



Depression



Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale



Citizenship and
Immigration Canada

Citoyenneté et
Immigration Canada

Mental illness and addictions are 24-hour-a-day problems.

HOURS OF OPERATION

Visit us at:

Suite 3B,
219 Dufferin Street,
Toronto

9 a.m. – 5 p.m.
Monday – Friday

10 a.m. – 5 p.m.
Saturday

10 a.m. – 5 p.m.
Sunday

Support Line:

(Available in English only.)

3 p.m. – 9 p.m.
Tuesday – Saturday

Information Line:

Staff-assisted calls:

9 a.m. – 9 p.m.
Monday – Friday

10 a.m. – 9 p.m.
Saturday

10 a.m. – 5 p.m.
Sunday

Recorded messages:

24 hours a day,
7 days a week

**Ontario Toll-free
Information and
Support Line:**

1 800 463 6273

or

**in Toronto,
416 595 6111**

Web site:

www.camh.net/McLaughlin

Now there's 24-hour-a-day help.



If you need someone to talk to about mental health or addiction problems, or just have a question, we can help.

Simply pick up the phone, your mouse or drop by our location in Toronto.

Real people with reliable answers. Totally confidential.

Sometimes knowing *who* to ask for help is hard.

Now finding *where* to ask isn't.



The R. Samuel McLaughlin Addiction and Mental Health
Information Centre provides:

Up-to-date information on mental health and addiction problems, trends, facts, programs, treatments, and prevention strategies through a toll-free Information and Support Line, a Web site, recorded messages and storefront.

Confidential and anonymous telephone support.

Our recorded messages span a wide range of topics, including:

- *facts on mental health, alcohol and drugs*
- *information guides*
- *help for families.*

Information about prevention, support and treatment resources in Ontario.



There *is* help. There *is* hope.

Information is available in English and French.
Some services are available in a variety of other languages.



Dear Readers,

The Centre for Addiction and Mental Health is pleased and proud to present this series of five stories in photographs. Published in English and French, these stories illustrate the most common problems associated with drinking, problem gambling, depression, drugs, and post-traumatic stress disorder.

To identify the needs of our ethnic communities, the Centre for Addiction and Mental Health conducted consultations with various community groups. The message that emerged clearly from these consultations was that there is lack of knowledge about substance use and mental health problems and about the services that are available to address them. The consultations also revealed that access to services was difficult or lacking.

We hope that these stories will help to inform, and raise awareness in, the ethnic communities and promote a better understanding of, and more caring response to, people dealing with mental health or substance use problems. We also hope that these stories will provide support to the families and loved ones of people who are dealing with these problems.

We are grateful to our community partners and to members of these communities who gave so generously of themselves during the consultations.

We also thank the Ontario Region Settlement Branch of Citizenship and Immigration Canada, which generously funded for this project.

Lastly, we hope that in reading these stories, members of our ethnic communities will use the services that are offered, make informed choices, and dispel the prejudices and taboos surrounding mental health and substance use.

Antoine Dérose
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Centre for Addiction and Mental Health
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ACKNOWLEDGMENT

The project's advisory committee would like to express its immense gratitude to the many people and organizations who have contributed their thoughts and experience to make this project a success. We thank them for their commitment, effort and support. We are also indebted to the individuals, service providers and members of agencies who have actively participated in the development of this product.

Special thanks to all CAMH staff, including clinicians and other professionals who reviewed early versions of the scripts and storyboards and provided invaluable assistance and advice.

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This photo-novella was produced by:

DESIGN, PHOTOGRAPHY, SCRIPTS, PRODUCTION

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DEVELOPMENT

The Centre for Addiction and Mental Health (CAMH) managed the OASIS contract. The project manager was Antoine Dérose, Project Consultant for Central East Region, and Saroj Bains was the photo-novellas' Project Co-ordinator/Consultant.

SPECIAL THANKS TO:

Ontario Administration of Settlement and Integration Services (OASIS), Citizenship and Immigration Canada provided funding for the project.

Jean-Luc Durand, Principal, Le Collège français, to the staff and participating students.

CENTRE FOR ADDICTION AND MENTAL HEALTH PROJECT TEAM

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Juliette – Karen Currie

Juliette's Husband – Peter Cunningham

Juliette's Daughter – Shireen Biggart

Rosie/Marie-Jo – Diane Gardish

Doctor – Sophia Tieu

Young Employee – Kirsten Sibert

THEY ARE INTERRUPTED BY A
YOUNG EMPLOYEE.



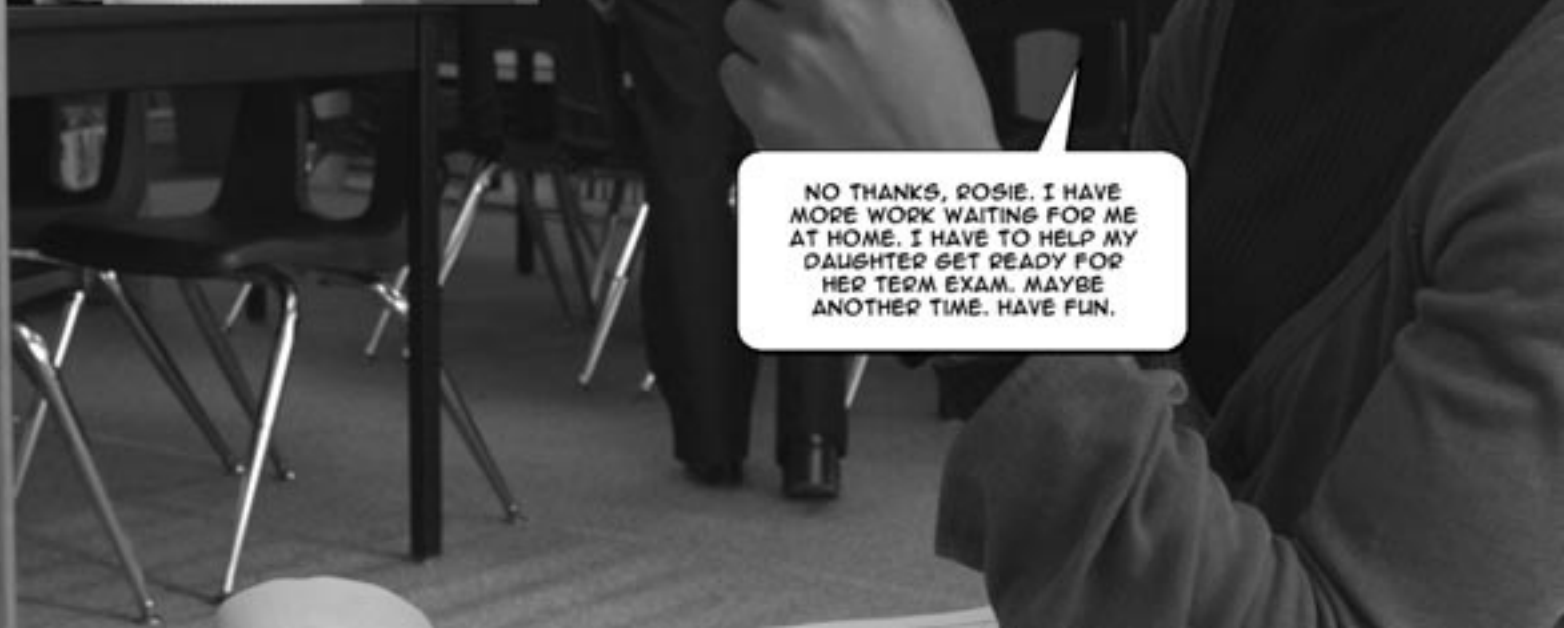
COMING!



JULIETTE, COME
WITH US AFTER
WORK. RAVIDA,
TANIA, MARIE AND
I ARE ALL GOING
TO GET A COFFEE
DOWN ON THE
CORNER. THAT
WILL GIVE US THE
CHANCE TO CHAT
A LITTLE.



NO THANKS, ROSIE. I HAVE
MORE WORK WAITING FOR ME
AT HOME. I HAVE TO HELP MY
DAUGHTER GET READY FOR
HER TERM EXAM. MAYBE
ANOTHER TIME. HAVE FUN.



THE FOLLOWING
MORNING AT JULIETTE'S
APARTMENT



HEY MOM, ARE
YOU ALL RIGHT?
YOU LOOK SAD!



I'M OK... YOU'D BETTER
GET GOING; YOU ARE
GOING TO BE LATE FOR
SCHOOL.

WHEN I'M YOUR
AGE, I HOPE TO BE
AS BEAUTIFUL AS
YOU ARE!

DINNERTIME AT JULIETTE'S APARTMENT



AND YOU HONEY,
YOU'RE NOT SAYING
ANYTHING. HOW DID
YOUR DAY GO?



OH! AS USUAL...
YOU KNOW.
NOTHING REALLY
EXCITING.

YOU USED TO ALWAYS
HAVE SOMETHING
FUNNY TO TELL US
ABOUT THE STUDENTS,
MS. ALVAREZ OR YOUR
COLLEAGUES.

COME ON MOM, WHO
WROTE SOMETHING DIRTY
ON MR. LA PAGE'S DESK
AGAIN? NO! TELL US
AGAIN WHAT ROSIE DID
WHEN SHE GOT A BOOK
BACK LATE FROM A
TEACHER.



ARE YOU
NOT
FEELING
WELL,
HONEY?



I THINK I'M A
BIT TIRED,
THAT'S ALL.



DO YOU THINK
YOU'RE COMING
DOWN WITH THE FLU?

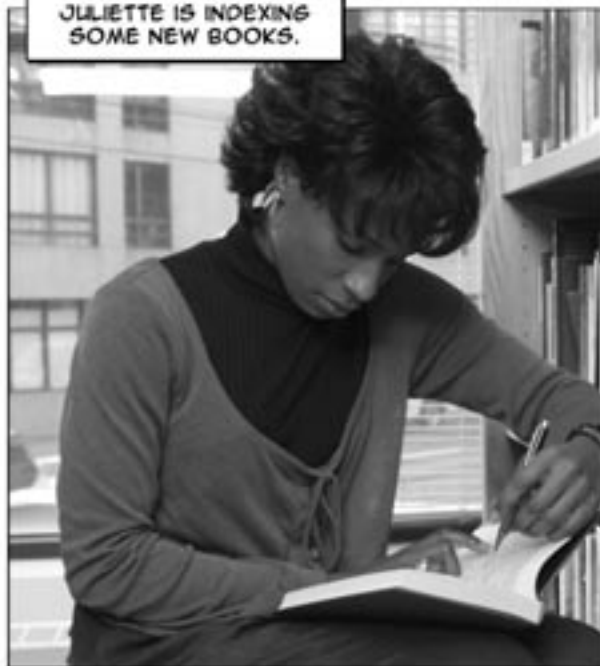
DON'T WORRY. I'M
GOING TO GO TO BED
EARLY, AND THEN I'LL
FEEL BETTER. I'LL GIVE
YOU SOME HELP ON THE
WEEKEND FOR YOUR
EXAM. GOOD NIGHT.



AFTERNOON -
SCHOOL LIBRARY



JULIETTE IS INDEXING
SOME NEW BOOKS.



GOOD
AFTERNOON,
JULIETTE. HOW
ARE YOU TODAY?

FINE.

HOW ARE YOU?
HOW ARE THINGS
GOING?



AS ALWAYS, WE'RE
SWAMPED AND UNDER
PRESSURE WITH A NEW
ASSIGNMENT FOR MS.
ALVAREZ'S STUDENTS
THAT REQUIRES MORE
DOCUMENTS THAN WE
HAVE IN AT THE
MOMENT.

TELL ME, IS IT TRUE
THAT YOU ASKED TO
WORK IN THE ARCHIVES
AND ON THE INVENTORY
OF NEW ARRIVALS?

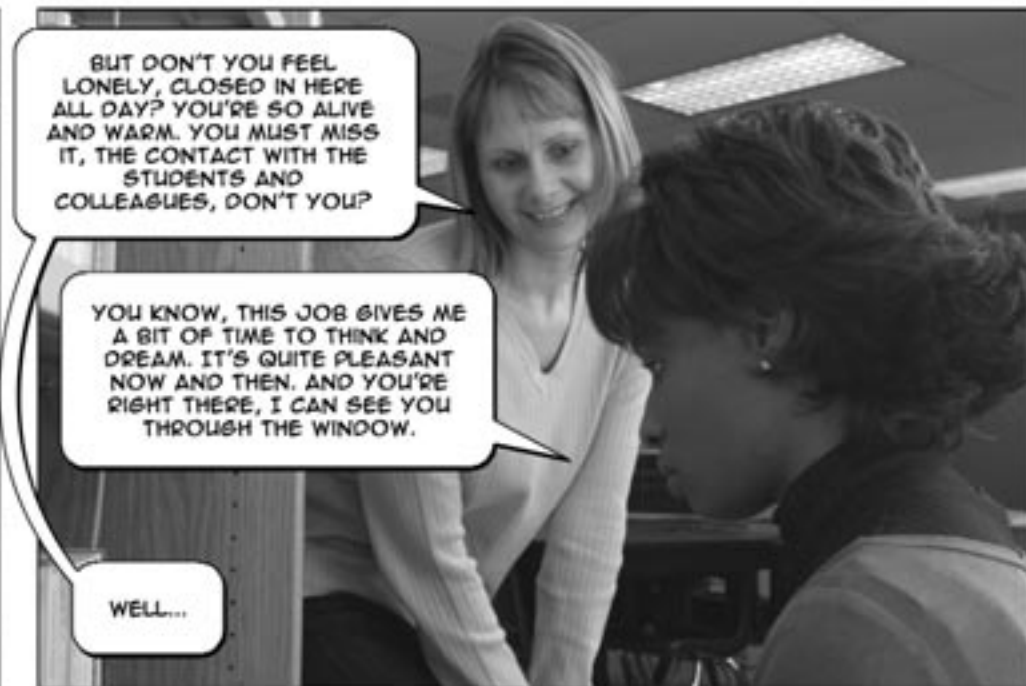


BUT DON'T YOU FEEL
LONELY, CLOSED IN HERE
ALL DAY? YOU'RE SO ALIVE
AND WARM. YOU MUST MISS
IT, THE CONTACT WITH THE
STUDENTS AND
COLLEAGUES, DON'T YOU?

YOU KNOW, THIS JOB GIVES ME
A BIT OF TIME TO THINK AND
DREAM. IT'S QUITE PLEASANT
NOW AND THEN. AND YOU'RE
RIGHT THERE, I CAN SEE YOU
THROUGH THE WINDOW.

MMM, HMM.

WELL...



IN THE BEDROOM

JULIETTE, I'M WORRIED ABOUT YOU. YOU'RE NOT YOURSELF, YOU'RE TIRED ALL THE TIME AND YOU AVOID PEOPLE'S QUESTIONS. YOU DON'T INVITE PEOPLE OVER ANY MORE AND YOU NEVER WANT TO COME OUT WITH US. YOU DON'T EVEN TALK TO ME ANY MORE ABOUT YOUR GYM!

YOU'RE BOTHERING ME WITH ALL OF YOUR CHATTER. THERE'S NOTHING WRONG WITH ME. I'M JUST A BIT TIRED RIGHT NOW. LIKE EVERYBODY ELSE. IT'S BEEN A LONG WINTER, AND I'M NOT SLEEPING WELL. TURN OFF THE LIGHTS AND LET ME GET TO SLEEP. WE'LL TALK TOMORROW.





SIGNS OF DEPRESSION

THESE SYMPTOMS SEEM VERY FAMILIAR TO WHAT I'M EXPERIENCING.

SYMPTOMS OF DEPRESSION

- Persistent feelings of sadness, hopelessness, or emptiness
- Loss of interest in activities once enjoyed
- Significant weight loss or gain, changes in appetite
- Trouble sleeping or sleeping too much
- Fatigue or loss of energy
- Thoughts of death or suicide
- Difficulty concentrating
- Irritability or anger
- Physical symptoms like headaches or back pain

CAUSES OF DEPRESSION

- Genetic factors
- Brain chemistry
- Environmental factors
- Trauma
- Hormonal changes
- Infections
- Medications



FAMILY CLINIC -
9 MONTHS LATER



JULIETTE? THE
DOCTOR WILL SEE
YOU NOW.

GOOD
MORNING,
JULIETTE, HOW
MAY I HELP
YOU?



WELL, FOR A FEW MONTHS I'VE
BEEN FEELING AS IF I HAVE NO
ENERGY. I'VE BEEN HAVING A
LOT OF TROUBLE
CONCENTRATING.

MY COLLEAGUES AND MY
FAMILY ARE AFTER ME FOR
SHUTTING MYSELF AWAY
AND, FOR MY PART, I'M NOT
GOING OUT OR EATING WITH
THEM ANYMORE. I JUST
DON'T FEEL WELL...




CAN YOU
BE MORE
SPECIFIC?

WELL, I OFTEN FEEL LIKE
CRYING FOR NO REASON. WHEN
I HEAR MY DAUGHTER AND
HUSBAND TALKING ABOUT WHAT
THEY DO DURING THE DAY, I
FEEL THAT MY LIFE IS
UNINTERESTING AND THAT I'M
NOT CONTRIBUTING A LOT TO
SOCIETY.

THIS HAPPENS FOR NO
PARTICULAR REASON. I FEEL
VERY ISOLATED. I TRY TO
MAKE MYSELF BUSY, BUT I
JUST END UP EATING ALL THE
TIME. SUDDENLY I CAN
BARELY FIT IN MY SKIRTS, I
FEEL FAT AND UGLY AND
UNABLE TO DO ANYTHING
ABOUT IT...






YOU MAY BE SUFFERING FROM DEPRESSION. IT'S A PROBLEM THAT A LOT OF US HAVE IN COMMON, BUT IT CAN BE DEALT WITH.

I'M GOING TO ASSIGN YOU A COUNSELLOR. SHE WILL BE ABLE TO ANSWER ALL YOUR QUESTIONS AND SHE WILL BE ABLE TO SEE, TOGETHER WITH YOU, WHAT OPTIONS ARE BEST FOR YOU.

THAT'S RIGHT, I READ AN ARTICLE IN A MAGAZINE. IT TALKED ABOUT IT. CAN YOU TELL ME EXACTLY WHAT IT IS?

SOME PATIENTS USE MEDICATION. OTHERS NEED TREATMENT WITH A THERAPIST. YOU MIGHT ALSO WANT TO PARTICIPATE IN GROUP SESSIONS. PASTOR TOUSAINT RUNS A GROUP EACH WEEK FROM THE CHURCH BASEMENT. I'LL GIVE YOU SOME PAMPHLETS TO READ FOR BACKGROUND INFORMATION. BUT FIRST WE NEED TO FIND OUT IF YOU ARE SUFFERING FROM DEPRESSION.



IT'S REALLY GOOD YOU TOOK THIS FIRST STEP. I HOPE YOU FEEL BETTER SOON. I'M AVAILABLE TO YOU IF YOU HAVE ANY FURTHER QUESTIONS.

WHAT SHOULD I DO IN THE MEANTIME?

DON'T BE TOO HARD ON YOURSELF ABOUT ANYTHING. YOU COULD ALSO TALK ABOUT IT WITH YOUR FAMILY, INFORM THEM ABOUT THE CHANGE IN YOUR BEHAVIOUR.

IT'S IMPORTANT THAT THEY UNDERSTAND WHAT IS GOING ON WITH YOU, SO THEY CAN HELP AND SUPPORT YOU. YOU ARE GOING TO NEED IT, IT'S NOT EASY. HERE'S INFO ABOUT SUPPORT GROUPS FOR THOSE DEALING WITH DEPRESSION IN THE FAMILY.

THANK YOU.



SEVERAL WEEKS LATER

HOW DID IT GO?



VERY WELL. SINCE STARTING MY VISITS WITH THE COUNSELLOR, IT SEEMS THAT THE PROBLEMS ARE BEING RESOLVED. MAINLY I DON'T FEEL SO SAD. THE COUNSELLOR IS VERY GOOD, LISTENS WELL AND IS VERY INTERESTING. SHE COMES FROM A FAMILY OF NINE AS WELL.

I'M GLAD TO HEAR YOU TALKING LIKE THAT. YOU LOOK BETTER.



I BUMPED INTO AN OLD STUDENT FROM SCHOOL. IT'S INCREDIBLE HOW MUCH HE'S GROWN, HE IS SO TALL.

HE TOLD ME THAT PASTOR TOUSAINT RUNS A GRIEF MANAGEMENT GROUP HERE. APPARENTLY AFTER THE DEATH OF HIS FATHER HE WASN'T WELL, SO HE JOINED THE GROUP.



I AM GLAD I FEEL BETTER. I FEEL THAT I HAVE SO MUCH MORE ENERGY TO SPEND WITH OUR FAMILY.

WHAT IS DEPRESSION?

Everyone feels sadness at times. This is a normal feeling following a disappointment, the loss of a loved one or any other unhappy event. Usually the sadness lessens with time. Sometimes, the sadness turns into a depression that persists and becomes a health problem.

There are two types of depression, major and minor. The type of depression depends on the number of the symptoms and how long they last.

SYMPTOMS OF DEPRESSION

A person who is depressed has some of these symptoms:

- changes in appetite and weight
- sleep problems
- loss of interest in work, hobbies, people; loss of feeling for family members and friends
- feeling useless, hopeless, or overly guilty
- dwelling on failures or inadequacies; loss of self-esteem
- obsessive thoughts (putting too much importance on something, or not being able to stop thinking about it)
- feeling restless or too tired and weak to do anything
- slowed thinking, forgetfulness, trouble concentrating and making decisions
- decreased sex drive
- crying easily, or needing to cry but not being able to
- thoughts about suicide or killing someone.

People who have fewer than five of these symptoms for at least two weeks may be diagnosed with minor depression.

If someone has five or more of these symptoms for at least two weeks, it is called a major depressive episode.

DEPRESSION IN WOMEN

Major depression occurs in 10 per cent to 25 per cent of women – almost twice as many as men. Hormonal factors may contribute to the increased rate of depression in women, particularly:

- during changes in the menstrual cycle
- during pregnancy
- after giving birth or miscarrying
- in the years leading to menopause and menopause itself, when periods stop.

DEPRESSION IN MEN

Men with depression are more likely than women to feel irritable, angry and discouraged. This can make it harder to recognize depression in men.

Men are more likely to die of depression. Although more depressed women attempt suicide than men, four times as many men actually kill themselves.

IS THERE HELP FOR MY DEPRESSION?

Many people have depression for a long time before they visit a doctor or mental health professional. An untreated episode of depression can last 18 months or longer. However, once treatment is begun, significant improvement may be seen in two to six weeks.

People with depression are often seen first by their family doctor or general practitioner. In milder cases, family doctors can assess and treat you as an outpatient with medication and counselling. The doctor may refer you to other community resources.

If your depressive symptoms are more severe, you may be referred to a psychiatrist. You may be treated as an outpatient or, if necessary, admitted to a hospital.

The most commonly used treatments for depression are psychotherapy and antidepressant medication. In deciding on the best treatment, the doctor will think about:

- how severe your symptoms are
- possible “triggers” that bring on the depression
- any treatments for depression you have had in the past.

Some people also seek out alternative forms of treatment, such as herbs or light therapy.

WHERE TO GET HELP

Here are some places you can contact if you or someone you know needs help for depression:

Centre for Addiction and Mental Health

R. Samuel McLaughlin Addiction and Mental Health Information Centre

Toronto: 416 595-6111

Toll-free number: 1 800 463-6273

Web site: www.camh.net

Telehealth Ontario

Toll-free: 1 866 797-0000

TTY: 1 800 387-5559

Web site: www.gov.on.ca/health/english/program/telehealth/telehealth_mn.html

Ontario Women’s Health Network

Toronto: 416 408-4840

Web site: www.owhn.on.ca

Mood Disorders Association of Ontario

Toronto: 416 486-8046 in Toronto

Toll-free: 1 888 486-8236

Web site: www.mooddisorders.on.ca

Internet Mental Health

Web site: www.mentalhealth.com

For information on addiction and mental health issues or other resources, please contact CAMH's R. Samuel McLaughlin Addiction and Mental Health Information Centre:

Ontario toll-free: 1 800 463-6273 • Toronto: 416 595-6111

To make a donation, please contact:
Centre for Addiction and Mental Health Foundation
Tel.: 416 979-6909 • E-mail: foundation@camh.net

If you have questions, compliments or concerns about services at CAMH, please call our Client Relations Co-ordinator at:
Tel.: 416 535-8501 ext. 2028.

Web site: www.camh.net



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A Pan American Health Organization / World Health Organization Collaborating Centre
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