

SACHJ

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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

INFORMATION ON SACHSS

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 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.

COVID-19 ANNOUNCEMENT

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

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

For other online services please contact us through info.sachss@gmail.com or maher2004@gmail.com

We will resume our regular services once the situation improves.

SELF-REFERRALS ARE ACCEPTED.

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January 2021 Issue: Articles

Global Development Delay

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South Asian Canadians Health & Social Services- SACHSS

Introduction

Some children may develop delay in reaching their developmental mile stones such as rolling, sitting, standing, walking, talking, toilet training, dressing, eating etc.

Some may be slight delays within normal limits, which child catches up quickly or they may be due to some other serious causes.

The seriousness of Global Developmental Delay, and whether the child will catch up or not depends upon the causes for the delay and the severity of the condition and the symptoms.

Global Developmental delay is when a child lags behind their peers in one or more areas of emotional, mental, or physical growth. Early diagnosis and treatment is the best way to help them make progress or even to catch up.

Minor, temporary delays are usually no cause for alarm, but an ongoing delay or multiple delays in reaching milestones can be a sign there may be challenges later in life.

There are five main areas of development in which kids can have delays.

The 5 areas of skill development

Not meeting developmental milestones at the same rate as other kids isn't always a reason to worry. Not all children develop skills on a strict timetable. For example, some babies start walking as young as 9 months, while others don't take their first steps until 15 months. Both of those babies are within the range of typical development.

Kids develop skills in five main areas of development:

1. **Cognitive (or thinking) skills:** This is the ability to think, learn and solve problems. It's how kids explore the world around them with their eyes, ears, and hands.
2. **Social and emotional skills:** This is the ability to relate to other people. That includes being able to express and control emotions.
3. **Speech and language skills:** This is the ability to use and understand language.
4. **Fine and gross motor skills:** This is the ability to use small muscles (fine motor), particularly in the hands, and large muscles (gross motor) in the body.
5. **Daily living activities:** This is the ability to handle everyday tasks. For children, that includes eating, dressing, and bathing themselves.

Developmental Delay Causes and Risk Factors

- Being born prematurely
- Genetic conditions like Down syndrome or muscular dystrophy
- Poor eyesight or hearing
- Malnutrition
- Alcohol or drug use during pregnancy
- Physical abuse or neglect
- Lack of oxygen during delivery
- Complications at birth: Being born too early (prematurely); low birth weight; not getting enough oxygen at birth
- Environmental issues: Lead poisoning; poor nutrition; exposure to alcohol or drugs before birth; difficult family situations; trauma
- Other medical conditions: Chronic ear infections; vision problems; illnesses, conditions, or injuries that have a significant and long-term effect on a child's day-to-day activities
- Developmental delay can also be a symptom of other underlying medical conditions, including: Autism spectrum disorders (ASDs), cerebral palsy, fetal alcohol spectrum disorders, Landau Kleffner syndrome, myopathies, including muscular dystrophies, genetic disorders, such as Down syndrome and fragile X syndrome
-

Language and Speech Developmental Delays

These are not unusual delays in toddlers. Language and speech problems are the most common type of developmental delays. Speech refers to verbal expression, including the way words are formed. Language is a broader system of expressing and receiving information, such as being able to understand gestures.

Possible causes. A variety of problems may cause language and speech delays, including:

- Exposure to more than one language -- which can cause mild delays in toddlers but not delays by the time they reach school age
- A learning disability
- Child abuse or neglect
- A problem with the muscles controlling speech -- a disorder called dysarthria
- Hearing loss, which may occur in children who have severe middle ear infections or occur as a result of certain medications, trauma, or genetic disorders
- Autism spectrum disorders -- a group of neurological disorders that may involve impaired communication as well as impaired social interaction and cognitive skills
- No cause can be found

Minor differences in these milestones usually aren't cause for concern. For example, a baby who isn't rolling over by 4 months may be just a little behind in that one skill. But babies at that age who, for example, aren't rolling over, can't hold their heads up, don't push up when lying on their tummy, and aren't babbling are behind in more than one area of development. That could be a sign of a global developmental delay.

Developmental delay vs. developmental disability

Developmental disabilities are issues that kids don't outgrow or catch up from, though they can make progress. Conditions that can cause developmental disabilities include Down syndrome, Angelman syndrome, autism, fetal alcohol spectrum disorders (FASD), and brain injuries.

Sometimes it's hard to determine if a young child has a delay or a disability.

Even when it's not clear what's causing the delay, early intervention often helps kids catch up. But in some cases, kids still have delays in skills when they reach school age.

In young kids, delays can be an early sign of learning differences. But it can be hard to make the link until kids start school. That's when teachers see how kids do in areas like math, reading, and spelling. They can also see how well kids focus in class.

Some schools have early screening programs that look at all kids. This allows schools to help more children at an earlier age. Schools can also do testing to learn more about kids' skills and

how they think and solve problems. The results can help to determine if kids need extra support.

- Having developmental delays means a child is continually behind in gaining the skills expected by a certain age.
- There's no one specific cause of developmental delays.
- Early detection and intervention is important in helping kids develop skills.

Previously known in DSM-4 as “Mental Retardation, Severity Unspecified”, the term **global developmental delay (GDD) in DSM-5** is used to explain developmental disability in children who are under five years of age (Thomaidis, et al., 2014). It refers to an important developmental milestone delay in regards to motor, speech and language; cognition; social functioning; and activities of daily living (Perna & Loughan, 2013). GDD is seen as a temporary diagnosis for children who are unable to undergo standardized IQ evaluation (American Psychiatric Association, 2013). Research has shown that a good number of children with GDD ultimately meet the diagnosis for Intellectual Disability once they reach school age. It is estimated that approximately five to ten percent of the pediatric population experience developmental delay (Thomaidis, et al., 2014). It remains hard to have an accurate estimate as GDD is affected by multiple factors such as age and socioeconomic status. This result in a higher number being reported in the developing world compared to westernized countries (Thomaidis, et al., 2014). GDD is seen in about fifteen percent of children below the age of five.

Some children are diagnosed under a year of age, while others become evident when the parents compare their children to others of the same age. Delays can show up as multiple issues and end in diverse prognosis with children. The research on early delays appears to be a bit unclear in regards to persistence of impairments or how they can progress to other disorders. Precise determination of the primary etiology symbolizes a vital step in handling young children with GDD. This can be hard to pin point as the actual determinants are very variable. These classifications can be labeled as prenatal, perinatal, and postnatal. They range from genetic abnormalities such as syndromes and anomalies to hypoxic encephalopathy, to Central Nervous System (CNS) infections. Some research has shown that being diagnosed with GDD can result in an elevated risk of ensuing cognitive, behavioral, or academic issues (Perna & Loughan, 2013). Increasing amount of research implies that speech and language delays are frequently connected with consequent challenges with reading, writing, attention, and socialization.

As a result, early diagnosis of GDD is crucial, to ensure early intervention, especially in children with more severe delays. This is also needed to prevent future socio-behavioral problems, such as social anxiety, bipolar affective disorder, and psychotic depression (Moeschler & Shevell, 2014). Early diagnosis and intervention has been shown to decrease the risk of developing Attention Deficit Hyperactive Disorder (ADHD) in children (Perna & Loughan, 2013).

Symptoms of Global Developmental Delay

According to DSM-5, the Global Developmental Delay diagnosis is set aside for children under the age of 5 when clinical severity point cannot be consistently evaluated during early childhood (American Psychiatric Association, 2013). The diagnosis pertains to children who are unable to meet developmental targets in a number of areas of intellectual performance but who are not capable or too young to take part in methodical/standardized evaluations of intellectual functioning. This diagnosis involves reconsideration following a phase of time.

Diagnosis of Global Developmental Delay

There are **multiple tests used in the diagnosis** of Global developmental delay. These consist of the following below.

Genetic, molecular, and metabolic tests-These tests are usually conducted via urine or blood samples, and are able to detect hereditary types of global developmental delay (American Academy of Neurology, 2014). In addition, blood and urine tests also allow for the evaluation of abnormalities in body chemistry, which can contribute to developmental delay. In children born to mothers with a history of alcoholism, tests can be conducted to check for fetal alcohol syndrome.

Chromosome testing- These tests help in inherited problems and genetic defects that can contribute to global developmental delay. Some specific genetic testing can be done to evaluate certain rare disorders. One of the most common genetic causes of GDD is Fragile X, and conducting this test can eliminate this possible cause (Moeschler & Shevell, 2014). Rett syndrome is a high ranking cause of GDD among girls. The screening of girls for Rett Syndrome can be beneficial in eliminating this possibility of GDD.

Children can be tested for other disorders. One such test is that of **lead**, which is quite toxic, and easily found in the environment. It can affect the nervous system, and has been associated with mental deficits. Older houses are linked with high lead exposure, and in children at risk for this exposure, a blood test can be conducted to check for elevated lead levels (American Academy of Neurology, 2014).

An important blood chemistry level that can contribute to GDD is the **thyroid hormone**. Decreased amounts of thyroid hormone levels can result in irregular growth and development, as well as slower mental ability. Normally new born babies are screened for this, but if this was not done at birth, it can be conducted in at risk children.

Neuroimaging tests such as CT and MRI can be conducted to evaluate any possible injury to the central nervous system and the brain. By looking at these detailed images, doctors can be provided insight regarding some children with GDD. While MRI offers more detailed images, CT brain scans are faster to do, and much cheaper for the patient.

Treatment of Global Developmental Delay

To ensure early intervention for children diagnosed with GDD, the diagnosis must take place early. **Early intervention has been shown to improve outcomes in treatable causes of GDD.**

The treatment foundation would mean targeting the cause of the developmental delay. With children with speech delays, it would be imperative to seek the help of a speech pathologist. Children, who are experiencing delays in fine motor and daily living skills, will benefit from occupational therapy and physical therapy interventions. Those with hearing and vision delays, may benefit from the use of a hearing aid, correctional lenses/eye glasses.

In children with GDD due to metabolic causes, such as Phenylketonuria (PKU), dietary modification can help the children lead relatively normal lives. Behavioral and educational therapies can assist those with syndromes such as Fragile X, while extensive behavior modifications, parent training, and speech and language intervention, occupational and physical therapies may be indicated in a lifelong disability such as Down syndrome.

Living with Global Developmental Delay

It is important for children with GDD to be evaluated early, since some children ultimately end up with intellectual disability. Some children with GDD end up with a plethora of mental health issues such as ADHD, which can prove challenging if unidentified in school age children. On the other hand, some children with GDD may be remedied if the problem is identified. In some cases, some children with GDD were adopted from developing countries which lacked adequate individual attention, resulting in poor motor, language, social and cognitive skills. (Perna & Loughan, 2013) Once placed in an environment where this is encouraged, such deficits can be corrected before starting school.

School age children with GDD face **great stigma within the community at large, and bullying may be an issue in school and even at home** (Perna & Loughan, 2013). **Family support is crucial** to help these children with activities of daily living as needed. Older children with GDD can experience difficulty handling simple tasks such as eating, dressing, brushing their teeth or using the bathroom.

As individuals with GDD can be prone to develop **Intellectual Disability**, which is associated with **increased suicide attempts**, it is important for the community to be involved in the intervention. **There should be continuity of treatment and collaboration between all medical professionals from the pediatrician or family physician, to the neurologist, speech pathologist and therapists.**

Some children with GDD may have a permanent lifelong medical condition, like Down's syndrome, Fragile X syndrome, Prader-Willi syndrome, Angelman syndrome or Williams syndrome which would mean having a more comprehensive treatment plan. Most

importantly each child with GDD regardless of cause should be seen as an individual, and personal needs should always be considered in helping maintain a normal life.

What are the developmental and functional outcomes at school age of children diagnosed with a global developmental delay?

Global developmental delay: A group of children who were diagnosed with global developmental delay when they were around 3 1/2 years old were tested again at 7-8 years of age. Overall the children performed below average on almost all measures of developmental and function as assessed by two clinical tests. This study demonstrated that children with early global developmental delay have persistent developmental difficulties in the early school years across all developmental and functional domains. What families should know Young children with global developmental delay are a group at high-risk for later developmental and functional impairments at early school age. Global developmental delay diagnosed early in childhood does not represent simply a maturational lag. A programmatic approach that involves intermittent follow-up of these children to assess key elements at different points in the lifespan may greatly help these children.

PREVENTION

Though there may be causes of GDD which may not be preventable, there are causes which are preventable and treatable as mentioned in the above article.

Being aware of the age-appropriate norms and milestones of the child and seeking early help, evaluation and treatment from medical professionals will be of great help to many kids in catching up with their delays and challenges, especially for the kids with preventable and treatable causes. Seeking early help, evaluation and treatment from medical professionals will be of great help for all kids for with all different causes for GDD.

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POLYMORPHIC LIGHT ERUPTIONS (PMLE)

Dr.Mahvish Mustafa

South Asian Canadians Health & Social Services- SACHSS

Polymorphic Light Eruptions is a recurrent, acquired sunlight induced rash of delayed onset appearing after exposure to ultraviolet (UV) radiation, mostly the sun, in susceptible individuals. Polymorphous light eruption, also known as polymorphic light eruption, is a rash caused by sun exposure in people who have developed sensitivity to sunlight. The rash usually appears as red, tiny bumps or slightly raised patches of skin. It is more common in people having light skin and living in northern regions including Canada.

PMLE is recurrent, UV induced photodermatitis in susceptible people.

AETIOLOGY

Genetic- Family history of PMLE

Rash provoked by UVA in 75-90% cases

UVB and visible sunlight can be provocative

Sensitivity to tanning beds and tanning lamps

Females

Individuals with first episode in teens or 20's

Fair skin

Northern world dwellers

Vit D insufficiency

Dysregulated antimicrobials

Decreased estrogen leading to immune suppression

SITES OF BODY AFFECTED

Arms

Dorsum of hands

V of neck

Chest

Lower legs

Sometimes

Eye

Lips

SYMPTOMS

Severe itch

Burning sensation

Malaise

Fever

The symptoms get worse after sun exposure

The signs and symptoms appear in 30 minutes to 3 days after the exposure to the ultraviolet radiation. They resolve usually in 10 days

HISTORY and examination

- Typical onset- within hours of exposure and lasting a week
- Rash confined to sun exposed body parts
- Polymorphic appearance of rash; macules, papules, vesicles, plaques

LAB

Initially CD4 levels found positive . After 72 hours of exposure, CD8 lymphocytes detected

Histological findings on biopsy of the lesion

Papillary dermis

Oedema, Extravasated red cells seen

TREATMENT

Topical corticosteroid creams

Oral antihistamines

Oral corticosteroids

- Prednisone
- Prednisolone

Hydroxychloroquine

Immunosuppressive drugs like azathioprine

PREVENTION

Sun protective clothing in summers and spring

Sunscreens with SPF 50+

Extra protective gear and avoidance of sunlight at UV index>3

Antioxidants

Nicotinamide

Carotenes

Polypodium leucotomas extract

Slowly getting outdoor increasing exposure time

UVB, short band UVB, PUVA- 2 to 3 times a week for 4-6 weeks

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Say NO to racism!

Nyna Petrov

South Asian Canadians Health & Social Services- SACHSS

We can change the world and make it a better world. The change is in your hands!
- Nelson Mandela

Nelson Mandela: Fight against apartheid

For 67 years, Nelson Mandela has dedicated his life to the service of humanity - as human rights lawyer, prisoner of conscience, international architect of peace and the first democratically elected president of a free South Africa. During his long years in prison, he maintained an unwavering faith in justice and human equality. Upon his release, he reconciled with those who persecuted him the most. And he paved the way for a democratic, multi-racial South Africa. He is also committed to the fight against AIDS to fight against stigma.

Dora Alonso (Guatemala): Proclaim the rights of the natives

Eighteen-year-old Dora Alonso belongs to the large indigenous Mayan community and speaks out against discrimination against indigenous peoples, especially against women and girls. She is a member of the Children's Parliament of Guatemala, a national organization for Mayan, Xinca, Garifuna and Ladino children and youth. The work of parliament is focused on health, education, gender equality, respect for minorities and prevention of sexual exploitation and violence against children. Parliament also ensures the non-discrimination of individuals with HIV / AIDS. As for Dora, she is responsible for the communications service of the parliament, responsible for providing information on the organization and launching prevention campaigns.

Gay McDougall (United States): Using the law to combat racial and other discrimination

Ms. Gay McDougall, a human rights lawyer with a long history as a civil rights activist, is currently the United Nations' first Independent Expert on minority issues. Growing up in Atlanta, Georgia, under racial discrimination, Ms. McDougall was excluded from many public places when she was just a child. She was the first black student to be admitted to her college and she faced discrimination and racism on a daily basis. Then she became the executive director of the O.N.G. International Global Rights, based in the United States, from 1994 to 2006. Among the many international functions she held, she served notably as an independent expert on the United Nations body created to oversee the International Convention on the elimination of all forms of racial discrimination and was one of the five international members of the Independent Electoral Commission of South Africa, which successfully organized and administered the first independent racial elections in that country.

Sri Kumar Vishwanathan (India / Czech Republic): Ending the vicious circle of discrimination against Roma communities

Sri Kumar Vishwanathan, originally from India, has been an advocate for Roma rights for 14 years. He works tirelessly to build bridges between Roma communities and their neighbors. Thanks to his initiative, a cohabitation village has been established in Ostrava, Czech Republic, where families of Roma and other ethnicities live together and

form one integrated community. It also established a dialogue between Roma and the police, launching a project in which Roma women serve as assistants (intercultural mediators) to the police to help end the vicious cycle of exploitation of Roma families through bandits from their own community. He is also continuously involved in assisting Roma families who are victims of brutal racist attacks. He still lives with his family in one of the most oppressed Roma ghettos.

And you?
How will you say no to racism?

Source: united nation

Anxiety Disorders

Shilpa Tandon
McMaster University

What is Anxiety?

- ❖ Anxiety is an emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure.
- ❖ Anxiety is a normal reaction to stress and can be beneficial in some situations. It can alert us to dangers and help us prepare and pay attention.

Anxiety vs Fear: What's the Difference?

- ❖ **Fear** → Emotional response to an immediate threat. It is more associated with a fight or flight reaction – either staying to fight or leaving to escape danger.
- ❖ **Anxiety** → Anticipation of a future concern. It is more associated with muscle tension and avoidance behavior.

Anxiety vs Anxiety Disorders?

- ❖ Anxiety disorders differ from normal feelings of nervousness or anxiousness, and involve **excessive** fear or anxiety.

Summary of the Different Types of Anxiety Disorders:

- ❖ The anxiety disorders differ from one another in the types of objects or situations that induce fear, anxiety, or avoidance behavior:
 - ❖ **General Anxiety Disorder (GAD):** → persistent and excessive anxiety and worry about various domains + physical symptoms
 - ❖ **Panic disorder** → recurrent unexpected panic attacks and is persistently concerned or worried about having more panic attacks
 - ❖ **Agoraphobia** → fear of situations because of thoughts that escape might be difficult or help might not be available
 - ❖ **Specific Phobia** → the individual is fearful or anxious about or avoidant of circumscribed objects or situations
 - ❖ **Social Anxiety** → the individual is fearful, anxious about or avoidant of social interactions

Content of Worries:

- ❖ Work / school performance
- ❖ Finances
- ❖ Health
- ❖ Health of family members
- ❖ Misfortune to their children
- ❖ Minor matter (e.g., doing household chores, being late for appointments, etc.)

Statistics and prevalence of General Anxiety Disorder:

- ❖ 12-month prevalence → 0.9% among adolescents and 2.9% among adults in the general community of the United States.
- ❖ 12-month prevalence → ranges from 0.4% to 3.6% in other countries.
- ❖ Females are twice as likely as males to experience GAD.
- ❖ The prevalence of the diagnosis peaks in middle age and declines across the later years of life. The median age of onset is 30 years.
- ❖ The earlier in life individuals have symptoms that meet criteria for generalized anxiety disorder, the more comorbidity they tend to have and the more impaired they are likely to be.

Epidemiology of Panic Disorder:

- ❖ 12-month prevalence → 2%-3% in adults and adolescents (United States and several European countries)
- ❖ Females are more frequently affected than males, at a rate of approximately 2:1.
- ❖ The median age at onset for panic disorder in the United States is 20-24 years

Risk Factors:

- Sexual and physical abuse

- Smoking
- Stressors in the months before the first panic attack

Epidemiology of Agoraphobia:

- ❖ Every year approximately 1.7% of adolescents and adults have a diagnosis of agoraphobia
- ❖ Females are twice as likely as males to experience agoraphobia
- ❖ The overall mean age at onset for agoraphobia is 17 years

Risk Factors:

- Negative events in childhood (e.g., separation, death of parent) and other stressful events, such as being attacked or mugged, are associated with the onset of agoraphobia.

Epidemiology of Specific Phobia:

- ❖ 12-month prevalence → 7%-9% (USA)
- ❖ Females are more frequently affected than males, at a rate of approximately 2:1
- ❖ The median age at onset is between 7 and 11 years, with the mean at about 10 years
- ❖ Negative or traumatic encounters with the feared object or situation sometimes (but not always) precede the development of specific phobia.
- ❖

Epidemiology of Social Anxiety Disorder:

- ❖ 12-month prevalence → 7% (USA)
- ❖ Median age at onset of social anxiety disorder in the United States is 13 years, and 75% of individuals have an age at onset between 8 and 15 years
- ❖ Childhood maltreatment and adversity are risk factors for social anxiety disorder

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Psychosomatic disorders

Risha Dave

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A psychosomatic disorder is a disease involving both mind and body. It is possible for your mental wellbeing can affect your physical illness. It is also possible that your mental wellbeing can create physical symptoms even when a physical illness does not exist. The term psychosomatic refer to experienced physical symptoms that are caused by or influenced by our emotions or feelings such as fatigue or anxiety, rather than something that directly impacts the body like a physical injury would.

Symptoms of depression and anxiety can manifest into a physical illness when the immune system is compromised and weakened by chronic stress on the body and mind. This can also occur through burnout or occupational stress. These factors can manifest in many different ways and can mask themselves as a physical problem such as headaches, chest pain, stomach aches, heart palpitations, muscle tension, sweaty palms, etc. Psychological factors can alter or exacerbate physical conditions or illnesses to an extent, depending on the circumstances. For example, high levels of stress can impact hypertension which can exacerbate diabetes. Research also suggests that psychological stress can affect cancerous tumors and worsen them. Moreover, psychological stress can also manifest as heart conditions or diseases, respiratory problems, and gastrointestinal problems.

Knowing the ways your emotions and mental wellbeing can impact your physical wellbeing can help you better understand when your mind and body are in distress. When you are able to identify these triggers or signs that your body is sending you, you can engage in stress reducing activities that can help minimize physical sensations. Individuals of all ages can experience psychosomatic symptoms, including children. It is possible, however, that children do not have the language or vocabulary to articulate how they are feeling. It is likely that their psychosomatic symptoms manifest into stomach aches, and may ask to stay home from school or skip a family gathering.

Your physical and emotional wellbeing are equally important. It is possible that you have experienced psychosomatic symptoms in the past and sought medical advice from your general practitioner. Perhaps they didn't find anything "wrong" with your body. If this was the case, could you ask yourself how you were feeling emotionally at the time? What did your external stressors look like? External factors like your job, life transitions, children, aging loved ones, losses, etc., may have been the root cause of your physical ailments. Counselling or therapy services can be beneficial for individuals living psychosomatic disorder. A therapeutic approach such as Cognitive Behavioural Therapy can help individuals learn new techniques to cope with stress and find solutions to problems that they are experiencing. It can also help individuals gain a deeper understanding of the root of the problem they are experiencing. This therapeutic approach can help identify unhealthy or maladaptive thinking and behavioural patterns which can then be replaced with healthy and helpful coping mechanisms that can be applied generally.

If you are unwell, it is important to seek help from your doctor and/or a mental health professional. Seeking treatment can help you understand the root cause of both your physical and psychological symptoms. However, it is also crucial to take preventative steps and promote wellness by engaging in healthy ways to cope with stressors. There are dozens of techniques that can help reduce your level of stress including talking to someone you trust, engaging in replenishing self-care, eating well, exercising regularly, and ensuring you are consistently getting enough sleep, meditation, setting personal and professional boundaries, and taking breaks often. Every person copes with stress differently, and it will be your responsibility to find what works best for you!

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Antisocial Personality Disorder

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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 behaviour includes: tend to be manipulate, treat others harshly, and antagonize. Furthermore, they show no guilt for their behaviour. 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 behaviour 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

- 1) Persistent lying
- 2) Using charm or wit to manipulate others for personal pleasure
- 3) Arrogance
- 4) Criminal behaviour, such as not following the laws
- 5) Being dishonest and violating the right of others
- 6) Impulsiveness
- 7) Aggressive
- 8) Lack of empathy for people
- 9) Risk-taking and dangerous behaviour
- 10) Abusive relationships
- 11) 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** 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 disorder. 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

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

Medications

There are no medications specifically for antisocial personality disorder. The doctor may prescribe, antipsychotic or anti-anxiety 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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Non-Traditional Complementary Therapies for Mental Wellbeing

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What are Complementary Therapies?

Complementary therapies are used to help manage existing conditions and to maintain good health. It is a combination of natural practices and products that can be used outside of conventional medicine to ensure optimal wellbeing. There are three main categories of complementary therapies; (1) physical therapies, (2) nutraceuticals and (3) herbal medicine. This article will be focusing on the physical therapies that an individual can take up in addition to the pharmacotherapy and psychological therapies they are prescribed. The physical therapies work by increasing the individuals' ability to cope with stress.

Efficacy of Non-Traditional Therapy

Scientifically informed evidence suggests that active yoga practice provides benefit by acting on stress reactivity and emotional regulation. Individuals with anxiety or depressive disorders are highly sensitive to stress and have an overactive sympathetic nervous system that triggers their fight or flight response. When a person is subjected to stress or perceived threat the sympathetic nervous systems causes tension, sweat, and fast heart beats in order to aid them avoid the threat with increased secretion of hormones like adrenaline.

Yoga has been evidently helpful in improving stress tolerance levels by stimulating the parasympathetic nervous system and reducing the activity of sympathetic nervous system. When stress tolerance levels increase, individuals are less impacted by triggers of stress thus making daily life more manageable.

Types of Complementary Therapies

Art Therapy



What is it?

- Art therapy is a combination of creative processes and psychotherapy, meant to facilitate self-exploration and understanding.
- Using imagery, colour and shape as part of this creative therapeutic process, thoughts and feelings can be expressed that would otherwise be difficult to articulate verbally.

How does it work?

- Art therapy engages all the senses to relax the nervous system. Art making causes a shift from sympathetic to parasympathetic nervous system, which results in improved self-regulation, anxiety reduction, feeling more in control 1, improved executive functioning 2, and acceptance and integration within the whole self.
- Art supports individuals in problem solving, developing insights and self-awareness, improving self-esteem, managing stress, and enhancing interpersonal skills.

Types of Art Therapy Interventions

Painting	Drawing	Clay Molding
Sculpting	Carving	Scribbling

Music Therapy



What is it?

- Therapeutic Intervention that uses evidence-based music to accomplish client's individualized goals.
- Expressive therapy that addresses physical, emotional, cognitive, and social needs of individuals by focusing on the strengths.

How does it work?

Five factors that Music Therapy contributes to

- Modulation of Attention: Music distracts stimuli related to negative emotions.
- Modulation of Emotion: Music regulates activities of initiation and maintenance of emotions.
- Modulation of Cognition: Music is related to memory processes that retain, store and interpret musical information and events related to these experiences
- Modulation of Behaviour: Music therapy conditions movement patterns (i.e. walking)
- Modulation of Communication: Music plays a significant role in relationships.

Types of Music Therapy Interventions

Singing	Rhythmic-Based Activities	Composing/Lyrics Writing
Playing Instruments	Improvising Activities	Listening to Music

Nature Therapy



What is it?

Nature therapy, also known as Eco therapy or green therapy stems from the belief that people are a part of the web of life and that our psyches are not isolated or separate from the external

environment. In line with the systems theory, Eco therapy provides individuals with an opportunity to explore their relationship with nature.

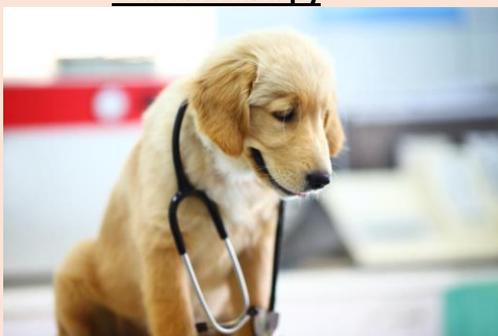
How does it work?

Being around a green environment or merely looking out the window or photographs of nature can improve people's overall mood, mental health and life satisfaction. What one is seeing, hearing, experiencing at any moment is changing not only your mood, but how your nervous, endocrine, and immune systems are working together to ensure optimal health.

Types of Nature Therapy

- Nature Meditation: Spending few minutes outdoors practicing meditation
- Horticultural therapy: Use of plants and garden related activities to promote wellbeing.
- Animal-assisted therapy: playing with a domestic animal for example, dogs; in order to improve aggression.
- Involvement in conservation activities: restoring or conserving the natural environment can create a sense of purpose and hopefulness.

Animal Therapy



What is it?

Definition: Animal Therapy is the use of animals, usually dogs or cats, in order to help an individual suffering from a mental or physical illness, to alleviate and/or cope with the discomfort of the associated symptoms

- Animal therapy is a guided interaction between a person and a trained animal, depending on the animal
- Sometimes horses, guinea pigs/other rodents, fish, lizards, amongst various other animals
- Animals must be able to meet a certain criteria and are trained in accordance with these criteria, specifically dogs & cats

How does it work?

- Being with animals has proven to be therapeutic, calming and soothing as they provide unconditional love and support which can benefit many clients with differing struggles, specifically mental health

- Animal therapy builds upon a long-standing, pre-existing bond that humans have had with animals
- Animals can assist in improving mental/physical health, lowering blood pressure, increase endorphins, and help improve mood
- Additionally, reports suggest improved joint movement/motor skills, increased self-esteem, and improved communication skills in group settings
- Improvements usually occur in the following domains:
 - Positive emotions and improved mood
 - Development of expression and empathy
 - Improved social and communicative skills
 - Increased confidence
 - Lessened anxiety, feelings of loneliness, insecurity, and isolation
 - Increased feelings of resentment towards others
 - Feelings of independence and control over one's life
 - Lessened feelings of regret and worry

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Discrimination

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What is discrimination? Is it just an unjust based on your colour? Discrimination is more than your race, it is an action, a decision or a speech that treats a person, group or a community badly for reasons based on reasons such as their race, age, disability, gender, sex, cast etc. Discrimination has senses with neutral, positive, and negative implications. On the one hand, it can refer to "the act (or power) of distinguishing" or to "good taste, refinement." These meanings, sometimes reinforced with modifiers (as in a fine or a nice discrimination), stress an ability to perceive differences as an index of unusual intelligence. On the other hand, when the perception of difference is marked by invidious distinction or hostility, the word (often followed by against) takes on very negative overtones, as in the senses "act of discriminating

categorically rather than individually" (discrimination against women, age discrimination) and "a prejudiced outlook or course of action" (racial discrimination). The original, neutral sense of discrimination, "the act of distinguishing," came into English by the early 17th century, followed by the positive one associated with superior discernment in the 18th century. Discrimination in the "prejudice" sense has been in use since the early 19th century, almost 200 years ago.

Overt Racism- This is the most widely understood form of racism. Overt racism classifies intentional acts which are undeniable racist. Acts such as these are typically very direct, and the motivations are normally surface level

Covert Racism- Covert racism is a little more difficult to pinpoint, which has been suggested by the Trayvon Martin case. This is mostly because covert racism is not on the surface, rather integrated into an individual's value system or beliefs. Among the common manifestations of covert racism:

- Denial of white privilege
- Invisibility of race: "I don't see race." It is now understood that race does not exist biologically, but race is still a social construct. Race exists only as culture.

Grounds for Discrimination

- race
- national or ethnic origin
- colour
- religion
- age
- sex
- sexual orientation
- gender identity or expression
- marital status
- family status
- disability
- genetic characteristics
- a conviction for which a pardon has been granted or a record suspended

Where does discrimination occur?

Workplace:

At workplaces, some employers fail to hire people because of who they are. Newer staff members are sometimes promoted over others who have been around longer. People's contracts are terminated and not renewed because of their protected characteristics or association with a group.

School:

Children from minorities or protected characteristics have been denied admission, or scholarships, or have been excluded from educational programs.

Housing:

Many families have had to endure long periods of hard times because landlords and housing officials have treated them unfairly. They are given all sorts of ridiculous reasons, with the intention of making the homes available to other people that they are more comfortable with.

Public Places:

Many people have been given disrespectful treatment at public places such as restaurants, markets, hospitals, and sports facilities, just because they look like or have some characteristics that others are not comfortable with.

Access to credit/funds:

People have been denied credit or funds just because they come from particular families, or are known to be from poor backgrounds, or for other reasons.

Politics/Voting:

People are often prevented from being active in political groups because they are perceived to carry negative images. People have also been disenfranchised (prevented from voting) because of their social, cultural, religious, or political backgrounds.

Law/Police:

People are sometimes treated or profiled by police just because of their skin color or the way they dress.

Travel/Tourism:

People have been denied visas, or harassed by security officers at the airport, or been treated unfairly because they are perceived to be troublemakers or dangerous people.

Size discrimination

Did you know that Weight/height discrimination is as prevalent as rates of racial discrimination reported in a recent Yale study especially among women? (Puhl et al 2008)

Effects of Discrimination

Like abuse and bullying acts, there are effects and consequences, and no one wins.

The Victim**Physical and emotional impacts:**

Exclusion or rejection directed to you by others for reasons that you often have no control over can cause extreme worry to an individual. It results in anxiety, sadness, depression, and a feeling of guilt and emptiness. These often translate into depression, loss of interest, eating disorders, and stress-related ailments.

Social, educational and financial impacts:

Discrimination, harassment, and victimization leave the individual confused and broken. They may take to alcohol or drugs or may form their own opinions on others, develop a hatred for others, or withdraw from people. It can affect them financially, may lose their job, quit school, or do poorly at school.

Society and Businesses

Communities and businesses that fail to take action against discrimination tend to be lower in productivity. That is because people feel disgruntled and lose interest in working hard. There is a drop in morale, trust, and confidence on the part of the employees. People with talents and exceptional skills and abilities are not attracted to these places because they do not want to be discriminated against.

Politics

People who face racial discrimination may regroup with some vengeance in mind against other groups. That can fuel conflicts and social discords. Many conflicts and wars have started in this way.

The Culprit

There are strict laws on discrimination that may be applied to individuals who discriminate. There are no excuses, even if you did not know that your actions were discriminatory. Employees and individuals can bring legal action on the business or individual who did the act, and there are consequences for guilty parties.

Dealing with Discrimination

Discrimination is something that can have blur barriers. Sometimes it can be difficult to prove that you have been discriminated at. For example, you were dropped from your school's music team and replaced by another student. It could be that that person has some additional skills that are needed for the common good of the team. It may be a reasonable action even though an individual may see that in another light. Some people are quick to make conclusions about racial discrimination or feel threatened by any little thing.

The baseline is that no one deserves to be treated less than other humans, and no one should put up with it. Here are some ideas for dealing with discrimination:

Be sure that there is a case of discrimination. Make sure you document the event and what was said to you or done to you. Do not wait as you may lose the memory of the actions and words used against you. Speak to a senior person. (Your parents, teacher or headteacher, manager at work, or a supervisor at the restaurant, or any person in authority at the place of the incident). Politely make your case and trust that they will take it up. Follow it up and ensure that the issue is resolved and that the culprit is aware of the consequences if it happened again. Forgive the person and try not to have any hate in your heart for the person. Speak to a law enforcement officer if you feel the case is a serious one that needs serious attention. Do not be quiet about it. Let your parents help you make the right choices about what to do.

Preventing Discrimination

Children are never born racists or with discriminatory minds. They learn these behaviors from people and events around them. If parents or caregivers tell them things that make them see people in a different light, they will grow up with that idea, and it may be difficult to correct when they are adults.

For Parents or caregivers

The greatest prevention plan may come from parents. Parents must set good examples in their attitudes, words, and behavior towards others. Children are able to recognize differences and hold sectarian prejudices from the age of three. Do not think children are too young to know about prejudice and discrimination. As children grow, speak to them about prejudice and discrimination and how that hurts people. Speak to them about the need to appreciate differences. *Encourage our children to think through the consequences of prejudice & discrimination for themselves* —Barnados Encourage and support children who have been discriminated at. Doing nothing is not a good idea, as it will not make discrimination go away.

For young people

It is very important that you realize that the world is a very big place and there are humans living in many other places, very far from you. Because of that, people do things differently and are brought up differently. That means what you think is cool may not be so for another person, because of where they come from. Being different is a good thing. Can you imagine if every human was just like you?

Learn to appreciate diversity and respect people who are different in any way. People may be disabled, transgender, dark-skin, or have different hair colors. No one chose to be that way. If even people choose to believe or join specific groups, they have a right to belong and a right to believe what they want. We MUST learn to respect that, just as you would like others to respect you for who you are.

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Persistent Depressive Disorder (Dysthymia)

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Persistent depressive disorder is a serious and disabling disorder that has many symptoms with other forms of clinical depression. It is also known as dysthymia or low-grade depression. It is generally less severe but more chronic form of major depression. It occurs twice as often in women as in men. Persistent Depression Disorder causes continuous feelings of deep sadness, low self-esteem, and hopelessness. The symptoms are less severe and longer lasting. The main feature of PDD is a depressed mood that occurs for the whole day, for at least 2 years for example, at least 1 year for children and adolescents. It begins in childhood and it is more common in unmarried persons.

Causes of Persistent Depressive Disorder:

The exact cause of persistent depressive disorder is unknown. Some following factors contribute to cause this condition.

1. **Inherited traits:** Persistent depressive disorder appears is more common in people who have the same condition in their blood relations. Researchers are trying to find genes that may be involved in causing depression.
2. **Biological differences:** People who are suffering with persistent depressive disorder may have physical changes in their brains. The significance of these changes is still uncertain, but they may eventually help pinpoint causes.
3. **Brain chemistry.** Neurotransmitters are play a role in depression because they are naturally occurring chemicals. 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.
4. **Life events:** As with major depression, traumatic events such as social circumstances, isolation, loss of loved ones, economic problems and higher stress can trigger persistent depressive disorder in some people.
5. **Chronic physical illness** such as cardiac disease, physical brain trauma, diabetes and history of mental disorders such as anxiety and bipolar disorder.

Risk Factors

1. Major depression or other depressive disorders
2. History of mental health disorders such as personality disorders.
3. Impairment in educational, occupational and social functioning.
4. Stressful events such as crisis, loss of loved one and isolation.

5. Personality traits include low self-esteem, self-critical or pessimistic.

Symptoms:

Symptoms of persistent depressive disorder usually go over a period of years but typically symptoms don't disappear for more than two months. These include:

- Sadness or feeling down
- Lack of energy
- Feelings of guilt and worries over the past
- Sleep problems
- Loss of interest in daily activities
- Self-criticism or low self-esteem
- Excessive anger
- Social isolation
- Poor appetite or overeating.
- Difficulty in making decisions.
- Decreased productivity
- Feelings of hopelessness.

Complications:

- Substance abuse
- Major depression and mood disorders
- Reduced quality of life
- Family conflicts
- Suicidal thoughts
- Other mental health disorders

Treatment

Talk therapy: Talk therapy is a beneficial treatment for many people with persistent depressive disorder. People can talk to their therapists about their problems. Talk therapy is useful for following:

- Cope with your emotions
- Express your thoughts and feelings in a healthy way.
- Set realistic goals for yourself
- Identify thoughts, behaviours and emotions
- Adjust to a life challenge.

Lifestyle Changes:

- Avoiding drugs and alcohol
- Exercise on daily basis

- Eating a healthy diet such as fruits and vegetables
- Writing a journal
- Take required supplements
- Mindfulness meditation

Medication: Persistent depressive disorder can be treated with antidepressants such as tricyclic antidepressants as amoxapine. Serotonin and norepinephrine can be taken. Moreover, talk about your doctors about medications and the intake of medications such as dosage and route.

Prevention: Persistent depressive disorder can be prevented by taking some steps:

- Spend time with your family and friends
- To boost your self-esteem, take steps to control stress.
- To prevent symptoms from worsening, get treatment at the earlier sign of a problem
- To help prevent a relapse of symptoms get long-term maintenance treatment.

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Arthritis in seniors

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Arthritis is very common but is not well understood. Actually, “arthritis” is not a single disease; it is an informal way of referring to joint pain or joint disease. There are more than 100 types of arthritis and related conditions. People of all ages, sexes and races can and do have arthritis, and it is the leading cause of disability in America. More than 50 million adults and 300,000 children have some type of arthritis. It is most common among women and occurs more frequently as people get older.

Common arthritis joint symptoms include swelling, pain, stiffness and decreased range of motion. Symptoms may come and go. They can be mild, moderate or severe. They may stay

about the same for years but can progress or get worse over time. Severe arthritis can result in chronic pain, inability to do daily activities and make it difficult to walk or climb stairs.

Arthritis can cause permanent joint changes. These changes may be visible, such as knobby finger joints, but often the damage can only be seen on X-ray. Some types of arthritis also affect the heart, eyes, lungs, kidneys and skin as well as the joints.

Statistics of Arthritis in Canada

In 2008 15.3% of Canadians aged 12 or older reported a diagnosis of arthritis (4.3 million): 12.0% of males (1.7 million) and 18.5% of females (2.6 million).

In every age group except the youngest (12 to 24), females were more likely than males to have arthritis. The differences were large at older ages: among people aged 65 or older, females were 50% more likely than males to report a diagnosis of arthritis.

Arthritis is relatively uncommon at ages 12 to 24—just over 1 in 100 people reported a diagnosis of arthritis in 2008 (1. 1% of males and 1.2% of females).

As in other countries⁸, arthritis in Canada becomes increasingly prevalent with advancing age; approximately one in three (33.8%) senior males and one in two (50.6%) senior females reported arthritis in 2008.

Although arthritis is associated with aging, a substantial number of Canadians in their prime working years report this condition. At ages 45 to 64, for example, 17.2% of males and 24.8% of females, representing more than 1.9 million people, reported a diagnosis of arthritis in 2008.

Types of Arthritis

Degenerative Arthritis

Osteoarthritis is the most common type of arthritis. When the cartilage – the slick, cushioning surface on the ends of bones – wears away, bone rubs against bone, causing pain, swelling and stiffness. Over time, joints can lose strength and pain may become chronic. Risk factors include excess weight, family history, age and previous injury (i.e., an anterior cruciate ligament, or ACL tear).

Regular physical activity, hot and cold therapies, over-the-counter pain relievers and assistive devices are commonly used to help manage mild to moderate osteoarthritis symptoms. If joint symptoms are severe, causing limited mobility and affecting quality of life, joint replacement may be necessary. Osteoarthritis may be prevented by staying active, maintaining a healthy weight and avoiding injury and repetitive movements.

Inflammatory Arthritis

A healthy immune system is protective. It generates internal inflammation to get rid of infection and prevent disease. But with inflammatory types of arthritis, the immune system doesn't work properly and mistakenly attacks the joints with uncontrolled inflammation, potentially causing joint erosion. Inflammation can also damage to internal organs, eyes and other parts of the body. Rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis and gout are examples of inflammatory arthritis.

With autoimmune and inflammatory types of arthritis, early diagnosis and aggressive treatment is critical. Slowing disease activity can help minimize or even prevent permanent joint damage. Remission (little to no disease activity) is the goal and may be achieved by using one or more medications known as disease-modifying antirheumatic drugs (DMARDs). Other treatment goals include reducing pain, improving function and preventing further joint damage.

Infectious Arthritis

A bacterium, virus or fungus can enter the joint and trigger inflammation. Examples of organisms that can infect joints are salmonella and shigella (food poisoning or contamination), chlamydia and gonorrhea (sexually transmitted diseases) and hepatitis C (a blood-to-blood infection, often through shared needles or transfusions). In many cases, timely treatment with antibiotics may clear the joint infection, but sometimes the arthritis becomes chronic.

Metabolic Arthritis

Uric acid is formed as the body breaks down purines, a substance found in human cells and in many foods. Some people have high levels of uric acid because they naturally produce more than is needed or the body can't get rid of it quickly enough. In some people, uric acid builds up and forms needle-like crystals in the joint, resulting in sudden spikes of extreme joint pain, or a gout attack. Gout can come and go in episodes or, if uric acid levels aren't reduced, can become chronic, causing ongoing pain and disability.

Arthritis Symptoms

Joint pain can be caused by injury affecting any of the ligaments, bursae, or tendons surrounding the joint. Injury can also affect the ligaments, cartilage, and bones within the joint. Pain is also a feature of joint inflammation (arthritis, such as rheumatoid arthritis and osteoarthritis) and infection, and extremely rarely it can be a cause of cancer of the joint.

Symptoms and signs associated with joint pain can include

Joint redness,

Joint swelling,

Joint tenderness,

Joint warmth,

Limping,

Locking of the joint,

Loss of range of motion of the joint,

Stiffness,

Weakness

Back pain

Spinal arthritis causes stiffness and low back pain. The stiffness is worst upon waking up in the morning, tends to ease with activity, then worsens toward the end of the day. Presumably, this is because fluid has built up in the joint due to inactivity overnight, which causes more swelling.

The low back pain due to facet joint arthritis has a typical pattern:

- • The pain is mostly — more than 80% — in the back, runs into the buttocks, and often really feels like it's in the hip.
- • As it gets even worse people often report burning on the outer aspect of the thigh, and sometimes pain down the leg.

Symptoms of lower back pain in Arthritis

The back and/or neck stiffness and pain tend to be worse in the morning (particularly for about 30 minutes after waking up), often called "first movement pain."

- • The pain will usually subside to a more tolerable level over the course of the day as the person carries on his or her activities.
- • Pain and stiffness tend to get worse again in the evening.
- • Pain that disrupts sleep is often an indicator of osteoarthritis.
- • Swelling and warmth in one or more joints, particularly during weather changes (which may be related to barometric pressure changes and cooling of the air).
- • Localized tenderness when the joint or affected area of the spine is pressed.

Steady or intermittent pain in a joint, which is often described as an aching type of pain. The pain may be aggravated by motion.

Loss of flexibility of a joint, such as inability to bend and pick something off the floor.

Joints affected due to Arthritis

The joints involved most frequently are proximal interphalangeal and metacarpophalangeal joints of the hands, the wrists, and small joints of the feet including the metatarsophalangeal joints. The shoulders, elbows, knees, and ankles are also affected in many clients.

Rheumatoid Arthritis

It is an autoimmune and inflammatory disease, which means that your immune system attacks healthy cells in your body by mistake, causing inflammation (painful swelling) in affected parts of the body. It mainly attacks on the joints, usually many joints at once.

Difference between Arthritis and Rheumatoid

Osteoarthritis occurs when the smooth cartilage joint surface wears out. Osteoarthritis usually begins in an isolated joint.

Rheumatoid arthritis is an autoimmune disease it means that immune system malfunctions and attacks the body instead of intruders.

Symptoms

Joint pain

Joint swelling

Joint stiffness

Loss of function and deformities

Morning stiffness

Pharmacology treatment

Nonsteroidal anti inflammatory drugs(NSAIDs)

Corticosteroids

Acetaminophen

Home remedies for Rheumatoid

Exercises

Get enough rest

Apply heat or cold packs

Try assistive devices

Diet like omega-3 fatty acids

Hip Ache

A hip affected by inflammatory arthritis will feel painful and stiff. There are other symptoms as well, a dull, aching pain in the groin, outer thigh, knee or buttocks. Pain that is worse in the morning or after sitting or resting for a while, but lessens with activity.

Causes of hip ache

Most of the time there is a very simple explanation for hip pain, for example if you've overdone it while exercising. In this case your pain is usually caused by strained or inflamed soft tissues, such as tendons, and it often clears up within a few days.

Long-term hip pain can be caused by specific conditions.

If you have a problem with your hip joint you may feel pain in the groin, down the front of the leg and in the knee. Sometimes knee pain is the only sign of a hip problem – this is called referred pain or radiated pain and is fairly common.

you may feel pain on the outside of your hip or in your buttock – though this can also be caused by problems with your lower back.

Non-steroidal anti-inflammatory drugs (NSAIDs)

Your doctor may prescribe stronger [NSAIDs](#), such as diclofenac, naproxen, or a higher dose of ibuprofen, to help ease your pain.

Like all drugs, NSAIDs can sometimes have side-effects. If you're taking prescription NSAIDs your doctor will take precautions to reduce the risk of these – for example, by prescribing the lowest effective dose for the shortest time.

Exercises for hip pain

Here are some exercises designed to stretch, strengthen and stabilise the structures that support your hip.

It's important to keep active – you should try to do the exercises that are suitable for you every day. Repeat each exercise between 5–10 times and try to do the whole set of exercises 2-3 times a day.

Start by exercising gradually and build up over time. Remember to carry on even when your hip is better to prevent your symptoms returning.

If you have any questions about exercising, ask your doctor or physiotherapist.

It's also a good idea to try to increase your general fitness by going for a regular walk or swim; this will strengthen your whole body – which helps support your hip. It can also improve your general health, fitness and outlook.

Simple stretching, strengthening and stabilizing exercises

The following exercises are designed to stretch, strengthen and stabilise the structures that support your hip.

It's important not to overstretch yourself if you're in pain. It's normal to feel some aching in the muscles after exercising, but you should stop and seek advice if you have joint pain that lasts more than a few days.

If you've had a hip replacement you will probably be advised to take it easy for the first six weeks and not to push yourself too much. Ask your physiotherapist what exercises they recommend you should start with and how to do them.

You may feel slightly uncomfortable during or after exercise, but this should settle within 24 hours. It shouldn't be painful. If you feel any sudden pain stop exercising and seek medical advice.

Hip flexion (strengthening)

Hold onto a work surface and march on the spot to bring your knees up towards your chest alternately. Don't bring your thigh above 90 degrees.

Hip extension (strengthening)

Move your leg backwards, keeping your knee straight. Clench your buttock tightly and hold for five seconds. Don't lean forwards. Hold onto a chair or work surface for support.

Hip abduction (strengthening)

Lift your leg sideways, being careful not to rotate the leg outwards. Hold for five seconds and bring it back slowly, keeping your body straight throughout. Hold onto a chair or work surface for support.

Knee pain

Knee pain is pain around the knee. Generally, the pain occurs gradually over time, although sudden onset is also possible. The knee joint may become stiff and swollen, making it difficult to bend and straighten the knee.

Symptoms

Gradual increase in pain

Swelling or tenderness

Buckling and locking

Cracking or popping sounds

Poor range of motion

Loss of joint space

Deformities of the knee

Home remedies and medical treatment

Weight management

Increase physical activity

Nonsteroidal anti inflammatory drugs

Corticosteroid

Apply heat and cold packs

Attending cognitive behavioral therapy

Medications of arthritis

A number of different types of medication treat arthritis:

Analgesics, such as hydrocodone (Vicodin) or acetaminophen (Tylenol), are effective for pain management, but don't help decrease inflammation.

Nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (Advil) and salicylates, help control pain and inflammation. Salicylates can thin the blood, so they should be used very cautiously with additional blood thinning medications.

Menthol or capsaicin creams block the transmission of pain signals from your joints.

Immunosuppressant like prednisone or cortisone helps reduce inflammation.

Shop capsaicin creams for pain relief.

Surgery

Surgery to replace your joint with an artificial one may be an option. This form of surgery is most commonly performed to replace hips and knees.

If your arthritis is most severe in your fingers or wrists, your doctor may perform a joint fusion. In this procedure, the ends of your bones are locked together until they heal and become one.

Physical therapy

Physical therapy involving exercises that help strengthen the muscles around the affected joint is a core component of arthritis treatment.

What lifestyle changes can help people with arthritis?

Weight loss and maintaining a healthy weight reduce the risk of developing OA and can reduce symptoms if you already have it.

Eating a healthy diet is important for weight loss. Choosing a diet with lots of antioxidants, such as fresh fruits, vegetables, and herbs, can help reduce inflammation. Other inflammation-reducing foods include fish and nuts.

Foods to minimize or avoid if you have arthritis include fried foods, processed foods, dairy products, and high intakes of meat.

Regular exercise will keep your joints flexible. Swimming is often a good form of exercise for people with arthritis because it doesn't put pressure on your joints the way running and walking do. Staying active is important, but you should also be sure to rest when you need to and avoid overexerting yourself.

At-home exercises you can try include:

The head tilt, neck rotation, and other exercises to relieve pain in your neck

Finger bends and thumb bends to ease pain in your hands

Leg raises, hamstring stretches, and other easy exercises for knee arthritis

What is the long-term outlook for people with arthritis?

While there's no cure for arthritis, the right treatment can greatly reduce your symptoms.

Prevention

Hot and cold packs

Some people find that heat (such as a hot bath or a hot water bottle placed on the affected area) helps to ease the pain when back pain first starts.

Cold (such as an ice pack or a bag of frozen vegetables) on the painful area can also help in the short time. However, do not put ice directly on your skin, as it might cause a cold burn. Wrap an ice pack or bag of frozen vegetables in a cloth or towel first.

Another option is to alternate between hot and cold using ice packs and a hot water bottle. Hot and cold compression packs can be bought at most pharmacies.

Be active

Exercise won't make your stress disappear, but it will reduce some of the emotional intensity that you're feeling, clearing your thoughts and letting you deal with your problems more calmly.

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LEARNING DISABILITIES

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WHAT ARE LEARNING DISABILITIES?

There are wide range of problems in learning which has been termed under one name called learning disabilities. Children who have learning disabilities are those whose brain are just wired differently, so that affects how they receive and process information. It's not a problem with intelligence or motivation. Children with learning disabilities see, hear, and understand things differently. This may lead to trouble with learning new information or skills & putting them in use. The most common type of learning disabilities is problem involves with reading, writing, math, listing, speaking & reasoning. If a child has constant problem in a certain area of learning, then it may indicate learning disorder.

Signs and symptoms of learning disabilities and disorders:

It's not always easy to identify learning disabilities. Because of the wide variations, there is no single symptom or profile that you can look to as proof of a problem. However, some warning signs are more common than others at different ages. If you're aware of what they are, you'll be able to catch a learning disorder early and quickly take steps to get your child help

Learning disabilities look very different from one child to another. One child may struggle with reading and spelling, while another loves books but can't understand math. Still another child may have difficulty understanding what others are saying or communicating out loud. The problems are very different, but they are all learning disorders.

Remember that children who don't have learning disabilities may still experience some of these difficulties at various times. The time for concern is when there is a consistent issue in your child's ability to master certain skills.

SIGNS AND SYMPTOMS OF LEARNING DISABILITIES:

Preschool age

- Problems pronouncing words.
- Trouble finding the right word.
- Difficulty rhyming.
- Trouble learning the alphabet, numbers, colors, shapes, or days of the week.
- Difficulty following directions or learning routines.
- Difficulty controlling crayons, pencils, and scissors, or coloring within the lines.
- Trouble with buttons, zippers, snaps, or learning to tie shoes.

Ages 5-9

- Trouble learning the connection between letters and sounds.
- Unable to blend sounds to make words.
- Confuses basic words when reading.
- Slow to learn new skills.
- Consistently misspells words and makes frequent errors.
- Trouble learning basic math concepts.
- Difficulty telling time and remembering sequences.

Ages 10-13

- Trouble with open-ended test questions and word problems.
- Difficulty with reading comprehension or math skills.

- Dislikes reading and writing; avoids reading aloud.
- Poor handwriting.
- Poor organizational skills (bedroom, homework, and desk are messy and disorganized).
- Trouble following classroom discussions and expressing thoughts aloud.
- Spells the same word differently in a single document.

Learning disabilities with reading (Dyslexia): There are two types of learning disabilities in

TYPES OF DISORDER	CREATES PROBLEM WITH
Dyslexia – Difficulty with reading	Reading, writing, spelling, speaking
Dyscalculia – Difficulty with math	Doing math problems, understanding time, using money
Dysgraphia – Difficulty with writing	Handwriting, spelling, organizing ideas
Auditory Processing Disorder – Difficulty hearing differences between sounds	Reading, comprehension, language
Visual Processing Disorder – Difficulty interpreting visual information	Reading, math, maps, charts, symbols, pictures

reading. Basic reading problems occur when there is difficulty understanding the relationship between sounds, letters and words. Reading comprehension problems occur when there is an inability to grasp the meaning of words, phrases, and paragraphs.



Learning disabilities with math’s (Dyscalculia): Learning disabilities in math vary greatly depending on the child’s other strengths and weaknesses. A child’s ability to do math will be affected differently by a language learning disability, a visual disorder, or a difficulty with sequencing, memory, or organization.

A child with a math-based learning disorder may struggle with memorization and organization of numbers, operation signs, and number “facts” (like 5+5=10 or 5×5=25). Children with math learning disorders might also have trouble with counting principles (such as counting by twos or counting by fives) or have difficulty telling time.

Learning disabilities with writing (Dysgraphia): Learning disabilities in writing can involve the physical act of writing or the mental activity of comprehending information. Basic writing disorder refers to physical difficulty forming words and letters. Expressive writing disability indicates a struggle to organize thoughts on paper.

Symptoms of a written language learning disability revolve around the act of writing. They include problems with:



AUDITORY & VISUAL PROCESSING PROBLEMS: THE IMPORTANCE OF THE EARS AND EYES

The eyes and the ears are the primary means of delivering information to the brain, a process sometimes called “input.” If either the eyes or the ears aren’t working properly, learning can suffer.

Auditory processing disorder – Professionals may refer to the ability to hear well as “auditory processing skills” or “receptive language.” The ability to hear things correctly greatly impacts the ability to read, write, and spell. An inability to distinguish subtle differences in sound make it difficult to sound out words and understand the basic concepts of reading and writing.

Visual processing disorder – Problems in visual perception include missing subtle differences in shapes, reversing letters or numbers, skipping words, skipping lines, misperceiving depth or distance, or having problems with eye–hand coordination. Professionals may refer to the work of the eyes as “visual processing.” Visual perception can affect motor skills, reading comprehension, and math.

HOPE FOR LEARNING DISABILITIES:

Science has made great strides in understanding the inner workings of the brain, and one important discovery that brings new hope for learning disabilities and disorders is called *neuroplasticity*. Neuroplasticity refers to the brain’s natural, lifelong ability to change.

Throughout life, the brain can form new connections and generate new brain cells in response to experience and learning. This knowledge has led to groundbreaking new treatments for learning disabilities that take advantage of the brain’s ability to change. Innovative programs, such as the Arrowsmith program, use strategic brain exercises to identify and strengthen weak cognitive areas. For example, for children who have difficulty distinguishing between different sounds in a word, there are new computer-based learning programs that slow down the sounds so that children can understand them and gradually increase their speed of comprehension.

SOCIAL AND EMOTIONAL SKILLS:

Learning disabilities can be extremely frustrating for children. Imagine having trouble with a skill all your friends are tackling with ease, worrying about embarrassing yourself in front of the class, or struggling to express yourself. Things can be doubly frustrating for exceptionally bright children with learning disabilities a scenario that's not uncommon.

Kids with learning disabilities may have trouble expressing their feelings, calming themselves down, and reading nonverbal cues from others. This can lead to difficulty in the classroom and with their peers. The good news is that, as a parent, you can have a huge impact in these areas. Social and emotional skills are the most consistent indicators of success for all children and that includes kids with learning disorders. They outweigh everything else, including academic skills, in predicting lifelong achievement and happiness.

Learning disabilities, and their accompanying academic challenges, can lead to low self-esteem, isolation, and behavior problems, but they don't have to. You can counter these things by creating a strong support system for children with learning disabilities and helping them learn to express themselves, deal with frustration, and work through challenges. By focusing on your child's growth as a person, and not just on academic achievements, you'll help them to learn good emotional habits that set the stage for success throughout life.

THE DIAGNOSIS AND TESTING PROCESS FOR LEARNING DISABILITIES:

Diagnosing a learning disability is a process. It involves testing, history taking, and observation by a trained specialist. Finding a reputable referral is important. Start with your child's school, and if they are unable to help you, ask your doctor or friends and family who have dealt successfully with learning disabilities.

Types of specialists who may be able to test for and diagnose learning disabilities include:

1. Clinical psychologists
2. School psychologists
3. Child psychiatrists
4. Educational psychologist
5. Developmental psychologist
6. Neuropsychologist
7. Psychometrist
8. Occupational therapist (tests sensory disorders that can lead to learning problems)
9. Speech and language therapist

Sometimes several professionals coordinate services as a team to obtain an accurate diagnosis. They may also ask for input from your child's teachers.

GETTING HELP FOR CHILDREN WITH LEARNING DISABILITIES:

When it comes to learning disabilities, it's not always easy to know what to do and where to find help. Turning to specialists who can pinpoint and diagnose the problem is, of course, important. You will also want to work with your child's school to make accommodations for your child and get specialized academic help. But don't overlook your own role. You know your child better than anyone else, so take the lead in looking into your options, learning about new treatments and services, and overseeing your child's education.

Learn the specifics about your child's learning disability. Learn about your child's type of learning disability. Find out how the disability affects the learning process and what cognitive skills are involved. It's easier to evaluate learning techniques if you understand how the learning disability affects your child.

Research treatments, services, and new theories. Along with knowing about the type of learning disability your child has, educate yourself about the most effective treatment options available. This can help you advocate for your child at school and pursue treatment at home.

Pursue treatment and services at home. Even if the school doesn't have the resources to treat your child's learning disability optimally, you can pursue these options on your own at home or with a therapist or tutor.

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Substance abuse in South Asian Community

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Introduction:

Substance abuse is when you take drugs that are not legal. It's also when you use alcohol, prescription medicine, and other legal substances too much or in the wrong way. Substance abuse differs from addiction. Many people with substance abuse problems are able to quit or can change their unhealthy behavior. Addiction, on the other hand, is a disease. It means you can't stop using even when your condition causes you harm. Addiction is a complex process where problematic patterns of substance use or behaviours can interfere with a person's life. A simple way of understanding and describing addiction is to use the 4C's approach: Craving, Loss of control of amount or frequency of use, Compulsion to use, Continued substance use despite consequences.

Substance abuse in South Asian Community:

As compare to other communities south Asians are reported less current drinking and less cannabis and other illicit drug use. Overall, combining all the reports we get the result that Asians in united states have relatively low rates of drug and alcohol dependence.

Commonly abused drugs:

South Asian people are more likely to die from an overdose than people who are not South Asian. Alcohol is the most commonly used substance among the South Asian group but often alcohol use overlapped with opioid or cocaine.

Both legal and illegal drugs have chemicals that can change how your body and mind work. They can give you a pleasurable "high," ease your stress, or help you avoid problems in your life.

1. **Alcohol:** Alcohol affects everyone differently. But if you drink too much and too often, your chance of an injury or accident goes up. Heavy drinking also can cause liver and other health problems or lead to a more serious alcohol disorder.
If you're a man and you drink more than four drinks on any day or more than 14 in a week, you're drinking too much. For women, heavy drinking means more than three drinks in one day or more than seven drinks a week.
2. **Heroin:** This illegal drug is the natural version of manmade prescription opioid narcotics. Heroin gives you a rush of good feelings at first. But when it wears off, everything slows down. You'll move and think more slowly, and you may have chills, nausea, and nervousness. You may feel a strong need to take more heroin to feel better.

3. Cocaine: This drug speeds up your whole body. When you use cocaine, you may talk, move, or think very fast. You may feel happy and full of energy. But your mood may then shift to anger. You may feel like someone is out to get you. It can cause you to do things that don't make sense. Using cocaine for a long time will lead to strong cravings for the drug.
4. Marijuana: A growing number of states have legalized medical uses of marijuana. A handful of states also allow recreational pot. But in most states, it's still illegal. Marijuana can make you feel silly and laugh for no reason. Or you may feel sleepy and forget things that just happened. Driving while high on pot is just as dangerous as drunk driving. And heavy marijuana use can leave some people "burned out" and not think or care about much.
5. Cigarettes and Other Tobacco Products: You may not think of these as drugs. But tobacco has a chemical called nicotine that gives you a little rush of pleasure and energy. The effect can wear off fast and leave you wanting more. You can abuse and get addicted to the nicotine in cigarettes, just like other drugs.

Signs of a Substance Use Problem

*Signs of substance use can be same for all community people. Each drug has its own impacts and you can show the same signs if you have substance addiction problem. When you first start taking a substance, you may think you can control how much you use. But over time, you may need more of the drug to get the same feeling or effect. For some people, that can lead beyond abuse to **addiction**. Signals that you may have a problem with substance abuse include if you:*

- Lack interest in things you used to love
- Change your friends a lot
- Stop taking care of yourself
- Spend more time alone than you used to
- Eat more or less than normal
- Sleep at odd hours
- Have problems at work or with family
- Switch quickly from feeling good and bad
- Crave or strongly desire to use the substance
- Taking larger amounts of the drug over a longer period of time 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
- Doing things to get the drug that you normally wouldn't do, such as stealing
- Failing in your attempts to stop using 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. Taking drugs considered less addicting — so-called "light drugs" — can start you on a pathway of drug use and addiction.

Treatment:

In South Asian community many people or families do not like to tell anybody if their family member is facing substance abuse problems or is hospitalized because of overdose. People hide their substance use problems from others. Only one in three of the people in the South Asian study group had gotten treatment for their addiction, and their families often didn't know or didn't acknowledge their illicit substance use. The researchers say a number of the overdoses

that ended up being fatal happened at home, but family members couldn't recognize that the person was suffering an overdose.

It is important to aware people about the risks of addiction so that people who suffers an get help or treatment to eliminate addiction before it eliminates them. Following steps can be taken to provide proper treatment to people having substance use issues:

1. cognitive-behavioral therapy, which helps people recognize and change ways of thinking that have associations with substance use.
2. multi-dimensional family therapy, designed to help improve family function around an adolescent or teen with a substance-related disorder
3. motivational interviewing, which maximizes an individual's willingness to change and make adjustments to behaviors
4. motivational incentives that encourage abstinence through positive reinforcement
5. A person might take medication on a continuous basis when recovering from a substance-related disorder and its related complications. However, people most commonly use medications during detoxification to manage withdrawal symptoms. The medication will vary depending on the substance that the person is addicted to. Longer-term use of medications helps to reduce cravings and prevent relapse, or a return to using the substance after having recovered from addiction. Medication is not a standalone treatment for addiction and should accompany other management methods such as psychotherapy.

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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).

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, Units 6 & 7, 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

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SACHSS WOMEN'S PROGRAM

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

When? 2nd Saturday of Every Month, from 11.30 am to 1.30 pm at

Where? SACHSS Centre at 22 Melanie Drive, Units 6 & 7, Brampton. ON. L6T 4K9. (South of Steeles & Melanie)

What? WOMEN'S 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

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 Info.sachss@gmail.com, maher2004@gmail.com

COVID-19 ANNOUNCEMENT

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

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

For other online services please contact us through info.sachss@gmail.com or maher2004@gmail.com

We will resume our regular services once the situation improves.
