

# SACHJ

## South Asian Canadian Health Journal

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South Asian Canadian Health & Social Services (SACHSS)  
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South Asian Canadian Health Journal



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### 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 now accepted

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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, Units 6 and 7, Brampton. Ontario. L6T 4K9. (Near Steeles & Melanie) on Wednesday February 13th, 2019.

We provide our services at our new office and we also provide SACHSS Rehab and Drop in Centre services at our new office at 22 Melanie Drive, Units 6 and 7, Brampton. Ontario.

Please visit our SACHSS Rehab and Drop in Centre services at our new office at 22 Melanie Drive, Units 6 and 7, Brampton. Ontario. (Near Steeles & Melanie, Near Steeles and Torbram).

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, "HEALTHY LIVING & POSITIVE LIFESTYLE EDUCATION GROUP" ON THURSDAY EVENINGS AT OUR BRAMPTON OFFICE AT 22 Melanie Drive, Units 6 and 7, Brampton. Ontario. L6T 4K9. (South of Steeles & Melanie, near Steeles & Torbram).  
THE PROGRAM RUNS EVERY THURSDAY EVENING 6PM TO 8 PM.**

**Who can attend?**

1. Anyone who faces stress and who needs and is interested in Stress Management and development of a Positive Lifestyle.
2. Persons who need help in dealing with their everyday stress which causes anxiety, depression and other issues in them
3. Persons who want to improve their Lifestyle with positive physical health and mental health
4. Persons with mental health issues
5. Persons with addiction issues
6. Anyone with anger/violence/domestic violence issues
7. Anyone who has a family member with mental health, addiction or anger/violence/domestic violence issues
8. Anyone with legal problems related to mental health, addiction or anger/violence/domestic violence issues

This group is open to men, women, seniors and youth. All are Welcome!

### **OUR PROGRAMS**

- **PROGRAMS FOR HEALTH EDUCATION & HEALTH PROMOTION**
- **PROGRAMS FOR MENTAL HEALTH**
- **PROGRAMS FOR ADDICTIONS**
- **PROGRAMS FOR DOMESTIC VIOLENCE**
- **ANGER MANAGEMENT PROGRAMS**
- **SENIOR'S PROGRAMS**
- **WOMEN'S PROGRAMS**
- **YOUTH PROGRAMS**
- **COUPLE & MARRIAGE COUNSELLING**
- **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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## **Tobacco and Alcohol – Worldwide Deaths and Illnesses**

**Dr. Maher Hussain**

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

South Asian Canadians Health & Social Services- SACHSS

### **Introduction**

Tobacco and alcohol even though are legal drugs, they cause much more deaths and illnesses than illegal drugs, as they are widely and freely available and used.

## **Tobacco and Alcohol – Deaths and Illnesses**

Alcohol and tobacco are, by far the worst drugs for human health.

No country in the world reports harm from illegal drugs rivalling culturally acceptable substances

Alcohol and tobacco are by far the biggest threat to human health around the world, while illegal drug harms “don’t even come close”, a major report on addictive substances has found.

The Global Statistics on Alcohol, Tobacco, and Illicit Drug Use: 2017 Status Report found a quarter of a billion hours of healthy human life are lost each year because of smoking and drinking, ten times more than is lost to illicit drug use.

The study measures the impact in “disability adjusted life years”, which factors in the years lived with cancers, respiratory disease or cardiovascular disease alongside the lives cut short by things like overdoses.

The harm from smoking and alcohol is largely down to markedly higher prevalence: globally, one-in-seven adults smoke – the single biggest health harm globally – while one-in-five drink alcohol.

It notes that death rates per 100,000 people were three times higher for smoking (110.7 deaths) than alcohol (33). Illicit drugs only accounted for 6.9 deaths per 100,000.

“Smoking and alcohol are always well ahead of illicit drugs, there’s nowhere that it even comes close,” states Professor Robert West of University College London.

The report, published in the journal *Addiction*, also found that Europe is a world leader in these bad habits.

In 2015 the regions with the highest alcohol consumption were Eastern, Central and Western Europe, with 11.98 litres, 11.61 litres, and 11.09 litres of pure alcohol consumed per person over 15 years old, each year.

This compared to the global average of 6.42 litres, and heavy drinkers accounted for 40 to 50 per cent of these.

These regions also had the highest smoking rates, with Eastern Europe leading with 24.2 per cent of the population being smokers.

Western sub-Saharan Africa had the lowest smoking rates (4.7 per cent), while North Africa and the Middle East had the lowest per capita alcohol consumption, at 0.91 litres.

Use of illicit drugs was less common. Globally fewer than one in 20 are estimated to have used cannabis in the past year, while amphetamines, opioids and cocaine are much lower.

The US and Canada have some of the highest rates of cannabis and cocaine dependence, in addition to opioids which are currently at epidemic levels and caused 42,000 deaths in the US alone in 2016.

Australia and New Zealand were the biggest consumers of amphetamines, nearly 500 people in every 100,000 have used them in the past year.

Professor West added that the report, looking at illicit drug use and harms as laws were strengthened and relaxed, showed just how ineffective prohibition policies have been.

“We think of legislation and drug laws being an important weapon in the armoury,” he told .  
“But if you took an evidence-based approach, you’d see there is no evidence. Yet it is something politicians love to do.”

The report does acknowledge there are gaps with the data collection, particularly for illicit drugs and in countries where data collection is not as good, such as in parts of Africa, Latin America and Asia.

In absolute numbers China, India and Indonesia have the largest numbers of smokers, with higher death rates among those who do drink.

World Health Organization (WHO) report states that almost 6 million people die from tobacco use and 2.5 million from harmful use of alcohol each year worldwide.

The WHO report on non-communicable diseases—including diabetes, cancer and respiratory and heart diseases—says that a large percentage of these conditions could be prevented by reducing tobacco and alcohol use, eating a healthier diet and exercising more.

The WHO report states that tobacco is expected to kill 7.5 million people worldwide by 2020, accounting for 10 percent of all deaths. Smoking causes an estimated 71 percent of lung cancers, 42 percent of chronic respiratory disease and almost 10 percent of cardiovascular disease, the report states.

Alcohol-related deaths account for 3.8 percent of all deaths worldwide, according to the report. More than half of these deaths occur from non-communicable diseases including cancer, heart disease and liver cirrhosis.

## **Prevention**

To reduce tobacco use, WHO recommends strategies including tobacco tax increases, distributing information about the health risks of smoking, restrictions on smoking in public places and workplaces, and comprehensive bans on tobacco advertising, promotion and sponsorship.

To reduce harmful alcohol use, WHO recommends a number of measures including increasing excise taxes on alcoholic beverages, regulating availability of alcoholic beverages (including minimum legal purchase age), restricting exposure to marketing of alcoholic beverages through marketing regulations or comprehensive advertising bans, and treatment of alcohol use disorders and brief interventions for hazardous and harmful drinking.

Deaths and illnesses due to tobacco and alcohol can be prevented by avoiding and reducing tobacco and alcohol use, eating a healthier diet and exercising more.

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# **ABLUTOPHOBIA**

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

*Ablutophobia is the fear of drowning. It is not about the fear of water (aquaphobia) but about being engulfed underwater and dying by asphyxiation.*

Ablutophobia is a common phobia and affects both men and women.

## **Behaviors associated with fear of drowning.**

The ablutophobic is a person who makes every effort not to find himself in contact with situations where he risks being submerged by water. So she will have no trouble washing her hands, watching the rain fall or going boating. On the other hand, taking a shower, going to the swimming pool ... anything that refers to the idea of suffocation by water is unbearable.

Note that knowing how to swim does not prevent the ablutophobic from being afraid of drowning. Immersed in water, he may even, by panic reaction, no longer know how to swim and thus risk drowning.

## **Possible sources of ablutophobia**

One can imagine that the ablutophobic subject really experienced an episode of drowning of which he has lost the memory. As a result, when he finds himself (or risks finding himself) in a similar situation, the body memory (unconscious) produces an alarm signal, resulting in the phobia itself.

Intrauterine pain in the infant can also cause ablutophobic sensations.

## **Physical, mental and behavioral consequences**

When the ablutophobic is faced with a large amount of real or fantasized water, it is made to tremble, feelings of suffocation and an accelerated heart rate. In fact, he reproduces in his anguish the same signs as if he were actually drowning.

## **Possible treatments for**

## **ablutophobia**

- Cognitive-behavioral approaches are very effective against phobias in general and for phobias in particular.
- Ericksonian hypnosis can be helpful because it allows desensitization in relation to the very subject of phobia: the fear of drowning.
- EMDR is effective if the ablutophobic is aware of a traumatic event that has been identified in its history. Because it acts directly on the trauma.
- Psychoanalysis and psychotherapy in general will help the subject to work on the why of the phobia with the risk that it will not always be found. But if that's the case, the tension linked to the phobia quickly defuses.

### **Famous Ablutophobic**

Bill Viola, the famous contemporary videographer, suffers from a form of ablutophobia. He knew how to divert this phobia in his work. Indeed many of his video installations show characters falling endlessly into the sea, wells or chasms of water ... without drowning completely!

### **Analysis of a case of ablutophobia**

Jean-Pierre is a 41-year-old man who experiences insurmountable anxiety as soon as he approaches a swimming pool. When questioned, it turns out that it is the fear of drowning that leads him to flee these places which for him are, inevitably, the places where he risks dying suffocated underwater.

Under hypnosis, Jean-Pierre will find an event that is the source of his phobia: he had

seen a schoolmate in CP drowning in the pool in front of him!

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## **Adjustment Disorder**

### **Shibleen Kaur, Sheridan college**

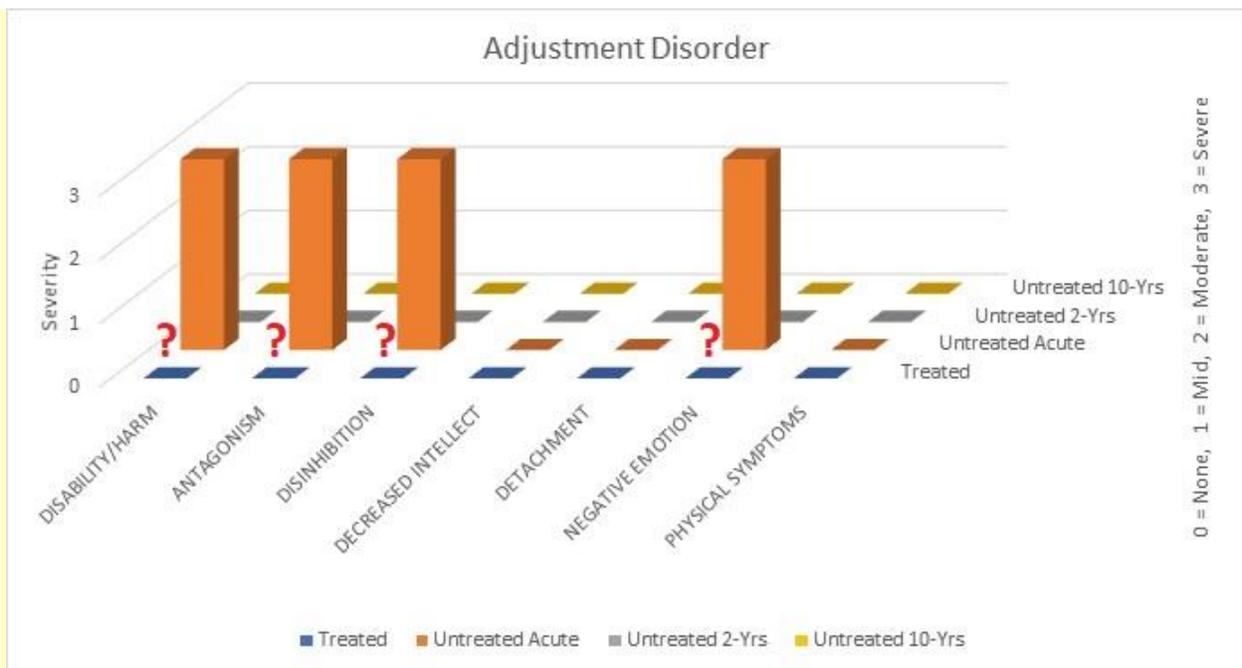
Adjustment disorders are stress-related conditions. You experience more stress than would normally be expected in response to a stressful or unexpected event, and the stress causes significant problems in your relationships, at work or at school. Work problems, going away to school, an illness, death of a close family member or any number of life changes can cause stress. Most of the time, people adjust to such changes within a few months. But if you have an adjustment disorder, you continue to have emotional or behavioral reactions that can contribute to feeling anxious or depressed. Commonly people come over from this stress after some time but person with adjustment disorder continue to have emotional or behavioral reactions that can contribute to feeling anxious or depressed.

### **Statistics**

Statistics about adjustment disorder are helpful in better understanding this mental issue and in creating improved outcomes for those who are suffering. The following are pertinent statistics about adjustment disorder that give great insight into this illness:

- Diagnosis of adjustment disorder is becoming more common, with an estimated incidence of 5-21% among psychiatric consultation services for adults [1].
- Adult women are diagnosed twice as often with adjustment disorder as are adult men [1].

- Among children and adolescent, girls and boys are equally likely to receive this diagnosis [1].
- Suicidal behavior is prominent among individuals of all ages with adjustment disorder, and up to one-fifth of adolescent suicide victims may have an adjustment disorder [2].
- Within five years of an adjustment disorder diagnosis, approximately 20-50% of the sufferers go on to be diagnosed with psychiatric disorders that are more serious in nature



## Causes

Adjustment disorders are caused by significant changes or stressors in your life. Genetics, your life experiences, and your temperament may increase your likelihood of developing an adjustment disorders.

## Symptoms of Adjustment Disorder:

Signs and symptoms depend on the type of adjustment disorder and it can vary from person to person. A person feel more stress than would normally be expected in response to a stressful event, and the stress causes significant problems in your life.

Adjustment disorders affect how you feel and think about yourself and the world and may also affect your actions or behavior. Some examples include:

- Feeling sad, hopeless or not enjoying things you used to enjoy
- Frequent crying
- Worrying or feeling anxious, nervous, jittery or stressed out
- Trouble sleeping
- Lack of appetite
- Difficulty concentrating
- Feeling overwhelmed
- Difficulty functioning in daily activities
- Withdrawing from social supports
- Avoiding important things such as going to work or paying bills
- Suicidal thoughts or behavior

Symptoms of an adjustment disorder start within three months of a stressful event and last no longer than 6 months after the end of the stressful event. However, persistent or chronic adjustment disorders can continue for more than 6 months, especially if the stressor is ongoing, such as unemployment.

## Diagnosis of Adjustment Disorder:

Diagnosis of adjustment disorders is based on identification of major life stressors, your symptoms and how they impact your ability to function. Your doctor will ask about your medical, mental health and social history. He or she may use the criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published by the American Psychiatric Association.

For diagnosis of adjustment disorders, the DSM-5 lists these criteria:

- Having emotional or behavioral symptoms within three months of a specific stressor occurring in your life
- Experiencing more stress than would normally be expected in response to a stressful life event and/or having stress that causes significant problems in your relationships, at work or at school

- Symptoms are not the result of another mental health disorder or part of normal grieving

Adjustment disorder with depressed mood	• Feeling sad and hopeless and a loss of pleasure in things you used to enjoy
Adjustment disorder with anxiety	• Nervousness, worry, difficulty concentrating and feeling overwhelmed.
Adjustment disorder with mixed anxiety and depressed mood	• Mix of depression and anxiety
Adjustment disorder with disturbance of conduct	• Behavioral problems such as fighting, reckless driving, etc...
Adjustment disorder with mixed disturbance of emotions and conduct	• Mix of depression and anxiety as well as behavioral problems
Adjustment disorder unspecified	• Symptoms don't fit other types, but often include physical problems, or work and school problems.

## Adjustment Disorder treatment and care:

Many people with adjustment disorders find treatment helpful, and they often need only brief treatment. Others, including those with persistent adjustment disorders or ongoing stressors, may benefit from longer treatment. Treatments for adjustment disorders include psychotherapy, medications or both.

### Psychotherapy

Psychotherapy, also called talk therapy, is the main treatment for adjustment disorders. This can be provided as individual, group or family therapy. Therapy can:

- Provide emotional support
- Help you get back to your normal routine
- Help you learn why the stressful event affected you so much
- Help you learn stress-management and coping skills to deal with stressful events

## Preventions of Adjustment Disorder:

There's no guaranteed way to prevent an adjustment disorder. However, learning to cope and be resilient can help you deal with stressors. Being resilient means being able to overcome stressors.

You can increase your resilience by:

- developing a strong network of people to support you
- looking for the positive or humor in hard situations
- living healthfully
- establishing good self-esteem

It can be helpful to prepare for a stressful situation if you know you will need to confront it in advance. Thinking positively can help. You can also call your doctor or therapist to discuss how you can best manage especially stressful situations.

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## OPPOSITIONAL DEFIANT DISORDER

By- Harpreet Nancy, Sheridan College

### INRODUCTION



Oppositional defiant disorder refers to the persistent display of irrationally rebellious behavior and anger at authority figures over an extended period. Oppositional defiant disorder (ODD) typically occurs in children, but it can also be present in early adolescence. Children can often be disobedient and argumentative, but consistent patterns of these behaviors could indicate an underlying disorder. This article will discuss what ODD is, how to recognize it, and methods of treating the disorder.

#### **Fast facts on ODD:**

ODD is a type of conduct disorder that more commonly occurs in younger children.

Those with ODD are easily annoyed and frequently disobey rules.

The most common form of treatment is psychotherapy.

#### **What is ODD?**

Children and young people with ODD characteristically display ongoing patterns of defiant, vindictive, angry, and argumentative behavior toward authority figures. For a trained mental health professional to diagnose ODD, these patterns of behavior must continue for at least 6 months and significantly impair a person's daily functioning. Compared to other conduct disorders, ODD tends to present as disobedience or arguing with authority figures, such as teachers or parents, rather than antisocial behavior. It is a formally recognized disorder in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). ODD is not the same as autism spectrum disorders, despite sharing some behavioral similarities.

The symptoms of ODD often emerge when a child is 6 to 8 years old. It is also possible for some residual symptoms of ODD to be present in adults, who display very similar symptoms to children and adolescents. For example, an adult with ODD may display feelings of anger towards their manager at work, as opposed to a teacher or parent.

### **Causes**

The cause of ODD is unknown, but it is likely to be a product of multiple environmental, developmental, and genetic factors. For example, a combination of environmental risk factors, such as childhood trauma or poverty and genetic factors, such as a predisposition for aggressive behavior, could cause ODD to develop.

### **Symptoms**

ODD may be indicated by behaviors that are ongoing for 6 months and seriously impact a child's life. Identifying the symptoms of ODD or any conduct disorder is challenging. All behaviors associated with ODD can occur in a child or teenager with varying degrees of frequency. In most cases, this is not a cause for concern. However, behaviors that carry on for at least 6 months and

have a serious impact on a child's daily life may indicate ODD. These behaviors must be demonstrably more severe and more frequent than that of their peers. In attempting to identify whether a person has ODD, it is essential to be sure how often they behave in a certain way. If a person regularly displays the same behavior in a particular situation, an individual who suspects them of having ODD may then assume that this behavior happens more frequently than it does — this is because they expect the behavior to occur.

To help identify ODD, it can help to consult with others who regularly come into contact with the individual. If a pattern of symptoms cannot be reliably established, the behavior is unlikely to be the product of a conduct disorder. In such situations, it is best to avoid talking to the person about having a conduct disorder, or insisting they seek unnecessary medical attention, as this could cause them to feel alienated or resentful, possibly creating further problems.

### **Psychosocial factors**

Conceptualized as a behavior disorder, ODD is known to have significant environmental causation. Family factors, such as familial psychopathology, poor disciplinary practices, maltreatment and neglect, prenatal risk factors, single parenthood, family disharmony, dissolution, low social class, and poverty, are known to be significantly associated with disruptive behaviors. Extrafamilial causes, such as poor and congested neighborhood, deviant peer groups, peer rejection, and significant life stressors, also have significant negative effects on children's behavior. Good parenting practices, attachment with school, strict supervision, and a close and trusted relationship with a trustworthy adult are protective factors against deviant behavior. Recent studies and reviews have also reiterated the same

### **How is it diagnosed?**

All conduct disorders are diagnosed by a mental health professional, such as a psychiatrist. They will use diagnostic questions and follow the guidance set out in the DSM-5 to assess whether a person has ODD.

**Criteria for diagnosing ODD according to DSM-5 include:**

A pattern of angry or irritable mood, argumentative or defiant behavior, or vindictiveness over a period of at least 6 months, expressed through interacting with an individual who is not a sibling. Behavior causes significant disruption to social, educational, occupational, or home functioning. Behavior is not caused by a different mental health problem, such as attention deficit hyperactivity disorder (ADHD).

**ODD can vary in severity:**

**Mild:** symptoms are expressed in specific contexts, such as at school or home.

**Moderate:** symptoms are expressed in at least two contexts.

**Severe:** symptoms are expressed in three or more contexts.

To help them make an assessment, a psychiatrist may require reports from those who regularly interact with the individual. They will examine the person's medical and psychiatric history and may recommend further psychiatric testing if they suspect that another condition is causing the symptoms. The symptoms of ODD can often overlap with different disorders, such as ADHD or bipolar disorder, which must first be ruled out.

**Treatment**

Psychotherapy may be used to treat ODD. Treating ODD is challenging because the causes of such behavior can be complex. Each person is assessed individually, and treatment will differ from person-to-person. Psychotherapy is a popular treatment option, but the specific type of psychotherapy will depend on the individual; the primary goal is to help the person find new

ways of coping with stress, dealing with authority figures, and expressing emotion. Other forms of treatment may be recommended to treat any underlying conditions that may be contributing to symptoms. For example, family therapy may be helpful if a problematic home-life is influencing the disorder. Medication is not used to treat ODD but may be administered to treat a different underlying condition, such as ADHD.

### **Complications**

Children and teenagers with oppositional defiant disorder may have trouble at home with parents and siblings, in school with teachers, and at work with supervisors and other authority figures.

Children with ODD may struggle to make and keep friends and relationships.

### **ODD may lead to problems such as:**

Poor school and work performance, Antisocial behavior, Impulse control problems, Substance use disorder, Suicide

### **Many children and teens with ODD also have other mental health disorders, such as:**

Attention-deficit/hyperactivity disorder (ADHD), Conduct disorder, Depression, Anxiety Learning and communication disorders. Treating these other mental health disorders may help improve ODD symptoms. And it may be difficult to treat ODD if these other disorders are not evaluated and treated appropriately.

### **Prevention**

There's no guaranteed way to prevent oppositional defiant disorder. However, positive parenting and early treatment can help improve behavior and prevent the situation from getting worse. The earlier that ODD can be managed, the better. Treatment can help restore your child's self-esteem and rebuild a positive relationship between you and your child. Your child's relationships with



**Causes:** Anytime something interferes with normal brain development, intellectual disability can result. However, a specific cause for intellectual disability can only be pinpointed about a third of the time.

The most common causes of intellectual disability are:

- **Genetic conditions.** These include things like down syndrome and fragile x-syndrome.
- **Problems during pregnant** Things that can interfere with fetal brain development include alcohol or drug use, malnutrition, certain infections, or preeclampsia.
- **Problems during childbirth.** Intellectual disability may result if a baby is deprived of oxygen during childbirth or born extremely premature.
- **Illness or injury.** Infections like [meningitis](#), [whooping cough](#), or the [measles](#) can lead to intellectual disability. Severe [head injury](#), near-drowning, extreme malnutrition, infections in the brain, exposure to toxic substances such as lead, and severe neglect or abuse can also cause it.
- **None of the above.** In two-thirds of all children who have intellectual disability, the cause is unknown.

**Signs of Intellectual disability:** There are many different signs of intellectual disability in children. Signs may appear during infancy, or they may not be noticeable until a child reaches school

age. It often depends on the severity of the disability. Some of the most common signs of intellectual disability are:

- Rolling over, sitting up, crawling, or walking late
- Talking late or having trouble with talking
- Slow to master things like toilet training, dressing, and feeding himself or herself
- Difficulty remembering things
- Inability to connect actions with consequences
- Behavior problems such as explosive tantrums
- Difficulty with problem-solving or logical thinking

### ***Can intellectual disability be prevented?***

Certain causes of intellectual disability are preventable. The most common of these is [fetal alcohol syndrome](#). Pregnant women shouldn't drink alcohol. Getting proper prenatal care, taking a prenatal vitamin, and getting vaccinated against certain infectious diseases can also lower the risk that your child will be born with intellectual disabilities.

In families with a history of genetic disorders, genetic testing may be recommended before [conception](#).

Certain tests, such as [ultrasound](#) and [amniocentesis](#), can also be performed during pregnancy to look for problems associated with intellectual disability. Although these tests may identify problems before birth, they cannot correct them.

### ***How is intellectual disability diagnosed?***

Intellectual disability may be suspected for many different reasons. If a baby has physical abnormalities that suggest a genetic or [metabolic disorder](#), a variety of tests may be done to confirm the diagnosis. These include [blood](#) tests, urine tests, imaging tests to look for structural problems in the [brain](#), or electroencephalogram ([EEG](#)) to look for evidence of seizures.

In children with developmental delays, the doctor will perform tests to rule out other problems, including hearing problems and certain neurological disorders. If no other cause can be found for the delays, the child will be referred for formal testing.

### **What can I do to help my intellectually disabled child?**

Steps to help your intellectually disabled child include:

- Learn everything you can about intellectual disabilities. The more you know, the better advocate you can be for your child.
- Encourage your child's independence. Let your child try new things and encourage your child to do things by himself or herself. Provide guidance when it's needed and give positive feedback when your child does something well or masters something new.
- Get your child involved in group activities. Taking an art class or participating in Scouts will help your child build social skills.
- Stay involved. By keeping in touch with your child's teachers, you'll be able to follow his or her progress and reinforce what your child is learning at school through practice at home.
- Get to know other parents of intellectually disabled children. They can be a great source of advice and emotional support.

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## **MAJOR DEPRESSIVE DISORDER**

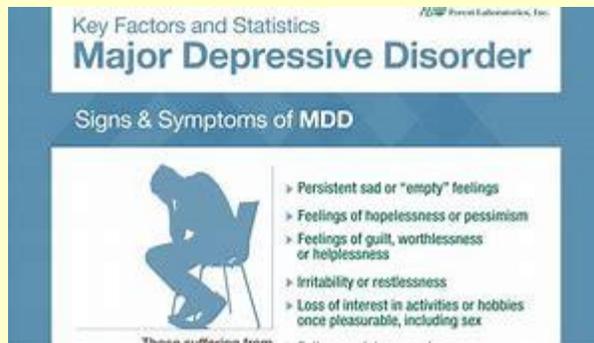
### **Simranpreet Kaur, Sheridan college**

Depression is much more than simple unhappiness. Clinical depression, sometimes called major depression, is a complex mood disorder caused by various factors, including genetic predisposition, personality, stress and brain chemistry. Major depressive disorder also simply known as a depression. it is a mental disorder that is present due to depressed mood that causes a persistent feelings and sadness. It affects how you feel, think and behave that lead a variety of physical problems.

### **Statistics of Canada**

Depression can begin at any age and it can affect people of all races and across all socioeconomic statuses. Here are some of the statistics on the demographics of people with depression:

- The median age of depression onset is 32.5 years old.
- The prevalence of adults with a major depressive episode is highest among individuals between 18 and 25.
- 11.3% of adults who report two or more races have experienced a major depressive episode in the past year
- 8.7% of women have depression
- 5.3% of men have depression (morin, 2019)



## Symptoms

Although depression may occur only once during your life, people typically have multiple episodes (recurrent). During these episodes, symptoms occur most of the day, nearly every day and may include:

- Feelings of sadness, tearfulness, emptiness or hopelessness
- Angry outbursts, irritability or frustration, even over small matters
- Loss of interest or pleasure in most or all normal activities, such as sex, hobbies or sports
- Sleep disturbances, including insomnia or sleeping too much
- Tiredness and lack of energy, so even small tasks take extra effort
- Reduced appetite and weight loss or increased cravings for food and weight gain
- Anxiety, agitation or restlessness
- Slowed thinking, speaking or body movements
- Feelings of worthlessness or guilt, fixating on past failures or self-blame
- Trouble thinking, concentrating, making decisions and remembering things
- Frequent or recurrent thoughts of death, suicidal thoughts, suicide attempts or suicide
- Unexplained physical problems, such as back pain or headaches

For many people with depression, symptoms usually are severe enough to cause noticeable problems in day-to-day activities, such as work, school, social activities

or relationships with others. Some people may feel generally miserable or unhappy without really knowing why.

### **Depression symptoms in children and teens**

Common signs and symptoms of depression in children and teenagers are like those of adults, but there can be some differences.

- In younger children, symptoms of depression may include sadness, irritability, clinginess, worry, aches and pains, refusing to go to school, or being underweight.
- In teens, symptoms may include sadness, irritability, feeling negative and worthless, anger, poor performance or poor attendance at school, feeling misunderstood and extremely sensitive, using recreational drugs or alcohol, eating or sleeping too much, self-harm, loss of interest in normal activities, and avoidance of social interaction.

### **Depression symptoms in older adults**

Depression is not a normal part of growing older, and it should never be taken lightly. Unfortunately, depression often goes undiagnosed and untreated in older adults, and they may feel reluctant to seek help. Symptoms of depression may be different or less obvious in older adults, such as:

- Memory difficulties or personality changes
- Physical aches or pain
- Fatigue, loss of appetite, sleep problems or loss of interest in sex — not caused by a medical condition or medication
- Often wanting to stay at home, rather than going out to socialize or doing new things
- Suicidal thinking or feelings, especially in older men

### **When to see a doctor**

If you feel depressed, make an appointment to see your doctor or mental health professional as soon as you can. If you're reluctant to seek treatment, talk to a friend or loved one, any health care professional, a faith leader, or someone else you trust.

### **When to get emergency help**

If you think you may hurt yourself or attempt suicide, call 911 or your local emergency number immediately.

Also consider these options if you're having suicidal thoughts:

- Call your doctor or mental health professional.
- Call at helpline numbers that are available.
- Reach out to a close friend or loved one.
- Talk to and get help from people are support of you, including family members and friends. it helps to get professional from doctors, therapists and psychologists.

If you have a loved one who is in danger of suicide or has made a suicide attempt, make sure someone stays with that person. Call 911 or your local emergency number immediately. Or, if you think you can do so safely, take the person to the nearest hospital emergency room.

### **Causes**

It's not known exactly what causes depression. As with many mental disorders, a variety of factors may be involved, such as:

- **Biological differences.** People with depression appear to have physical changes in their brains. The significance of these changes is still uncertain but may eventually help pinpoint causes.
- **Brain chemistry.** Neurotransmitters are naturally occurring brain chemicals that likely play a role in depression. Recent research indicates that changes in the function and effect of these neurotransmitters and how they interact with

neurocircuits involved in maintaining mood stability may play a significant role in depression and its treatment.

- **Hormones.** Changes in the body's balance of hormones may be involved in causing or triggering depression. Hormone changes can result with pregnancy and during the weeks or months after delivery (postpartum) and from thyroid problems, menopause or several other conditions.
- **Inherited traits.** Depression is more common in people whose blood relatives also have this condition. Researchers are trying to find genes that may be involved in causing depression.

### **Treatment and diagnosis**

Most types of depression respond to antidepressant medications, psychotherapy (CBT), or a combination of both. Providing education about depression and its treatment to people with depression and to their family members may also be part of a treatment plan.

**Medications:** Sometimes people with depression are unaware that medications can help them, or they are at first hesitant to take antidepressant medications to manage their condition. However, there are many different medications available today to help treat depression. You and your doctor can work together to decide what medication is best for you. Some of the more commonly used medications for depression include SSRIs (selective serotonin reuptake inhibitors such as fluoxetine\*, paroxetine, citalopram, and escitalopram), SNRIs (serotonin-norepinephrine reuptake inhibitors such as duloxetine, venlafaxine, and desvenlafaxine), bupropion, trazodone, mirtazapine, MAOIs (monoamine oxidase inhibitors such as moclobemide and phenelzine), and tricyclic antidepressants (e.g., amitriptyline, doxepin, nortriptyline).

### **Prevention**

- Take steps to control stress, to increase your resilience and boost your self-esteem.
- Reach out to family and friends, especially in times of crisis, to help you weather rough spells.
- Get treatment at the earliest sign of a problem to help prevent depression from worsening.
- Consider getting long-term maintenance treatment to help prevent...

## References

Pearson, Caryn, Teresa Janz and Jennifer Ali. 2013. "Mental and substance use disorders in Canada" Health at a Glance. September. Statistics Canada Catalogue no. 82-624-X.

[https://camh.ca/en/health-info/mental-illness-and-addiction-index/depression\](https://camh.ca/en/health-info/mental-illness-and-addiction-index/depression/)

<https://www.webmd.com/depression/guide/major-depression#>

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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, Units 6 and 7, Brampton. Ontario. L6T 4K9. (Near Steeles & Melanie) on Wednesday February 13th, 2019.

We provide our services at our new office and we also provide SACHSS Rehab and Drop in Centre services at our new office at 22 Melanie Drive, Units 6 and 7, Brampton. Ontario.

Please visit our SACHSS Rehab and Drop in Centre services at our new office at 22 Melanie Drive, Units 6 and 7, Brampton. Ontario. (Near Steeles & Melanie, Near Steeles and Torbram).

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

All are welcome.

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Please Attend

All are welcome

**SACHSS WOMEN’S PROGRAM**

22 Melanie Drive, Units 6 and 7, Brampton. Ontario. L6T 4K9.

Every 4<sup>th</sup> Saturday 11.30 am to 1.30 pm

Free Event

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Please Attend

All are welcome

**SACHSS SENIORS’ PROGRAM**

22 Melanie Drive, Units 6 and 7, Brampton. Ontario. L6T 4K9.

Every 1st Saturday 11.30 am to 1.30 pm

Free Event

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**SACHSS**

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

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

22 Melanie Drive, Unit 6&7 Brampton. Ontario. L6T 4K9. Canada  
Phone: 647-718-0786. Website: [www.sachss.org](http://www.sachss.org)

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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.

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