

SACHJ

South Asian Canadian Health Journal

September, 2019 Vol : 5 Issue: 5

South Asian Canadian Health & Social Services (SACHSS)
22 Melanie Drive, Units 6 & 7, Brampton. Ontario. Canada. L6T 4K9.
647- 718 -0786
www.sachss.org

South Asian Canadian Health Journal



South Asian Canadian Health Journal
SACHJ

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

INSIDE THIS ISSUE

1. **SACHSS (Introduction)**
2. **News and Upcoming events**
3. **Violence and effects on children**
4. **What to do with an overweight- fewer requirements, more acceptance.**
5. **Post Traumatic Stress Disorder**
6. **Major Depressive Disorder**
7. **Dementia**
8. **Anxiety**
9. **Mental illness in Elderly people.**
10. **Anger**

SACHSS REHAB & DROP IN CENTRE

We are happy and pleased to inform you that because of all the support, help and patronage from all our patrons, we opened our SACHSS Rehab and Drop in Centre at 22 Melanie Drive, Units 6 and 7, Brampton. Ontario. L6T 4K9. (Near Steeles & Melanie) on Wednesday February 13th, 2019.

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

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

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

All are welcome.

SACHSS Healthy Living & Positive Lifestyle Education Group

THE SOUTH ASIAN CANADIANS HEALTH & SOCIAL SERVICES - SACHSS IS RUNNING ITS GROUP PROGRAM, "HEALTHY LIVING & POSITIVE LIFESTYLE EDUCATION GROUP" ON THURSDAY EVENINGS AT OUR BRAMPTON DOWNTOWN OFFICE AT Grace Place, 156 Main Street North, Brampton, Ontario. (2nd Floor, Rainbow room- Just north of Main St. and Church St.) THE PROGRAM RUNS EVERY THURSDAY EVENING 6PM TO 7.30 PM.

Who can attend?

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

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

OUR PROGRAMS

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

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

SELF-REFERRALS ARE ACCEPTED.

**FOR REFERRALS PLEASE CONTACT 647-718-0786 or 416-884-6198 Or
maher2004@gmail.com or info.sachss@gmail.com**

Dr. MAHER HUSSAIN
M.D.(India), M.P.H.(USA)
Chief Executive Officer & Clinical Director
South Asian Canadians Health & Social Services- SACHSS
22, Melanie Drive, Units 6 & 7, Brampton. ON. Canada. L6T 4K9.
Phone: [647-718-0786](tel:647-718-0786)
maher2004@gmail.com
www.sachss.org
<https://www.facebook.com/www.sachss.org/>

VIOLENCE AND EFFECTS ON CHILDREN

Dr. Maher Hussain
MD(India), MPH (USA)
South Asian Canadians Health & Social Services- SACHSS



Children who witness or experience violence go through lots of stress and harmful effects.

Violence exposure in the lives of children includes both indirect forms of witnessing and direct forms of victimization across family and community contexts.

Violence includes physical, emotional and sexual forms. We focus here predominantly on physical violence exposure. Community violence includes acts intended to cause physical harm against a person in the community.

Recent international data show high levels of exposure to violence among 8-13year olds in Cape Town, South Africa where 40% have witnessed someone being killed in their neighborhood. Research in USA indicated about 25% of children ages 2-17 have this form of exposure. Cross-national comparative data are available from the World Studies of Abuse in the Family Environment (World SAFE) project where 4% of children in the U.S.A. and Chile are estimated to have been hit with an object (not on the buttocks). Exposure to this form of parent-to-child physical aggression is estimated at 26% of children in Egypt, 36% of children in rural areas of India, and 21% of children in the Philippines. Estimates of threatening children with a knife or gun or choking the child are uniformly low across all countries ranging between 0-2%.

International research estimates globally that 133-275 million children witness violence in the home annually. Estimates in developed countries range from 4.6-11.3 million, with estimates of 40.7-88 million in South Asia, 34.9-38.2 million in Sub-Saharan Africa, and 11.3-25.5 million in Latin America and the Caribbean.

The Birth to Twenty Plus (Bt20+) study, led by the DST-NRF Centre of Excellence in Human Development at Wits University sheds light on violence in the lives of children.

Using information collected from the longitudinal study which has followed the development of more than 2000 children and their families in Soweto-Johannesburg for more than 27 years, the study reveals the extent of violence to which the children are exposed to, either directly (as victims or perpetrators) or indirectly (as witnesses).

The researchers studied six categories of violence to which children are exposed, including at home (seeing parents physically fighting), at school (seeing a child beat up another), in the community (hearing gunshots), amongst peers (witnessing gang violence), personal experiences (being victims of violence), sexual violence (rape), as well as perpetration of violence (picking a fight, forcing someone to have sex).

Key findings from the Soweto-Johannesburg research:

- 99 % of all children have witnessed or have been victims of violence in their home, school and /or community with 36 % reporting that they had been victims of all categories of violence studied.
- 66 % of school-going age children reported to have been exposed to community violence such as hearing gunshots or seeing someone attacked, with the number going up in adolescence and young adulthood years.

- More than 50 % of all children reported being exposed to violence in their home with 66 % of the parents reporting that they regularly beat their 4-5-year-old with stick, belts, straps and shoes.
- More Black (African) children reported experiencing domestic and personal violence than any other population group.
- Children from poor families reported experiencing higher levels of sexual violence and peer violence.
- Reports of sexual violence increase across childhood, with 10% reported among primary school aged children to 30 % in adolescents and young adults.
- More boys in the 7-17 years age-group reported higher rates of sexual abuse than girls.

Consequences of exposure to violence

Exposure to violence can lead to long-lasting physical, mental, and emotional harm, whether the child is a direct victim or a witness. Children who are exposed to violence are more likely to suffer severe effects which include:

- extended period of stress
- depression
- helplessness
- being numb to future violence exposure
- being uncaring towards others
- becoming violent

The research highlights violence that is perpetuated daily in the lives of children across their childhood. If children are exposed to the high levels of violence revealed in the study, violence will increase. **The children are also more likely, as adults to suffer from long- term effects of exposure to violence which include:**

- Poor mental health including mental health issues such as anxiety, depression, PTSD etc.
- Drug and alcohol abuse
- Risky sexual behavior
- Criminality
- Neglectful and abusive parenting

STOP VIOLENCE AGAINST CHILDREN

The prevention of violence must be a priority for everyone.

Violence exposure occurs in different social contexts of children's lives including families and communities and often co-occurs in the form of multiple violence exposures. Children are exposed to violence at both young and older ages.

Children in disadvantaged neighborhood and family contexts are particularly at risk for violence exposure.

For young children, pathways have been identified where violence exposure affects caregiver mental health which in turn affects child outcomes. Among older children, violence exposure has direct detrimental influences on a broad range of social, emotional and academic outcomes.

Some promising research is emerging on features of families, schools and communities that further buffer the effects of violence exposure in children's lives. Social support is emerging as a protective resource in reducing the impact of community violence exposure in children's lives. Additionally, features of communities and schools (e.g., school climate and community resilience) are emerging as protective in reducing community violence exposure and child maltreatment influences in older children's lives.

REFERENCES

<https://www.nrf.ac.za/content/effects-violence-children>

<http://www.child-encyclopedia.com/social-violence/according-experts/effects-physical-family-and-community-violence-child-development>

McCart, MR, Smith, DW, Saunders, BE, Kilpatrick, DG, Resnick, H, Ruggiero, K.J. Do urban adolescents become desensitized to community violence? Data from a national survey. *Am J Orthopsychiatry*. 2007; 77 (3): 434-42.

Pinheiro, P.S. *World report on violence against children*. United Nations Secretary-General's Study on Violence Against Children. Geneva, Switzerland, 2006.

Finkelhor, D, Turner, H, Ormrod, R, Hamby, SL. Trends in childhood violence and abuse exposure: evidence from 2 national surveys. *Arch Pediatr Adolesc Med*. 2010; 164 (3): 238-42.

Shields, N., Nadasen, K., Pierce, L. A comparison of the effects of witnessing community violence and direct victimization among children in Cape Town, South Africa. *J Interpers Violence*. 2009; 24(7): 1192-1208.

Krug, E.G., Dahlberg, L.L., Mercy, J.A., Zwi, A.B., Lozano, R. *World report on violence and health*. Geneva, World Health Organization, 2002.

Herrenkohl, TI, Sousa, C, Tajima, EA, Herrenkohl, RC, Moylan, CA. Intersection of child abuse and children's exposure to domestic violence. *Trauma Violence Abuse*. 2008; 9 (2): 84-99.

Linares, LO, Heeran, T, Bronfman, E, Zuckerman, B, Augustyn, M, Tronick, E. A meditational model for the impact of exposure to community violence on early child behavior problems. *Child Dev*. 2001; 72 (2): 639-52.

Gorman-Smith, D, Henry, DB, Tolan, PH. Exposure to community violence and violence perpetration: the protective effects of family functioning. *J Clin Child Adolesc Psychol*. 2004; 33 (3): 439-49.

MANAGING OVERWEIGHT TEENAGER: FEWER REQUIREMENTS, MORE ACCEPTANCE

Nyna Petrov

South Asian Canadians Health & Social Services – SACHSS.

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

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

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

They are hormones, emotions, a disordered growth of the body ... And an insatiable hunger! And it is also a moment of individualization, during which some adolescents decide to break the

family models, to ask questions and to impose their own opinions.

All this is acceptable! What is not, at this stage of life, is to come into conflict with o

ne's own biology by trying to have a type of physics that is not always attainable. Unfortunately, this war against the body can at this time of transformation cause an imbalance, which can be expressed by a greater weight gain or the appearance of eating disorders.

Adolescence is the right time to make peace with food!

Studies show that overweight teens are likely to remain so in adulthood.

But I'd like to emphasize that this is one of the best times to break free from obesity. And because, in addition to being a phase of physical growth, adolescence is also a period in which we consolidate some of our values. What to do to help the overweight teenager? I suggest to him to leave the foolish diets aside and to listen to the signals that his body sends him. The feeling of hunger can be intense, but this is solved by eating better and being attentive to the quality of the food we eat, but also HOW we eat them. If your overweight teen eats when the urge occurs, but consciously, slowly, chewing well, feeling the taste of things, he will probably feel more quickly satiated and will not want to eat again.

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

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

I see many parents obsessed with the body image of their teenager. I believe that this kind of concern does not bring anything good except a general discontent of the family. Prohibitions can not only be the cause of overweight in teens, but worse, trigger an eating disorder. Ashamed, the teen begins to hide to eat forbidden food so as not to disappoint his parents.

What to do to reverse this image? My advice is precisely not to focus on the fact that the teenager is overweight but to value its other features! Is he good at math? Can he fix anything?

Does he have culinary skills, talent to sing, is he a martial arts ace?

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

Routine is a prevention against overweight in teens

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

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

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

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

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

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

=====

also cause PTSD. Serious accidents, physical and sexual assault, exposure to traumatic events at work, serious health problems such as being admitted to intensive care, war and conflict.

2. Genetics
3. Life stressors
4. Existing mental health condition
5. Lack of support
6. Neurological



Symptoms and diagnosis of PTSD:

1. It interferes with person's ability to work.
2. **Emotional disturbance.**
3. **Impairment in person's social interactions**
4. **Re- experiencing-** having recurrent nightmares, feeling that the situations were happening again, also known as flashbacks.
5. Increased heart rate, sweating etc.

6. **Hyperarousal:** feeling more irritable and outbursts of anger, difficulty in concentration, difficulty in sleep.
7. **Negative thoughts and beliefs:** thoughts of traumatic event, loss of interest in positive and important activities, negative feeling towards life.

To be diagnosed with PTSD, person don't need to have all these symptoms, only rare people experience all the symptoms. Only cluster of symptoms are helpful to diagnose that disorder.

TREATMENT: 1. Relaxation techniques to manage their emotions such as meditation to control anger.

2. Spend more time with family members as well as friends and share their problems and feelings with them to avoid anxiety.

TREATMENT THERAPIES:

1. **Cognitive behavioral therapy:** it is focused on unhealthy behavior to change who cause negative feelings and thoughts.
2. **Exposure therapy:** it is a behavioral treatment for PTSD that aims to reduce fear, anxiety, by fully exposed to thoughts, feelings or situations that cause fear.
3. **Acceptance and commitment therapy:** it is a behavioral treatment that is based on the idea that our sufferings comes not from the experience of emotional pain, but from our attempted avoidance of that pain. Its aim is to help you to face pain not to trying to escape or avoid pain because with avoidance it worsens the condition.
4. Medications to help with severe symptoms such as severe anxiety, depression etc.

PREVENTION:

- Prevention of PTSD in some cases may be difficult due to severe conditions. In some cases, symptoms may be severe and in other cases symptoms may be mild.
- To prevent PTSD, avoid taking stress of anything or face any situation with confidence.
- If any severe condition arises then give more preference to share feelings with family to find any way to come out of critical conditions.

REFERENCES:

Nordqvist, C. February 2019. *Introduction to Post traumatic stress disorder*. Retrieved from-

www.medicalnewstoday.com

Matthew, T. September 10, 2019. *Causes, symptoms and treatment of PTSD*. Retrieved from-

www.verywellmind.com

<https://www.nhs.uk/conditions/post-traumatic-stress-disorder-ptsd/causes>

Major depressive disorder

Simranpreet Kaur, Sheridan College



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

Statistics of Canada

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

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



Symptoms

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

- Feelings of sadness, tearfulness, emptiness or hopelessness
- Angry outbursts, irritability or frustration, even over small matters

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

For many people with depression, symptoms usually are severe enough to cause noticeable problems in day-to-day activities, such as work, school, social activities or relationships with others. Some people may feel generally miserable or unhappy without really knowing why.

Depression symptoms in children and teens

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

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

Depression symptoms in older adults

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

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

When to see a doctor

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

When to get emergency help

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

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

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

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

Causes

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

- **Biological differences.** People with depression appear to have physical changes in their brains. The significance of these changes is still uncertain but may eventually help pinpoint causes.
- **Brain chemistry.** Neurotransmitters are naturally occurring brain chemicals that likely play a role in depression. Recent research indicates that changes in the function and effect of these neurotransmitters and how they interact with neurocircuits involved in maintaining mood stability may play a significant role in depression and its treatment.
- **Hormones.** Changes in the body's balance of hormones may be involved in causing or triggering depression. Hormone changes can result with pregnancy and during the weeks or months after delivery (postpartum) and from thyroid problems, menopause or several other conditions.
- **Inherited traits.** Depression is more common in people whose blood relatives also have this condition. Researchers are trying to find genes that may be involved in causing depression.

Treatment and diagnosis

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

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

Prevention

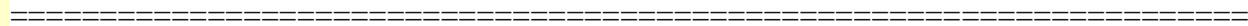
- Take steps to control stress, to increase your resilience and boost your self-esteem.
- Reach out to family and friends, especially in times of crisis, to help you weather rough spells.
- Get treatment at the earliest sign of a problem to help prevent depression from worsening.
- Consider getting long-term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

References

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

<https://camh.ca/en/health-info/mental-illness-and-addiction-index/depression>

<https://www.webmd.com/depression/guide/major-depression#1>



Dementia

Shibleen Kaur, Sheridan College



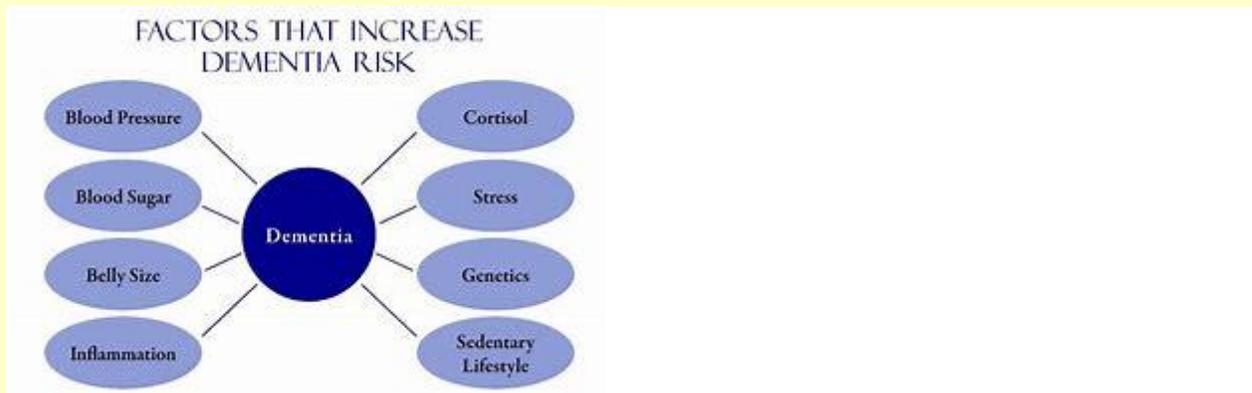
Dementia is a general term for a lot of symptoms that is caused by disorders that affecting the brain and symptoms may include Problem solving, memory loss and difficulties with thinking, severe enough to reduce a person’s ability to perform activities. An individual with dementia may likewise experience changes in mood or behavior. It is an old age disease. It is progressive, it means the symptoms get worse as more brain cells become damaged and eventually person will die.

Table 1: Prevalence and incidence of diagnosed dementia, including Alzheimer's disease, among Canadians aged 65 years and older, by age group and sex, Canada, 2013–2014

Age (years)	Prevalence, % (95% confidence interval)			Incidence, per 1000 seniors (95% confidence interval)		
	Male	Female	Total	Male	Female	Total
65–69	0.8 (0.8–0.8)	0.7 (0.7–0.8)	0.8 (0.8–0.8)	3.0 (2.9–3.1)	2.8 (2.6–2.9)	2.9 (2.8–2.9)
70–74	2.4 (2.3–2.4)	2.4 (2.4–2.5)	2.4 (2.4–2.4)	5.7 (5.6–5.9)	5.7 (5.5–5.9)	5.7 (5.6–5.9)
75–79	5.6 (5.6–5.7)	6.1 (6.0–6.1)	5.9 (5.8–5.9)	13.1 (12.8–13.5)	13.3 (12.9–13.6)	13.2 (13.1–13.4)
80–84	11.4 (11.2–11.5)	13.1 (13.0–13.2)	12.4 (12.3–12.4)	25.6 (25.0–26.2)	27.3 (26.7–27.8)	26.5 (26.2–26.9)
85+	20.4 (20.3–20.6)	26.9 (26.7–27.0)	24.6 (24.5–24.7)	45.9 (45.0–46.7)	53.1 (52.4–53.8)	50.4 (49.9–51.0)
Total	5.6 (5.6–5.6)	8.3 (8.3–8.4)	7.1 (7.1–7.1)	12.4 (12.3–12.6)	15.8 (15.7–15.9)	14.3 (14.2–14.4)

Statistics

Data source: Public Health Agency of Canada, using Canadian Chronic Disease Surveillance System data files contributed by provinces and territories, April 2017.



Causes

Dementia is brought about by harm to synapses. This harm meddles with the capacity of synapses to speak with one another. At the point when synapses can't impart typically, figuring, conduct and sentiments can be influenced. The cerebrum has numerous unmistakable areas, every one of which is in charge of various capacities (for instance, memory, judgment and development). At the point when cells in a specific area are harmed, that locale can't do its capacities regularly. The mind area called the hippocampus is the focal point of learning and memory in the cerebrum, and the synapses in this district are frequently the first to be harmed. That is the reason memory misfortune is regularly perhaps the most punctual side effect of Alzheimer's. While most changes in the cerebrum that reason dementia are lasting and compound after some time, thinking and memory issues brought about by the accompanying conditions may improve when the condition is dealt with or tended to:

- Depression
- Medication side effects
- Excess use of alcohol
- Thyroid problems
- Vitamin deficiencies

Symptoms of dementia:

- **Memory loss**- an indication of this may be asking the same question again and again.
- **Difficulty completing familiar tasks**- for instance, making a drink or preparing a dinner.
- **Problems with abstract thinking**- for example, dealing with money.
- **Problems communicating**- person face difficulty with language; forgetting simple words or using wrong ones.
- **Disorientation**- for example, getting lost on a formerly commonplace road.
- **Misplacing things**- overlooking the area of ordinary things, for instance, keys, wallets.
- **Mood changes**- Sudden and unexplained changes in outlook or disposition.
- **Personality Changes**- Maybe getting to be crabby, suspicious or frightful.
- **Loss of activity**- showing less interest in starting something or going somewhere.

Dementia Types: there are various types of dementia

- Alzheimer's disease: it is characterized by "plaques" between the dying cells in the brain and "tangles" within the cells. Both are due to protein abnormalities.
- Dementia with Lewy bodies: this is a neurodegenerative condition that is linked to abnormal structure in the brain.
- Mixed dementia- it refers to a diagnosis of two or three types occurring together.
- Parkinson's disease: it is also marked by the presence of lewy bodies.
- Huntington's disease: it is characterized by specific types of uncontrolled movements.

Diagnosis of Dementia:

There is no one test to determine if someone has dementia. Doctors diagnose Alzheimer's and other types of dementia based on a careful medical history, a physical examination, laboratory tests, and the characteristic changes in thinking, day-to-day function and behavior associated with each type. Doctors can determine that a person has dementia with a high level of certainty. But it's harder to determine the exact type of dementia because the symptoms and brain changes of different dementias can overlap. In some cases, a doctor may diagnose "dementia" and not specify a type. If this occurs, it may be necessary to see a specialist such as a neurologist or gero-psychologist.

Dementia stages: Roughly it splits into four levels:

- Mild cognitive impairment
- Mild dementia
- Moderate Dementia
- Severe dementia

Dementia Types: there are various types of dementia

- Alzheimer's disease: it is characterized by "plaques" between the dying cells in the brain and "tangles" within the cells. Both are due to protein abnormalities.
- Dementia with Lewy bodies: this is a neurodegenerative condition that is linked to abnormal structure in the brain.
- Mixed dementia- it refers to a diagnosis of two or three types occurring together.
- Parkinson's disease: it is also marked by the presence of lewy bodies.
- Huntington's disease: it is characterized by specific types of uncontrolled movements.

Dementia treatment and care:

Treatment of dementia depends on its cause. In the case of most progressive dementias, including Alzheimer's disease, there is no cure and no treatment that slows or stops its progression. But there are drug treatments that may temporarily improve symptoms. The same medications used to treat Alzheimer's are among the drugs sometimes prescribed to help with symptoms of other types of dementias. Non-drug therapies can also alleviate some symptoms of dementia. Ultimately, the path to effective new treatments for dementia is through increased research funding and increased participation in clinical studies. Right now, volunteers are urgently needed to participate in clinical studies and trials about Alzheimer's and other dementias.

Some causes of dementia are treatable:

These include, among others, head injury, brain tumours, Infections like meningitis, HIV/AIDS, simple and normal pressure hydrocephalus, hormone disorders and so on.

Dementia Risk and Preventions:

Some hazard factors for dementia, for example, age and hereditary qualities can't be changed. Manage health problems including diabetes, high blood pressure, and high cholesterol. Stay mentally alert by learning new hobbies, reading, or solving crossword puzzles. Stay involved socially. Attend community activities, church, or support groups. If your doctor recommends it, take aspirin.

References:

- [. https://www.alz.org/alzheimers-dementia/what-is-dementia#about](https://www.alz.org/alzheimers-dementia/what-is-dementia#about)
- <https://stanfordhealthcare.org/medical-conditions/brain-and-nerves/dementia/prevention.html>

- <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/dementia-highlights-canadian-chronic-disease-surveillance.html>
-

ANXIETY

Harpreet Nancy, Sheridan college



INRODUCTION-

Anxiety is an ordinary and often healthful emotion. However, whilst someone often feels disproportionate degrees of anxiety, it might come to be a clinical ailment.

Anxiety issues shape a category of mental health diagnoses that lead to immoderate nervousness, worry, apprehension, and worry

These disorders regulate how someone strategies feelings and behave, additionally causing physical signs and symptoms.

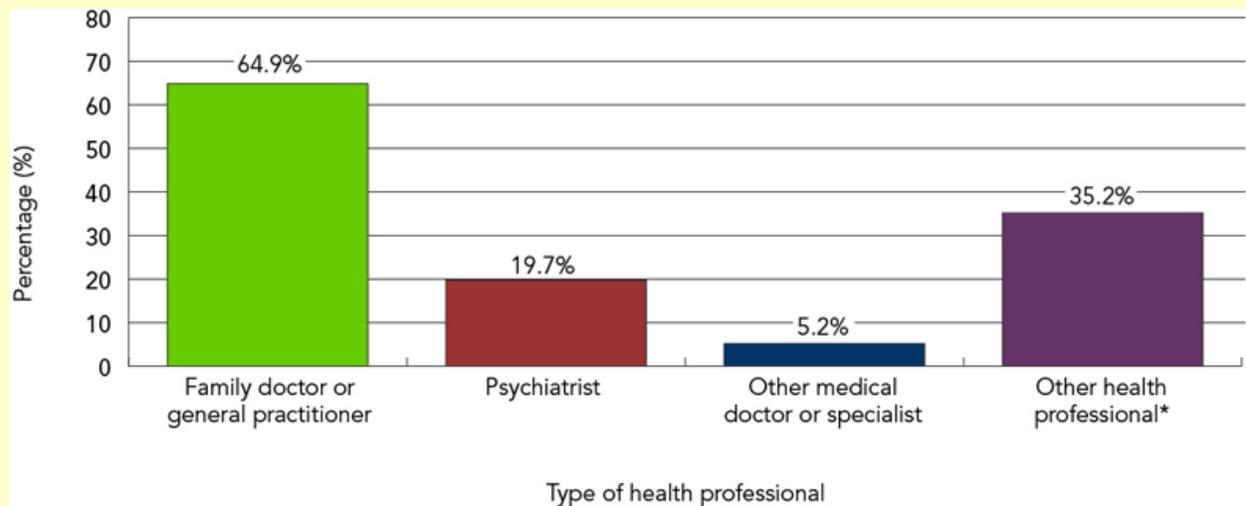
WHAT IS ANXIETY?

The American Psychological Association (APA) defines anxiety as "an emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure."

(Felman, 2018)

DIFFERENCE BETWEEN ANXIETY AND ANXIETY DISORDERS

ANXIETY- When a person faces potentially harmful or disturbing triggers, feelings of hysteria are not only everyday however essential for survival. Since the earliest days of humanity, the method of predators and incoming threat sets off alarms within the frame and lets in evasive action. These alarms turn out to be sizeable inside the form of a raised heartbeat, sweating, and increased sensitivity to environment. The threat reasons a rush of adrenalin, a hormone and chemical messenger within the brain, which in turn triggers those aggravating reactions in a process known as the "combat-or-flight" reaction. This prepares people to physically confront or flee any capacity threats to protection. For many people, strolling from larger animals and approaching danger is a much less pressing problem than it might had been for early people. Anxieties now revolve around paintings, money, own family existence, health, and different important issues that call for someone's attention without necessarily requiring the 'combat-or-flight' reaction. The anxious feeling earlier than a vital existence event or at some point of a hard situation is an herbal echo of the unique 'combat-or-flight' response. It can still be essential to survival – tension about being hit by an automobile while crossing the road, for instance, means that someone will instinctively look both ways to keep away from danger.



ANXIETY DISORDERS-

The length or severity of a worrying feeling can from time to time be out of share to the authentic trigger, or stressor. Physical signs and symptoms, along with extended blood stress and nausea, may expand. These responses circulate past anxiety into a tension disease. The APA describes someone with tension disease as "having habitual intrusive thoughts or worries." Once tension reaches the degree of an ailment, it can interfere with daily feature. (Felman, 2018)

SYMPTOMS

- Restlessness, and a feeling of being "on-aspect"
- uncontrollable emotions of worry
- increased irritability
- concentration difficulties

- sleep difficulties, which include problems in falling or staying asleep

TYPES

1. **GENERALIZED ANXIETY DISORDER:** This is a continual ailment related to immoderate, long-lasting tension and worries about nonspecific lifestyles events, items, and situations. GAD is the maximum not unusual tension sickness, and those with the ailment are not always capable of discover the reason of their anxiety.
2. **PANIC DISEASE:** Brief or unexpected attacks of extreme terror and apprehension signify panic sickness. These assaults can result in shaking, confusion, dizziness, nausea, and respiration problems. Panic assaults tend to arise and increase swiftly, peaking after 10 mins. However, a panic assault may ultimate for hours. Panic problems commonly occur after scary experiences or extended stress however may additionally occur without a trigger. A character experiencing a panic assault may additionally misread it as an existence-threatening contamination and may make drastic modifications in behavior to keep away from future attacks.
3. **SPECIFIC PHOBIA:** This is an irrational fear and avoidance of a selected item. Phobias aren't like other tension issues, as they relate to a reason. A character with a phobia might well know a fear as illogical or intense but remain not able to control emotions tension around the trigger. Triggers for a phobia range from conditions and animals to regular gadgets.

4. **AGORAPHOBIA:** This is a worry and avoidance of locations, activities, or conditions from which it can be difficult to escape or wherein help could now not be available if someone will become trapped. People often misunderstand this circumstance as a phobia of open areas and the outdoors; however, it isn't always so simple. A character with agoraphobia can also have a fear of leaving home or the usage of elevators and public transport.

5. **SELECTIVE MUTISM:** This is a shape of tension that a few youngsters enjoy, in which they are not able to speak in certain places or contexts, including college, even though they will have brilliant verbal communicate capabilities round familiar human beings. It may be an excessive form of social phobia.

6. **SOCIAL ANXIETY AILMENT, OR SOCIAL PHOBIA:** This is a worry of negative judgment from others in social situations or of public embarrassment. Social anxiety sickness includes a range of feelings, together with degree fright, a worry of intimacy, and tension round humiliation and rejection. This disease can reason human beings to avoid public conditions and human contact to the factor that everyday dwelling is rendered extremely hard.

7. **SEPARATION TENSION DISEASE:** High degrees of tension after separation from a person or area that provides emotions of safety or protection symbolize separation

anxiety sickness. Separation would possibly on occasion bring about panic signs and symptoms.

CAUSES

1. Environmental stressors, inclusive of problems at paintings, courting issues, or family problems
2. genetics, as humans who've circle of relatives' contributors with an anxiety disorder are much more likely to enjoy one themselves
3. medical factors, such as the symptoms of a special disorder, the consequences of a remedy, or the pressure of an intensive surgical operation or extended recuperation
4. mind chemistry, as psychologists outline many tension issues as misalignments of hormones and electric signals inside the brain
5. withdrawal from an illicit substance, the effects of which may accentuate the effect of other feasible causes

TREATMENT



1. GENERAL MEASURES TO COMBAT ANXIETY

By using different things at personal level like

- Stress management
- Relaxation techniques
- Exercises to replace negative thoughts with positive ones
- Support network

2. COUNSELLING

A standard way of treating anxiety is psychological counseling. This can include Cognitive- behavioral therapy (CBT), psychotherapy, or a combination of therapies.

Cognitive- behavioral therapy (CBT) : This form of psychotherapy ambitions to understand and exchange dangerous concept styles that form the muse of tense and troublesome feelings. In the procedure, practitioners of CBT wish to restriction distorted questioning and change the manner humans react to items or conditions that cause anxiety.

MEDICATIONS

Medicines that might control some of the physical and mental symptoms include antidepressants, benzodiazepines, tricyclics, and beta-blockers.

PREVENTION

- Reduce intake of caffeine, tea, cola, and chocolate.
- Before the usage of over the counter (OTC) or natural treatments, check with a doctor or pharmacist for any chemicals which could make anxiety symptoms worse.

- Maintain a healthful weight loss program.
- Keep a normal sleep pattern.
- Avoid alcohol, cannabis, and different recreational drugs.
- Regular relaxation exercises
- Stress management

REFERENCES 1. Felman, A. October 26, 2018. *Introduction about anxiety*. Retrieved from-
www.medicalnewstoday.com

=====

Mental Illness in Elderly People

Shilpa Tandon
South Asian Canadians Health & Social Services

Statistics:

- Between 2015 and 2050, the proportion of the world's older adults is estimated to almost double from about 12% to 22%.
- Over 20% of adults aged 60 and over suffer from a mental or neurological disorder (excluding headache disorders)



- 6.6% of all disability (disability adjusted life years-DALYs) among people over 60 years is attributed to mental and neurological disorders.
- The most common mental and neurological disorders in this age group are dementia and depression.
- Anxiety disorders affect 3.8% of the older population, substance use problems among older people are often overlooked or misdiagnosed.

Signs of a mental illness

- **feeling anxious or worried**
- **feeling depressed or unhappy**
- **emotional outbursts**
- **quiet or withdrawn**
- **weight, appetite changes**
- **sleep problems**
- **substance abuse**
- **feeling guilty or worthless**

Stress factors accounting for mental health problems

- A significant ongoing **loss** in capacities and a decline in **functional ability**. For ex. reduced mobility, chronic pain, frailty or other health problems, for which they require long-term care.
- Drop in **socioeconomic status** with retirement.
- Older adults with physical health conditions such as **heart disease** have higher rates of depression than those who are healthy.
- **Elder abuse** - including physical, verbal, psychological, financial and sexual abuse; abandonment; neglect; and serious losses of dignity and respect.

Depression as a public health issue

Depression can cause great suffering and leads to impaired functioning in daily life. Unipolar depression occurs in 7% of the general older population and it accounts for 5.7% of YLDs (Years Lived with Disability) among those over 60 years old. Depression is both underdiagnosed and undertreated in primary care settings. Symptoms are often overlooked and

untreated because they co-occur with other problems encountered by older adults.

Older people with depressive symptoms have poorer functioning compared to those with chronic medical conditions such as lung disease, hypertension or diabetes.

Late Life Depression Prevalence		
Location	Major Depression	Depressive Symptoms
Community	2%-4%	8%-6%
Primary Care	6%-9%	20%
Medical Settings	11%	25%
Nursing Homes	12%-25%	18%-30%

Treatment and care strategies to address mental health needs

- training for health professionals in providing care for older people;
- preventing and managing age-associated chronic diseases including mental, neurological and substance use disorders;
- designing sustainable policies on long-term and palliative care; and
- developing age-friendly services and settings

Health promotion in hopes of diminishing mental illness in elderly

Promoting mental health depends largely on strategies to ensure that older people have the necessary resources to meet their needs, such as:

- providing security and freedom;
- adequate housing through supportive housing policy;
- social support for older people and their caregivers;
- health and social programs targeted at vulnerable groups such as those who live alone and rural populations or who suffer from a chronic or relapsing mental or physical illness;
- programs to prevent and deal with elder abuse; and
- community development programs

Interventions

There is no medication currently available to cure depression but much can be done to support and improve the lives of people with depression and their caregivers and families, such as:

- early diagnosis, in order to promote early and optimal management;
- optimizing physical and mental health, functional ability and well-being;
- identifying and treating accompanying physical illness;
- detecting and managing challenging behavior

References:

http://homewithharmony.com/8_ways_to_spot_symptoms_of_mental_illness_in_the_elderly/

<http://www.douglas.qc.ca/uploads/File/Formation%20crois%C3%A9e%202015/Dr-Di-Tomasso-VA.pdf>

<https://www.healthdirect.gov.au/signs-mental-health-issue>

<https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults>

ANGER

Binal Patel. Fleming College, Peterborough

INTRODUCTION

Anger is a normal emotion of normal human being. It is unhealthy when it flares up all the time or spirals out of control. The good thing is that getting anger under control is easier than you think. Like every emotion anger is also conveying the message, telling you that a situation is upsetting, or unjust, or threatening. Anger management help individual to get rid from that and living a healthy life with some rules.



DEFINITION: -

Anger is a natural emotion created in a flight-or-fight situation by the physiology of your mind and body.

Anger is an emotion characterized by antagonism toward someone or something you feel has deliberately done you wrong.

Anger is a basic human emotion that is experienced by all.

CAUSES: -

- Fear of losing a job
- Pain
- Frustration
- Fear of failure
- Psychological problems
- Losing of patience
- Feeling that your efforts are not appreciated
- Any traumatic events or memory
- Personal problems

SOME COMMON ANGER IMPULSES OR WARNING SIGNS

- Feeling hot
- Feeling tension in your neck
- Raising your voice and changing its tone
- Feeling fear or jealously
- Feeling irritable
- Ruminating on the anger triggers
- Knots in your stomach
- Clenching your head or jaw
- Feeling clammy or flushed
- Breathing faster
- Headaches
- Tensing your shoulder
- Pounding heart
- Having trouble concentrating

TYPES OF ANGER: -

- 1) **Passive Aggression:** - person do not like to admit that they are angry because they do not like confrontation, and it's called passive anger. Example: Silent when you are angry.

- 2) **Open Aggression:** - Some people have habit to lash out in anger or rage, they try to hurt themselves or hurt others, physically or verbally aggressive and it's called open aggression. Example: Fighting Bullying, accusing, blackmailing, shouting, bickering.
- 3) **Assertive anger:** - It includes anger is being controlled and confident to solve it by listening and talking and try to deal with that openly and it's called assertive anger. Example: It helps relationship to grow more.
- 4) **Behavioral anger:** - Behavioral anger is usually expressed physically and is aggressive. If you are experienced this type of anger, then they feel overwhelmed by emotion and that you lash out at the object of your rage.
- 5) **Chronic anger:** - It is an ongoing, generalized resentment of other people, frustration with certain circumstances, and anger towards oneself. It is characterized by habitual irritation, the prolonged nature of this type of anger can have profoundly adverse effect on one's health and wellness.
- 6) **Judgmental anger:** - Judgmental anger is righteously indignant- this type of anger is usually a reaction to a perceived injustice or someone else's shortcoming.
- 7) **Overwhelmed anger:** - It is an uncontrolled type of anger. It usually occurs when we feel that a situation or circumstances are beyond our control, resulting in feelings of hopelessness and frustration.
- 8) **Retaliatory anger:** - It is usually an instinctual response to being confronted or attacked by someone else. It is one of the most common type of anger and is motivated by revenge for a perceived wrong.
- 9) **Self-abusive anger:** - It is a shame-based type of anger. If you have been feeling hopeless, unworthy, humiliated, or ashamed, you might internalize those feelings and express anger via negative self-talk, self-harm, substance abuse, or eating disorder behavior.
- 10) **Verbal anger:** - It is often seen as less dangerous than behavioral anger, but it can be a form of emotional and psychological abuse that deeply hurts the target of one's anger. It may be expressed as shouting, threats, ridicule, sarcasm, and intense blaming.

WHAT IS THE BEST WAY TO HANDLE ANGER?

In this era of life, we have numerous solutions to deal with the anger or how to overcome with it.

- 1) **Expression:** - This is the act of conveying your anger. Expression ranges from a reasonable, rational discussion. One must express their feelings, emotions and frustrations in a polite way.
- 2) **Suppression:** - This is an attempt to hold in your anger and possibly convert it into more constructive behavior. Suppressing anger, however, can cause you to turn your anger inward on yourself or express your anger through passive-aggressive behavior.
- 3) **Calming down:** - This is when you control your outward behavior and your internal responses by calming yourself and letting your feelings subside.

WHAT SOMEONE CAN DO WHEN THEY ANGRY

- 1) Identify triggers or warning sign: It means try to find out that what is the real reason behind your anger. Try to understand the different point of view of others, it is hard but to make our self-stress free then it works.
- 2) Determine if your anger is a friend or enemy: It means little bit anger on things is fine for health but always be angry on everything is not good for health and it affects the mind.
- 3) Recognize your warning sign: It means identify the real triggers for your temper. Try to find out the signs that started to see on your body when some situation that affect you. Avoid that situation, people and places that affect you or bring you towards worst.
- 4) Step away from the situation: It means we need to take step back from that situation who bring anger or to find the way to cool down. You need to find some tips to cool your anger like focus on physical sensation, take some deep breath, exercise, use your senses, and slowly count to ten.
- 5) Talk to a trusted friend: It means person need to talk to trusted friend or family member that what problem you have and how to handle that, they may help you to find out the right way.
- 6) Get your body moving: It means when you feel like anger that time do exercise, try to move your body from that place and be active in other work.
- 7) Change the way you think: It means try to understand the others point of view, try to change your views, agree with others, try to put your point of view and give explanation about that.

- 8) Change the channel: It means you need to change that place, that activity and try to do something else that you like, and you enjoy.
- 9) Engage in a relaxation exercise: It means you need to do deep breathing, yoga or a meditation to cool your mind.
- 10) Explore the feelings beneath your anger: It means try to explain that why you are angry, what bothers you so, it will help to find a solution.
- 11) Create your own calm down kit: It means do the things that like you, make your own list for your anger management or do any calm down exercise, find a good counselor for you to take a good counselling session that may help to find out the right solution for your anger.

ANGER MANAGEMENT SKILLS

- 1) Every time think before you speak anything.
- 2) Once you are calm then try to understand the things.
- 3) Get some exercise.
- 4) Take a time out.
- 5) Identify possible solution.
- 6) Use humor to release tension.
- 7) Practice relaxation skills.
- 8) Know when to seek help.
- 9) Take a deep breath when angry.
- 10) Try to do positive self-talk.
- 11) Try to express yourself clearly and calmly.
- 12) Try to gain different perspective by putting yourself in another's place.
- 13) Practice good listening skills.

ANGER MANAGEMENT TECHNIQUES

- 1) Exercise: - Bring down your general stress with relaxation and exercise. Running, walking, swimming, yoga and this few activities reduce your stress.
- 2) Managing anger in long term way: - Once you can recognize that you're getting angry and can calm down yourself, you can start looking at way to control your anger more gradually.

- 3) Breathe slowly: - Breathe out for longer than you breathe in and relax as you breathe out. When you are angry you automatically breathe in more, but technique is breathing out more to control your anger and this will help you to reduce the stress and anger.
- 4) Count to 10: - Counting to 10 gives you time to cool down, so you can think more clearly and overcome the impulse to lash out.
- 5) Recognize your anger signs: - When we are prone to get angry that time your heart beats faster and you breathe more quickly, that prepares you for action. You might also notice the other signs for anger. If you notice these signs then get out from the situation, if you have got a history of losing control.
- 6) Deal with anger: - Everyone has a physical reaction to anger. Be aware of what your body is telling you and try to solve them and deal with that by yourself.
- 7) Get creative: - Writing, listening to music, cooking, dancing and painting is a creative way to relieve from anger and it helps the mind to settle down.
- 8) Talk about how you feel: - Discuss with your favorite person or your best friend about how you feel about the things that happen in your life and because of that you might feel angry.
- 9) Let go of angry thoughts: - Try to let go of any unhelpful ways of thinking. Try to think positive.
- 10) Getting help with anger: - If you feel you need help dealing with your anger, try to avoid that.

WHAT HAPPEN WHEN ANGER IS GOING OUT-OF-CONTROL

It hurts your physical health: - constantly operating at a high level of anger and stress level makes you more susceptible to heart disease, diabetes, insomnia and high BP.

It hurts your mental health: - Chronic anger consumes a huge amount of mental energy, and clouds your thinking, making it harder to pay attention to your happy life. It can lead to mental disease like depression, stress and other mental health problems.

It hurts your career: - Constructive criticism, creative differences, debate can be healthy. But lashing out only alienates your colleagues, supervisor or client and erodes their trust.

It hurts your relationship with others: - It causes lasting scars in the people you love most and gets in the way of friendship and work relationships. Explosive anger makes it hard for others to trust you.

PREVENTION

Controlling the anger is also helpful in other things like increase the memory level, less susceptible to any mental or physical diseases and following things.

- 1) Exercise at lunch time: It help to maintain the body and if you are not connected with any people then it helps you to be alone and do your work without any interruption.
- 2) Break the chain: It means avoid the layering of minor everyday things that could make you blow your top.
- 3) Brainstorm: Reviewing the past behaviors can help to improve the present and future behavior. Try to write notes of things that make you upset or unhappy and avoid that person or things. If somethings are bother you then do not overreact on that, instead of that try to think the way for that and how to handle that in future.
- 4) Keep your body busy: It means when anger strikes, do something constructive with your hands, legs, feet, face – anything that release the tension and distract you from that anger movement.
- 5) Regular relaxation exercise: It means regular exercise like yoga, deep breathing, meditation and other exercises including walking, running, jogging etc. helps to reduce the stress and anger level.

REFERENCES: -

- https://www.google.ca/search?ei=zEv1XJX7HKuxggftu6u4DQ&q=causes+of+anger&oq=what+is+anger&gs_l=psy-ab.1.4.0i7118.0.0..4002270...0.0..0.0.0.....0.....gws-wiz.IjIvNG-RHv4
- <https://yourlifecounts.org/learning-center/aggression/dealing-with-anger-types-of-anger/>
- <https://medium.com/@PsychBehind/do-you-really-understand-anger-learn-the-10-types-8d52372d314f>
- <https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/anger-management/art-20048149>
- <https://lifesupportscounselling.com.au/10-types-anger-whats-anger-style/>
- https://www.google.ca/search?q=anger+images&source=lnms&tbm=isch&sa=X&ved=0ahUKEwlvqL149fiAhUClawKHfe_AfKQ_AUIECgB&biw=1236&bih=568
- <https://www.verywellmind.com/anger-management-strategies-4178870>
- <https://www.helpguide.org/articles/relationships-communication/anger-management.htm>
- <https://www.prevention.com/health/a20428962/11-anger-management-tips/>

SACHSS REHAB & DROP IN CENTRE

We are happy and pleased to inform you that because of all the support, help and patronage from all our patrons, we opened our SACHSS Rehab and Drop in Centre at 22 Melanie Drive, Units 6 and 7, Brampton. Ontario. L6T 4K9. (Near Steeles & Melanie) on Wednesday February 13th, 2019.

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

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

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

All are welcome.



South Asian Canadians Health & Social Services- SACHSS

Not for profit Charity Organization (Registered) Ontario, Canada

SACHSS

**22 Melanie Drive, Unit 6&7 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

Maher2004@gmail.com

