

The Phoenix



The Mental Health Issue

President Ono on Mental Illness

President Santa Ono Talks about the Importance of Mental Health

Dayne Patterson – News Editor

Mental health and the detriment of mental illness has been a rising concern over the past decade, especially on university campuses where students are becoming increasingly stressed. It was reported that in the past year millennials were the hardest hit generation in regards to mental health problems, compared to the Gen X and baby boomer generations.

Mental health problems are much more common than the general population is aware of, and the stigma surrounding mental illness, though not as prevalent, is still present in society. President and Vice-Chancellor of UBC, Dr Santa Ono, believes “part of the problem is that people don’t talk about their own challenges even though it’s really quite common for people to have challenges.”

Ono had his own problematic experiences with mental illness as an adolescent and young adult. “It’s been pretty well-written about that as a young adolescent and as a young adult that I attempted suicide twice,” Ono explained, “It wasn’t until the second attempt that I sought the counselling and medical attention that I needed.”

He continued by saying that, “The good news is that over a period of over a couple of years with professional help I was able to really rebound from that and I have been drug-free for decades now and I’m fully-functioning.”

Ono explained that his passion for advocacy arose from an incident at a

fundraiser that he had been invited to speak at, which took place nearly a year after a student at the University of Cincinnati, the school Ono previously governed, committed suicide. At the fundraiser, Ono was preceded by a young adult who had written a book about her friend that had committed suicide. Ono was inspired by her bravery and “very spontaneously, I decided to speak about my own challenges,” he stated.

“I wasn’t planning on saying anything about myself,” Ono said, “until that time I hadn’t talked about my own challenges at all.”

President Ono was placed in the public eye and covered by national media following his speech at the fundraiser, and has become a passionate advocate for positive mental health.

He continued by stating that integrating exercise, healthy eating, and a social aspect into your daily schedule are “proven to have a positive impact on your well-being and mental health.” Although, if you are already experiencing mental health problems and in a state of depression, it’s best to see a counsellor or therapist as soon as possible. Ono concluded by saying, “I want to encourage any student that might be experiencing challenges to proactively seek help with the resources that we have at UBC to meet with counsellors, to speak to a professor, to do everything they can to live, as much as possible, a balanced life.”

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Thriving for a Better Campus

Thrive Working towards Better Mental Health on Campus

Dayne Patterson – News Editor

Thrive Week returned during the last week of October for its seventh year on the UBC Okanagan campus. The week, which is held by UBC Wellbeing, is dedicated to “[building] positive mental health for all on campus,” as well as “[reducing] the stigma around mental illness and [improving] mental health,” says Tracey Hawthorn, Director of UBC Wellbeing. She continued by saying, “it encourages dialogue about balance, community engagement, social support, and healthy lifestyle choices through the coordination of faculty, staff and student-hosted events on the Okanagan and Vancouver campuses.”

The 64 events that took place on campus included a new and popular HorseSense activity, that afforded students a chance to hang-out with horses in an atmosphere similar to the B.A.R.K. program.

Hawthorn said the events aren't just explicitly focused on mental illness,

but also solicit a positive space to improve student, staff and faculty mental health. “We're lending people opportunities to get out of their office or away from studying, out of the classroom, to meet other individuals,” Hawthorn explained, “to have a little fun, to find what resources we have available on and off campus with respect to mental health and health in general.”

The event has grown in recent years, expanding from three to four events in their first year to nearly 70 events over the course of the week, all of which were free to students, staff and faculty.

“Sometimes, it's just connecting,” Hawthorn said, explaining the importance of a supportive social atmosphere. She spoke of a student that had joined Thrive Week during a difficult time in the year, and how it turned their tough year around.

“They really felt they were included,

they felt that they were working and learning in a positive environment and that they were able to establish some friendships through this week,” Hawthorn said, “to be able to touch one individual at that level – we hope that we can touch thousands.”

Thrive Week was purposefully placed in the centre of a busy midterm rush. During a time when students are struggling, “we're out there offering support and letting them know they're not alone, that they're heard, that it's safe to speak up, and that there's someone out there that can help,” Hawthorn stated.

UBC Wellbeing is hoping for more student-run events in the following year, to better resonate with students on a more personal level. Ideas are welcomed and students interested can contact UBC Wellbeing to submit proposals.

Mental Health Awareness

Mental Illness is prevalent in Canada, and over 50% of Canadians will experience it at some point in their lives

Noelle Viger – Staff Writer

Mental Health is vital. No matter age or occupation, practising good mental health is critical to living a happy and healthy life. However, mental illness is a struggle that most people deal with. The Centre for Addiction and Mental Health, or CAMH, “is Canada's largest mental health and addiction teaching hospital, as well as one of the world's leading research centres” in the area of mental health.

Mental illness is prevalent in Canada. According to the CAMH's website, “in any given year, 1 in 5

Canadians” experience issues with mental health or addiction. By the time most Canadians are forty, roughly 50% either currently have, or have had a mental illness. The CAMH gives examples of mental illness and addiction as, “depression, anxiety disorders, schizophrenia, as well as substance use disorders and problem gambling.” With the added note that these symptoms can vary from mild to severe.

As a university campus, UBCO contains the group of people most likely to be affected by mental illness.

Reportedly, 70% of mental health problems begin in childhood or early adolescence, with the age group of 15-24 being “more likely to experience mental illness and/or substance use disorders than any other age group.” UBCO offers services for mental health issues at the Health and Wellness Counselling Centre, located on the third floor UNC, directly across from the clinical side of Health and Wellness.

However, in recent years, the stigma around mental illness has been reduced. According to the CAMH, in a

2015 survey, 57% of Canadians “believe stigma associated with mental illness has been reduced compared to five years ago,” and 70% of Canadians believe that “attitudes have changed for the better.” While progress has been made in the stigma around mental illness, it was also reported that 40% of the respondents to the survey “agreed they have experienced feelings of anxiety or depression, but have never sought medical help.”

University is a stressful time. Between assignments, midterms, and papers, the stress

can mount up. Mental health is something that all students should be aware of, and maintaining mental health is incredibly important. If anyone is feeling overwhelmed or like they need help, do not be afraid to seek it out on campus. The Health and Wellness Centre is designed to help students through this stressful time. If you have any questions or want to make an appointment, you can call at (250) 807-9270, or go and make an appointment in UNC 337.

UBCO's Health and Wellness Services

Roger Wilson, Director of Health and Wellness, discusses the trends that he's noticed in mental health over the years, as well as the services offered at UBCO

Noelle Viger – Staff Writer

The UBC Okanagan Health and Wellness Centre provides a myriad of services for students. These services include, but are not limited to, counselling for mental health. According to the UBC Okanagan Health and Wellness Counselling website, counsellors are available to “provide a space for you to examine and explore behaviors, relationships, feelings or thoughts which cause you concern or challenges” that any student may be facing. This website is informative and is kept up to date.

This year UBC Okanagan is offering a stepped care approach to counselling. In a student's first visit with a counsellor, the website states that a counsellor “will meet with you to clarify your current needs and/or goals. With your counsellor's support, you will develop an individualized plan to improve your overall well-being.” Also, an important component of many treatment plans includes asking you to access appropriate resources.” This means that a student may need to learn more about mental health challenges through “online and printed educational resources” and the student may be “advised to incorporate new tools,

activities, and strategies into your day in order to promote greater resilience and mental wellness.” In some cases, “campus resources offered by professional and/or student staff may be beneficial,” while in other instances, “workshops and

“Roger spoke to the fact that in each of the last two years, they see a quarter of the student population

groups on campus may also be available to address individuals' mental health needs.” However, Health and Wellness keeps in mind that “one-on-one support from a therapist or counsellor” may be the best fit. In cases like this, the counsellors

may discuss the “individual counselling options in the community and on campus” to “determine the best fit.”

Roger Wilson, the director of Health and Wellness, has worked at UBC Okanagan since 2006 as a counsellor and became director of Health and Wellness in 2012. Roger stresses the importance of maintaining good mental health. If a student comes in and needs counselling, there is the option to see somebody right away or to book an appointment for a future date. Roger states that there are six of seven walk-in spots available for students every day if they would like to be seen as soon as possible. They have one spot available every hour from 10:00am on. Roger also made it clear that if “it is urgent, or the student is in distress,” the counselling centre makes an effort to see them right away. Roger noted that if a student has extended health care coverage through their student union, their job or their parents depending on how able they are to access it, the counselling centre does encourage its use. With the UBCSUO extended health plan, students can access up to three visits of counselling with a Registered Clinical Counsellor in the local community.

As he has been working with the UBCO Health and Wellness for over ten years, Roger has noticed certain trends that have emerged, specifically within UBCO, in regard to mental health. Roger notes that there is “a wave [of students], typically mid-October to mid-November” of students coming in “in distress.” He then states that Health and Wellness remains busy until exam period ends. This trend continues into second semester as well. Roger has noticed that generally, January is less busy, but there is an increase of students seeking help towards the end of that month. After the reading break when many students go home, Roger noted after this their workload will “continue to build in momentum, until the end of classes.” In the years that he has been working here, Roger has also noticed that there are peaks and valleys for students coming in to ask for help. In recent years, he has noticed that “the peaks are coming sooner,” than they have in the past.

Roger spoke to the fact that they see a “quarter of the student population in Health and Wellness, in the last two years,” with the majority of students coming

in being between the ages of 18-21. Last year, the largest age group they saw was the 18-19-year old’s, and the 19-20-year old’s being the next largest, which are the same figures from the school year prior to that. Wilson also offered up more statistics

in Health and Wellness and about 40% of these student visits are for mental or emotional health reasons”

about last year’s Health and Wellness. Last year, 31% of students were seen on the same day they came in for counselling, 39% were seen within a day, 47% within two days, and 53% within three days. Roger stated that while they “do try to see students

within two to three days,” this year there is a slight change with the stepped care model, and he noted that it is important to keep in mind that much like other student support services, appointments can get booked up in advance.

Roger also states that he “fully believes in the importance of understanding oneself,” and thinks that counselling is a great vehicle in which to do so. Roger says that he is “in [his] own personal therapy,” and has been for the last two and a half years. He says that “it’s probably one of the best things [he’s] done,” to “understand [himself] better and understand how [he] relates to others,” as well as “how to be more effective as a human being.” He thinks that if people have the opportunity to go to counselling, they should take it. Mental health does not stop being important after university, and Roger stated that “it doesn’t all end with a textbook,” and mental health continues to be important throughout a person’s life.

If you have any questions or would like to call or make an appointment, you can visit the UBC Okanagan Health and Wellness website at <http://students.ok.ubc.ca/health-wellness/counselling.html>

The Problem With Positive Thinking

Negative thoughts are not your fault

Daniel Greene – Lifestyles Editor

Opening up to friends and family about mental health issues can be extremely difficult and at times frustrating. There seems to be a growing body of thought that suggests you can heal yourself if only you learn to “think positively.” Did you wake up this morning and question whether or not it was worth even getting out of bed? Well, that’s your fault. You’re just not thinking positively. Were you late for class because you were racked with anxiety and couldn’t decide what to wear? That’s your fault too, according to advocates of positive thinking. If you had only maintained a positive mindset, you never would have questioned whether that sweater made it look like you were trying too hard. You wouldn’t have cared so much whether or not anybody would notice the little stain on your only half-decently-clean pair of pants.

Unfortunately, many people who are brave enough to open up about their mental health problems face ignorant sentiments such as these. For those who are in good mental health, positive thinking is easy. Some may even think that the reason they don’t suffer from mental health problems is that they have mastered the art of positive thinking. Some mentally healthy people seem to mistake symptoms for causes. In reality, depression, for example,

does not stem from a conscious decision to think negatively; rather, depression can actually bar individuals from thinking positively. So simply telling someone they need to “cheer up,” or to not be so “pessimistic,” is kind of like telling someone with a broken leg not to be so “limpy.”

In an interview conducted by The Washington Post, Harvard Medical School professor and psychologist Susan David tells Neda Semnani that “There is evidence that people who value happiness, people who are focused on being happy, and who set happiness as a goal for themselves actually become less happy over time.” Further, she argues that by trying to push away negative emotions, what we are actually doing is magnifying them. Therefore happiness does not come from a conscious desire just to be happy, and believing so can actually have negative consequences.

But now it seems we have arrived at a dead end. It would seem that neither negative thinking nor positive thinking will lead us to any kind of happiness. However, when talking about an issue as complex as mental health, it shouldn’t be surprising that using such binary logic is unhelpful. Telling someone to “think positively” suggests that what they have been doing up to that point has been to “think negatively.” While many of the emotions that go along with such issues

as depression and anxiety could

be lumped into a big category called “negative thoughts,”

the reality is probably more nuanced. Some who suffer

from anxiety may not be aware of their own patterns

of thinking let alone how to change those patterns. Mental

health is a complicated issue, and certainly what is not helpful

are far-reaching suggestions for individuals to “brighten up” or to

“change their mindset.” If you are not a doctor, you by no means have

the right to prescribe treatment to people with mental health

issues. If you want to help somebody suffering from their

mental health, start by listening. Respect their emotions and do not

imply that their suffering is by any means their own fault. If you

really want to help, validate their emotions, don’t help them repress

them, and never suggest that the half-baked advice from a blog article

could stand in for advice from a trained medical professional.



The Reciprocal Relationship Between Sleep and Mental Health

Loss of sleep is more than just a symptom of poor mental health

Daniel Greene – Lifestyles Editor

According to a letter published by Harvard Medical School, “Chronic sleep problems affect 50% to 80% of patients in a typical psychiatric practice, compared with 10% to 18% of adults in the general U.S. population.” Until somewhat recently, lack of sleep was considered only to be a symptom of mental health conditions, such as depression, anxiety, and ADHD. However, according to Daniel Freeman, co-author of a recent research paper from the University of Oxford, “[lack of] sleep is one of the leading causes.”

The most common sleep problem described by patients is insomnia, which is difficulty falling or staying asleep. Research has shown that by treating insomnia, one can effectively treat other mental health problems. In particular, the Oxford study showed that individuals who underwent cognitive behavioural therapy specifically designed to treat insomnia

found that along with improvements in sleep patterns, they experienced fewer hallucinations and less depression and anxiety.

What is encouraging about this research is that it offers those suffering from mental health issues more options and opportunity for treatment. It also illuminates the multifaceted nature of mental health issues by showing that there is not simply one cure. Besides seeking medical help, which is always highly recommended over anecdotal suggestions, there are a number of steps you can take to improve your sleep.

Harvard Medical School’s Mental Health Letter stresses the effects that drugs can have on one’s ability to fall and stay asleep. Caffeine and nicotine both increase heart rate and make it harder to fall asleep, which may not be too surprising. However, alcohol can actually

have a negative impact on sleep as well. While it may initially help you fall asleep, once it wears off it is likely you will wake up. Maintaining healthy “sleep hygiene” can help you get better sleep as well. Sleep hygiene refers to nightly habits that can affect one’s sleep. It is recommended that your bed be used only for sleep and not for eating or doing work. Similarly, televisions and laptops should be kept out of bedrooms as much as possible, and an effort should be made to keep the room as dark as possible at night.

If you have tried these methods before and still suffer from an inconsistent and troubled sleep schedule, talk to a trained professional. There are plenty of resources available on campus for those with mental health concerns. Regardless of what you are going through, there will always be someone more than willing to talk with you.

Narcissist or Jerk? There’s a Difference

Stop using ‘narcissist’ as an insult

Daniel Greene – Lifestyles Editor

Entrenched in our culture is this sense that in order to be a good, likeable, well-rounded individual, one must be at least somewhat selfless or generous—that is, decidedly not narcissistic. In fact, the word ‘narcissist’ can often double as an insult.

Fox News published an article earlier this year entitled “8 signs you may be dating a narcissist.” The opening paragraphs offer sympathy to those readers who may have accidentally entered into a relationship with a narcissist due to the fact that they “missed the red flags.” The article thoroughly dehumanizes the narcissist, treating her like a monster that yells at servers in restaurants and takes endless selfies.

Other articles use the word in their headlines to draw passionate reactions, such as Live Science’s “Why Are Millennials Narcissistic? Blame Income Inequality.” The author assumes that a large portion of Live Science’s readership is made up of members of the Millennial generation and that by calling them Narcissists they can attract interested, albeit triggered, readers. The author even acknowledges that the term is somewhat pejorative when she writes “Research presented in January at the annual meeting of the Society for Personality and Social Psychology in San

Diego found that millennials don’t really like being called narcissistic...”

And if you believe Woody Harrelson and Rob Reiner, who were interviewed by Newsweek this October, the current president of the United States, Donald Trump, is the apotheosis of Narcissism. To be a narcissist, it would seem, is to be the most despicable type of person.

But in reality, those with narcissistic personality disorder face a host of challenges and are just as much human as anybody else. According to the Mayo Clinic, narcissistic personality disorder is a mental condition characterized by “an inflated sense of [self] importance, a deep need for excessive attention and admiration, troubled relationships, and a lack of empathy for others.” While on the outside narcissistic individuals may look confident and happy, the reality is that many individuals who suffer from the condition experience depression and dissatisfaction when they feel that they are not receiving the praise or resources they truly think they deserve. Narcissists often respond to even the slightest criticism with anger, making personal growth exceptionally difficult. Narcissists will likely have trouble forming and maintaining relationships, which may lead to isolation and depression. Indeed, those

with narcissistic personality disorder experience high rates of depression and drug abuse and sometimes struggle with anxiety and suicidal thoughts.

Narcissistic personality disorder affects more men than women, and while there is no single cause for the condition, the Mayo Clinic suggests that there is a link between narcissism and childhood development. Children who are excessively praised for their accomplishments and those who are harshly and repeatedly criticized are thought to be more likely to show signs of narcissism. But like with many mental health conditions, numerous factors are at play, including genetics.

Despite what articles such as those previously referenced may suggest, narcissists are not perpetually self-loving, thoughtless individuals. Narcissists are capable of change, given they become aware of their problem. According to Psychology Today, “individual and group psychotherapy may be useful in helping people with narcissistic personality disorder relate to others in a healthier and more compassionate way.” So before you call somebody a narcissist, consider what you are really trying to say. Do you suspect that this person truly suffers from a personality disorder, or do you simply think they are a jerk?

Mental Health a Taboo?

The stigmatization of mental health in Asian culture

Wey Lynn Liong – Contributor

Mental health is a considerably sensitive topic. Despite raising the awareness of mental health issues, many remain in the dark alone. This is especially troubling in Asian culture, where sometimes even a slight mention about mental health is taboo. The typical reaction to hearing about a student taking away their life will always be a negative one. However, the correlation to mental health in such cases is still being stigmatized in many Asian countries, including Malaysia, Hong Kong, Korea and Japan.

Schools and universities in Asia have been taking action and finding solutions to fix the stigmatization of mental health issues, such as creating groups on campus, taking advantage of social media, and much more. Hence, many students are gaining more access to the knowledge of mental health and, though

this is definitely a promising start, other societal views on this topic are still being frowned upon and neglected.

Compared to Western culture, it is usually not encouraged by parents that children raised in traditional Asian households should express their feelings or stress. The generation gap is evident because the history of many Asian countries centre around the ‘suffer before you enjoy’ concept. This is not to say that Asian parents do not care about their children, as they only want the best for their children’s future; however, it does show that cultural differences indeed play a big role in the accessibility of resources available for students suffering from mental health issues.

The competitive environment in many Asian education systems is a big cause of mental health issues. Most commonly

talked about, yet still in the shadows, is depression. With the “your results are equivalent to your status” mindset in these education systems, many students find it hard to keep up with the expectations of their parents because “being number 1” is something that makes them proud. The focus on education becomes the foundation of the relationship between the parents and children.

With the increasing amount of resources and with the help of social media nowadays, mental health issues are being talked about more often and shouldn’t be shunned. Having a platform to talk about these issues not only helps many students realize they are not alone, but the exposure of technology to adults creates a pathway to understanding such issues as well!

The Reality of Obsessive Compulsive Disorder

More than a quirky personality type

Daniel Greene – Lifestyles Editor

Misconceptions about obsessive-compulsive disorder abound in popular culture, with many people conflating it with mere perfectionism. Popular memes that claim to convey the reality of the disorder show images of sandwiches cut less than symmetrically, or cars parked outside of the yellow lines, with captions such as “serve this to your OCD friend,” or “just seeing how far we can push it until our OCD colleague explodes.” Images such as these, as benign as they may seem to those who create them, belittle the continual suffering by those who know from experience that living with OCD means more than feeling annoyed by floor tiles that do not maintain a set pattern, or a painting hung crookedly. For those who suffer from the disorder, just getting through a day can be exhausting and debilitatingly frustrating.

According to the American Psychiatric Association, OCD is a disorder that involves recurring and unwanted thoughts, ideas, or sensations which compel individuals to repeat certain actions. Individuals may fear that not repeating a certain action will lead to personal harm or harm to loved ones.

A commonly referenced example of an obsessive-compulsive tendency is that of repeatedly checking to make sure a door is locked. However, the tendency to double-

check things is not unique to OCD sufferers. It is likely that the majority of people have doubted whether or not they have locked a door at some point in their life. A more sinister example of OCD may be fearing that not walking back and forth between one’s vehicle and house five times before leaving for work will cause the house to burn down. It is likely that an individual with this type of obsession knows that what he or she is doing is unhealthy, but often the obsessive thought cannot be satisfied until the action is completed.

But ‘checking’ is only one compulsion that those with OCD suffer from. Others obsessively clean themselves and their surroundings or repeat certain words or prayers in order to stop illogical fears. Some people will tap objects or parts of their bodies a set number of times before leaving a room, or count to a certain number before eating a meal.

According to AnxietyBC, symptoms of OCD can appear in childhood, as early as seven years old. Symptoms are not constant, however, meaning they can evolve over time. For example, cleaning and washing compulsions could transform into counting and checking later in adulthood. Symptoms are not solely emotional, either. Along with anxiety, shame, and guilt, individuals can experience stomach aches, dizziness, and

muscle tension. Physical symptoms may also accompany emotional symptoms, such as having a stomach ache after experiencing a particularly disturbing and uncontrollable thought. Disturbing thoughts often centre on sexually forbidden or violent acts committed against loved ones, but in reality, obsessive thoughts can take any form.

Those with OCD face unique challenges in regard to academic performance. Unwanted thoughts can interfere with lectures, readings, and exams, and repeatedly performing obsessive rituals isn’t only mentally and physically draining—it’s also extremely time-consuming. Imagine trying to study on campus while wondering if your significant other is still alive, or if the sandwich you had for lunch is going to give you salmonella, or if that bump you felt on the road driving to school was actually somebody you hit.

What is important to remember is that OCD can take many forms and vary widely in severity. Some may experience obsessive-compulsive tendencies only during times of high stress, such as around exam time, but for others, there is no break. But for others, there is no break. For some, every day is a mental battle, and even leaving the house can be considered a small victory.

The Effects of Marijuana on Mental Health

How much do you trust your genes?

Willa Holmwood - Contributor

This magical plant has been getting humans high for over 4700 years. Unfortunately, the internet was not invented at this time, although a video of the first person to try it would have been highly entertaining. With the impending legalization of marijuana in Canada, many people are left wondering what repercussions this decision may hold. From elderly medical marijuana patients to straight A students to Snoop Dogg fans, a variety of people use cannabis for a variety of reasons. Despite much diversity, every user has one thing in common: the delicate balance of their mental health. This article will examine the complex relationship between marijuana and its potential health effects.

The most prevalent negative mental health effect of marijuana is an increased risk of psychiatric disorders such as schizophrenia, psychosis, anxiety, and depression. However, it is not as straightforward as many people think. First, take a look at schizophrenia. A study that followed 45,000 soldiers for 15 years concluded that those who used marijuana were twice as likely to develop schizophrenia. Another study estimated that 13% of cases could be avoided if cannabis was not previously used. These statistics imply that a predisposition to schizophrenia is a much stronger indicator than marijuana for developing this disorder.

Moving on to psychosis, taking a genetic analysis approach reveals key information about this severe mental impairment. There are two genes that code for enzymes involved in the risk of developing psychosis: AKT1 and COMT. These genes are essential for regulating dopamine and norepinephrine, which are important neurotransmitters that help to maintain a normally

functioning brain. If there is a variant in one of these genes, the risk of psychosis in marijuana users is seven times higher. Furthermore, evidence suggests that cannabis will bring the diagnosis of psychosis forward by an average of 2.7 years. Although that rhymes, it's not as cool as it sounds. This is another example of a predisposition vulnerability that is only relevant to certain people within a population. Marijuana use and developing psychosis then becomes a calculated risk - how much do you trust your genes?

More commonly, anxiety and depression are mental health disorders that university students may experience. Studies suggest that cannabis and anxiety coexist, though there is little evidence to suggest that it causes anxiety. After taking into account extraneous variables (such as marijuana users naturally being more anxious than the general population), no association between marijuana and anxiety disorders was found. Similarly, depression was first suggested to be moderately increased by cannabis use. This theory was then debunked, as studies did not have enough power to detect if cannabis was causing depression or simply providing insight into marijuana and social problems. It does appear that the marijuana users experience higher frequencies of anxiety and depression, but this is not related to the plant itself. Some studies have shown that THC (the main psychoactive ingredient in cannabis) can actually be used to treat anxiety and depression in low doses. However, high doses can elicit anxiety, which can result in the well-known panic attack that new users often report. Moral of the story? Take it slow!

After scaring you with schizophrenia and psychosis,

then warming you up with anxiety and depression, we have journeyed into the promise land of positive mental health effects! Marijuana can be used to treat post-traumatic stress disorder, insomnia, multiple sclerosis, dementia, and seizure disorders that are unresponsive to standard therapies. Reducing the symptoms of these illnesses can drastically impact mental health by improving quality of life. Zach Walsh, a Psychology professor at the University of British Columbia, suggested that cannabis also has the potential to reduce opioid drug overdoses by dealing with addiction. A few downfalls to keep in mind regarding these benefits is that marijuana doesn't work for every mental illness. If used with bipolar disorder, the effects appear to be less than helpful. In contrast to the benefits of treating an opioid addiction, 30% of cannabis users face marijuana use disorder and dependency issues. Although we're on the right track, clearly more research needs to be done.

Marijuana activates pathways that regulate emotional behaviour. As discussed in this article, this can lead to both positive and negative effects. All this information may be overwhelming. How can something that can cause schizophrenia also treat depression? With university students across Canada having access to safe marijuana in the near future, decisions will be made about whether the risk is worth taking. For some basic tips, think about how much THC you're consuming, the age you're first trying it (above 18 recommended), and your family history of pre-existing genetic vulnerability to mental disorders. Remember that marijuana may be fun, but your mental health is the coolest dope you'll ever have!

Incarcerated Identity

How the Field of Creative Social Work and Art Therapy is a source of hope

Curtis Woodcock – Arts Editor

Trauma and Mental Illness is something that has touched everyone's lives. If it isn't personally experienced, it will be experienced by someone close to you. It is not always clear how to process trauma and what works for one person may not work for another. One emerging option for people is something called Art Therapy. In a broad sense, it is a field of study dedicated to using artistic endeavours to aid in the processing and coping with certain types of trauma. Denica Bleau is currently working on her Masters in Social Work here at UBCO and spent four months in Scottish prisons during her Bachelor degree practicum.

Curtis: When did you do your practicum in Scotland?

Denica: Last year, January 2016. It was part of my bachelor's program. I was the only person to leave the country, so I had to set it all up myself. I was there for six months, four of those spent completing my practicum and two spent travelling.

C: So how many people within the prisons did you work with?

D: They don't necessarily refer to it as Art Therapy in Scotland; art in prison is often just called Art Classes.

We have some art classes in Canadian prisons, but the programs are advanced within the UK. I worked with the Scottish Prison Arts Network (SPAN), which is based in Stirling, and I bounced between Edinburgh, Glasgow, and Stirling. I spent a lot of time at the woman's prison located in Stirling. The lady I was working with in the prison

"Since I was a student, I was more under a mentorship trying to see actual results from the research I was reading about the subject."

was an art teacher, and she would work with individuals in prison to create art and helped individuals confront the emotional components that are intertwined to the process of creating. I would interview the ladies in the art class one on one and ask what their experience was with art and if they were taking anything, mentally or relationally, from the art process. While interviewing one particular woman, another woman spoke up and

said, "Art's bulls**t, it hasn't done anything to me." She kept telling her friend that everything she was saying about art was bulls**t. After I finished interviewing her friend, I talked with her. She said the important element of prison was being able to go to school, but after talking about school for a bit she switched to showing me the art based projects she was working on. She made a bunch of art based projects for her niece, like a doll and storybook. So, I asked what this had done for her and her niece's relationship, and she responded with, "Well I don't think we would have one if I didn't." I replied back with, "So is art still s**t to you?" She saw how art was helpful in this instance, but her thoughts on art were that she didn't like sharing her feelings through art and so she was shut off for the reason that everyone would ask how it made her feel. Making the things for her niece did make her feel good, but she had internalized that she needed to focus on academics as a means of self-improvement. As we discussed the art, she realized how it was boosting her self-esteem and confidence and how creating the doll helped her forget that she was in prison. It helped her focus on parts of her identity outside of being a "prisoner," so it helped her create a new identity.

C: That's super interesting, that in the same meeting she went from being closed off towards art to seeing that it is actually helping her. So how many people did you have a chance to work with or interview?

D: It's hard to say how many people I worked with as my involvement was with quite a few people both within prison and people who were previously incarcerated. Since I was a student, I was more under a mentorship trying to see actual results from the research I was reading about the subject. In Scotland, they have great programs. They had a magazine called *Stir* developed in the high-security prison. This was the first prison I visited, which was pretty intense. My supervisor and I went in and talked to the people who were working on the magazine. They were learning how to create layouts and taking the art pieces from the different prisons and putting it in this publication. They were telling us how it has helped them form a new identity. In Scotland, they don't call people inmates or prisoners; they refer to people as "those who have been/are incarcerated"

C: That's a smart idea, so it doesn't become how they identify themselves. In your

research have you found certain types of trauma or mental health issues are most successfully treated with Art Therapy?

D: I haven't explicitly been able to research pre-test, post-test, "this is the results," but in critically appraising of research I've noticed the impact of art with intergenerational trauma in Indigenous communities. Using a decolonized method, since Art is very prevalent in many Indigenous nations in Canada, using art as a means of expressing and reclaiming culture and confronting intergenerational trauma. There is also evidence-based research of art alleviating depression within prisons, increasing self-esteem and sustaining relationships outside of prison.

It was very enlightening being able to sit down and speak with Denica about creative Social Work and how Art Therapy is starting to show an impact on not only prisoners but Indigenous community members and many others as well. For myself, the findings dictate that the desire to create usually stems from trauma being internally provoked. The most creative periods personally are those fuelled by trauma and the processing that ensues once it has come to the surface. It was inspiring discussing the rise

of Art Therapy and just how beneficial one's creative mind can be for processing stressful events and even crafting new identities. It brings hope to many who cannot benefit from conventional methods and can inspire new interpretations of identity and help decolonize one's cultural identity.



Writing for the Cure

How Reading and Writing Can Aid in the Processing of Trauma

Curtis Woodcock – Arts Editor

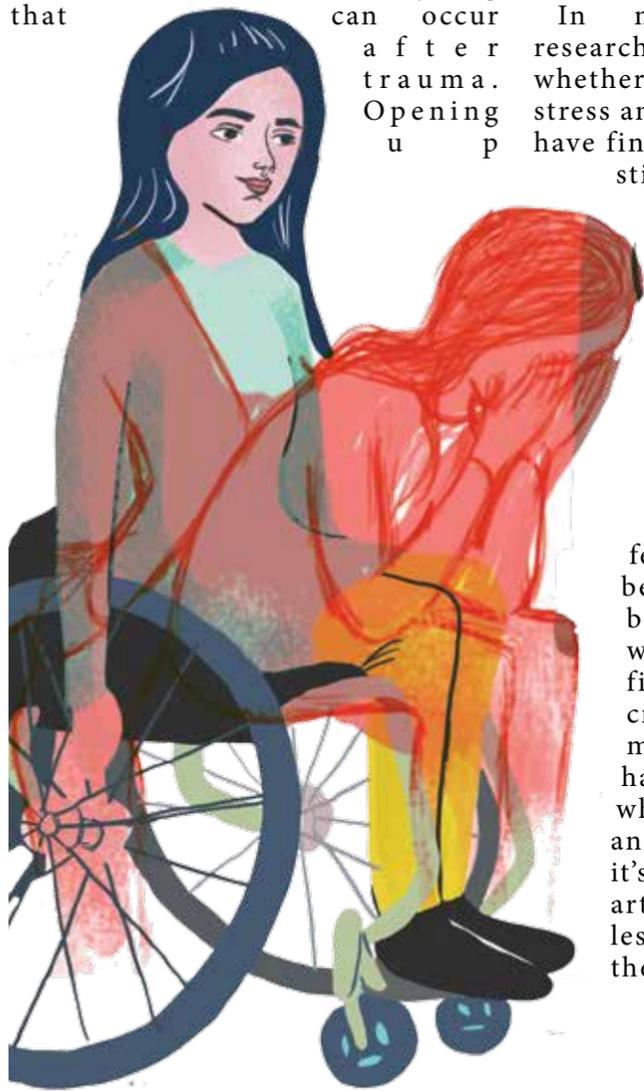
There is never a foolproof way to process trauma or to make sense of struggling with mental illness. Studies do indicate however that expressive writing as well as fictional reading and writing can help in healing past trauma and can help create an understanding of the triggers of anxiety, PTSD, and depression. It is never comfortable living with any of these conditions. Personally, I understand the struggle most days, just getting out of bed, let alone thriving in the fast-paced world that seems built for someone else. This can cause a person to suffer mentally. Reading and writing have been a tremendous help for me, and studies seem to corroborate these findings. One study from Harvard Health reveals that expressive writing about the traumatic experience can lessen the emotional fallout from these experiences, but that it isn't a cure-all method. Pairing thinking with expressing emotions about the traumatic event through writing can help organize thoughts and give meaning to the experience. The process of writing may also enable people to learn how to regulate their emotions better. Fostering this intellectual process of creating a story surrounding the trauma can potentially help others break free from the mental cycling that

can occur after trauma. Opening up

privately about these things can also give people more confidence to open up to others and seek social support that can aid in the healing process.

Dr James W. Pennebaker, who is currently the Chair of Psychology at the University of Texas, has conducted a lot of research on the subject. In one of his early studies, he asked 46 healthy college students to write about either a personally traumatic event or a trivial topic for 15 minutes on four consecutive days. For six months following this experiment, students who chose to write about the traumatic events visited the campus health centre less often and used pain relievers less frequently than those who wrote about trivial things. Most studies thus far have been conducted measuring the reduction in physically manifesting diseases after expressive writing. These conditions include sleep apnea, asthma, migraines, rheumatoid arthritis, HIV, and cancer. Most of the outcomes from these studies were physical, such as blood pressure and heart rate, which suggests that the initial process of writing may upset the individual, but eventually helps them to relax.

In more recent studies, researchers have evaluated whether writing helps reduce stress and anxiety. One study did have findings where it decreased stigma-related stress in gay men, and another study found that it benefited chronically stressed caregivers of adults. Other research at the University of Chicago, which could be useful for students, had found that anxious test-takers who wrote briefly about their feelings and thoughts before the exam earned better grades than those who did not. A lot of the findings in these fields of creative expression and mental health are still hard to fully measure, but whether it's hard evidence, anecdotal, or correlative, it's evident that expressive art can help many people lessen or make sense of their suffering.



Community in Music

How live music, dancing, and counter culture can all aid to a happier and healthier life

Curtis Woodcock – Arts Editor

A quick google search will bring up countless articles regarding how music is a positive influence on your brain and well-being. One Australian study takes this concept further by specifically mentioning how going to concerts and dancing can result in a higher level of subjective well-being. Live music and dancing create a happier atmosphere. Another Australian study done showed that people who listened to Punk or Heavy Metal in the 80's and 90's are more satisfied overall and are better adjusted to middle-aged or current college-age comparison groups. Another aspect of this study states that being part of a counter or fringe cultural grouping can help enhance identity development in troubled youth. Studies in the 80's and 90's found that even amongst the many heated debates over lyrical content, angry rock didn't turn people into alienated or maniacal people, it helped with identity understanding.

Melissa Weinberg and Dawn Joseph from Deakin University conducted a study where they found that Australians who participate in communal musical experiences have overall elevated levels of satisfaction in life. It sampled 1000 Australians, whose age average was 56, over the phone in 2014, answering questions in regards to their levels of satisfaction in areas of health, achievements in life, relationships, etc., as well as levels of engagement with music. They answered on a 0-10 or yes/no response scale, and the scores were significantly higher for the avid dancers and concert-goers. Everyone in the study who danced with others and enjoyed live music had increased satisfaction and well-being in life. Scientific studies have shown that live music can universally lower stress levels, increase social bonds while also decreasing levels of pain, and can even cause "skin-gasms" in people who get physically moved by music.

University of Queensland psychologists Leah Sharman and Genevieve Dingle conducted a study titled "Extreme metal music and anger processing." In this study, they subjected 39 extreme music listeners from the age range of 18-34 to anger induction. During this, they talked about irritating things like money, relationships, and work. Once their stress levels were high enough, the subjects either listened to a random assignment of extreme music from their playlists for ten minutes or complete silence. Previous studies that have been done on the subject tried to link loud music to higher levels of aggression and delinquency, but the results of Sharman and Dingle's study shows that listeners became calmer and inspired. The music aided in the exploration of the full emotional gamut, while leaving them more active and inspired. In their report they write, "at the forefront of the controversy surrounding extreme music is the prominence of aggressive lyrics and titles". In their additional experiments, they found that violent lyrics did increase the participant's hostility state, but that it was a fleeting, temporary effect. The results of this study have shown that extreme music has alleviated the listeners' angst and aggression, made them happier, calmer, and better able to cope with anger-inducing stressors in the everyday world.

Intrinsically, every avid concert goer, dancer, or music lover feels this is true, and now finally some studies have scientifically proven how positive live music can be. It creates a sense of community that many may not feel they have, and it can give the feeling of a support group if someone is suffering from depression, anxiety or general feelings of not fitting in. It is a safe space where people are having fun and communally experiencing something together. It creates a oneness that many don't get to feel, and it is such an important aspect of healing and processing the effects of mental illness. We're all family in music, let us support you when you are in need.

Organizing Our Mental Health

Organizations That Are Here to Bring Awareness and Aid in the Effects of Mental Health

Curtis Woodcock – Arts Editor

More and more we are seeing organizations come together to try and eliminate the stigma attached to mental health. One such organization is called Art with Impact. It is a wonderful organization out of San Francisco, California, bringing people from all areas of life together to create an open and safe community promoting mental wellbeing. They believe in growth, healing, and truth. “When we think of ‘mental wellness,’ this abstract concept that our organization exists to promote, we don’t think of the absence of mental illness. We think of the personal reflection, growth, and optimism inherent in the creative process.” Their goal is to create space for young people to connect and learn through art and media while trying to open up the floor for artists to become cultural icons of change and courage. This would enable young people to communicate fearlessly about their mental health. To do this, they aim to provide unique and safe spaces for learning, cultivating empathy, and to reduce the stigma in all regions of North America, while connecting people to the mental health resources needed. The filmmakers involved with the project continue to create diverse and compelling short films on mental health. They also try and maximize collaborations between the arts and social movements, by engaging with professionals and academic institutions through partnerships and transparency of methods and outcomes. They aren’t only in the States, there is also an Art with Impact Canada based in Toronto, Ontario!

Another Canadian organization trying to make a difference is the Telus Health Brain Project. Starting in 2016, the aim was to start a public conversation about brain health and bring awareness to diseases of the brain such as Alzheimer’s. It is not a specific mental health project, but it is raising awareness for all areas of brain health. This initiative has 100 blank sculptures of brains that artists will transform into thought-provoking art. Everything raised during this exhibition

will be donated to Baycrest Health Sciences, a leader in research in the areas of brain health and ageing.

Workman Arts, founded by Lisa Brown in 1987, is an organization based in Toronto, which is the longest-running multidisciplinary organization for mental health and art. She was a psychiatric nurse who was “guided by the principle that the creation process is integral to the quest for personal and spiritual development.” It is their mission to facilitate aspiring, established, and emerging artists with mental illness as well as addiction issues. This will help develop and refine their art form through training programs, public performance opportunities and partnering with other art organizations. They also hope to engage audiences as well as artists through visual, performing, literary, and media arts. This also helps promote a wider public understanding of mental illness and addiction through the creation, presentation, and discussion of the artistic media. To achieve their mission’s goals, they provide a supportive environment for the development of artistic projects. They have training programs in visual, performing, literary, and media arts related to artistic and professional practice, not only offering public performance and exhibition opportunities but also providing networking opportunities with arts organizations and companies. Continual research and evaluation programs, as well as dissemination of information and educational materials, are available to the general public and all stakeholders.

These organizations and many others truly believe in the merit of art and creativity correlating to improvement in such mental health areas such as depression, anxiety, and PTSD. The field is only growing larger with time, and it can offer low risk, low cost, mind-expanding activities that can lessen the symptoms or aid in the processing of trauma and its related mental health manifestations.

Letter to the Editor

Stories from my time as a Suicide Prevention Speaker

Barbara Lamoureux – Mother of Opinions Editor

In my time as a public speaker, I have spoken to tens of thousands of students, teachers, and people of all ages. I had a file full of letters and some suicide notes that people gave me after speaking with them. They gave these to me because they said they wouldn't need them any longer.

When speaking to a group of students, one girl came forward to speak with me. After listening to her for over an hour about some things that she had been dealing with for years, I asked her why did she decide today to speak with someone and why did she pick me to speak with? Her response was because I was a mom. I wasn't a professional counsellor or teacher, just a caring mom that said I would listen. That's why when I spoke to people I always told them that just being a friend can make all the difference in the world.

A teacher came to me after a presentation to say she needed help. It is not only young people that need to have a friend to listen or be told that someone cares. This teacher was suicidal, had been struggling for a while, and didn't feel that there was anyone to turn to. Even though the message was meant for young people at the presentation, the message applies to people of all ages.

One of the first talks I did in Wembly, Alberta, I had a young girl leave the talk

before I was even finished. She went to leave the school and a teacher saw her as she was leaving and got her to come back. She was taken to the counsellor's office and it took a long time for her story to come out because she didn't feel comfortable talking. What she finally disclosed was that she was just waiting for Friday to come, because on Friday, her parents were going to the city for the weekend and she was going to be

alone for the weekend and she was planning on taking her life. There were some things going on that she just couldn't deal with any longer and this was the only way she saw out. When we went to her house later, we saw everything the way she said, with her plan all ready and all the means she needed available and ready. She wrote to me years later, when she graduated from high school, to thank me because she still remembered me coming to her school and helping her that day.

It doesn't have to be a professional counsellor that is the person you ask for help, the most important thing is to just ask. I kept in contact with many people from my speaking days, and the one consistency from every success story is that it gets better, and that they have gone on to help others. The one thing to remember is that it is okay to ask for help, and to be there for each other.

I had a file full of letters and some suicide notes that people gave me after speaking with them. They gave these to me because they said they wouldn't need them any longer.

Drinking and School Stress

Tyrel Lamoureux – Opinions Editor

Drinking is a depressant and does not help in the way of stress, and students have a lot of stress. From midterms that never end to papers that won't type themselves, it seems that the stress of a student is always high all the time. While it is not new to anyone that students drink a lot, whether it's at dorm parties, downtown on the weekend, or casually in The Well during the week, those students who are drinking should understand the reasons behind their consumption of alcohol.

While I am not one to critique others and their drinking habits, I do think that it is important for those who are drinking to recognize

the core reasoning for it. Are you drinking on a Friday after a week of midterms and projects in order to let off steam? Or are you drinking before those midterms in order to deal with them? One is considered a way to relax or to be social, the other has the potential to be a problem. If alcohol is viewed as a solution to problems, it will become its own problem. If you do suspect that you have a drinking problem, I highly recommend going and seeing the counsellors on campus – they are a fantastic resource.

If you're drinking to deal with your school stress, I can promise that it will not help. When you drink

to deal with a problem it makes that problem worse, it gets played up in your mind, or you forget the problem altogether. Regardless of the momentary solution you tell yourself that you have found, that problem has not gone away.

Now drinking after that problem has been dealt with is a different story. The problem has gone away, and you have that opportunity to relax. Nobody should ever drink in excess or put themselves in danger, but I am simply suggesting that you realize why you are drinking: is it after the midterm, or before?

It's Okay to Ask for Help

Suicide and the importance of asking for help

Tyrel Lamoureux – Opinions Editor

If you are having problems with a class, you know you can get extra help. If you have a broken leg, you know to go to the doctor and get help. Unfortunately when it comes to mental health and having thoughts of desperation, self-harm, or suicide, people need to be reminded that it's okay to ask for help. When someone feels so desperate and alone, being told that someone cares and is there to listen and to help is sometimes all they need. To have them reach out and get the help that is so desperately needed. I write this coming from a family that has been through suicide and having a mother who has

travelled across Canada speaking in schools and communities on the subject of suicide prevention and getting the message out there that someone really does care and it's okay to ask for help.

For the people that feel so alone, it is essential that they understand that however bad you feel right now, you won't feel like that forever. Things will change, and they will get better. Reaching out to someone doesn't have to mean to go to a professional. They certainly have an important role, but reaching out to a friend, family member, or even a school instructor or neighbour can be

enough to start the conversation. It is hard to make that first step, but believe me, it is worth it. From all the success stories that my mother told, to the friends I have personally helped through their own battles, I can assure you that nobody wants to die. They just needed their situation to change, and reaching out to someone is the first step to that change.

Three simple things can mean all the difference in the world if someone comes to you for help. Stay with the person, or find someone that can stay if you can't. Don't leave them alone. Listen, really listen.

There are a couple

key things to look out for with friends or family, like how they talk about themselves, how they act, or things that have happened in their life. Keep an eye out on people who have recently lost a loved one, someone who has previously attempted suicide, or high amounts of stress in home life or school, or a major breakup of a romantic relationship. Notice how these people are talking about themselves, if they keep referring to themselves as a burden or being trapped or having no reason to live, and if they are discussing a desire to kill themselves. There can also be actions, like an increase

in alcohol or drug abuse, extreme mood swings, or giving away priceless possessions. While you should take notice of these things, you should also remember that suicide victims are not trying to end their life – they are trying to end the pain.

Don't always try and solve their problems, but just listen and do not judge. We all need to learn to listen. And get help for them. It is important to understand that no one expects anyone to be the one and only person that is going to help. But everyone can be that first very important step in saving a life.

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Cole Rodocker earned his BA in English from UBC-O in 2009 and graduated TRU Law in 2016. He was the first TRU Law student to obtain an articling position at leading national law firm Blake, Cassels & Graydon LLP. Cole was also the 2016 Law Society of BC Gold Medallist, graduating first in his class. He is currently a judicial law clerk working for six judges at the BC Supreme Court.

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