

# SACHJ

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South Asian Canadian Health & Social Services (SACHSS)  
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### INSIDE THIS ISSUE

1. SACHSS
2. NEWS AND UPCOMING EVENTS
3. LIVING WITH CHRONIC DISEASES
4. MANAGING TEENAGE OVERWEIGHT
5. POST-TRAUMATIC STRESS DISORDER
6. OPIOID ADDICTION
7. IMPULSE CONTROL
8. COVID-19
9. SLEEP DISORDERS
10. SUBSTANCE ABUSE
11. ANTISOCIAL PERSONALITY DISORDER
12. HOW TRAUMA AFFECTS THE BRAIN
13. THE EFFECTS OF COVID-19 ON PHYSICAL ACTIVITY

### South Asian Canadians Health & Social Services (SACHSS)

**SACHSS** offers culturally and linguistically appropriate services for South Asian men, women, seniors and youth, and other communities.

SACHS provides programs focused on Health Promotion, Mental Health and Addictions issues.

**SACHSS** serves clients with treatment and counselling services for those mandated by the legal system for issues such as driving under the influence of alcohol/drugs (DUI), violence, domestic violence, anger management etc.

**SACHSS** runs the PAR (Partner Assault Response) program for domestic violence and undertakes assessments and referrals to rehabilitation centres and intervention services for clients with addiction issues. We offer our services in Hindi, Punjabi, Urdu, Tamil, Gujarati, Malayalam and English.

**SACHSS** has highly qualified and experienced staff in the fields of Health Promotion, Mental Health and Addiction. We give early, convenient and flexible appointments including evenings and weekends and provide prompt, detailed client reports.

**SACHSS** serves all individuals and groups irrespective of their nationality, race, religion, ethnicity, language, colour, sexual orientation and preferences.

**SACHSS** strives to build a healthy and vibrant South Asian community.

Referrals from clients, physicians, family doctors, hospitals, the legal system, lawyers, agencies and organizations are accepted

## INFORMATION ON SACHSS

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### **SACHSS REHAB & DROP IN CENTRE**

We are happy and pleased to inform you that because of all the support, help and patronage from all our patrons, we opened our SACHSS Rehab and Drop-in Centre at 22 Melanie Drive, Unit 8, Brampton. Ontario. L6T 4K9. (Near Steeles & Melanie).

We now have our Thursdays Evenings 6- 8 pm Healthy Living Group at our new premises.

All are welcome.

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### **SACHSS Healthy Living & Positive Lifestyle Education Group**

THE SOUTH ASIAN CANADIANS HEALTH & SOCIAL SERVICES - SACHSS IS RUNNING ITS GROUP PROGRAM:

**NAME:** "HEALTHY LIVING & POSITIVE LIFESTYLE EDUCATION GROUP"

**DATE & TIME:** THURSDAY EVENINGS 6PM TO 8PM

**LOCATION:** OUR BRAMPTON OFFICE AT 22 Melanie Drive, Unit 8, Brampton. Ontario. L6T 4K9. (Just South of Steeles and Melanie, near Steeles and Torbram).

#### **WHO CAN ATTEND?**

- i. Anyone who faces stress and who needs and is interested in Stress Management and development of a Positive Lifestyle.
- ii. Persons who need help in dealing with their everyday stress which causes anxiety, depression and other issues in them
- iii. Persons who want to improve their Lifestyle with positive physical health and mental health
- iv. Persons with mental health issues
- v. Persons with addiction issues
- vi. Anyone with anger/violence/domestic violence issues
- vii. Anyone who has a family member with mental health, addiction or anger/violence/domestic violence issues
- viii. Anyone with legal problems related to mental health, addiction or anger/violence/domestic violence issues
- ix. This group is open to men, women, seniors and youth. All are Welcome!

**OUR PROGRAMS**

PROGRAMS FOR HEALTH EDUCATION & HEALTH PROMOTION	WOMEN'S PROGRAMS	PROGRAMS FOR MENTAL HEALTH
PROGRAMS FOR ADDICTIONS	YOUTH PROGRAMS	PROGRAMS FOR DOMESTIC VIOLENCE
ANGER MANAGEMENT PROGRAMS	COUPLE & MARRIAGE COUNSELLING	SENIOR'S PROGRAMS
OUTREACH PROGRAMS	PROGRAMS FOR HOMELESS INDIVIDUALS	INDIVIDUAL & GROUP COUNSELLING

**FOR ALL OUR SERVICES REFERRALS ARE ACCEPTED FROM ALL ORGANIZATIONS, AGENCIES, PHYSICIANS, AND THE LEGAL SYSTEM INCLUDING PROBATION & PAROLE OFFICERS AND BAIL OFFICERS AND LAWYERS.**

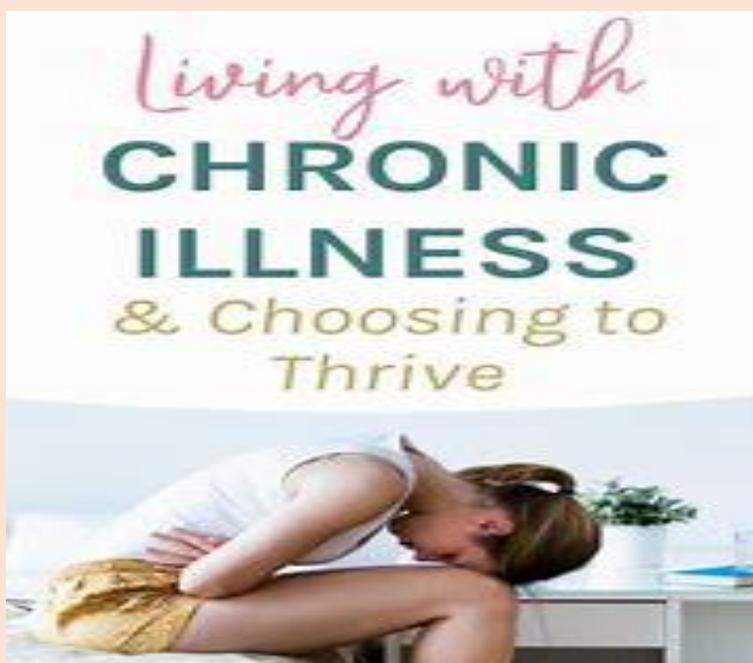
**SELF-REFERRALS ARE ACCEPTED.**

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<https://www.facebook.com/www.sachss.org/>

**February 2021 Issue: Articles**

**LIVING WITH CHRONIC DISEASES**



## **DR. MAHER HUSSAIN**

M.D.(India), M.P.H.(USA)

South Asian Canadians Health & Social Services- SACHSS.

### **Introduction:**

Living with chronic diseases can be very stressful, especially dealing with their exacerbations and dealing with increased severity of symptoms.

Chronic diseases can be physical illnesses such as Diabetes, Hypertension, Arthritis, Cancer, Heart disease etc. or can be mental illnesses such as Anxiety, Depression, Psychosis or Chronic stress and stress related illnesses.

Sometimes Chronic illnesses can start as acute illness and then may continue as chronic diseases. Most of the above-mentioned chronic diseases can start with an acute onset following some stress or trauma or may be found when undergoing investigations for some related unrelated conditions.

Being diagnosed with a long-term health condition can be frightening and disorienting. Once one moves beyond the initial shock of your diagnosis, it's helpful to learn how to cope with the daily stresses of living with your illness.

Why can coping with a chronic illness be so difficult?

When you are ill with an acute illness such as [bronchitis](#) or the [flu](#), you recognize that you will feel better and back to normal within a short period of time. A chronic illness, on the other hand, is different. A chronic illness may never go away and can disrupt your life and your family's life in a number of ways.

What are some effects of a chronic illness?

In addition to disease specific symptoms, people commonly complain of invisible symptoms such as pain, fatigue, and mood disorders. Pain and fatigue may become a frequent part of your day.

Physical changes from a disease may affect your appearance. These changes can turn a positive self-image into a poor one. When you don't feel good about yourself, you may prefer to be alone and withdraw from friends and social activities. Mood disorders such as [depression and anxiety](#) are common complaints of people with chronic conditions, but they are extremely treatable.

Chronic illness can also influence your ability to work. Morning stiffness, decreased range of motion, and other physical limitations may force you to change your work activities and environment. A decreased ability to work may also lead to financial problems.

If you're a homemaker, your work may take much longer to do. You may need the help of your spouse, a relative, or a home healthcare provider. As your life changes, you may feel a loss of control, anxiety, and uncertainty of what lies ahead. In addition, there may be role reversals in families, as family members who were once stay-at-home now have to go back to work, due to their significant other's inability to work.

[Stress](#) can build and can shape your feelings about life. Prolonged stress can lead to frustration, anger, hopelessness, and, at times, depression. The person with the illness is not the only one affected; family members are also influenced by the chronic health problems of a loved one.

If I have a chronic illness, how can I make my life better?

The most important step you can take is to seek help as soon as you feel less able to cope. Taking action early will enable you to understand and deal with the many effects of a chronic illness. Learning to manage stress will help you to maintain a positive physical, emotional, and spiritual outlook on life.

A mental health provider can design a treatment plan to meet your specific needs. These strategies can help you regain a sense of control and improve your quality of life—something everyone deserves. If you are suffering from depression, your doctor may prescribe medications to help regulate your mood and make you feel better.

What kind of help is available for someone with a chronic illness?

There is help available for people suffering from stress due to chronic illnesses. These include the following:

**Support groups:** Support groups are a useful sharing experience. They provide an environment where you can learn new ways of dealing with your illness from other people's coping strategies. You may want to share your own approaches, too. You will gain strength in knowing that you are not facing hardships alone.

**Individual counseling:** Sometimes people have problems that are better addressed in a one-on-one setting. By taking part in individual counseling, you may more effectively express sensitive or private feelings you have about your illness and its impact on your lifestyle and relationships. There is a specific group of trained mental health providers who have extensive training in coping with chronic illnesses.

**Family and couples counseling:** A chronic illness often affects the entire family. It is important to find a family or couples-trained mental health provider, who can help to address this dynamic issue.

When should I seek help to cope with my chronic illness?

The following is a checklist of the sources and signals of stress that you may experience with chronic illness. Seek help from a mental health provider as early as possible to help you understand and cope with your illness better.

Your sources of stress:

Chronic illness

Uncertainty about the future

Unpredictability of the disease

Disability

Financial difficulties

Stress symptoms:

Irritability

Sadness

Loss of interest in things once enjoyed

Disturbed sleep

Fatigue

Body aches

Pain

Anxiety

Tension

[Headaches](#)

Cognitive issues

Difficulty in relationships

### **Living with chronic diseases:**

Everyone is susceptible to the effects of stress. However, living with a long-term condition can make one particularly vulnerable. In addition to the everyday challenges that most people face, chronic illness adds new layers of stressors. For example, one may need to:

- cope with pain or discomfort from symptoms
- take steps to manage the condition and practice self-care
- adjust to new limitations that the condition puts on one's life
- manage increased financial pressures
- cope with feelings of frustration, confusion, or isolation

One can take steps to maximize the quality of life and minimize the challenges of living with a long-term illness. The following strategies can help one, to cope and regain control.

### **Understand Your Condition**

When you're living with a long-term condition, it can be helpful to learn everything you can about your symptoms and treatment options. Ask your doctor specific questions about your condition, but don't stop there. Your local library and patient associations for specific conditions are excellent resources for increasing your knowledge base. You can also find information online, although some sources are more accurate and reliable than others.

Observe your own body too. Pay close attention to what seems to ease your symptoms or make them worse. Use a notebook or calendar to record trends and other insights that might help you manage your symptoms. Share your notes with your doctor so your healthcare team can better understand how your condition affects you.

### **Become a Self-Manager**

Serving as the day-to-day manager of your own health may help you gain a sense of control and improve your quality of life. Following your recommended treatment plan may help keep your symptoms and stress in check. For example, it is important to take prescribed medications as directed and attend scheduled healthcare appointments. It may help to set up a reminder system in your calendar, daily planner, or smartphone.

Other daily decisions that affect your actions and lifestyle can shape how effectively you circumvent stress. For example, eating nutritious foods and getting enough exercise may help boost your mood, improve your mobility, and ease your symptoms. You should also take steps to manage your attitude, emotions, and relationships.

### **Manage Emotions**

The all-encompassing nature of chronic illness, and the ways it disrupts your life and plans, can elicit a wide range of emotions. These responses may include:

- stress
- grief
- rage
- fear
- depression
- anxiety

**Experiment with different ways of managing stress and painful emotions.** When you find a technique that works, incorporate it into your daily or weekly routine. Some ideas include:

- exercising
- stretching

- listening to music
- deep breathing
- meditation
- writing in a journal
- cooking
- reading
- spending quality time with family and friends

It may help to schedule time in your calendar for regular breaks and self-care.

### **Manage Relationships**

Relationship management is also important when you have a chronic condition. You may find that you have limited energy and time available for socializing. Some friends or family members may not understand the challenges you're facing.

Making smart choices about where to focus your time and energy can help you live your best possible life. Focus on the relationships that are most important to you. Let go of relationships that add more stress than support to your life.

### **Develop Adaptability**

Attitude and approach can make a big difference to your quality of life. It's important to develop a healthy acceptance of the lifestyle changes that your condition requires. It also helps to develop confidence in your ability to live within these constraints.

You can take control of your life in ways that make a difference to your everyday experience by approaching your condition with adaptability and confidence. Develop new skills and habits and take a problem-solving approach to figure out what works best for you. You'll be better able to manage challenges as they arise.

### **Conclusion**

Living with chronic illness can be stressful, but you can take steps to manage your condition and maintain good quality of life. Learn as much as you can about your illness and treatment needs. Be proactive about following your treatment plan and leading a healthy lifestyle. Make time for activities and relationships that leave you feeling happier and supported, while avoiding people and things that stress you out. By adjusting your expectations and practicing self-care, you can make your health and wellbeing a priority. Even though one may have a chronic illness, if the person takes proper care of the illness with regular treatment and regular follow ups, still the person can lead a healthy and happy life. Being positive and having a positive attitude helps a lot.

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## MANAGING TEENAGE OVERWEIGHT

**What to do with an overweight teenager: fewer requirements, more acceptance**



**NYNA PETROV**

South Asian Canadians Health & Social Services- SACHSS

Want to know a topic that I do not recommend to any parents who have children this age? Diets. Overweight in teens is a real problem that we cannot consider as a monster to slaughter with dietary restrictions, because it is not only a problem of balance, it is necessary to understand the reasons for which the teenager is overweight to know how to help it.

After an assessment by a health professional, who will determine if there is a hormonal or metabolic cause for the teenager to be overweight, he will have to be accompanied to develop a better acceptance of his body, to put an end to school bullying, if necessary (the "bullying" being the real monster to fight!), and build a healthy relationship with food that should not be loaded with obligations. Helping your overweight teenager to have a serene relationship with food and his body is the best gift you can give him for the rest of his life!

Just as in the first year of a child's life - when the baby triples its weight in just 12 months - adolescence is a phase of intense transformation.

They are hormones, emotions, a disordered growth of the body ... And an insatiable hunger! And it is also a moment of individualization, during which some adolescents decide to break the family models, to ask questions and to impose their own opinions.

All this is acceptable! What is not, at this stage of life, is to come into conflict with one's own biology by trying to have a type of physics that is always attainable. Unfortunately, this war against the body can at this time of transformation cause an imbalance, which can be expressed by a greater weight gain or the appearance of eating disorders.

### **Adolescence is the right time to make peace with food!**

Studies show that overweight teens are likely to remain so in adulthood. But I'd like to emphasize that this is one of the best times to break free from obesity. And because, in addition to being a phase of physical growth, adolescence is also a period in which we consolidate some of our values. What to do to help the overweight teenager? I suggest to him to leave the foolish diets aside and to listen to the signals that his body sends him. The feeling of hunger can be intense, but this is solved by eating better and being attentive to the quality of the food we eat, but also HOW we eat

them. If your overweight teen eats when the urge occurs, but consciously, slowly, chewing well, feeling the taste of things, he will probably feel more quickly satiated and will not want to eat again.

### **Mindful eating is a great way to help an overweight teenager. It is more effective than any diet!**

What to do when you are a parent of an overweight teenager?

I see many parents obsessed with the body image of their teenager. I believe that this kind of concern does not bring anything good except a general discontent of the family. Prohibitions can not only be the cause of overweight in teens, but worse, trigger an eating disorder.

Ashamed, the teen begins to hide to eat forbidden food so as not to disappoint his parents.

What to do to reverse this image? My advice is precisely not to focus on the fact that the teenager is overweight but to value its other features! Is he good at math? Can he fix anything? Does he have culinary skills, talent to sing, is he a martial arts ace?

Life is more than just a number on a scale. From the moment the overweight teenager and his or her parents' no longer value that imposed body standard, and then begin to build self-esteem by valuing other qualities, this unhealthy relationship with food becomes more serene.

### **Routine is a prevention against overweight in teens**

We must accept that puberty is a time of weight gain and growth. It's natural! Now, to prevent a teenager being overweight, it is important that everyone at home is engaged in this cause.

What to do? One simple advice I always give is: set a routine. The power of habit is something incredible. A teenager who has a schedule for major meals (breakfast, lunch, snack and dinner) will be less likely to become obese.

He or she will feel less hungry to nibble throughout the day if he or she eats a lot of fruits, bread, rice, meat, vegetables, salad, etc., that is to say real food. It is up to the parents to help him in this process and to foster a healthy environment at home.

What if parents do not like to cook? How about testing quick and easy recipes without too many ingredients? You do not have to be a great chef to do simple and tasty things. And the teenager himself could discover that he has culinary gifts! What a good opportunity to engage everyone in the same cause! Research recipes and challenge each other in finding recipes under 300 calories. Find fast, easy and tasty meals under 300. Make it a friendly challenge.

Apart from the family, it is also necessary to respect the social life of the teenager. Yes, he or she can eat festive meals, and even opt for a fast-food restaurant from time to time! The deprivation of these events makes them sad or makes them feel guilty by eating and this disrupts the process of a serene relationship with food.

**In summary, what can I do to help my overweight teenager? Fewer obligations, more acceptance!**

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## POST TRAUMATIC STRESS DISORDER



**Harsha Nair**  
**CDI College, Mississauga**

### Introduction

Post-Traumatic Stress Disorder (PTSD) is a mental health condition that can develop as an after effect of a person witnessing a traumatic event, such as sudden death of loved ones, war experiences, natural disasters, accidents, suffering from physical/mental abuse etc. Trauma is usually unexpected, and people struggle to handle the changes occurs in their life due to trauma. According to DSM-5, PTSD is included in Trauma- and Stressor- Related category. DSM -5 is The Diagnostic and Statistical Manual of Mental Disorders. It helps in treatment recommendations, helps in psychiatric diagnosis.

Usually, most people will overcome these feelings after a certain time frame. But few need more care and some professional help to go back to normal life.

Studies suggest that over 70 per cent of Canadians have been exposed to at least one traumatic event in their lifetime, and nearly 1 out of 10 Canadians may develop PTSD at some point in their lives. PTSD can affect adults or children and can appear months or even years after exposure to the trauma. According to a recent study, Canada had the highest prevalence of PTSD of the 24 countries included in the study. The Netherlands, Australia and the US followed. Nigeria, China, Romania had the lowest levels.

### Causes/ Reasons

All traumatic experiences will not lead to PTSD. There might be some reasons behind the disorder. Some jobs put people in dangerous situations. Military people, First responders, Crisis Workers, Doctors, Nurses will experience the higher rate of PTSD, when compared to other professions.

Sometimes, the events happening to the individual or loved ones are the cause of PTSD. Few of the events are:

- Physical abuse – People who have a history of physical abuse at home will have a high probability of having PTSD.
- Sexual abuse/Assault – A person who has been exposed to domestic violence is predisposed to the development of PTSD. Those who have experienced sexual assault or rape may experience the symptoms of PTSD. Some symptoms such as re-experiencing the assault, increased anxiety and so on. If the people around the survivor are unable to take care of the person, the symptoms will be worse.
- Accidents – Witnessing or experiencing a major accident can also lead to trauma. The blood, the deaths or anything related to the accidents can make the person get upset and show the symptoms of PTSD.
- War experiences – The veterans are at high risk of developing PTSD, as they could be facing a lot of violence or war-related trauma. Sometimes their symptoms could be delayed and unable to diagnose it on time. Refugees also have a high rate of developing PTSD due to their exposure to war, sexual assault, stress.
- Terrorist Attacks – Witnessing or being part of a terrorist attack is also a cause to have PTSD. For instance, the World Trade Organization Attack in 2001 was a traumatic experience to a lot of Americans. The people who witnessed the explosion, took a lot of time and medical help to recover from the trauma.
- Life-threatening illnesses, such as Cancer, Covid-19 – If a person has a life-threatening illness, that can lead to trauma. As per few studies, 22% of cancer survivors have PTSD-like symptoms. Loved ones of the people having life-threatening illnesses may also experience the symptoms of PTSD.
- Living in or near the area that is suffering from a conflict or war – Witnessing the war and living near the war area can increase the anxiety and by seeing people die every day is not an easy task. These situations can lead to PTSD.
- Pregnancy-related Trauma – Women who experienced miscarriage are at risk of PTSD. Symptoms of PTSD may be seen after childbirth too.

### **Signs/Symptoms**

PTSD symptoms usually start soon after the traumatic event, but they may not happen until months or years later. These signs may come and go over many years.

After going through a traumatic event, you may experience several symptoms such as;

- Remembering the event or something related to the event makes you upset.
- Avoiding the places, things or people connected with the event.
- Avoiding friends and family.
- Experiencing sudden attacks of dizziness, fast heartbeat or shortness of breath.
- Having nightmares, vivid memories, flashback of the event.
- Experiencing the event over and over again in your mind.
- Always thinking that you are in danger.
- Feeling emotionally numb.
- Hopelessness about the future.
- Feeling anxious, irritated or gloomy all the time.
- Have trouble sleeping and unable to focus on normal activities.

PTSD symptoms can change your behavior and lifestyle all of a sudden. For instance, you may pull away from your loved ones, become workaholic, or start using drugs or alcohol to reduce the symptoms. Even you may find being in a relationship so hard and become depressed. Some people with PTSD also have panic attacks, which are sudden feeling of fear or anxiety that something bad is going to happen.

Children who are between the ages of 6-9 years old, may act out of their traumatic experience through play, drawings or even stories. They can become aggressive and irritable with small things. The fear or anxiety could make them introvert in some situations. Some children may experience sleeping difficulties as well.

## **Treatment**

People can recover from PTSD with help diagnosis on time and better treatment. Some may recover in 6 months, while others may take much longer, sometimes a few years. Trauma counselling or therapy can be done individually or in a group. Family counselling and individual treatment is effective for relationship issues. Psychiatrists or family doctors can prescribe medication for depression, anxiety or sleeplessness. Medication works better, when a person is in counselling.

If you feel you or your loved ones have PTSD, it is important to get treatment. Treating early can help you to reduce long-term symptoms. If you think you have PTSD;

- Talk to your family doctor
- Talk to a mental health professional.
- If you are a veteran, contact veterans affairs Canada.
- Talk to a family member or close friend, they can support you to find the help you required.
- If you have thoughts of hurting yourself or others, call 911.

Treatment for PTSD include:

### **1. Counselling**

This can help you to cope with the situation and feel better. A type of counselling called Cognitive behavioral Therapy (CBT) is effective for treating PTSD. This method was developed by Aaron Temkin Beck in the 1960s. This therapy is based on the idea of chain of events.

CBT teaches you how to put your thoughts, feelings, and behaviors together and helps you to deal with problems and stress. The counsellor can also teach you some relaxation techniques to enhance your skill set and bring you back to normal life. Exposure therapy, which can help you to talk about your experiences and reduce avoidance.

### **2. Antidepressant Medicines**

Antidepressants, especially serotonin reuptake inhibitors (SSRI's). They include fluoxetine, paroxetine and sertraline.

Medication, such as antianxiety or antidepressant medication, may help you to reduce anxiety as well as problems like depression or sleeping difficulties.

### 3. Support Groups

Support groups are the places where you can share your feelings, experiences and learn from others. It helps you to connect with people who are already gone through PTSD and successfully overcome the situation.

In some cases, you may need to try different types of treatment before finding the one that helps you. These treatments may include other types of medicines or other forms of counselling, such as group counselling. If the individual has drug or alcohol issues with PTSD, he/she may need treatment for addiction as well. Support system such as family or friends are also essential. Participating events of support groups after the traumatic event will help the individual to reduce the stress.

#### **Prevention**

After experiencing a traumatic event, taking some protective measures can help reducing the risk of developing PTSD.

- Seeking support/help from family or friends.
- Connecting with support groups in the community.
- Having a coping strategy or a way of getting through the traumatic event.
- Being able to act and respond effectively despite feeling fear.
- Seek help as soon as possible after the traumatic event. Try to contact family service agencies, community mental health services, workplace employee assistance programs, counsellors, or family doctors.

Canada Government and health departments are committed to address PTSD. They passed *Federal Framework on Post-Traumatic Stress Disorder Act* in June, 2018. The act recognizes that all Canadians can be at risk for PTSD, and that a great number face higher risk because of the nature of their work. This framework was developed to help;

- Improve tracking PTSD and its economic and Social Costs.
- Promote and share guidelines and best practices for diagnosis, treatment and management of PTSD.
- Create and distribute educational materials.
- The framework will be used to strengthen knowledge creation, knowledge exchange, and collaboration across the federal government, and with partners and stakeholders.
- Reduce stigma and improve recognition of the symptoms and impacts of PTSD.

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BOOK – The Essentials of Family Therapy 6<sup>th</sup> edition

Michael P Nichols  
Chapter 10- Cognitive Behavioral Family Therapy

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### **OPIOID ADDICTION**



**TARANBIR SINGH HANDA (MD),  
STUDENT COUNSELLOR, SACHSS**

**Introduction:** Opioids are the group of drugs derived from opium, like morphine or with similar chemical composition, synthetic ones such as fentanyl, primarily used as pain medication but Opioid addiction is one of the most prevalent and dangerous types of addiction worldwide. In Canada alone, almost 17000 death have occurred in the last 6 years and most of the deaths occurred in males aged between 20 -49 years of age. Similarly, in South East Asian Countries such as India, the situation is already very grim where these drugs are in the reach of school-going children. In India, most truck drivers use “DODDA” a dried form of opium plant during their long-haul trips and the same is found in South-Asian Canadian drivers. The drug commonly used for pleasure-seeking behavior is HEROIN, a world-wide abused drug in almost every country.

Causes of Opioid Addiction: 1. Prescription Opioids (P.O.) are the most common cause of opioid addiction in Canada. Yes, it is true as we mostly think about opioids addiction is from street opioids such as heroin or fentanyl.

Other causes are Peer Pressure, thrill-seeking behavior (just to try the drug for fun), young age (don't understand the repercussions of the drug use), abused childhood & relationship issues (want to seek refuge in drugs), other substance use such as alcohol or marijuana. All these factors increase the likelihood of opioid addiction.

## **CLINICAL FEATURES**

**Intoxication:** The severity of symptoms depends upon the dose and route of administration. The intravenous route causes the most severe symptoms such as nausea, vomiting, breathing problems, small pupils, altered mental status, such as confusion, delirium, or decreased awareness or responsiveness.

**Withdrawal:** These occur when it takes time for your body to adjust to no longer having opioids in your body. There are Early and Late symptoms,

Early symptoms include: Agitation, muscle aches, restlessness, increased tearing & sweating, running nose, sleeplessness and yawning

Later symptoms include: Diarrhea, nausea, vomiting, abdominal cramps, rapid heartbeat, dilated pupils, high blood pressure, skin goosebumps.

### **Some info about Heroin use**

A. Heroin Intoxication: It has very high addictive properties and is used in a variety of ways such as smoked, snorted or injected. The injectable form is most widely used as injections give an instant kick called "The Rush" which is the initial sense of EUPHORIA + warm flushing of the skin, dry mouth, dry eyes, Heaviness in the limbs, nausea and vomiting followed by going "ON THE NOD," a back-and-forth state of being conscious and semiconscious.

2. Chronic use of injectable heroin causes Collapsed Veins, Abscess, Liver and Kidney Diseases and more serious infections such as HIV/AIDS, Hepatitis B & C or a fatal overdose. So, we can well imagine that how it impacts our healthcare system and, keep in mind the financial implications it might have including the loss of our loved ones.

B. Heroin Withdrawal: It is associated with Tolerance and Physical Dependence (PD) & PD is accompanied by Withdrawal.

Time for withdrawal: a) Heroin Injection: within 12 hours of the last dose

b) Methadone: 30 hours of the last dose

**Management:** With Opioid Antagonist like Naloxone or Naltrexone, along with 2 Major drugs such as Methadone and Buprenorphine and counselling

+

Benzodiazepines, Clonidine for other symptoms like Nausea, vomiting, diarrhea, and cramps

Call 911, if someone is overdosing and can use a naloxone kit if available) while you wait for medical help.

## **TREATMENT OPTIONS**

**Short Term Rehab:** it is usually for 4 weeks and includes counselling along with medical management of the client's symptoms. Various counselling modalities include CBT, DBT, EMDR given result in better outcomes than medicinal treatment alone.

**Long Term Rehab:** It is reserved for those clients who relapse, and treatment may go up to 3-6 months and if clients still use drugs after the rehab then medicinal treatment is the preferred method as mentioned below.

Medicinal Treatment: It is based on the harm reduction approach. It includes drugs such as Methadone, Buprenorphine, Naloxone or Naltrexone and usually months-long treatment.

#### Methadone Maintenance Treatment

For Heroin Addiction

1 dose given/day

Patient visits Methadone Clinic for 6-7 days to get Supervised dose, which is given in a liquid form and then a maintenance dose is set for the individual patient

Maintenance Dose (MD) is usually between 6- 120 mg/day and a patient urine sample is taken for the drug test.

Take home dose is also provided based on patient response and time in treatment.

MD is also associated with a decrease in criminal activities and drug-seeking behaviour

Counselling (individual and group counselling): once the client is settled down

**BUPRENORPHINE:** 1. Nowadays widely used drug for the treatment of Opioid Dependence

Used in combination with Naloxone (Suboxone) to prevent misuse

Given 1 dose S/L (2-4 mg) given well after the LAST dose of opioids (in early withdrawal)

MD: 8-16mg/day (based upon patient response)

Counselling: during the treatment to reinforce willingness to avoid drugs

**NALTREXONE TREATMENT:** 1. It has a very poor outcome because of poor compliance and the high dropout rate

2. Used by a person in healthcare, business executives or persons on probation in the legal system for incentives related to treatment completion.

3. TRIGGERED WITHDRAWAL if given in the physiological dependence phase.

#### **PREVENTION STRATEGIES**

It is the collaborative efforts from the public and the physicians prescribing these medications too. From the Physician's side, there should be a judicious prescription for all opioid users and watchful for obvious signs of misuse and patients should also use the drugs as per the prescription and not use altered doses, nor share their medicine with someone else including their family members. Drugs such as Heroin, must not be used in any instance to prevent dependence and one should seek medical advice along with counselling on how to deal with drugs and their mental and physical side effects immediately to avoid any complications.

References:

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[Canada's opioid crisis \(fact sheet\) - Canada.ca](#)

Dr. David Teplin, C. Psych., On Substance Abuse; [Dr. David Teplin, Adult Clinical Psychologist Substance Use Disorders Video Media.](#)

BREM Class Notes

World Health Organization; [Opioid overdose \(who.int\)](#)

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## IMPULSE CONTROL DISORDER

**AALAM HAFIZ**  
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### **Introduction**

Impulse control disorder (ICDs) are regular mental conditions in which influenced people normally report huge disability in social and word related working and may bring about legitimate and monetary troubles also. Despite proof of ICDs being normal, they remain ineffectively comprehended by the general population, clinicians, and people with the problems. Pharmacotherapy contemplates, albeit restricted, have exhibited that some ICDs react well to treatment; notwithstanding, there has been either exceptionally restricted or, for some ICDs, no investigation into likely medicines. Likewise, further examination is expected to prove large numbers of the investigations that have been led.

Although the degree to which ICDs share clinical, hereditary, phenomenological, and natural highlights isn't totally perceived, numerous ICDs share center characteristics

- (1) repetitive engagement in a behavior despite adverse consequences
- (2) diminished control over the problematic behavior
- (3) an appetitive urge or craving state prior to engagement in the problematic behavior and
- (4) a hedonic quality experienced during the performance of the problematic behavior.

These features have led to a description of ICDs as behavioral addictions. ICDs additionally seem to have some clinical cover with urgent practices albeit this relationship isn't yet totally comprehended. The spaces of impulsivity (characterized as an inclination toward quick, impromptu responses to either inner or outer improvements without respect for negative consequences) and compulsivity (characterized as the exhibition of dull practices with the objective of lessening or forestalling nervousness or trouble, not to give delight or satisfaction) have been considered by some as lying at furthest edges of a range. Compulsivity and impulsivity may, in any case, happen all the while in an issue or at various occasions inside a turmoil, accordingly, confounding both our arrangement and treatment of specific practices. At the point when youngsters and youths seriously battle to control their feelings and practices, they may possibly be experiencing a drive control issue. Motivation control issues are portrayed by persistent issues in which individuals come up short on the capacity to keep up poise which eventually brings about the beginning of outrageous interruptions and dysfunctions in close to home, familial, social, and scholarly parts of their lives. Youngsters and teenagers with motivation control problems as often as possible take part in dull, ruinous practices notwithstanding the antagonistic results that emerge from the cooperation in those practices. These people don't have the important abilities needed to administer practices and passionate reactions properly and treatment is vital. Indeed, even in situations where people experiencing these conditions want to deal with their feelings and practices, they think that its troublesome,

and practically inconceivable, to do as such because of the way that the inclinations to partake in the practices are obviously overpowering and all-burning-through.

There are five types of impulse control disorders identified as stand-alone disorders:

### **Oppositional defiant disorder**

Oppositional defiant disorder (ODD) is commonly a childhood behavior disorder, is generally a youth conduct issue. Those with this condition discover it control their feelings or practices. Around 2–11% of youngsters have this issue, and it is more normal in preadolescent guys than females. Individuals with ODD ordinarily begin encountering side effects between the ages of 5–10, and indications may disappear as they get more established.

### **Intermittent explosive disorder**

Discontinuous dangerous issue (IED) happens most generally in late youth or the young years. Individuals with this condition have brief snapshots of outrage and hostility that seem, by all accounts, to be lopsided to the trigger. The reason may not be recognizable to anybody other than the individual with IED

### **Conduct disorder**

Lead issue (CD) is a drive control issue that typically creates during youth or youthfulness. Individuals with this condition will in general be insubordinate, defiant, and forceful. Around 2–10% of youngsters and adolescents have this issue, and it is more normal in guys than females. Individuals with this condition are likewise bound to have consideration shortfall hyperactive confusion (ADHD), disposition problems, and formative issues

### **Kleptomania**

Individuals who have compulsion to steal have a motivation to take assets that don't have a place with them. The condition can introduce at whatever stage in life and is bound to influence females than male

### **Pyromania**

Arsonist tendencies is an uncommon motivation control problem where individuals become entranced by fire and everything identified with fire. They regularly have an impulse to set things land. Arsonist tendencies is more normal in young people and grown-ups, while guys are bound to have this condition than females. Individuals with arsonist tendencies are bound to have disposition problems and learning handicaps.

### **Signs and symptoms of impulse control disorder**

- Starting fires.
- Sudden explosive anger or acts of violence.
- Hair pulling.
- Participating in risky sexual behaviors.
- Stealing.
- Compulsive lying.
- Poor social skills.
- Isolating oneself from family and friends.

A lack of impulse control may be associated with certain neurological disorders, such as attention deficit hyperactivity disorder (ADHD). It may also be related to an intersecting group of conditions known as impulse control disorders

### **Causes and risk factors for impulse control disorder**

Due to the fact that professionals in the mental health field have been unable to identify a specific cause as to why impulse control disorders develop, the agreed consensus is that a combination of multiple factors come into play when leading up to the onset of an impulse control disorder. Included in the following are examples of such contributing factors:

#### **Genetic:**

Just like the case with most emotional well-being messes, there seems, by all accounts, to be a solid hereditary bind to the presence of drive control issues. Different investigations have indicated that youngsters and teenagers who have relatives who battle with ailments, for example, state of mind issues are more powerless to creating side effects of drive control issues

#### **Physical:**

Exploration has indicated that there is a high likelihood that when the particular cerebrum structures that are connected to the working of feelings, arranging, and memory become imbalanced, side effects of drive control practices can create

#### **Environmental:**

Natural variables can assume a huge part in the beginning of practices that are indicative of motivation control issues. At the point when youngsters are brought up in families where savagery, obnoxious attack, psychological mistreatment, actual maltreatment, and hazardous enthusiastic responses to specific circumstances are predominant, they might be at a higher danger for building up some sort of motivation control problem. For certain youngsters and teenagers, the beginning of such practices might be a to some degree oblivious methods for overseeing circumstances in which they would somehow or another not have any control and furnish them with

#### **Risk Factors:**

Being male  
 Being of younger age  
 Chronic exposure to violence and aggressive  
 Being the subject of physical, sexual, and/or emotional abuse and neglect  
 Pre-existing mental illness  
 Family history of mental illness  
 Personal or family history of substance abuse and addiction

### **Signs and symptoms of impulse control**

The signs and side effects that will introduce themselves in kids and youths who are battling with a drive control problem will shift contingent upon the particular sort of motivation control issue they have, how old they are, the climate wherein they are encircled, and whether they are female or male. Coming up next is a rundown of various social, physical, psychological, and psychosocial manifestations that may show the presence of a motivation control issue:

#### **Social indications:**

Stealing  
 Impulsive lying.  
 Lighting fires  
 Partaking in hazardous sexual practices  
 Carrying on forcefully or fiercely against individuals, creatures, objects, as well as property  
 Actual indications:  
 Presence of wounds or scars from participating in actual battles or scenes of forcefully carrying on  
 Consume blemishes on the individuals who participate in fire-beginning practices  
 Presence of explicitly sent illnesses subsequently from taking an interest in dangerous sexual conduct  
 Psychological manifestations:  
 Fanatical idea designs  
 Habitual idea designs  
 Powerlessness to control driving forces  
 Powerlessness to stay persistent  
 Psychosocial indications:  
 Fractiousness  
 Disturbance  
 Sorrow  
 Uneasiness  
 Confining oneself from loved ones  
 Brought down sensations of self-esteem  
 Arbitrary scenes of passionate separation

#### **Effects of impulse control**

The long-term effects that can result when the symptoms of impulse control disorders go untreated can be extremely detrimental and have long-lasting negative impacts on the child or adolescent's life. Examples of such effects may include:

Decline in academic performance

Suspension or expulsion from school

Experiencing extreme difficulty in developing and maintaining healthy interpersonal relationships

Participating in self-harming behaviors

Legal interaction, including possible incarceration

Consistently decreasing feelings of self-worth

### **Types of Impulse control treatments**

#### **Medication Management:**

In certain circumstances, psychotropic prescriptions should be actualized to help with easing the side effects that go with motivation control issues. Each patient who partakes in one of the projects here at Resource will meet with a therapist routinely to screen any prescription requirements. Youth in the Psychiatric Residential Treatment Facilities (PRTF) program will see a specialist consistently while those in the Residential treatment centre (RTC) program see a therapist month to month.

#### **Individual Therapy:**

Individual treatment meetings are hung consistently and are intended to be a period for every patient to meet one-on-one with an advisor to zero in on the application and speculation of new abilities. These abilities would then be able to be actualized in the youngster's home and local area life. We likewise offer individual abilities building meetings that emphasis on six explicit proficiencies including: social, passionate, instructive, wellbeing and health, self-care, and day by day living abilities.

#### **Group Therapy:**

Group treatment meetings are held at least once every day, except kids may partake in more gatherings relying upon their necessities. We have various sorts of gatherings that cover a wide range of themes, including state of mind guideline, outrage the executives, social abilities, free living abilities, and sound adapting abilities. The primary reason for bunch treatment is to give an organized, abilities-based program that considers mastering abilities to be created while likewise advancing explicit basic abilities in an organized and empowering setting.

#### **Family Therapy:**

Family treatment meetings are held something like at regular intervals yet may happen more frequently if relatives are neighborhood or solicitation more meetings. During this time, specialists will move the nuclear family overall through the treatment cycle to upgrade

inspiration and build up a shared methodology. Moreover, every Tuesday night we hold a family night to help instruct relatives about their kid's issue and treatment measure.

### **School programming:**

At Resource Treatment Center, all patients go to a completely authorize nearby school for three hours every day. Classes are held in a conventional homeroom setting and are driven by completely qualified specialized curriculum educators. Extra school administrations are offered, including credit recuperation and General Education Development (GED) arranged

In addition to our regular treatment techniques several experiential programming options are offered including:

- Daily recreational group therapy
- Student council
- Computer lab
- Gym
- Girl Scouts (Boy Scouts program will be starting soon)
- Spiritual youth group ministry
- Teen outreach program
- Community volunteering opportunities
- Community outings
- Pro-social activities
- Holiday activities
- Special ceremonies in which awards are given to celebrate successes
- NA meetings for youth who are struggling with substance abuse concerns
- Other services that are offered as part of our comprehensive programming include:
- Crisis intervention
- 24-hour medical and nursing coverage
- Dental and vision care

### **Prevention**

As motivation control issues could happen because of hereditary and natural components, anticipation isn't sure. Be that as it may, guardians and parental figures could limit indications from getting more regrettable by taking a kid or young person with a speculated drive control problem to a medical care proficient. Specialists will have the option to recommend a treatment plan

Likewise, with numerous other emotional well-being issues, people with impulse control issues much of the time share a large group of comorbid messes with regular precursors, indications, and danger factors. It is contended that a thorough way to deal with the avoidance of drive control issues rests in the selection of an overall psychological well-being anticipation structure related with other mental problems. Explicit projects right now accessible for the avoidance of motivation control problems are talked about. The reception of avoidance programs focusing on numerous and general danger practices and the advancement of projects that upgrade defensive

elements prompting strength for youngsters and youths are pushed. All-inclusive avoidance programs intended to improve self-guideline and advance positive advancement are introduced inside a danger security structure  
Better prevention could be done with parental supervision, bringing up children inculcating them with good values and discipline.

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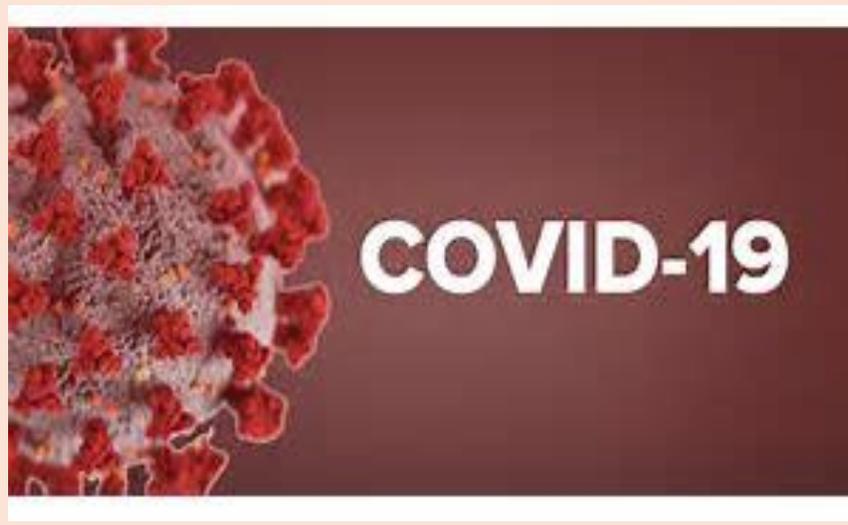
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## **COVID 19 – Mental Health, Vaccines & Prevention**



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### **Introduction:**

COVID-19 is a very critical issue in today's world. According to the world health organization the coronavirus disease was declared in 2019 and is a pandemic. Everyone takes an effort to control it for further spread. A pandemic is defined as "occurring over a wide

geographic area and affecting an exceptionally high proportion of the population” (coronavirus disease. N.d. para 1). The first unknown cause was found in China. At the starting of 2020, the unknown virus was identified and it is named a novel coronavirus. There were many samples obtained and analyses of the virus. This virus name named in 2019 is Coronavirus disease 2019 by WHO. The virus is referred to as SARS-CoV-2. Several cases occurred in China (67,780,361) and also include deaths.

Coronavirus is associated with the virus and its main effects on the respiratory system or gastrointestinal. In respiratory diseases, the normal symptoms occur such as cold. This virus is not identified previously in humans. The coronavirus disease spread between humans and animals (Coronavirus Disease. n.d.para. 1-3).

### **COVID-19 Vaccines:**

Vaccines are the best hope to prevent the COVID-19. According to U.S food and drug administration start the vaccine for emergency use. Several complications occurred in the body due to COVID-19 and it also causes death. If one person in the family is affected due to COVID then they spread also to all other family members. This vaccine helps to make antibodies in the body to fight with virus. It helps to protect from the coronavirus but sometimes this vaccine causes other several illnesses. Now this time some vaccines are on trial and according to the review the result of FDA. The data shows that the vaccines are safe.

The vaccine's efficacy rate is 95% means 95% of people safe from a serious illness. This vaccine provides to the age of 16 and older. Only 2 injection gives apart of 21 days. After the vaccination, it helps to make the protein cells in the body. It helps for a strong immune system and a strong immune system protect from infections (COVID-19 Vaccines-Get the facts. n.d. para. 1-5).

### **Effects on mental health and coping during COVID-19:**

The coronavirus disease is very stressful for the person and the communities. It is not usual to feel anxiety about COVID-19 and it is also worrying about the bad impacts on the health and family. some distress is common, and it easily resolves such as uncertain situation and it also causes strong emotions in both adults and children.

#### Every person reacts differently to this stressful situation:

The psychological impacts mostly depend on person to person according to individual characteristics and the experience regarding the problems. It is normal everyone feels sad, distress, confused, worried, scared, and angry when the person faces this COVID-19 situation. Moreover, sometimes the person suffering from insomnia, disabling fear, excessive substance uses due to this pandemic situation.

#### Psychologically reactions due to COVID-19:

- The person does not concentrate on work.
- Changes in sleeping pattern
- Fear and worry about their health status both physical and mental.

- Increase the level of substance uses.
- Feeling of loneliness, depression due to isolation.
- Chronic health problems.

Some reactions are normally resolved but some are not. However, some people may be finding the solution to resolve this situation without any distress

### **Preventions:**

- Develop positive thinking and a sense of hope.
- Avoid maximum exposure to media coverage regarding COVID-19.
- Take care of your physical and mental health. Meditation is a good way to reduce stress. Eat healthy food, a properly balanced diet, daily exercise, drink the proper amount of water, well sleep.
- Accept strong emotions.
- Communication with others through the virtual and social network to maintain a healthy relationship.
- Improve your skills in these pandemic situations to draw some new things and divert the mind and work on those skills that are not perfect in the past time.
- Relaxation techniques are very beneficial to cope with this situation.
- Control on your negative thinking and focus on the only positive. Doing some tasks that help to shift your emotional response.
- Maintain a social distance and use preventive measures such as hand wash regularly and use cough etiquette properly, wear a mask. If the person sick then stay home and stay happy and healthy.

No doubt, the stress level increased at this time. it is common to stress causes many psychological problems. Some person uses their coping strategies to resolve this situation. It is necessary to maintain health and well-being at this time (Defense Team Mental Health and Coping during COVID-19. N.d. para. 1-5).

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## SLEEP DISORDERS



**Name- Ramanpreet Kaur**  
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**Introduction-** Sleep disorders have become a prevalent health concern in the present scenario. Sleep is a basic need of the person as food, clothes, and house. Without getting enough sleep, a person cannot perform his daily living task appropriately. It is found among every group of people either young, older, adult and child. Another name of sleep disorder is Sleep-wake disorders. It is reported that one-third of adults experiencing symptoms of Insomnia in their living (American Psychiatric Association, 2013). Sleep disorders are complex term in which consists different sort of sleeping disorders such as, Insomnia, Sleep apnea, Parasomnias, and Narcolepsy.

According to the Centre for Disease Control and Prevention (2016), it is stated that one-third of adults are getting less than 7hours of sleep in a 24-hour period. In addition to it, more than 70% of students are not getting enough sleep during their school time.

Sleep is a mandatory part of human living because it not only boosts the energy of the person but also keep the person active and healthy. If a person does not get enough sleep then, there will be more chances to get a sleep-related disorder which can be impaired the person thinking capacity and living style.

### **DEFINITION OF SLEEP DISORDERS**

Sleep disorders are complex terms in which include different sorts of sleeping disorders. Some of the disorders that are common are written below.

**INSOMNIA-** Insomnia is a sleeping disorder in which a person feels difficult to get sleep or stay asleep. It also called sleep initiation and maintenance disorders (DIMS). A person with this disorder not only having the inability to go to sleep but also unable to perform his daily living task due to loss of mental alertness (Khan,2021).

**PARASOMNIAS**- A person with this disorder does abnormal activities during sleep. For example, sleepwalking, sleep eating disorder, and sleep talking (khan, 2021)

**HYPERSOMNIAS**- It means excessive sleep which is also considered a sleeping disorder (Khan,2021).

**RESTLESS LEG SYNDROME**- Restless leg syndrome is a sleeping disorder in which a person moves his legs persistently during sleep time. This disorder associated with daytime sleepiness, irritability, and concentration (Khan,2021).

**SLEEP APNEA**- When a person takes a pause in breathing during sleep is called sleep apnea. Due to this, most patients wake up during sleep(<https://www.healthline.com/health/sleep/disorders>).

It has two types:

- 1) **Obstructive Sleep Apnea**- When airway space is obstructed then the flow of air stops.
- 2) **Central Sleep Apnea**- This problem occurs when a person has a problem in the connection of brain and muscles which control the breath.

**NARCOLEPSY**- it means sleep attacks when a person is awake. A person feels sudden tiredness without any warning(<https://www.healthline.com/health/sleep/disorders#types>)

**DYSSOMNIAS**- It is defined as excessive sleepiness or difficulty in maintaining sleep. This disorder is subdivided into three disorders such as Intrinsic, extrinsic, and Circadian rhythm disorders (American Academy of Sleep Medicine, 2000).

- A) **Intrinsic**- Intrinsic sleep disorder causes within the body. For example, idiopathic and psychophysiological insomnia, narcolepsy, periodic limb movement disorders (PLMD) (Reite M., Ruddy J., Nagel K.,2002).
- B) **Extrinsic sleep disorders**- these disorders occur due to external factors such as inadequate sleep hygiene, environmental sleep disorders, insufficient sleep syndrome, hypnotic, stimulant and alcohol-dependent sleep disorders (Reite M., Ruddy J., Nagel K.,2002).
- C) **Circadian Rhythm sleep disorder**- A person feel dysconnectivity between sleep patterns and societal sleep norms. It includes shift work sleep disorder, delayed sleep phase syndrome, and advanced sleep phase syndrome (Zee P., Harsanyi K, 2003).

**JET LAG**- It is characterized by a temporary disruption in the circadian rhythm which occurs during traveling. The symptoms of jet lag are daytime sleepiness, fatigue, headache, stomach pain, and insomnia (Helpduide.org,2020).

**NON-24-HOUR SLEEP-WAKE DISORDERS**- this sleep disorder found among blind people. Individuals with N24 may wind up progressively hitting the sack later every evening and getting up later every day until their rest plan gets flipped right around (Webmd.com,2021).

**PERIODIC LIMB MOVEMENT DISORDER**- This disorder characterized by periodic movement in limbs during sleep (Webmd.com,2021).

**NIGHT TERROR**- It is defined as a disruption of sleep during different phases of sleep. It is more intensive as compared to nightmares. It is also scary same as nightmares but scared the person excessively (Albert,

**NIGHTMARES**- It is characterized by threatening, upsetting, and bizarre vivid dreams which scared the person during sleep. This disorder mostly occurs during rapid eye movement (REM) sleep or during the stage of sleep with regard to intense dreaming. It is recorded that nightmares mostly happened during half time of the night (American Academy of sleep medicine, 2020).).

**REM SLEEP BEHAVIOUR DISORDER**- Rapid eye movement is a phase of sleep-in in which a person moves the eyes, but other body parts do not move(<https://10faq.com/health/common-sleep-disorders>).

There are two phases of sleep such as,

Rapid Eye Movement

Non-rapid eye movement

Rapid Eye Movement- Rapid Eye Movement is a phase of sleep which stays hour to hour and a half after falling sleep. In this phase, a person has vivid dream and person usually sub-consciousness(<https://my.clevelandclinic.org/health/articles/12148-sleep-basics>).

Non-Rapid Eye Movement- A person sleep deeply under Non- Rapid Eye Movement and it is difficult to awake under this phase. One is main difference between rapid eye movement phase and non-rapid eye movement is that person does not move the eyes under non-rapid eye movement phase(<https://my.clevelandclinic.org/health/articles/12148-sleep-basics>).

**TEETH GRINDING**- Teeth grinding associated with an obstructive sleep disorder. In this disorder, a person grinds the teeth during sleep. This disorder occurs due to anxiety, stress, or dental disorders. Another name for teeth grinding is bruxism (Albert).

**SLEEP WALKING**- A person walks during the daytime but in this disorder, a person does walk when he is asleep. According to the study, people having a risk of sleepwalking disorder when they get less than 7 hours of sleep, suffering from sleep apnea, depression, stress, and drug-addicted (Albert).

### **CAUSES**

There is a plethora of causes which enhance the chances of generating sleep disorders among all age of people. However, some causes depend upon the age and circumstances of the person.

- 1) **Physical problems**- The person who is suffering from a physical illness has a higher risk of developing a sleep disorder. For example, most doctors prescribed sedatives to their patients if the patient has a physical problem or surgery for sleeping.
- 2) **Medical problems**- There are many diseases conditions that enhance the risk of sleep disorders or sleep deprivation. Some diseases make it difficult for the person to get sleep such as Asthma and Respiratory disorders.
- 3) **Psychiatric disorders**- Lack of sleep is a symptom of depression and anxiety. Even, there are many other psychiatric disorders such as, obsessive-compulsive disorders (OCD) which restrict the person to sleep.
- 4) **Genetics**- some people get less sleep due to their genetic reasons.

- 5) **Environmental changes**- The sleeping pattern depends upon environmental factors such as cold, or hot weather. Or even, the house atmosphere. To illustrate it, a person cannot sleep in that an environment where a family dispute occurs.
- 6) **Lifestyle changes**- In the present scenario, the living style is changing with time. People are adapting the bad practices, eating western food, watching tv till midnight, or playing games every time, which are increasing the risk of sleeping disorders.
- 7) **Age and Disability**- It is recorded that sleeping pattern depends upon the age. The sleeping hours less with increasing age (American psychological association, 2020).

### **SLEEPING RECOMMENDATIONS**

There is a table given by national sleep foundation about how many hours a person should sleep according to the age. In addition to it, how many hours a person should sleep depends upon the age and person to person.

Sleep Recommendations	
Age	Hours of Sleep
Infant (4-11 months)	12-15 hours
Toddler (1-2 years)	11-14 hours
Preschooler (3-5 years)	10-13 hours
School-age child (6-13 years)	9-11 hours
Teen (14-17 years)	8-10 hours
Young adult (18-25 years)	7-9 hours
Adult (26-64 years)	7-9 hours
Older adult (65+ years)	7-8 hours

Source: National Sleep Foundation

The American Academy of sleep medicine suggested that a child under 6-12 years need 9-12 hours of sleep and on another side, a teenager of 6-12 years require 8-10 hours of sleep (Paruthi S, Brooks LJ, D' Ambrosio C,2016). The study found that disorders accompanied with daytime sleeping affects female as compared to men (American association foundation,2020).

### **CLINICAL MANIFESTATIONS**

Clinical manifestation depends upon the type of sleeping disorders, but I am going to discuss some common sign and symptoms which are found in every sort of sleeping disorders.

- 1) Abnormal breathing
- 2) Daytime sleepiness
- 3) Fatigue
- 4) Inability to get sleep
- 5) Abnormal; movements while sleeping
- 6) Irritation or anxiety
- 7) Concentration issues
- 8) Impaired life-schedule
- 9) Inability to perform daily task
- 10) Weight gain
- 11) Depression
- 12) Aloneness
- 13) Stubborn

### **MANAGEMENT-**

1)Counselling- Counseling is a good way to treat the sleeping disorder especially, cognitive behavioral therapy. This therapy helps the person to treat the real reason of not getting sleep (Harvey,2002).

2) Relaxation treatments include progressive muscle relaxation (PMR), imagery training, meditation, and biofeedback.

3)Medical Equipment and Surgery- It is mentioned in the article that sleep apnea can be treated with continuous positive air pressure machine (CPAP)(Khan,2021).

4)Medications- Sleeping pills which most doctors prescribed to patients who are dealing with sleep disorders helps to treat the sleeping disorders. There is also medication that is helpful to stimulate sleep such as, Stimulants, antidepressants, and other medication. However, if sleep disorders happening due to genetic causes then, medication cannot help the person in that case (Khan,2021).

5)Melatonin supplements

6)Lifestyle Changes- a person should start practicing a healthy lifestyle to stimulate the sleep in which includes exercises, healthy food, doing work on time, medication, worshipping and avoiding caffeine.

### **PREVENTION**

- 1) maintain living style
- 2) Avoid Caffeine and nicotine
- 3) Avoid ingestion of alcohol and tobacco
- 4) Avoid taking stress
- 5) Make a daily schedule to keep busy to yourself
- 6) Do medication that helps to stimulate the sleep
- 7) Avoid eating a heavy meal before going to bed
- 8) Make an environment comfortable to sleep such as temperature, lighting
- 9) Reading books

10) Make a good diet plan

11) Do exercise to reduce the stress and anxiety

12) Drink plenty amount of water to keep your body hydrated

“Early to bed and early to rising, makes a man healthy. wealthy, and Wise” explained the value of sleep (Farlex Dictionary of Idioms,2015).

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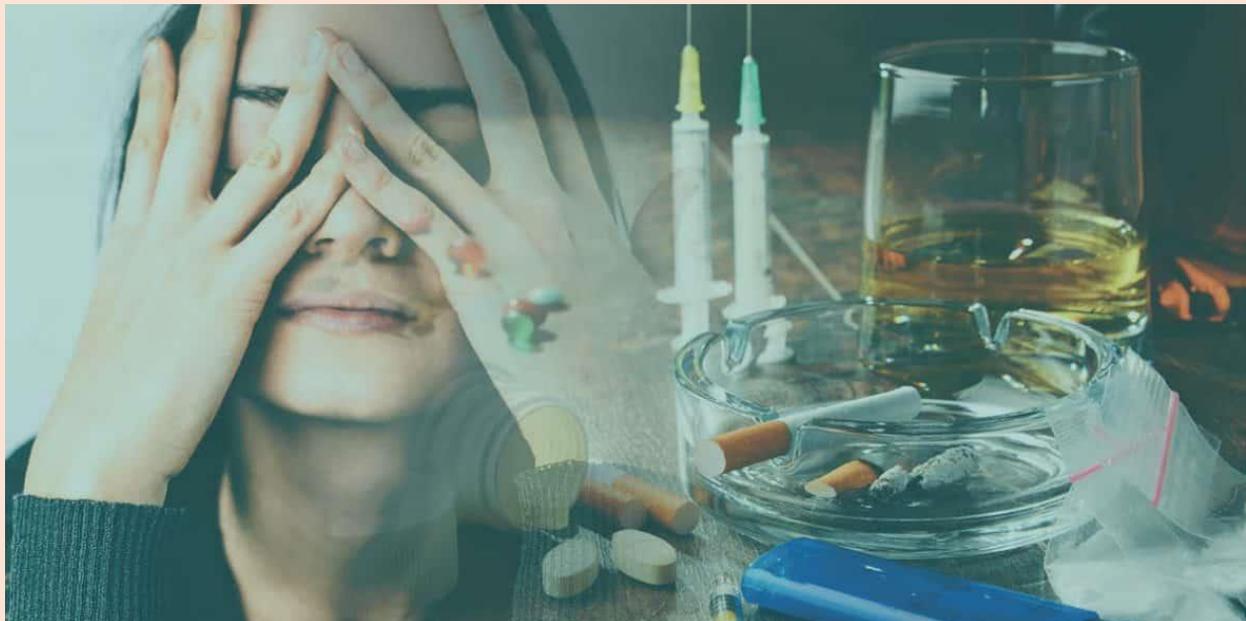
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## SUBSTANCE ABUSE



**Kavya Harish**  
**Georgian College**

**INTRODUCTION:**

Drug addiction, also called substance use disorder, is a disease that affects a person's brain and behavior and leads to an inability to control the use of a legal or illegal drug or medication. Substances such as alcohol, marijuana and nicotine also are considered drugs. When you're addicted, you may continue using the drug despite the harm it causes. The risk of addiction and how fast you become addicted varies by drug. Some drugs, such as opioid painkillers, have a higher risk and cause addiction more quickly than others. As your drug use increases, you may find that it's increasingly difficult to go without the drug. Attempts to stop drug use may cause intense cravings and make you feel physically ill (withdrawal symptoms). You may need help from your doctor, family, friends, support groups or an organized treatment program to overcome your drug addiction and stay drug-free.

Drug addiction symptoms or behaviors include, among others:

Feeling that you must use the drug regularly — daily or even several times a day

Having intense urges for the drug that block out any other thoughts

Over time, needing more of the drug to get the same effect

Taking larger amounts of the drug over a longer period than you intended

Making certain that you maintain a supply of the drug

Spending money on the drug, even though you can't afford it

Not meeting obligations and work responsibilities, or cutting back on social or recreational activities because of drug use

Continuing to use the drug, even though you know it's causing problems in your life or causing you physical or psychological harm

Doing things to get the drug that you normally wouldn't do, such as stealing

Driving or doing other risky activities when you're under the influence of the drug

Spending a good deal of time getting the drug, using the drug or recovering from the effects of the drug

Failing in your attempts to stop using the drug

Experiencing withdrawal symptoms when you attempt to stop taking the drug

**UNHEALTHY DRUG USE IN FAMILY MEMBERS**

Sometimes it's difficult to distinguish normal teenage moodiness or angst from signs of drug use.

Possible indications that your teenager or other family member is using drugs include:

Problems at school or work — frequently missing school or work, a sudden disinterest in school activities or work, or a drop in grades or work performance

Physical health issues — lack of energy and motivation, weight loss or gain, or red eyes

Neglected appearance — lack of interest in clothing, grooming or looks

Changes in behavior — exaggerated efforts to bar family members from entering his or her room or being secretive about where he or she goes with friends, or drastic changes in behavior and in relationships with family and friends

Money issues — sudden requests for money without a reasonable explanation; or your discovery that money is missing or has been stolen or that items have disappeared from your home, indicating maybe they're being sold to support drug use

**WHEN TO SEE A DOCTOR**

If your drug use is out of control or causing problems, get help. The sooner you seek help, the greater your chances for a long-term recovery. Talk with your primary doctor or see a mental health professional, such as a doctor who specializes in addiction medicine or addiction psychiatry, or a licensed alcohol and drug counselor.

Make an appointment to see a doctor if:

You can't stop using a drug

You continue using the drug despite the harm it causes

Your drug use has led to unsafe behavior, such as sharing needles or unprotected sex

You think you may be having withdrawal symptoms after stopping drug use

If you're not ready to approach a doctor, help lines or hotlines may be a good place to learn about treatment. You can find these lines listed on the internet or in the phone book.

### **WHEN TO SEEK EMERGENCY HELP**

Seek emergency help if you or someone you know has taken a drug and:

May have overdosed

Shows changes in consciousness

Has trouble breathing

Has seizures or convulsions

Has signs of a possible heart attack, such as chest pain or pressure

Has any other troublesome physical or psychological reaction to use of the drug

### **CAUSES**

Like many mental health disorders, several factors may contribute to development of drug addiction. The main factors are:

Environment. Environmental factors, including your family's beliefs and attitudes and exposure to a peer group that encourages drug use, seem to play a role in initial drug use.

Genetics. Once you've started using a drug, the development into addiction may be influenced by inherited (genetic) traits, which may delay or speed up the disease progression.

### **RISK FACTORS**

People of any age, sex or economic status can become addicted to a drug. Certain factors can affect the likelihood and speed of developing an addiction:

Family history of addiction. Drug addiction is more common in some families and likely involves genetic predisposition. If you have a blood relative, such as a parent or sibling, with alcohol or drug addiction, you're at greater risk of developing a drug addiction.

Mental health disorder. If you have a mental health disorder such as depression, attention-deficit/hyperactivity disorder (ADHD) or post-traumatic stress disorder, you're more likely to become addicted to drugs. Using drugs can become a way of coping with painful feelings, such as anxiety, depression and loneliness, and can make these problems even worse.

Peer pressure. Peer pressure is a strong factor in starting to use and misuse drugs, particularly for young people.

Lack of family involvement. Difficult family situations or lack of a bond with your parents or siblings may increase the risk of addiction, as can a lack of parental supervision.

Early use. Using drugs at an early age can cause changes in the developing brain and increase the likelihood of progressing to drug addiction.

Taking a highly addictive drug. Some drugs, such as stimulants, cocaine, or opioid painkillers, may result in faster development of addiction than other drugs. Smoking or injecting drugs can increase the potential for addiction.

## **PREVENTION**

The best way to prevent an addiction to a drug is not to take the drug at all. If your doctor prescribes a drug with the potential for addiction, use care when taking the drug and follow the instructions provided by your doctor. Doctors should prescribe these medications at safe doses and amounts and monitor their use so that you're not given too great a dose or for too long a time. If you feel you need to take more than the prescribed dose of a medication, talk to your doctor.

Preventing drug misuse in children and teenagers

Take these steps to help prevent drug misuse in your children and teenagers:

Communicate. Talk to your children about the risks of drug use and misuse.

Listen. Be a good listener when your children talk about peer pressure and be supportive of their efforts to resist it.

Set a good example. Don't misuse alcohol or addictive drugs. Children of parents who misuse drugs are at greater risk of drug addiction.

Strengthen the bond. Work on your relationship with your children. A strong, stable bond between you and your child will reduce your child's risk of using or misusing drugs.

Preventing a relapse

Once you've been addicted to a drug, you're at high risk of falling back into a pattern of addiction. If you do start using the drug, it's likely you'll lose control over its use again — even if you've had treatment and you haven't used the drug for some time.

Stick with your treatment plan. Monitor your cravings. It may seem like you've recovered, and you don't need to keep taking steps to stay drug-free. But your chances of staying drug-free will be much higher if you continue seeing your therapist or counselor, going to support group meetings and taking prescribed medication.

Avoid high-risk situations. Don't go back to the neighborhood where you used to get your drugs. And stay away from your old drug crowd.

Get help immediately if you use the drug again. If you start using the drug again, talk to your doctor, your mental health professional or someone else who can help you right away.

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## Antisocial Personality Disorder



**Rida Fatima**

**South Asian Canadians Health & Social Services- SACHSS**

Antisocial personality disorder is also referred to as sociopathy. It is a mental disorder in which a person shows no regard for right and wrong and ignores the feelings of others. Some behavior includes: tend to be manipulate, treat others harshly, and antagonize. Furthermore, they show no guilt for their behavior. In addition, people with antisocial personality disorder don't follow social norms, are impulsive, and reckless. Moreover, people with antisocial personality disorder conduct illegal actions and violate the law, which gives them higher chances of becoming criminals. In addition, drugs and alcohol use is a common factor with this disorder. This behavior leads to showing less care for family or taking care of them which creates distance between the individual with the disorder and his/her family.

Men are at a higher risk of developing antisocial personality disorder as compared to women.

“A study in [Alcohol Research and Health](#) states that about 3 percent of men and 1 percent of women have ASPD. The condition is much more common in men than in women”

(<https://www.healthline.com/health/antisocial-personality-disorder>)

“Estimates of how common antisocial personality disorder is varied between 0.2% (1 in 500) to a little over 3% of the general population in the United States. It is 6 times more common among men. The disorder is less common in older age groups, suggesting that people can learn over time to change their behavior” (<https://www.merckmanuals.com/home/mental-health-disorders/personality-disorders/antisocial-personality-disorder>)

### **Symptoms**

Persistent lying

Using charm or wit to manipulate others for personal pleasure

Arrogance

Criminal behavior, such as not following the laws  
 Being dishonest and violating the right of others  
 Impulsiveness  
 Aggressive  
 Lack of empathy for people  
 Risk-taking and dangerous behavior  
 Abusive relationships  
 Failure to fulfil work or any financial obligations

Some adults before the age of 15 who have antisocial personality disorder, also show symptoms of conduct disorder. Some of these signs include, theft, violation of rules, deceitfulness, destruction of property and anger towards people and animals.

### **Causes of Antisocial personality disorder**

“Personality is the combination of thoughts, emotions and behaviors that makes everyone unique. It's the way people view, understand and relate to the outside world, as well as how they see themselves. Personality forms during childhood, shaped through an interaction of inherited tendencies and environmental factors” (<https://www.mayoclinic.org/diseases-conditions/antisocial-personality-disorder/symptoms-causes/syc-20353928>)

“[Personality disorders](https://www.merckmanuals.com/home/mental-health-disorders/personality-disorders/antisocial-personality-disorder) are long-lasting, pervasive patterns of thinking, perceiving, reacting, and relating that cause the person significant distress and/or impair the person's ability to function” (<https://www.merckmanuals.com/home/mental-health-disorders/personality-disorders/antisocial-personality-disorder>)

We are unaware of the exact cause of this order. However, genes may play a role. For instance, genes can make an individual vulnerable to developing this disorder. Furthermore, environmental factors can trigger the development of the disorder. Another reason possible for the development of this disorder is that some changes which could have occurred in the way brain functions during brain development.

### **Risk factors which may influence the development of antisocial personality disorder**

Family history or any other personality disorders or mental health disorders in the family  
 Unstable and violent childhood  
 Diagnosis of childhood conduct disorder  
 Being abused or neglected during childhood.

### **Medications**

There are no medications specifically for antisocial personality disorder. The doctor may prescribe, antipsychotic or antianxiety medications, mood stabilizers or antidepressants.

### **Prevention**

For those individuals who are at risk for this disorder, it is hard to determine what can prevent it. One possibility is that, parents, teachers can look for signs of antisocial behaviour in children and catch it earlier in life. This can help to identify those most at risk such as kids who show signs of conduct disorder and then intervention can start early.

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## How Trauma Affects the Brain



**Risha Dave**

**South Asian Canadians Health & Social Services- SACHSS**

Symptoms of trauma can differ from person to person, but it is common for people who have experienced trauma to feel trapped and helpless during the traumatic situation. It is also common for individuals to feel overwhelmed and unable to cope or participate in their daily lives following the trauma. This can happen for a long time after the initial trauma occurred and symptoms can amplify several weeks, months, or years later. Trauma does not only affect our mental health but can also have tremendous impact on our physical health. It can impact our

eating and sleeping patterns, can change our blood pressure, and can make us feel disconnected from others and ourselves, or can also make us hypervigilant during times that we would normally feel safe and comfortable.

Experiencing trauma can re-wire the brain and cause changes to the brain. The main areas of the brain that are affected by trauma are the hippocampus, the amygdala, the prefrontal cortex, and the brain stem. The hippocampus is responsible for integrating memory, the amygdala is regulating emotions, the prefrontal cortex is responsible for solving problems and planning, and the brain stem activates the fight, flight, freeze and collapse responses when we perceive danger or threat. This response is very useful for when there is real danger or threat present. However, there are times that the amygdala, which detects the threat, remains overactive when it no longer needs to be. This causes an excess release of norepinephrine which can cause dysregulation in the brain and the body. This might translate into hyperarousal, hypervigilance, or sleep disruption as previously mentioned.

When our brain is constantly alert it can lead to reactive and/or increased impulsivity. This is because trauma can influence the brain to start reacting with the amygdala rather than responding with the prefrontal cortex which can think rationally. Reactive anger and impulsivity can have detrimental effects on daily functioning and interpersonal relationships. This alertness can also lead to increased fear and a decrease in positive emotions. Trauma can interfere with the way our brain would usually perceive the world.

Not everyone who has lived through trauma will experience post-traumatic stress disorder (PTSD). However, an individual does not have to be diagnosed with PTSD to seek professional help. The changes and impact trauma has on the brain is the same for those living with PTSD. As previously mentioned, the amygdala is more active than it normally would be in someone who is showing signs of PTSD. This explains why individuals who have experienced trauma or with PTSD show an increased fear-response to stimuli. Brain scans have shown a decrease in hippocampus functioning in individuals who are showing signs of PTSD when they are exposed to stimuli that reminds them of the trauma. Individuals with PTSD also tend to have smaller hippocampi than those who do not show signs of PTSD. Finally, individuals with PTSD tend to have decreased activation and functioning in the prefrontal cortex when they are exposed or reminded of the trauma. Since the prefrontal cortex is responsible for executive functioning, it is possible that this decrease in functioning is associated with irrational fears or an increased fear-response to stimuli.

Research has shown that trauma can significantly impact the functioning of the brain. Fortunately, trauma-focused or trauma-informed care can help you or your loved ones address the trauma and improve the changes in the brain overtime. The changes that occur are not permanent and can change depending on new biopsychosocial experiences. It is crucial for individuals who seek help to feel safe and supported in their lives again. By acknowledging and addressing the trauma, we can lessen the stigma around seeking help and trauma reactions. Medications are also known to help lessen trauma-related symptoms. Mindfulness-based interventions can also be helpful to foster more positive emotions and to regulate the nervous system.

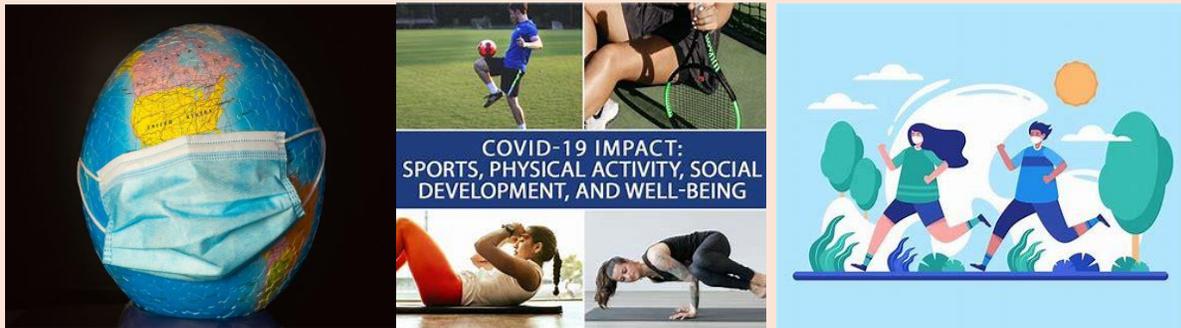
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## **The Effects of COVID-19 on Physical Activity Levels**



### **Shilpa Tandon**

McMaster University

The COVID-19 pandemic has resulted in strict physical and social distancing guidelines around the world. There has been a drastic change in people's lifestyles as well as their activity patterns due to the measures put in place. There is a lack of current data addressing the change in sedentary and physical activity of the US population in the early lockdown phase of COVID-19. This study seeks to understand the prevalence of both physical activity and sitting time of US adults during the beginning of COVID-19.

This study completed by Meyer et al. (2020) obtained data from US adults, 18 years and older using two anonymous and self-reported surveys. Both surveys examined sitting time, moderate physical activity, vigorous physical activity, in addition to demographic information. Survey 1 also assessed mental health, COVID-19 related restrictions and health history of the participant from April 3rd-May 4th 2020, while survey 2 assessed participants from April 14th-May 4th 2020. Participants were jointly grouped based on the hours of self-reported sitting time and their level of physical activity (i.e highly active, sufficiently active, insufficiently active, inactive). Highly active constitutes >300 min of activity/day, sufficiently active is 150-300 min/day, insufficiently active is 1-150 min/day and someone who is inactive reports 0 min of activity/day.

The data showed that around 80% of participants completed the surveys with 65.3% being female, 58% married and 81% with college degrees. 42.6% of participants reported sitting for more than 8 hours per day and more than 70% of the sample reported being either sufficiently or highly active. The data shows that the greatest percentage of participants self-reported being

highly active, while sitting for 6 to 8 hours per day. While most of the participants who were inactive (0 min of physical activity/day), also sat for >8 hours per day. Compared to other ages, more young adults reported being inactive and sat for >8 h per day, but were either divided into the highly active or inactive group.

The results from this study can be compared to the data from the National Health and Nutrition Examination survey which assessed sitting time and physical activity in US adults from 2015-2016. The current study on COVID-19 physical activity and sitting time shows that almost 1.7x the number of participants is sitting more than 8 hours per day. However, this study showed that almost 2.5x our population reported high physical activity compared to the 2015-2016 samples. Interestingly enough, a majority of participants who were physically active were also sedentary for >8 hours per day. In addition, the current study shows that a majority of the senior population (65+) were sufficiently active, whereas in the 2015-2016 study, activity declined with age. The data overall are quite troublesome. With a high prevalence of participants sitting >8 hours per day, this could potentially lead to worse overall health and the lack of social interaction and reduced activity may also negatively impact mental health. However, this study does have limitations as the sample did not represent the entire US nation, was highly educated, and the recruitment of participants and self-reported measures raises bias. We have gone through and are continuing to enter unprecedented times. Health professionals and researchers must do their duty to develop programs, and policies to help US adults become more physically active and limit sitting time, in a safe and effective way.

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## **SACHSS REHAB & DROP IN CENTRE**

We are happy and pleased to inform you that because of all the support, help and patronage from all our patrons, we opened our SACHSS Rehab and Drop-in Centre at 22 Melanie Drive, Unit 8, Brampton. Ontario. L6T 4K9. (Near Steeles & Melanie).

We now have our Thursdays Evenings 6- 8 pm Healthy Living Group at our new premises.

All are welcome.

## **SACHSS SENIORS PROGRAM**

**Who?** All Seniors and family members are invited.

**When?** 1st Saturday of Every Month, from 11 am to 1 pm at

**Where?** SACHSS Centre at 22 Melanie Drive, Unit 8, Brampton. ON. L6T 4K9. (South of Steeles & Melanie, near Steeles and Torbram)

**What?** SENIORS PROGRAM ACTIVITIES:

Presentations

Discussions

Fun Activities

Get Together

Refreshments

Free Program

### **SACHSS WOMEN'S PROGRAM**

**Who?** All women and girls of all ages are invited.

**When?** 2nd Saturday of Every Month, from 4pm to 6 pm at

**Where?** SACHSS Centre at 22 Melanie Drive, Unit 8, Brampton. ON. L6T 4K9. (South of Steeles & Melanie)

**What?** WOMEN'S PROGRAM ACTIVITIES:

Presentations

Discussions

Fun Activities

Get Together

Refreshments

Free Program

### **SACHSS YOUTH PROGRAM**

**Who?** All Youths are invited.

**When?** Last Saturday of Every Month, from 1 pm to 3 pm at

**Where?** SACHSS Centre at 22 Melanie Drive, Unit 8, Brampton. ON. L6T 4K9. (South of Steeles & Melanie)

**What?** YOUTH PROGRAM ACTIVITIES:

Presentations

Discussions

Fun Activities

Get Together

Refreshments

Free Program



# South Asian Canadians Health & Social Services- SACHSS

**Not for profit Charity Organization (Registered) Ontario, Canada**

**22 Melanie Drive, Unit 8, Brampton. Ontario. L6T 4K9. Canada**

**Phone: 647-718-0786. Website: [www.sachss.org](http://www.sachss.org)**

**South Asian Canadians Health & Social Services (SACHSS)** is a registered not for profit charity organization. SACHSS provides culturally and linguistically appropriate services to South Asian and other communities. SACHSS services include Health Education, Health Promotion, Mental Health, Addiction, Stress Management, Anger Management and related social issues and social and recreational programs. SACHSS provides services in Hindi, Punjabi, Urdu, Tamil, Gujarati, Malayalam, Sindhi, Arabic, French and English.

For contact: 647-718-0786 416-884-6198 [maher2004@gmail.com](mailto:maher2004@gmail.com)

### COVID-19 ANNOUNCEMENT

Our services are continuing over telephone and online during this COVID-19 pandemic.

For telephone counselling and telephone services please call 647-718-0786.

For other online services please contact us through [info.sachss@gmail.com](mailto:info.sachss@gmail.com) or [maher2004@gmail.com](mailto:maher2004@gmail.com)

We will resume our regular services once the situation improves.

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