

# SACHJ

## South Asian Canadian Health Journal

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South Asian Canadian Health Journal



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SACHJ

South Asian Canadian Health & Social Services (SACHSS)  
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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. SACHSS 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**

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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.

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

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

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

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

**LOCATION:** OUR BRAMPTON OFFICE AT 22 Melanie Drive, Units 6 & 7, Brampton. Ontario. L6T 4K9. (Just South of Steeles and Melanie, near Steeles and Torbram).

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

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

## **OUR PROGRAMS**

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

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

**SELF-REFERRALS ARE ACCEPTED.**

### **FOR REFERRALS PLEASE CONTACT:**

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## ACUTE STRESS DISORDER

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### **What is acute stress disorder?**

In the weeks after a traumatic event, you may develop an anxiety disorder called acute stress disorder (ASD). ASD typically occurs within one month of a traumatic event. It lasts at least three days and can persist for up to one month. People with ASD have symptoms similar to those seen in post-traumatic stress disorder (PTSD). Acute stress disorder is a mental health condition that can occur immediately after a traumatic event. It can cause a range of psychological symptoms and, without recognition or treatment, it can lead to post-traumatic stress disorder. There is a close relationship between acute stress disorder (ASD) and post-traumatic stress disorder (PTSD). It is estimated that between 5 and 20 percent of people exposed to a trauma such as a car accident, assault, or witnessing a mass shooting develop acute stress disorder. And approximately half of those go on to develop post-traumatic stress disorder. A person with ASD experiences psychological distress immediately following a traumatic event. Unlike PTSD, ASD is a temporary condition, and symptoms typically persist for at least 3 days and about 3 to 30 days after the traumatic event. ASD can continue into PTSD if the symptoms are persistent and last for more than one month.

### **What Causes Acute Stress Disorder?**

Experiencing, witnessing, or being confronted with one or more traumatic events can cause ASD. The events create intense fear, horror, or helplessness. Traumatic events that can cause ASD include:

- death
- threat of death to oneself or others
- threat of serious injury to oneself or others
- threat to the physical integrity of oneself or others

Approximately 6 to 33 percent of people who experience a traumatic event develop ASD.

## **Risk Population for Acute Stress Disorder?**

Anyone can develop ASD after a traumatic event. You may have an increased risk of developing ASD if you have:

- experienced, witnessed, or been confronted with a traumatic event in the past
- a history of ASD or PTSD
- a history of certain types of mental problems
- a history of dissociative symptoms during traumatic events

## **What Are The Symptoms of Acute Stress Disorder?**

ASD symptoms fall under five broad categories:

1. **Intrusion symptoms.** These occur when a person is unable to stop revisiting a traumatic event through flashbacks, memories, or dreams.
2. **Negative mood.** A person may experience negative thoughts, sadness, and low mood.
3. **Dissociative symptoms.** These can include an altered sense of reality, a lack of awareness of the surroundings, and an inability to remember parts of the traumatic event.
4. **Avoidance symptoms.** People with these symptoms purposefully avoid thoughts, feelings, people, or places that they associate with the traumatic event.
5. **Arousal symptoms.** These can include insomnia and other sleep disturbances, difficulty concentrating, and irritability or aggression, which can be either verbal or physical. The person may also feel tense or on guard and become startled very easily.

## **Distress**

The symptoms of ASD may cause you distress or disrupt important aspects of your life, such as your social or work settings. You may have an inability to start or complete necessary tasks, or an inability to tell others about the traumatic event.

## **Treatment Options for Acute Stress Disorder**

Many people recover from acute stress disorder once they are removed from the traumatic situation and given appropriate support in the form of understanding, empathy for their distress, and an opportunity to describe what happened and their reaction to it.

Some people benefit from describing their experience several times. Friends and loved ones can often provide this support. Otherwise, doctors or other health care professionals are helpful.

Sometimes doctors temporarily give drugs to relieve anxiety or help people sleep.

- a psychiatric evaluation to determine your specific needs
- hospitalization if you're at risk of suicide or harming others
- assistance in obtaining shelter, food, clothing, and locating family, if necessary
- psychiatric education to teach you about your disorder
- medication to relieve symptoms of ASD, such as antianxiety medications, selective serotonin reuptake inhibitors (SSRIs), and antidepressants
- cognitive behavioral therapy (CBT), which may increase recovery speed and prevent ASD from turning into PTSD
- exposure-based therapies
- hypnotherapy

### **Long-Term Outlook?**

Many people with ASD are later diagnosed with PTSD. A diagnosis of PTSD is made if your symptoms persist for more than a month and cause a significant amount of stress and difficulty functioning.

Treatment may reduce your chances of developing PTSD. Approximately 50 percent of PTSD cases resolve within six months, whereas others may persist for years.

### **Acute Stress Disorder: Prevention**

Because there's no way to ensure that you never experience a traumatic situation, there's no way to prevent ASD. However, there are things that can be done to reduce your likelihood of developing ASD.

Getting medical treatment within a few hours of experiencing a traumatic event may reduce the likelihood that you'll develop ASD. People who work in jobs that carry a high risk for traumatic events, such as military personnel, may benefit from preparation training and counseling to reduce their risk of developing ASD or PTSD if a traumatic event does occur.

## References

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## **PREMENSTRUAL SYNDROME (“PMS”)**

**Nyna Petrov**

South Asian Canadians Health & Social Services- SACHSS

For many women, menstruation is not easy. You have surely already heard this expression when a woman is in a bad mood at the approach of her rules: "She must be in her PMS! "But how is this phenomenon explained?

### **What is premenstrual syndrome?**

Ah, the menstrual period ... For many women, it's not easy. The period of menstruation can make them have a very bad time: pain, fatigue and emotional changes are waiting for you. When several physical and emotional symptoms come together before menstruation, we can talk about PMS, commonly called “PMS”.

Some women experience symptoms before and during their period. Premenstrual syndrome usually starts a few days (often two to seven) before menstruation and ends at the start of menstruation or in the following days. Over 150 symptoms have been identified, the most common being the following:

<b>Physical symptoms:</b>	<b>Psychological / emotional symptoms:</b>
Headache / Migraine;	Changing mood;
Fatigue	Drop in energy

Sleeping troubles; pain or swelling in the lower abdomen;	Depressed mood
Swollen breasts.	Anxiety and irritability
Muscle Cramps	Aggressiveness

The type, intensity and duration of symptoms vary greatly from one woman to another. Also, the exact cause of this problem is unknown. It is thought that this may be caused by the change in hormones during the menstrual cycle.

Be aware that PMS may worsen your existing health problems such as asthma, migraines, allergies or epilepsy.

### **How To Deal With The Next Cycle?**

Several tips and tricks exist to prevent or decrease the intensity of symptoms. All of these are essentially based on a healthy lifestyle:

- Rest well and relax during this time of the month.
- Get enough sleep.
- Have a healthy weight.
- Exercise regularly (30 minutes at least three times a week).
- Eat three balanced meals a day at regular times (don't skip)
- Avoid tobacco and alcohol.

The choice of food is fundamental if you want to alleviate PMS. You should avoid consuming too much salt, chocolate, coffee or soft drinks.

In addition, several studies have shown that eating calcium-containing foods can help reduce premenstrual symptoms. Thus, it is recommended to consume 1200 mg of calcium per day to see the beneficial effects. Note that a glass of milk contains about 300 mg of calcium. Magnesium is also said to have beneficial effects in reducing menstrual cramps and mood swings. An intake of 300 to 400 mg per day of magnesium would be sufficient. Here is a list of foods that contain the most.

### **Foods Providing 400 mg of Magnesium**

- 1/4 cup walnuts
- 1/4 cup All Bran cereal
- 2/3 cup of tuna
- 1/2 cup cooked spinach

### **Available Treatment**

You should first start with the measures mentioned in the previous section. Subsequently, if the change in lifestyle does not seem to be sufficient, the use of medication may be considered.

To reduce menstrual cramps and pain, you can use anti-inflammatory or pain relievers to take as needed. Since many of these products are available over the counter at the pharmacy and some may not be suitable for you, always ask your pharmacist for advice before purchasing them.

Taking a hormonal contraceptive daily, such as the birth control pill, can help prevent PMS. In some cases, you may consider taking it continuously.

The use of certain antidepressant (anti-depression) and anxiolytic (anti-anxiety) treatments may be considered, particularly in women with emotional symptoms that compromise their daily lives. Some doctors will prescribe them cyclically, that is, for a few days or weeks before the start of menstruation.

As a medication specialist, your pharmacist can advise you on the choice of drugs, their benefits, their side effects, their precautions and how to use them. Whether you choose a prescription or over-the-counter medication, take advantage of their great advice!

Admittedly, for many women, the arrival of menstruation every month is inevitable, but it does not have to be the same for PMS! It's time for you to act. That way, no matter what time of the month, you will see a real ray of sunshine, and never the shadow of yourself!

## **DOMESTIC VIOLENCE IN SOUTH ASIAN COMMUNITIES IN ONTARIO**

**Tanzeela Aneel**

Mohawk College, Hamilton

### **Overview**

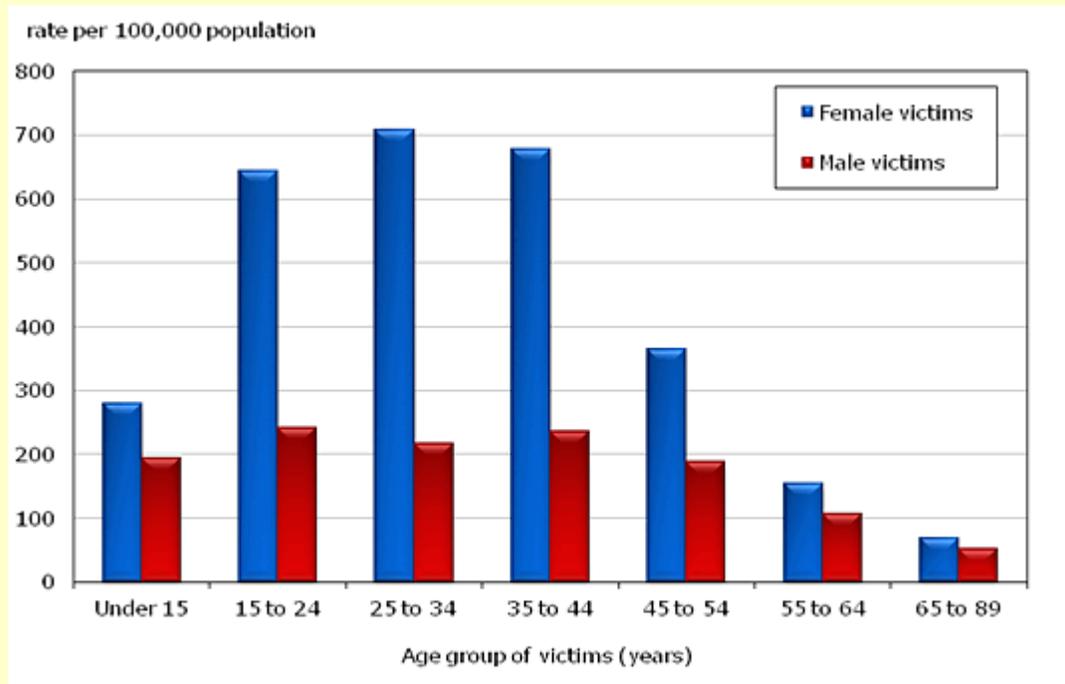
Domestic violence in South Asian communities is an outcome of patriarchy (men holding most of the power) in families and various other forms of oppression (such as discrimination) that immigrants face. Although there are many other factors which play cardinal role in changing the mindset of the South Asian community leading to violent behavior against each other. Mostly women are victim of such assault but it is also seen in men, children, youth and seniors.

### **Summary**

According to a research study conducted by George, P. and Rashidi, M.(2014) related to domestic violence in South Asian communities in GTA; they found that most participants were frustrated at society perceiving domestic violence as a common cultural practice in South Asian communities and felt that social workers needed to challenge this perception. Participants shared that domestic violence happens all around the world, across all religions and classes of people and is a result of patriarchy in families. Participants felt that many people viewed immigrants from a different culture as inferior to those from Caucasians. Some participants felt that after the 9/11 bombings, South Asians, and Muslims in particular were often seen as a threat to society. The participants felt that service users are often influenced by these perceptions about South Asian women. Also, Canada has historically viewed Caucasians as superior to South Asians and other such visible minority groups and this perception influences the manner in which many Canadians view South Asian communities and domestic violence within it.

The participants stated that South Asian immigrants faced discrimination in the labor market such as racism, which also affected South Asian women. Because of low incomes and racism in society, many South Asian families preferred to live close to other South Asians, which did not allow these immigrants to mix with the larger Canadian society. Many immigrants were forced into low-paying survival jobs, which forced both partners to work outside the home. These new employment arrangements made many South Asian men feel frustrated and threatened by their loss of status in the family. All these factors were likely to make South Asian women vulnerable to violence in the family. In Canada, South Asian women did not have their traditional social supports; when these women experienced domestic violence from the only people they knew, it made many women tolerate the violence.

**Chart 1: Victims of police reported family violence, by sex and age group of the victim, Canada, 2010**

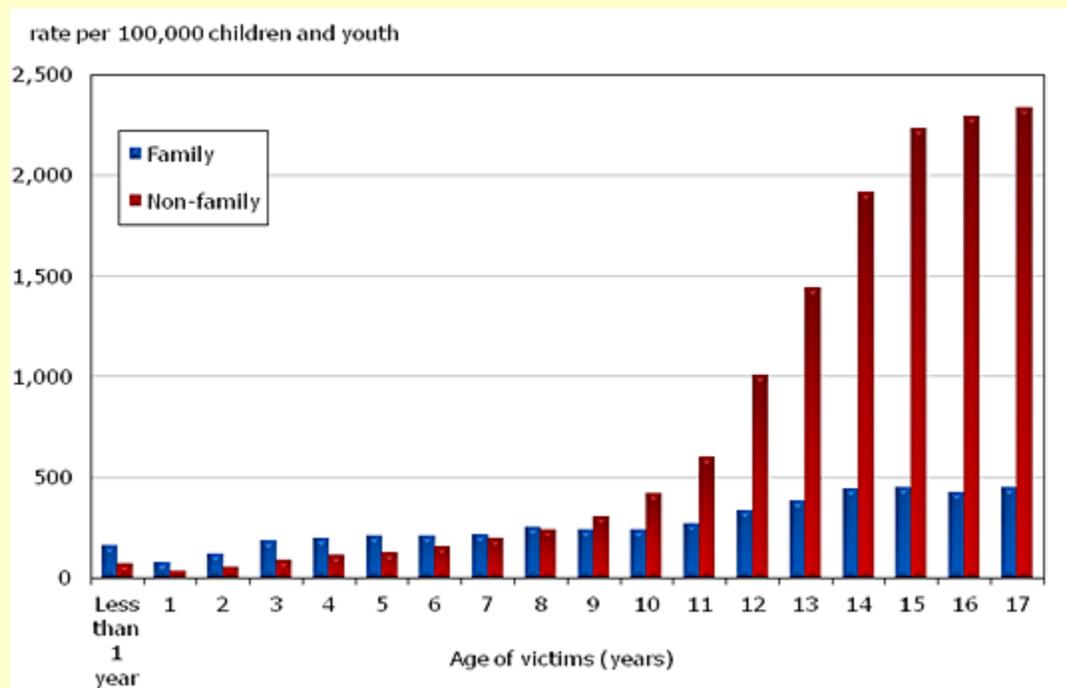


The above chart shows that female victims of family violence are always more in number as compared to the males no matter what age group they fall in but those ranging from age 15 to 44 are the most affected ones.

According to human rights activist Alex Sangha (2014), in South Asian community, there are many factors which contribute to violence against women such as patriarchy, cultural and social norms, and social attitudes. He says that such acts of violence are at times supported and protected by the immediate and extended family members in order to protect their relatively privileged male sons. He further adds that males in the South Asian culture are favored to the point where even the state of Punjab in India has the highest rate of female infanticide in the country.

Domestic violence is common also in child and youth population in Canada. It is common in South Asian communities due to the same reason discussed earlier. The family system is male dominant. The male of the house acts as an authoritative leader of the house and takes all the decisions himself without letting others express their likes and dislikes. This results in unbalanced distribution of power. Previous research has shown that both age and sex of children are related to a child and youth's level of risk for family violence (Sinha 2011; Ogrodnik 2010). As a reflection of the child's environment and range of contacts, younger children (up to eight years of age), who are generally more dependent on their primary caregivers, often their parents, are more at risk of violence from family members than other types of offenders (Chart 2).

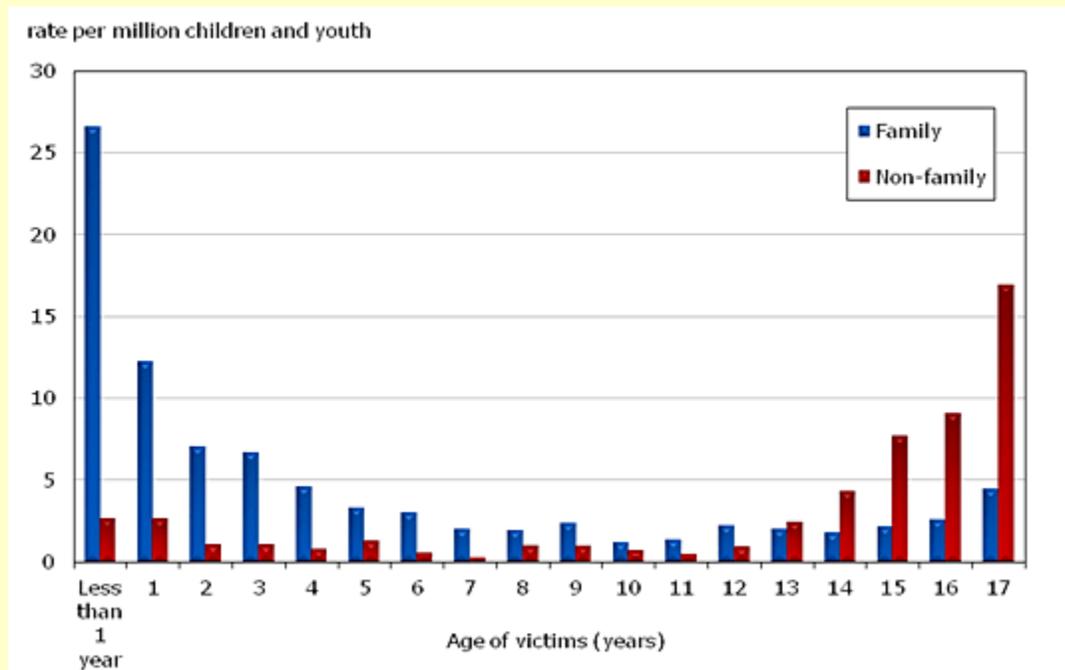
**Chart 2: Child and youth victims (0 to 17 years) of police-reported violent crime, by family and non-family members and age of victim, Canada, 2010**



Among youth aged 12 to 17 who had been victimized, about one in five (18%) were violently victimized by someone within their own family network. This compares to 47% of child victims aged 3 to 11 years, and 70% of infant and toddler victims under the age of 3 years.

Family-related homicide is the one notable exception to these age-specific patterns in rates of violent crime. Based on ten-year data from the Homicide Survey, infants and young children were most vulnerable to family homicide (Chart 3). This risk of familial homicide subsides with the child's age and increases again, though to a lesser degree, in late adolescence.

**Chart 3: Child and youth victims (0 to 17 years) of homicide, by family and non-family members and age of victim, Canada, 2000 to 2010**



As some research shows, the higher rates of family homicides among young children may be partly related to young children's early stages of growth and physical vulnerability to injury (Miehl 2005; Blumenthal 2002). Strangulation, suffocation, and drowning accounted for 25% of infant deaths, while beating was the cause of death in 25% of homicides.

Honor killing is another cause of high rates of female homicide at adolescent or older age among the South Asian communities. For some reason, the term honor killings seem to be reserved for murders committed by male family members against daughters or sisters in South Asian or Middle Eastern communities. Caplan G. (2010) claims that in Ontario alone, from 2002 until only 2007 (the latest data), 212 women have been killed by their partners. There are many reported and yet a lot of unreported cases where the father and the brothers have killed their own daughters in the name of honor. The justification they give is the culture and norms they use to practice back home although these excuses are not conceivable.

Both male and females could be affected by domestic violence but ratio of female victims is higher than males from birth till 9 yrs. of age and the number of female victims double from the age of 13-17 yrs.

### Causes

The causes discussed earlier can be enumerated as follows:

- 1, Traditional ideas of traditional gender roles (problem arises when females are forced to stay at home and that house making job is labeled as inferior by the males who take up the bread

winning roles even though he may be less capable of doing so as compared to the females in the house, yet he demands more power in the household.

2, A patriarch (the male either earning or not has the all in all rights to take all the decisions of his family, starting from small matters like what to cook and what not on daily basis, to the level of deciding for the future of every single person in the house)

3, Strong family unit (where everyone has the right to decide about the most petite issues of each other's lives).

4, Collectivism culture (the individualism culture of Canada and America is totally foreign to the south Asians)

5, Social isolation (south Asians especially the females and the seniors being less educated are affected by social isolation after immigration. Having the inability to communicate in English and reluctance to socializing with strangers outside their own family network, keep them unaware of their rights in the community and they blindly trust the only bread winner male of the house who usually misleads them for his own benefit)

### **Effects of Domestic Violence**

Domestic violence in South Asian communities can appear in psychological, social, physical, sexual, and even financial forms. Psychological marital interpersonal violence can range from gaslighting to emotional manipulation. Unfortunately, only the physical domestic violence is reported whereas the vast trauma of psychological violence which later leads to mental health issues and even suicide is never reported as "domestic violence". Another form is also named as financial domestic violence. Mostly the senior citizens are seen affected by it. They are brain washed that they are being provided a place to stay for free so they should do something to prove their usefulness like doing household chores beyond their capacities and are definitely never paid for that service. I personally know parents of many south Asians who are ordered by their sons to drop the grand children at school and then are not allowed to enter the house till the home time at school. I have seen those old people finding shelter at the shopping malls, sitting and waiting for home time.

Children and youth affected by such circumstances develop many negative personality features. They show slow progress in studies which further add insult to injury. They can develop mental health issue; substance abuse or suicidal behavior. There is also a high incidence of physical abuse in this age due to the same reasons discussed earlier. Management

As we have discussed earlier that domestic violence is of different types. All these types are inextricably interlinked and often appear in combination, so the management should be done keeping it in mind.

When a case of violence is reported, community workers and social service workers joining hands with psychologists should provide appropriate help to the victim and the attacker as well to help them re-design their thinking pattern.

Counseling should be done of the whole family in a group and also at one to one level. The cause of violence should be sorted out and both the parties should be informed of the legal framework in Canada. They should also be given stress management or anger management training according to the situation.

## Prevention

Identifying the affected individuals is highly important. People facing psychological violence mostly do not recognize it themselves because somehow, due to certain reasons, they get conditioned to assume that it is normal, and they go into a feeling of guilt thinking that they are unable to make the other offender happy. Suffering at this early level can be identified by a social worker, family doctor, school staff, co-workers and even the neighbors. Awareness should be given to the society so that they can identify such victims among their friends and families. Conferences, seminars and small awareness programs can be held at different places, like community centers and even the places of worship to give awareness to the children, women and the elderly to inform and guide them about their rights. It should be focused to deliver the message in a language which is comfortably understandable by that specific group.

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## **Elder Abuse**

**Palwinder Kaur**

Fleming College, Peterborough, ON.



### **What is elder abuse?**

Mistreatment of older adults refers to actions and/or behaviors, or lack of actions and/or behaviors that cause harm or risk of harm within a trusting relationship. Mistreatment includes abuse and neglect of older adults.

Generally, for specific purposes the age at which senior discounts start is usually 55. However, for many governments benefits you have to be at least 60 or 65 years of age in order to qualify. Most commonly for the purposes of government benefits, the age of qualification for senior's benefits is currently 65. If a person is older and at least 50 years of age and consider himself/herself a senior, then he is considered as a senior person.

### **General statistics**

The study revealed the prevalence for elder abuse in Canada for the last year was 7.5% (physical, sexual, psychological and financial abuse, emotional abuse, neglect) representing 695,248 older Canadians.

### **What is the most common type of elder abuse?**

- Physical abuse
- Sexual abuse
- Emotional Abuse
- Financial/material exploitation abuse
- Neglect Abuse

**Physical abuse:-** any kind of unexpected use of physically or trauma may result in physical pain, distress or death. Physical abuse against the elderly may be perpetrated by family members, friends, nursing home staff members, or other residents. Types of physical elder abuse may include: Bruising, Hitting, Kicking, punching, pushing/shoving, Restraining, scratching, slapping.

*Common risk factors for physical elder abuse:*

- Mental or physical illness

- Isolation
- Disabilities

*Signs of physical abuse:*

- Burns from appliances or cigarettes
- Bruises, especially around the arm
- Broken bones
- Dislocated joints
- Hair or tooth loss
- Sprains

*Physical Abuse Statistics*

- The most common perpetrator amongst physical abusers was a spouse/exposure (34% of physical abuse incidents), followed by a child or grandchild (27.3%), a friend (12%), a service provider (7%), someone at work (7%), a sibling (4%), a neighbor or acquaintance (4%), and lastly, a stranger (3%).
- A larger percent of men (57%) abused than women (43%)
- A slight majority of abusers (55.3%) did not live with the victim while 47.5% did
- The perpetrator had a fairly high rate of mental health problems, over 25 percent (26.5%) and to a lesser degree a drinking problem (15%).

**Sexual Abuse:** Without his/her consent sexual contact with an elderly person is elder sexual person. The sexual acts may be unwelcomed or done to an elder who is unable to legally consent- often due to mental disorders such as dementia or Alzheimer's disease.

*Sexual elder abuse may include:*

- **Sexual assault:** Unwanted touching or other sexual activities with an elder
- **Unwelcome advances:** Sexual harassment and unwanted verbal sexual advances
- **Sexual activity without consent:** Any sexual contact with an elder who has been ruled unable to grant informed consent, who is not conscious, or who did not expressly consent to sexual activity.

*Sexual Abuse Statistics*

- The most frequently reported person to sexually abuse was a friend (50%), followed by a spouse/ex-spouse (19%), someone at work (11%), a service provider (9%), a stranger (7%) and a neighbour/acquaintance (2%);
- The majority of sexual abusers were not family members;
- The gender of the sexual abuser was largely male (87.7%);
- Only 3.1 percent of sexual abusers lived with the victim;
- A fair percent of sexual abusers had a mental health problem (17.9%) or alcohol problem (20.9%)

**Emotional abuse:** Psychological or emotional elder abuse refers to attempts to intimidate, demean, or belittle an older person.

*Emotional elder abuse may include:*

- **Verbal abuse:** Shouting, cursing at, insulting, or bullying an older person
- **Threats:** Threatening to mistreat an elder, to withhold important support or services, etc.
- **Isolation:** Cutting an elder off from their friends, family, and social networks
- **Limiting choices:** Robbing an elder of their independence by limiting their freedom to choose everyday activities

***Financial/material exploitation abuse:*** Forcing the elderly person to sign a will, deed, or power of attorney listing the perpetrator as the one who is responsible for the elderly person or who will gain when the individual dies. Stealing the property or money from the elderly person.

Here are various risk factors that would put an elderly person at higher chance of experiencing financial abuse.

***Characteristics of elderly people who are likely to be financial abused include:***

- They may be lonely
- They may be isolated
- They may have mental or physical disabilities
- They may have lost someone recently
- They may be unfamiliar with matters dealing with money
- They may have relatives that are not employed but who have problems with substance abuse

***Financial Abuse Statistics***

- Out of all instances of financial abuse, the most common financial abuser was an adult child or grandchild (37%), followed by a spouse (22%), siblings (15%), a stranger (10%), friends (8%), service provider (4%) and neighbors (3%);
- Over half of abusers were males (58.1%) and over a quarter were money and property managers (26.3%);
- Almost a quarter of the financial abusers lived with the victim (23.4%);
- Mental health problems were prominent among the abusers (28.8%) as were alcohol problems (25.9%) and to a lesser extent, gambling problems (9.2%).

***Neglect Abuse: Failure*** to fulfill a caretaking obligation. This constitutes more than half of all reported cases of elder abuse. It can be intentional or unintentional, based on factors such as ignorance or denial that an elderly charge needs as much care as they do.

***Elder neglect or self-neglect warning signs:***

- Unusual weight loss, malnutrition, dehydration
- Untreated physical problems, such as bed sores
- Unsanitary living conditions: dirt, bugs, soiled bedding and clothes
- Being left dirty or unbathed
- Unsuitable clothing or covering for the weather
- Unsafe living conditions (no heat or running water; faulty electrical wiring; other fire hazards)

- Desertion of the elder at a public place

### *Neglect Statistics*

- In instances of neglect, the most common perpetrator was a spouse/ex-spouse (31%), followed by a child or grandchild (27%), a neighbor or acquaintance (14%), a friend (11%), a caregiver (9%), a sibling (5%), and lastly, a service provider (3%);
- A woman (51.5%) was just as likely to neglect as a man (48.5%);
- A larger percentage of those who were neglectful, lived with the victim (45.4%);
- The perpetrator had a fairly low rate of mental health problems (15.8%) and to a lesser degree a drinking problem (11.7%).

### **Management of Elder Abuse**

- Identifying elders who are being abused
- Treatment for physical and psychological abuse
- Providing Counselling and Support
- Safety and if needed to be moved to safe place

### **Prevention**

#### *How to Help Prevent Elder Abuse*

Whether your elderly loved one resides at home or in a long-term care facility, simple actions — like encouraging social interaction and frequently checking in — can go a long way in keeping them safe.

#### *Preventing Elder Abuse at Home*

Elder abuse at home may occur for a variety of reasons, but it becomes even more likely if the elder's caregiver is stressed, overworked, or untrustworthy.

#### **Loved ones may help prevent elder abuse in the home by:**

#### *Keeping Elders Engaged in Their Communities*

Seniors with strong friendships and community involvement are less likely to be isolated or lonely — traits that increase an elder's risk of being taken advantage of.

#### *Supporting Primary Caregivers*

When multiple trusted adults share caregiving duties or provide emotional, financial, and other forms of support, it can greatly lower the stress of caring for an elderly loved one.

#### *Keeping Elders Active*

Elderly people in poor physical health are more vulnerable to being taken advantage of. In addition, increased dependence may lead to more caretaker stress and burnout, raising the risk of elder abuse. Physically active seniors reduce their loss of mobility and increase overall health.

### *Protecting Elders from High-Risk Caregivers*

The family of an elder should refuse caregiving duties to people with a history of abuse or violence. All caregivers should be in good psychological, emotional, and financial condition.

### *Considering Financial Abuse*

Anyone looking after the well-being of an older adult should be cautious of caregivers or friends who need financial help. Elders should also be told to be wary of phone, internet, and email solicitations.

### *Finding Community Resources*

Community resources for the elderly and their loved ones can provide family caretakers with financial and emotional support, caregiving education, and breaks for personal time, reducing stress.

### *Preventing Elder Abuse in Nursing Homes*

Those with loved ones in nursing homes may not be able to watch over for an elder as closely as family caregivers, but they can still take steps to prevent abuse in nursing homes.

### **Loved ones may help prevent elder abuse in a nursing home by:**

- Being aware of the different types and signs of elder abuse
- Calling their loved one regularly
- Immediately bringing concerns about an elder's care to staff or other authorities
- Thoroughly researching a potential nursing home and checking for red flags
- Visiting regularly

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# **STRESS & MANAGING STRESS**

**Palwinder Kaur**

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## **Introduction**

Nowadays, chronic stress is common. Stress is the body's response to any change that requires alteration or reaction. The body responds to these progressions with physical, mental, and passionate reactions. Stress is a typical piece of life. We can experience stress from our around, atmosphere, our body, and our thoughts.

## **What is stress?**

Stress is a normal reaction the body has when changes occur; it is the body's way of responding to any kinds of demand or threat. It can respond to these changes physically, mentally, or emotionally.

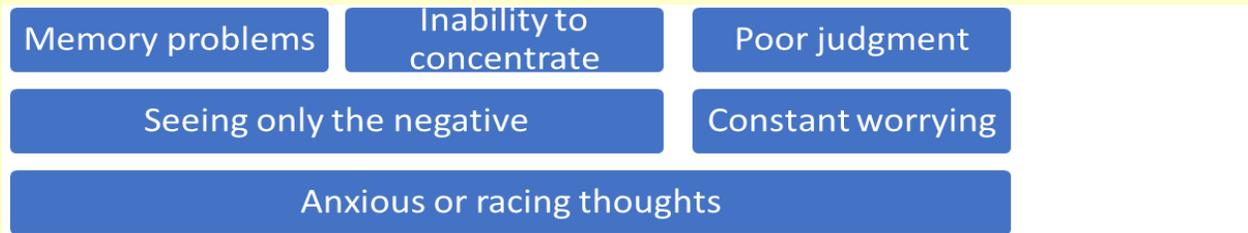
## **Somatic Signs**

- Dizziness or a general feeling of "being out of it."
- General aches and pains.
- Grinding teeth, clenched jaw.
- Headaches.
- Indigestion or acid reflux symptoms.
- Increase in or loss of appetite.
- Muscle tension in neck, face or shoulders.
- Problems sleeping.
- Racing heart.
- Cold and sweaty palms.
- Tiredness, exhaustion.
- Trembling/shaking.
- Weight gain or loss.
- Upset stomach, diarrhea.
- Sexual difficulties.
- Insomnia
- High blood Pressure
- Neck and Back Pain
- Irritability
- Fatigue
- Menstrual Irregularities
- Tearfulness

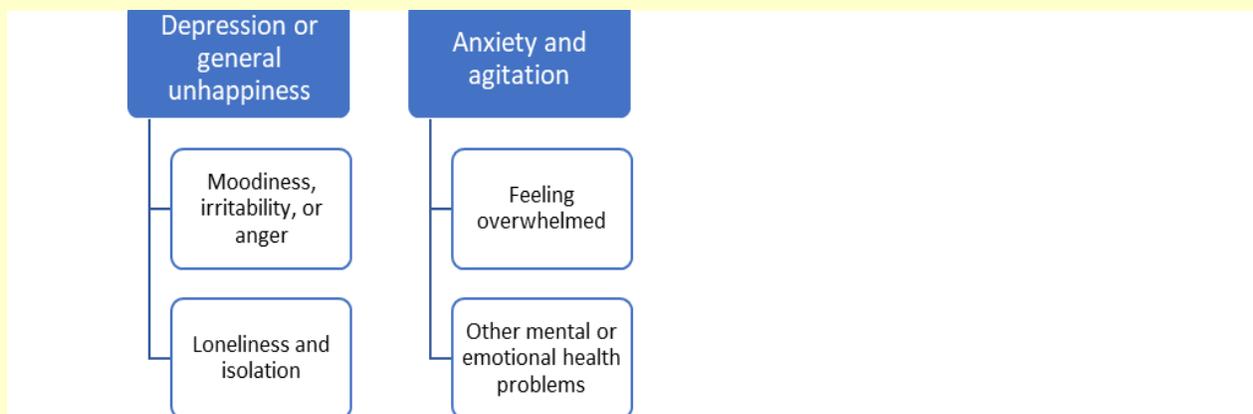
## **Symptoms**

There are some symptoms of stress such as Cognitive Symptoms, Emotional symptoms, Physical symptoms, Behavioral symptoms.

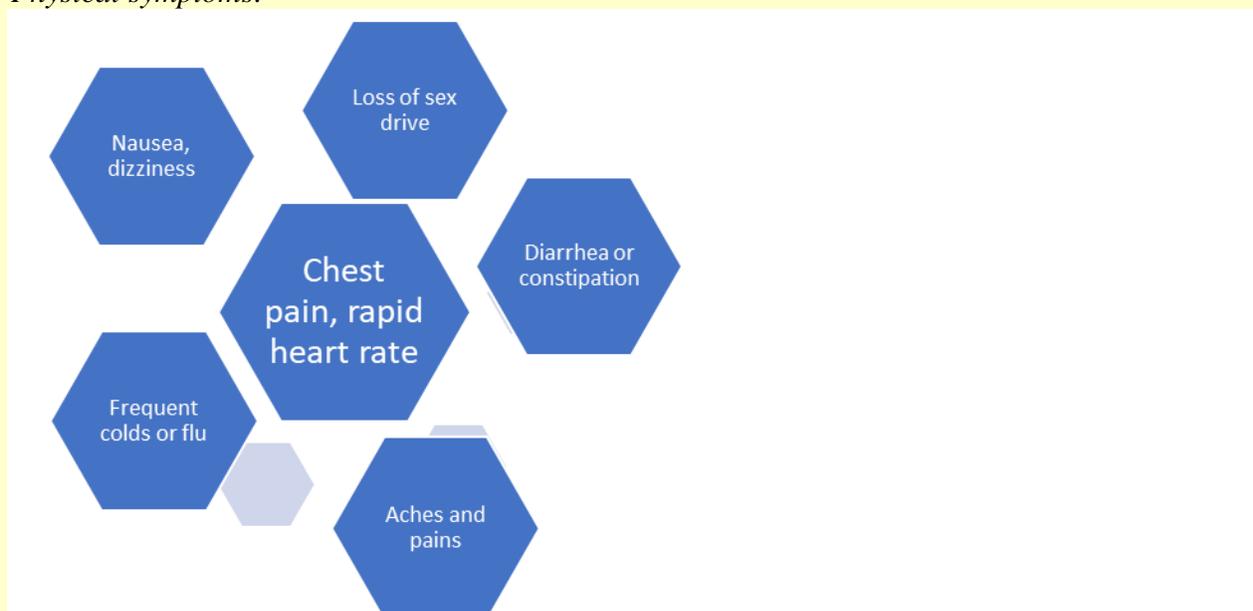
*Cognitive symptoms:*



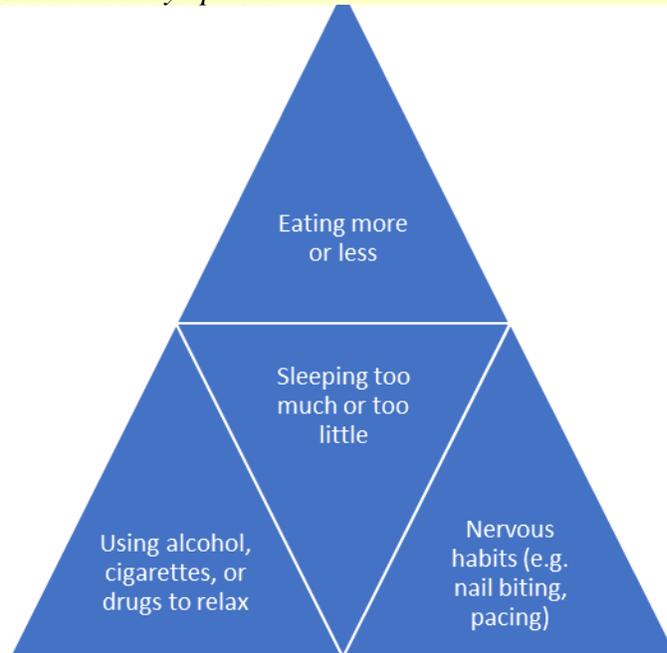
*Emotional symptoms:*



*Physical symptoms:*



### *Behavioral symptoms:*



### **Causes of Stress**

Causes of stress can be external causes and/or internal causes.

In external causes of stress are major life changes, work or school load, Relationship difficulties, financial problems, being too much busy, children and family.

In internal causes are pessimism, inability to accept uncertainly, Rigid thinking, lack of flexibility, negative self-talk, unrealistic expectations/perfectionism, all-or-nothing attitude.

Job loss and unemployment is also biggest issue of stress as it leads to deprivation of basic needs of survival. Physical and Mental Health issues are caused and exacerbated by stress. Mental health issues could include depression, anxiety and personality disorders.

### **Management of Stress**

People can learn to manage stress and lead happier, healthier lives.

Exercise regularly. Your body can fight stress better when it is fit.

- Eat healthy, well-balanced meals.
- Learn to manage your time more effectively.
- Set limits appropriately and learn to say no to requests that would create excessive stress in your life.
- Spend your time on your hobbies, interests, and relaxation to reduce your stress.
- Get enough rest and sleep. Your body needs time to recover from stressful events.

- Seek out social support. Spend enough time with those you enjoy.
- Breathing Exercises
- Aromatherapy
- Doing some mindfulness activity
- Meditation
- Listen to music if you have any stress
- Always practice Gratitude it encourages you follow positive aspects of life. Thankful feeling help person to positive values related to life.
- Always remember your past success which helps you keep your mind on right track or without any stress
- Avoid unhealthy habits like alcohol, drugs, cigarette or compulsive behaviors to reduce stress.
- If you have any problems but did not share with anyone, we need to be talk it out. Share your problem with that person with whom you feel comfortable or you feel they can help you.
- If you are struggling with time management then you can break down your further tasks which helps to get rid from you stress.

### Prevention

- Keep a positive attitude
- Accept that up and down happen in our life which we cannot control
- Doing some regular exercises
- Meditation, yoga
- Eat Healthy
- Sleep properly

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# SPECIFIC LEARNING DISORDER OR LEARNING

## DISABILITY

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Learning disabilities are disorders that affect one's ability in the domains of spoken or written language, mathematical calculation, attention, or the coordination of movements. They can occur in young children but are usually not recognized until a child reaches school age. An estimated 8 to 10 percent of U.S. children have some type of learning disability. Learning disabilities can be lifelong conditions that can affect one's experience at school or work or in social situations. Multiple learning disabilities overlap in some people.

### **Some specific categories of learning disabilities include:**

*Dyslexia*, which causes difficulties with word recognition, spelling, and comprehension

*Dysgraphia*, which results in impaired handwriting, impaired spelling, or both

*Dyscalculia*, which affects the ability to learn arithmetic and mathematics

*Nonverbal Learning Disorder*, marked by trouble receiving and interpreting nonverbal forms of communication such as body language and facial expressions

*Apraxia of speech*, which involves difficulty saying what one intends to say

*Central Auditory Processing Disorder*, which involves difficulty with recognizing and interpreting sounds.

Information-processing disorders are learning disorders related to the ability to use sensory information (obtained through seeing, hearing, tasting, smelling, or touching). These problems are not related to an inability to see or hear, but rather the recognition of, response to, and memory of such information. Language-related learning disabilities are problems that interfere with age-appropriate communication, including speaking, listening, reading, spelling, and writing. According to the DSM-5, 5 to 15 percent of school-age children across different cultures are affected by a learning disorder limiting them in reading, writing, or mathematics.

### **Symptoms**

According to the DSM-5, Specific Learning Disorder is characterized by one or more difficulties in learning and using academic skills. The difficulty lasts at least six months despite interventions aimed at addressing it and can include difficulty with:

- Reading (The individual may read inaccurately or slowly and with effort.)
- Understanding the meaning of what is read
- Spelling
- Written expression

- Understanding numbers or calculation
- Mathematical reasoning

For diagnosis of a Specific Learning Disorder, the affected skills must be markedly and measurably below what is expected for the individual's age, and the difficulty must significantly interfere with performance or daily activities. The difficulty begins during school years, though it may not become fully apparent until the demands on the affected skills exceed the individual's capacity, such as in timed tests. The difficulties must not be better explained by intellectual disabilities—those with learning disabilities often have average or above-average intelligence—and are also not accounted for by other disorders, uncorrected vision or hearing, psychosocial adversity, or inadequate instruction or knowledge of the language used to teach. Symptoms can range from mild—involving difficulty in one or two domains that is responsive to accommodations or support—to severe, where an individual is unlikely to learn the affected skills without intensive, individualized teaching.

### **Treatment**

Learning disabilities are most addressed with special education. Educators may assess both a child's academic performance and potential and then teach learning skills by expanding a child's existing abilities and correcting or compensating for disabilities. Free access to special education for children with disabilities is required in U.S. public schools under the Individuals with Disabilities Education Act (IDEA). Treatment may also involve the services of therapists who specialize domains, such as speech and language. In some cases, medications may be used to increase a child's ability to focus. The specific details of interventions for learning disabilities differ based on the type of disability and its severity, but can include specialized, intensive teaching methods and the use of audio recorders, audiobooks, word-processing programs, and other forms of technology to help compensate for a disability during learning.

### **Prevention**

To prevent learning disabilities, look for poor nutrition, allergies to food, toxic chemicals, and heavy metals. A lack of sleep and physical exercise are additional factors that may interfere with brain and central nervous system development. And, more importantly, when these harmful factors are removed, the brain returns to normal development and function. These simple acts alone would benefit 98% of children diagnosed with learning disabilities. Removing harmful irritants and other sources of trauma from the child's environment first requires a commitment on the part of parents or primary caretakers to identify and eliminate them. Once the commitment is made, a short learning curve is required while the parent or primary caretaker becomes familiar with what to look for, and what to do if it is found. Researchers report that, in some instances, suggested methods have shown results in only a few days.

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## **Mental Health Issues, Anger and Violence**

**Samunder Sandhu**

Fleming College

Anger is a natural, instinctive response to threats. Some anger is necessary for our survival. Anger becomes a problem when you have trouble controlling it, causing you to say or do things you regret.

### **What causes anger issues?**

Many things can trigger anger, including stress, family problems, and financial issues. For some people, anger is caused by an underlying disorder, such as alcoholism or depression. Anger itself isn't considered a disorder, but anger can also be a symptom of some mental health conditions. When anger is a part of mental health issues, counselling, therapy and treatment for their mental health issues are very important and will help them greatly in managing their anger issues.

**The following are some of the mental health issues which can cause anger issues.**

### ***Depression***

Anger can be a symptom of depression, which is characterized as ongoing feelings of sadness and loss of interest lasting at least two weeks. Anger can be suppressed or overtly expressed. The intensity of the anger and how it's expressed varies from person to person. If you have depression, you may experience other symptoms including, irritability, loss of energy, feelings of hopelessness, thoughts of self-harm or suicide

Anger disorders describe pathologically aggressive, violent or self-destructive behaviors symptomatic of and driven by an underlying and chronically repressed anger or rage. Anger disorders result primarily from the long-term mismanagement of anger, a process in which normal, existential anger grows insidiously over time into resentment, bitterness, hatred and destructive rage. Anger disorders may also be caused or exacerbated by neurological impairment and substance abuse, both of which can inhibit one's ability to resist aggressive, angry or violent impulses

But, for the most part, anger disorders cannot be blamed on bad neurology, genes or biochemistry. They arise from a failure to recognize and consciously address anger as it arises, before it becomes pathological and dangerous, starting in childhood. Who is to blame for this failure? We are. To the extent our society condemns and denigrates the affect of anger as negative, worthless or evil, ignoring and denying its positive potentialities, we are partly responsible for the subsequent carnage. To the extent that mental health professionals continue to avoid confronting anger head on in our patients, choosing instead to try to drug, behaviorally modify or cognitively rationalize anger away, we clinicians too are compounding the problem

The most commonly used psychiatric diagnoses for aggressive, angry or violent behavior are Oppositional Defiant Disorder, Attention-Deficit/Hyperactivity Disorder and Conduct Disorder (in children and adolescents), Psychotic Disorders including Schizophrenia, Bipolar Disorder, Antisocial, Borderline, Paranoid and Narcissistic Personality Disorder, Adjustment Disorder with Disturbance of Conduct, and Intermittent Explosive Disorder. This latter diagnosis is an impulse control disorder characterized by repeated "failure to resist aggressive impulses that result in serious assaultive acts or destruction of property." Of all the DSM-IV-TR diagnoses, this one comes closest to accurately describing the escalating explosions of violence we are witnessing today. It is a classic anger disorder. Some of the psychiatric diagnoses for aggressive behaviors are described below:

**Antisocial Personality Disorder:** This personality disorder characterized by a long-term pattern of disregard for, or violation of, the rights of others.

**Borderline Personality Disorder:** It is also known as emotionally unstable personality disorder (EUPD), is a mental illness characterized by a long-term pattern of unstable relationships, a distorted sense of self, and strong emotional reactions.

**Paranoid Personality Disorder:** Paranoid personality disorder (PPD) is one of a group of conditions called eccentric personality disorders. People with PPD suffer from paranoia, an unrelenting mistrust and suspicion of others, even when there is no reason to be suspicious

**Narcissistic Personality Disorder:** is a mental condition in which people have an inflated sense of their own importance, a deep need for excessive attention and admiration, troubled relationships, and a lack of empathy for others

**Adjustment Disorder with Disturbance of Conduct:** Symptoms of this type of adjustment disorder mainly involve behavioral issues like driving recklessly or starting fights. Teens with this disorder may steal or vandalize property. They might also start missing school

**Intermittent Explosive Disorder:** Intermittent explosive disorder (IED) is an impulse-control disorder characterized by sudden episodes of unwarranted anger. The disorder is typified by hostility, impulsivity, and recurrent aggressive outbursts. People with IED essentially “explode” into a rage despite a lack of apparent provocation or reason.

**Oppositional Defiant Disorder:** Oppositional defiant disorder (ODD) is a type of behavior disorder. It is mostly diagnosed in childhood. Children with ODD are uncooperative, defiant, and hostile toward peers, parents, teachers, and other authority figures. They are more troubling to others than they are to themselves.

**Attention-Deficit/Hyperactivity Disorder (ADHD) and Conduct Disorder (in children and adolescents),** Attention deficit hyperactivity disorder (ADHD) is a mental disorder of the neurodevelopmental type. It is characterized by difficulty paying attention, excessive activity and acting without regards to consequences, which are otherwise not appropriate for a person's age

**Schizophrenia:** Schizophrenia is a serious mental disorder in which people interpret reality abnormally. Schizophrenia may result in some combination of hallucinations, delusions, and extremely disordered thinking and behavior that impairs daily functioning, and can be disabling. People with schizophrenia require lifelong treatment

**Bipolar Disorder:** Bipolar disorder, also known as manic depression, is a mental illness that brings severe high and low moods and changes in sleep, energy, thinking, and behavior

In society today, mental illness and violence are often seen as inextricably linked, creating a harsh stigma for patients and, at times, an uncomfortable environment for psychiatrists. The perception carries serious consequences for psychiatric patients in the form of further discrimination and a sense of isolation from society. Violence has become of increasing concern in the practice of psychiatry. A large number of aggressive patients present to emergency departments,<sup>1</sup> and psychiatrists are often called on to assess and treat violent patients. Thousands of assaults occur in American hospitals each year, including psychiatric units and emergency rooms, resulting in the labeling of such workplaces by some as occupationally hazardous.<sup>2</sup> The literature suggests that psychiatrists have a 5- to 48-percent chance of experiencing a physical assault by a patient during their career,<sup>3</sup> and that 40 to 50 percent of psychiatry residents will be physically attacked by a patient during their four-year training program.<sup>4</sup> This type of patient implies specific challenges for the diagnosis and treatment of psychiatric disorders and their violent presentations, as the mental health provider is asked to identify potentially dangerous individuals and to intervene to reduce risk.

### **Management of Anger**

When anger is a part of mental health issues, those individuals will also need counselling, therapy and treatment for their mental health issues also which will also help them greatly in managing their anger issues.

For the management of anger, we need to do some thing which help you to relax your mind. For example; exercise, yoga, listen music, do some out door activities, spend time with loved ones or we can also take counselling and also we can do some volunteering.

## Prevention

Prevention in mental health aims to reduce the incidence, prevalence, and recurrence of mental health disorders and their associated disability. Preventive interventions are based on modifying risk exposure and strengthening the coping mechanisms of the individual.

For prevention of mental health issues there are numbers of things which we can do for example, provide proper care to children and provide good environment. With this we can do some exercises to keep our-self away from stress because stress led to mental health issues.

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## MAINTAINING GOOD FAMILY RELATIONSHIPS

**Simranpreet Kaur**

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Having a strong and supportive family unit is an essential part of human development. Even animals value the benefits they get from a family type atmosphere. Humans, especially, need to maintain good family relationships to enhance their emotional growth. Typically, the family relationship is viewed as the nuclear family.

The immediate biologically related members of a family are the mother, the father, and the children. The conventional family unit can extend to relatives, with some families obviously building stronger, deeper ties than others. Regardless of the depth of the family relationship, here are four reasons why it is important to foster these relationships.

Almost everyone can associate family with the concept of role models and with the development of a moral compass. Children begin to watch what adults do from a very early age. Watching and

observing the people that become part of their world, establishes their sense of right and wrong. As children grow older, the number of people whose behavior they witness also grows.

A strong set of family values, built on any number of family relationships, can provide children with a firm foundation and a good sense of moral character. Establishing these values can become even more important for single mothers, who should follow a sound moral compass. As adults mature, their sense of morality usually grows likewise.

### **Personal Well-Being and Emotional Growth**

Family members contribute to each other's emotional well-being. When the world turns harsh, many people realize the love and understanding of their family is the most important thing in the world. Many theories place a great deal of emphasis on the standard two parent and child family structure, but there have been numerous studies that seem to indicate it isn't always about the formality of structure.

Developing a sense of personal self-worth and positive emotional growth is critical for children, as well as adults. However, this growth can come from a number of the attributes associated with all types of family structures. The primary premise is that having a family relationship, even if it is with a secondary group of people viewed as family, is essential to human emotional growth.

### **Responsibility**

The core of the family unit has several inherent responsibilities. As each member of the family takes care of their individual duties, the family benefits from it and it gets stronger. A strong family structure teaches the importance of responsibility and fulfilling obligations and duties which benefits everyone.

Children keenly watch how adult members of the family unit meet their responsibilities. Molding a family relationship structure that has a foundation in upholding commitments helps to build a responsible person. People continue to develop a good sense of being responsible all through their life, but the foundation can only be laid within the family unit.

### **Empathy and Compassion**

One of the most difficult things that people try to overcome is a sense of emotional empathy for others. Families make for an excellent environment for developing the all-important personality trait of emotional intimacy. When children and adults are exposed to an empathetic and compassionate family atmosphere, they learn to foster emotions that are more intimate.

When there are strong and intimate family ties, the fear of emotional intimacy is reduced, or eliminated altogether. An open, healthy family setting helps to reduce any inherent fear of emotional intimacy. Humans learn their emotions from their family environment. Children can develop a true sense of emotional empathy by observing others in their family. When it comes to learning to be compassionate about others, the roots of empathy start at the family level.

## **Why Are Family Relations Important?**

Maintaining healthy family relationships is important in making every family member feel safe, protected and loved, which is vital in influencing well-being. Strong relationships help to enhance family trust and unity. In any society, the family is an important unit and plays a crucial role in instilling values and teaching responsibilities. Children who grow up in healthy families can create better relationships outside their families. Good relationships also help in solving misunderstandings in the family, thus creating a stable unity. Healthy relationships help family members to have good communication and positive connection within the family. Creating time for family and supporting each other helps in creating strong family relationships.

**Family Conflicts – spouse, children, parents:** Some Reasons for family Conflicts Every family has disagreements, which keeps the communication channel open. However, the handling of those conflicts will result in either win/win outcomes or destructive situations. Here is a list of some of those situations which create family conflicts.

**Poor communication skills-** It seems easier to speak out of turn in order to be heard or to defend ourselves. Yet, if each one would take time to listen, interpret, ask for explanation, and reflect many more families would be intact, rather than members being estranged from each other. Marriages would not fall into the slough of decadence resulting in so many divorces. It takes time to listen as was alluded to by James in his statement. One must be humble and submissive to give way, and to understand the other person.

**Lack of family time:** From the time the couple makes the decision to marry, there is talk of family and how that family will be raised. By family I mean the addition of children. Every family has a set of rules or values which are principles which govern their way of life. They display those principles in their morals and the ethics used to direct the language they use, their religious beliefs, the places they go, the people they interact with, and much more. If those morals are ignored this will result in severe costs. According to Proverbs 14:34 “Righteousness exalts a nation: but sin is a reproach to any people.” An ungodly family can expect nothing else but destruction in a variety of ways. In some situation the result becomes a generational curse. If you fail to uphold godliness in your life as a parent, spouse, or adult you are setting yourself.

### **Lack of respect:**

1. Parent/parent: parents have the responsibility to set the right examples before their children. This includes having respect for each other so that the children can emulate their behaviours.
2. Parent/child: when there is a breakdown of respect between parents, this will result in disrespect from the children to the parent/s. If the parent used foul language to communicate effectively with each other, the children will certainly echo back what they have heard. Children need respect from their parents in order to return that respect.

In addition, they generate a high degree of discomfort, because the person is not only affected by his pain, but by the damage that can feel the other person, for which he feels a deep appreciation

## **Child Discipline**

While mutual agreement about child discipline is crucial, the lack of consensus opens up another potential area for family conflict. If one parent acts as the “disciplinarian,” the other parent typically becomes the “consoler” to whom the children turn -- this often pits one parent against the other.

## **In-Laws and Extended Family**

Jokes and movies abound regarding conflict with in-laws (especially mothers-in-law); however, when you become involved in disagreements with your in-laws or extended family, it is no laughing matter. While it is preferable to respect your elders--parents and grandparents on both sides equally--this can prove to be challenging. If relatives routinely interfere in your family’s decisions and lifestyle, conflict frequently results.

## **Resolving Family Conflicts and Happy and Peaceful Family- Tips**

- Be hard on the problem, not the people.
- Understand that acknowledging and listening are not the same as obeying.
- Use “I” statements.
- Give the benefit of the doubt.
- Have awkward conversations in real time.
- Keep the conversation going. Life is a dialogue.
- Ask yourself “Would I rather be happy, or right?”
- Be easy to talk to.

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## **IMPLICATIONS OF CANNABIS**

**Simardeep Kaur**

Sheridan college

### **What is Cannabis?**

*Cannabis sativa*, also known as hemp, is a species of the *Cannabaceae* family of plants. Cannabis contains the chemical compound THC (delta-9 tetrahydrocannabinol), which is believed to be responsible for most of the characteristic psychoactive effects of cannabis that leads to the "high" that is experienced when cannabis is consumed. However, not all components of cannabis.

### **Effects of Cannabis**

The effects experienced by the cannabis (marijuana) user are variable and will depend upon the dose, method of administration, prior experience, any concurrent drug use, personal expectations, mood state and the social environment in which the drug is used.

#### ***Effects of cannabis (marijuana) include:***

- an altered state of consciousness. The user may feel "high", very happy, euphoric, relaxed, sociable and uninhibited.
- distorted perceptions of time and space. The user may feel more sensitive to things around them and may also experience a more vivid sense of taste, sight, smell and hearing.
- increased pulse and heart rate, bloodshot eyes, dilated pupils, and often increased appetite ("the munchies").
- impaired coordination and concentration, making activities such as driving a car or operating machinery difficult and dangerous.
- negative experiences, such as anxiousness, panic, self-consciousness and paranoid thoughts.

### **Cannabis Activation Time**

The effects of inhaled cannabis are felt within minutes, reach their peak in 10 to 30 minutes, and may linger for two or three hours. However, edible cannabis, which may contain higher amount of THC, can take a longer period to reach full effect as it must be absorbed from the gastrointestinal tract. The effect of edible cannabis can last up to 12 hours.

THC is highly lipid soluble and can be stored in fat cells possibly for several months. Stored THC is released very slowly, and unevenly, back into the bloodstream.

## Safety of Cannabis

Consumption of marijuana leads to a psychoactive drug effect. Do not drive, operate machinery, or perform other hazardous activities while using cannabis (marijuana). It may cause dizziness, drowsiness, and impaired judgment. States that have legalized marijuana for recreational or medical consumption have laws in place that make it illegal to drive under the influence of marijuana; review each states law carefully.

- Do not drink alcohol while using cannabis. Alcohol will increase dizziness, drowsiness, and impaired judgment.
- Cannabis may increase the effects of other drugs that cause drowsiness, including antidepressants, alcohol, antihistamines, sedatives (used to treat insomnia), pain relievers, anxiety medicines, seizure medicines, and muscle relaxants, among others.
- Cannabis is still considered a federal Schedule 1 drug under the U.S. Controlled Substances Act.

## Two main ingredients in Cannabis – THC, CBD (Cannabidiol)

### Medical uses

While cannabis (marijuana) remains a federal DEA Schedule 1 controlled substance, research has resulted in development and marketing of medications which are synthetic prescription cannabinoid products.

- Marinol (dronabinol) is used for the control of nausea and vomiting caused by chemotherapeutic agents used in the treatment of cancer and to stimulate appetite in AIDS patients.
- Cesamet (nabilone) is used for the control of nausea and vomiting caused by chemotherapeutic agents used in the treatment of cancer.

### *Medical Cannabis (Medical Marijuana)*

The most common uses for medical cannabis include for severe or long-term pain, nausea and vomiting due to chemotherapy (cancer treatments), and painful muscle spasms. However, there are several medical conditions for which patients can use medical marijuana, which can vary by state law:

- Amyotrophic lateral sclerosis
- Cancer
- Glaucoma
- HIV/AIDS
- Huntington's disease
- Inflammatory bowel disease
- Multiple sclerosis
- Muscle spasms



- Neuropathy
- Parkinson's disease
- Post-Traumatic Stress Disorder (PTSD)
- Seizures (epilepsy)
- Severe pain (and if an alternative to opioid use)
- Severe nausea
- Spinal cord injury with spasticity
- Cachexia or dramatic weight loss and muscle atrophy (wasting syndrome)

Medical marijuana comes in various forms for use, including oil, tablet or capsule, liquid that can be vaporized, nasal spray, and the traditional dried leaves and buds they can be smoked or taken as edibles.

### **Cannabis Abuse Side Effects**

*Long term effects of heavy use can include:*

- irritation to the lungs, risk of developing chronic bronchitis and an increased risk of developing cancer of the respiratory tract (more likely to do with smoking).
- exacerbation of pre-existing cardiovascular disease, as cannabis use significantly raises the heart rate.
- decreased concentration levels reduced short-term memory and difficulties with thinking and learning (resolved if cannabis use stops).
- decreased sex drive in some people. Chronic use can lower sperm count in males and lead to irregular periods in females (resolved if cannabis use stops).
- dependence on cannabis -- compulsive need to use the drug, coupled with problems associated with chronic drug use
- cannabinoid hyperemesis syndrome

### **What is Cannabinoid Hyperemesis Syndrome?**

Long-term, heavy use of marijuana (THC) can lead to a condition called cannabinoid hyperemesis syndrome (CHS). In this syndrome, persistent nausea, vomiting, and stomach pain can occur in people who have previously smoked marijuana long-term (six months or more). Dehydration, electrolyte disturbance, and acute kidney failure can occur. Not all heavy users of cannabis will develop this condition. Researchers think it is much more common in the U.S. than previously thought, especially with continued legalization of recreational marijuana.

The cause of the persistent vomiting is not known but may involve alterations in central neurotransmitters and interactions with cannabidiol receptors also found in the stomach. CHS is considered a **paradoxical effect**, because use of cannabinoids typically decreases nausea and vomiting.

The only known cure is to stop using cannabis completely. Extremely hot showers and topical capsaicin cream have been found to relieve symptoms of CHS, but exactly why this occurs is not known. Anti-nausea medications are not usually effective for CHS. Stopping the use of

marijuana completely will usually relieve symptoms within days or weeks, but it is not known if marijuana consumption can be resumed.

Researchers have reported that they are working on treatments for CHS, as well as new medical marijuana products that do not cause CHS.

### **Risks and Preventative Measures**

Do not drive, operate machinery, or perform other hazardous activities while using cannabis. Cannabis may cause dizziness, drowsiness, and impaired judgment. It is illegal to be under the influence of marijuana and drive.

Avoid alcohol while using cannabis. Alcohol will increase dizziness, drowsiness, and impaired judgment.

Cannabis may increase the effects of other drugs that cause drowsiness, including antidepressants, alcohol, antihistamines, sedatives (used to treat insomnia), pain relievers, anxiety medicines, seizure medicines, and muscle relaxants.

**Do not** use cannabis if you are pregnant or could become pregnant. There is some evidence that women who smoke cannabis during the time of conception or while pregnant may increase the risk of their child being born with birth defects. Pregnant women who continue to smoke cannabis are probably at greater risk of giving birth to low birthweight babies.

**Do not** use cannabis if you are breast-feeding a baby.

Do not leave prescription THC medications (dronabinol, nabilone), marijuana, hash oil, or cannabis-infused edibles any place where children, pets, or anyone else may unknowingly consume the product. Serious side effects can occur. States laws exist that require certain amounts to be placed in a locked and secure container or area.

### **What Happens if I Overdose?**

- Symptoms of overdose include fatigue, lack of coordination, panic attack, paranoia and psychosis.
- Seek emergency medical attention (call 911, have someone drive to the emergency room) if needed. For example, a panic attack, difficulty breathing, chest pain, or psychiatric symptoms may require emergency treatment.
- Edibles (e.g., chocolate bars, gunny bears, cookies) may contain higher concentrations of THC and can be linked with more severe, unpleasant psychoactive side effects. Edibles can take a longer time for their effect, may be more potent, and determining a correct dose can be difficult.

### **Poly Substance Use with Cannabis?**

Cannabis may increase the effects of other drugs that cause drowsiness, including:

- antidepressants
- alcohol
- antihistamines
- sedatives (used to treat insomnia)
- pain relievers
- anxiety medicines
- seizure medicines
- muscle relaxants.

## References

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## **HOARDING DISORDER**

**Shibleen Kaur**  
Sheridan College

### **Introduction**

Hoarding disorder is a persistent difficulty discarding or parting with possessions because of a perceived need to save them. A person with hoarding disorder experiences distress at the thought of getting rid of the items. Excessive accumulation of items, regardless of actual value, occurs. Hoarding often creates such cramped living conditions that homes may be filled to capacity, with only narrow pathways winding through stacks of clutter. Countertops, sinks, stoves, desks, stairways and virtually all other surfaces are usually piled with stuff. And when there's no more room inside, the clutter may spread to the garage, vehicles, yard and other storage facilities. Hoarding ranges from mild to severe. In some cases, hoarding may not have much impact on your life, while in other cases it seriously affects your functioning on a daily basis. People with hoarding disorder may not see it as a problem, making treatment challenging. But intensive treatment can help people with hoarding disorder understand how their beliefs and behaviors can be changed so that they can live safer, more enjoyable lives.

### **Statistics**

- Hoarding occurs in 2-5% of the population (Samuels, 2008), generally in individuals in their 50's.

- Hoarding occurs in 2-6% of children and adults during their lifetime, with the average age of onset in late childhood and early adolescence.
- In individuals with HD, approximately 70% also have Major Depressive Disorder (MDD); 25% have Generalized Anxiety Disorder (GAD), about 30% have social anxiety or ADHD-inattentive type; and 20% have Obsessive Compulsive Disorder (OCD)
- There are no gender differences. There does not appear to be a gender difference in the prevalence of HD but there does appear to be differences with co-occurring problems

## **Causes**

The cause of hoarding disorder is unknown. Doctors have identified several risk factors associated with the condition. They include:

- Having a relative with the disorder
- Brain injury that triggers the need to save things
- Traumatic life event
- Mental disorders such as depression or obsessive-compulsive disorder
- Uncontrollable buying habits
- Inability to pass up free items such as coupons and flyers

## **Symptoms**

- Inability to throw away possessions
- Severe anxiety when attempting to discard items
- Great difficulty categorizing or organizing possessions
- Indecision about what to keep or where to put things
- Distress, such as feeling overwhelmed or embarrassed by possessions
- Suspicion of other people touching items
- Obsessive thoughts and actions: fear of running out of an item or of needing it in the future; checking the trash for accidentally discarded objects
- Functional impairments, including loss of living space, social isolation, family or marital discord, financial difficulties, health hazards

## **Diagnosis**

To help diagnose hoarding disorder, a mental health professional performs a psychological evaluation. In addition to questions about emotional well-being, client may be asked about a habit of acquiring and saving items, leading to a discussion of hoarding. Mental health professional may ask to client for permission to talk with relatives and friends. Pictures and videos of client's living spaces and storage areas affected by clutter are often helpful. For

diagnosis, professional may use the criteria for hoarding disorder listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published by the American Psychiatric Association.

### **Treatment**

*Often clinicians find the most benefit from using a combination of the types of treatment described below with their clients.*

**Cognitive Behavioral Therapy (CBT)** is a type of therapy that helps individuals to examine the way they think and behave and to change the thought processes or behaviors that may be problematic. The specific CBT elements involved in HD treatment include restricting acquiring, practicing sorting and discarding, and cognitive restructuring to challenge thoughts and beliefs about attachment to items.

**Motivational Interviewing (MI)** is a technique that seeks to increase the individual's motivation to make positive change(s) in their behavior. MI increases motivation by helping the individual connect their values and goals with their behaviors, and brainstorming ways to change behaviors that are not in line with their values and goals.

**Skills Training** for HD focuses on helping people learn (1) how to organize their belongings within their homes, (2) how to use problem solving methods to address common problems that arise in working on their clutter, and (3) how to make decisions about keeping needed items and removing unwanted objects that contribute to clutter.

**Medication** for HD works to change an individual's brain chemistry and activity. They can enable the individual be abler to engage in the treatment process, whether by improving their mood or by reducing their severe anxiety.

### **Risk Factors**

Hoarding usually starts around ages 11 to 15, and it tends to get worse with age. Hoarding is more common in older adults than in younger adults.

Risk factors include:

- **Personality.** Many people who have hoarding disorder have a temperament that includes indecisiveness.
- **Family history.** There is a strong association between having a family member who has hoarding disorder and having the disorder yourself.
- **Stressful life events.** Some people develop hoarding disorder after experiencing a stressful life event that they had difficulty coping with, such as the death of a loved one, divorce, eviction or losing possessions in a fire.

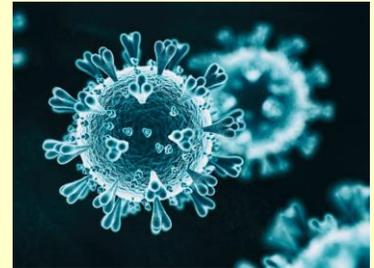
### **Prevention**

Because little is understood about what causes hoarding disorder, there's no known way to prevent it. However, as with many mental health conditions, getting treatment at the first sign of a problem may help prevent hoarding from getting worse.

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## CORONAVIRUS



**Rutvi Patel**

Fleming College

Corona viruses were first identified in the 1960s, but we don't know where they come from. They get their name from their crown-like shape. Sometimes, but not often, a Coronavirus can infect both animals and humans

A Coronavirus is a type of virus that causes an infection in nose, sinuses and upper throat. Most corona viruses are not dangerous.

Now in early 2020, following a December 2019 outbreak in China, the World Health Organization identified a new type, 2019 novel Coronavirus (2019-nCoV).

Usually, Coronavirus causes upper respiratory infection and symptoms like a stuffy nose, cough, and sore throat. You can treat them with rest and over-the-counter medication. The Coronavirus can also cause middle ear infections in children.

### Signs and Symptoms

- At Initial Stage:
  - o Fever
  - o Breathing Difficulty
  - o Cough
  - o Stuffy nose
  - o Sore throat
- At Severe Stage:

- Pneumonia
- Severe acute respiratory syndrome
- Kidney failure
- Death

### **Causes**

- Transmission through the air
- Close contact with infected person
- Touching an object containing the virus
- Fecal contamination
- Compromised immune systems
- Living in certain parts of the world
- Not resting properly
- Spending time around sick people
- Seasonal changes
- Public transportation
- Nursery schools
- Crowded living conditions
- Working environment

### **Management and Prevention**

- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.

### **Diagnosis**

- Laboratory test
  - Respiratory specimens and serum
- Recent travel history
- History of animal contact
- X-ray showing signs of pneumonia in lungs

### **Treatment**

- Seek medical help
- Drink plenty of fluids
- Do adequate rest
- Over the counter medicine for symptoms like sore throat, runny nose and fever may be helpful. Consult your doctor and get necessary medical help.
- Humidifier or steamy shower can reduce the symptoms.

## Global risk

After the initial outbreak of the Coronavirus in the Chinese city of Wuhan, medical professionals have examined what physiological archetypes and age groups might have a greater risk of contracting the disease, in an effort to educate the public.

Risks of contracting disease are based on epidemiologic exposure -- and therefore exposure to persons infected with the Wuhan Coronavirus, and those ill with respiratory symptoms that have traveled to Wuhan or neighboring cities," she said. "This may expand with more cases and global travel."

The Coronavirus, or 2019-nCoV, began at an animal and seafood market in Wuhan and has spread to several other countries, including the United States. The illness is said to be transferable between humans.

Since December 2019, the bug has spread to Macau and Hong Kong, as well as Thailand, Australia, Singapore, Taiwan, the U.S., Japan, Malaysia, South Korea, France, Vietnam, Cambodia, Canada, Italy, India and Germany, with reports of a suspected case on the Ivory Coast also documented by the Johns Hopkins University dashboard.

## Precautions

- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.

## Quarantine

Placing an entire city under quarantine to prevent the spread of a virus is inconceivable, unenforceable and ineffective — and in Canada would be against the law, experts say. Under the federal Quarantine Act, the federal government has the power to protect the population from threats to public health from travelers — including issuing travel bans

against people coming from specific locations. They can also require that travelers undergo medical examination. In hospital setting, isolation means a separate room away from others, where medical personnel take extra care before they enter, such as putting on a gown, a mask, gloves, and other such things, he said.

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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.

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### **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

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

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

**When?** 4th 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

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# South Asian Canadians Health & Social Services- SACHSS

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

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

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

For contact: 647-718-0786

416-884-6198

[Maher2004@gmail.com](mailto:Maher2004@gmail.com)

## COVID-19 ANNOUNCEMENT

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

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

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

We will resume our regular services once the situation improves.

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