



BRIDGING THE DISTANCE

Supporting good mental health for our community: information for students and family members

Quick Facts about Mental Health and Mental Illness

COOPERATIVE PARTNERSHIP WITH CAMBRIAN COLLEGE, CANADORE COLLEGE,
CONFEDERATION COLLEGE, NORTHERN COLLEGE AND SAULT COLLEGE IN
NORTHERN ONTARIO

Bridging the Distance

This guide is designed to be a quick reference for students and family members to learn about the mental illnesses in our community. Resources are suggested including websites, guides, video resources and testimonials.

www.bridgingthedistance.com

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MENTAL HEALTH

What is Mental Health?

- a. Definition (the standard from the Public Health Agency of Canada)
- b. Difference between “mental health issues/problems” and mental illness
- c. The Canadian Armed Forces Mental Health Continuum
- d. The Challenge of the College demographic/wellness promotion
- e. When a mental health issue becomes a disorder (a mental illness)

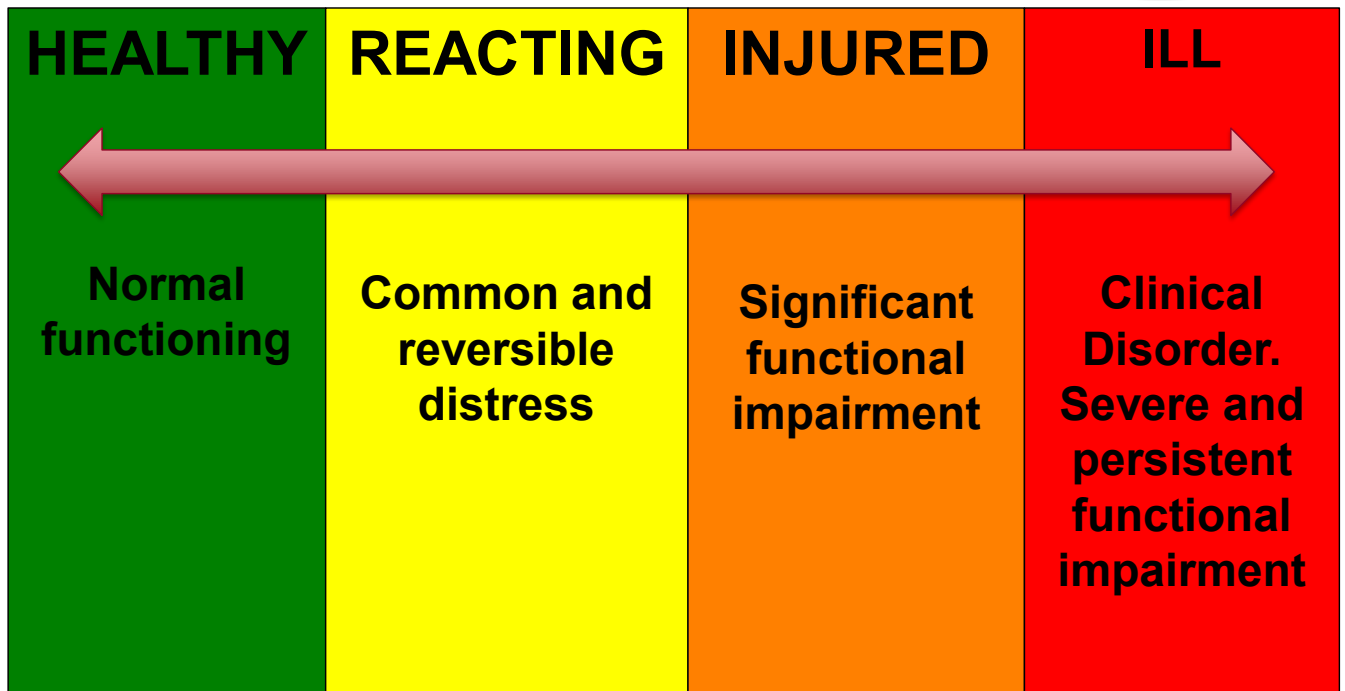
Definition

Mental health can be defined as: **“The capacities 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”** (Public Health Agency of Canada, n.d.).

Mental health problems is the term used to refer to ‘less than optimal mental health’, once again based on Corey Keyes model. For the purpose of this paper students described as experiencing mental health problems, then, are those students who are experiencing less than optimal mental health or as Keyes would say “languishing”.

Mental illness or disorder can be defined as: “a mental or bodily condition marked primarily by sufficient disorganization of personality, mind, and emotions to seriously impair the normal psychological functioning of the individual” (Medline Plus Medical Dictionary, n.d.).

The Mental Health Continuum



What you might see



HEALTHY

Normal mood fluctuations.
Takes things in stride.
Consistent performance.
Normal sleep patterns.
Physically and socially active.
Usual self-confidence
Comfortable with others

What you might see



REACTING

Irritable/Impatient.
Nervousness, sadness, increased worrying.
Procrastination, forgetfulness.
Trouble sleeping (more often in falling asleep)
Lowered energy
Difficulty in relaxing
Intrusive thoughts.
Decreased social activity.

What you might see



INJURED

Anger, anxiety.

Lingering sadness, tearfulness, hopelessness,
worthlessness.

Preoccupation

Decreased performance in academics or at work.

Significantly disturbed sleep (falling asleep and
staying asleep)

Avoidance of social situations, withdrawal.

What you might see



ILL

Significant difficulty with emotions, thinking

High level of anxiety, Panic attacks.

Depressed mood, feeling overwhelmed

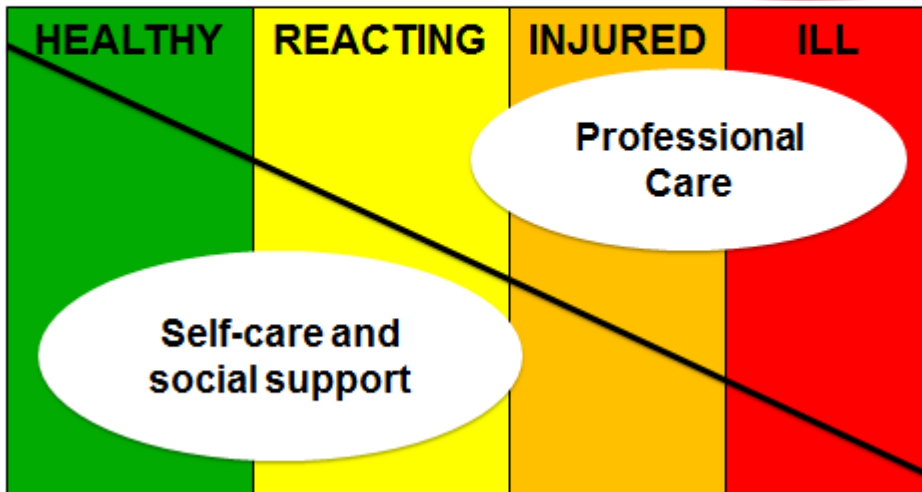
Constant fatigue.

Disturbed contact with reality

Significant disturbances in thinking

Suicidal thoughts/ intent/behaviour

Supports and Resources



This is a continuum model of mental health that was created by the National Defense. It appears in their handbook "Road to Mental Readiness".

This spectrum is a great way to think about mental health. This model recognizes the spectrum of health concerns, be they mental or physical that may impact members of the Queen's Community. This model goes from healthy and adaptive coping (green), through mild and reversible distress (yellow), to more severe, persistent injury or impairment (orange), to clinical illnesses and disorders requiring more concentrated medical care (red). The arrow denotes the fact that this is a continuum, with movement in both directions along the continuum, indicating that there is always the possibility for a return to full health and functioning.

Many mental health practitioners are moving towards favouring a spectrum model when for diagnosing mental illness. This can create a better understanding and can be less stigmatizing for the individual.

We will come back to this model later in the workshop when talking about symptoms and helping skills. (Mike Condra's point narrative)

STRESS (AND DISTRESS)

Feelings of stress are a normal part of life. Stress is what gets us up in the morning and keeps us moving forward. Many postsecondary students report feelings of stress before big events such as an exam, a class presentation, a job interview, a new job, a wedding or party, or in times of financial worries. Stress helps keep us awake and on our toes, ready for action.

But sometimes, too much stress can leave a person feeling anxious, on edge, worried. It can also give rise to other symptoms such as headaches, stomach upsets, back pain, trouble sleeping, and trouble concentrating on a task. Stress can even cause some health problems.

This can happen during exam week or during a relationship problem or when for some reason a person feels he or she has failed and can't get back on track. The reasons can vary from individual to individual.

Sometimes too much stress can lead to mental health issues where our ability to complete life daily activities becomes compromised.

45.5% of postsecondary students reported more than average stress and 12% reported tremendous stress – NCHA

We all have coping strategies that help us manage our stress and stay in balance. But sometimes, when there is too much stress we can be out of balance. When anyone is stressed, it's easy to eliminate some of the items that help us stay in balance and managing stress.

Signs of too much stress:

- > Irritability
- > Anger
- > Reduced concentration
- > Difficulty with memory and organization
- > Anxiety
- > Undue anger
- > Physical problems such as insomnia, stomach problems, headaches
- > Poor judgment
- > Moodiness
- > Isolating from others

Fellow classmates and friends are in unique positions to both mitigate stressors in the environment while also reacting to others in obvious stress. When performance or behaviour is a cause for concern, suggest that the person talk things over with a counsellor or advisor or someone else they trust. Showing you understand and care can be very helpful.

FOR MORE INFORMATION ABOUT STRESS:

- Consult the Canadian Mental Health Association's site at http://www.cmha.ca/mental_health/take-control-of-stress/#.UUDtuhysh8E
- To find out more about stress and suggested stress management strategy, consult the Helpguide http://www.helpguide.org/mental/stress_management_relief_coping.htm
- Consult the Helpguide for more information about stress symptoms, signs and causes http://www.helpguide.org/mental/stress_signs.htm
- See the National Institute of Mental Health for a fact sheet on stress <http://www.nimh.nih.gov/health/publications/stress/index.shtml>
- View Kelly McGonigal *How to make stress your friend* <http://www.youtube.com/watch?v=RcGyVTAoXEU>
- View a brief animation demonstrating the effect of stress on the body <http://www.youtube.com/watch?v=jVTw4dypBN8>
- For a description of Post Traumatic Stress Disorder view from Military Health. http://www.youtube.com/watch?v=sMuaf_IKU3w
- Road to Mental Readiness, Canadian Armed Forces, "aim of the guide is to provide military leaders with information and practical strategies for dealing with stress and the provision of psychological support".

ANXIETY DISORDERS

Many of us feel some type of anxiety during certain situations. The anxious feelings may be caused by a combination of life events such as exams, a traumatic event, personal loss, and/or biological factors such as health problems. For students, there can be many triggers for anxiety. Class presentations, exams, group work, new surroundings away from home, social interactions, emotional relationship break-ups, financial problems; all may impact on an individual to create anxious feelings. If these feelings persist or are intense enough to interfere with activities, a person may have an anxiety disorder. This condition can affect activities of life such as relationships with family, friends, and many academic tasks.

For some people, the anxiety is triggered by brain chemistry and can run in families. In others, certain medical conditions such as anemia and thyroid problems can also cause anxiety. Conditions are further affected by some medications, alcohol, drugs and caffeine.

Anxiety disorders are the most common of all mental health problems and are found in about 1 in 10 people. Anxiety disorders can be classed as panic disorder, phobia, social phobia, specific phobia, post-traumatic stress disorder, obsessive-compulsive disorder and generalized anxiety disorder. They can come on suddenly as a result of an event in the past or be triggered by a current event. Some form of anxiety is reported by many students. Though they may not have an anxiety *disorder*, the situations they may find themselves in can cause intense symptoms that can interfere with postsecondary studies, placements and life in general.

89% of postsecondary students reported feeling overwhelmed by all they had to do
56% felt overwhelming anxiety – NCHA 2013

Anxiety disorders can be treated. The main approaches are drug therapy, cognitive behavioural therapy or a combination of both. Many people find that meditation and breathing exercises help to control the feelings associated with anxiety. Eating properly, avoiding caffeine, and exercising regularly such as taking a walk all help in addition to the therapies. Often support groups also help manage the impact.

For students experiencing anxiety but not a disorder, a supportive environment can help keep them in balance. Supportive staff, availability of counselling or advising supports and a college environment that provides services and a balance of assistance is helpful. Often students can get past their feelings of anxiety with the right environment. Friends who understand and support them can help ensure they seek the help they may benefit from.

FOR MORE INFORMATION ABOUT ANXIETY DISORDERS:

- Consult the Ontario Canadian Mental Health Association site to learn about the types of anxiety disorders and lifestyle choices to help.
http://ontario.cmha.ca/mental_health/understanding-anxiety-disorders/#.Up9t8cRDt8E
- The CMHA also has a site with information about panic disorders and phobias.
http://ontario.cmha.ca/mental_health/phobias-and-panic-disorders/#.UvOv7_IdV8F
- The Anxiety Disorders of Canada has a site specifically to help students feeling anxiety
<http://www.anxietycanada.ca/english/youth/index.htm>
- Check an overview of anxiety disorders from *The Answered Patient*
http://www.youtube.com/watch?v=_Cr7IomSy8s
- Hear a description of anxiety from a student Summer Beretsky who has anxiety and panic attacks at <http://www.youtube.com/watch?v=S8FNcOBkhN4>
- Read *The Human Face of Mental Health and Mental Illness in Canada* by the Public Health Agency of Canada <http://www.phac-aspc.gc.ca/publicat/human-humain06/index-eng.php>
- A detailed booklet about Anxiety Disorders is available from the National Institute on Mental Health <http://www.nimh.nih.gov/health/publications/anxiety-disorders/index.shtml?wvsessionid=ww650bd43245ce405884dd789794894544>

(MOOD DISORDER) DEPRESSION

Many people may feel depressed at different times in response to life's difficulties. But a mood disorder, most commonly called depression, is more than an occasional feeling of being down. Depression is the effort of managing feelings of severe despair for an extended period of time. People in depression have difficulty understanding that there will be a change or help for their situation.

37.5% of postsecondary students felt so depressed that it was difficult to function. 68.6% reported feeling very sad. – NCHA 2013

Depression affects every part of a life including academic activities, physical health, social life, work and health in general. People who are experiencing major depression may have some of the following symptoms:

- > Lack of energy
- > Withdrawal from social activities
- > Appetite loss, or overeating
- > Missing class, events, appointments
- > Difficulty sleeping, always tired
- > Physical problems such as pain, headaches, digestive problems that don't go
- > Forgetfulness, inability to concentrate
- > Lack of interest in pleasurable activities
- > Feelings of sadness, hopelessness or helplessness
- > Sometimes thoughts of suicide

Major depression is disabling and prevents a person from normal functioning. People may have only one episode in their lifetime, while others may have many episodes. There are various types of depression, some caused by chemical imbalances such as seasonal affective disorder, postpartum depression, and psychotic depression. Sometimes the depression starts out as a minor depression for about two weeks and without help, this could develop into a major depressive disorder.

Depression may be caused by a combination of factors, genetic, biological, environmental and psychological. There is help and treatment for this disorder. There are new medications available to help regulate the chemical imbalances causing the depression. Psychotherapies are also important in treating depression.

Often others in the life of a person are the first to notice if a person is depressed; friends, family, teachers all may notice that there are changes. Reaching out a helping hand to discuss any problem is a good first step. Just knowing that someone recognizes and is concerned enough to say something can be a big help.

FOR MORE INFORMATION ABOUT DEPRESSION:

- Consult the Canadian Mental Health Association to see information about depression including recognizing the signs of depression, how to seek help for someone you know. <http://www.cmha.ca/mental-health/understanding-mental-illness/depression/>
- Consult the Canadian Mental Health Association for information about mood disorders <http://www.cmha.ca/mental-health/understanding-mental-illness/mood-disorders/>
- Consult the Mood Disorders Association of Ontario to see fact sheets about mood disorders. <http://www.mooodisorders.ca/fact-sheets>
- Consult the National Information on Mental Health for more information about depression. <http://www.nimh.nih.gov/health/topics/depression/index.shtml>
- View Ruby Wax as she discusses depression on Ted Talks <http://www.youtube.com/watch?v=mbbMLOZjUYI>
- View Canadian Kevin Breel: Confessions of a Depressed Comic <http://www.youtube.com/watch?v=C3yqXeLJ0Kg&list=PLZPBiTEeqyqoiyay3UOAQoEwJO3r3tEI>
- Watch the Ted Talk by Dr. Stephen Ilardi, Professor of Clinical Psychology, for a presentation about the facts surrounding depression in our society today. <http://www.youtube.com/watch?v=drv3BP0Fdi8>
- Watch Margaret Trudeau talk about her struggle with bipolar disorder <http://www.youtube.com/watch?v=y91TkBanOKY>
- For an overview about how depression can impact a person, watch the animated resource from the World Health Organization. <http://www.upworthy.com/what-is-depression-let-this-animation-with-a-dog-shed-light-on-it?c=upw1>

EATING DISORDERS

When a person is obsessed with limiting the intake of food to the point of starvation (anorexia), or eating excessive amounts at one time (binge), or purging after eating (bulimia), or even exercising compulsively (anorexia athletic), he or she may have an eating disorder.

People who have eating disorders may be having difficulty with their self-esteem or body image. They may feel that they have some control over their lives by controlling what they eat. While dieting and food intake can be valid decisions at certain times, if taken to excess they could cause serious physical and mental damage.

Eating disorders are more often found in adolescents between the ages of 15-25 though anyone could be affected. Sometimes being away from home such as at college can trigger this response to a need to feel accepted.

1.5% of Canadian women aged 15-25 had an eating disorder - NEDIC

Often friends, family or teachers will be the first to notice. Offering to listen, encouraging them to talk to a counsellor or advisor is a good first step.

FOR MORE INFORMATION ABOUT EATING DISORDERS:

- Consult the National Eating Disorder Information Centre at <http://www.nedic.ca/index.shtml>
- Visit the National Eating Disorder Information Centre (NEDIC). Watch the intro video *Eating Disorders: Who is affected* <http://www.nedic.ca/>
- Read the a personal story of survival <http://www.nedic.ca/giveandgethelp/personalstories.shtml>
- Watch a brief video about the facts <http://www.youtube.com/watch?v=KcGFte6eciQ>
- Watch a brief video from Nightline from ABC on Eating Disorder Not Otherwise Specified EDNOS <http://www.youtube.com/watch?v=1OQbUZeYAIk>

PSYCHOSIS

These are complex biochemical brain disorders that often first appear in young adulthood.. Sometimes people experience delusions, hallucinations, hear voices and have feelings of confusion. Only a qualified practitioner can help find the right diagnosis and treatment options.

Over 1% of postsecondary students reported being treated for phobia or schizophrenia conditions
- NCHA

Often there are clear signs when a person is in an episode that is apparent to teachers, classmates, friends, family and even the general public.

Signs may include:

- > Withdrawal from friends and family
- > Depression
- > Tiredness
- > Sleep disturbances
- > Anxiety and/or suspiciousness
- > Mood swings (extreme happiness to anger)
- > Reduced ability to focus and feelings of disorientation
- > A dislike to being touched by anyone
- > An extreme sensitivity to noise, light, colours, textures.

During an episode symptoms may include:

- > Increased confusion
- > Delusions
- > Hallucinations
- > Altered emotions
- > Behavioural changes

If any of these episode symptoms are observed by friends or fellow students, every effort should be made to contact staff designated to assist in these situations. Counselling or advising staff should be notified.

FOR MORE INFORMATION ABOUT PSYCHOSIS:

- Consult the Canadian Mental Health Association
http://www.cmha.ca/mental_health/facts-about-psychosis/#.UUM6eRysh8E
- View *Youth and Mental Illness: Early Intervention* at
http://www.cmha.ca/mental_health/an-introduction-to-early-psychosis-intervention/#.UxiV_fldV8E
- View *What is Psychosis* by CMHA at <http://www.cmha.ca/mental-health/understanding-mental-illness/psychosis/>
- You can view a short clip describing psychosis by Henry Gale
<http://www.youtube.com/watch?v=z50ILDxkA0w>
- Watch the video on Psychotic Disorders by De. Glen Xiong of the Department of Psychiatry at UC Davis <http://www.youtube.com/watch?v=GWgFZwwWDUg>

SCHIZOPHRENIA

This is a complex mental illness that changes perception, emotions and behaviour as a result of biological imbalance. Although there is no cure for schizophrenia people are helped by psychosocial treatment and medication.

It is important to understand that when in remission a person may behave relatively normally and can function in society.

Symptoms start slowly usually in young adulthood. Early warning signs may include:

- > Lack of motivation
- > Social withdrawal
- > Confused thinking
- > Inability to relax

More serious symptoms may include:

- > Personal appearance deteriorates
- > Loss of interest in school or work or social events
- > Unusual perceptions
- > Sudden excesses
- > Difficulty understanding words in context
- > Hearing voices or seeing people or things that aren't there
- > Mood swings

Because people with schizophrenia aren't usually aware of their situation it can be difficult to get them to treatment. Family and friends often support loved ones with these symptoms to get medical treatment.

***1 person in 100** is affected most often in the age 16-30*

– CMHA

.2% of postsecondary students reported being treated for schizophrenia - NCHA

FOR MORE INFORMATION ABOUT SCHIZOPHRENIA:

- Consult the Canadian Mental Health Association http://www.cmha.ca/mental_health/facts-about-schizophrenia/#.UUM7hBysh8E for information about schizophrenia.
- Consult the Schizophrenia Society of Canada <http://www.schizophrenia.ca/faq.php>
- You can view a documentary depicting types of schizophrenia on ABC 20/20 at http://www.youtube.com/watch?v=74vTftboC_A
- The Public Health Agency of Canada at http://www.phac-aspc.gc.ca/publicat/miic-mmacc/chap_3-eng.php has published *A Report on Mental Illnesses in Canada* and chapter 3 relates to schizophrenia.

SELF INJURY

Self injury is the act of hurting oneself. The harm is often done through shallow cuts, burns, bruises or other forms of marking the skin. People do this as a coping strategy for psychological pain. They many find that the physical pain of cutting, burning, picking at skin or hair, or punching themselves is a relief from the unbearable pain caused by something in their lives. It's a way of dealing with deep emotional distress.

Usually self injury is a sign that they don't have the coping strategies in place to deal with their problems and the self injury provides an outlet for how they are feeling. It may be that feelings of loneliness, depression or anger are causing a buildup of tension.

People who self injure can come from any background. It may impact people who are rich or poor, high school or college students. They may be from any profession. Most often, people who self injure start the behaviour in high school or postsecondary. While this is a serious situation that requires attention and the help of professionals, it is not a cry for attention or a precursor to suicide.

6.6% of postsecondary students reported intentionally injured themselves. - NCHA

Because self injury is done in private and often in places that can be covered with clothing, people can continue to self harm without anyone knowing. However, family members, close friends and teachers may be the first to notice.

Signs may include:

- > Unexplained wounds or marks or scars near the wrists, arm or legs that are exposed by clothing movement
- > Blood stains on clothing, or tissues
- > Sharp objects such as razors, needles, glass in the person's belongings
- > Frequent 'accidents' to explain injuries
- > Covering up with long sleeves even when the weather is hot
- > Isolation and irritability
- > Wounds that don't heal due to picking at scabs
- > Puncture marks from items being inserted in the skin
- > Associated behaviours may include reckless driving, binge drinking, unsafe sex and taking too many drugs

If you notice that someone may be self harming try to communicate with the individual and encourage him/her to talk things over with someone they can trust. Counselling and advising staff may be able to assist.

FOR MORE INFORMATION ABOUT SELF INJURY:

- Consult the Canadian Mental Health Association <http://www.cmha.ca/mental-health/understanding-mental-illness/self-injury/> There is a pamphlet at this location *Youth and Self Injury* that is designed to give to persons who may be looking for help.
- Consult the Helpline on cutting and self harm http://www.helpline.org/mental/self_injury.htm
- Review the information from the Mayo Clinic on Self-injury/cutting <http://www.mayoclinic.org/diseases-conditions/self-injury/basics/definition/con-20025897>
- Watch *A World of Pain – Meera Syal on Self Harm* <http://www.youtube.com/watch?v=IVng5a6Hh60>

SUBSTANCE USE DISORDER

Substance Use Disorders are often started as a way of coping with stress and peer pressures. Students who are away from home and their support network may turn to drugs and alcohol as a way of coping with loneliness, stress or other problems or as a way of feeling as if they could 'fit in' with the new social scene.

A person with a mental health problem has a higher risk of also having a substance use problem and this is called a concurrent disorder. Sometimes a person with an anxiety disorder may also have an alcohol problem or be addicted to medications. Medical professionals agree that substance use can make mental health problems worse.

Substance use and abuse is prevalent on campus. Substance abuse can have a profound negative impact on academic progress and the general health of a person.

Some of the common symptoms of substance abuse may include:

- > Impaired judgment and attention
- > Slowed reflexes
- > Sleeplessness, nausea
- > Loss of interest in academic pursuits or achievement

71% of postsecondary students reported using alcohol
16% reported using marijuana
10.7 used all drugs combined
10.9% reported using prescription drugs not prescribed for them
55.2% reported doing something dangerous or concerning while drinking alcohol

Friends are most often the first to observe that a person is consuming harmful substances at a rate that may be impacting general health and academic progress. While many people may indulge in substance use from time to time, it is the dangerous use that is of most concern. Many students report that alcohol and drugs are a part of their daily life so it may be difficult to determine the difference between recreational use and a disorder. Generally paying attention to the symptoms will help guide in that decision. If you become concerned that a friend or classmate is withdrawing from responsibilities, it may be time to encourage them to discuss things with a counsellor or advisor or someone else you know and trust to be helpful.

FOR MORE INFORMATION ABOUT SUBSTANCE USE DISORDER:

- Visit the website for the Centre for Addiction and Mental Health at http://www.camh.ca/en/education/about/camh_publications/Pages/Concurrent_Disorder_Infoguide.aspx Information includes the online publication **Concurrent Substance Use and Mental Health disorders: an Information Guide**.
- For more information on the effects of alcohol, visit CAMH at http://www.camh.ca/en/hospital/health_information/a_z_mental_health_and_addiction_information/alcohol/Pages/alcohol.aspx
- Read **Addiction: An Information Guide** http://knowledgex.camh.net/amhspecialists/resources_families/Documents/addiction_guide_en.pdf

SUICIDE

Suicide is the second leading cause of death in the 15-24 age group. There is a very high correlation between suicide ideation (thoughts of suicide) and mental illness. It is often the result of feelings of hopelessness or grief. People who complete or attempt suicide can be of any age, gender, or from any social group. However, men are more likely to die by suicide. Most people who die by suicide do not necessarily want to die. They do want the pain they are experiencing to stop.

1.3% of postsecondary students reported attempting suicide in the last 12 months.

9.5% seriously considered suicide in the last 12 months - NCHA

Who is most likely to be at risk of suicide?

- > People with depression, substance abuse disorder,

- some other mental disorders
- > A family history of mental disorders, violence or suicide

Postsecondary students may be at risk for any of the above reasons. Additionally, depression caused by social isolation, academic pressures or negative feelings can be a contributing factor. There are treatments associated with the risk factors as well as talk therapy or cognitive behavioral therapy which can help people learn effective ways of dealing with stressful experiences. Some medications may help.

Myths about suicide:

- ❖ Suicide notes are always left at the time of suicide.
 - Fact: Notes are rarely left
- ❖ People who talk about suicide rarely attempt suicide.
 - Fact: Talk about suicide is a major warning sign. Suicide talk can escalate into thoughts which can escalate to attempts at suicide.
- ❖ Once someone has attempted suicide, they will not attempt again.
 - Fact: People who have attempted in the past are most at-risk for future attempts.
- ❖ The suicide rate is highest around Christmas.
 - Fact: The rate is rather consistent throughout the year with a slight rise in January peaking in early spring.

Some warning signs:

- > Talking about suicide
- > Talking or writing about death, dying or suicide when these actions are out of the ordinary.

If you hear someone talking about suicide, it is important to have him/her talk to a counsellor or advisor or someone of trust as soon as possible. If he won't talk to anyone and you are fearful that he may attempt to harm himself, its best to call 911. They have trained staff who will ensure the safety of your friend.

FOR MORE INFORMATION:

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- See the Suicide Prevention Resource Toolkit from the Centre for Suicide Prevention <http://suicideinfo.ca/LinkClick.aspx?fileticket=wCQaysVImE8%3d&tabid=563>
 - See the Aboriginal Suicide Prevention Resource Toolkit from the Centre for Suicide Prevention <http://suicideinfo.ca/LinkClick.aspx?fileticket=MVlyGo2V4YY%3d&tabid=563>

- See further information at the Canadian Mental Health Association
<http://www.cmha.ca/mental-health/understanding-mental-illness/suicide/>
- Information about coping with suicide can be found at Mayo Clinic
<http://www.mayoclinic.org/diseases-conditions/suicide/basics/definition/CON-20033954>
- For a description of the warning signs visit the Canadian Association for Suicide Prevention <http://www.suicideprevention.ca/about-suicide/warning-signs/>
- View Alicia’s story –Mental Health Super Hero
<http://www.youtube.com/watch?v=blSkkwcY4uo&list=PLZPBiTEeggyqoiyay3UOAQoEwJO3r3tEI>
- View this short clip outlining the statistics of suicide in Canada by the CAMH
<http://www.youtube.com/watch?v=r9c9WhcOVes>
- Watch the Jack Windeler story as told by his father.
<http://www.youtube.com/watch?v=UaGn2agwcBM>