

In Our Minds

Mental Health Wellness Support



Ontario Shores
Centre for Mental Health Sciences

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Some people think that mental health conditions are rare and “happen to someone else.” In fact, mental health conditions are common and widespread. Mental illness indirectly affects all Canadians at some time through a family member, friend or colleague. Studies have shown that every year, 1 in 5 people in Canada will personally experience a mental health problem or illness (Mental Health Commission of Canada). Mental illness affects people of all ages, education, income levels, and cultures.

Psychological disorders or what is commonly known as mental health disorders are caused by a complex interplay of genetic, biological, personality and environmental factors. It has been reported that almost one half (49%) of those who feel they have suffered from depression or anxiety have never gone to see a doctor about this problem.

The tool below may assist individuals, patients and family members with how to find resources that explain the best care for a certain mental health condition and information on how to find support. The tool is not intended to advise individuals, patients or family members about how to manage mental health conditions.

1. Addressing mental health conditions

Psychological disorders show up in a variety of ways and it is important to identify symptoms and seek help as soon as possible. The following pages may address navigation and resources for some mental health disorders:

- Mood Disorders, such as:
 - Depression
 - Bipolar
 - Anxiety Disorders and OCD
- Dementia
- Schizophrenia
- Developmental Disorders/Disabilities
- Borderline Personality Disorder
- Post-traumatic Stress Disorder

Many families are not prepared to handle learning that their loved one has a mental illness. It can be physically and emotionally difficult, and can make us feel vulnerable to the opinions and judgments of others. It is also sometimes very difficult to find the right help. The following pages are designed to provide some basic navigation steps to people who feel they are suffering from some psychological illness.

2. Seeking help for the first time

Are you or someone you know feeling like they are suffering from some form of mental health issue and have not been provided with any form of treatment or care?

If yes, please make an appointment with your family doctor who can assess and provide you with treatment and or refer you to a psychiatric specialist. It is important for you to:

- Follow the plan of care provided by your family doctor; and,
- If your family doctor provides you with a referral to a psychiatric specialist, make sure to follow-up on your appointment. In most cases, the psychiatrist will also provide you with a plan of care and/or other options of care.

You can also find additional help through the following provincial programs and services:

- ConnexOntario** – Provides treatment service information for people experiencing problems with gambling, drugs, alcohol, and/or mental health.
 - [Call 1-866-531-2600](tel:1-866-531-2600) (toll-free)
 - [Use the online chat](#) (in English only)
 - [Visit the ConnexOntario website](#)
- Togetherall** – Connect with peers for mental health support.
 - [Togetherall](#)
- BounceBack** - Access self-led telephone or online therapy for stress, anxiety and depression.
 - [BounceBack](#)
- Internet-Based Cognitive Behavioural Therapy (iCBT)** – Helps individuals learn how their thoughts impact and affect their feelings and behaviours.
 - [AbilitiCBT by Morneau Shepell](#)
 - [MindBeacon](#)
- Mental Health Support for Children and Youth**
 - [Kids Help Phone](#)
 - [Good2Talk](#)
- Mental Health Support for Indigenous People**
 - [1-855-242-3310](tel:1-855-242-3310)



3. Crisis Support

If you or your loved one is having an urgent mental health crisis and require emergency services, **do not wait!**

- Visit your closest [hospital emergency room](#) or dial **911** on your telephone to reach Emergency Medical Services (EMS).
- You can also contact a [distress centre in Ontario near you](#), these are usually open 24 hours, 7 days a week.
- Call your doctor – he/she may be able to see you immediately.
- Contact a nurse at **Telehealth Ontario** by dialing [1-866-797-0000](tel:1-866-797-0000).

4. Resources for Families/Caregivers

Regardless of your loved one's condition, if you need some support for yourself or information on how to support your loved one, please see the links below:

i. Canadian Mental Health Association Ontario

- ontario.cmha.ca/documents/schizophrenia/
- ontario.cmha.ca/documents/anxiety-disorders/
- ontario.cmha.ca/documents/supporting-a-loved-one/
- ontario.cmha.ca/documents/understanding-and-finding-help-for-depression/

ii. Institute for Advancements in Mental Health (previously the Schizophrenia Society of Ontario)

- www.iamentalhealth.ca

iii. Public Health Ontario – Mental Health Caregiver Guide

- www.publichealthontario.ca/-/media/documents/m/2017/mental-health-caregiver-guide.pdf?la=en

iv. Mental Illness Caregivers Association of Canada

- micaontario.com/

v. Mental Health Commission of Canada – Caregiver Resources

- www.mentalhealthcommission.ca/English/caregiver-resources

vi. Mood Disorders Association of Ontario

- www.mooddorders.ca

vii. Alzheimer Society of Canada – Caring for Someone with Dementia

- alzheimer.ca/en/Home/Living-with-dementia/Caring-for-someone

viii. Ontario Caregiver Association

- ontariocaregiver.ca/



5. Detailed information for some common mental health conditions

The following table provides basic information about programs for common mental health conditions that may be right for you based on your mental health needs, and the type of support that you prefer:

Diagnosis/ Suspected Condition	Symptoms	What to do if you have not received a diagnosis	What to expect - Understanding and Planning Your Care	What to Expect: Quality Standards – Patient Reference Guide <small>(Aligned with Health Quality Ontario Quality Standards (HQO))</small>
Mood Disorders				
Depression	<p>Depression is a mood disorder. It affects the way you feel about yourself, others, and the world around you. Depression can look quite different from one person to the next. While one person might feel very sad and tired, another person might feel angry and restless. Depression causes people to lose pleasure from daily life, can complicate other medical conditions, and can even be serious enough to lead to suicide (Shamsa.gov).</p> <p>According to Statistics Canada's 2012 Canadian Community Health Survey (CCHS) on Mental Health, 5.4% of the Canadian population aged 15 years and over reported symptoms that met the criteria for a mood disorder in the previous 12 months, including 4.7% for major depression and 1.5% for bipolar disorder.</p> <p>In seniors, depression may present with physical complaints and changes in memory and daily functioning.</p>	<p>Visit your Family Doctor who will use available assessment tools to evaluate your level of depression. Based on interpretation of your symptoms, your Family Doctor will provide you with a care plan, and or refer you to a Psychiatric Specialist, if necessary.</p> <p>In addition, you may find the resources outlined in Section 2 - "Seeking help for the first time" in this document to be helpful.</p>	<p>You should receive a comprehensive assessment. An assessment means that your care team will want to learn more about you to understand how best to help you.</p>	<p>Together with your (or your loved one's) health care professionals, develop a care plan that works for you. You should become aware of what high quality care looks like and to ask informed questions about your care. Please click on the link provided below to access the Patient Reference Guide provided by Health Quality Ontario:</p> <p>www.hqontario.ca/portals/0/documents/evidence/quality-standards/qs-depression-patient-guide-1609-en.pdf</p> <p>Everybody is different, and some recommendations provided in the Patient Reference Guide may not apply in your situation. If you have questions about your care, it is important to speak with your health care professional.</p>

Diagnosis/ Suspected Condition	Symptoms	What to do if you have not received a diagnosis	What to expect - Understanding and Planning Your Care	What to Expect: Quality Standards – Patient Reference Guide <small>(Aligned with Health Quality Ontario Quality Standards (HQO))</small>
Mood Disorders				
Anxiety Disorders	Individuals with anxiety disorders experience episodes of excessive and persistent feelings of apprehension, worry and even fear that may cause the individual affected to avoid situations or develop compulsive rituals that help to reduce these symptoms. These disorders are characterized by “intense and prolonged feelings of fear and distress that occur out of proportion to the actual threat or danger” where “the feelings of fear and distress interfere with normal daily functioning”.	Visit your Family Doctor who will use available assessment tools evaluate your level of anxiety. Based on interpretation of your symptoms, your Family Doctor will provide you with a care plan, and or refer you to a Psychiatric Specialist, if necessary. In addition, you may find the resources outlined in Section 2 -“Seeking help for the first time” of this document to be helpful.	Your Family Doctor or Psychiatric Specialist will provide you treatment using a range of available procedures and treatment guidelines.	Quality Standards for Anxiety Disorders are currently in development by Health Quality Ontario.

Diagnosis/ Suspected Condition	Symptoms	What to do if you have not received a diagnosis	What to expect - Understanding and Planning Your Care	What to Expect: Quality Standards – Patient Reference Guide <small>(Aligned with Health Quality Ontario Quality Standards (HQO))</small>
Mood Disorders				
Bipolar Disorder	Bipolar Disorder is a mental illness that affects mood. With bipolar disorder, people experience episodes of depression and episodes hypomania or mania. An episode of depression in bipolar disorder is the same as other types of depression. Mania is an unusually high mood for the person. People may feel like their thoughts are racing and may feel hyperactive. They may feel unrealistically confident, happy, or very powerful. Many people don’t sleep much when they experience mania. They may act without thinking and do risky things they wouldn’t normally do. People usually experience periods of wellness between episodes of depression or mania. Episodes of depression or mania generally last for a period of time, though a small number of people may experience episodes that change quickly. The frequency and type of episode can also vary greatly. Others experience long periods of wellness with only a few episodes during their lifetime.	Visit your Family Doctor who will use available assessment tools to evaluate what you are experiencing. Based on interpretation of your symptoms, your Family Doctor will provide you with a care plan, and or refer you to a Psychiatric Specialist, if necessary. In addition, you may find the resources outlined in Section 2 -“Seeking help for the first time” in this document to be helpful.	Your Family Doctor or Psychiatric Specialist will provide you treatment using a range of available quality based procedures and treatment guidelines.	

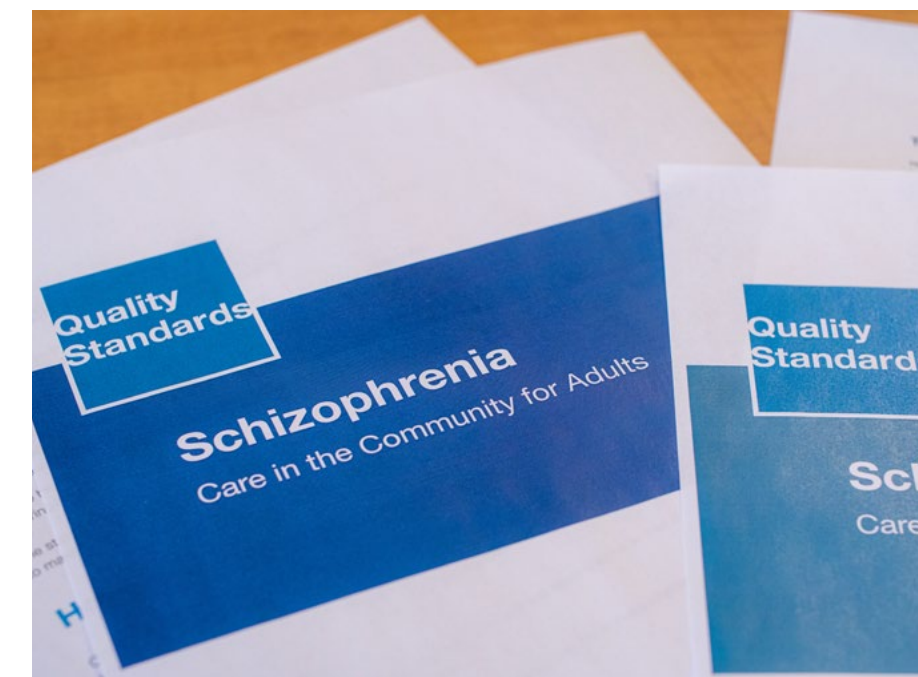


Diagnosis/ Suspected Condition	Symptoms	What to do if you have not received a diagnosis	What to expect - Understanding and Planning Your Care	What to Expect: Quality Standards – Patient Reference Guide <small>(Aligned with Health Quality Ontario Quality Standards (HQO))</small>
Mood Disorders				
Obsessive Compulsive Disorder (OCD)	<p>Obsessive–compulsive disorder is characterized by the presence of obsessions (recurrent, persistent, intrusive thoughts, urges, or images) and/or compulsions (repetitive behaviours).</p> <p>Obsessions are repeated thoughts, images, or urges. They can make life challenging. For example, if you're preoccupied with germs or contamination, doing simple things—like brushing your hair or putting on shoes—can be complicated. And obsessions can be upsetting. For example, you might have unwanted thoughts about sex, religion, or violence that interrupt simple conversations with friends, or your work.</p> <p>Compulsions are specific actions or rituals meant to soothe the fear or distress surrounding an obsession. For example, you may feel the urge to count things over and over or check that the front door is locked. Or you may want constant reassurance that you haven't done something bad.</p> <p>When these obsessions and compulsions become too much, they can have a negative effect on a person's life. This can be a sign of a mental health condition known as obsessive–compulsive disorder, or OCD.</p>	<p>Visit your Family Doctor who will use available assessment tools to evaluate what you are experiencing. Based on interpretation of your symptoms, your Family Doctor will provide you with a care plan, and or refer you to a Psychiatric Specialist, if necessary.</p> <p>In addition, you may find the resources outlined in Section 2 - "Seeking help for the first time" in this document to be helpful.</p>	<p>People with suspected OCD are identified using recognized screening questions and validated severity-rating scales. People that are suspected to have OCD, or who have had a positive screening result for OCD, should receive a timely comprehensive assessment to determine whether they have OCD.</p> <p>The most common treatment options for OCD include self-help, education, cognitive behavioural therapy, or medication.</p> <p>Self-help, therapy, and/or medication can help you manage your symptoms and get back to a healthy and fulfilling life. A specific type of therapy, called cognitive behavioural therapy or CBT, is very helpful, and should include exposure and response prevention.</p>	<p>Together with your (or your loved one's) health care professionals, develop a care plan that works for you. You should become aware of what high quality care looks like and to ask informed questions about your care. Please click on the link provided below to access the Patient Reference Guide provided by Health Quality Ontario: www.hqontario.ca/Portals/0/documents/evidence/quality-standards/qs-obsessive-compulsive-disorder-patient-guide-en.pdf</p> <p>Everybody is different, and some recommendations provided in the Patient Reference Guide may not apply in your situation. If you have questions about your care, it is important to speak with your health care professional.</p>

Diagnosis/ Suspected Condition	Symptoms	What to do if you have not received a diagnosis	What to expect - Understanding and Planning Your Care	What to Expect: Quality Standards – Patient Reference Guide <small>(Aligned with Health Quality Ontario Quality Standards (HQO))</small>
Mood Disorders				
Dementia	<p>Dementia is a chronic and progressive decline in cognitive ability that interferes with daily functioning. It can be caused by disease or injury.</p> <p>Signs of dementia are unique to each person, but some of the common symptoms include:</p> <ul style="list-style-type: none"> • Decline in memory, reasoning and communication skills • Gradual loss of the skills needed to carry out daily activities • Confusion <p>Symptoms may be managed with medication or other interventions, with quality of life being an important goal.</p>	<p>Several conditions can lead to symptoms of dementia, such as Alzheimer's disease and vascular dementia.</p> <p>There is no one specific test that can diagnose dementia. If dementia is suspected, a number of physical and cognitive tests will most likely be performed by a doctor. A combination of the physical and cognitive test results, along with a detailed medical history, provides doctors with the evidence needed to make a diagnosis.</p> <p>Making a diagnosis of dementia can take time. In the meantime, the resources below might be helpful in understanding dementia better.</p> <p>Alzheimer Society Ontario (Canada) - Describes the process by which diagnoses are done and resources to help you cope.</p> <p>10 warning signs</p> <p>Living with Dementia (Canada)</p>	<p>The following summarizes what you should expect as part of your care based on quality standards for dementia. Everyone is different and some recommendations may not apply in your situation. If you have questions about your care, it is important to speak with your health care professional.</p> <p>You should receive a comprehensive assessment that includes questions about your physical health, your medical history, what medications you're taking, how you spend your time, and how you're feeling.</p> <p>A care plan should be created to meet your individual needs and shared with you so that you understand what your treatment might look like.</p> <p>You should have a team of health care professionals, trained in dementia, supporting you. These health care professionals should use non-drug treatments first and only use medications if you are in severe distress or if there is a concern you might harm yourself or someone else.</p> <p>People with dementia are also at risk for mood disturbances and anxiety; medications may be helpful to address this.</p>	<p>Together with your (or your loved one's) health care professionals, develop a care plan that works for you. You should become aware of what high quality care looks like and to ask informed questions about your care. Please click on the link provided below to access the Patient Reference Guide provided by Health Quality Ontario: www.hqontario.ca/Portals/0/documents/evidence/quality-standards/qs-dementia-patient-guide-1609-en.pdf</p> <p>Everybody is different, and some recommendations provided in the Patient Reference Guide may not apply in your situation. If you have questions about your care, it is important to speak with your health care professional.</p>

Diagnosis/Suspected Condition	Symptoms	What to do if you have not received a diagnosis	What to expect - Understanding and Planning Your Care	What to Expect: Quality Standards – Patient Reference Guide <small>(Aligned with Health Quality Ontario Quality Standards (HQO))</small>
Mood Disorders				
Schizophrenia	<p>Schizophrenia is a serious mental disorder that usually begins when a person is in late adolescence or early adulthood. It is associated with “positive” symptoms such as hallucinations and delusions and “negative” symptoms such as social withdrawal and a loss of interest. No single symptom positively identifies schizophrenia. In addition, an individual’s symptoms can change over time. The symptoms of schizophrenia are generally divided into three categories: positive, negative and cognitive symptoms.</p> <p>Symptoms continued on page 13.</p>	<p>Schizophrenia is typically a complicated mental health condition; diagnosis is usually made by a psychiatrist. It is extremely important to identify schizophrenia as early as possible. Studies show that diagnosing schizophrenia early may improve outcomes.</p> <p>Some symptoms such as hallucinations and delusions may be associated with a number of different disorders, not just Schizophrenia and thus, it is recommended if an individual is experiencing positive or negative symptoms that they go to see their family physician for an initial assessment, following which a referral to a psychiatrist may be necessary for diagnosis.</p>	<p>Treatment for schizophrenia depends on the individual’s severity as diagnosed by a psychiatrist. Depending on this severity, you could be treated as an outpatient in the community or require periods of treatment in a hospital. Everyone is different and some recommendations may not apply in your situation. If you have questions about your care, it is important to speak with your health care professional.</p> <p>Regardless whether you need treatment in the community or in the hospital, the following summarizes what you should expect as part of your care based on quality standards for schizophrenia.</p> <p>You should receive a comprehensive assessment that informs your care plan. This is so that the care team can understand your medical history, medications you are taking, your social situation and your goals for recovery. A physical exam should be part of this assessment too.</p> <p>Additionally, an assessment should support you with information on keeping active, eating healthy and smoking cessation options, if you smoke.</p> <p>Based on your needs, adults with schizophrenia are offered cognitive behavioural therapy for psychosis and other evidence-based psychosocial interventions. Your family can participate in your therapy too.</p> <p>In addition, Antipsychotic medications might be prescribed.</p>	<p>Together with your (or your loved one’s) your health care professionals, develop a care plan that works for you. You should become aware of what high quality care looks like and to ask informed questions about your care. Please click on the link provided below to access the Patient Reference Guide provided by Health Quality Ontario focused on quality standards for schizophrenia in hospital settings:</p> <p>www.hqontario.ca/Portals/0/documents/evidence/quality-standards/qs-schizophrenia-patient-guide-1609-en.pdf</p> <p>Everybody is different, and some recommendations provided in the Patient Reference Guide may not apply in your situation. If you have questions about your care, it is important to speak with your health care professional.</p>

Diagnosis/Suspected Condition	Symptoms Continued
Mood Disorders	
Schizophrenia	<p>Positive symptoms are also known as “psychotic” symptoms because the person has lost touch with reality in certain ways. The term “positive symptoms” refers to mental experiences that are “added on” to a person’s usual experience—typically these are hallucinations and delusions.</p> <p>Hallucinations cause a person to hear voices inside or outside their heads or, less commonly, see things that do not exist.</p> <p>Delusions occur when someone believes ideas that are clearly false, such as that people are reading their thoughts or that they can control other people’s minds.</p> <p>Negative symptoms do not refer to negative thinking, but rather reflect symptoms that indicate reduction of a capacity, such as motivation. Negative symptoms often include emotional flatness or lack of expressiveness, an inability to start and follow through with activities, speech that is brief and lacks content and a lack of pleasure or interest in life. Difficulties with social cues and relationships are common. These symptoms challenge rehabilitation efforts, as work and school goals require motivation as well as social function.</p> <p>Cognitive symptoms pertain to thinking processes. People living with schizophrenia often struggle with executive functioning (prioritizing tasks), memory and organizing thoughts. Cognitive function is involved in many tasks of daily living—especially in work or settings. A common cognitive deficit associated with this condition is lack of insight—when someone is not aware of having an illness.</p>



Diagnosis/ Suspected Condition	Symptoms	What to do if you have not received a diagnosis	What to expect - Understanding and Planning Your Care	What to Expect: Quality Standards – Patient Reference Guide <small>(Aligned with Health Quality Ontario Quality Standards (HQO))</small>
Mood Disorders				
Developmental Disorders/ Disabilities	<p>Developmental disabilities are best diagnosed in infancy and early childhood by the failure to meet milestones in physical, cognitive and emotional development. Developmental disabilities most commonly include intellectual disability and autistic spectrum disorder, and less commonly other disorders. The causes of developmental disabilities are varied and often unexplained, although research is bringing increased awareness of the mechanisms of etiology.</p> <p>Developmental disabilities are not caused by limitations: they are manifested by limitations. Intellectual disability is considered a developmental disability if it occurs before age 12. Some developmental disabilities, particularly autistic spectrum disorder, may not be diagnosed until after that age, even into adult years, but they none the less were by definition present during the developmental period. A cognitive disability that results from a head injury in adolescence is not a developmental disability; in the same way that dementia is not a developmental disability.</p>	<p>If a developmental disability is suspected, appropriate referrals to specialists should be done for a comprehensive assessment.</p> <p>If a child has a developmental delay, it is important to get help as soon as possible. Early identification and intervention can have a significant impact on a child's ability to learn new skills, as well as reduce the need for costly interventions over time.</p>	<p>There are two parts in the developmental disabilities sector: the child, and adult sectors. Most supports are transitioned to the adult sector at 18 years. To continue services upon reaching 18 years of age, individuals may register with Developmental Services Ontario (DSO), Ontario Disability Support Program (ODSP), etc. They can, however, remain in school until their 21st year.</p> <p>DSO will complete any assessments for future services and funding. In cases where an individual is diagnosed with a developmental disability, and a behavioural or mental health issue, a psychiatric assessment might be required. The psychiatric assessment is provided through the mental health sector.</p> <p>Individuals can expect to receive a referral by a healthcare professional to relevant programs that support children and or adults with developmental disorders. These programs/services are provided through community hospitals and local community agencies. In Ontario, these programs are fully funded by the Ministry of Children and Community Social Services (MCSS).</p>	<p>Together with your (or your loved one's) health care professionals, develop a care plan that works for you or a family member, people should become aware of what high quality care looks like and to ask informed questions.</p> <p>The Ontario government wants to improve services and supports for children and adults who have developmental disabilities and their families through Quality assurance measures - rules that help agencies and Developmental Services Ontario provide high quality services and supports and meet set standards.</p> <p>Click on the following link to learn more about the Quality Assurance Measures: www.mcss.gov.on.ca/en/mcss/publications/developmentalServices/guide/regulation_qualityassurance.aspx</p>

Diagnosis/ Suspected Condition	Symptoms	What to do if you have not received a diagnosis	What to expect - Understanding and Planning Your Care	What to Expect: Quality Standards – Patient Reference Guide <small>(Aligned with Health Quality Ontario Quality Standards (HQO))</small>
Mood Disorders				
Borderline Personality Disorder	<p>Borderline Personality Disorder (BPD) is a condition characterized by difficulties regulating emotion. This means that people who experience BPD feel emotions intensely and for extended periods of time.</p> <p>This difficulty can lead to impulsivity, poor self-image, stormy relationships and intense emotional responses to stressors. Struggling with self-regulation can also result in dangerous behaviors such as self-harm such as cutting.</p>	<p>There is no definitive medical test to diagnose BPD, and a diagnosis is not based on one specific sign or symptom. BPD is best diagnosed by a mental health professional following a comprehensive clinical interview that may include talking with previous clinicians, reviewing previous medical evaluations and, when appropriate, interviews with friends and family.</p>	<p>The following treatment options may be used to manage Borderline Personality Disorder, however, each individual is different and therefore, treatment might look different for different people.</p> <p>Psychotherapy such as dialectical behavioral therapy (DBT) and cognitive behavioral therapy (CBT) can be very effective for managing BPD.</p> <p>Medications can also be helpful to a treatment plan, but there is no one medication specifically made to treat the core symptoms of BPD. Rather, several medications can be used to treat various symptoms.</p> <p>Short-term hospitalization may be necessary during times of extreme stress, and/or impulsive or suicidal behavior to ensure safety.</p>	

Diagnosis/ Suspected Condition	Symptoms	What to do if you have not received a diagnosis	What to expect - Understanding and Planning Your Care	What to Expect: Quality Standards – Patient Reference Guide (Aligned with Health Quality Ontario Quality Standards (HQO))
Mood Disorders				
Post-traumatic Stress Disorder	<p>Post-Traumatic Stress Disorder (PTSD) is an anxiety disorder triggered by a traumatic event that caused intense fear, helplessness or horror. It can result from a trauma an individual experienced personally, such as sexual assault, war, natural disaster, abuse, serious accident and captivity. Individuals can also develop PTSD after witnessing or learning of a violent or tragic event.</p> <p>A brief period of difficulty adjusting and coping to such trauma is common but if you have symptoms for longer than one month and cannot function as well as you did before the traumatic event, you may have PTSD. Symptoms typically appear within three months of the traumatic experience but sometimes occur months or even years later. They are usually grouped into the following three categories:</p> <p>Symptoms continued on page 17.</p>	<p>Symptoms of PTSD usually begin within three months after experiencing or being exposed to a traumatic event. Occasionally, symptoms may emerge years afterward. For a diagnosis of PTSD, symptoms must last more than one month. Symptoms of depression, anxiety or substance use often accompany PTSD.</p>	<p>PTSD treatment often includes both medications and psychotherapy, a combined approach that can help improve symptoms and teach skills to cope better with the traumatic event and its aftermath. PTSD can be treated and managed in several ways:</p> <ul style="list-style-type: none"> • Psychotherapy such as cognitive processing therapy or group therapy; • Medication management; • Self-management strategies such as self-soothing and mindfulness. 	

Diagnosis/ Suspected Condition	Symptoms Continued
Mood Disorders	
Post-traumatic Stress Disorder	<p>Re-experiencing:</p> <ul style="list-style-type: none"> • Recurrent and intense memories or flashbacks or upsetting dreams or nightmares about the traumatic event • Great psychological or physiological distress when certain things (such as objects or situations) remind them of the event. <p>Avoidance or emotional numbing:</p> <ul style="list-style-type: none"> • Trying to avoid thinking or talking about things that remind them of the traumatic event • Limited range of emotion • Decreased interest in activities once enjoyed • Feelings of hopelessness about the future • Memory problems • Difficulty maintaining close relationships. <p>Anxiety and increased emotional arousal:</p> <ul style="list-style-type: none"> • Trouble sleeping • Irritability or outbursts of anger • Being easily startled or frightened • Overwhelming guilt or shame • Self-destructive behaviour, such as substance abuse.



6. Summary – first steps in navigating and accessing mental health help

- a) Talk to your doctor about what you or your loved one is experiencing. Your doctor can either treat you directly or get you a referral to a psychiatrist, both of which are covered by OHIP. Don't have a family doctor? [Search here for a family doctor](#) on the College of Physicians website.
- b) Go through your workplace employee assistance program if you have one. Check what types of counselling or other services are covered by your benefits plan. This could result in faster access to services.
- c) You can access a mental health helpline anywhere in Ontario through **Connex Ontario** by dialing [1-866-531-2600](tel:1-866-531-2600).
- d) If your care plan includes prescribed medication and you are struggling to pay for the medication, tell your healthcare provider that you are struggling. Your health-care provider may be able to suggest lower-cost options.
- e) Wait times to see a psychiatric specialist in Ontario vary from one region to another and can range from 2 to 12 months. Resources outlined in [Section 2 – "Seeking help for the first time"](#) of this document might be helpful while you wait. There are also mental health organizations that can direct you to the right path for treatment — such as:
 - [The Canadian Mental Health Association](#)
 - [Mood Disorders Association of Ontario](#)
 - [Schizophrenia Society of Ontario](#)
 - [Centre for Mental Health and Addictions](#)
 - [Ontario Shores Centre for Mental Health Sciences](#)
 - [The Royal, Mental Health and Research Centre](#)

7. Some Key Mental Health Information

The Mental Health Act - The Mental Health Act sets out the criteria for voluntary, informal and involuntary admissions, as well as for the management of psychiatric out patients under Community Treatment Orders. It also protects the rights of psychiatric patients by requiring that patients receive formal rights advice in certain circumstances and providing for the review of informal and involuntary admissions, capacity to manage property and CTOs before the consent and capacity board.

Forensic Mental Health System - The term 'Forensics' is used in mental health to describe a situation where the legal and mental health systems interact. This occurs when an individual who has a serious mental illness comes in contact with the law as a result of committing a crime. The courts may find an individual [Not Criminally Responsible](#) or Unfit to Stand Trial on account of a mental illness. In these circumstances, the [Ontario Review Board \(ORB\)](#) will refer individuals to a mental health care facility with an order for assessment and/or treatment. The ORB is responsible to determine the level of security required to keep both the individual and the public safe.

Financial Support – While there is financial support available for certain situations, it is best to follow-up with the agency responsible directly. Please see the following list of financial supports available in Ontario. www.ementalhealth.ca/Ontario/Funding-and-Financial-Supports/index.php?m=heading&ID=383

Service Providers in Ontario – There are many service providers in Ontario that can support you on a variety of topics such as affordable housing options, community programs, addictions treatment, etc. Please see the following list of service providers in Ontario and contact the agency directly for more information. www.ontarioshores.ca/finding_help/other_useful_links

References:

Alzheimer's Society of Canada – www.alzheimer.ca

Canadian Mental Health Association – National – cmha.ca/mental-health/understanding-mental-illness/bipolar-disorder

Government of Canada – www.canada.ca/en/public-health/services/publications/diseases-conditions/report-canadian-chronic-disease-surveillance-system-mood-anxiety-disorders-canada-2016.html

Government of Canada – www.canada.ca/en/public-health/services/chronic-diseases/mental-illness/what-depression.html

Health Quality Ontario – www.hqontario.ca/Evidence-to-Improve-Care/Quality-Standards/View-all-Quality-Standards

Mental Health Commission of Canada – www.mentalhealthcommission.ca/sites/default/files/mhfa_fact_sheet_eng_0_0_0.pdf

Ontario Developmental Services – www.ontariodevelopmentalservices.ca

Ontario Government – www.ontario.ca/page/covid-19-support-people?

Ministry of Children, Community and Social Services – www.mcscs.gov.on.ca/en/mcscs/index.aspx

Ministry of Children, Community and Social Services – www.mcscs.gov.on.ca/en/mcscs/publications/developmentalServices/guide_regulation_qualityassurance.aspx

SHAMSA National Survey on Drug Use and Health: Mental Health Findings (2013) – www.samhsa.gov/data/sites/default/files/NSDUHmhfr2013/NSDUHmhfr2013.pdf

Schizophrenia Society of Canada – www.schizophrenia.ca

National Alliance on Mental Illness – www.nami.org

Ontario Shores Centre for Mental Health Sciences – www.ontarioshores.ca



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