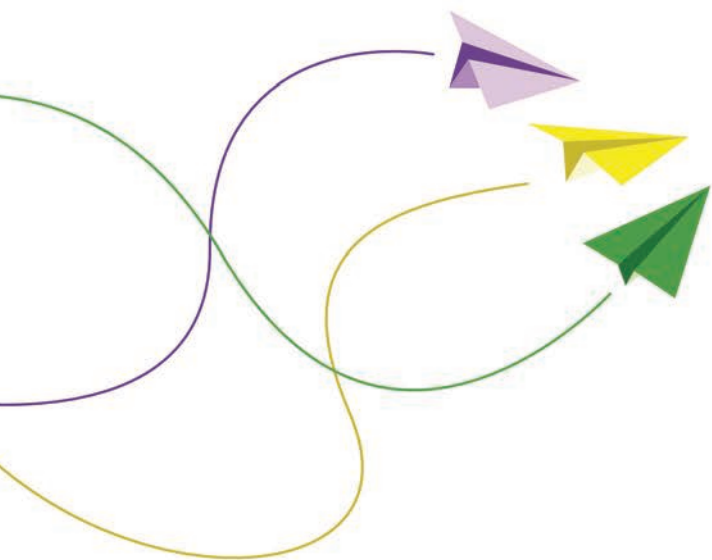


Mental Health Peer Support Guidebook

Canada-Wide Version



M E N T A L H E A L T H

PEER SUPPORT

guidebook

(Canada-wide Version)

Youth Mental Health & Addictions Council
MINDS of London Middlesex

**Copyright © 2024 by
Youth Mental Health and Addictions
Council/MINDS of London Middlesex**

All rights reserved.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted by any means, electronic, mechanical, photocopying, recording, or otherwise, without written permission from the author or publisher. There is one exception. Brief passages may be quoted in articles or reviews.

**Library and Archives Canada Cataloguing in
Publication**

**CIP data on file with the National Library
and Archives**

ISBN 978-1-55483-551-5

CONTENTS

Introduction	5
How to Use this Book	7
A Youth-Driven Creation	9
References	13

Chapter 1: Understanding Mental

Health and Mental Illness	14
Understanding Mental Health	14
Understanding Mental Illness	16
Anxiety	18
Depression	20
Post-Traumatic Stress Disorder	22
Eating Disorders	24
References	27

Chapter 2: Understanding

Potentially Harmful Behaviours	31
Self-Harm	31
Suicide and Suicidal Ideation	36
Substance Abuse	40
The Good Samaritan Drug Overdose Act	46
References	48

Chapter 3: How to Talk to Your Friend 51

Getting Prepared for the Conversation 51

Offering Empathy 57

Active Listening 59

Mindfulness 62

Peer Support 65

References 72

Chapter 4: Taking Care of Yourself 76

The Importance of Self-Care 76

What Self-Care Isn't 78

What Self-Care Is 78

Implementing Self-Care in Your Life 80

The Myths of Self-Care 81

Finding Time to Self-Care 85

Self-Care Techniques 86

Coping Strategies 87

Productivity Techniques 92

Apps for Self-Care 94

References 97

Acknowledgements 99

Introduction

Across the world, mental illness among young people continues to rise.¹

It is the number one cause of life-years lost to disability in this population group. In Canada, almost 20 percent of youth between the ages of 15 and 24 experience mental and substance-use disorders.² This trend can also be seen among youth in the London-Middlesex area: Western University, more than 50 percent of students report feeling overwhelming anxiety and hopelessness,

39 percent felt so depressed that it was a challenge to function, and more than 10 percent of students thought about suicide; across all Canadian colleges, Fanshawe students reported the highest levels of distress.³ Approximately 34 percent of individuals accessing Canadian Mental Health Association Middlesex services are youth, and there was a 41 percent increase in youth crisis calls from 2008 to 2016.⁴

HOW TO USE THIS BOOK

The guidebook is not meant for youth to diagnose themselves or others, but rather to be a resource that helps start conversations around mental health and addiction. In order to be accessible to all transition-age youth, the guidebook is written to provide basic information about mental health, how to have conversations with peers, and coping strategies, in a way that any young person can understand.

This peer-support guidebook aims to get more youth talking about mental health and self-care, to be a resource used in schools and hospitals by youth and their caregivers, to help youth understand different types of issues beyond depression and anxiety, to address myths

about different disorders, to reduce the stigma about mental health and addictions, to let youth know they are not alone, and to help them feel seen on their unique road through recovery.

Have any feedback on how to improve future versions of this book? Tell us what you think using this QR code (shorturl.at/bcir7) or through the MINDS website at mindslondon.ca.



A YOUTH-DRIVEN CREATION

With the ongoing COVID-19 pandemic, youth face additional challenges trying to receive support from mental health services. According to a survey by Statistics Canada in the early months of the pandemic, almost 25 percent of participants reported fair or poor mental health compared to 8 percent in past surveys, more than 50 percent reported “somewhat” or “much” worse mental health due to physical distancing, and almost 90 percent experienced at least one anxiety symptom. Transitional aged youth (TAY), who are between the ages of 16 and 24, were the most likely to have negative mental health experiences with more than 40 percent feeling moderate to severe anxiety. It is safe to say there is a long journey ahead in helping youth with

mental health and addictions issues.

To tackle these growing challenges among TAY in our local community in London, Ontario, Canada, the Youth Mental Health and Addictions Council (YMHAC) was formed in 2016 under the Transition Age Project (TAP). Led by London Health Science Centre, mindyourmind, and London Community Foundation, YMHAC was formed to improve mental health and addictions services for TAY (mindyourmind, 2019). When the TAP ended in Spring 2019, the Mental Health INcubator for Disruptive Solutions (MINDS) of London-Middlesex took the lead in supporting YMHAC to carry on its significant work.

The YMHAC's goal is to promote youth-centered practice in youth mental health care by guiding hospital programs, initiatives, and community agencies/organizations through leadership, influence, and decision making. The council wants to amplify youth voice and participation, leading to development and change in the healthcare system. This work supports the goals of MINDS to support TAY with Meaning and Purpose, Resiliency, and Quality Relationships.

The council is made up of ten to twelve youth in the London-Middlesex area, with past and current members ranging between the ages of 16 and 24. Additionally, two of YMHAC's founding members became the new group's co-

facilitators in order for the council to be completely led by youth.

At the start of the 2019/2020 term, YMHAC members opened up about their shared experience dealing with a lack of proper support during a difficult time in their life or being aware of when they did not know how to help someone else through their challenges. The council then decided that their main project will be to complete and publish a peer-support guidebook for youth who are interested in supporting their peers who are struggling with mental health or addiction.

REFERENCES

1. Erskine, H. E., Moffitt, T. E., Copeland, W. E., Costello, E. J., Ferrari, A. J., Patton, G., Degenhardt, L., Vos, T., Whiteford, H. A., & Scott, J. G. (2015). A heavy burden on young minds: the global burden of mental and substance use disorders in children and youth. *Psychological medicine*, 45(7), 1551–1563.
<https://doi.org/10.1017/S0033291714002888>
2. Pearson, C., Janz, T., & Ali, J. (2013). Mental and substance use disorders in Canada. Statistics Canada.
<https://www150.statcan.gc.ca/n1/en/pub/82-624x/2013001/article/11855-eng.pdf?st=vrMUUVUWr>.
3. National College Health Assessment. (2016). Canadian Reference Group Data Report, Spring 2016.
4. Canadian Mental Health Association. (2017). Fast facts about mental illness.

CHAPTER 1

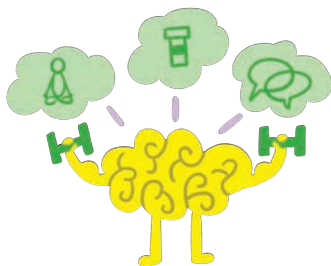
UNDERSTANDING MENTAL HEALTH AND MENTAL ILLNESS

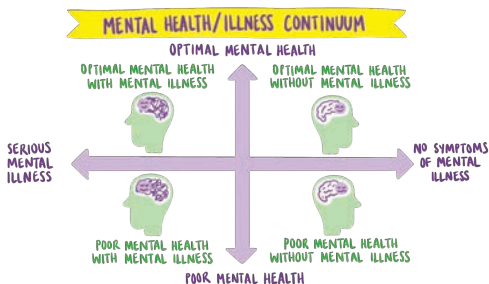
UNDERSTANDING MENTAL HEALTH

Everyone has mental health. It is a state of wellbeing that can range from good (optimal) to bad (poor).¹ A person with optimal mental health has a sense of purpose and takes steps toward achieving their goals while managing the highs and lows of life. A person with poor mental health experiences the opposite; they don't feel like they have a sense of purpose and struggle with managing daily life's hassles. If you're having difficulty understanding mental health, think of it as

physical health, but for your brain! The more you “work out” your brain (deep breathing, taking your medication, or talking to someone), the stronger your mental health muscles get, and the closer you are to optimal mental health. When you have optimal mental health, you have:

1. A sense of purpose,
2. Strong relationships,
3. A sense of connection,
4. A sense of self—you know who you are,
5. You can cope with stress,
6. And you ENJOY life.²





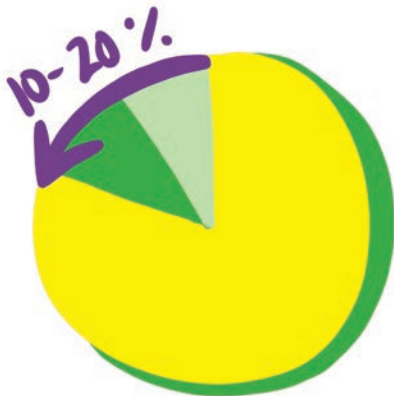
UNDERSTANDING MENTAL ILLNESS

On the other hand, mental illness is not something everyone experiences. Just like humans can have heart, lung, or kidney problems, sometimes our brains don't work properly. Mental illness can disturb thoughts and negatively affect a person's day-to-day life through harmful feelings and perceptions.³ Around 10 to 20 percent of Canadian youth experience some type of mental illness.⁴

1 TO 2 OUT OF 10



Mental illness symptoms can range from low energy and loss of motivation to obsessions and fears. However, these listed symptoms do not fully encompass what an individual might experience. Mental illness can also interfere with a person's relationships and their ability to function, often leading to isolation. As difficult as mental illness might be, people can reach out to receive help. Their close connections can provide support simply by being present.



Some commonly discussed mental illnesses are depression, anxiety, and bipolar disorder; however, people experience many more mental illnesses.

ANXIETY

Anxiety is a normal response to something that may be seen as dangerous or stressful, and has been experienced by everyone.⁵ Feelings of anxiety can be triggered by negative situations, including a health issue or a loved one passing away, and even positive events like



graduating or getting married.⁶ Whether positive or negative, the effects of anxiety can be as mild as feeling uneasy to something severe like a panic attack. Anxiety experiences can range from short incidents lasting minutes to years at a time.⁷ More severe reactions occur in a person with an anxiety disorder.

Anxiety disorders are the leading mental health issue in Canada, affecting more than 10 percent of adults.^{8,9} They can be

caused by multiple traumatic events occurring in a person's life, but are more common in people who were shy in their early years, as well as in women.

Compared to common experiences of anxiety where a person can return to their normal state, an anxiety disorder is when a person experiences severe symptoms without being in a state of danger. Anxious moments last longer and affect an individual's daily life.⁵ The physical and psychological symptoms of an anxiety disorder include issues concentrating, a fear of death, trouble sleeping, heart palpitations, headaches, difficulty breathing, nausea, and more.¹⁰

DEPRESSION

Depression is the most common mood

disorder and cause of disability, with approximately 13 percent of adults in Canada experiencing a major depressive episode.^{11,12} Depression is usually a result of various factors in a person's environment, like living in a violent home or a traumatic event (loss of a family member or job, for example), but can occur without an explanation.¹³

Depression is more likely to be experienced by women, people who have family members with depression, individuals who experienced trauma in their childhood, people who are more emotionally sensitive, and populations who have experienced forms of oppression.^{14,15,16}

Depression is twice as common in women among adults under 65, and a person is

usually diagnosed for the first time in their twenties or thirties.¹⁷ Despite these statistics, almost 50 percent of people who have symptoms of a mood disorder like depression will not talk to a healthcare professional. The physical and psychological symptoms of depression include little to no energy, lack of sleep or oversleeping, body aches, lack of appetite or overeating, weight loss or gain, feeling emotionally numb, hopelessness, lack of motivation, mood swings, poor memory, and more.

POST-TRAUMATIC STRESS DISORDER

An individual can experience trauma after being exposed to an event, often involving a serious injury, the threat of death, or the loss of a loved one. Abusive relationships,

crime, or natural disasters are additional causes of trauma.¹⁸ Traumatic events can lead to flashbacks, nightmares, severe anxiety, and uncontrollable thoughts regarding the situation. When the symptoms persist and worsen over a long period, it may represent Post-Traumatic Stress Disorder (PTSD). Individuals with PTSD might exhibit additional behavioural symptoms such as irritability, difficulty sleeping, or problems concentrating, and avoiding thoughts, activities, or places related to the event.¹⁹ PTSD can lead to other mental health problems such as anxiety or depression, however, appropriate intervention can help the



individual. Those with PTSD can receive help through counselling, medication, and support groups.

EATING DISORDERS

Poor body image, low self-esteem, perfectionism, and improper stress management are all related to eating disorders. An individual with an eating disorder might feel a sense of control over their life by focusing on their weight and the components that affect it (e.g., calories and exercise).²⁰

There are many types of eating disorders, the most common are: anorexia nervosa, bulimia nervosa, and binge-eating disorder. These disorders involve restricting food intake, uncontrollable eating followed by forceful elimination of

the food, or periods of over-eating. Other kinds of eating disorders include avoidant restrictive food intake eating disorder (ARFID), eating disorders not otherwise specified (EDNOS), and orthorexia. Eating disorders of any variety can lead to further health complications such as kidney problems, Type-2 diabetes, and bone loss. Eating disorders may also be a sign of other mental illnesses, such as anxiety and depression. Individuals lacking meaningful and positive support are even more likely to experience the disorder. Eating disorders are treatable, and individuals can recover from them by receiving appropriate care. It is important for friends and family to not react to an individual's comments about body image and to be mindful of personal comments surrounding food and body image.



REFERENCES

1. Mental health: What is it, really? CMHA National. (2020).
https://cmha.ca/blogs/mental-health-what-is-it-really#_ftnref1.
2. What is Mental Health and Mental Illness? Workplace Mental Health Promotion. (2017).
<http://wmhp.cmhaontario.ca/workplace-mental-health-core-concepts-issues/what-is-mental-health-and-mental-illness>.
3. Understanding Mental Illness. CMHA Toronto. (2017).
<https://toronto.cmha.ca/understanding-mentalillness/>.
4. Fast Facts about Mental Illness. CMHA National. (2019). <https://cmha.ca/fast-facts-about-mental-illness>.
5. Mental Health Commission of Canada (2011). Mental Health First Aid Canada. Mental Health Commission of Canada.
6. Shields, M. (2004). "Social anxiety disorder — beyond shyness." Health Reports, 5, Suppl., 45-61.
7. Antony, M.M., & Swinson, R.P. (1996). Anxiety

- disorders and their treatment: A critical review of the evidence based literature. Ottawa (ON): Health Canada., p. 4.
8. Offord, D.R., Boyle, M.H., Campbell, D., Goering, P., Lin, E., Wong, M. et al., (1996). "One-year prevalence of psychiatric disorder in Ontarians 15 to 64 years of age." Canadian Journal of Psychiatry, 41, 559-63.
 9. Antony, M.M., & Swinson, R.P. (1996). Anxiety disorders and their treatment: a critical review of the evidence based literature. Ottawa (ON): Health Canada., pp. vii, 6.
 10. Ellen, S.R., Norman, T.R. and Burrows, G.D. (1998). "MJA practice essentials 3: Assessing anxiety and depression in primary care." Medical Journal of Australia, 167, 328-33.
 11. Depression. World Health Organization. (December 10, 2007).
http://www.who.int/mental_health/management/depression/definition/en
 12. Government of Canada. (2006). The human face of mental health and mental illness in Canada. Ottawa (ON): Minister of Public Works and Government Services Canada., p. 59.

13. Jorm, A.F., Christensen, H., Griffiths, K.M., et al. (2001). Help for Depression: What works (and what doesn't). Canberra. Australia: Centre for Mental Health Research., pp. 5-6.
14. Government of Canada. (2006). The human face of mental health and mental illness in Canada. Ottawa (ON): Minister of Public Works and Government Services Canada., p. 60.
15. Mental Health Commission of Canada (2011). Mental Health First Aid Canada. Mental Health Commission of Canada.
16. Jorm, A.F., Christensen, H., Griffiths, K.M., et al. (2001). Help for Depression: What works (and what doesn't). Canberra. Australia: Centre for Mental Health Research, p.6.
17. National Institute of Mental Health (NIMH). Depression in boys and adolescent males. Retrieved December 10, 2007: www.nimh.nih.gov/health/publications/men-anddepression/depression-in-boys-and-adolescent-males.shtml
18. Post-Traumatic Stress Disorder (PTSD). CMHA National. (2016).

<https://cmha.ca/documents/posttraumatic-stress-disorder-ptsd>.

19. Mayo Foundation for Medical Education and Research. (2018). Post-traumatic stress disorder (PTSD). Mayo Clinic.
<https://www.mayoclinic.org/diseases-conditions/post-traumatic-stressdisorder/symptoms-causes/syc-20355967?page=0&citem=10>.
20. Eating Disorders. CMHA National. (n.d).
<https://cmha.ca/mental-health/understanding-mental-illness/eating-disorders>.

CHAPTER 2

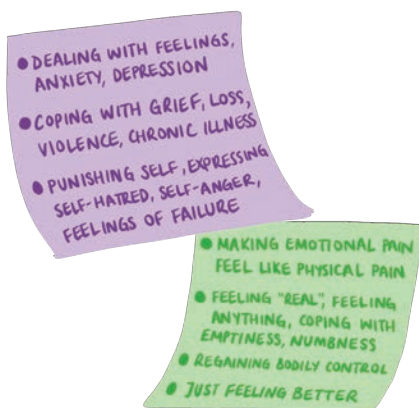
UNDERSTANDING POTENTIALLY HARMFUL BEHAVIOURS

SELF-HARM

According to the Canadian Mental Health Association, self-harm involves hurting oneself purposefully to cope with negative thoughts and emotions. Self-harm can also be used to cope with traumatic events or various stressors in life. Self-harm can take the shape of cutting, burning, hitting, skin picking or scratching. Self-harm behaviours can happen impulsively, or they can be planned.¹

Compared to the general adult population, statistics of self-harm behaviour are more prevalent among youth. About 1 to 5

percent of adults on average report engaging in self-harm behaviours, whether currently or in the past. Comparatively, the rate among youth ranges from 14 to 39 percent in Canada.² Indeed, the Centre for Suicide Prevention states that most self-harm behaviour begins among 12 to 15 year olds.³ Clearly, self-harm is an issue among Canadian youth.



The Canadian Mental Health Association notes some warning signs of self-harm that loved ones should be aware of. These include unexplainable injuries or scars, frequent falls or injuries that are claimed as accidents, and covering up the body, even in warm weather.³ It may not be easy to tell when someone is engaging in self-harm, however, even if one is aware of warning signs.

It is important to broach the subject of self-harm if you are concerned for a loved one. When doing so, the conversation should come from a place of compassion rather than judgment. CMHA gives a few guidelines on what this could look like, including educating yourself about self-harm, focusing on what is troubling the individual rather than the self-harm

behaviour itself, encouraging more positive coping methods as an alternative, and encouraging them to seek professional help.⁴ The individual may not be ready for the conversation when it is brought up; if this is the case, their decision should be respected. Let them know that you are there for them whenever they want to talk about it, but do not force them to open up to you. They may be more comfortable confiding in someone else, or a professional. Cognitive Behavioural Therapy (CBT) and Dialectical Behaviour Therapy (DBT) are often utilized by professionals to treat self-harm behaviours and their underlying causes.

There is a strong misconception that self-harm involves suicidal thoughts and intentions. However, this is not true. The

self-harming behaviour itself does not have a goal of suicide. Self-harm may factor into suicidal ideation or suicidal behaviours, however, and often is a primary sign of underlying mental illness, but the two are not always associated with one another.⁵

Self-harm is a risk factor for suicide or suicidal ideation and should be addressed compassionately when noticed. However, rather than aiming to stop a self-harm behaviour completely, a harm-reduction approach should be favoured.⁶ Stopping the behaviour completely may lead to adverse effects and cause the individual to seek other, potentially more harmful, ways of coping with what they are dealing with.

SUICIDE AND SUICIDAL IDEATION

According to the Canadian Mental Association, suicide means that someone ends their life on purpose. However, people who die by suicide or attempt suicide may not really want to end their life.⁷

Suicidal ideation refers to thinking about or planning suicide. Sometimes this is a detailed plan with means and timing planned out, whereas others experience ideation as more of a fleeting idea.

Suicidal ideation does not have to include the act of suicide or attempted suicide. Especially for people who are stressed and are facing challenges in their life, suicide may seem like the only way to deal with difficult feelings or situations.⁸

- About 4,000 people die by suicide in Canada each year
- Suicide accounts for 24 percent of all deaths among 15 to 24 year olds living in Canada
- Suicide rates are approximately three times higher among men as compared to women
- Approximately 11.8 percent of Canadians report thoughts of suicide in their lifetime⁹

As with many other mental illnesses, it's important to ask your friend if you are concerned that they might be feeling suicidal.

Signs that someone may be thinking about suicide:



- Talk of harming themselves
- Looking up ways to die by suicide
- Talking or writing about death, dying, or suicide
- Increased substance use
- Dramatic mood changes
- Feelings of helplessness or hopelessness; no sense of purpose in life
- Acting recklessly or engaging in risky activities, seemingly without thinking
- Withdrawal from friends, family, and society
- Excessive joking about suicide

Consider asking:

- Are you having thoughts of suicide?
- Are you thinking about killing yourself?
- Sometimes when emotional pain is so intense, people think about suicide.

I'm wondering how many times suicide might have crossed your mind, even if just fleeting in nature.

Try not to do the following:

- Blame the person for their feelings or guilt them to stay alive
- Talk around suicide, using words and phrases that minimize the feeling (i.e., hurt yourself)
- Get frustrated if they do not want to talk or take your advice

If you are concerned, it's best to be clear and direct when you start the conversation. Give your friend space to talk about their feelings and why they want to die without judgment. When they've shared, take time to tell them that you care about them and want to help.

Depending on how urgently they are ideating suicide, there are many support options to reach out to. Remember, you are not the sole line of support for your friend; you can always reach out to others with more experience.

SUBSTANCE ABUSE

Many people, including youth, begin using substances such as drugs or alcohol for fun, to experiment with, or to cope with the stress in their life; however, this can quickly become problematic and can lead to dependency and addiction.⁹ Addiction is when an individual's substance use begins to interfere with their life and they are out of control in some way.

The simplest way of understanding addiction is the 4C's approach:¹⁰

- **C**ravings
- **C**ontrol loss or frequent use
- **C**ompulsion to use
- Continued abuse despite
consequences

In Canada, addiction affects almost 21 percent of the population, with 18 percent related to alcohol use.¹¹ A 2007 study found that nearly 30 percent of youth between the ages of 15 and 24 were



dealing with mental health or substance abuse issue.¹² The stress that youth face in their coming-of-age years, coupled with distress [physical, emotional, or social], can lead to the onset of mental health issues or substance abuse.¹³

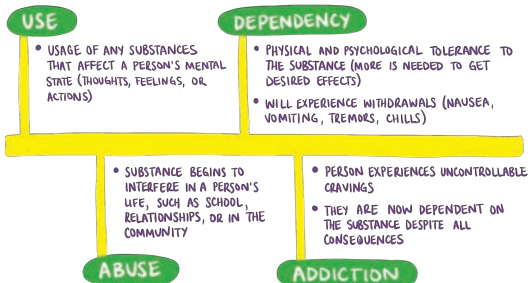
Mental illness and substance abuse have similar risk factors, which increase the likelihood of individuals struggling with both conditions simultaneously. Those who turn to substance abuse often face problems in their communities, a genetic predisposition, and a group of family/friends who influence the behaviour. They also have similar protective factors, including strong family relationships, community connectedness, parental monitoring, and a sense of general competence.¹⁴

Signs of addiction include:

- Changes in personality
- Lack of interest in activities they used to enjoy
- Missing important obligations
- Risk-taking tendencies
- Changes in closest relationships
- Ignoring consequences
- Irritability
- Changes in health
- Unexplained illnesses
- Physical withdrawal symptoms, such as sweating, chills, and tremors
- Memory loss
- An abrupt change in weight
- Glazed or bloodshot eyes

Heavy Episodic Drinking (HED) is drinking “more than three (females) or four (males) standard drinks on a single occasion”.¹⁵ In

post-secondary students, HED and other high-risk drinking behaviours are common for various reasons, including celebrations (to have fun), confidence boosts, and socializing. A study conducted by the Canadian Centre on Substance Use and Abuse (CCSA) found 35 percent of students reported drinking five or more drinks, two weeks before the date of the study. Although post-secondary systems have attempted to educate students, HED in students persists. Students indicate a



lack of social opportunities in the evening and nighttime, thus looking to drinking as a social activity.

Students also indicated drinking as a coping mechanism. The CCSA suggests a number of possibilities for students using alcohol to cope, including underlying mental health problems: anxiety, depression, assault, stress, and so on. The CCSA also states that students who drink to cope are more likely to experience negative consequences, such as vomiting, participating in risky behaviours, and poor social relationships.



THE GOOD SAMARITAN DRUG OVERDOSE ACT

In Canada, The Good Samaritan Drug Overdose Act provides some legal protection for people who experience or witness an overdose and call 911 or their local emergency number for help.¹⁶ The Good Samaritan Drug Overdose Act applies to anyone seeking emergency support during an overdose, including the person experiencing an overdose. The act protects the person who seeks help, whether they stay or leave the overdose scene when help arrives. The act also protects anyone else who is at the scene when the help arrives.

The Good Samaritan Drug Overdose Act provides protection from:

- Breach of conditions regarding simple

possession of controlled substances

- Pretrial release
- Probation orders
- Conditional sentences
- Parole
- Charges for possession of a controlled substance

The act does not provide legal protection against more serious offences such as:

- Outstanding warrants
- Production and trafficking of controlled substances
- All other crimes not outlined within the act

REFERENCES

1. Find Help Now. CMHA British Columbia. (n.d.). <https://cmha.bc.ca/documents/self-harm-2/>.
2. Preventing Suicide. <https://cmha.ca/brochure/preventing-suicide/>
3. Centre for Suicide Prevention. (n.d.). A Suicide Prevention Toolkit: Self-harm and Suicide. [suicideinfo.ca. https://www.suicideinfo.ca/wp-content/uploads/2016/10/Self-Harm-Toolkit.pdf](https://www.suicideinfo.ca/wp-content/uploads/2016/10/Self-Harm-Toolkit.pdf).
4. Statistics Canada. (2019). Suicide in Canada: Key Statistics. [Infographic]. <https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/healthy-living/suicide-canada-key-statistics-infographic/pub-eng.pdf>
5. Suh, J. J., Ruffins, S., Robins, C. E., Albanese, M. J., & Khantzian, E. J. (2008). "Self-medication hypothesis: Connecting affective experience and drug choice." *Psychoanalytic Psychology*, 25(3), 518–532. <https://doi.org/10.1037/0736-9735.25.3.518>
6. Substance Use and Addiction. CMHA Ontario. (n.d.). <https://ontario.cmha.ca/addiction-and->

substanceuse-and-addiction/.

7. Hoskins, H. (2019). Statistics on Addiction in Canada. Calgary Dream Centre.
<https://calgarydreamcentre.com/statistics-on-addiction-in-canada/>.
8. Canadian Centre on Substance Abuse. (2013). When Mental Health and Substance Abuse Problems Collide. [Infographic].
<https://ccsa.ca/sites/default/files/2019-05/CCSA-Mental-Health-andSubstance-Abuse-2013-en.pdf>
9. Addiction. CAMH. (n.d.).
<https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/addiction>.
10. Understanding Drug & Alcohol Addiction. Addiction Center. (2021).
<https://www.addictioncenter.com/addiction/>.
11. Canadian Centre on Substance Abuse. (2018). Heavy Episodic Drinking Among Post-Secondary Students: Influencing Factors and Implications. [Infographic].
<https://www.ccsa.ca/sites/default/files/2019-04/CCSA-Heavy-Episodic-Drinking-Post-Secondary-Students-Report-2018-en.pdf>

12. Health Canada. (2021). About the Good Samaritan Drug Overdose Act. Canada.ca.
<https://www.canada.ca/en/health-canada/services/opioids/about-good-samaritan-drug-overdose-act.html>
13. Sinha, Rajita. "Chronic stress, drug use, and vulnerability to addiction." *Annals of the New York Academy of Sciences* vol. 1141 (2008): 105-30. doi:10.1196/annals.1441.030
14. "National Child Abuse Prevention Month." Child Welfare Information Gateway,
<https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/>.
15. "Canada's Low-Risk Alcohol Drinking Guidelines." Canadian Centre on Substance Use and Addiction, <https://www.camh.ca/-/media/files/canadas-low-risk-guidelines-pdf>.
16. "About the Good Samaritan Drug Overdose Act ." Government of Canada,
<https://www.canada.ca/en/health-canada/services/opioids/about-good-samaritan-drug-overdose-act.html>

CHAPTER 3

HOW TO TALK TO YOUR FRIEND

GETTING PREPARED FOR THE CONVERSATION

Talking to a friend about their mental health is a great way to support them and provide them with guidance and information. Sometimes, a small conversation can go a long way in making someone feel accepted and assured. However, starting the conversation can be difficult, so here are a few tips and recommendations to help you get started.

Before starting a conversation with your friend, think about the things you would like to say and how you should say them.

Take some time to reflect on how you want to get your message across and what you would like your friend to take from the conversation. Do you want to know how they are doing? Are you concerned about their behaviours? Do you want to ask them to seek professional help? These are the types of questions you need to consider before starting a conversation with your friend.



You also want to choose a space that is comfortable for both you and your friend. In order to create a safe environment, there are three things to keep in mind: location, privacy, and time. The space should be a convenient location that is easily accessible by both parties. You also want to consider privacy, as you will be having a sensitive conversation and won't want others listening in.

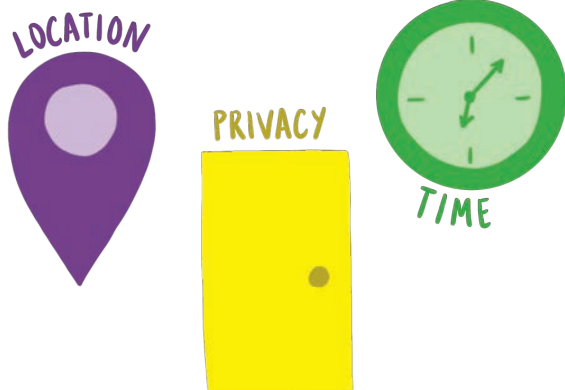
For example, staying at home might be convenient, but if you're worried about family walking in, a café might be a better choice. Finally, make sure you set enough time aside to have the conversation without feeling rushed, so you can really get into the topic at hand.

Here are a few ways you can make them feel supported:

- Let them know you are there for them, without any judgment
- Offer help in strategizing a plan for next steps
- Help find and connect them to mental health resources
- Listen to what they say with empathy, compassion, and respect

Some ways to start a conversation:

- I've noticed something has been bothering you. Can we talk about what's going on? (If not, is there someone you do feel comfortable talking to?)
- I am someone who loves you and cares for you. Would you like to share how you're feeling?



- I've been worried about you; is there anything I can do to help?

Keep in mind that you want to be respectful of your friend's feelings when you do have a conversation. Talk in a respectful manner and be straightforward with what you're saying. It's also possible and acceptable that your friend may not want to talk to you, so encourage them to speak to someone they are more comfortable talking to. Finally, there are

certain things you want to avoid saying or doing so as not to come off judgmental.

Try to avoid saying:

- Everyone goes through this; it will pass
- Just pray about it
- You have the same illness as [other person]
- Stop being negative and focus on the positive
- We all feel crazy sometimes

Try not to:

- Blame the person for their feelings
- Criticize or judge them for their experiences or thoughts
- Get frustrated if they do not want to talk or take your advice
- Talk too much and make the conversation all about you

Talking to a friend about their mental health is never easy. Still, by keeping these few tips in mind, you can have a productive conversation. Talking to a friend can help them feel safe and cared for, which can go a long way for someone if they are having a hard time with their mental health.

OFFERING EMPATHY

At its core, empathy involves understanding and sharing someone else's emotions. Empathy is felt without having these emotions explicitly detailed to you. Being able to empathize with someone else's experiences is an important skill, especially when supporting loved ones who are struggling with mental illness. While most people can empathize on a basic level with others, you can

further develop the skill through empathy exercises. These tools are often used by those in helping professions, such as counsellors or therapists, to better understand their clients.

Some strategies you can use to further develop your empathy skills include the following:¹

- Cultivate curiosity: be open to getting to know someone and be receptive to what they divulge.
- Step outside your comfort zones: engage in new experiences to empathize more easily with others.
- Receive feedback: be open to hearing what others have to say about your empathy skills and try to work on them accordingly.
- Examine biases: inherently, everyone

has biases (even unconscious ones) that can interfere with empathy. If you realize you are biased, work on overcoming it.

- Walk-in other's shoes: try to imagine living as the other person (and literally walking in their shoes) to better understand their perspective.
- Educate yourself: if you are not knowledgeable on a subject that someone is struggling with, do your best to educate yourself. This will help you develop a more genuine understanding.

ACTIVE LISTENING

One of the most helpful skills in practicing empathy involves the practice of active listening. Being able to actively listen to peers who are struggling with their mental

health is a great skill to show that you are there for them. While anyone can listen to somebody detail their struggles, active listening involves focusing more intently on what someone is saying. Some

Passive Listening



VS

Active Listening



techniques include avoiding letting your thoughts or attention drift when a peer is speaking, not interrupting, not judging while listening, being open to whatever you may hear from your peer(s), and listening with your whole attention rather than just idly.²

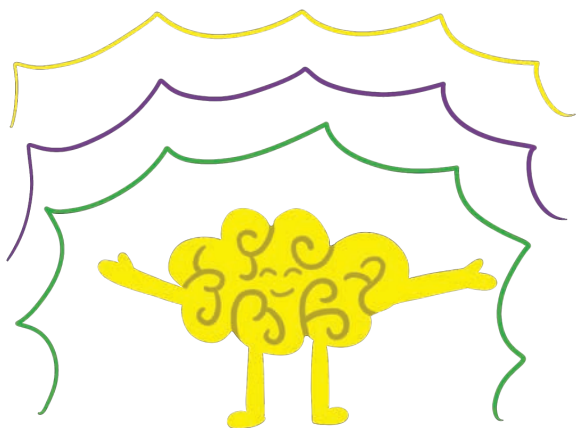
Indeed, active listening is the opposite of passive listening, which is how most people listen to others in their daily lives.² For instance, when ordering a coffee, you likely aren't actively listening to the cashier. Instead, you passively listen and go about your day. In friendships, we often use passive listening even when active listening would be more beneficial.

In connection with the empathy strategies above, each of these techniques can help

you more effectively support loved ones who are struggling. You can practice these skills to develop them more successfully. Try switching purposely during a conversation between actively and passively listening and note the differences in what you take in.

MINDFULNESS

Mindfulness involves being able to be fully present during a moment or experience. In this respect, mindfulness is similar to active listening, but on an internal level. Mindfulness involves staying relaxed and not being overly reactive toward thoughts, outside stimuli, or judgments.³ Everyone can be mindful, but practicing mindfulness can help develop the skill and keep you mindful more often during daily activities, without having to consciously think about



it as much. In the same way, supporting someone with a mental illness while being mindful can greatly help them. Being mindful with peers or even strangers can help even basic interactions be less stressful and more fulfilling.

Mindfulness can be very helpful for everyone. Being mindful can personally help to keep your thoughts calm and open. Utilizing mindfulness can keep you more relaxed and, as the name implies,

mindful of your own thoughts and body. It is also a great skill for supporting others. When someone is mindful of their actions and words, the likelihood of saying something that may be interpreted in a hurtful way or doing something that may hurt someone is diminished. A lot of being mindful is staying open and non-judgmental of the feelings and actions of yourself and others. Similar to the strategies of developing empathy further, being mindful can also help incorporate these more fully. For those struggling with mental illness, being mindful can greatly help reduce their stress levels. Through being mindful and demonstrating to your body that you can handle stressors and grow, your brain will learn to adapt more readily to future struggles.

In addition to this, there are many other benefits of mindfulness, including:

- Become better able to deal with illnesses, by focussing less on pain and more on healing
- Increased resilience, the ability to bounce back from adversity
- Adaptation of neuroplasticity, the brain's ability to change with time and adapt to new experiences
- Improving your relationships and ensuring that you are present in the moment
- Treating yourself with respect and love, which helps fully integrate the inner workings of your mental, physical, and emotional states

PEER SUPPORT

Peer support is an encouraging and

understanding relationship between individuals who have shared lived experiences. This relationship provides all parties with emotional, social, and physical support. This support is mutually offered and reciprocal, giving benefit for both the supporter and receiver.⁴ Peer support is a non-clinical approach that focuses on the wellness of the whole person and their health, rather than just the illness or addiction. During sessions, the focus is not on diagnoses or



weaknesses but instead on the individual's strengths, to support their path to recovery.

There are two major forms of peer support, informal and formal. Informal peer support is typically between friends who notice similar lived experiences and support and listen to one another. Informal support can take place in any type of setting you would typically be in with your friend. You can discuss personal mental health issues with each other. Formal peer support is more structured and may occur in clinical settings (mental health/addictions programs).⁵ They are typically facilitated by a trained peer support worker and can occur in a group or one-on-one setting.

Peer support workers are trained in sharing coping strategies, information and resources, and offering non-judgmental support. Peer support focuses on hope, empowerment, self-determination, and mutuality. Peer support believes that all who suffer from mental illness and addiction can recover.

Some Canada-wide peer support resources are:

- Wellness Together Canada: Mental health and substance use support for people in Canada and Canadians abroad. Always free and virtual, 24/7. Call 1-888-668-6810 or text WELLNESS to 686868.
<https://www.wellnesstogether.ca/en-ca/>

- **Suicide Crisis Helpline:** If you or someone you know is thinking about suicide call or text for bilingual, trauma-informed, culturally appropriate services for anyone in Canada, 24/7. Call or text 9-8-8.
- **Kids Help Phone:** Professional counselling, information and referrals support to young people 24/7. Virtual services in English and French. Call 1-800-668-6868 or text 686868.
- **Drug Rehab Services:** Free, confidential professional help and resources for drug and alcohol addiction in Canada. Referrals for clients seeking support with substances. Call 1-877-254-3348.
- **CAPSA Peer Support:** Free peer-facilitated group meetings (includes virtual meetings) using evidence-based

practices and tools designed to help those who are questioning their relationship with substances. Families, allies, and professionals are all welcome to attend meetings.

<https://capsa.ca/peer-support-meetings/>

- Alcoholics Anonymous: Free meetings and support for people who come together to solve their drinking problem. <https://www.aa.org/find-aa>
- Narcotics Anonymous: Free meetings (includes virtual) and support for anyone who wants to stop using drugs may become a member. This is a program of complete abstinence from all drugs. Call 1-855-562-2262.
- SMART Recovery: Free support meetings (in-person and virtual) open to anyone seeking science-based, self-

empowered addiction recovery.

<https://meetings.smartrecovery.org/meetings/>

- Hope for Wellness Help Line:
Immediate help, including counselling and crisis intervention, to all Indigenous people across Canada 24 hours a day, 7 days a week in English, French, Cree, Ojibway, or Inuktitut. Call 1-855-242-3310.
- National Overdose Response Service (NORS): Overdose prevention hotline for Canadians. Confidential, non-judgmental support for you, whenever and wherever you use drugs. Call 1-888-688-NORS(6677).
- Supervised Consumption Sites and Services: Safe, clean space for people to bring their own drugs to use, in the presence of trained staff to prevent

accidental overdoses. Some offer a range of harm reduction services, such as drug checking.

<https://health.canada.ca/en/health-canada/services/drugs-medication/opioids/responding-canada-opioid-crisis/map.html>

- St. John's Ambulance – Opioid Response Training: Free opioid and nasal naloxone training, as well as nasal naloxone kits, to individuals and communities that are struggling to manage opioid poisonings.

<https://reactandreverse.ca/#register-for-training>

- Canadian Red Cross - First Aid for Opioid Poisoning Emergencies: Free, self-directed online course to become knowledgeable and confident in how to respond to an opioid poisoning

emergency, including how to administer nasal naloxone.

https://sso.teachable.com/secure/552386/identity/sign_up/email

- Opioid Overdose Response Training module (ACT): Offers free Opioid Overdose Response Training for high schools across Canada. Training teaches students about opioids, Naloxone, how to recognize and respond to a suspected opioid overdose, and how to administer nasal Naloxone spray. Email act@actfoundation.ca or visit <https://actfoundation.ca/contact/>

REFERENCES

1. Sutton, J. (2020). Developing Empathy: Eight Strategies & Worksheets to Become More Empathic. PositivePsychology.com.
<https://positivepsychology.com/empathy-worksheets/>.
2. Cuncic, A. (2020). Practicing Active Listening in Your Daily Conversations. Verywell Mind.
<https://www.verywellmind.com/what-is-active-listening-3024343>.
3. Getting Started with Mindfulness. Mindful. (2021).
<https://www.mindful.org/meditation/mindfulness-getting-started/?fbclid=IwAR3gyblz6wa3baJoo9gn7RMzCWd1rTdAcBAOTe7fDybdMFktXh7rqF4uxPU>.
4. Ackerman, C. E. (2021). Twenty-three Amazing Health Benefits of Mindfulness for Body and Brain. PositivePsychology.com.
<https://positivepsychology.com/benefits-of-mindfulness/>.
5. Peer support. Mental Health Foundation. (2017). <https://www.mentalhealth.org.uk/a-to->

z/p/peer-support.

6. Peer Support. Mental Health Commission of Canada. (n.d.).

[https://www.mentalhealthcommission.ca/
English/what-we-do/recovery/peer-support](https://www.mentalhealthcommission.ca/English/what-we-do/recovery/peer-support).

CHAPTER 4

TAKING CARE OF YOURSELF



THE IMPORTANCE OF SELF-CARE

The World Health Organization (WHO) defines self-care as “the ability of individuals, families, and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a healthcare provider”.

- Self-care, then, is any action or activity that we do to take care of our mental, emotional, and physical health.
- Good self-care is key to improved mood, general wellbeing, and reduced anxiety. It can also contribute positively to maintaining good relationships with yourself and others.

Some people assume that self-care is only about your happiness at the moment. But self-care is much broader than that, including things that will help you in the long-term. Self-care is also about knowing what you need to do to take care of yourself, so that you can better care for your loved ones. Self-care is not something that you force yourself to do or something you don't enjoy doing.

WHAT SELF-CARE ISN'T ...

- Trying to escaping from reality
- Overindulging in the things you enjoy
- Spending lots of money and time
- Something you do at the expense of others
- Finding instant gratification
- Numbing hard-to-deal-with emotions
- Something you have to earnInherently feminine or girly
- Optional, harmful, or addictive³

WHAT SELF-CARE IS ...

- Prioritizing your physical and mental health
- Adopting a healthy, long-term lifestyle
- Eating and sleeping well
- Finding healthy coping strategy
- Doing things that bring you comfort and joy

- Taking your medications and going to therapy sessions regularly
- Staying active in ways you enjoy
- Making decisions that improve your wellbeing³

Self-care is a broad concept that includes:

- Hygiene (general and personal)
- Nutrition (type and quality of food eaten)
- Lifestyle (sporting activities, leisure, etc)
- Environmental factors (living conditions, social habits, etc)
- Socioeconomic factors (income level, cultural beliefs, etc)
- Self-medication⁴

IMPLEMENTING SELF-CARE IN YOUR LIFE

If you are currently not practicing self-care, here are some tips for incorporating it into your daily life:

- Don't be too hard on yourself; you deserve to be treated with love and respect



- Schedule time in your day to reflect, journal, and take care of your body and mind
- Keep it simple (it shouldn't feel like a strain)
- Be flexible when life throws you a curveball
- Don't do things you don't enjoy or that won't make things easier in the future
- Reflect on whether an activity of type of self-care made you feel good, and explore other ways to find the same feeling

THE MYTHS OF SELF-CARE

There are several myths that exist about self-care. Following are some of those myths and the facts about them.

1. Self-Care is expensive.

False. Social media paints self-care as a luxury, but the truth is that you don't have to splurge. Self-care can be as simple and economical as doing a face mask, looking through old photos, or meditating! You can also pamper yourself and go on a shopping spree or get a massage. The point is, self-care does not have to be expensive and luxurious (unless you choose it).

2. Self-Care is feminine.

False. Part of this misconception stems from the media's portrayal of self-care as traditionally feminine activities (manicures, spa days, etc). Everyone, regardless of their gender identity, needs self-care. Self-care looks different for everyone; you might play a video game, watch a movie,

take a bath, play the piano, or snuggle with a pet. The possibilities are endless! As human beings, we all get stressed sometimes, so don't feel guilty about letting yourself do things that give you comfort and joy.

3. Self-care is selfish.

False. You are entitled to have time for yourself. You shouldn't feel obligated to



O H M M M



choose between making healthy choices for yourself and satisfying the needs of others. Seeing self-care as a selfish act can affect your ability to live a healthy and happy life. Challenge yourself to practice self-care more often and focus on things that benefit your well-being the most!

4. Self-Care is pampering yourself for an entire day.

While this could sometimes be true, it is not necessarily true. Self-care does not have to be complicated or take up a lot of



time; even five minutes can make a difference! Time doesn't have to be a barrier to implementing self-care into your daily life.

FINDING TIME TO SELF-CARE

Self-care needs to be something you actively plan, rather than something that just happens. It is an active choice, and you must treat it as such. Add activities to your calendar, announce your plans to others to increase your commitment, and actively look for opportunities to practice self-care. Don't forget to give yourself time to learn how to care for yourself. Break your self-care up into smaller activities and start small. Set goals for yourself, but be flexible and compassionate with yourself if they don't work out.

SELF-CARE TECHNIQUES

There are a variety of techniques for self-care. Here are a few to get you started:

- Make sure to get a good amount of sleep and try to stick to a regular schedule
- Work toward a healthy diet that prioritizes fruits and vegetables
- Find a way that you enjoy to stay active
- Learn to say no to others so you can say yes to yourself
- Declutter and organize your space so you feel in control
- Unplug from technology and be present in the moment
- Reach out to others and find support in each other
- Do something new and experiment with your interests
- Write down your thoughts or do some art in a journal

- Create a gratitude list to remind you about the good things in life

COPING STRATEGIES

When self-care isn't an immediate option, here are some techniques to help you cope with stress and improve your mental health until you can practice self-care.

Deep breathing: Most people take short, shallow breaths into their chest, which can make anxiety and fatigue seem even worse. For this technique, lie on your back or sit up in a chair. Breathe in and out through your nose and let your belly fill with air. If you're having trouble breathing into your diaphragm, rest your hands on your stomach and feel the rise and fall of your stomach with your breath. Make sure to breathe slowly and deeply, and hold

your breath for a few seconds before you release it. Even five deep breaths can help. Deep breathing is great when you're on the go or don't have much time, as you don't need any extra tools and the whole exercise takes less than a minute to complete.

The Five Senses: Humans have five senses that everyone can name: sight, smell, taste, touch, and hearing. With this technique, try to focus on each of these senses in turn, choosing something in each category. The things you feel don't have to be good, they just have to be present in the moment with you.

Mental Reframing: Mental reframing involves taking an emotion or stressor and thinking of it in a different way. Rather than

getting stuck in your negative emotions, spin them to give yourself some relief. Instead of getting upset that you're running late, think about the things you can do in the meantime to feel better, like listening to music or reading a book. This isn't an easy one, and it will take some time to perfect.

Emotional awareness: If you live in denial of your emotions, it will take far longer to take care of them. While it might seem contrary to dwell on your feelings of anxiety, self-doubt, or anger, allowing yourself to feel these emotions can help you release them when they've served their purpose. Accept, let yourself feel the negative emotion, and then take some action to diminish it (listening to music, taking care of yourself, saying a positive

mantra, etc). You can't control that you have mental illness, but you can control how you respond to your symptoms. It takes strength and persistence to recover from mental illness, and even if you feel weak or powerless against the battles you face every day, you are incredibly strong for living through them.

Meditation: You can work on your mindfulness by practicing meditation. The two terms are sometimes used interchangeably. Practicing meditation involves suspending judgment, being curious about your thoughts, and approaching the exercise with a sense of kindness for yourself. Meditation can look different for many people, but often involves closing your eyes, emptying your thoughts, and relaxing your body

incrementally. When thoughts come during meditation, do not startle out of the exercise but rather acknowledge the thoughts and let them go while keeping relaxed. Try a simple meditation exercise and compare how you interact with your surroundings through the rest of your day versus a day when you are not as mindful. See if you can note any differences internally or externally. Do you feel more relaxed? Do loved ones notice any difference? Incorporating mindfulness into your life does not have to involve daily meditation or huge effort. Use mindfulness techniques in small ways, such as striving not to judge your thoughts, being kinder to others, and approaching discussions and conversations with an open mind.

PRODUCTIVITY TECHNIQUES

Here are some techniques to help you improve your productivity:

Five Minute Rule (Boost Productivity):

This Cognitive Behavioural Therapy technique is designed to help you start working and stop procrastinating. Pick a task you want to finish and work on it for five minutes. After five minutes, either keep working or take a break. Sometimes the act of starting is the hardest part.

The Pomodoro Technique (Time

Management): This is a great option if you have a task that you need to get done but is stressing you out. Set a timer and do the task for twenty-five minutes without any interruptions. When the timer goes off, give yourself a five-minute break before

returning to the task. Either return to the task or start another one, using the same twenty-five-on, five-off process.

Pomodoro is great for keeping you motivated, attentive, productive, and refreshed. It also ensures that you get up and move between tasks, which is something we all need to do more of.

There are several apps that can help you with Pomodoro, including: Plantae, Flat Tomato, Tick Pomodoro, Be Focused-Focus Timer.

The 20-20-20 Rule (Reduce Fatigue):

For every twenty minutes you spend looking at a screen, take a twenty-second break to look at something twenty feet away. Make sure to set an alarm for twenty minutes while working and, when the alarm rings, look at something twenty

feet away or close your eyes for twenty seconds. Repeat this throughout your day. This is a life-saver when it comes to preventing digital eye strain and stress.

APPS FOR SELF-CARE

There are a wide variety of apps that can assist you with self-care. Here are some options:

Headspace (free)

This is a meditation app that helps to promote a healthier lifestyle and encourages users to be mindful.

Headspace provides everything you need to know about meditation, such as what it is and how to do it. Headspace is helpful if you want to incorporate meditation into your daily life.

Shine (free)

This app will send you motivational quotes every day and introduce a new self-care strategy to kickstart your morning. Shine also has articles on self-care ideas that will keep you motivated to take care of yourself. Shine focuses mainly on self-reflection and gives you a healthy and positive mentality.

Insight Timer (free)

Insight Timer offers thousands of free guided meditations, music tracks, and stories for relaxation, reducing anxiety, and improving sleep quality. It is an excellent resource for when you are just starting with your mindfulness journey. It also offers talks from mindfulness experts, neuroscientists, psychologists, and professors from renowned universities.

There is an optional premium subscription that allows access to meditation courses and offline listening.

REFERENCES

1. What do we mean by self-care?
<https://www.who.int/reproductivehealth/self-care-interventions/definitions/en/>
2. Michael, R. (2016). What Self-Care Is and What It Isn't. Psych Central.
<https://psychcentral.com/blog/what-self-care-is-and-what-it-isnt-#1>
3. Pombo, E. (2019). Self-Help Techniques for Coping with Mental Illness. National Alliance on Mental Illness.
<https://www.nami.org/Blogs/NAMI-Blog/January-2019/Self-Help-Techniques-for-Coping-with-Mental-Illness>.
4. What Is Self-Care and Why Is It Important?
<https://www.verywellhealth.com/self-care-definition-and-examples-5212781>
5. Davis, T. (2018). Self-Care: Twelve Ways to Take Better Care of Yourself.
<https://www.psychologytoday.com/ca/blog/click-here-happiness/201812/self-care-12-ways-take-better-care-yourself>.

ACKNOWLEDGEMENTS

In remembrance of Mya Klassen (2003-2021).

On behalf of YMHAC's co-facilitators and the MINDS team, we would like to thank past and current council members for their work in brainstorming, researching, writing, and revising this resource for youth. This includes Alana Fischer, Catherine Qi, Cassie Armstrong, Chloe Tam, Frances Schell, Grace O'Connor, Jacob Waite, Michelle Bi, Mya Klassen, Nneoma Achioso, Reeti Chopra, Riddhi Nandola, and Zaineb Chouhdry. This also would not have been possible without the work of Emma Richard, Selena Wells, Autumn McGowan, Tanvin Juneja, and Melissa Taylor-Gates on the infographics, design, editing, and overall visual structure of the guidebook. You are all truly appreciated.

Signed, Alec Cook and Lily Yosieph