

visions

recovery:
living your
bestish life

the many faces
of recovery

healing through
stories



* footnotes reminder

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visions

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

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editor-in-chief	Kamal Arora
substantive editor	Marguerite Pigeon
layout	Justyna Krol
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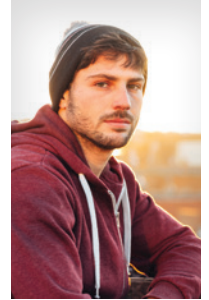


contact us

mail c/o 905 - 1130 West Pender Street, Vancouver, BC V6E 4A4
phone 1-800-661-2121 or 604-669-7600
fax 604-688-3236
email bcpartners@heretohelp.bc.ca
twitter @heretohelpbc



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editor's message

The word “recovery,” for many people, is associated with recovery from substance use. We often don't hear about recovery from mental illnesses like anxiety disorders, depression, schizophrenia, etc. Recovery is often seen as a one-time affair where a person never looks back because they've recovered for good. Anyone who struggles with mental illness or substance use can tell you that recovery is not that easy or straight-forward. For many people, recovery is an active process: one that is both daily and life-long.

In this issue, you'll find a wide variety of perspectives on recovery from both people with lived experience of mental health and substance use concerns as well as service providers. You'll hear from Dr. Mahesh Menon, our Guest Editor, on different types of recovery and the importance of having compassion for yourself. You'll read about *John's experience managing sobriety and how it affected his experiences at work. Stephanie Wilson from the Canadian Mental Health Association, BC Division, has some tips for you on how to discern safe and reliable evidence-based health information when you're looking for help. And you'll read several other perspectives about immigrant mental health, living through postpartum depression, recovery from eating disorders, and more. You'll also get a glimpse into our next issue, “Growing Up In A Digital World.”

If there's one thing in this issue that our contributors make clear, it's that recovery is different for everyone. It is a process that works best when catered to your individual needs and done in a supportive environment. If you are in recovery, or have a loved one in your life you are supporting, I hope this issue helps you know that you are not alone. There are people out there with similar experiences and others who want to help.

We called this issue “Living Your Bestish Life” because, in recovery, things aren't always perfect. There may be setbacks along your journey. And that's completely okay.

I'd love to hear your feedback on this edition of *Visions*. Feel free to write to me any time at visions@heretohelp.bc.ca. ▽

A handwritten signature in black ink, appearing to read 'Kamal Arora', with a stylized flourish at the end.

Kamal Arora, PhD

Kamal Arora is Visions Editor and Leader of Health Promotion and Education at the Canadian Mental Health Association's BC Division

The Many Faces of Recovery

MAHESH MENON, PHD, RPSYCH

What does recovery mean for each of us? This is a question I ponder on a regular basis, on my own and in conversations with clients and colleagues. It sometimes feels like the answers are clearer for some physical illnesses—when I’ve had a cold, I have recovered when my immune system has fought off whatever germ caused the illness and the symptoms subside. However, with mental illness and addictions, the answers are rarely that clear-cut.



Mahesh Menon

Dr. Menon is a psychologist with the BC Psychosis Program at UBC Hospital and a clinical associate professor in the UBC department of psychiatry. His clinical and research interests are in developing and improving psychosocial interventions for psychosis. He is co-director of UBC’s Cognitive Neuroscience of Schizophrenia (CNoS) Lab and a founding member of the North American CBT for Psychosis Network

My primary clinical role is as a psychologist at the BC Psychosis Program, which is a specialized in-patient unit at UBC Hospital in Vancouver. We get referrals from across the province and work with people who have not had a good response to treatment in their home communities and need extra support. While the primary treatment modality for psychosis is medication, our program takes a more holistic perspective on recovery, integrating psychotherapy and improvements in daily life functioning as key components of the treatment process. Below, I want to share some facets of this holistic view.

Symptomatic recovery

For someone struggling with psychosis, symptomatic recovery

might mean a reduction in paranoia or frequency of the voices they hear. Referred to as “positive symptoms,” these phenomena respond well to medications. However, there are other symptoms in psychosis—specifically “negative” symptoms (such as reduced motivation and flattening of facial expression and emotions) and cognitive symptoms (characterized by problems with memory, attention and concentration, and thinking speed)—that do not respond as well to medications.

Functional recovery

A broader conceptualization of recovery might focus on functional recovery. This can go beyond relief from symptoms (like psychosis or

depression) to the ability of a person with mental illness to re-engage with the world around them—perhaps returning to school, seeking out work or volunteer opportunities or connecting with family and friends.

Research has found that negative and cognitive symptoms have a larger impact than positive symptoms on a person's ability to carry out these activities. Improving negative symptoms and changing one's beliefs and relationship with the voices heard in psychosis are therefore important clinical goals for functional recovery. Interventions like cognitive remediation training (CRT) and psychotherapies share the overall aim of allowing a person to live a fuller life, even if they have persistent symptoms. This focus on a fuller life, sometimes alongside symptoms, would be true not just for psychosis, but also for most other chronic mental and physical illnesses.

CRT focuses on improving "basic" neurocognition, which refers to areas such as memory, attention and executive functioning (our ability to plan and problem-solve). It is typically done as a group intervention that uses a mixture of "drill and practice" plus strategies to generalize these skills. In drills, people complete paper-and-pencil or computer-based tasks that increase in difficulty, acting as a sort of "brain gym." Researchers believe this type of challenging brain activity can increase neuroplasticity, a term that describes the brain's ability to adapt how it functions. Then, to generalize improvements to the real world, CRT builds in discussions to identify strategies that can help improve performance, and practices to bring these strategies into people's day-to-day activities.¹

Psychotherapeutic interventions have also been shown to be effective in psychosis. These kinds of interventions target cognitive biases and other factors that worsen symptoms like paranoia. The most widely researched of these is cognitive-behavioural therapy for psychosis (CBTp), which adapts, to the specific needs of psychosis (including positive and negative symptoms), the CBT methods aimed at changing thought patterns.

Other evidence-based interventions include metacognitive training for psychosis (MCT), developed by our group at UBC along with Steffen Moritz at the University of Hamburg.² Our novel approach is focused on helping clients understand how "thinking traps," such as jumping to conclusions, can impact how we interpret the world around us, and how that can lead to paranoia. There are also new interventions like The Feeling Safe Programme out of the University of Oxford, which aims to improve paranoia by addressing worry, sleep problems and other causes that can worsen this symptom.³

Personal recovery

Finally, an even broader view of recovery might focus on integration. In this view, recovery means finding ways for people to manage their symptoms and improve their functioning, as well as integrating their illness and their journey into a compassionate picture of themselves.

Mental health issues (including addictions) can be recurring and chronic; many people have periods where all their symptoms have resolved and periods of relapse or worsening of symptoms. Therefore, an integrated

perspective involves someone finding the balance between understanding their illness and ways to manage it, and holding onto hope and not letting the illness define them.

Telling a new story of ourselves can involve:

- letting go of expectations
- being gentle with ourselves
- noticing our self-judgment
- challenging stigma (both from others and our internalized stigma)
- creating paths and plans that work for each of us

A compassionate self-image may allow us to better choose how we feel comfortable within ourselves and give us the confidence to engage with the world as fully as we would like, even if some symptoms persist.

Developing this perspective can be done in therapy, but also by having a supportive network of friends and family and connection to a community of peers who can provide insight and be role models. In turn, people with this compassionate, integrated sense of self can be role models to others who are earlier in their journey, and challenge the stigmas and typecasts of what mental illness looks like.

Ultimately, I think we all seek the same things: to feel safe, valued and connected to others. Recovery isn't a destination or an end point, but rather, an ongoing process of trial and error to find what works for each of us, allowing us to find happiness and meaning despite the trials and tribulations that mental illness might throw at us. ▼

Immigrants' Mental Health

HOW THE CHANGEWAYS PROGRAM CAN HELP

IRENE TANG, RCC

Can you imagine moving to a new country in your middle-age years without knowing many friends, customs or the language? Or cutting off connections and ties from your homeland? Many of us cannot, but immigrants do this every day. They may move to escape war or to find a better life for their children, but it is not easy to adapt and settle in a new environment. Immigrating can lead to distress and uncertainty.



Irene has been a clinical counsellor for more than 20 years, working with individuals and families who suffer from depression, anxiety and relational difficulties. She also presents to diverse groups on addiction, parenting and stress management. Most recently Irene worked as program manager for counselling services at the BC multi-service agency S.U.C.C.E.S.S.

With the Changeways program, a stress management service offered by S.U.C.C.E.S.S. (a multi-service agency), we set out to hear and empathize with the stories shared by immigrants who have experienced stress from immigration and settlement in Canada.

The program fills an important gap. In 2021 Edward Ng and Haozhen Zhang studied immigrant and refugee access to mental health services in Canada.¹ They found that immigrants are less likely than their Canadian-born counterparts to report having had a mental health consulta-

tion. If the immigrant experience so often involves distress, what stands in their way?

Ng and Zhang named several possible obstacles immigrants might face in accessing mental health services, like transportation problems and getting time off work. Cultural obstacles might also factor in, such as a lack of culturally appropriate mental health services in their own language and stigma about mental health, which “can be more prevalent in many source countries among racialized immigrants.”¹

At the Changeways program we try to overcome these hurdles. We help to bring awareness and prevent escalation of severe mental illness among immigrants. Through our work we've met individuals whose resilience has been tested in the settlement process:

Mei

Mei landed in Canada during the pandemic. The city was in shutdown mode and she could not commute to community services or attend English classes. She could only make minimal contacts in a new and strange city and developed no new friendships. Her loved ones in China were the only connections she had, but with a different time zone, there was only a short time frame to connect. Mei felt worried for her health and safety, and also about the pandemic. As a single person living in a new city, she felt very lonely, isolated and shut in by the four walls of her apartment. Gradually, she started developing symptoms of depression. She managed to find a family doctor who referred her to Changeways.

Gordon

Gordon has lived in Canada for more than 10 years. He improved his English language skills and took courses to upgrade his professional skills. However, he was not satisfied with his work and career development. He did not find that his English-speaking employers acknowledged his hard work. Even though he took up more responsibilities than his English-speaking co-workers and was willing to shoulder more work, he did not get the promotion he desired. He questioned whether this was related to his interpersonal skills, or if he did not know how to "play the politics game."

There were subtle signs of discrimination and racism that Gordon did not dare to challenge.

With his frustration and feelings of unfairness Gordon often doubted his own abilities and spent more time perfecting his work. He could not sleep at night and lost his appetite. He lost weight over a short period of time and his emotions became unstable. Family members were worried and encouraged him to seek medical help. Gordon's family doctor noticed his worsening emotional health and encouraged him to join the Changeways program.

Changeways

Changeways is a seven-week group program offered to Chinese-speaking residents in Richmond and funded by Vancouver Coastal Health. Group participants meet in person weekly with the group facilitator to learn to cope with stress. Group exercises, sharing and discussions are just some of the many activities they undertake to become more familiar with the relations between thoughts, emotions and behaviours. Participants learn to recognize their own thinking and behaviour patterns, identify the underlying causes of their stress and manage these causes. Changeways also encourages participants to identify self-care strategies so they can find helpful means to reduce stress.

Since participants are immigrants to Canada they can easily share and understand the joy and pain of immigration and settlement in the new land. Many find support within the group and feel understood by other participants. Together, they often organize their own informal meetings

and enjoy sharing and supporting each other.

Overcoming obstacles

Mei was glad that she joined the group and was able to make social connections with others. She was so isolated previously that her fears and anxiety had created physical health symptoms. With the completion of Changeways she made new friends and learned from others about Canada. She also became aware of the symptoms of depression and how these affect her body. This helped her to prevent escalation of future problems.

Gordon appreciated the facilitator and group members' understanding of his frustrations. He became more aware of his own self-worth and value, and learned to find constructive means of expressing his emotions. Although there are many situations that he cannot change, Gordon learned to talk to some trusted group members and identify effective communication skills. He may consider finding another job and exploring channels within and outside his company to exercise his rights.

Managing one's stress is a lifelong journey. Immigration is another journey that can produce more stressful experiences. Through the Changeways program we would like to help immigrants identify reasons behind their stress, learn means to manage it and find appropriate community resources. For more information, please contact the program through S.U.C.C.E.S.S., at 604.408.7274 ext. 2087, or email us at family.youth@success.bc.ca. ▽

I Beat the System:

AN EMPLOYEE FIGHTS TO GET SOBER

JOHN*

It's a dreary Monday afternoon in April and I am sitting in a LifeLabs. I am here because I'm awaiting a surprise urine test—part of a contract I signed in order to save my job. My employer has extremely restrictive rules concerning substance use. By signing the contract I was agreeing to two years of substance testing, Breathalyzer testing four times a day plus mandatory attendance of recovery meetings, which means Alcoholics Anonymous (AA).



John is a lifelong resident of BC. He currently lives in the Lower Mainland

**pseudonym*

The reason for all of this is because last year, while suffering from depression and attempting to quit cold turkey from alcohol, I had a nervous breakdown—the fourth in my adult life—along with a serious alcohol relapse. My doctor wanted me to take at least a month off. She wrote “alcohol use disorder” on my sick leave form as part of my diagnosis, which was flagged by my employer’s human resources department.

This is my account of what happened afterwards, when my employer got involved in my treatment, and how I eventually recovered.

I have a history of alcoholism and mental health issues, primarily depres-

sion and intense anxiety. Often these go hand in hand, and for me, I have used alcohol to self-medicate. I also have a history of long periods of sobriety. That seemed to get erased after Human Resources flagged my diagnosis.

They coordinated with a larger-scale regulatory body, and I signed a contract agreeing to treatment. If I did not sign I would lose my job. My family doctor had no say in the treatment plan. At no point in this initial stage was I given any sense of where this might go, nor was I made aware of my rights. Since I wanted to remain employed, I signed.

This meant I was off work for the foreseeable future. I was also only

We live in a society that still treats mental health and addiction as moral failings, though the cost in human suffering and lives lost is enormous. ”

receiving 75% of my pay, which was extremely stressful. The next step, based on the contract, was an assessment by an addictions doctor, but there was no sense of how long I would have to wait before I got the appointment. I was still recovering from the breakdown, my mental functioning wasn't clear and I was expected to make decisions regarding my future without enough information.

My anxiety was through the roof, and I was drinking to help with the stress, as awful as that is. Fortunately I was seeing a counsellor at the time, at a centre that specialized in addiction and mental health. This helped immensely.

I finally had the assessment late last year. I was extremely anxious that day, having slept very little the previous night. The addictions doctor I saw (chosen within the terms of the contract I'd signed) was rude, patronizing and dismissive. They interviewed me for roughly 70 minutes, asking about drinking, drug use, mental health, etc. I was completely honest. It was the singularly worst experience I have ever had with a doctor.

Two weeks later I saw the report. It was filled with leading language, loaded terms and no evidence whatsoever to back up the doctor's conclusions. They said that I was a danger to myself and others in the workplace because of my drinking.

But I have no history of drinking on the job—I just called in sick instead. They did not contact my workplace to confirm their assessment. The report also recommended that I go to residential rehab because of “safety concerns in the workplace.”

The assessment plunged me back into the depression that had triggered the nervous breakdown. How was this helping me get better? During the whole process I was told repeatedly that I had a choice, but there was always the threat of losing my job. That's no choice, and it's a perfect example of how horribly the system is set up to treat people like me.

Last fall I entered rehab. I was extremely apprehensive about being forced to go, and up to the last day I was desperately trying to find a way not to. I'm not sure what happened, but right before entering I made a decision to be as open-minded as possible, to be positive and to work at it. This decision was the key to my recovery from drinking. I was trying to quit, and I was desperate at this point, absolutely sick of drinking and sick of everything else in my life.

I decided to accept the AA course, despite having issues with the organization from previous experience. While in treatment for 60 days I worked extremely hard on getting sober. The centre had excellent counsellors, a dietician, a gym and fairly healthy

food. The primary thing, however, was attending daily classes. We had facilitators who provided a lot of information on addiction, which really helped.

This treatment gave me a set of tools to help me quit and stay sober. I had to change a great deal about myself and strive to get healthier, both mentally and physically. It was the best thing that could have happened to me and the only good thing that has come out of this long, horrific process.

My second assessment went much better. Because of my excellent work in rehab the addictions doctor had no choice but to clear me to return to work. As of this writing I am now back to my first full week of work since last summer—an extraordinarily long time. I believe the slow pace relates directly to the chaos and disrespect that meet employees with substance use and mental health disorders. A lot of people just give up, quit and lose their careers.

We live in a society that still treats mental health and addiction as moral failings, though the cost in human suffering and lives lost is enormous. The system I went through seems designed to fail people. The only way I made it through was with a lot of help from family, friends and key people in the medical system who don't function inside the human resources-mandated structures I have to function in.

I also found inner resources and ended up being a very good advocate for myself. I think my experience as an employee in recovery reflects society's attitudes as a whole to mental health and addiction and how we still have so far to go. ▽

And if You Believe That, I Have Some Radioactive Water to Sell You:

TELLING TRUTH FROM FICTION IN OUR AGE OF HEALTH DISINFORMATION

STEPHANIE WILSON

In 1885 Wilhelm Röntgen discovered X-rays—and saw his skeleton. He began to work in private in case he ruined his reputation with such fantastical claims. Discoveries from Henri Becquerel and Marie Curie further uncovered ionizing radiation and the role it could play in health diagnostics and treatment. And just like today, misinformation and quackery spread alongside these advances in physics.



Stephanie is the editorial coordinator for the Canadian Mental Health Association BC Division

In the early 1900s radioactive quacks sold products to cure all that ailed you. If you didn't want to irradiate your own water in a "Revigator" (a crock lined with radium and uranium), you could buy "Radithor" water (a health tonic that included both radium-226 and radium-228). You could brush your teeth with thorium, bathe in radium-226 or heat a "Radium Ore Healing Pad" to ease aches and pains.

Radioactive quacks preyed on poorly informed people who just wanted to feel better—that is, until a death

linked to Radithor brought in strict regulations. Today, radio imaging, radiotherapies and radiopharmaceuticals use radiation to save lives. But radiation is a destructive force when it isn't used with knowledge.

Radioactive quacks weren't the first to spread misinformation, and they certainly won't be the last. After the World Health Organization declared a Covid-19 pandemic in 2020, they declared an "infodemic"—an exponential increase in information, some reliable and some not, fuelling

rumours, assumptions, conspiracy theories and disinformation. Disinformation, misinformation and fake news continue to threaten everyone’s health and well-being.

Disinformation is false information spread deliberately and maliciously. Disinformation campaigns can have many different goals, from selling a product to destabilizing political systems. In the context of health, disinformation campaigns often sow distrust about medical systems and sell alternative treatments or services.

Disinformation sources also use a desire for better health and wellness, or fears of health problems to attract individuals into increasingly extremist right-wing politics.¹

Canadians are watching this unfold in real time as far-right organizers, some with ties to white supremacist or neo-Nazi ideologies, continue to drive Covid-19 and vaccination disinformation, misinformation and fake news.²

Fake news is a sensationalized or entirely falsified story designed to look like it comes from a legitimate media source. It is particularly prevalent on social media platforms, where users are more likely to believe a story when it’s shared by someone they know and trust. Fake news can be an effective tool in disinformation campaigns because it can be very convincing.³

Misinformation is false information shared without malicious intent, such as a Facebook post you think is true. Even if there is no intent to deceive, the information may originate from a disinformation campaign. For example, the majority of vaccine

misinformation on Facebook can be traced back to only 12 accounts.⁴

The risks of health disinformation

We rely on information to make health decisions every day, from daily habits that make us feel good to complicated treatments for serious health problems. When people have poor or deliberately falsified information, they can’t make informed and evidence-based health decisions. The challenge today is understanding the risks of poor or deceptive health information. In one study, 96% of participants used an unreliable source when asked to look up health information, even though 70% of participants said they were confident they could tell the difference between poor and good-quality sources.⁵

While we know a lot of bad information circulates online and that health beliefs based on bad information are quite common, we don’t yet fully understand what health outcomes result from disinformation, misinformation and fake news.⁶ We do know misinformation or beliefs in medical conspiracies can affect health behaviours; people engage in different, potentially harmful actions like:

- refusing diagnosis, treatment or management of a health problem
- using alternative health products that have not been evaluated for efficacy or safety
- refusing preventive measures or treatment of a contagious disease
- broadening distrust of medical systems, medical professionals, or scientific evidence in general⁷

Disinformation, misinformation and fake news are systemic issues, and the

solution to these problems is likely also systemic. While many approaches are still emerging, individuals can take action to think critically about health information. A good start is identifying “red flags” that might signal disinformation and “green flags” that support trust:

Red flags

- You feel like you’re being persuaded rather than informed; you’re encouraged to “join them”
- You’re offered an extremely simple solution for a complicated problem
- There are financial incentives to tell you what you want to hear; you are encouraged to buy something
- The source claims to know “the truth” or wants you to believe that all doctors are wrong
- You encounter frequent fallacious claims like “natural is safer” (this isn’t true) or “chemicals are bad” (much of the world around us is a chemical)
- The information source also shares conspiracy theories (such as vaccine, Covid-19 or 5G conspiracies) or promotes political extremism (such as sharing far-right media sources, ideas or events)

Green flags

- You feel like you’re being provided information so you can make decisions with your doctor or other health professionals
- You know who is behind the information and what their credentials are
- The source provides citations and links; they show evidence behind their claims
- The information generally matches what you’ve found from other legitimate sources

- The information looks at both risks and benefits, positive and negative aspects—you don't see a lot of bias

Applying health information and making health decisions

Your health decisions will be unique because your biology, health, lifestyle

and other factors are unique. Even when health information comes from a credible source, you need to assess risks and benefits based on your personal situation, like your specific health issue, medications and supplements; accessibility of the treatment or support; and cost. Your doctor, health

care team or pharmacist can help you make the best decision for you. If you don't have a family doctor and you don't know who to ask about a health product, call HealthLinkBC at 811 to speak with a registered nurse or pharmacist.

Wellness and recovery are subjective. If you think a particular wellness approach improves or adds meaning to your day but isn't strongly supported with evidence, that doesn't mean it's automatically bad, as long as:

- it fits with all of your other treatments and approaches
- it isn't dangerous
- it isn't a financial burden
- you understand the limits of the approach

Ritual, routine and enjoyment can have benefits. However, even when a supplements, herb or similar product is thought to be generally safe, there may not be a lot of evidence to support safety claims. It's up to you and your health care team to decide if a product is a good fit for you.

Quality information helps everyone make decisions around health and well-being. Disinformation, misinformation and fake news target people who just want to take care of themselves and may encourage health behaviours that threaten or harm health and well-being. Thinking critically about health information and seeking guidance from your doctor or health care provider can go a long way as you seek changes to feel healthy and well. ▾

Finding information you can trust

Information strategy	How to apply it
Examine the intent of the information	<ul style="list-style-type: none"> • Ask yourself why information is being provided and how the source stands to benefit from you
Look at the source	<ul style="list-style-type: none"> • Aim for reputable sources, like universities, medical schools, government agencies and well-established non-profits; they provide citations and author names and review information regularly • Try not to rely exclusively on social media posts and personal sites
Think like a scientist	<ul style="list-style-type: none"> • Look for a variety of sources • Avoid seeking information just to prove your own position • Be skeptical of inflexible or dogmatic sources that make unrealistic or unsubstantiated claims
Pay attention to the ask	<ul style="list-style-type: none"> • Notice that good sources will almost always tell you to talk to your doctor or care team for more information; they won't make health decisions for you • Avoid any source that tells you to ignore or delay medical care or only talk to a doctor they've "approved"

Related resources:

Organizations

- For more on evaluating sources of mental health and substance use information, see HeretoHelp's info sheet: heretohelp.bc.ca/infosheet/evaluating-mental-health-and-substance-use-information
- To learn more about judging Covid-19 information, see: Pan American Health Organization. (2020). *Understanding the infodemic and misinformation in the fight against COVID-19: Digital transformation toolkit*. iris.paho.org/bitstream/handle/10665.2/52052/Factsheet-infodemic_eng.pdf

My Story of Recovery Doesn't End Here

BEATRICE*

I am a 41-year-old woman, a mother, a wife. I am in recovery from anorexia nervosa.

Beatrice is a performing arts and event producer who lives on the unceded territories of the Musqueam, Tsleil-Waututh and Squamish peoples. She shares her life with her loving husband, her magical son and her very bossy and lazy chihuahua

* pseudonym



Photo credit: triloks @iStockphoto.com

I was always an anxious child struggling to fit in, often overwhelmed by the world. My family moved every two to four years, usually to a new country. I tried to integrate into each new community and school, but I was shy and felt my happiest when I was alone with a book.

As I grew up, my changing body attracted attention I didn't know how to navigate, and I was not always successful in pushing approaches away. By age 13 I was critical of, and frustrated by my developing physique. I think some family members thought it ridiculous that such a young and healthy girl would complain about her thighs suddenly touching, or folds of skin appearing in her armpits. "Fat Thighs" was my nickname at home in those early teenage years. It didn't help that I was sometimes compared to my petite mother, whose clothes from

her youth, preciously saved for her daughter, were too narrow to fit across my shoulders.

With very little thought at first, I started using the scale in my parents' bathroom, adding laps to my swims and riding my dad's stationary bike. It didn't take long for the numbers on the scale to inch down, and I was thrilled by the control I had over my body.

Later I began pushing my exercising efforts further and further, and turning my attention to food. My weight plummeted, and along with it went my ability to engage actively in life. I became dangerously thin and, at age 15, experienced my first frightening heart palpitations, which left me collapsed in a stairwell at school.

My collapse was a wake-up call. I needed help. My parents took me

to a doctor, who diagnosed me with anorexia nervosa, and I was admitted to an in-patient treatment program. Entering a facility allowed me to step out of my regular life and its pressures and begin to heal my body and mind. Don't get me wrong. I absolutely hated the program at the time. It was a series of scheduled meals, weigh-ins, vitals taken and medication prescribed. The control I had wielded over my body was taken away.

After my first two weeks in treatment my eating-disorder brain was screaming at me to get out. I rebelled... by doing everything that was asked of me. My weight and vitals stabilized and I was soon discharged to an outpatient program. Of course, my apparent recovery was not real. Less than a month later I was back in the hospital program—this time, hooked up to a heart monitor and threatened with feeding tubes.

On my second attempt at treatment a doctor asked if I was trying to end my life. I was so very lost but I knew I did not want to die. There, freezing under a stack of blankets in a hospital bed, I made a conscious decision to “flip the switch.” I made a commitment to myself to really fight the eating disorder. I closed my mind to the idea of getting out and set aside plans, then started opening up to my psychiatrist and treatment team and taking in food as medicine.

I also exchanged letters with an older woman who was an acquaintance of my mother. Learning about my condition, she had asked if she could write to me because anorexia was part of her experience too. Feeling seen and understood by someone who had

seemingly come out the other side was a balm to my tired heart. As I moved forward into recovery for the first time, I carried her advice with me: “An eating disorder is an addiction and it will always be with you.” For me, that means relapse is always possible if I let my guard down and take recovery for granted. That lesson was really driven home in the years that followed.

I went on to finish high school at the top of my class, though it meant a significant amount of anxiety. Throughout, I continued seeing a psychologist and taking antidepressants, even if sometimes my family still had to encourage me to eat.

Balancing on the edge of my recovery, I moved to a new city to attend university. Stress hit hard as I struggled to keep a hard-earned academic scholarship while maintaining my relationship with a boyfriend. I stopped taking my medication and felt I didn't have time for counselling. I soon slipped. Thankfully, with the encouragement of my then-partner, I found a student eating support group that helped me regain my footing.

After completing my degree I moved again—across the country. It was a wild time that left me broke and far away from any support system. At one point I slept on a floor without even a mattress, spending what money I had on coffee, cigarettes and alcohol. The balance was off and I relapsed. This time, however, I continued to more-or-less function, maintaining a semblance of health, for about three years. Until, of course, I pushed my body too far working two jobs, often seven days per week. Seeing my body shaking at work every day, a friend encouraged me to

seek medical help. I was prescribed antidepressants once again and began working on my recovery as an adult.

I would never suggest that medication is the solution for everyone, but it has been a necessary tool for me to find and maintain health and clarity. After my relapse I took my medication diligently. I also started practising yoga to ease anxiety and clear my mind. Though I have had to stop yoga due to a back injury, I have since found that jogging or walking outside, as close to nature as I can get, alongside regular meditation sessions, helps me stay focused and clear.

In my 30s I got married and later became a mother to my amazing son. Having a child is a true blessing, but it is also a gargantuan source of stress and worry. Sometimes I have held on to my recovery with white knuckles. But I never hesitate to seek support and new coping mechanisms. Today I still see a clinical counsellor regularly, I take my medication daily, I jog, I meditate, I get acupuncture, I paint pictures with my son, I watch movies with my husband. And sometimes I just lie in bed and cuddle my blind pet chihuahua until my chest loosens.

My recovery story doesn't end here, it just evolves. As it does, I gather more tools, techniques and gratitude for my life. ▽

Looking Ahead to the Dementia Journey

BEN RAWLUK

We all forget things, experience changes in our mood or mix up our words from time to time. When it starts to have a significant impact on our day-to-day lives, it may be dementia, a medical condition currently affecting thousands of people across BC.

Ben Rawluk is the provincial coordinator for community engagement at the Alzheimer Society of B.C. Ben works to raise awareness and challenge the stigma associated with Alzheimer's disease and other dementias



The staff at Alzheimer Society of B.C.

Dementia is a broad term for a set of symptoms that includes memory loss, changes in mood and difficulties with thinking, problem solving and language. Dementia is caused when the brain is damaged by disease, most notably Alzheimer's disease. While many people associate dementia with old age, it is not a natural part of aging and can affect people as young as 40.

Receiving a diagnosis of dementia is life-changing. When people living with the disease and their caregivers and family members have the right information and support, they can better understand the diagnosis and be better equipped to cope with the changes to come. This helps people be as prepared as possible so that they can make health and lifestyle changes

that may slow the progression of the disease, live as well as possible and set out legal and financial matters while they can clearly articulate their wishes.

Dementia is a progressive and ultimately terminal illness. The symptoms may seem small at first, but eventually they begin to affect day-to-day life. Dementia impacts each person differently, with symptoms and rate of progression varying from person to person. However, the diseases typically follows a set of stages that coincide with different changes to a person's abilities:

Early stages: In these stages common symptoms include forgetfulness, difficulty learning new things or following conversations, issues with concentra-

tion and rapid changes in mood. These symptoms may seem manageable at first, and often the person can still maintain their independence with support. A person may have insight into their changing abilities and may be able to inform others of their experiences and take steps to plan for the future.

Middle stages: As the disease progresses to the middle stages, people experience a greater decline in their abilities. For many, this is the longest stage. Both the person living with dementia and their caregivers will need help and support. Memory loss will become even more of a challenge. This is the phase when families consider long-term care for the first time.

Late stages: In the later stages of dementia, people often lose their ability to communicate verbally and look after themselves. They will often experience severe memory loss and an inability to recognize time or place. They lose the ability to eat or walk without help. Non-verbal communication—particularly touch—becomes essential. As with anyone living with a terminal illness, it is important that a person with dementia has their physical, emotional and spiritual needs met in a way that reflects their wishes.

Working together to manage dementia

To prepare for the dementia journey, the best thing to do is reach out for support and education. The Alzheimer Society of B.C. is committed to ensuring that people living with dementia, their caregivers and families are not alone and have the confidence and skills necessary to live the best life

possible. Anyone in BC can connect with The Society to access support groups, fitness programs, education workshops and individual support, available in person and virtually.

The vision of the Alzheimer Society of B.C. is of a world without dementia—that vision begins with people living with the disease today being welcomed, acknowledged and included. Working in communities throughout the province, The Society supports, educates and advocates for people with dementia, as well as enabling research into the disease. As part of a national federation, The Society is a leading authority on the disease in Canada.

When The Society connects with a family after someone has received a dementia diagnosis, one of the first things discussed is the value of planning for the future, which is crucial for families due to the nature of the disease. Individuals often have to make decisions around legal and financial matters before they've really accepted their situation. Other times, they put off planning until they reach a crisis. By planning early, a person living with dementia can make their wishes known while they're still able to communicate and avoid having to make decisions under stress or with uncertainty.

Your personal journey

People living with dementia can continue to be active and engaged with the people around them and in their community. While dementia can't be stopped, lifestyle changes can slow the progression of the illness. Challenging your brain, maintaining a healthy diet and staying active—both physically

and socially—can have a tremendous impact. So can being open and honest about what you're experiencing. Stigma can be a huge barrier for many people on the journey, and being open with people around you not only makes your path easier but can help others also facing it. A diagnosis of dementia does not mean your life is over—many people living with the disease can have positive impacts on their community when they're given enough support.

If you are concerned about dementia or have received a diagnosis, connect with the Alzheimer Society of B.C. by requesting a referral from your health care provider, or call the First Link® Dementia Helpline at 1-800-936-6033. You will be connected to a staff member who can recommend programs or services that will address your needs, including culturally-specific supports for South Asian and Chinese communities. We will also provide information about other community and health care services as necessary. To learn more about the Alzheimer Society of B.C. or dementia, visit alzheimerbc.org.

Disclaimer: Parts of this article were taken from the Alzheimer Society of B.C. website: alzheimerbc.org. ▼

Healing Through Stories

THE POWER OF PEER SUPPORT IN POSTPARTUM RECOVERY

ANDREA PATERSON

My whole world shattered when my son was born. Holding him in my arms for the first time I knew I would make any sacrifice to keep him safe. Over those first weeks and months I set aside all thoughts of my own well-being and dedicated myself to giving him every ounce of my energy.

Andrea is mom to a 10-year-old son and a five-year-old daughter. She suffered from postpartum depression and anxiety after the birth of her first child and now works for the Pacific Post Partum Support Society. She holds a master's in literature from UBC and lives on the Fraser River



Falling Apart

As sleep deprivation took hold, as I wore myself to exhaustion battling my body's refusal to produce enough milk and as distressing, intrusive thoughts made any deviation from my carefully organized days increasingly stressful, I slowly slipped into depression.

Despite having a history of anxiety and depression I didn't recognize my mental health decline for what it was. Rather than seeking support for postpartum depression and anxiety, I cultivated the belief that I was a bad mother, unsuited to the job of parenting. I was plagued by guilt, anxiety and persistent thoughts that I was failing my baby in a million ways. I no longer knew who I was.

There was no joy in my life, just endless worry about how to be a better

mother and exhaustion so deep that I felt physically ill. I was often startled by the power of my own rage. I was an introspective and empathetic person who rarely yelled, but in those first two years postpartum I would be overcome with rage that stemmed from my own self-neglect and unmet needs. My family bore the undeserved brunt of my anger.

I distinctly remember a night when my son had already woken up for the second time. I couldn't imagine having to get out of bed yet again to coax him back to sleep. By that point I hadn't slept more than two to three hours in a row for over a year. I lay in bed sobbing and wishing that I would die. I wanted lightning to strike me—anything that would free me from my sleep deprivation and grief.

In that moment it finally became clear that I needed help.

After that night of begging the empty darkness to let me die, I began actively searching for healing and started the challenging process of making myself a priority in my own life. I joined a mindfulness-based stress reduction course and sobbed during a loving-kindness meditation when I realized how little love and compassion I had offered myself since giving birth. I sought private counselling and tried cognitive-behavioural therapy, where I came face to face with the cruelty of my own inner monologue. I signed up for a parenting course, took my husband to couples counselling, joined a gym and went on a retreat. And while all of these things played a part in my recovery, the thing that turned my whole life around was peer support.

Healing

Shortly after my son turned one and I admitted that I was suffering from postpartum depression, I called the support line at Pacific Post Partum Support Society in Vancouver. My memory of the call is hazy, but I recall that I felt heard for the first time as I spilled out my postpartum story. I was able to join a peer support group soon afterwards and that circle of women saved me. The group facilitator and the other mothers in the room created a safe space for me to come back to myself.

The shape of that room and the presence of the other people in it now form one of my core memories. I can see the couches, feel the warmth of a mug of tea in my hands and remember exactly what it was like to work through the painful pieces of my parenting journey

Slowly, I learned just how radical the act of self-care is for parents who are taught to embrace selflessness and sacrifice. Self-care is not frivolous or selfish. It is an essential practice that involves actively constructing a foundation of support.



without judgment. I cried and raged and made room for my grief.

Slowly, I learned just how radical the act of self-care is for parents who are taught to embrace selflessness and sacrifice. Self-care is not frivolous or selfish. It is an essential practice that involves actively constructing a foundation of support. At the Post Partum Society we talk about this foundation having three pillars: caring for yourself, receiving help from your community, family and friends, and accessing structural care from organizations, institutions and clinical care providers. What self-care looks like will be different for everyone, and the greatest work I did postpartum was discovering a system of self-care that provided me with the most solid foundation possible.

Over the months I spent in peer support I rewrote the story of who I was as a mother. I rejected the narrative of the perfect mother that I had been forcing on myself and discovered who I might be as a “good enough” mother—one who gave as much space to meeting her own needs as she gave to her children. Being able to tell my story and then revise it again and again gave me the strength to claw my way back to the surface of my life. Eventually I began to experience moments of joy in my role as a new parent.

Supporting Others

As I was preparing to wrap up my time in peer support I started to think that maybe one day I would be well enough to support others going through challenging postpartum adjustments. It was a goal I held on to during the years when I was at home with young children. When my second child was three I joined the staff at Pacific Post Partum Support Society, where I am now a telephone support worker and group facilitator. The beauty of coming full circle is not lost on me. Enduring those dark days postpartum was one of the hardest things I have ever done, but the struggle resulted in gifts as well. My experience can be of value to others, and I feel more confident in my ability to weather difficult times.

I continue to tell my story and to talk openly about postpartum depression and anxiety because I know that silence serves no one. Hearing a story that echoes your own is fundamental to healing and knowing that you are not alone. I was upheld by the stories of other mothers, and I pass my own story on whenever I can, gifting it to the parents who will come after me. And my days are so much brighter than I ever could have imagined. ▽

Making Life Better

CERTIFIED PADS DOGS SUPPORTING WELLNESS AND SOCIAL INTEGRATION

MARGARET HICKS

For many of us, dogs are our best friends. For others among us, they are partners that help lead us into a life of recovery and independence. The Pacific Assistance Dogs Society (PADS) is a non-profit organization that breeds, raises and trains fully certified assistance dogs. PADS (pads.ca) is a fully accredited member of Assistance Dogs International (ADI). This gives many of our graduate teams full public access rights under provincial legislation, allowing them entry into public areas where, under normal circumstances, animals are not permitted.

Margaret is the training program manager for Pacific Assistance Dogs Society (PADS). She has trained life-changing assistance dogs for over 20 years and ensures each dog finds their perfect match. Outside of work Margaret raises honeybees and two teenage boys on the west coast of BC with her husband Bruce



Kylo, a PADS assistance dog

The PADS program focuses on four types of placements. This article will focus on two: PTSD Service Dogs and Accredited Facility Dogs.

PTSD Service Dogs

Currently about 9% of Canadians live with post-traumatic stress disorder (PTSD).¹ The PADS PTSD program supports first responders and military personnel with PTSD or complex PTSD by training dogs to help with wellness and social reintegration.

Dogs selected for this program show a natural ability to respond positively to human emotions, such as stress, anxiety and fear, and enjoy working mostly with one person. The dog lives with the client full time and is trained to interrupt physical signs, such as hand wringing or leg movements, that may indicate onset of panic attacks, flashbacks or nightmares. The dog also learns to ease symptoms of hypervigilance, which is when people become preoccupied by possible threats. For example, the dog will place their body

close to the client, standing beside them in crowds or store line-ups so the client can pet the dog and ground themselves.

The PADS team strives to match applicants with a PTSD dog that has complimentary temperament traits and similar activity levels. For example, if an applicant lives an active lifestyle, the team looks for a dog that enjoys an urban lifestyle with higher levels of physical activity. However, if the applicant lives a more subdued, less physically active life, the team looks for potential matches in dogs that prefer a slower-paced environment. An extensive interview process allows the team to understand the needs of the client from the start and make the best possible match, and a trial period follows each match.

Since the program's inception in 2018, PADS has certified 13 PTSD dogs and maintains a relationship with each team. Client feedback shows PADS leads to a significant easing of PTSD symptoms, less depressive symptoms, less need for medications, better sleep and a return to—or even expansion of—past activities. As PADS client Tonya S. says, "Since Kylo came into my life, the world has opened up. Not only can I leave the house without panic attacks and anxiety, he's made every part of my life better."

Accredited Facility Dogs

While PTSD service dogs prefer to work with one person, the dogs PADS selects for the Accredited Facility Dog (AFD) program enjoy a social connection with multiple people and are drawn to those seeking comfort.

PADS places dogs with profes-

AFD dogs help people release emotions in healthy ways. Just like the people who work in these professional roles, they are very special, resilient and flexible. These dogs are also suitable for high-stress work environments. PADS provides AFDs for support, comfort and aid in three main categories: justice, education, and health and wellness.



sionals, like teachers, nurses, social workers, occupational therapists and physiotherapists, who assist people with various life transitions, including recovery from illness and substance use, life transitions, trauma, learning challenges, grief, pain, loss and health challenges.

AFD dogs help people release emotions in healthy ways. Just like the people who work in these professional roles, they are very special, resilient and flexible. These dogs are also suitable for high-stress work environments. PADS provides AFDs for support, comfort and aid in three main categories: justice, education, and health and wellness.

Justice support: The Justice Facility Dog program was founded in 2010 with the placement of PADS dog Caber with Kim Gramlich of the Delta Police Department's victim services. Until Caber's retirement in 2019 this groundbreaking team provided support for victims of crime and trauma throughout the entire criminal process. The project created a framework for agencies across the country and was integral to the formation of Justice Facility Dogs Canada,² a non-profit

committed to the education of professionals working with AFDs in justice settings.

In 2016 Vancouver Police Department crisis intervention specialist Sue Baker was matched with PADS dog Lucca. Sue recounts that one of the victims Lucca worked with reflected that being able to pat him, look at him and even rest her feet beside him while testifying in court helped her tremendously. The constant physical connection to Lucca was a welcome reminder that she was not alone as she told her difficult story.

Educational support: PADS education teams work in school districts across western Canada and provide emotional support for students of all ages. At Mountainside Secondary, an alternative school in North Vancouver, PADS dog Dervish welcomes students in the halls and helps them feel safe and calm at school. Dervish's handler Mary remarks that he is a valued member of their counselling team and often provides comfort to students having difficulty with their schoolwork or experiencing panic attacks.

Health and wellness support: Health

and wellness teams can be found in many settings, such as hospices or crisis centres. PADS dog Gaia and her handlers, Camara Van Breemen and Brenda Dewar, work at Canuck Place Children’s Hospice. With the help of her handlers, Gaia brings love and joy into the lives of children receiving end-of-life care and offers support and care to their families as they face grief and loss.

This year PADS celebrates our 35th anniversary. Having been part of

the organization for over 20 years, I have seen many changes over the years. However, what has remained consistent is the group of dedicated volunteers and donors that has made the organization what it is today. We could not place these life-changing dogs without these countless dedicated volunteers, supporters and donors. Together they have helped us get PADS Accredited Facility Dogs in classrooms, courthouses and hospitals, providing a source of comfort in the soft eyes and warm fur of a dog. ▽



Photo: Kylo and his client, Tonya. Photo credit: PADS

This year PADS celebrates our 35th anniversary. Having been part of the organization for over 20 years, I have seen many changes over the years. However, what has remained consistent is the group of dedicated volunteers and donors that has made the organization what it is today.



Supporting Someone Who is Using Substances

TRUDY NORMAN, PHD

Supporting each other is a basic human opportunity and responsibility. But sometimes we do not know how to help. When someone we care about is using psychoactive substances (e.g. nicotine, alcohol, cannabis, or opioids) in ways that may be harmful, we may wonder not only what we can do, but what is appropriate.



Trudy joined the Canadian Institute for Substance Use Research (CISUR) mobilization team in 2018. She has over 25 years of community experience working with and for people who are homeless. She is passionate about health promotion, health literacy, and making research findings accessible to all

Photo credit: AsiaVision at ©iStockphoto.com

Helping others is mostly about helping them understand themselves. This is not about telling them anything so much as it is about exploring questions together about how to increase control over their health. This often involves encouraging them to reflect on their goals, desires, needs, strengths and resources.

Below are some basic ideas, strategies and resources that can help you understand and support a loved one who may be at risk. The strategies below aren't confined to substance use. Read on to find out more about having supportive conversations with the person you care about.

A Supportive Path

Supporting a person involves a commitment to advancing their best interests as determined by them. It starts with the assumption that people are experts on themselves, and that no one can be expected to have the answers for someone else. Supporting involves what Carl Rogers, an American psychologist, called accurate empathy that is, working to understand the other person's "inner world of private personal meanings as if it were your own, but without ever losing the 'as if' quality." This is not about identifying with the feelings of the other person or pitying them. It is believing the other person's views are

relevant and important in addressing any concerns they may have. The opposite of empathy is imposing one's own views on the other person.

Supporting a person to explore their substance use or any other behaviour is not a matter of doing something to the person, like giving medicine. Rather, it is a collaboration between equals. It doesn't work through confrontation or coercion. Informal chatting can help create a level of comfort; however, a truly supportive conversation should move to explore more personal concerns.

Being a supporter is in many ways like being a friend. By learning and practising some basic skills, you can become a more able supporter or friend. In the meantime, here are some things to think about prior to engaging in a supportive conversation.

Nine Tips for Supporting Another Person

1. The person you want to support needs you. Your caring and wisdom can foster a sense of self-worth that will aid the person through their life challenges and beyond.
2. What do you enjoy doing together? Discovering and exploring mutual likes and dislikes can help you better understand each other, build a deeper relationship between you and provide support.
3. What interests does the other person have? What do they want out of life? Understanding and supporting their interests and goals shows that you believe in them.
4. Share your life experiences and what you have learned. This can foster discussions that can help them solve issues other than substance use, building the confidence and resilience needed at any stage of life.
5. Life is a learning journey. Time and space are needed to reflect on what we have learned no matter what our age. Allowing space for the person to determine what experiences mean to them fosters a sense of ownership of their life and ability to decide what their next steps might be.
6. We are all human, and make mistakes. Mistakes are opportunities to learn together.
7. The other person will challenge you! This is natural. Engaging in a mutually respectful way demonstrates you appreciate them, their needs, and their values.
8. Making time to listen shows that you value communication and that they matter to you.
9. Being a supportive friend or caring person to someone can be challenging. Engaging in conversation, letting the person know you are doing your best and are interested in their thoughts, demonstrates that you are a person too. Perfection is not required.

Change happens when a person wants to change, feels able to, and develops a plan to achieve that change. Any plan must be developed by the person who will be doing the changing, not imposed by anyone else. If the person is not ready or interested in making different choices, you can support

them by helping them explore their thoughts and feelings. At some point they may wish to make changes in their life. People often feel most ready to consider change around those who do not pressure them. If and when they are ready to change, they may seek you out for support to discuss their plans.

Supporting another person to consider their life experiences can be a positive experience for both people. A relationship can deepen as conversations take place. Supporting a friend or family member may also lead us to consider our experiences and where we may wish to make changes in our own lives. ▼

related resources

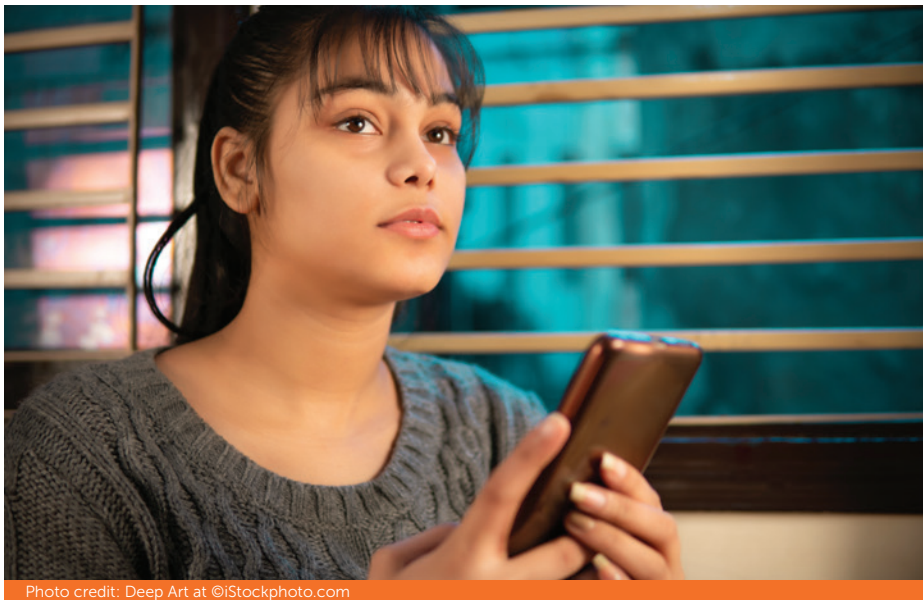
The above article was taken from: *Supporting People Who Use Substances: A brief guide for friends and family*. The guide delves deeper into a number of aspects of developing and maintaining a supportive connection and having good conversations with someone you care about who is using substances. It's available at: [here-tohelp.bc.ca/infosheet/supporting-people-who-use-substances-a-brief-guide-for-friends-and-family](http://heretohelp.bc.ca/infosheet/supporting-people-who-use-substances-a-brief-guide-for-friends-and-family).

The Benefits of Social Media

USING SOCIAL MEDIA AND APPS LIKE MINDSHIFT CBT AS RESOURCES TO MONITOR MENTAL HEALTH

RISHIKA SELVAKUMAR

Being a teen and going through high school is a very difficult time when a lot of our thoughts and behaviours can be shaped by peers. At that age, family and teachers always dissuaded me from using social media like Instagram, Facebook and Snapchat, suggesting that social media creates space for unrealistic comparisons and can negatively impact mental health.



Rishika is in her final year of a bachelor of science degree at UBC. Passionate about mental health advocacy and de-stigmatization, she volunteers with organizations like Anxiety Canada and the Canadian Mental Health Association BC Division. In her spare time Rishika enjoys reading and hiking

They weren't completely wrong. I have had to take time away from social media—even after high school. Social media often made me put pressure on myself by placing too much importance on others' thoughts and expectations. With the way likes, comments, others' profiles and influencers all work, it became a difficult environment for me. I also know a lot of other people who find healthy breaks important for taking care of themselves. Breaks feel validated when others describe how toxic social media can be in setting trends and idealized standards.

Now in university, I make my own decisions about how I use online content. I have a better feel for what's important to me—and for my mental health. With that, I have recently seen the positives of social media and apps: they can be used to support personal mental health. Let me share some of the resources I have discovered.

Following mental health pages

I used social media to follow academic-based accounts and my friends' pages when I first got to university. This did not really help my own personal growth and introspec-

tion into how to manage my mental health. One of the most important changes I made was to start following different content I was interested in, especially mental health pages.

Mental health pages are a great way to learn more about resources, participate in an environment that supports de-stigmatization and awareness and find a community space where you can engage with others. I started following pages on Facebook and Instagram, like Anxiety Canada, the Canadian Mental Health Association (CMHA)¹ and my campus mental health groups. That's also how I got further involved in volunteering

in the mental health field. Learning more about organizations through their website and feeds deepened my interest.

Meditation apps

One of my favourite mental health apps is MindShift CBT, a free anxiety-relief app created by Anxiety Canada.² MindShift CBT uses scientifically proven strategies based on cognitive-behavioural therapy (CBT) to help users find relief from anxiety and develop more effective ways of thinking. It is a great tool that has helped me develop fundamental skills, learn about my own self-care and take charge of anxiety.

I mainly use MindShift for daily self check-ins and to review my progress over days or weeks. This has been helpful in considering whether there are certain days or times that are more stressful than others. The app helps me work towards more responsive practices and habits for managing stress and mental health.

Online discussions

Mental health is definitely a sensitive topic. It can be difficult to talk about, so it is extremely important to take some time to consider what is most comfortable for each individual. I really wanted to speak to people about my mental health experiences and have a support system. I relied on my friends and family, but it is always helpful to speak anonymously and find individuals with similar stories. I have found MindShift CBT's Community Forum to be very beneficial for this.

In this forum, people come together to talk, learn from each other and just find empathy and support for one another in these difficult conversations. Sometimes, that is the best way to take care of your mental health.

Goal-setting tools

Having a plan in life for me is important because a lot of my personal stress comes from the unknown and feeling a lack of control. Facing mental health challenges can be daunting, and having step-by-step manuals is always useful for me. The goal-setting tool in MindShift CBT has inspired me to pursue my mental health goals and prioritize my own well-being, even when I'm juggling other things like school, friendships or work.



Photo credit: Delmaine Donson at ©iStockphoto.com

I really wanted to speak to people about my mental health experiences and have a support system. I relied on my friends and family, but it is always helpful to speak anonymously and find individuals with similar stories. I have found MindShift CBT's Community Forum to be very beneficial for this.



related resources

- On Instagram, follow the Canadian Mental Health Association BC Division at: [instagram.com/cmha_bc/?hl=en](https://www.instagram.com/cmha_bc/?hl=en)
- The MindShift CBT app is available for free through the Apple App Store or Google Play. Learn more at: anxietycanada.com/resources/mindshift-cbt

Social media, like Instagram posts, can also be a great place to get inspiration for setting goals or engaging in steps towards better mental health. The downside of posting on social media is that it can result in a lot of pressure. However, chatting with others can be helpful when you're sharing goals with your own circle or working with a group of people who care about similar aims. It is also quite useful to have a timeline for your goals. I find

apps really helpful in guiding my goal-making process and setting up reminders and benchmarks.

Growing up in a society where social media shapes expectations and can add pressure into already stressful lives, it is useful to decide for yourself how to utilize these media and various apps. Going online with a different perspective can open up new opportunities to monitor your mental health, make progress in your self-care journey and use resources to take care of your mental health. I realize now that the ties between mental health and social media can be what you make of them! ▾



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 **Canadian Mental
Health Association**
British Columbia
Mental health for all

resources

HeretoHelp

Questions and Answers

heretohelp.bc.ca/questions-and-answers

Find answers to common questions around finding help and other topics, including:

- How can I see a psychiatrist?
- How can I see a psychologist?
- How can I see a counsellor?
- How can I pay for mental health care?
- Where can I find free or low-cost counselling?
- Can I get help paying for prescription medications?
- When is substance use a problem? Where can I go for help?

Alcohol & Drug Information and Referral Service

Lower Mainland: 604-660-9382

Rest of BC: 1-800-663-1441

Call at any time for information and referrals to treatment services and supports.

BC211

bc.211.ca

Find many different community services in your area, including help for a mental health or substance use help as well as legal help, financial assistance, education, housing, and more.

BC Psychological Association

Everything You Ever Wanted to Know about Psychology but Were Afraid to Ask

[psychologists.bc.ca/sites/default/files/2021-05/Everything you wanted to know about Psychology - BC.pdf](http://psychologists.bc.ca/sites/default/files/2021-05/Everything%20you%20wanted%20to%20know%20about%20Psychology%20-%20BC.pdf)

This brochure outlines why you might want to talk to a psychologist, what to ask when looking for a practitioner, what signs show a practitioner may not be a good fit for you, and how psychotherapy can help.

First Nations Health Authority

Mental Health and Substance Use

fnha.ca/what-we-do/mental-wellness-and-substance-use

Find information about harm reduction, culturally safe mental health and substance use supports, and learn how to access different treatment options.

Multicultural Mental Health Resource Centre


multiculturalmentalhealth.ca

Find culturally relevant, translated materials on mental health and mental illnesses and tools for service providers.

Vancouver Black Therapy & Advocacy Foundation

vancouverblacktherapyfoundation.com

Vancouver Black Therapy & Advocacy Foundation connects Black community members to mental health and advocacy services, including free therapy. Check out the Mental Health and Mutual Aid sections of their website for more resources.

 This list is not comprehensive and does not necessarily imply endorsement of all the content available in these resources.



heretohelp

Mental health and substance use
information you can trust

Suite 905, 1130 West Pender Street
Vancouver BC V6E 4V4 Canada

