

# Research Corner – part 2

## Cannabis and Psychosis

Research over a long period and on many fronts indicates that the THC in cannabis can have acute, chronic, and long-term effects on the developing brain. The main concern with marijuana use in young teens is that it may affect executive function, which continues to develop into the twenties. Effects include changes to grey matter and white matter in the brain, memory problems, decreased cognitive function, and poor neuronal health. Because people have different genes and environments, they may be affected differently by marijuana use.

There is also evidence that marijuana use is associated with relapse after a first psychotic break.

## SMI Patients and Their Psychiatrists

In 2016, the American Psychiatric Association (APA) convened an expert panel who reviewed literature and made recommendations on how psychiatrists can play a bigger role in improving the health of their patients. The Committee reported in Fall of 2017.

The most important recommendations were those that addressed the issue that persons with Serious Mental Illness (SMI) die 20-25 years earlier than those in the general population, usually of medical conditions other than their mental illness.

The chair of the working group, Dr. Benjamin Druss, MD of Emory University in Atlanta, suggested that this population has difficulty in accessing care and take medications that have side effects that lead to weight gain, diabetes and other cardiovascular problems.<sup>1</sup>

1. <http://bit.ly/2rLfAf>

## Screen Time and Your Health

New research from Dr. Jean Twenge et al, printed in the journal *Clinical Psychological Science* suggests that those born after 1995 are more likely to suffer from depression and experience suicidal tendencies than their millennial predecessors. The reason, the research suggests, is the sudden ascendance of the smartphone.

Between 2012 and 2015, the number of teens who felt useless and joyless—classic symptoms of depression—jumped 33 percent according to large national surveys. Suicide attempts increased 23 percent, and the number of 13-to-18 year olds who committed suicide jumped by almost a third or 31 percent.<sup>1</sup>

This is surprising because the economy has been on an upswing, and the time spend on homework has not increased. The problem, according to the Pew Research Center, is that smartphone ownership crossed the 50 percent threshold in late 2012, right when depression and suicide increased. The time spent online was linked to mental health issues across two data sets, and suggested that overall suicide risk factors rose significantly after two or more hours online a day.

Dr. Twenge argues that the economy is booming, so economic malaise is not a cause. Income inequality has been present for decades, and the time teens spend on homework has not moved either, but phone ownership continues to climb.

There are a number of studies on the issue. Interestingly, one found that people felt better after avoiding Facebook for a week.

One research question was what is crowded out when too much time is spent online. Interaction with friends can be a big loss for humans. Sleep is also affected by increased screen time.

There are other reasons for mental health problems: genetic, bullying, family environment and trauma are important factors, but 'some vulnerable teens who would otherwise not have had mental health issues may have slipped into depression due to too much screen time, not enough face to face social interaction, inadequate sleep or a combination of all three.'

1. Washington Post, Nov.19/17

Issue

04

January  
2018

# CMHA Newsletter

Printed by the CMHA Saskatchewan Division

## Friends of CMHA Saskatchewan Recognized as Difference Makers

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Jayne Whyte



Denise Batters



Heather Hadjistavropoulos



Kyle Moffatt

Saskatchewan's **Jayne Whyte** has been identified as one of the Difference Makers in mental health in Canada. Jayne is an author, archivist and long-time activist. She has written and contributed to several books, and is a co-founder of the Mad Society of Canada, a group of survivors who want change to the system. Jayne's writing and activism contribute to the recognition of consumer input into changes in the system.

**Senator Denise Batters** of Saskatchewan is a passionate advocate for mental health. Senator Batters' husband, former MP Dave Batters, took his own life in 2009 after suffering from mental illness. Senator Batters speaks to many groups of people and brings the perspective of a spouse who has lost a loved one. Senator Batters has sponsored an annual memorial golf tournament that helps fund suicide awareness.

**Dr. Heather Hadjistavropoulos** of the University of Regina and her team created the innovative online Cognitive Behavioral Therapy (iCBT), which is research-based and helps provide service to people who might not otherwise have access to therapy. You can access this program by calling 306-337-3331, emailing [online.therapy.user@uregina.ca](mailto:online.therapy.user@uregina.ca), or by visiting [www.onlinetherapy.ca](http://www.onlinetherapy.ca). The programs were initially developed in Australia. Heather is a former Board Member at Sask Division.

**Kyle Moffatt** has spoken to dozens of groups about stigma around mental illness since he lost his father Wade to mental illness several years ago. People credit Kyle with normalizing talking about mental health, and he will talk about it to anyone who will listen. For two years, Kyle and his family sponsored the very successful Wade Moffatt Memorial Gala, which raised funds for mental illness programs. He felt that the Gala and being able to talk about his father helped him through the first months after his father's death. Kyle is a current Board Member at CMHA Sask Division.

## Mental Health App

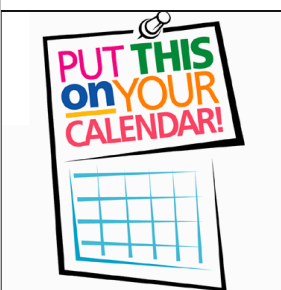


CMHA is working with an App developer in Saskatoon on an App that will include games and information on mental health that would be pertinent to the user. The App is called Refresh.

The app will have questions that will evaluate the user's mood and emotional wellness through valid tools and will make suggestions and recommendations about services. Currently, a version is being created for apple IOS. Stay tuned for further updates as development progresses.

## Children and Youth Advocacy

A meeting between CMHA and **Corey O'Soup**, Advocate for Children and Youth, was held November 14, 2017, in Saskatoon. A representative of the Human Rights Commission also participated. A broad-ranging discussion regarding the Association's position on Systemic Discrimination of the Mental Health and Addictions System took place. Mr. O'Soup explained his concerns regarding children and youth in general and children in the North in particular. We agreed to work together along with the Human Rights Commission to deal with and advocate to the Government for solutions to these difficult problems.



## Mark Your Calendars

**CMHA's Provincial Conference and Annual General Meeting** will be held May 25 and 26, 2018, in Saskatoon. CMHA has partnered with the Maternal Mental Health group (which is behind The Smiling Mask), and the conference will focus on maternal mental health. There will also be a connection to the University of Saskatchewan. The keynote speaker on Saturday will be Margaret Trudeau. Stay tuned for more information as it becomes available.

## Research Corner – part 1

### Seasonal Affective Disorder

We are in the prime season for Seasonal Affective Disorder (SAD) or the new term depression disorder with seasonal. It is a subset of major depression disorder, which has symptoms of depressed mood, irritability, anxiety, changes in appetite or weight, low energy, poor concentration, recurrent thoughts of death or suicide.

For some people, the season is important. 25-35% of Canadians may feel the winter blues, but don't reach a major depressive episode. Women experience it more than men by an almost two to one. It can occur from year to year. For a true diagnosis, it must happen two years in a row. It is much less common that people feel a summer variation. 5% of the population experience it any year.

Latitude makes a difference and the further north you are, the more likely you are to experience it. Interestingly, people of Icelandic origin are less likely to have seasonal disorders. There may be a connection to the amount of fish the Icelanders eat. Cold water fish have higher levels of Omega 3s which may help them. Diet may be different in winter as well.

Due to lower light levels, the body's circadian rhythm is disturbed, with the body making more melatonin, making us more sleepy. Another hormone involved is serotonin. Low levels are thought to have an effect on mood. Doctors recommend sitting near a bright light in the morning. Sunlight may not work; light therapy is most often used for people who experience mild forms of seasonal depression. The light therapy units are designed to supplement natural light and must be 10,000 lux. There are also meds and tryptophan that may be used. None of the treatments are a sure bet, and a combination of therapies may be needed. Exercise may also be useful.

## Justice Community Support Program (JCSP)

The Justice Community Support Program or JCSP is a partnership between the Ministry of Justice and CMHA that began in 2013. The Ministry of Justice Serious Violent Offender Response (SVOR) is a comprehensive, targeted evidence-based approach intended to reduce the risk posed by high-risk violent offenders in Saskatchewan. The JCSP brings a mental health component to the SVOR. The concept was originally proposed in 1993 by then CMHA's Executive Director, the late Dr. John Hylton, when a conference titled "Care or Control" was held. The aim was to advocate for new directed mental health programs, to diminish criminal behaviour and to offer rehabilitation for offenders with mental illness.

From its inception in 2011, the SVOR has recognized the need for mental health services in order to reduce the recidivism rate in the province.

So far, the JCSP has worked with over 150 clients through its offices in Saskatoon, North Battleford and Regina, the latter which formally opened in Fall 2017. There are opportunities to expand program offices and services further throughout the province.

The Ministry of Justice Action for 2016–17 explicitly states that the aim is to manage offenders in a way that promotes public safety and rehabilitation.

Staff of JCSP are extensively trained and are equipped with resources to meet client needs. Housing and accommodation are identified as the greatest challenges for clients.

The SVOR was a recipient of the 2015 Premier's Award for Excellence.



Paintings representing the JCSP principles of wellness, recovery, and support now adorning the Program's three locations

## DISC Research

CMHA consultant Rebecca Rackow is providing research support for DISC (Disability Income Support Coalition) in their project of finding out the effects of recent cuts to the SAID program. Those cuts include rental supplement, funeral expenses, special diet, home repairs, the over-65 cut-off and travel supplement.

To do objective, third-party research, the group is working with the Community Research Unit at the University of Regina, which has provided a research grant. The group is also working with Dr. Randy Johnner from the Faculty of Social Work in order to further ensure objectivity and to reduce bias.

The research questions are, "How has being a SAID recipient affected your life?" and "What impact if any have the recent cuts to the SAID program had on SAID recipients' quality of life?"

There will be a number of interviews and surveys. It is hoped that the material will be gathered by April.