health and education systems, lack of social support and more. They both developed mental health issues and, until this day, live in recovery. Yet they have also both led fulfilled, happy and productive lives.

My parents were the inspiration for my vision that we can all aspire to achieve mental health and well-being, regardless of what we are dealing with, as long as we have the right supports in place. Those supports may look very different depending on each individual, or the context.

My mother was able to find employment in the social service sector because she spoke English fluently. This led her to becoming a prominent advocate for new immigrant women in Toronto. Much of her support came from finding meaningful work opportunities and social support through her friends and colleagues. For others, it may mean finding

the right health professional, or the right school.

My dad found support through the local community centre. At the time, the centre offered ESL classes and the possibility of playing in a local soccer league, which my dad really enjoyed; it kept him active and healthy. Others may get support from their own community by tapping into indigenous knowledge or by seeking alternative healing practices to promote their health and well-being.

Like many others, I have also lived with mental health and substance use issues as a spouse, a mother, a friend, a colleague and as a young woman who had postpartum depression 19 years ago. In my case, focusing on my spiritual growth and yoga practice has been key in my personal journey toward mental well-being.

Throughout the last decade of my career, I've had the privilege of working with a wide range of people: community members, policy makers, researchers and advocates. All of them have taught me that we must deal with the broader social determinants of mental health—that is, the social conditions that are, ultimately, at the root cause of our mental health issues. These include social inclusion, access to economic resources, and freedom from stigma, violence and discrimination.

The people I've worked with have also taught me that the time for us, as a society, to act is now.

Taking action

We all know that mental health issues take an enormous toll on the world's population, not only in terms

of health and economic costs, but in terms of our ability to create safe, healthy and vibrant communities. Promoting resilience, coping skills and supportive environments that result in mental well-being is vital, particularly given the global issues we face, such as the current economic crisis and climate change.

What has become increasingly clear to me through my own challenging experiences is that mental health and substance use issues are both a cause, and a consequence, of health and social inequities. For instance, if you live in poverty you are more likely to experience housing issues. The hopelessness and despair experienced by that life circumstance can lead to major depression. However, in the reverse, you may have a great paying job and comfortable home and experience hopelessness and despair due to lack of social support and relationship problems. This can also lead to a major depression, which may cost you your job and lead you to a situation of poverty and, ultimately, homelessness.

I think that the key to future action is to shift the conversation so that together, as a society, we can increase the demand for mental health and well-being. Why? Because mental health and well-being are an asset. They can help us achieve safer and more inclusive communities, more productive and healthier populations, thriving families, and happy and fulfilled citizens who all have something to contribute.

I will give you an example of a shift in conversation. If I picked five words or terms to describe mental illness in my family, they would be: bipolar

disorder, obsessive-compulsive disorder, depression, anxiety disorder and attention-deficit/hyperactivity disorder. What if, instead, I picked five words to describe mental well-being in my family? I would choose: resilience, hope, empowerment, compassion and belonging.

This shift toward focusing on mental well-being requires us to demonstrate the benefits of promoting mental health. Fortunately, we have the research to support this notion.¹⁻³ Now it is time to come together to find compelling ways of bringing these ideas to the public.

Let's create healthy schools, healthy workplaces, healthy communities and healthy policies. Let's empower individuals and communities to tap into their own wisdom and build their own capacities. Let's ensure we are providing the resources necessary for people to not only cope, but to flourish. Let's create a society built on compassion, not shame, where every child has a chance to thrive, no matter where their parents were born, or what colour their skin is, or what mental health issue they are facing.

I will end with a question. What is your role in shifting the conversation, so that together we can create mental health and well-being for all? ▼

Living My Life to the Full

Gary Ings

Living Life to the Full is a wellness course offered by the Canadian Mental Health Association across BC and Canada. The course covers skills like healthy thinking, boosting activity, self-esteem, problem-solving, and anger management. In this article Gary reflects on what wellness has meant to him after taking the course.

Gary lives in Penticton

This article is adapted from a video interview



How did you find out about the course?

I was going to a place called Work Zone I talked to a counsellor there because of my mental health issues, and the counsellor suggested this Living Life to the Full course. It sounded interesting, given what I was feeling at that particular time, so I thought, why not?

CMHA runs the course. It's run over 12 weeks and helps you deal with life—feeling frustrated, fed up, lonely, angry, that kind of thing. I call it a “step-by-patient-step program that takes you from a sense of utter helplessness to helpfulness.” There were about 15 people in the group I was in.

What did you like about the course?

What I really liked is that I didn't feel I had to look over my shoulder. I didn't feel I was being stared at and scrutinized. I didn't feel like people

were saying, “Is this person safe to be around?”

As more and more people started sharing and opening up, the more I started breathing easier. As I progressed through the steps, I realized we were starting to become a group of individuals who were very similar in terms of life's aspects and circumstances.

Before, I walked around in my life like I was the only one who had this, and I was always afraid to tell anybody. I lost a marriage over it, I lost a home over it, and I've lost jobs over it. I don't want to hide anymore. People with mental health issues are just as important and just as valuable as people with cancer or a limb missing. It's just that we still have to live with this stigma—like people think we're packing a gun

I have to walk with the confidence that I'm okay. It doesn't matter what I have. I'm a good man.

related resources

To find out more about Living Life to the Full offered by the Canadian Mental Health Association, to find an upcoming course in your community or to buy booklets used in the course, visit www.lltf.ca.

around or we're going to be breaking down on a street corner. I get really tired of that.

What difference has Living Life to the Full made to your life?

What I like most about the doctor who designed this program is the phrase "skills rather than pills." I really enjoyed that. Unfortunately, I still have to take medication. But this course has given me some life skills.

I used to just explode. I wouldn't think about it. People would get on my case and I'd just get angry back at them. But I don't have to now. I can stop and think. In one of the steps, I am actually allowed to change my mind. I used to think that wasn't okay. One week I'd be really okay and make some sort of a decision, but the following week I'd be scared stiff, afraid of failing. But it's okay to change your mind. I don't have to explain myself to people.

Before, I never listened to my heart beating. I never paid attention to my face flushing or heavy breathing (that would be my biggest one). I'd start breathing heavy and then I'd start shaking and then I'd know I was going to lose it. But now I can just take a deep breath. I don't have to fight with this person. They're not me. Maybe they're having a bad day.

Perspective—that was the word used during that particular class. So I have

this different perspective. I don't have to look at people as my enemies any more. I look at people now and think, "You know what, maybe they're going through the same thing I am. Maybe we have something in common here." Or just because they're angry doesn't mean I have to be.

Another thing that was really useful was what I call "faking it until you make it." In the program, it says to walk around with your head up. I walk a lot—that's what I do for exercise—I walk around town a lot because I like watching people. Now I walk up straight and I hold my head up high. The program also says to look people in the eye. Don't cast your eyes down as you walk. Now I try to look up, and I always wear a smile—and you know what? People actually look back at you and smile!

Living life to the full—what that phrase means to me is something I haven't been doing. I've been living my life feeling guilty because of my illness; I've been hiding away. I haven't felt worthy of friendship because I lost a marriage of 34 years and my best friend. I've allowed fear and guilt to control me because of all those years walking with this stigma.

Someone told me the other day, "Just decide not to . . . you've got to change your story." So I've decided, with the help from this course, that I'm

not going to be responsible for other people's responses. I'm not going to feel guilty for falling down. I'm allowed to make mistakes. I don't beat myself up anymore. I don't tell myself that I'm useless. I don't tell myself that I'm foolish.

I keep telling myself things that make me feel better about myself. I don't care what other people out there think about my space—well, I do care, but I have to keep myself on track. I have to walk with the confidence that I'm okay. It doesn't matter what I have. I'm a good man. I'm not robbing banks and I'm not ripping people off or cheating. I have worth. I'm not hopeless; I'm not helpless anymore. I want to live that.

For me, wellness is not only about a healthy diet or exercise. It is also associating with positive, uplifting people—one or two very trusting friends you can talk to about anything. It's not dwelling on the negatives of the world, although that can be a challenge at times. I am learning to be content with what I have. I have a solid Christian-based faith that helps immensely. I have an awesome physician who truly cares about my overall well-being. I'm blessed with a loving family and I have a job I enjoy. I really do have an abundant life.

One really doesn't know how wonderful one's life is until you see it written before you. I have learned (and this is borrowed): "Life is 10% what happens to me and 90% how I react to it." I believe—I'm not perfect and still learning—that when all these parts become as breathing is to me, I will then be "living life to the full."

I look forward to the me that I was meant to be. ▾

The Pursuit of Wellness

Natalie Jeanne Champagne

Wellness is a strange word when connected to bipolar disorder. Diagnosed with the illness at the age of 12—I'm 27 now—I cannot recall the word being part of my life. Stability was important to find, and balance crucial to achieve, though at such a young age I wasn't sure what that really meant. Did it mean the different medications would work soon? Would I never have to go back to the psychiatric hospital again?

*Natalie is an advocate for mental health and lives in the Greater Victoria region. She has recently published a memoir on bipolar disorder and addiction, *The Third Sunrise: A Memoir of Madness*. You can learn more about Natalie on her website at www.thethirdsunrise.com*

Maybe, I thought to myself, it meant that my family could be happy again. Maybe the illness would disappear entirely.

At the age of 14, I had my first drink and by the age of 19 I was addicted to a multitude of drugs—all of which nearly killed me. Wellness at that time in my life was connected to the substances I digested on a daily basis in order to numb the fear of living with the illness. Bipolar disorder is a frightening diagnosis, particularly at the age of 12, and I was not yet able to connect the illness to my addiction. In hindsight, it has become clear: the nature of bipolar disorder, the terrifying highs and lows you experience when unstable, mimic

the cycle of addiction. I used drugs and I drank excessively to experience the high that comes with mania, and I abused medication like Valium so I was able to sleep for days, similar to the key symptom of the deep depression that had crippled me throughout my life. Drugs and alcohol took away the severe anxiety I had experienced throughout my life.

Despite the similarities between the illness and the addiction, there was a crucial difference between the two experiences. I felt I couldn't control bipolar disorder and the rapid-cycling that defined it, but I could, I felt, control what I put into my body. I was certain that I could control my drug and alcohol use. I was certain it would never control me. By the age of 23, I had suffered two seizures and numerous suicide attempts and had lost the most important and only stable thing I had ever had: the support of my family. They had stood beside me when I was sick; patiently waited for me to recover and did everything they could to ensure our family, as a whole, remained close. They would support me in my recovery, but not in active addiction.

I had two options: keep abusing drugs and alcohol, or work to get better. To get well. I wasn't sure what wellness



Achieving wellness has been an uphill battle for me. Accepting the illness has been difficult, but embracing my life has been crucial in my recovery. Wellness to me is defined by acceptance.

really was—after all, I hadn't ever experienced it. But for the first time, I decided to approach life with the goal of achieving sobriety and stability. It wasn't easy and I wasn't sure where to start. All I knew, with absolute certainty, was that if I were to continue using drugs and alcohol I would die and would never have the opportunity to establish healthy and loving relationships with those I loved most. It's a frightening thought, even now, and pushed me towards recovery.

I decided to take an active role in my recovery. I saw my psychiatrist on a regular basis and mustered as much patience as I could while we worked to find the right cocktail of medications to manage the bipolar disorder. I worked hard to stop using drugs and alcohol. It was difficult, because abusing substances was the only way I knew how to feel some semblance of peace. At first, I wasn't sure how to approach it. I realized I would need to step outside of my comfort zone and connect with other people—something that was terrifying to me. I began attending regular Narcotics Anonymous meetings and took small steps—little things like raising my hand in a meeting and speaking. I also reached out to family again. They were worried I would relapse back into addiction and so they were wary but as time moved along we began to trust each other again.

Towards acceptance

I have yet to meet anyone who achieved stability easily. Bipolar disorder is a difficult disease, even when controlled. Acceptance was a large part of my recovery. I started to accept that the illness would never go away, but that I could learn to work with it.

It took two years to finally find myself in a place of acceptance and wellness. I focused on four things in my recovery: establishing a healthy relationship with my family, sleeping and eating properly, being active in my recovery from using drugs and alcohol, and preparing for the highs and lows I still experience even when taking medication daily. Achieving wellness has been an uphill battle for me.

Accepting the illness has been difficult, but embracing my life has been crucial in my recovery. Wellness to me is defined by acceptance.

These days, it's the little things that keep me well. I wake up at the same time and make sure I eat breakfast. I exercise as much as I can and practice yoga to calm my mind and my body. I talk to my family each day and do not drink or use drugs. I still go to Narcotics Anonymous on a regular basis and have created a network of people I can call if I need support.

Supporting others has been a huge part of my recovery. I published my

memoir in 2012. I want to lend my life experience to those who struggle with the illness as I did and still do.

My psychiatrist and I have developed a plan of action if my mood becomes low, as it often does during the winter months. As part of that plan, monitoring my mood is essential and so is communicating with those who know me best, because they often see an episode coming before I do.

At the end of the day, wellness in my life is defined by accepting the cycle of life itself and embracing the little things—like the sunshine after weeks of rain. ▾

Aligning Values and Notions of Self-Worth

Harley Lockhart

The year 1994 should have been a good one for me. I had a consistent daily time dedicated to my spiritual relationship with God. I had an enviable relationship with my wife and children. We lived in Kelowna. We were financially stable. I won a prestigious award in achieving a professional designation. Health issues were non-existent.

Harley lives in Kelowna. He believes the family is the foundation of society; his wife and four children come first. Harley coached his children in many sports, served on the board of his church, and has volunteered with the Financial Advisors Association of Canada for over 15 years



But somehow, that wasn't enough. None of the great things happening in my life registered. I hated picking up the phone to contact potential clients—they might agree to an appointment; then what would I do? Finding solutions was impossible. Instead of eliminating options, every choice opened another huge tree of potential answers—spreading oak trees were dwarfed by comparison. Simple decisions were impossible. I couldn't choose what socks to wear or an item from a restaurant menu. I spent over an hour driving around town because I couldn't decide where to buy fertilizer for the lawn—and ended up going home without any.

I told my wife Dale she'd have to teach me how to have fun again. Somehow,

I had forgotten. I experienced no joy or pleasure in anything. I was always tired, so tired it was challenging to not fall asleep when stopped at traffic lights. One day, as I was approaching an oncoming loaded gravel truck, the thought came that if I crossed the centre line I wouldn't have to be so tired any more. Whoa! How could I do that to Dale and the kids? That's not the legacy I wanted to leave. I needed help.

When my doctor heard me describe my situation, he commented, "You have just described the classic symptoms of clinical depression." What a relief! If he could identify the underlying source of my doldrums, there was a good chance he could also help. I decided to trust him—in other words, whatever he told me to do, I would do it whether I

wanted to or not. That included taking the medications he recommended, although I hate depending on drugs.

A couple weeks later, I noticed another problem. The minute I started to do something at work, I would notice something else to do and move to it, only to become attracted to something else. The saying “going around in circles” gained new meaning for me. I was literally walking in circles in my office. I went back to my doctor; he agreed some time away from work would be good for me. Who would have suspected that would be a whole year?

A year of discovery toward recovery

Throughout that year, treatments included transfer of care from my GP to a psychiatrist, prescribed medications (several different types and dosages to find something that worked), psychological counselling, outpatient group counselling, cognitive-behavioural therapy, psychiatric treatment, a regular exercise program, light therapy (in case seasonal affective disorder played a role), reading (*Learned Optimism* by Dr. Martin Seligman was most helpful), and allowing lots of time to reflect on and try out the new attitudes and behaviours I was learning. Whew! Until writing all this down, I never realized how busy I was that year.

I discovered that my depression had its roots in my youth. Different incidents gained new meaning. I had needed significant emotional support to finish high school, and I left university two months short of graduating, with no intention of returning (though with emotional support from my family I did graduate later on). I started a series

of careers, blaming the job and moving on when the symptoms of fatigue and loss of enjoyment became unbearable.

Dale was convinced the root cause was my job. There was no doubt that I'd had minimal job satisfaction or productivity for the past while. However, after close evaluation of the functions of the job, I concluded that I liked the job I had. It had value—not just because it provided for my family, but because I was helping others. I liked that. I liked the things I actually had to do every day. It was not the job—it was me!

My psychologist suggested there might be a mismatch between my values and sources of self-worth. Focusing on what was most important to me and digging through the chaos of my emotions and attitudes, I came up with the following chart:

Values

1. My relationship with God
2. My wife & family
3. My job
4. Making money

Sources of Self-Worth

1. Making Money
2. My job
3. My wife & family
4. God

I was expecting number one self-worth from third- and fourth-rate values. I

allowed myself no payback for my highest values.

Consciously recognizing what I really valued in life and reorienting my expectations of self-worth to match, has eliminated immeasurable stress from my life. It meant that I had to reallocate my time. I spent less time at work. I began to devote some time every day to my relationship with God. Dale and I began spending at least an hour each day together before the tyranny of urgency pulls us in different directions. All four of my kids were active athletes. I determined that I would not miss their activities because of work (fortunately, I could make that choice) and that we would handle whatever financial consequences resulted (believe me, that has been tested).

It hasn't been easy, and I haven't always held my ground. However, being aware of what's really important to me and recognizing when I'm off-base has been a huge relief.

It's not possible to control everything

I had always wanted to be just like my Dad, a military careerist—who, as I saw later, was afraid to leave a job he hated. I thought I was just like him until, through my year of discovery and recovery, I realized I have never been like him. No longer a perfectionist, I enjoy change, relishing the new opportunities it presents. One of the greatest compliments ever paid me

My psychologist suggested there might be a mismatch between my values and sources of self-worth. I allowed myself no payback for my highest values.

came from a co-director of a volunteer board who said, “He looks like a grandfather, but thinks like a teenager.”

My efforts to control not only my life but everyone and everything around me could only lead to failure. The miracle I discovered is that I don’t have to control anything except my reaction to everyone and everything around me—a much smaller and actually manageable challenge. What a relief. I can do that.

My psychiatrist (that sounds like I’m a movie star) couldn’t guarantee that I would never have another episode of depression if I continued my medication. But he could guarantee another bout of depression if I stopped the meds. Needless to say, I am committed to continuing my medications for the rest of my life. The risk is too great.

It has been over 17 years since I returned to work. The meds and behavioural changes have worked so far. I keep feeling stronger as I build experience at a quality of living I didn’t even know existed.

I have never tried to conceal my struggle with depression. Instead, it has been a privilege to openly share my journey with others who have similar challenges. Many times, I’ve been drawn to a private nook, furtively given a description of symptoms and asked what I think. My answer is always the same. I know my own experience, but everyone is different. If you have concerns, get professional help. Choose someone to trust and then do exactly what he or she tells you.* I suspect the results I’ve experienced are widely available if you allow yourself to relax and lean on others. Dream about who you want to become. Give yourself permission to change! ▼

*Editor’s note: This approach worked for Harley. For others, this kind of complete compliance can only happen if you’re able to ask questions and express concerns of your health care provider so that you understand why you’re doing what you’ve been asked to do.



Consciously recognizing what I really value in life and reorienting my expectations of self-worth to match, has eliminated immeasurable stress from my life.

Caring About Others, Caring for Myself

Isabella*

Over the course of my experiences, I've had opportunities, both personally and professionally, to interact with many people who are affected by mental health-related issues. I have, however, been particularly affected by two journeys: those of my sister Gabriella* and my close friend Chris.*



Isabella, an advocate for various social justice issues, is from Vancouver. She graduated from Simon Fraser University with an Honours BA and is presently pursuing her legal education. Isabella has a particular passion for Aboriginal law

*pseudonyms

All in the family: Depression from a sibling's perspective

Gabriella has been struggling with depression and obsessive-compulsive disorder for over a decade now. My sister is eight years older than I am, so I first noticed her symptoms when I was quite young, about 12. She cared for me like I was her own child, when I was little. As I matured, our relationship developed and my sister and I became best friends.

There were a lot of red flags visible to me, regarding Gabriella's mental health issues. These included her obsession with food and exercise. For example, she became extremely rigid, only eating and exercising at specific times of the day. If anything conflicted with her eating or exercise times, she'd become irrationally angry, yelling

and screaming, and then extremely emotional, crying, almost panicking.

My parents, who are first-generation immigrants from India, were unaware of mental health-related issues. As a result, my parents didn't properly acknowledge Gabriella's struggles for years. My sister performed exceptionally well in school, so my parents thought she was just going through a "phase."

During one of our yearly medical checkups—my immediate family scheduled consecutive appointments—our family doctor noticed Gabriella's drastic weight fluctuation. He opened up a dialogue on mental health issues with my sister and me; we had gone into the doctor's room together.

Initially, Gabriella was diagnosed with disordered eating by our family doctor. Despite treatment at various eating disorder clinics, my sister's symptoms worsened because her underlying issues were not yet identified.

My sister was then accepted by a university in Toronto to pursue her PhD. While I supported her academic growth, I expressed concern to her about living in a different province, while she was still struggling. Despite this, she decided to move.

Gabriella lost all balance in her life while she was away, though I couldn't see this fully until she moved back home two years later, even though we talked on the phone almost daily. My parents continued to think that she was thriving because she was still performing extremely well academically.

By the time Gabriella returned home, I was in my late teens and able to immediately recognize how much she needed support. My sister is 5 feet 8 inches and at that point weighed only 90 pounds.

Gabriella and I spent evenings looking at a lot of research online, including academic articles. The articles were dry and hard to understand, but the ones that seemed to relate to my sister's symptoms pointed at depression. We printed these out and brought them to our family doctor, so he could help us understand the information. Eventually he properly diagnosed Gabriella with depression and obsessive-compulsive disorder. My sister finally received appropriate medication and was referred to a therapist. That was about three years ago.

For a long time my parents did not acknowledge or discuss Gabriella's struggles outside of the immediate family, not even with extended family. This caused my sister to become ashamed of her experience.

For a long time my parents did not acknowledge or discuss Gabriella's struggles outside of our immediate family, not even with extended family. This caused my sister to become ashamed of her experiences. But over the past three years, they have started discussing my sister's mental health with my aunt, a psychiatrist, and as a result are better informed. They are now able to engage in a conversation with my sister when she discusses her challenges—and that, to me, is progress.

Gabriella's journey has been particularly difficult for me since I was, and continue to be, the primary source of support for her. I often asked the health care providers my sister saw—including our family doctor and my sister's therapist—what I could do as her sibling, but I was always disregarded. Perhaps because my sister's struggles were deemed a priority over my concerns. But if my family and I had been equipped with the proper information and resources to help us better understand how to

help Gabriella, I believe she may have recovered more quickly.

Through all of this, my sister and I were always able to talk openly and honestly about her journey. I'm a firm believer that owning one's own struggles leads to self-empowerment. Whether Gabriella would confide in me, or I would specifically ask her how she was feeling mentally, it was always turned into a conversation. This dialogue, I believe, was instrumental to her achieving balance and wellness amidst her struggles.

Although her illness will always be a part of her life, my sister has recovered and is now stable.

Suicide and the importance of dialogue

In 2011, Chris, a long-time university friend of mine died by suicide. I honestly didn't realize he was struggling with depression until he bluntly told me his doctor had prescribed antidepressant medication for him. I offered him my love and support, but he never revealed that he was hurting as badly as he must have been to take his own life.

I remember when I received the call that my friend had passed away; I was in Ontario, studying for an exam. I was shocked; so were his friends and family. It became clear to me that none of us had been aware of the extent of his struggles. Who, then, had he confided in? From what I have gathered, no one.

Something needed to happen to prevent this death from happening.

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Spirituality: A resource for wellness and recovery

Sharon Smith, PhD

Working as an occupational therapist in mental health services, I am always on the lookout for resources that my clients can engage in. I look for resources that provide an opportunity for meaningful contribution, balance, routine and connection with others.



Sharon is a director of Sanctuary Ministries, which works alongside spiritual communities to improve understanding of mental health recovery journeys. She also assists mental health professionals to integrate spirituality into mental health care. Sharon is adjunct faculty in the Department of Occupational Science & Occupational Therapy at UBC. Her PhD is in rehabilitation sciences

*pseudonyms

I have learned—from listening to my clients—that spirituality can be an ever-present resource in the mental health recovery journey.¹

Spirituality is a catchword that embraces how we make sense of life, finding hope, mysterious experiences, spiritual or religious activities, and community engagement.² Culture, religious beliefs, philosophical position and experiential journey of discovery all form the particular way we explain our own personal spirituality.³ For me, spirituality is a mixture of African Ubuntu ideas, Celtic Christianity, a love for Hebrew poetry, and breath meditation.

The best way for me to explain the rich resource of spirituality is to share stories from a research study that asked: What is the meaning of

spirituality for individuals living with a diagnosis of schizophrenia?⁴

A resource for meaningful contribution

Emerald's* spirituality is expressed through her vibrant creativity. She has written two books and countless poems. Her spiritual muse is an energy that moves her to engage in tasks she wouldn't ordinarily be motivated to do. Her first book is a novel loosely based on her life. As she writes, she makes sense of her story, crafting new ways for each chapter to begin with hope. She says, "The schizophrenia doesn't affect my writing, because when I'm writing, I'm outside of the picture. I'm not inside writing about it; I'm always outside of the picture looking down at it." The world she has created in her novels is laden with symbolic meaning and is an offering for others to also find hope.



A resource for balance

For John,* the spiritual practice of “finding centre” or “centring” is particularly meaningful. Centring is a way for him to establish internal balance, which helps him manage his extreme emotions. Centring is a practice that can be done alone or in a group. It involves sitting in silence, “waiting upon God.” With mind and body stilled, individuals sit in deep contemplative silence in order to become attuned to their own inward light.

The following is a snippet from our first interview together:

John [after an emotional moment in the interview]: I think I’m okay now. I’ve got to find my centre. You’ve heard that expression? I’ve got to find that centre.

Sharon: Right. How do you go about finding your centre?

John: Well, I think the centre is something that’s your equilibrium. You aren’t too emotional about this or that . not too angry, not too melancholy; you see what I mean?

Centring isn’t always easy for John; it has often led to feelings of frustration. There are times when he can’t focus

because of poor concentration or side effects from medication. Yet he is dedicated to this practice because it has the potential to offer him the gift of inner balance. John also practices centring within a spiritual community. Together they wait, silently, for inner stillness.

A resource for routine

As a Jew, Bill’s spiritual practice involves, among other things, the ritual of attending an Orthodox synagogue every Friday night and Saturday. This gives Fridays and Saturdays a special significance, compared to the other five days. And it gives his week has a meaningful rhythm—a routine. Each week the rabbis lead the members of the synagogue through the same Hebrew prayer recitation as part of Kabbalat Shabbat (welcoming the sabbath).

As a new convert to Judaism, Bill can’t understand spoken or written Hebrew. But for him this doesn’t matter. It’s his ability to follow the repetitive pattern of prayer that is important and helpful for him. At times he loses track of the page numbers because rabbis chant the prayers at such a rapid pace. Yet, he says, when in prayer, his mental health is at its best and doesn’t inhibit him in any way from following the prayers.

A resource for connection with others

While Bill and John have connected with spiritual communities to find routine and balance, Mina* has found friendship. She writes: “My spiritual friend stands by me in a wonderful way—even sitting in on a psychiatrist’s appointment with me when I invite her. She has made it her business to learn from me about my disorder so that she can understand me better. It feels good to have someone interested in what I’m doing and how I’m doing. And she always is that.”

An ever-present resource

Meaningful contribution, balance, routine and connection with others can be found through spirituality, a resource that is available 24/7. In moments of loneliness, just the simple act of paying attention to our breath can be a reminder of the gift of life in each moment. ▾

related resources

A good book resource: Coyte, M.E., Gilbert, P. & Nicholls, V. (Eds.). (2007). *Spirituality, values and mental health: Jewels for the journey*. Philadelphia/London: Jessica Kingsley Publishers.

A good website: www.spiritofrecovery.ca
People with lived experience share about spirituality resources for recovery. Spirit of Recovery is funded by Vancouver Coastal Health’s Consumer Initiative Fund.

Connecting the Dots

PROMOTING THE WELLNESS OF URBAN ABORIGINAL YOUTH AND FAMILIES IN BC

Caitlin O'Reilly, Trixie Ling, Tammy Stubley, Dr. Indrani Margolin, Sheila Lewis, Amanda Swoboda, Sandy Brunton, and Fernando Polanco

Aboriginal people are the youngest and fastest-growing segment of the Canadian population and experience disproportionately high rates of mental health challenges, particularly depression, substance use and suicide.¹

In response, the Canadian Mental Health Association (CMHA) BC Division and the BC Association of Aboriginal Friendship Centres, an umbrella organization representing Aboriginal Friendship Centres across British Columbia, have formed a partnership to pilot a community-led mental health promotion project. Connecting the Dots aims to promote the wellness of urban Aboriginal youth and families in BC. Wellness efforts are important among this group because about 70% of Aboriginal people live off-reserves and a growing number of Aboriginal people now live in urban centres. However, barriers can occur between Aboriginal services and health services in these centres.²

The project was piloted in Kelowna in 2009 in conjunction with the local Friendship Centre and CMHA Kelowna branch. In 2011, the project expanded to Quesnel and Port Alberni through the support of local Friendship Centres and CMHA branches. CTD is funded by the Public Health Agency of Canada* until 2015.

Communities that Care

To promote mental wellness among young urban Aboriginal people, Connecting the Dots is implementing and adapting a model known as Communities that Care in three BC

communities. Communities that Care is an evidence-based, five-phase American model used to prevent youth problem behaviours and, more recently, to prevent depression and anxiety.³ The model brings together community members from various sectors—including service providers, local government, law enforcement and school representatives—to administer a youth survey. The survey collects data on social and individual risk and protective factors that influence problem behaviours or mental health. After interpreting the survey results, community representatives implement strategies, programs and policies to support and encourage protective factors and to reduce and eliminate risk factors. For example, if availability of drugs and alcohol was identified as a major risk factor, community members would strive to implement programs and policies to reduce the availability of these substances.

Using Communities that Care to Promote Social and Mental Dimensions of Wellness

Wellness is often conceptualized as a multi-dimensional sense of well-being, involving a balance between emotional, spiritual, physical, mental and social components.⁴ Wellness is a crucial concept for the mental health community because wellness facilitates positive mental

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*The views expressed in this article do not necessarily represent the views of the Public Health Agency of Canada.

health. One of the benefits of using the Communities that Care model is that poor mental health is not treated as an issue that occurs in isolation. Rather, the model acknowledges the influence that social dimensions of wellness (such as supportive schools, families, neighbourhoods, peers and communities) may have on mental wellness. Through the survey, the model helps communities measure and address such social factors. It also promotes the idea that developing social networks capable of promoting wellness is a collective community responsibility. This multi-phase process brings the whole community together to improve social dimensions of wellness.

The Communities that Care process brings together community members across different sectors to collaborate, share resources, and work together to promote urban Aboriginal wellness. Gaps often exist between mainstream services and urban Aboriginal services that can result in challenges for Aboriginal community members seeking to access social supports and improve wellness. Connecting the Dots seeks to promote wellness specifically for urban Aboriginal youth and families, so partnership and collaboration is particularly important.

Adapting Communities that Care for Aboriginal wellness

The Communities that Care model provides a template through the youth survey that can help communities measure and promote multiple social determinants of wellness. This process is linear and focuses on social factors, so it may not capture a holistic understanding of health and wellness. Adaptation to Communities that Care is necessary to help ensure that the model is aligned with a multi-dimensional

understanding of wellness and mental health. This is particularly important in Aboriginal communities because wellness is often conceptualized holistically, and mental wellness is seen as influenced by both spiritual and cultural dimensions of wellness and by the historical context of colonization.

Connecting the Dots is adapting the Communities that Care model to measure and address a holistic perspective on wellness. One ongoing adaptation has been the consideration of factors that influence Aboriginal mental health not typically included in Communities that Care or measured through the youth survey. Specifically, the team is working to explore protective factors including cultural identity, Aboriginal spirituality, and self-determination. Risk factors identified as important determinants of Aboriginal wellness include racism, loss of culture, historical trauma through residential school legacy, and the high volume of urban Aboriginal youth in the child welfare system. This part of the adaptation ensures that risk and protective factors are culturally relevant to Aboriginal communities.

Additional data collection: Focus groups and Photovoice

To explore this broader and more

holistic range of influences on urban Aboriginal wellness, we are adding two other data collection methods in addition to youth surveys: focus groups and “Photovoice.”⁵ Focus groups, which bring groups of people together to talk and share knowledge, are being conducted in each community with service providers, Aboriginal educators, parents, and urban Aboriginal youth. The goal of the focus groups is to help us understand the diverse factors that impact urban Aboriginal wellness from an Aboriginal perspective. In Kelowna, the coordinators use Photovoice by gathering groups of Aboriginal youth, providing them with cameras, and asking them to take pictures of and talk about challenges and strengths they see in their community. Through Photovoice, Aboriginal youth are co-researchers and are empowered to identify needs in the community. These additional methods of collecting knowledge about experiences mean that Connecting the Dots is better equipped to understand and address the contextual factors that influence wellness for urban Aboriginal youth.

Cultural safety and cultural competency

In using and adapting Communities that Care for the urban Aboriginal community, two important considerations in striving to promote



wellness include work to ensure the process is culturally safe and to promote cultural competency. Aboriginal people are among the most studied populations in the world, and research with these groups has rarely been to their benefit and has often been imposed on Aboriginal communities.⁶ We do not want to reproduce this problematic relationship. To help make both the research and community development process culturally safe—or feel safe and respectful to the Aboriginal community involved—Connecting the Dots has prioritized leadership by and for Aboriginal people. Each of the communities has provided leadership from the local Aboriginal Friendship

Centre and strived to meaningfully involve the broader Aboriginal community. For instance, in Quesnel, a Guiding Circle of Aboriginal Elders is leading and supporting the project.

In addition to striving for a safe and respectful process, cultural competency workshops have been important at the community level. These workshops raise awareness among non-Aboriginal community members of the history of colonization and how to work respectfully with Aboriginal people. Many Connecting the Dots team members have identified racism and colonization as critical factors influencing wellness among urban Aboriginal people, as well

as a lack of awareness among community members of how this context influences Aboriginal wellness. To address this and to build relationships between Aboriginal and non-Aboriginal, the coordinators in Kelowna, Port Alberni and Quesnel have held cultural competency workshops.

Ultimately, as we adapt Communities that Care and strive to promote wellness for urban Aboriginal youth and families, it is crucial to consider and measure the range of influences on wellness, to promote cultural competency, and to work to ensure the process is culturally safe and led by the urban Aboriginal community. ▾

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Personally, I think it was a conversation—an open, honest, candid conversation where my friend could acknowledge his struggles.

I think it's difficult for a person to provide adequate support unless he or she understands the extent support is required. In Chris's case, there was an obvious disconnect between what was provided to him by those of us around him and what he needed. I only wish that we had been able to recognize he was in trouble and had known how to provide him with a stigma-free, safe 'space' in which he could open up and share his struggles.

My personal pursuit of mental health

The most valuable lesson I've learned to date is that I need to manage my own wellness. Unless I'm mentally well, I won't be able to fully support others through their journey.

I used to focus all of my attention on those around me who were affected by mental health issues, and I quickly lost sight of my own mental wellness. After Chris died, I quickly decided to resume my regular life. This was, in hindsight, a careless decision, because soon thereafter I became quite anxious and stressed. I noticed this change in myself and decided to withdraw from my legal studies to focus on my mental wellness. I decided to devote a certain period of time to my journey and myself.

Now, to deal with the stressful nature of life and maintain my own mental health, I strive for balance: balance between time spent on others and on myself; balance between physical, mental and social activities; and balance between work and play. I accomplish this by never underestimating the importance of a schedule. My organizational skills enable me to balance my personal and professional lives so I'm not constantly overwhelmed. I also

spend time doing yoga, meditating and writing—three activities I find extremely empowering.

I constantly need to remind myself about maintaining this balance. While I may never achieve a perfect balance among all of the aspects of my life, I will continue to strive for it.

I realize now that that mental wellness is fluid, constantly in need of attention and consideration. I have come to understand and accept that external circumstances, which are often beyond one's control, can intensely impact mental health.

I've also learned to appreciate and understand the power of a conversation.

If learned, these two lessons—self-care and dialogue—are instrumental to supporting loved ones in their pursuit of mental wellness. ▾

What's the Buzz About Mindfulness?

Marian A. Smith, MA, RMT, RCC

You've probably noticed that the word "mindfulness" is popping up everywhere. Even though mindfulness meditation has been around for millennia, the practice of mindfulness has been steadily gaining the attention of the medical and mental health community.

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Over the last 30 years, there have been hundreds of studies showing that when people practise mindfulness regularly, they experience desirable changes in their sense of well-being, their relationships, their ability to concentrate, their experience of physical and emotional pain, and their capacity to enjoy life.¹⁻² Regular mindfulness practice has even been shown to prevent relapse of depression. Sounds pretty good, doesn't it?

What exactly is mindfulness?

Mindfulness is a practice that originated in Buddhism, but you don't need to be a Buddhist or even religious to benefit from it.

Meditation teacher and author Jon Kabat-Zinn defines mindfulness as "paying attention on purpose, in the present moment, and non-judgmentally."³ When I share this with clients, many respond that they are already hyperaware of their thoughts and emotions and want to be less aware. However, it often becomes apparent that they are seeing things through a biased and habitual filter, often one that is impatient, critical and fearful.

Mindful awareness is about befriending the moment-to-moment experience of our thoughts, perceptions, feelings and body sensations with openness, curiosity

and acceptance. We can develop understanding and insight from repeatedly observing our experience in this way.

Meditation teacher Michele McDonald notes that when we are actually connected with our current experience with single-pointed attention, we are free from mental torment.⁴ And who couldn't use that?

How does mindfulness help?

Kabat-Zinn saw the benefits of mindfulness meditation practice himself and developed a secular eight-week program to bring it into health care in the 1970s. The program, known as Mindfulness-Based Stress Reduction (MBSR), is now offered in more than 30 countries worldwide.⁵

When I first heard Kabat-Zinn speak 15 years ago, he was passionately describing a study on people with psoriasis, a disorder that affects skin. Participants who meditated during ultraviolet light treatment healed four times faster than those who only underwent light treatment.⁶

Mindfulness meditation has been shown to benefit many health conditions that are affected by stress, including anxiety and depression.⁷ One of the effects of living with prolonged stress is that we can become chronically vigilant. This hypervigilance can lead to getting caught in a cycle of negative emotions



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and distorted ways of seeing. And when we have a hard time regulating our emotions, we're at risk for depression and anxiety disorders.

The good news is that several researchers⁸⁻⁹ have shown that taking part in a mindfulness program decreases the habitual tendency to react emotionally and ruminate on thoughts and physical sensations. They believe that it is the skillful use of attention that helps people regulate their emotions in a positive way.

It has been thought that people have a certain "emotional set point," that some people are naturally happier than others and there's not much you can do about it. But a study, in which stressed employees at a biotechnology firm practised daily mindfulness with Kabat-Zinn for eight weeks, suggests that people can actually make changes in the brain and shift their emotional set point toward more positive mood states.¹⁰ Mindfulness helps people observe their moods and thoughts and consciously make choices that don't feed the negative thoughts that lead them to feel distressed, anxious or depressed.

Mindfulness also seems to benefit people who have social anxiety issues. Goldin and Gross found that people with social anxiety disorder had improved anxiety and depression symptoms, as well as self-esteem, after eight weeks of MBSR.¹¹ When study participants were asked to repeatedly read negative self-beliefs, they reacted with less negative emotion post-treatment, as they focused their attention on the breath. With mindfulness, individuals are not directed to challenge their thoughts, but to simply allow them to come and go without feeding them.

Goldin and Gross also looked at brain activity in the participants before and after the program. They found that after eight weeks of practising mindfulness, participants had less activity in the amygdala,¹¹ the part of the brain that is active in the fight-flight-freeze response. People who experience panic attacks and social anxiety tend to have a larger amygdala.¹² And it has been found recently that the amygdala actually shrinks with mindfulness practice, even after only eight weeks,¹³ with a corresponding decrease in anxiety.

Mixing mindfulness and cognitive-behavioural therapy

In the late 1990s, researchers⁸ added a cognitive-behavioural therapy (CBT) component to MBSR, creating the now-popular Mindfulness-Based Cognitive Therapy (MBCT) program. This program is geared toward those with major depressive disorder who are currently in remission.

In MBCT, as in an MBSR, participants practise mindfulness meditation for 45 minutes a day over eight weeks.

In addition, MBCT participants are assigned very short, structured periods of meditation throughout the day, to link formal mindfulness practice with informal mindfulness. They also learn about the signs and symptoms of depression and how these can change when depression changes. There are experiential exercises to help understand the interplay of mood and thought, and to develop a personalized relapse prevention plan.

People who have experienced depression tend to react to even small fluctuations in mood with large changes in negative thinking.

For instance, when 25-year-old Peter* came to a Vancouver MBCT program taught by myself and my colleague Brett Peterson, he wasn't experiencing an episode of major depression, but he constantly worried about going there again. He began to see that when he was feeling low, he would try to analyze why he was feeling this way, going over and over past events in an attempt to understand his emotions. However, it was clear that ruminating in this way just prolonged his sad feelings.

In CBT, clients are taught to note errors in their negative thinking and to challenge them. With mindfulness-based cognitive therapy training, clients learn to observe negative thought patterns and accept them for what they are: simply thoughts. There is no need to give them all that energy. As participants gradually identify less with their negative thoughts and feelings, they react to them less.

Peter gradually learned to simply acknowledge "analyzing" or "sticky thinking," as well as the low feelings that accompanied it. He learned to purposefully shift his attention to body sensations. By bringing a friendly awareness to the way sadness feels in his body, he learned to accept that this was simply the way he was feeling in that moment. From that place, he could then decide to engage in an energizing activity (taking the dog for a brisk walk) or one that gave him a sense of accomplishment (answering those emails he had been putting off). Peter began to see that the feeling passed without much ado, and gradually his fear of feeling sad dissipated, and with it, his fear of becoming depressed.

Two researchers decided to review all of the studies on MBCT to date (2011). They found that MBCT, compared to other treatments, reduced the risk of depression recurring by 43% in people who'd had three or more previous episodes of depression.¹⁴ The researchers also found that MBCT was at least as effective as antidepressants for maintenance. This is promising for people who would like a drug-free alternative for preventing relapse of depression.

Simple and worth it, though not easy

These benefits, of course, only come with hard work on the part of the participants, who must commit to daily meditation whether they feel like it or not. It takes courage to sit with your own experience when you don't like it—we prefer to distract ourselves with conversation, food, going to sleep or going online. And it takes discipline to commit to opening to our experience, over and over again—to practise day in and day out—when the benefits are not so obvious right away.

We ask people to set aside their judgment about whether mindfulness is worthwhile, until the end of the course. As many teachers will tell you, "It's simple, but it's not easy." Yet, judging from the research and the feedback from participants, it seems to be well worth it.

10 practical tips to start being more mindful right now

1. Take a couple of minutes to notice your breathing. Sense the flow of the breath, the rise and fall of your belly.
2. Notice what you are doing as you are doing it and tune into your senses. When you are eating, notice the colour, texture and taste of the food.
3. When you are walking, tune into how your weight shifts and the sensations in the bottom of your feet. Focus less on where you are headed.
4. Don't feel that you need to fill up all your time with doing. Take some time to simply be.
5. When your mind wanders to thinking, gently bring it back to your breath.
6. Recognize that thoughts are simply thoughts; you don't need to believe them or react to them.
7. Practice listening without making judgments.
8. Notice where you tend to zone out (e.g., driving, emailing or texting, web surfing, feeding the dog, doing dishes, brushing teeth, etc.). Practise bringing more awareness to that activity.
9. Spend time in nature
10. Notice how the mind likes to constantly judge. Don't take it seriously. It's not who you are.

Participants report that they gradually become kinder to themselves and like themselves and others more. One 40-year-old mother who couldn't make it to a weekly evening program but came for individual MBCT counselling reported after three weeks: "My thoughts are less nasty toward myself. I am usually very nasty to myself."

Clients are less fearful of their own thoughts and emotions because they

have sat with them and seen them through, they know how to work with them and they take them less personally. They can access more ease in their minds and bodies.

The ability to repeatedly observe thoughts as simply thoughts, without buying into them, brings a freedom from the tyranny of the incessant inner critic. For many, these mindfulness programs are "life-changing." ▽



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