MENTAL HEALTH & WELL-BEING RESOURCES

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What is Mental Health

- Mental health is a state of wellbeing in which you can realize your own potential, cope with the normal stresses of life, work productively, and make a contribution to your community. Good mental health protects us from the stresses of our lives and can even help reduce the risk of developing mental health issues.(https://www.mentalhealthcommission.ca/sites/default/files/2016-07/Youth_Strategy_Eng_2016.pdf)
- It's important to recognize that good mental health is not the same as "not having a mental health issue." Even if you develop a mental health issue, you can still experience good mental health and make progress along your personal journey toward recovery.(https://www.mentalhealthcommission.ca/sites/default/files/2016-07/Youth_Strategy_Eng_2016.pdf)
- There is no single cause of any mental health issue. Whether a mild mental health problem or a severe mental illness, mental health issues are the result of a complex mix of social, economic, psychological, biological, and genetic factors.(https://www.mentalhealthcommission.ca/sites/default/files/2016-07/Youth_Strategy_Eng_2016.pdf)
- The Mental Health Strategy for Canada defines recovery as living a satisfying, hopeful, and meaningful life, even when there are ongoing limitations caused by mental health issues. With the right combination of services and supports, many people who are living with even the most severe mental illnesses can experience signi cant improvements in their quality of life.(https://www.mentalhealthcommission.ca/sites/default/files/2016-07/Youth_Strategy_Eng_2016.pdf)
- Recovery does not imply a "cure." Yes, the full remission of symptoms may be possible for some. But for others, mental health issues should be thought of in the same way as diabetes or other chronic health problems – something that has to be managed over the course of your life but does not prevent you from leading a happy, ful lling life.(https://www.mentalhealthcommission.ca/sites/default/files/2016-07/Youth_Strategy_Eng_2016.pdf)
- Good mental health and wellbeing are important for all of us – no matter our age and whether or not we experience mental health issues. The principles of recovery apply to everybody. With children and youth, for example, a key focus should be on becoming resilient and attaining the best mental health possible as they grow. For seniors, it's about addressing the additional challenges that come with aging.(https://www.mentalhealthcommission.ca/sites/default/files/2016-07/Youth_Strategy_Eng_2016.pdf)
- Mental health issues can have many causes, ranging from the biological (such as chemical changes in the body) to the environmental (such as stressful life events). No one can predict for sure who will experience them and who won't. What we do know is that efforts to promote mental health, and to treat and prevent mental health issues and suicide, are more successful when they do the

following:(https://www.mentalhealthcommission.ca/sites/default/files/2016-07/Youth_Strategy_Eng_2016.pdf)

- Up to one in five kids living in the U.S. shows signs or symptoms of a mental health disorder in a given year. So in a school classroom of 25 students, five of them may be struggling with the same issues many adults deal with: depression, anxiety, substance abuse. And yet most children — nearly 80 percent — who need mental health services won't get them. (https://www.npr.org/sections/ed/2016/08/31/464727159/mental-health-in-schools-a-hidden-crisis-affecting-millions-of-students)
- Whether treated or not, the children do go to school. And the problems they face can tie into major problems found in schools: chronic absence, low achievement, disruptive behavior and dropping out.(https://www.npr.org/sections/ed/2016/08/31/464727159/mental-health-in-schools-a-hidden-crisis-affecting-millions-of-students)

Terms

- Mental health literacy comprises the ability to recognise mental health problems; knowledge and beliefs about risks, causes and effective treatments; and knowledge of how to seek mental health information and services
- **MENTAL HEALTH PROMOTION** builds conditions and capacity, across the life-span, to support good mental health. (http://www.health.gov.on.ca/en/common/ministry/publications/reports/bmhmbh/mental_health_adv_council.pdf)
- **PREVENTION** e orts reduce the occurrence, duration and impact of mental illness and addictions, typically by enhancing proven protective factors and reducing known associated risks.(http://www.health.gov.on.ca/en/common/ministry/publications/reports/bmhmbh/mental_health_adv_council.pdf)
- **EARLY INTERVENTION** is initiated early in life or early in the course of a mental illness or addiction, as a way of reducing the risk of escalation.(http://www.health.gov.on.ca/en/common/ministry/publications/reports/bmhmbh/mental_health_adv_council.pdf)

Prevelance

- A recent, large study from the United States reported that half of all life-long mental disorders start by 14 years of age, and three-quarters by 24 years of age.
- In Australia, the National Survey of Mental Health and Wellbeing (NSMHWB) found a prevalence of mental disorder of 27% of those in the 18-24year age range
- Annually, one-fifth of the 17 million adolescents in the United States has a diagnosable mental health disorder with at least mild functional impairment(Chandra & Minkovitz, 2006)

- More than 70% of adolescents who suffer from a mental health problem do not receive care (Chandra & Minkovitz, 2006)
- Nearly one-third (30.3%) of respondents reported that they were *not willing* to use mental health services, 49.6% were *somewhat willing*, and 20.1% were *very willing*. More boys than girls reported that they were *not willing* to use mental health services (37.7% vs. 22.8%,*p* .001).(Chandra & Minkovitz, 2006)
- barriers to care: *Too embarrassed by what other kids would say* (55.4% vs. 47.3%, *p* .05), *Don't trust counselor*(51.8% vs. 21.8%, *p* .001), *Don' t think getting counseling is helpful* (51.8% vs. 23.6%, *p* .001), and *Parents would not be okay with it* (28.9% vs. 9.1%, *p* .001). More boys than girls who cited parent disapproval were *not willing* to use services (32.4% vs. 20.2%, *p* .037)(Chandra & Minkovitz, 2006)
- Mental disorders are common in young people and make up close to one-third of the global burden of disease within adolescent populations (Kutcher, Wei, Mcluckie & Bullock, 2013)
- While most mental disorders are mild to moderate in intensity (Kessler et al., 2012), they are nonetheless associated with poor outcomes across social, educational, economic, interpersonal and health domains(Kutcher, Wei, Mcluckie & Bullock, 2013)
- Estimates suggest that approximately one in five young people will experience a mental disorder during their adolescent years with a substantial number developing chronic or recurrent patterns of illness(Kutcher, Wei, Mcluckie & Bullock, 2013)
- There is increasing evidence showing that the burden caused by mental illness and addiction exceeds that of many other conditions. For example, the burden of mental illness and addictions in Ontario is more than 1.5 times that of all cancers and more than seven times that of all infectious diseases(Boak, Hamilton, Adlaf, Henderson & Mann, 2016)
- The pervasiveness of mental health disorders and problems in youth underscores their public health importance. An estimated one-in-five to one-in-four (20%–25%) children and adolescents currently has or has had a mental health disorder (Boak, Hamilton, Adlaf, Henderson & Mann, 2016)
- In Canada and the U.S., suicide is the second leading cause of death among adolescents, following accidents (Boak, Hamilton, Adlaf, Henderson & Mann, 2016)
- In Ontario, there was an increase in emergency department visits and in hospital admissions for youth with anxiety and mood disorders between 2006/07 and 2011/12(Boak, Hamilton, Adlaf, Henderson & Mann, 2016)
- Suicide rates in Canada increased between 1980 and 2008 for female adolescents, but not males (Boak, Hamilton, Adlaf, Henderson & Mann, 2016)
- A recent systematic, comprehensive review of trend research on adolescent mental health concluded that emotional problems increased during the past 30 years in Western countries (Boak, Hamilton, Adlaf, Henderson & Mann, 2016)
- The identification of mental health problems, such as emotional and conduct disorders, diagnosed by family physicians in the U.S. increased between the late 1970s and late 1990s among children aged 4 to 15(Boak, Hamilton, Adlaf, Henderson & Mann, 2016)

- Research on emotional well-being shows no changes between 1976 and 2006 among adolescents regarding happiness, life satisfaction, hopelessness, or narcissism, but shows that later cohorts are less trusting and more cynical than earlier cohorts(Boak, Hamilton, Adlaf, Henderson & Mann, 2016)
- *"Ontarians experience a high burden of illness related to mental illness and addictions. Individuals may be encumbered by these illnesses at a young age, experiencing the disruption of important life transitions, and challenged by their ongoing burden over a long period of time."* (Ratnasingham et al., 2012, p. 7)(Boak, Hamilton, Adlaf, Henderson & Mann, 2016)
- Age/grade is also significantly related to mental health and well-being. Generally, poor physical health indicators (e.g., inactivity, sedentary behaviour), health risk behaviours (e.g., not wearing a helmet or seatbelt, texting while driving), internalizing problems (e.g., fair/poor self-rated mental health, distress), antisocial behaviour, gambling, and coexisting problems increase with grade. Physical fighting at school is more prevalent in the younger grades and declines in later adolescence.(Boak, Hamilton, Adlaf, Henderson & Mann, 2016)
- Our findings are consistent with many expectations of the adolescent stage of development. While most Ontario students are in good physical and mental health, a sizeable minority experience an array of functional impairments. Some mental health problem indicators, such as suicidal ideation and psychological distress remain high. (Boak, Hamilton, Adlaf, Henderson & Mann, 2016)
- One-in-eight Ontario students (an estimated 113,500) report past year suicidal ideation and one-in-twenty- five (an estimated 27,000) report a suicide attempt in the past year. These large population numbers should remind us of the vulnerability of this age group. Also concerning is that some mental health problem indicators, especially among females, show increases over time.(Boak, Hamilton, Adlaf, Henderson & Mann, 2016)
- Every year, 20 percent of Canadians experience a mental illness or an addiction.(http://www.health.gov.on.ca/en/common/ministry/publications/reports/bmhmbh/mental_health_adv_council.pdf)
- In Ontario, two million people see their doctor about mental health each year.3 Around 230,000 Ontarians had serious thoughts about suicide in the last year.4 One in six Ontario students in grades seven to 12 reports engaging in hazardous or harmful drinking and one in six Ontario high school students meets criteria for problem drug use.5 Researchers estimate that poor quality of life and premature death in Ontario are 1.5 times higher for mental illness and addictions than for all cancers combined.6(http://www.health.gov.on.ca/en/common/ministry/publications/reports/bmhmbh/mental_health_adv_council.pdf)
- The Ontario government, meanwhile, spends $3.5 billion every year directly on children, youth, and adult mental health and addictions services.7 Even more is spent by the province on a range of social, housing, educational, and vocational services that help people with mental illness and addictions to recover.Additional public investments are made by the federal and municipal governments. Across Canada,

adding up public expenditures, lost productivity and reductions in health-related quality of life, mental health and addictions cost $51 billion per year.(http://www.health.gov.on.ca/en/common/ministry/publications/reports/bmhmbh/mental_health_adv_council.pdf)

- While the majority (54%) of students rate their mental health as excellent or very good, almost one-in-five (19%) rate their mental health as fair or poor. (https://www.camh.ca/-/media/files/pdf---osduhs/mental-health-and-well-being-of-ontario-students-1991-2017---summary-osduhs-report-pdf.pdf)
- The percentage of students who rate their mental health as fair or poor today is significantly higher than estimates seen between 2007 (the first year of monitoring) and 2013 (about 11%-13%).(https://www.camh.ca/-/media/files/pdf---osduhs/mental-health-and-well-being-of-ontario-students-1991-2017---summary-osduhs-report-pdf.pdf)
- About 7% of students report low self- esteem (feeling very unsatisfied with oneself).(https://www.camh.ca/-/media/files/pdf---osduhs/mental-health-and-well-being-of-ontario-students-1991-2017---summary-osduhs-report-pdf.pdf)
- About 30% of students report experiencing an elevated level of stress or pressure in their lives.(https://www.camh.ca/-/media/files/pdf---osduhs/mental-health-and-well-being-of-ontario-students-1991-2017---summary-osduhs-report-pdf.pdf)
- Over one-third (39%) of students indicate a moderate-to-serious level of psychological distress (symptoms of anxiety and depression). One-in-six (17%) students indicate a serious level of psychological distress (representing about 159,400 students).(https://www.camh.ca/-/media/files/pdf---osduhs/mental-health-and-well-being-of-ontario-students-1991-2017---summary-osduhs-report-pdf.pdf)
- One-in-seven (14%) students had serious thoughts about suicide in the past year (an estimated 118,000 Ontario students), and 4% report a suicide attempt in the past year (an estimated 33,400 Ontario students).(https://www.camh.ca/-/media/files/pdf---osduhs/mental-health-and-well-being-of-ontario-students-1991-2017---summary-osduhs-report-pdf.pdf)
- The percentage reporting suicidal ideation has been stable in recent years, and is currently similar to the estimate seen in 2001 (11%), the first year of monitoring. There has been no change over time in the percentage reporting a suicide attempt.(https://www.camh.ca/-/media/files/pdf---osduhs/mental-health-and-well-being-of-ontario-students-1991-2017---summary-osduhs-report-pdf.pdf)
- One-in-five (21%) students report being bullied at school since the beginning of the school year (representing about 197,400 students). The most prevalent form of bullying victimization at school is verbal (17%), while 2% report that they are primarily bullied physically, and 2% of students are victims of theft/vandalism.(https://www.camh.ca/-/media/files/pdf---osduhs/mental-health-and-well-being-of-ontario-students-1991-2017---summary-osduhs-report-pdf.pdf)
- One-in-nine (11%) students report bullying others at school since September. The most prevalent form of bullying others at school is through verbal attacks (10%), followed by physical attacks (1%), and theft/vandalism (less than

1%).(https://www.camh.ca/-/media/files/pdf---osduhs/mental-health-and-well-being-of-ontario-students-1991-2017---summary-osduhs-report-pdf.pdf)

- One-in-five (21%) students report being bullied over the Internet in the past year. This estimate represents about 191,600 students.(https://www.camh.ca/-/media/files/pdf---osduhs/mental-health-and-well-being-of-ontario-students-1991-2017---summary-osduhs-report-pdf.pdf)
- One-in-ten (10%) students report bullying others over the Internet in the past year.(https://www.camh.ca/-/media/files/pdf---osduhs/mental-health-and-well-being-of-ontario-students-1991-2017---summary-osduhs-report-pdf.pdf)
- The percentage reporting being cyberbullied has remained stable since 2011 (22%), the first year of monitoring.(https://www.camh.ca/-/media/files/pdf---osduhs/mental-health-and-well-being-of-ontario-students-1991-2017---summary-osduhs-report-pdf.pdf)
- The majority (86%) of students visit social media sites daily. One-in-five (20%) students spend five hours or more on social media daily.(https://www.camh.ca/-/media/files/pdf---osduhs/mental-health-and-well-being-of-ontario-students-1991-2017---summary-osduhs-report-pdf.pdf)
- The percentage of students who report spending five hours or more on social media per day is significantly higher in 2017 than in 2015 (16%) and 2013 (11%), the first year of monitoring.(https://www.camh.ca/-/media/files/pdf---osduhs/mental-health-and-well-being-of-ontario-students-1991-2017---summary-osduhs-report-pdf.pdf)
- Almost one-third (30%) of secondary school students spend five hours or more per day on electronic devices (smartphones, tablets, laptops, computers, gaming consoles) in their free time.(https://www.camh.ca/-/media/files/pdf---osduhs/mental-health-and-well-being-of-ontario-students-1991-2017---summary-osduhs-report-pdf.pdf)
- About one-in-six (18%) secondary school students report symptoms that may suggest a moderate-to-serious problem with technology use (preoccupation, loss of control, withdrawal, problem with family/friends). About 5% of secondary school students report symptoms that may suggest a serious problem with technology use (representing about 33,300 secondary school students).(https://www.camh.ca/-/media/files/pdf---osduhs/mental-health-and-well-being-of-ontario-students-1991-2017---summary-osduhs-report-pdf.pdf)

Psychosocial health

- Encompases the mental, emotional, social and spiritual dimensions of health (Insel, Rothm Irwin & Burke, 2012)
- Cannot be psychologically normal, determined on the basis of symptoms alone, determined from the way people look (Insel, Rothm Irwin & Burke, 2012)
- It is the absence of mental sickness, presence of mental wellness, and fulfilment of human potential (Insel, Rothm Irwin & Burke, 2012)

- Maslows heirarchy of needs described as an ideal of mental health(Insel, Rothm Irwin & Burke, 2012)
    - Self actualized individuals are psychologically healthy individuals
- Characteristics of a psychologically healthy individual from canadian mental health association (Insel, Rothm Irwin & Burke, 2012)
    - Feel comfortable about themselves; experence the full range of human emotions but are not overcome by them
    - Interact well with others; are able to give and recieve love; have satisfying relationships
    - Able to meet the demands of life; respond appropriately to problems, accept responsibility, establish realistic goals
    - Striking a balance in all aspects of your life
    - Resilience - the ability to recapture a sense of psychological wellness within a reasonable time after encountering difficult situation

Psychological disorders

- Many people have a less than optimal level of psychological health (Insel, Rothm Irwin & Burke, 2012)
- Most of us will either have emotional problems ourselves or know someone who is experiencing them (Insel, Rothm Irwin & Burke, 2012)
- Results from many factors (e.g. genetic differences, learning and life events) (Insel, Rothm Irwin & Burke, 2012)

Mood Disorders

- Mood disorders affect the way you feel, which also affects the way you think and act. (CMHA)

Depresion

- An emotional state characterized by feelings of sadness, melancholy, dejection, worthlessness, emptiness, and hopelessness that are inappropriate and out of proportion to reality - mosby 1997 (Insel, Rothm Irwin & Burke, 2012)
- Depression is a type of mental illness called a mood disorder (CMHA)
- With depression, you may feel 'down,' hopeless, or find that you can't enjoy things you used to like. Many people who experience depression feel irritable or angry. And some people say that they feel 'numb' all the time.(CMHA)
- ecognizing depression in young people can be more difficult than recognizing depression in adults because young people experience so many changes. You may wonder what is 'normal' and what might be a problem. Also, many children and teens may not want to talk about their feelings, or may have their own explanation for their experiences. However, you may still notice the following changes.(CMHA)

    - Changes in feelings: Your child may show signs of being unhappy, worried, guilty, angry, fearful, helpless, hopeless, lonely, or rejected.
    - Changes in physical health: Your child may start to complain of headaches or general aches and pains that you can't explain. They may feel tired all the time or have problems eating or sleeping. Your child may unexpectedly gain or lose weight.
    - Changes in thinking: Your child may say things that indicate low self-esteem, self-dislike or self-blame—for example, they may only talk about themself negatively. They may have a hard time concentrating. In some cases, they may show signs that they're thinking about suicide.
    - Changes in behaviour: Your child might withdraw from others, cry easily, or show less interest in sports, games, or other fun activities that they normally enjoy. They might over-react and have sudden outbursts of anger or tears over small incidents.
    - Some of these changes may be signs of mental health problems other than depression. It's important to look at the bigger picture: how intense the changes are, how they impact your child's life, and how long they last. It's particularly important to talk to your child if you've noticed several changes lasting more than two weeks.
- Depression often starts between the ages of 15 and 30, but it can affect anyone—even teens and younger children. (CMHA)
- While we don't know exactly what causes depression, many factors are likely at play. These include family history, personality, life events, and changes in your child's body. Certain medications and physical illnesses can also contribute to depression. (CMHA)
- Depression is very treatable. Children, teens, and adults can all recover from depression. For children and teens in particular, early treatment is important so they can get back to their education and other goals as quickly as possible. (CMHA)
- Support for a young person who experiences depression may come from several different people and places. Your family doctor is often the first place you start, but you may also find support through people like psychiatrists, psychologists, counsellors, social workers, or peer support workers. Many communities offer programs that support healthy children and build social connections—these are also helpful in preventing depression. (CMHA)
- Schools are also an important place for all children. Many schools offer programs that build skills, resiliency, and supports. If you're concerned about your child's health, teachers and school counsellors can describe changes they've seen or problems they've noticed during the school day. If your child is diagnosed with a mental illness, your child's school may make small changes to support your child's learning goals. Many schools offer counselling or referrals to community services. (CMHA)
- Many children start with counselling like cognitive-behavioural therapy (or 'CBT'). CBT teaches people how their thoughts, feelings, and actions work together. It also teaches skills such as healthy thinking, problem solving, and stress management. CBT

has been widely adapted for different groups and different situations, and it's also useful to prevent depression. (CMHA)

- Self-care strategies to stay well are important for everyone. This includes eating well, exercising, spending time with others, and making time for fun activities. Ask your care team for ideas. They can also recommend programs or services in your community that support healthy living. (CMHA)
- Support groups may also be helpful. Support groups are an opportunity to share experiences and learn from others. There are also groups specifically for caregivers and family members. (CMHA)
- Your child may also be prescribed an antidepressant if other options don't seem to help. This is a group of medications used to treat depression and other mental illnesses. The decision to use medication can be complicated, especially if your child is young. Medications can be helpful for some children, but there may be extra risks to consider. It's important to have an honest discussion with your doctor so you know what to expect. Most professionals will consider medication for children under the age of 18 as a second option to other approaches, like counselling.(CMHA)
- Becomes an illness when these feelings are severe, last for several weeks, and begin to interfere with one's work and social life (Insel, Rothm Irwin & Burke, 2012)
- Any of the following may be indicators of depression (Insel, Rothm Irwin & Burke, 2012)
    - Feeling worthless, helpless, or hopeless
    - Sleeping more or less than usual
    - Eating more or less than usual/weight loss
    - Having difficulty concentrating or making decisions
    - Loss of interest in doing usual activities
    - Decreased sex drive
    - Avoiding other people
    - Overwhelming feelings of sadness or grief
    - Feeling unreasonably guilty
    - Decreased energy, feeling very tired
    - Thoughts of death or suicide
- At any given time, almost 3 million canadians suffer from depression (Insel, Rothm Irwin & Burke, 2012)
- Women are nearly twice as likely as men to be clinically depressed (Insel, Rothm Irwin & Burke, 2012)
- Only approx. 35% of depressed people seek help (Insel, Rothm Irwin & Burke, 2012)
- Individuals with depression commonly have a number of compounding problems (e.g. family problems, difficulty with social relationships) (Insel, Rothm Irwin & Burke, 2012)
- Depression is a common factor related to most suicides (Insel, Rothm Irwin & Burke, 2012)
- Types of depression (Insel, Rothm Irwin & Burke, 2012)
    - Major depression

        - Primary or "endogenous" depression - begins for no apparent reason and is likely caused by changes in brain chemistry
        - Secondary or "exogenous" depression - develops after periods of difficulty (e.g. divorce, loss of job)
    - Dysthymia
        - Persistent symptoms of mild or moderate depression for 2 years or more
- Treating depression (Insel, Rothm Irwin & Burke, 2012)
    - Most effective treatment for major depression are psychotherapy and antidepressant medications
    - Both treatments can be effective when used alone or in combination
    - Contrasts with the heavy reliance on antidepressive medication alone favoured during the past decade
    - Recovery within two years is not uncommon, although never assured
    - Psychotherapy
        - Typically a form of cognitive-behavioural therapy (CBT) in which the depressed person learns how to recognize and deal with life situations in a constructive fashion
    - Drug therapy
        - Involves one or more of the 4 classic antidepressive medications
            - Monoamine oxidase (MAO) inhibitors
            - Tricyclic antidepressants (TCAs)
            - Selective serotonin reuptake inhibitors (SSRIs)
            - Seratonin/norepinephrine reuptake inhibitors (SNRIs)
    - Physical activity
        - Endorphin levels and effects on brain chemistry and hormonal levels partly explain why this is a powerful antidote for depression
    - Electroconvulsive therapy (ECT)
        - Delivers an electric shock to the brain inducing a brief seizure; debated issue
    - Complimentary treatments (e.g. St. John's wort)
        - Should be viewed with caution and should only be used after consultation with your physician

Suicide

- Often associated w severe depression (Insel, Rothm Irwin & Burke, 2012)
- 2nd leading cause of death among young youth (Insel, Rothm Irwin & Burke, 2012)
- Young women attempt suicide about 3x more often than young men, but males are 4x more likely to die from suicide (Insel, Rothm Irwin & Burke, 2012)
- Suicidal individuals tend to become overwhelmed by destructive emotions (anxiety, anger, lonliness, loss of self esteem, etc) (Insel, Rothm Irwin & Burke, 2012)
- Most suicidal individuals have depressive disorders and feel helpless and powerless over their lives (Insel, Rothm Irwin & Burke, 2012)

- "…everything from the stress of moving away from home, to academic demands, social pressures, parents' expectations, and a looming recognition of the tough job market awaiting them. More students than ever are entering university with a pre-existing diagnosis of mental illness, and there's less stigma attached to getting help. This party explains the flood that counsellors are seeing. But there's something else going on, too. Some wonder if today's students are having difficulty coping with the workd around them, a world where they can't unplug, can't relax, and believe they must stay at the top of their class, no matter what" Maclean's Magazine, 2012 (Insel, Rothm Irwin & Burke, 2012)
- Risk factors to suicide (Insel, Rothm Irwin & Burke, 2012)
    - Little to no support system
    - Made previous suicide attempts
    - A family history of mental illness
    - A family history of substance abuse or eating disorders
    - A family history of suicide
    - Problems with drugs or alcohol
    - Possession of a firearm
    - Exposure to suicidal behaviour of others, including through the media
- Prevention (Insel, Rothm Irwin & Burke, 2012)
    - Important to be alert for signs in the people you know
    - Individuals should be guided toward professional intervention if signs begin to appear
    - Most suicide prevention centres operate 24hr hotlines

Other Mood disorders

- Bipolar disorder (Insel, Rothm Irwin & Burke, 2012)
    - Characterized by alternating periods of depression and mania
        - Characterized by excessive elation, irritability, talkativeness, inflative self esteem and expansiveness
    - Treated primarily with mood stabilizers
    - Equal numbers of men and women
- Schizophrenia (Insel, Rothm Irwin & Burke, 2012)
    - Involves a disturbance in thinking and in perceiving reality
    - Characterized by one or more of the following
        - Disorganized thoughts
        - Inappropriate emotions
        - Delusions
        - Auditory hallucinations
        - Deteriorating social and work functioning
    - Regular medication (i.e. antipsychotics) can shorten the period when symptoms are present
- Anxiety disorders (Insel, Rothm Irwin & Burke, 2012)
    - Anxiety disorders are differentiated from daily stress because the stress is:

        - Intense, often debilitating; people sometimes think they are going to die
        - Long lasting, persisting after the danger or stressful event has passed
        - Dysfunctional, causing significant interference in life
    - Group of disorders which affect behaviour, thoughts, emotions, and physical health - CMHA
    - 2nd most common of all mental health problems
    - Estimated to affect 1 in 10 canadians
    - More prevelant among females
    - Affect children as well as adults
    - Believed to be caused by a combination of biological factors and personal circumstances
    - Simple (specfic) phobia
        - Most common anxiety disorder
        - Persistent and excessive fear of a specific object, activity, situation
        - Can originate in bad experiences
    - Social phobia
        - Characterized by feelings of dread and emabressment while being observed by others (e.g. public speaking, social situations)
    - Panic disorders
        - Afffects aprrox 2 million canadians
        - ⅔ of those who seek help are women
        - Characterized by panic attacks - individuals experience severe physical symptoms
        - Panic attack can occur “out of the blue” or because of a trigger and can last for a few minutes or for hours
        - Can lead to agoraphobia - fear of being in places/situations which would be difficult to escape from of find help in
    - Generalized anxiety disorder
        - Characterized by intense and nonspecific anxiety for at least 6 months, in which the intensity and frequency of worry is excessive and out of proportion to the situation
        - Often accompanied by depression
    - Obsessive- compulsive disorder (OCD)
        - Charcteried by obsessions (reccurent, intrusive thoughts, or impulses causing destress) and/or compulasions (repetitive behaviours aimed at reducing anxiety associated with the obsessive thoughts)
    - Post traumatic stress disorder (PTSD)
        - Reaction to severely traumatic events that produce a sense of terror and helplessness
        - Characterized by reliving traumatic events through dreams, flashbacks, and/or hallucinations
        - Often accompanied by sleep disturbances, withdrawl and symptoms of anxiety and depression

        - Symptoms typically begin within 3 months of the traumatic event, although they may surface many years later
    - Treating anxiety disorders
        - Typically involves a combination of medication and cognitive behavioural therapy (CBT) for panic disorders, OCD, and GAD
        - Some evidence of a deficiency in serotonin or a disturbance in metabolizing seretonin - antidepresents increase seretonin levels
        - Stress management and/or coping techniques
        - Relaxation techniques
        - Exercise, proper nutrition, avoiding certain stimulants (e.g. caffeine)

Anxiety disorders

- We all feel nervous or worried at times. This anxiety can be a helpful feeling when it motivates us or warns us of danger. An anxiety disorder, on the other hand, causes unexpected or unhelpful anxiety that seriously impacts our lives, including how we think, feel, and act. (CMHA)
- A phobia is an intense fear around a specific thing like an object, animal, or situation. Most of us are scared of something, but these feelings don't disrupt our lives. With phobias, people change the way they live in order to avoid the feared object or situation.(CMHA)
- Panic disorder involves repeated and unexpected panic attacks. A panic attack is a feeling of sudden and intense fear that lasts for a short period of time. It causes a lot of physical feelings like a racing heart, shortness of breath, or nausea. Panic attacks can be a normal reaction to a stressful situation, or a part of other anxiety disorders. With panic disorder, panic attacks seem to happen for no reason. People who experience panic disorder fear more panic attacks and may worry that something bad will happen as a result of the panic attack. Some people change their routine to avoid triggering more panic attacks.(CMHA)
- Agoraphobia is fear of being in a situation where a person can't escape or find help if they experience a panic attack or other feelings of anxiety. A person with agoraphobia may avoid public places or even avoid leaving their homes.(CMHA)
- Social anxiety disorder involves intense fear of being embarrassed or evaluated negatively by others. As a result, people avoid social situations. This is more than shyness. It can have a big impact on work or school performance and relationships.(CMHA)
- Generalized anxiety disorder is excessive worry around a number of everyday problems for more than six months. This anxiety is often far greater than expected—for example, intense anxiety over a minor concern. Many people experience physical symptoms too, including muscle tension and sleep problems.(CMHA)
- Obsessive-compulsive disorder is made up of unwanted thoughts, images, or urges that cause anxiety (obsessions) or repeated actions meant to reduce that anxiety (compulsions). Obsessions or compulsions usually take a lot of time and cause a lot of distress.(CMHA)

- Post-traumatic stress disorder can occur after a very scary or traumatic event, such as abuse, an accident, or a natural disaster. Symptoms of PTSD include reliving the event through nightmares or flashbacks, avoiding reminders of the traumatic event, and feeling unsafe in the world, even when a person isn't in danger.(CMHA)
- Anxiety disorders can affect anyone at any age, and they are the most common mental health problem. Sometimes, anxiety disorders are triggered by a specific event or stressful life experience. Anxiety disorders may be more likely to occur when we have certain ways of looking at things (like believing that everything must be perfect) or learn unhelpful coping strategies from others. But sometimes there just doesn't seem to be a reason.(CMHA)
- Many people who experience an anxiety disorder think that they should just be able to 'get over it' on their own. Others may need time to recognize how deeply anxiety affects their life. However, anxiety disorders are real illnesses that affect a person's well-being. It's important to talk to a doctor about mental health concerns. Some physical health conditions cause symptoms of anxiety. A doctor will look at all possible causes of anxiety.(CMHA)
- Normal, expected anxiety is part of being human. Treatment should look at reducing unhelpful coping strategies and building healthy behaviours that help you better manage anxiety.(CMHA)
- Each anxiety disorder has its own specific treatments and goals, but most include some combination of the following strategies:(CMHA)
- An effective form of counselling for anxiety is cognitive-behavioural therapy (or 'CBT'). CBT teaches you how your thoughts, feelings, and behaviours work together. A goal of CBT is to identify and change the unhelpful patterns of thinking that feed anxious thoughts. CBT can help you identify problem behaviours and replace them with helpful strategies. It's often the first treatment to try for mild or moderate problems with anxiety.(CMHA)
- Some people also find antianxiety or antidepressant medication helpful. Medication can help with the physical feelings of anxiety. It may also make anxious thoughts less frequent or intense, so it can be easier to learn helpful coping strategies. Some people take medication until their anxiety is controlled enough to try therapies like CBT.(CMHA)
- Many different skills can help people manage anxiety, such as stress management, problem-solving, and relaxation. Mindfulness—developing awareness of the present moment without judgement—may also help. Practices that support wellness, such as eating well, exercising, having fun, and connecting with others, are also important.(CMHA)
- MINDFULLNESS ACTIVITY
- Remind yourself that the illness is the problem—anger, frustration, or behaviours related to anxiety are nobody's fault. Be patient—learning and practicing new coping strategies takes time. If your loved one is learning new skills, offer to help them practice. Listen and offer support, but avoid pushing unwanted advice. Set boundaries and seek support for yourself, if needed.If other family members are

affected by a loved one's anxiety disorder, consider seeking family counselling.(CMHA)

- Anxiety is a normal and expected response to a threat. It's what helps you notice danger and keeps you safe until a threat passes. Threats are not just about physical safety. Threats can include conflict at home, deadlines or expectations at school, or fitting in with social groups.(CMHA)
- Some anxiety is necessary, even helpful. It's what motivates people to take action or work hard to meet a goal. However, too much anxiety or anxiety that feels out of control can take a toll on health and well-being. Anxiety is the most common mental health problem in young people. About 3% of Canadian children or youth experience an anxiety disorder. Yet anxiety may be dismissed in young people because they are still learning about the world and are naturally a little more anxious than most adults. Even if the worries or fears seem small from an adult perspective, those feelings are very real for the young person.(CMHA)
- Anxiety might be a problem when it is stronger than you'd expect, lasts much longer than you'd expect, or comes up often or feels out of control. It can cause problems with sleep or appetite, disrupt schoolwork or learning, and create other challenges. These anxiety problems show that someone might need help learning to cope with anxiety. Unhelpful anxiety can be harmful even when it doesn't meet the criteria of an anxiety disorder, so any young person who experiences unhelpful anxiety may see the benefits of mental health help and support.(CMHA)
- Anxiety disorders are a group of mental illnesses involving excessive anxiety. Anxiety disorders can be very difficult, yet they aren't always taken seriously. Anxiety problems that start in childhood may get worse over time. Even when anxiety problems appear to clear up on their own, people who experienced anxiety problems in childhood are more likely to experience an anxiety disorder later in life. Early treatment and support not only help children and teens get back to their usual lives, they build resiliency and teach skills that can last a lifetime.(CMHA)
- Here are anxiety disorders that young people may experience:(CMHA)
    - Generalized anxiety disorder—Excessive worry that comes up often and is difficult to control.
    - Panic disorder—Recurring panic attacks and fears about having more panic attacks. (A panic attack is a period of sudden, intense fear that peaks quickly.)
    - Agoraphobia—An intense fear of having a panic attack outside the home and being unable to leave or escape, leading to avoidance of spaces like school, public transportation, or large crowds.
    - Phobias—Intense and unrealistic fears of a specific object, situation, or event.
    - Social phobia or social anxiety disorder—An intense fear of social situations.
    - Separation anxiety disorder—Extreme anxiety when separated or expecting to be separated from parents or caregivers.
    - Selective mutism—Consistently refusing to speak in specific situations.
- **COMMON SIGNS OF ANXIETY PROBLEMS**(CMHA)
    - Refusing to go to school, participate in other activities, or see friends
    - Difficulties at school, like problems concentrating or speaking in class

    - Becoming very upset when parents or caregivers leave
    - Often seeking reassurance that everything will be okay
    - Avoiding specific things, like dogs, or situations, like large crowds
    - Becoming very upset over minor problems or conflicts
    - Expressing a lot of concerns or asking a lot of "What if…?" questions
    - Difficulties sleeping well or eating well
    - Physical complaints like stomach aches, headaches, shakiness, or dizziness
    - Having panic attacks more than occasionally
- Some of these signs are not unique to anxiety disorders. If you notice these signs, it's a good idea to seek help from your doctor or a mental health professional.(CMHA)

Eating disorders

- Every day, we are surrounded by different messages from different sources that impact the way we feel about the way we look. For some, poor body image is a sign of a serious problem: an eating disorder. Eating disorders are not just about food. They are often a way to cope with difficult problems or regain a sense of control. They are complicated illnesses that affect a person's sense of identity, worth, and self-esteem.(CMHA)
- There are three main types of eating disorders: anorexia nervosa, bulimia nervosa, and binge-eating disorder.(CMHA)
- The signs of an eating disorder often start before a person looks unwell, so weight should never be the only consideration.(CMHA)
- A person who experiences anorexia nervosa may refuse to keep their weight at a normal weight for their body by restricting the amount of food they eat or exercising much more than usual. They may feel overweight regardless of their actual weight. They may think about their body weight often and use it to measure their self-worth. Restricting food can affect a person's entire body. Anorexia nervosa can cause heart and kidney problems, low blood iron, bone loss, digestive problems, low heart rate, low blood pressure, and fertility problems in women. As many as 10% of people who experience anorexia die as a result of health problems or suicide.(CMHA)
- Bulimia nervosa involves periods of uncontrollable binge-eating, followed by purging (eliminating food, such as by vomiting or using laxatives). People who experience bulimia nervosa may feel overweight regardless of their actual weight. They may think about their body weight often and use it to measure their self-worth. Health problems caused by bulimia nervosa may include kidney problems, dehydration, and digestive problems. Vomiting often can damage a person's teeth, mouth, and throat(CMHA)
- Binge-eating disorder involves periods of over-eating. People who experience binge-eating disorder may feel like they can't control how much they eat, and feel distressed, depressed, or guilty after bingeing. Many people try to keep bingeing a secret. Binge-eating can be a way to cope or find comfort, and it can sometimes develop after dieting. Some people may fast (not eat for a period of time) or diet after periods of binge-eating. Binge-eating disorder can increase the risk of Type 2 diabetes, high blood pressure, or weight concerns.(CMHA)

- Eating disorders can affect anyone, but some people may be at higher risk. People who experience lower self-esteem or poor body image, perfectionism, or difficulties dealing with stress may be more likely to experience an eating disorder. A lack of positive social supports and other important connections may also play a big part. In some cases, eating disorders can go along with other mental illnesses.(CMHA)
- Our beliefs around body image are also important. While the media may often portray thinness as an ideal body type, this alone doesn't cause an eating disorder. How we think about those messages and apply them to our lives is what affects our self-esteem and self-worth.(CMHA)
- You may have a lot of difficult feelings around finding help—it isn't always an easy step to take. Many people who experience an eating disorder are scared to go into treatment because they may believe that they will have to gain weight. Many also feel a lot of shame or guilt around their illness, so the thought of talking about very personal experiences can seem overwhelming. Some people find comfort in their eating behaviours and are scared to find new ways to cope. Restricting food, bingeing, and purging can lead to serious health problems, but eating disorders are treatable and you can recover. A good support team can help you through recovery and teach important skills that last a lifetime.(CMHA)
- Treatment for an eating disorder usually involves several different health professionals. Some people may need to spend time in hospital to treat physical health problems.(CMHA)
- Counselling helps people work through problems and develop skills to manage problems in the future. There are different types of counselling, including cognitive-behavioural therapy, dialectical behaviour therapy, and interpersonal therapy. The entire family may take part in counselling, particularly when a young person experiences an eating disorder.(CMHA)
- It can be very helpful to connect with support groups. They're an opportunity to share experiences and recovery strategies, find support, and connect with people who understand what you're experiencing. There may also be support groups for family and friends affected by a loved one's eating disorder.(CMHA)
- There are many self-help strategies to try at home. Skills like problem-solving, stress management, and relaxation techniques can help everyone cope with challenges or problems in a healthy way. You'll find many different skills like these in counselling, but you can practice them on your own, too. And it's always important to spend time on activities you enjoy and connect with loved ones.(CMHA)
- A dietitian or nutritionist can teach eating strategies and eating habits that support your recovery goals. This is also called "nutritional counselling."(CMHA)
- While there are no medications specifically for eating disorders, medication may help with the mood problems that often go along with an eating disorder.(CMHA)
- Eating disorders can cause physical health problems, so you may need regular medical care and check-ups.(CMHA)
- Supporting a loved one who experiences an eating disorder can be very challenging. Many people feel upset or even frightened by their loved one's beliefs, behaviours,

or state of well-being. An approach that focuses on support and understanding rather than control is best. Here are some tips to help you support a loved one:(CMHA)

- Remember that eating disorders are a sign of much bigger problems. Avoid focusing on food or eating habits alone.
- Be mindful of your own attitudes and behaviours around food and body image.
- Never force someone to change their eating habits or trick someone into changing.
- Avoid reacting to a loved one's body image talk or trying to reason with statements that seem unrealistic to you.
- If your loved one is an adult, remember that supporting help-seeking is a balance between your own concerns and their right to privacy.
- If your loved one's experiences are affecting other family members, family counselling may be helpful
- Don't be afraid to set boundaries and seek support for yourself.

- Body image activity

What is mental health

Risk Factors

- About half (49%) of secondary school students report none of the following four problems: psychological distress, antisocial behaviour, hazardous/harmful drinking, or a drug use problem. About 33% of secondary school students report one of these problems, about 10% report two of these problems, 6% report three, and 2% report all four problems.(Boak, Hamilton, Adlaf, Henderson & Mann, 2016)
- Sex differences(Boak, Hamilton, Adlaf, Henderson & Mann, 2016)
    - There are many differences between males and females regarding mental health and well-being. Males are significantly more likely than females to: engage in daily physical activity, be classified as overweight/obese get at least eight hours of sleep, engage in antisocial behaviour, carry a weapon, fight at school, be harmed/threatened at school gamble money, have a gambling problem, play video games daily,
    - Females are significantly more likely than males to: rate their physical health as fair/poor be physically inactive, use prescription opioid pain relievers,

medically, seek mental health counselling, have a video gaming problem, have an unmet need for mental health support, use prescription tranquillizers medically, be prescribed medication for, anxiety/depression or both, rate their mental health as fair/poor, have low self-esteem, feel stressed, feel psychological distress, contemplate and attempt suicide, have symptoms of ADHD, be bullied at school, be cyberbullied, spend more hours daily on social media, have coexisting problems.

- Grade is also significantly related to mental health and well-being. Generally, poor physical health indicators (e.g., inactivity, sedentary behaviour), health risk behaviours (e.g., not wearing a helmet or seatbelt, texting while driving), internalizing problems (e.g., fair/poor self-rated mental health, stress, psychological distress), antisocial behaviour, gambling, and coexisting problems significantly increase with grade. Physical fighting at school is more prevalent in the younger grades and declines in later adolescence.(Boak, Hamilton, Adlaf, Henderson & Mann, 2016)
- he World Health Organization defines optimum health as "*physical, mental, and social well-being, and not merely the absence of disease and infirmity*" (World Health Organization, 1948). (Boak, Hamilton, Adlaf, Henderson & Mann, 2016)
- hus, well-being should convey not only the absence of impairments and disabilities, but also the presence of positive personal and interpersonal resources that foster a better quality of life.(Boak, Hamilton, Adlaf, Henderson & Mann, 2016)
- The physical, mental, and social well-being of youth are important matters for several reasons, not the least of which is their long-lasting effects over the life course (Boak, Hamilton, Adlaf, Henderson & Mann, 2016)
- Childhood and adolescence are pivotal developmental stages during which many life- long health behaviours, beliefs, and attitudes become established. Therefore, healthy children have a better chance to become healthy adults.(Boak, Hamilton, Adlaf, Henderson & Mann, 2016)
- Both strategies contend that greater attention to child and adolescent mental health and well-being will contribute to enduring benefits to individuals and families as well as long-term economic benefits to larger sectors such as the health, social service, and justice systems, and the country as a whole.(Boak, Hamilton, Adlaf, Henderson & Mann, 2016)
- Poor physical health, obesity, physical inactivity, sedentary behaviour, lack of sleep, and poor diet among children and adolescents are especially concerning given that these health states and behaviours are likely to continue into adulthood, leading to future morbidity or mortality(Boak, Hamilton, Adlaf, Henderson & Mann, 2016)
- Further, poor physical health is associated with concurrent negative school experience, lower academic performance, and poor mental health (Boak, Hamilton, Adlaf, Henderson & Mann, 2016)

Effects into Adulthood

- The onset of most mental disorders occurs during adolescence or young adulthoodand most cases go unrecognized and untreated. For many, these

conditions endure into adulthood and, in turn, result in elevated markers of health problems, such as years of life lost (YLL) and health-adjusted life years (HALYs)(Boak, Hamilton, Adlaf, Henderson & Mann, 2016)
- Mental health impairments during the formative years can also adversely affect social, legal, and financial outcomes in adulthood(Boak, Hamilton, Adlaf, Henderson & Mann, 2016)

Mental Health Promotion

- Gale (2001) argues that mental health promotion can benefit all persons, regardless of whether they have experienced mental health problems. This idea is a cornerstone of the UK National Service Framework for Mental Health (Department of Health [DoH], 1999), where one aim is to ensure ''health and social services promote mental health and reduce the discrimination and social exclusion associated with mental health problems''(Essler, Arthur, Stickley, 2006)
- A recent report from the Office of the British Deputy Prime Minister on social exclusion and mental health (Social Exclusion Unit [SEU], 2004) recognized the need for educational initiatives in schools to promote mental health. Mental health promotion in schools has been described as one way of raising awareness about mental health as well as enhancing personal mental health (Dunn, 1999).(Essler, Arthur, Stickley, 2006)
- There is clearly potential for the arts as a mental health promotion tool and it was apparent that the pupils in our study enjoyed the way this was delivered through humour, fun, and pathos. However, we would caution against attempts at theatre in education or any mental health promotion activity in schools without careful thought and preparation so as not to re-enforce ridicule or belittlement.(Essler, Arthur, Stickley, 2006)
- Our study suggests that creative interventions within schools can improve awareness and dispel myths about mental health problems and people who experience them.(Essler, Arthur, Stickley, 2006)
- As Crisp et al. (2000) identify, there is a need for both an increase of knowledge of mental health problems, and also a reduction in discrimination.(Essler, Arthur, Stickley, 2006)
- Providing mental health promotion for young people alone is inadequate, they may gain knowledge about mental health problems and how they might recognize symptoms, but without targeted education they will not have an understanding of stigma and the effects it has. Young people also need an understanding of their own values and beliefs to be able to see the effects that attitudes and behaviours can have on others.(Essler, Arthur, Stickley, 2006)
- Bracken and Thomas (2000) consider public education in general to be successful with all ages when attempting to decrease stigma. However they assert that there is a need for more political interventions including laws and campaigns for the promotion

of positive attitudes and challenging overt social discrimination.(Essler, Arthur, Stickley, 2006)

Mental Health Help

- Factors contributing to unmet need among adolescents may include inaccessibility of mental health services, lack of problem recognition, and negative attitudes toward mental health services(Chandra & Minkovitz, 2006)
- The reluctance of young people to seek help for mental health problems is increasingly acknowledged as a challenge to effective early intervention approaches.
- Engaging in appropriate help is widely recognised as a generic protective factor, and early treatment and prevention are vital during adolescence and young adulthood (12–24 years) because of the high prevalence of mental health problems at this stage of life
- While young people have the greatest need for mental health interventions, they are the least likely to seek help.
- For example, a school-based survey of 11 154 Norwegian youth aged 15–16 years reported that, even at the highest symptom levels for anxiety and depression, only a third had sought profes- sional help
- similarly, the most recent national survey data for Australia show that only 29% of children and adolescents with a mental health problem had been in contact with a professional service of any type in a 12-month period
- In a Queensland study of 3092 young adults aged 15–24 years, 39% of the males and 22% of the females reported that they would *not* seek help from formal services for personal, emotional or distressing problems
- Help-seeking is not a simple process of experiencing psychological distress and seeking help. Although awareness of a problem (by self or others) is a starting point, the symptoms of mental health problems and mental disorders play a smaller role than might be expected in prompting help-seeking.
- Help-seeking is not a simple process of experiencing psychological distress and seeking help. Although awareness of a problem (by self or others) is a starting point, the symptoms of mental health problems and mental disorders play a smaller role than might be expected in prompting help-seeking.
- A wide range of other factors are involved, including appraisal of a problem as something to seek help for, willingness to seek help and social norms that encourage such behaviour, access to appropriate services, and choosing a source of help.
- individ- ual determinants include factors such as mental health literacy, attitudes and perceived stigma. Structural determinants comprise family, school or community support systems, referral pathways, health system structures and payment systems. Individual and structural factors interact to determine when and how young people seek and access help for mental health problems.
- Young people are more likely to seek help when they recognise that they have a mental health problem and have the knowledge, skills and encouragement to seek help

- Lack of recognition of mental health problems among young people3 and their parents15 is a major “filter” to help-seeking.
- More specifically, a certain level of emotional competence is required to seek mental health help. When young people do not know how to identify and describe emotions, or manage their emotions in an effective and non-defensive manner, this impedes help-seeking.18 On average, this competence appears less devel- oped in young men
- For all types of health and mental health problems, if young people want to talk to anyone, it is generally someone they know and trust.20 Consequently, they are more likely to seek help from their friends and family for personal and emotional problems than from other sources, including mental health professionals
- In two Australian studies using non-clinical samples of university students22 and adolescents,23 young people’s intentions to seek help decreased as their level of suicidal ideation increased, and they became more likely to indicate that they would not seek help from anyone.
- The mental health problems most commonly experienced by young people — depression, anxiety and substance use — similarly act to negate help-seeking by increasing social with- drawal and young people’s preference to keep their distress to themselves
- as young people progress through adolescence they have a growing need for autonomy and independence, and increasingly believe they should be able to handle problems themselves
- A large US study found that a third of adolescents with serious suicidal ideation, depression, or substance use problems believed that people should handle their own problems without outside help
- Stigma and negative attitudes toward seeking help from profes- sionals are further barriers to professional help-seeking. Young people are particularly concerned about being seen as “mental” by their friends and others,25 and the stigma of mental illness is associated with less intention to seek help
- Believing that seeking help won’t be useful also presents prob- lems; “thinking that nothing could help” was the second most endorsed barrier
- oung people are often unsure whether specific sources of help will actually make a difference. For example, while general practitioners are one of the most frequently accessed initial sources of professional help, young people often do not know whether seeing a GP for a mental health problem will be helpful.
- Furthermore, young people have been shown to prefer active treatment to watchful waiting, and counselling approaches to medication
- Past experiences of seeking help that proved unhelpful also contribute to negative attitudes. This can include experiences in which the young person felt that they were not listened to or their problems were not taken seriously.5 Occasions when confidential- ity was not kept, and fears about breaches of confidentiality, also contribute to negative attitudes toward mental health services, such as school counsellors

- Friends and family are often consulted first and therefore have a significant role in the pathway to professional services. Parents are particularly important for younger adolescents.
- In understanding pathways to care, it should be recognised that adolescents who are in their early to mid teens are still reliant on adults, particularly parents, to help them recognise the presence of a problem, facilitate access to appropriate help, and model appro- priate help-seeking behaviour.15 Parents' and other adults' (eg, teachers') perceptions of problems are critical to whether teenagers are identified and referred to mental health services.
- Interestingly, despite recent initiatives to encourage young people over 15 years to independently seek mental health care,30 there is some evidence that parents do not think their children should make their own appointments with doctors until about the age of 17 years
- As young people progress through adolescence, the role of friends becomes more prominent, and peers increasingly have a role in the help-seeking process.5 For example, some visits to school counsellors are from young people seeking help for one of their peers

- For those aged up to 16 years, the school setting is central, as school attendance is compulsory. Even for older adolescents, school is central, as most remain at school to complete Year 12.34 For adolescents aged 13–17 years, the child and adolescent component of the NSMHWB revealed that 16% of those identified with a mental health problem had received counselling in school.(Rickwood, Deane & Wilson, 2007)
- Within schools, teachers, school counsellors, and other welfare and pastoral care staff have a major role in recognis- ing mental health problems and referring young people to appro- priate services(Rickwood, Deane & Wilson, 2007)
- A major initiative in Australia has been the development of partnerships between schools and general practice to improve young people's access to mental health care. A resource kit has been released based on what has been learnt from the MindMatters Plus General Practice program to further encourage and support such initiatives.30 Importantly, ways to build *referral pathways* — a series of steps, shared understanding, and agreed ways of working together between services in a local area — are becoming better understood.(Rickwood, Deane & Wilson, 2007)
- Another approach to increasing help-seeking has been to train GPs to conduct classroom lessons in high schools. These presenta- tions cover a range of physical and mental health issues, and provide both encouragement and practical advice on how to seek help from a GP. (Rickwood, Deane & Wilson, 2007)
- General practice is essential to young people's mental health and is often the point of initial contact with professional services. Impor- tantly, the presence of medical problems increases help-seeking and provides an opportunity to investigate mental health issues(Rickwood, Deane & Wilson, 2007)

- For example, a recent review showed that, in the US, the median rate of recogni- tion of mental health problems in children by GPs was only 18%, and was often dependent on parental expressions of concern(Rickwood, Deane & Wilson, 2007)
- Older youth who visit GPs on their own are reluctant to mention their personal emotional problems, often because of concerns about confidentiality and being viewed as weak or abnormal(Rickwood, Deane & Wilson, 2007)
- Young people may also require additional support and follow- up from GPs as part of the referral process to specialist or other mental health services. For example, discussing issues of confiden- tiality, while explaining the need to share information and allowing the young person to specify the information they don't want shared, can facilitate referral processes. Describing the potential benefits of receiving mental health services, and explaining the likely duration of therapy and what to expect in an initial mental health consultation, including any costs that might be incurred, are all reported to be helpful.(Rickwood, Deane & Wilson, 2007)
- Interviews with 62 people aged 16–30 years experiencing first-episode psychosis revealed a total of 307 previous contacts with various professionals, 52% with mental health professionals and 17% with GPs.37 In general, non-psychiatric contacts occurred first, followed by psychiatric consultations, and the single most frequent initial point of contact was with GPs (35.5%). The delay from the point of recognition of first symptoms to first service contact averaged 112 days (median, 31 days) and was even longer to initial treatment (mean, 273 days; median, 120 days)(Rickwood, Deane & Wilson, 2007)
- Reasons for such delays include lack of knowledge regarding the presence of a mental disorder, or inability to recognise it; stigma; uncertainty about treatment effectiveness; and service structures being focused on acute presentations(Rickwood, Deane & Wilson, 2007)
- Focus groups with youth found the dominant barrier to help- seeking for substance use problems was a lack of self-motivation,39highlighting the relevance of motivational interviewing skills for service providers. Other prominent themes were related to family dynamics (eg, poor communication), and societal concerns related to labelling and stigma. (Rickwood, Deane & Wilson, 2007)
- Some particularly worthwhile adjuncts to treatment include Internet-based sources of help, such as MoodGym (http://moodgym.anu.edu.au/), which have been shown to be successful.(Rickwood, Deane & Wilson, 2007)
- many young people do not receive necessary treatment. This is due to numerous factors including, but not limited to: a lack of knowledge about mental health and mental disorders; stigma; limited access to, or availability of, appropriate mental health care(Kutcher, Wei, Mcluckie & Bullock, 2013)
- Promotion of positive mental health and early identification of mental disorders that results in appropriate diagnosis and effective treatment in young people may address many of these issues, help to prevent disorders and substantially improve outcomes(Kutcher, Wei, Mcluckie & Bullock, 2013)
- Over the last decade, there has been increasing realization of the important role that schools can play in the promotion of positive mental health as well as in the initiation

of pathways into mental health care and support of young people in their pathways through mental health care (Kutcher, Wei, Mcluckie & Bullock, 2013)

- Our understanding of mental health literacy focuses on the following four aspects. First, it encompasses the capacity to understand what constitutes positive mental health and strategies to achieve positive mental health. Second, it includes knowledge of mental disorders based on evidence-based research. Third, it promotes appropriate attitudes towards those living with mental disorders. Finally, it enhances the capacity to seek mental health care from appropriate health care providers should that be required. (Kutcher, Wei, Mcluckie & Bullock, 2013)
- As such, mental health literacy in young people can provide a foundation to help address mental health related challenges. Embedding mental health literacy programming within high school curriculum (e.g., health class) may have the added advantage of sustainable long term application.(Kutcher, Wei, Mcluckie & Bullock, 2013)
- Embedded programming may avoid the common pitfalls of media-based anti-stigma campaigns and other health promotion campaigns that purport to address components of mental health in isolation from common and well established social infrastructure(Kutcher, Wei, Mcluckie & Bullock, 2013)
- Without mental health literacy, youth may remain unaware of approaches or strategies towards achieving positive mental health and means of challenging the stigma associated with mental disorders. Furthermore, they may remain unaware of how to identify mental disorders and how to access appropriate care if they so require.(Kutcher, Wei, Mcluckie & Bullock, 2013)
- Recent research has indicated that educators consider mental health as extremely important for student outcomes and well-being but has identified that educators do not feel confident to help students in this area and thus require mental health literacy training prior to providing mental health literacy programming(Kutcher, Wei, Mcluckie & Bullock, 2013)
- 2007, a secondary school mental health curriculum, the Mental Health & High School Curriculum Guide (the Mental Health Curriculum Guide) was developed in Canada through collaboration between the Canadian Mental Health Association, a National mental health organization, and mental health experts from the Sun Life Financial Chair in Adolescent Mental Health Team, IWK Health Center and Dalhousie University.(Kutcher, Wei, Mcluckie & Bullock, 2013)
- TheMental Health Curriculum Guide consists of a teacher self-study module and six modules designed to be implemented by educators into their classroom programming. These modules cover key areas needed for students to become mental health literate, including understanding mental health and mental illness; a review of adolescents' experiences of mental illness; strategies to address stigma, promote help-seeking and access to resources and the importance of positive mental health.(Kutcher, Wei, Mcluckie & Bullock, 2013)
- The training includes a review of the context of adolescent mental health, a review of the relationship between brain function and mental health, a review of general concepts and applications of mental health literacy and an overview of the Mental

Health Curriculum Guide and its application within the classroom. The training also includes an identification and review of key supplementary mental health resources, including the Taking it Global mental health virtual curriculum resources at www.tig.org and resources available at www.teenmentalhealth.org. (Kutcher, Wei, Mcluckie & Bullock, 2013)

- First, embedding mental health literacy into regular curriculum legitimizes the educational value of the material, it is important enough to be part of everyday learning expectations. Second, it avoids the 'wow' factor, in which mental health is presented as an interesting or spectacular 'add-on' to usual school activities. Embedding mental health literacy into usual secondary school curriculum may avoid sensationalizing mental health problems, mental disorders and associated phenomenon such as suicide. Third, this approach builds on the formative impact that educators can have on students. Enhancing teacher's knowledge and decreasing stigma in educators could have long term and persistent positive impact on students.(Kutcher, Wei, Mcluckie & Bullock, 2013)
- Additionally, as many mental disorders manifest and are typically identified in young people of secondary school age, improved mental health literacy through embedded curriculum in this population may have impact on improving entry into mental health care by enhancing the ability to self-identify the need for care and by decreasing stigma associated with obtaining care. (Kutcher, Wei, Mcluckie & Bullock, 2013)
- Too many Ontarians with mental illness and addictions have to endure long wait times, service gaps, and a lack of social supports, particularly supportive housing. (http://www.health.gov.on.ca/en/common/ministry/publications/reports/bmhmbh/mental_health_adv_council.pdf)
- Access to quality services can be challenging for any person experiencing a mental illness or addiction.The challenge is even harder for members of marginalized groups, including Aboriginal people, LGBTQ youth, people with developmental disabilities, immigrants, francophones, and racialized communities. Statistics show that people in marginalized communities face many stresses that negatively a ect mental health.We also know that the most e ective services, which are tailored to the particular social, cultural and economic context of marginalized groups, are scarce in Ontario.(http://www.health.gov.on.ca/en/common/ministry/publications/reports/bmhmbh/mental_health_adv_council.pdf)
- Ontario lacks a seamless system of mental health and addictions services and supports. Individuals and their loved ones face a confusing and unconnected collection of programs spread out across di erent provider groups and settings. And, contrary to best practices, people with both a mental illness and an addiction often cannot get integrated treatment for their conditions.(http://www.health.gov.on.ca/en/common/ministry/publications/reports/bmhmbh/mental_health_adv_council.pdf)
- Ontario is fortunate to have a great many dedicated individuals and organizations delivering rst class services, but there is no provincial quality assurance framework in place to ensure that the quality of those services is consistent across the province.The commitment of the government to quality improvement, as demonstrated, for

example, by the passage of the *Excellent Care for All Act* (2010), has not been as evident in mental health and addictions as it has in other parts of the health care system.This is especially true when it comes to community-based services.(http://www.health.gov.on.ca/en/common/ministry/publications/reports/bmhmbh/mental_health_adv_council.pdf)

- 70% of mental health issues identified by pediatricians could be solved through early intervention(http://www.health.gov.on.ca/en/common/ministry/publications/reports/bmhmbh/mental_health_adv_council.pdf)
- We know that mental illness and addictions cannot always be prevented, but we also know that sometimes they can. It has been demonstrated that evidence-informed approaches to mental health promotion and to mental illness and addictions prevention can reduce the likelihood or severity of mental illness or addiction across the lifespan.(http://www.health.gov.on.ca/en/common/ministry/publications/reports/bmhmbh/mental_health_adv_council.pdf)
- Moreover, it is now understood that mental illness is often chronic, with a relapsing and remitting course. So even in the presence of a diagnosis, promotion and prevention can improve wellness and functionality and reduce the frequency, duration, severity and impact of relapses and secondary problems when they occur.(http://www.health.gov.on.ca/en/common/ministry/publications/reports/bmhmbh/mental_health_adv_council.pdf)
- What's more, research shows that the earlier someone with a mental illness or addiction gets treatment, the better their outcomes will be.(http://www.health.gov.on.ca/en/common/ministry/publications/reports/bmhmbh/mental_health_adv_council.pdf)
- Mental illness and addictions often present during childhood or adolescence.In one study,two- thirds of people with a mental illness aged 15 to 24 reported experiencing symptoms before the age of 15.(http://www.health.gov.on.ca/en/common/ministry/publications/reports/bmhmbh/mental_health_adv_council.pdf)
- This is why awareness of the importance of mental health and of the signs of mental illness and addictions must begin with children and their caregivers and teachers. Parenting support, early childhood mental health programming, and school-based social emotional learning, anti-bullying, and stigma reduction initiatives support promotion and prevention early in life.(http://www.health.gov.on.ca/en/common/ministry/publications/reports/bmhmbh/mental_health_adv_council.pdf)
- When police are called in to respond to a mental health crisis, information about the incident may be recorded and then disclosed in police record checks, which can make it dif cult for the person to get a job or travel outside the country. Some police agencies have already stopped this practice. Now we need to make sure they all do. When mental health issues cause people to be potentially harmful to themselves or others, the CRPD says safety measures should be the least "intrusive" and "restrictive" possible. That is, any decision to restrain the individual, whether physically or through

the use of medication, or to isolate them, should be evaluated in terms of his or her human rights. The caregiver needs to ask, "Are human rights being respected?" (https://www.mentalhealthcommission.ca/sites/default/files/2016-07/Youth_Strategy_Eng_2016.pdf)

- Because each person's recovery journey is unique, there will never be a "one-size- ts-all" solution for mental health services. Still, there's much that can be done to ensure "every door is the right door" — meaning no matter where a person enters the system, they can get the care they need.(https://www.mentalhealthcommission.ca/sites/default/files/2016-07/Youth_Strategy_Eng_2016.pdf)
- In order to improve the ow and ef ciency of mental health services, it's helpful to think of the system in tiers (or as having levels). Each represents a cluster of services of similar intensity. In order for the system(https://www.mentalhealthcommission.ca/sites/default/files/2016-07/Youth_Strategy_Eng_2016.pdf)
- to function in a way that makes sense, access to all services should be available to everyone with no barriers to entry and exit.(https://www.mentalhealthcommission.ca/sites/default/files/2016-07/Youth_Strategy_Eng_2016.pdf)
- Mental and physical health are deeply connected and people are more likely to talk to their family doctor about a mental health issue than any other healthcare provider. Fortunately, many of the same approaches primary healthcare providers use to deal with chronic illnesses like heart disease and diabetes can be applied to mental health. These include working in multidisciplinary primary healthcare teams (that is, teams of people with different skills and training) and giving people the tools they need to better manage their own health.(https://www.mentalhealthcommission.ca/sites/default/files/2016-07/Youth_Strategy_Eng_2016.pdf)
- When mental health services and treatments aren't available in the community, people living with mental health issues can end up homeless, in jail, or constantly going to the emergency room for support. Unfortunately, many communities are stretched to the limit. Some no longer keep waiting lists for mental health services because it might give false hope to people in need that eventually their turn for support will come(https://www.mentalhealthcommission.ca/sites/default/files/2016-07/Youth_Strategy_Eng_2016.pdf)
- A peer is someone who has something in common with you, such as age, background, or quali cations.(https://www.mentalhealthcommission.ca/sites/default/files/2016-07/Youth_Strategy_Eng_2016.pdf)
- Peer support works because people who have experience with mental health issues can offer encouragement and hope to each other — often reducing hospitalization, providing social support, and improving quality of life. It can also connect families experiencing similar situations, helping them better understand the mental health system and improving their ability to take care of their loved one's

needs.(https://www.mentalhealthcommission.ca/sites/default/files/2016-07/Youth_Strategy_Eng_2016.pdf)

- The same idea applies to "health equity" — it is not enough that the government provides equality (sameness) in healthcare. There needs to be equity (fairness), meaning that barriers are removed that hinder people from diverse or remote communities from getting the same care as the rest of the population.(https://www.mentalhealthcommission.ca/sites/default/files/2016-07/Youth_Strategy_Eng_2016.pdf)
- Examples of these barriers include language, religion, culture, living conditions, and more.(https://www.mentalhealthcommission.ca/sites/default/files/2016-07/Youth_Strategy_Eng_2016.pdf)
- One of the best ways to break down stigma is through contact-based education. It's important that people get support as soon as possible when experiencing mental health issues. We all need to be educated to be able to recognize symptoms of mental health issues in ourselves and others. For youth, for example, it's especially important that front-line workers have this expertise because people like teachers, coaches, and community workers are the ones young people usually turn to rst. (https://www.mentalhealthcommission.ca/sites/default/files/2016-07/Youth_Strategy_Eng_2016.pdf)

Therapeutic treatments

- Biological (medical) model (Insel, Rothm Irwin & Burke, 2012)
    - The minds activity depends on the brain whose composition is genetically determined
    - Still acknowledge influences of environment and learning
    - Genetic influence on anxiety and depression
    - Brain structure different in individuals with schizophrenia
    - Therapy - pharmacological treatments
- Behavioural model (Insel, Rothm Irwin & Burke, 2012)
    - Focuses on what people do rather than on brain structures and/or chemistry
    - Behaviour is analyzed in terms of stimulus, response and reinforcement
    - Aim is to discover what reinforcements sustain an undesirable behaviour and then to alter their reinforcements
    - Therapy - exposure
- Cognitive model (Insel, Rothm Irwin & Burke, 2012)
    - Behaviour results from complex attitudes, expectations, and motives rather than simple reinforcements
    - Individuals are taught to subsititue their unrealistic thoughts with realistic thoughts ones and to test their assumptions
    - Therapy - cognitive "changing negative thoughts
- Psychodynamic model (Insel, Rothm Irwin & Burke, 2012)
    - Emphasizes thoughts as well as unconscious emotions, ideas, and impulses
    - Empahisizes the role of the past in shaping the present

    - Therapies - interpersonal, humanistic, existential, experiential "seeks to make conscious that which is unconscious
- Cognitive-behavioural therapy (Insel, Rothm Irwin & Burke, 2012)
    - Typically emphaisizes exposure as well as changing problematic patterns of thinking
    - Typically involve about 10 individual or group sessions with a therapist plus homework
    - Has been shown to produce significant improvements
    - Has been combined with drug therapy for depression, anxiety disorders, and schizonphrenia

Gender differences

- Young men tend to be even more reluctant to seek help than young women. In the Queensland study mentioned above, 30% of males, compared with only 6% of females, reported they would not seek help from anyone
- While the sex difference in help- seeking varies according to type of problem and source of help, greater unwillingness is shown by young men.5 This is of special concern partly because of the substantially higher rates of com- pleted suicide in men.
- Understanding gender differences in attitudes toward mental health services is critical for improving youth access to care. Few studies have examined gender and mental health service use among adolescents, and findings are mixed. Flisher and colleagues did not find a relationship between gender and unmet mental health need, but Cuffe and researchers described change over time, with greater use among boys in early adolescence and more use among girls in later adolescence(Chandra & Minkovitz, 2006)
- Most adult studies report that males seek formal mental health services less frequently than females (Chandra & Minkovitz, 2006)
- A greater percentage of respondents noted that they turned to a friend (67.2%) for help with an emotional con- cern compared with a parent (53.9%) or counselor (12.6%).(Chandra & Minkovitz, 2006)
- More girls than boys cited turning to a friend (81.5% vs. 52.9%, respectively, p .001) and turning to a nonparent family member (31.1% vs. 19.1%, p .023). Conversely, more boys than girls reported that they had turned to no one in the past year or had turned to themselves for help (9.6% vs. 2.9%, p .020). (Chandra & Minkovitz, 2006)
- More boys than girls agreed with the statement, *Seeing a counselor for emotional problems makes people think you are weird or different and disagreed with the statement, A person is strong if* he/she sees a counselor for an emotional problem (Chandra & Minkovitz, 2006)
- More boys than girls incorrectly noted that the statements, *Mental illness and mental retardation are the same thing* (24.3% vs. 14.0%, p .031) or *Teenagers don't have*

problems with their mental health (8.7% vs. 2.3%, *p* .046) were true.(Chandra & Minkovitz, 2006)

- The finding that more boys cite perceived parental disapproval as a barrier to mental health service use and that this reason is related to their greater unwillingness to use mental health services(Chandra & Minkovitz, 2006)
- Boys had limited experience relative to girls in helping someone with an emotional concern and were less likely than girls to advise a friend dealing with an emotional concern even though there was no statistical difference by gender in their identification of the problem as mental health-related. Boys also scored lower than girls in mental health knowledge.(Chandra & Minkovitz, 2006)
- Sex differences are prominent. Females are more likely than males to exhibit mood or anxiety disorders, whereas males are more likely to exhibit behavioural and substance use disorders(Boak, Hamilton, Adlaf, Henderson & Mann, 2016)
- Our report found that mental health and well- being varies by sex, even after controlling for grade and region. As seen in Figure 4.2 and Table 4.2, the general pattern shows that females are more likely to experience internalizing problems (psychological distress, suicidal ideation), whereas males are more likely to exhibit externalizing problem behaviours (such as antisocial behaviour, gambling and problem gambling, video gaming problem).(Boak, Hamilton, Adlaf, Henderson & Mann, 2016)

Social Wellbeing

- Social well-being is a relatively recent addition to the concept of health. It refers to adequate integration and adjustment in a person's social environment, the extent of social support available, and the quality of one's relationships. Quality of life has become an important area in health research. (Boak, Hamilton, Adlaf, Henderson & Mann, 2016)
- A strong social support network is important in its own right, and it appears to be a buffer against physical and mental health problems across the life span. Social support has been correlated with reduced levels of depression and anxiety (Hall-Lande, Eisenberg, Christenson, & Neumark-Sztainer, 2007). Similarly, a strong bond with one or both parents has been associated with better mental and physical health(Boak, Hamilton, Adlaf, Henderson & Mann, 2016)
- School connectedness is another area of increasing study, and may serve as a protective factor against poor mental health and risk behaviours (Boak, Hamilton, Adlaf, Henderson & Mann, 2016)

Resilience

- The term resilience has been variously used to describe a substance of elastic qualities (Harriman, 1958), the capacity for successful adaptation to a changing

environment (Darwin, 1898; Cicchetti & Cohen, 1995), and the character of hardiness and invulnerability (Olsson, Bond, Burns, Vella-Brodrick & Sawyer, 2003)

- More recently, resilience has been conceptualized as a dynamic process involving an interaction between both risk and protective processes, internal and external to the individual, that act to modify the effects of an adverse life event (Olsson, Bond, Burns, Vella-Brodrick & Sawyer, 2003)
- Resilience does not so much imply an invulnerability to stress, but rather an ability to recover from negative events (Garmezy, 1991). Fonagy, Steele, Steele, Higgitt, and Target (1994), describe resilience as ''normal development under difficult conditions''t (Olsson, Bond, Burns, Vella-Brodrick & Sawyer, 2003)
- Researchers have commonly defined resilient outcomes in terms of good mental health, functional capacity, and social competencet (Olsson, Bond, Burns, Vella-Brodrick & Sawyer, 2003)
- a ''pattern of effective performance in the environment, evaluated from the perspective of salient developmental tasks in the context of late twentieth-century US society.''t (Olsson, Bond, Burns, Vella-Brodrick & Sawyer, 2003)
- Resilience promoting factors have commonly been discussed within three broad areas: individual young people, their families and the societies in which they live t (Olsson, Bond, Burns, Vella-Brodrick & Sawyer, 2003)
- A more expanded framework of resilience might include protective processes (resources, competencies, talents and skills) that sit within the individual (individual-level factors), within the family and peer network (social-level factors), and within the whole school environment and the community (societal-level factors).t (Olsson, Bond, Burns, Vella-Brodrick & Sawyer, 2003)
- Thinking of resilience as a process necessitates consideration of interaction between a range of risk and protective processes of varying degrees of impact, and a risk situation at varying points in development. It is simplistic to believe that a clear single factor, such as parental divorce, is the causal element in a negative chain of events leading to compromised social or academic or relational competence.t (Olsson, Bond, Burns, Vella-Brodrick & Sawyer, 2003)
- Just as risk factors have been posited to lay a foundation for a negative chain of events, protective factors may similarly ensue a positive chain reaction leading to favourable developmental outcomest (Olsson, Bond, Burns, Vella-Brodrick & Sawyer, 2003)
- This review highlights a range of individual-level resources thought to be important in adolescent resilience. Individual-level resources discussed in the literature include constitutional factors (e.g. positive temperament, robust neurobiology), intelligence (e.g. academic achievement, planning and decision making), sociability (e.g. responsiveness to others, positive attachment), communications skills (e.g. language and reading skills), and personality traits (e.g. self-esteem/ self-efficacy, tolerance of negative affect, enduring values, flexibility, sense of humour) t (Olsson, Bond, Burns, Vella-Brodrick & Sawyer, 2003)
- Intervention at the level of the individual might take a preventative focus, aiming to develop personal coping skills and resources before specific encounters with real life

adversity. More commonly, however, coping skills and resources are built in response to crisis, often within the context of one-on-one treatment.t (Olsson, Bond, Burns, Vella-Brodrick & Sawyer, 2003)

- young people learn critical, adaptive skills not so much through instruction, but through experience. ‘‘Protectionyresides, not in the evasion of risk, but in successful engagement with ityprotection stems from the adaptive changes that follow successful coping.’’ (Rutter, 1987, p. 318). The idea of protecting young people by removing them from potentially difficult life circumstances, or not exposing them to the complexities and hardship of the world around, does not hold.t (Olsson, Bond, Burns, Vella-Brodrick & Sawyer, 2003)
- ight first appear. There is nothing about exposure to adversity that necessarily toughens one up. While over protection and shielding of a young person does little to develop resilience, at the other end of the spectrum, too much exposure, too soon, risks overwhelming the young person and compromising a developing resilience.t (Olsson, Bond, Burns, Vella-Brodrick & Sawyer, 2003)
- Despite an emerging focus on the peer group, for many young people the family remains the primary social support. This review highlights a range of family dynamics that if developed and sustained, appear to be positively related to resilience during adolescence. The importance of positive parent–child attachment is a common theme in the literature (Table 1). Likewise, parental warmth, encouragement and assistance, cohesion and care within the family, or a close relationship with a caring adult are commonly associated with resilient young people. A belief in the child and a non-blaming parental style also emerge as key protective factors.t (Olsson, Bond, Burns, Vella-Brodrick & Sawyer, 2003)
- Adolescents (especially in the developed world) spend up to a third of their waking hours in school (Rutter et al. (1979)). This makes school an important setting or system to promote resilience in young people, not just at the level of individual resource development, or providing an environment in which to practise these skills, but in terms of a safe environment that can actively buffer against adversityt (Olsson, Bond, Burns, Vella-Brodrick & Sawyer, 2003)
- School experiences that involve supportive peers, positive teacher influences, and opportunities for success (academic or not) appear to be positively related to adolescent resilience t (Olsson, Bond, Burns, Vella-Brodrick & Sawyer, 2003)

Self esteem

- Critical component of psychological wellness (Insel, Rothm Irwin & Burke, 2012)
- Increase self esteem may offset self-destructive behaviours (ex. Unhealthy fad diets) (Insel, Rothm Irwin & Burke, 2012)
- Increase self esteem means finding a balance between your “idealized self” and where you are now (Insel, Rothm Irwin & Burke, 2012)
- Foundations of self esteem can be traced to childhood (Insel, Rothm Irwin & Burke, 2012)

- People are eventually responsible for enhancing their own self-esteem (Insel, Rothm Irwin & Burke, 2012)

Hardiness

- Works with self esteem to ensure psychological health (Insel, Rothm Irwin & Burke, 2012)
- Exists when a person consistently shows 3 important traits (Insel, Rothm Irwin & Burke, 2012)
    - A high level of commitment to something or someone
    - A sense of control
    - Welcomes challange

Internet Use and Addiction

- internet addiction has been recognized since the mid- 1990s as a new type of addiction and a mental health problem that exhibits signs and symptoms similar to those of other established addictions.(Lam, Peng, Mai & Jing, 2009)
- It is described as uncontrol- lable and damaging use of the Internet and is recognized as a compulsive-impulsive Internet usage disorder, one of those in the spectrum of impulse-control disorders discussed in recent psychiatric literature(Lam, Peng, Mai & Jing, 2009)
- Many studies have reported associations between Internet addiction, psychiatric symptoms, and depression among adolescents(Lam, Peng, Mai & Jing, 2009)
- The results suggested a number of factors were associated with Internet addiction. Being a male, drinking, dissatisfac- tion with family, and experience of recent stressful event were potential risk factors of Internet addiction.(Lam, Peng, Mai & Jing, 2009)
- Also consistent with the literature is the greater propensity for males to be ad- dicted to the Internet.(Lam, Peng, Mai & Jing, 2009)
- This study found that males are 50% more likely than females to be addicted to the Internet.(Lam, Peng, Mai & Jing, 2009)
- One possible explanation is that Internet addiction is a behavioral manifestation of internal stress experienced by these young people. Three of the four significant factors as- sociated with Internet addiction—drinking behavior, dissat- isfaction with family, and experience of stressful event—are stress-related variables.(Lam, Peng, Mai & Jing, 2009)
- Internet provides a means for these young people to be distracted from these stressful ex- periences, and hence the usage of Internet becomes a coping mechanism. In fact, it has been established that stress is a known risk factor of addiction to substances and also a factor in addiction relapse tendency(Lam, Peng, Mai & Jing, 2009)
- Internet addiction can be considered as part of the spectrum of impulse-control disorders. Group therapy that is effective in managing other addictions has also

shown positive results in treating Internet addiction.24 However, clinicians should be aware that psychological stress might be a comorbidity of addiction as well as a trigger for a relapse after the completion of treatment.(Lam, Peng, Mai & Jing, 2009)

- Based on a growing research base (Young, 2010), the American Psychiatric Association aims to include Internet Use Disorder in the appendix of the upcoming fifth edition of the Diagnostic and Statistical Man- ual for Mental Disorders (2012) for the first time, acknowledging the problems arising from this type of addictive disorder(Kuss, Van Rooij, Shorter, Griffiths & Van de Mheen, 2013)
- Adoles- cents appear to be a population at risk for developing Internet addiction (Leung, 2007) due to variability in developing their cog- nitive control (Casey, Tottenham, Liston, & Durston, 2005) and boundary setting skills (Kuss, Van Rooij, Shorter, Griffiths & Van de Mheen, 2013)
- Using a modified version of the Minnesota Impulsive Disorders Inventory, 4% of US high school were identi- fied as addicted to using the Internet(Kuss, Van Rooij, Shorter, Griffiths & Van de Mheen, 2013)
- Internet addiction as adopted in this paper does not refer to a clinical diagnosis, but to a potentially pathological behavioural pattern. It is denoted by the presence of the following symptoms: (i) a loss of control over the behaviour, (ii) conflict (internal and interpersonal), (iii) preoccupation with the Internet, (iv) using the Internet to modify mood, and (v) withdrawal symptoms(Kuss, Van Rooij, Shorter, Griffiths & Van de Mheen, 2013)
- From the perspective of the engagement in specific online activ- ities, rather than focusing on Internet addiction per sé, researchers have now identified a number of activities that can be engaged in excessively online that may lead to symptoms similar to sub- stance-related addictions (Kuss, Van Rooij, Shorter, Griffiths & Van de Mheen, 2013)
- mong these, excessive online gaming (Kuss & Griffiths, 2012a), excessive online gambling (Griffiths & Parke, 2010), and the use of social media (van den Eijnden, Meerkerk, Vermulst, Spijkerman, & Engels, 2008), such as online social networks (SNSs) (Kuss & Griffiths, 2011) appear to stand out. (Kuss, Van Rooij, Shorter, Griffiths & Van de Mheen, 2013)
- For instance, a recent review of the neu- roscientific evidence (Kuss and Griffiths, 2012c) indicates that Internet addiction in adolescence can have a negative impact on identity formation (Kim et al., 2012) and change the structure of the developing brain (Lin et al., 2012; Yuan et al., 2011). In addition to this, it may negatively affect cognitive functioning (Park et al., 2011), lead to poor academic performance and engagement in ris- ky activities (Tsitsika et al., 2011), poor dietary habits (Kim et al., 2010), low quality of interpersonal relations (Milani, Osualdella, & Di Blasio, 2009), and self-injurious behaviour (Lam, Peng, Mai, & Jing, 2009) in adolescents.(Kuss, Van Rooij, Shorter, Griffiths & Van de Mheen, 2013)
- In addition to this, Internet addiction appears to be comorbid with clinical disorders and premorbid symptoms. In adolescents, Internet addiction has been reported to be comorbid with depres- sion and insomnia (Cheung & Wong, 2011), suicidal ideation (Fu, Chan, Wong, & Yip, 2010), attention-deficit hyperactivity disorder, social phobia,

and hostility (Ko, Yen, Chen, Yeh, & Yen, 2009), schizophrenia, obsessive–compulsive disorder (Ha et al., 2006), aggression (Ko, Yen, Liu, Huang, & Yen, 2009), drug use (Gong et al., 2009), and problematic alcohol use (Kuss, Van Rooij, Shorter, Griffiths & Van de Mheen, 2013)

- Internet addiction in adolescents cannot be dis- missed as a transitory phenomenon that will take care of itself.(Kuss, Van Rooij, Shorter, Griffiths & Van de Mheen, 2013)
- The personality traits that distinguish addicted gamers from high engagement gamers are reported to be negative extraversion (i.e., introversion), emotional stability, agreeableness, negative valence (indicated by being demanding, needy, and eager to im- press), and attractiveness (characterised by care about appear- ance, being well groomed, neat and efficient, and highly motivated) (Kuss, Van Rooij, Shorter, Griffiths & Van de Mheen, 2013)
- Apart from online gaming, research indicates that adolescent Internet addicts score significantly lower on extraversion compared to non-addicted adolescents (Huang et al., 2010), have low emo- tional stability, low extraversion, and low agreeableness(Kuss, Van Rooij, Shorter, Griffiths & Van de Mheen, 2013)
- The use of both Twitter and SNSs increased the risk of being addicted to using the Internet by 2.6% and 3.2%, respectively. The primary motivation for using social Internet applications re- lates to the maintenance of established offline networks (Kuss, Van Rooij, Shorter, Griffiths & Van de Mheen, 2013)
- ith young adolescents expressing their identities by means of a self- display of personal information and older adolescents expressing it through connections (Kuss, Van Rooij, Shorter, Griffiths & Van de Mheen, 2013)
- A variety of studies have indicated that the excessive use of online social networking sites may be problematic (e.g., Kuss & Griffiths, 2011; Leung & Lee, 2012) as it tends to reinforce the establishment and maintenance of online, rather than offline, so- cial networks. In a similar vein, excessive use of Twitter may have detrimental consequences for real life communication and is be- lieved to activate the hedonistic dopamine system (Hofmann, Vohs, & Baumeister, 2012), that offers instantaneous gratification when using applications such as Twitter.(Kuss, Van Rooij, Shorter, Griffiths & Van de Mheen, 2013)
- Additionally, playing online games increased the risk of being addicted to the Internet by 2.3%. Overall, previous research indi- cates that unlike other game forms, such as browser and offline games, online games appear to have a high addictive potential, so that vulnerable people may develop addiction as a consequence of frequent engagement(Kuss, Van Rooij, Shorter, Griffiths & Van de Mheen, 2013)
- On- line games require a large amount of commitment and time investment on behalf of the player in order for him to be able to achieve game imminent goals which may in turn contribute to the development of maladaptive behaviours and coping strategies that reinforce gaming (Kuss, Van Rooij, Shorter, Griffiths & Van de Mheen, 2013)
- In addition to the specific usage of the Internet, a number of personality traits appeared to predict Internet addiction. As hypothesized, low emotional stability

increased the risk of Internet addiction. Low emotional stability is congruent with high neuroti- cism(Kuss, Van Rooij, Shorter, Griffiths & Van de Mheen, 2013)

- Moreover, low agreeableness was found to increase the risk of Internet addiction. Low agreeableness corresponds to aggression- hostility(Kuss, Van Rooij, Shorter, Griffiths & Van de Mheen, 2013)
- In addition to the personality traits hypothesised to be linked to Internet addiction, resourcefulness was found to increase the risk of being addicted to using the Internet. Resourcefulness has been related to openness to experience (Matthews et al., 2009). Previous research indicates that increased novelty seeking, which is part of openness to experience, is linked to Internet addiction in college students(Kuss, Van Rooij, Shorter, Griffiths & Van de Mheen, 2013)
- From this, it appears that characteristics indicative of resourcefulness and openness to experience, such as creativity, imagination, and innovation may lead adolescents to engage in pleasurable activities, such as using the Internet, excessively.(Kuss, Van Rooij, Shorter, Griffiths & Van de Mheen, 2013)
- It indicates that the less conscientious adolescents are, the more likely they are to experience problems related to Internet addiction. From an explan- atory point of view, adolescents who are less conscientious would chose using the Internet over other, less pleasurable activities, such as doing their homework, and may therefore be at increased risk of using the Internet excessively.(Kuss, Van Rooij, Shorter, Griffiths & Van de Mheen, 2013)
- The Internet plays an important role in everyday life[1]. What is interesting from the development of the Internet is that in a short time, the Internet has introduced many new things in the community https://iopscience-iop-org.proxy1.lib.uwo.ca/article/10.1088/1742-6596/1114/1/012076/pdf
- The Internet can offer a convenience (convenience) that cannot be found in other information channels. The forms of convenience include access speed as well as the availability and diversity of the information presented. So, it is very reasonable if, then the needs of the Internet become a majority requirement for the lives of many people lately.https://iopscience-iop-org.proxy1.lib.uwo.ca/article/10.1088/1742-6596/1114/1/012076/pdf
- With the exponential increase of Internet usage in life and easy internet access, excessive Internet usage, in adolescents has been a concern over recent years. Internet addiction is becoming a serious problem worldwide, for teenagershttps://iopscience-iop-org.proxy1.lib.uwo.ca/article/10.1088/1742-6596/1114/1/012076/pdf
- A study of 853 adolescents showed that 97.6% of them were classified as Addicted [5]. In the United States, studies were conducted on adults and it was revealed that 0.7% of respondents were Internet addicted [6], And 25% of teenagers experience Internet addiction [7, 8]. Other studies have shown that 11.67-19.8% of adolescents are identified as being addictedhttps://iopscience-iop-org.proxy1.lib.uwo.ca/article/10.1088/1742-6596/1114/1/012076/pdf

- Overuse of the Internet can be attributed to problematic behavior can even lead to addiction https://iopscience-iop-org.proxy1.lib.uwo.ca/article/10.1088/1742-6596/1114/1/012076/pdf
- Internet addiction is defined as the inability to control the use of the Internet, resulting in functional distractions in everyday life [17-19]. Addicted to the Internet in question are addicted to games, cybersex addiction, online social networking addiction https://iopscience-iop-org.proxy1.lib.uwo.ca/article/10.1088/1742-6596/1114/1/012076/pdf
- One of the main factors a person is addicted to the Internet is the unmet fulfillment of psychological needs in life [21, 22]. The Internet sources to escape and avoid [23]. A substantive body of work has determined that stressful life events are an important risk as a youth Internet addiction factor [23-26]. Other serious issues related to Internet addiction among teenagers include refusal to attend school and mental health issues such as loneliness, low self-esteem, sleep inadequacy, insomnia, anxiety, and depression [5, 27]. Excessive use of the Internet is also found to damage family relationships, self-esteem, life satisfaction [4, 28-31], academic achievement [31, 32], and semantic verbal fluency [https://iopscience-iop-org.proxy1.lib.uwo.ca/article/10.1088/1742-6596/1114/1/012076/pdf

Social Media

- Most recently, new forms of social media, of which young people are its earliest adopters, have become new drivers of adolescent health by increasing the speed at which sociocultural norms can change ((Boak, Hamilton, Adlaf, Henderson & Mann, 2016)
- Social media can have a positive influence on adolescent health and well-being by extending one's social support network, increasing engagement with new ideas and like- minded people, providing a vehicle for self- expression, providing health-promoting information, and increasing access to services.(Boak, Hamilton, Adlaf, Henderson & Mann, 2016)
- On the other hand, social media can elevate anxiety and depressive feelings in adolescents by emphasizing consumer culture and an unattainable lifestyle and body image, by increasing exposure to cyberbullying, and by displacing other pleasurable activities such as sports, extra-curricular activities, or family activities(Boak, Hamilton, Adlaf, Henderson & Mann, 2016)
- The sharing of sexual images, "sexting," amplified social contagion around self-harm and eating disorders also have the potential to cause harm(Boak, Hamilton, Adlaf, Henderson & Mann, 2016)
- With approximately 73% of all adults utilizing social media of some sort, researchers have indicated a need for additional research to determine the role social media can play in interper- sonal relationships(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v75icomplete/870_itracsmaugws.xml)
- One particular social media application, Snapchat, has gained the attention of many scholars in recent years, yet the greatest understanding of Snapchat still comes from

general social media or Facebook/Twitter/Instagram studies. Snapchat has shown an estimated growth of 90 million users from 2012 to 2015(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v75icomplete/870_itracsmaugws.xml)

- According to a Business Insider article in early 2017, Snapchat has amassed 158 million users that spend an average of 25-30 min on the app each day(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v75icomplete/870_itracsmaugws.xml)
- Katz, Blumler, and Gurevitch (1973) developed the uses and gratifications theory (UGT) and identified eight types of uses and gratifications: 1) passing time, 2) companionship, 3) escape, 4)enjoyment, 5) social interaction, 6) relaxation, 7) information, and 8)excitement. A major contribution from UGT is the notion of an active audience that is not simply permeated by media content but rather consumes media with an end-goal in mind(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v75icomplete/870_itracsmaugws.xml)
- However, multiple research studies indicate that Snapchat use, especially in romantic relationships, has revealed high levels of jealousy (Utz, Muscanell, & Khalid, 2015; Vaterlaus et al., 2016). This heightened level of jealousy works in opposi- tion of the idea that social media, particularly Snapchat, would meet the passing time/escape/relaxation needs of a user. (https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v75icomplete/870_itracsmaugws.xml)
- Another issue of which Snapchat users have shown concern is deviant behavior. Vaterlaus et al. (2016) stated that "cheating, saving and disseminating incriminating snaps, and cyberbullying" constitute deviant behavior (p. 594). These particular actions have alerted users to the negative impacts of using Snapchat and has played a role in an individual's decision to participate in Snapchat use(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v75icomplete/870_itracsmaugws.xml)
- Given that the content seen on Snapchat can lead to heightened levels of jealousy and raises concerns for users, it would stand to reason that users would not seek to pass time, relax, or escape from day-to-day life by using Snapchat.(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v75icomplete/870_itracsmaugws.xml)
- Excitation of emotions, such as jealousy and a slight sense of fear and concern, has been observed with the use of Snapchat and other social media. (https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v75icomplete/870_itracsmaugws.xml)
- In addition to the negative emotional impacts presented, Snapchat also serves as a platform to exchange photos as a form of communication. Photos as forms of communication "increase our capacity for emotion and feel'together'" (Riviere, 2005). This indicates that the communication taking place on Snapchat can serve to activate and increase the perceived closeness between the individuals communicating. While Snapchat can lead to the excitation of certain negative emotions, "Snapchat interactions were viewed as more enjoyable and were associated with more positive

mood than other common communication platforms (e.g. Facebook, texting, email, calling)"(Bayer, Ellison, Schoenebeck, & Falk, 2016, p. 957). Ultimately, enjoyment and excitation, particularly of positive emotions, can be seen as a significant area of interest to further uses and gratifica- tions research.(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v75icomplete/870_itracsmaugws.xml)

- Within the scholarship of social media/Snapchat and UGT, there was evidence to support that information plays an integral role in the uses and gratifications process. Information took two forms in the research: information-seeking and self-disclosure of information. Although little evidence was brought to the fore- front regarding information-seeking, Barker (2009) found that male adolescents utilized social media to gather information to obtain entry into positively-viewed in-groups online. This was in- formation of interest because, as will be discussed in the next section, Snapchat is used by young adults "to communicate in their existing relationships, Snapchat is not used to initiate new re- lationships"(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v75icomplete/870_itracsmaugws.xml)
- This evidence indicates that new relationships do not fall within the activities users participate in on Snapchat. As such, males, who seek to gain entry to new social groups, may not have their need for information- seeking met and therefore limit the gratification obtained from Snapchat use. (https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v75icomplete/870_itracsmaugws.xml)
- The second aspect of information was self-disclosure. Self-disclosure on Snapchat was an area of significant interest for previous researchers. Business Insider reports that "2.8 billion snaps are created every day" (Carson, 2017, para. 4). All of this communication is taking place and no trace is left aside from a timestamp. This ephemerality has been shown to "afford greater privacy for users" and "also seemed to influence the kinds of photos participants decided to share" (Bayer et al., 2016, p. 596). Due to this"privacy," "young people often employ a higher level of self-disclosure and have reduced self-presentational concerns compared to other social media platforms"(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v75icomplete/870_itracsmaugws.xml)
- This is also a result of the content being shared on Snapchat being viewed as less persistent than on other social media (e.g. Facebook, Twitter, Instagram, etc.). Users are more likely to share content and information that is more personal and representative of the "true" self. The reason for this is information that is seen as more private and less permanent will receive less judgment from the audience and allows for more intimate information to be disseminated. Building on this idea, another factor at play is the audience for which this content is catered. Research has noted that Snapchat, and the respective content, is "reserved for their [Snap- chat users'] closest interpersonal relationships" (https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v75icomplete/870_itracsmaugws.xml)
- The significance of the audience stems from the content/information that is shared. Since Snapchat is geared to- ward already-solidified interpersonal relationships, the resulting shared content/information will rate higher in intimacy. Another characteristic of information that was disclosed is the lack of nov- elty. Bayer et al.

(2016) revealed just that, “content shared via Snapchat was typically mundane, quotidian ‘little snippets' of everyday life” (p. 956). The reason for this lies, again, in the audi- ence. With the audience being comprised of close friends and/or family, information, regardless of how mundane, will generate some interest in the audience members. Additionally, the lack of persistence and potential judgment that would accompany a similar post on other social media (e.g. Facebook, Twitter, Insta- gram, etc.) contributes to the idea that the “true” self can be rep- resented rather than the “best” self as is the norm with other social media sites. (https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v75icomplete/870_itracsmaugws.xml)

- Social interaction and companionship needs being satisfied through use of Snapchat, a social media application, is fairly obvious. A great deal of scholarly research has provided insight into the ways in which social media, including but not limited to Snapchat, meet the needs of the social media users. (https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v75icomplete/870_itracsmaugws.xml)
- Beginning with the most basic attribute to the social interaction gratification, Snapchat, and more specifically the use of pictures as a communicative means, provides additional cues that alleviate miscommunication (Vaterlaus et al., 2016). These cues include nonverbal cues, hints to physical setting, and text overlays (e.g. basic text, emoticons, emojis, etc.) that give additional mean- ing to the photo. Again, this benefit comes from Snapchat's use of photos as a communicative means. As mentioned earlier, photos“increase our capacity for emotion and to feel ‘together’” (Riviere, 2005). This finding is indicative of an emotional connectedness that comes from using photos to communicate with others.Vaterlaus et al.'s (2016) research revealed support for the previous statement and suggest that “Snapchat is reserved for their [Snap- chat user] closest interpersonal relationships.” In using photos to communicate, users are able to create and maintain a virtual emotional connection with whom they are ‘snapping’. The creation and maintenance of this virtual bond allows users to build intimacy within previously existing relationships which is, again, supported by Vaterlaus et al.'s (2016) findings. In addition to photos as a means of communication, relational intimacy is garnered through the significantly high levels of self-disclosure typical of Snapchat users. Another indication of an interpersonal relationship reaching deeper levels of intimacy is trust, which is present in the commu- nication practices of Snapchat users. Bayer et al.'s (2016) study revealed “Participants reported sharing selfies, especially ‘ugly’selfies, with close ties with whom they trusted with the content of the snap” (p. 956). The article went on the give an explanation, stating “an ‘ugly’ or expressive selfie is more meaningful to a close friend, who is given an opportunity to view the unflattering,quotidian aspects of daily life” (p. 957). According to these quota- tions, individuals who share “ugly” selfies, in addition to the day- to-day content mentioned previously, only do so with individuals he or she deems to be incredibly trustworthy. As mentioned when discussing information disclosure, Snapchat reduces the amount of potential judgment when content is posted for the audience. Maintaining an audience that majorly consists of close friends and family members allows for this level of trust to be achieved as

opposed to other social media that may reveal content to more distant acquaintances. In the case of "ugly" selfies, "users are generally aware that snaps might be screenshot and saved on the receiver's phone, which often creates an even closer bond of in- timacy and trust between users" (Kofoed & Larsen, 2016, p. 3). This provides support for scholarship advocating for the presence of trust within audiences on Snapchat.(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v75icomplete/870_itracsmaugws.xml)

- Another body of literature that helps explain why some people utilize specific forms of social media is the research in communi- cation apprehension (CA) and communication motives. McCroskey and Sheahan (1978) suggested that individuals of high and low CAs hold the same need and desire to have social relationships. Research has also demonstrated that individuals with high appre- hension are less likely to initiate conversations or interactions with strangers (McCroskey & Sheahan, 1978). Wrench and Punyanunt- Carter (2007) found computer-mediated communication (CMC) apprehension negatively related to CMC skills and perceptions of CMC presence. This research helps affirm that CA impacts how people perceive and use CMC technologies. Research in commu- nication motives, as discussed by Papacharissi and Rubin (2000), noted the advantages of the internet including the anonymity and use of primarily text-based communication that might appeal to individuals who experience communication apprehension.(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v75icomplete/870_itracsmaugws.xml)
- Papacharissi and Rubin (2000) revealed that the internet serves as an alternative forum to meet the need for interpersonal interaction. Apprehensive individuals deem the internet as a more valuable place for interaction because it allows for their needs to be met without triggering or exacerbating the individual's apprehension (Papacharissi & Rubin, 2000). Aside from the interaction need, other needs have been shown to have a relationship with communication apprehension, but the literature is not as abundant. Passing time was also associated with higher communication apprehension and information-seeking was associated with lower levels of apprehension (https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v75icomplete/870_itracsmaugws.xml)
- Hunt, Atkin, and Krishnan (2012) conducted a study to deter- mine the role communication apprehension plays in the use of Facebook. In support of the notion that the internet serves as a forum that affords apprehensive individuals freedom to commu- nicate more comfortably (Papacharissi & Rubin, 2000), evidence shows that communication using social networking sites is moti- vated by apprehension as well as entertainment and self- expression (Hunt et al., 2012). Self-expression was not explained in-depth and a call was made to increase the research on self- expression as a motivation for using social networking sites(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v75icomplete/870_itracsmaugws.xml)
- Based on this evidence, the motivation of self- expression on Snapchat may be an avenue of interest, especially within the framework of UGT. (https://journals-

scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v75icomplete/870_itracsmaugws.xml)

- First, findings from this study revealed that there is a relation- ship between participant needs (entertainment and functional) with communication apprehension (social media and Snapchat). Specifically, there were functional needs for a person who has a high level of communication apprehension to use Snapchat more than someone who has a low level of communication apprehen- sion. (https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v75icomplete/870_itracsmaugws.xml)
- As suggested by Papacharissi and Rubin (2000), the Internet and social media, like Snapchat serves as an alternative forum to communicate, especially for individuals, who are fearful of speaking in public settings. This is consistent with evidence indicating pictures serve a communicative purpose that allows for needs of companionship and social interaction to be met(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v75icomplete/870_itracsmaugws.xml)
- As far as functionality goes, the findings are supportive ofVaterlaus et al.'s (2016) claim that additional cues are present and help limit misunderstanding when communicating via Snapchat. These findings showcase how certain characteristics of social media allow individuals with high CA to overcome the barrier and gratify needs. When applying these findings to realistic situations, it is clear that in many interpersonal settings incorporating Snapchat, or a medium similar to Snapchat, can be beneficial to high CA individuals.(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v75icomplete/870_itracsmaugws.xml)
- Second, the results revealed that there is a relationship between participant needs (entertainment and functional) with Snapchat addiction, intensity, and exhibitionism. In other words, Snapchat users reported using this medium because they think it is fun and practical. At the same time, Snapchat users are more likely to be addicted to this medium, and post frequently. Smith (2014) noted that social media can provide several interpersonal needs. It is evident that Snapchat provides several needs for Snapchat users. This particular finding neither affirms nor negates the assumptions in 'Passing Time, Escape, and Relaxation' section of this paper made based on Utz et al. (2015) and Vaterlaus et al.'s (2016) findings(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v75icomplete/870_itracsmaugws.xml)
- Findings from the study do support Bayer et al.'s (2016) evidence of positive mood being associated to Snapchatting experiences. For practical purposes, understanding the positive excitation present in Snapchat use may give a glimpse into the addictive practices employed by Snapchat users. When counseling an addicted Snapchat user, one might suggest an indi- vidual turn to a different outlet, mediated or not, to seek social interaction, entertainment, and so on.(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v75icomplete/870_itracsmaugws.xml)
- Third, the results indicated that there is a small relationship between participant needs (entertainment and functional) with optimism/pessimism and Snapchat satisfaction. Snapchat users are satisfied with this medium. Moreover, Snapchat users' optimism/ pessimism is related to their needs for using this platform. Carson (2017)

noted that Snapchat fulfills several needs for individuals, especially the need to connect and communicate with others. Again, these findings provide support for claims by Bayer et al. (2016) and Vaterlaus et al. (2016) that Snapchat allows for inter-personal interaction that is positive. Additionally, this supports the use of UGT as a guiding theory for the studydas needs are gratified, user satisfaction will increase.(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v75icomplete/870_itracsmaugws.xml)

- "The more advanced the technology, on the whole, the more possible it is for a considerable number of human beings to imagine being somebody else." - sociologist David Riesman.(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v62icomplete/155_smalwamtattw.xml)
- As digital technologies continue to make communication channels and platforms more ubiquitous and effortless, human beings are more connected to each other than ever before. Social media (often referred to as social networking sites, or SNSs) can be broadly defined as the websites and applications that enable users to create and share content with networks (i.e., friends, followers, etc.) they construct for themselves(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v62icomplete/155_smalwamtattw.xml)
- These forms of media have revolutionized how people interact with each other, and young adults are the most avid users. In a recent study, the Pew Research Center found that "fully 91% of smartphone owners ages 18e29 used social networking on their phone at least once over the course of the study period, compared with 55% of those 50 and older"(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v62icomplete/155_smalwamtattw.xml)
- Indeed, age is a strong determinant of the frequency and quality of an individual's social media usage, and it is unsurprising that younger people are more comfortable with on- line communication than adults (Thayer & Ray, 2006). In terms of platform popularity among young adults (18e29 years old) with Internet access, 87% use Facebook, 53% use Instagram, and 37% use Twitter(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v62icomplete/155_smalwamtattw.xml)
- Ostensibly, the heightened interpersonal connectivity afforded by social media should be associated with an overall increase in psychological well-being, yet the problem of loneliness persists in the same societies where social media usage is likely at its highest (e.g., the US, the UK, etc.). According to a nation-wide survey, commissioned by the Mental Health Foundation, 48% of British adults believe that people in the UK are getting lonelier as time progresses, 45% report feeling lonely at least some of the time, and 42% report having felt depressed due to being alone (Griffin, 2010). Importantly, nearly all indicators of loneliness reported in the survey are of the highest incidence among young adults aged 18e34 (as opposed to older adults).(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v62icomplete/155_smalwamtattw.xml)
- Similarly, in their book The Lonely American, Olds and Schwartz (2009) argue that loneliness in 21st century America is higher than in any previous generation, despite the fact that modern Americans "devote more technology to staying connected than

any society in history"(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v62icomplete/155_smalwamtattw.xml)

- In 2015, Time Magazine ran an article, "Why Loneliness May Be the Next Big Public-Health Issue," arguing that loneliness is a potential pandemic "on par with obesity and substance abuse" (Worland, 2015; para 1). Researchers have established that loneliness is related to serious health risks in children (Asher & Paquette, 2003; Boivin, Hymel, & Bukowski, 1995), adolescents (Jones, Schinka, Dulmen, Bossarte, & Swahn, 2011; Mahon, Yarcheski, & Yarcheski, 1993), and adults (Cacioppo, Hughes, Waite, Hawkley, & Thisted, 2006; Patterson & Veenstra, 2010), and have suggested that it can increase risk of death by as much as 26%(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v62icomplete/155_smalwamtattw.xml)
- Loneliness is often defined in terms of one's connectedness to others, or more specifically as "the unpleasant experience that oc- curs when a person's network of social relations is deficient in some important way" (Perlman & Peplau, 1981, p. 31). Scholars have yet to determine whether our newfound digital connectivity is of a kind that can stave off loneliness, and empirical research (as dis- cussed more thoroughly in Theoretical Background below) has produced mixed findings regarding the link between loneliness and social media. (https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v62icomplete/155_smalwamtattw.xml)
- Relatedly, maintaining social relationships has the potential to"subtly embrace us in the warmth of self-affirmation, the whispers of encouragement, and the meaningfulness of belonging" (Hughes, Waite, Hawkley, & Cacioppo, 2004, p. 1). That is, rather than merely preventing or attenuating negative psychological consequences (e.g., loneliness), an individual's social relationships may providepositive consequences (e.g., happiness, satisfaction with life [SWL], etc.). However, the capacity of social media to exercise this benefit remains uncertain at best (https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v62icomplete/155_smalwamtattw.xml)
- With advances in technology and bandwidth, the additional communicative abilities of cell phones have gone from short mes- sage service (SMS) texting to sending pictures and audio files to the recording and live transmission of high definition video. On the surface, it seems that the increased realism and definition of communication media should make people feel more connected with others, but the rate at which new social media platforms are released, initially adopted, popularized, and (possibly) obsolesced makes it difficult to study how any specific platform affects lone- liness(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v62icomplete/155_smalwamtattw.xml)
- The Uses and Gratifications (U&G) approach (Katz, Blumler, &Gurevitch, 1973; Rubin, 2002; Sundar & Limperos, 2013) is a well- established framework for approaching the study of media. It proceeds from the assumption that consumers are active in their choice of media and they engage with certain technologies to fulfill specific needs.(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v62icomplete/155_smalwamtattw.xml)

- Ruggiero (2000) notes that, compared to the mass media of the 20th century, the interactivity, demassification (i.e., control of individual over the medium), and asynchroneity (i.e., ability to stagger messages in time) of newer digital technologies are part of what makes them so appealing and engaging for users today.(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v62icomplete/155_smalwamtattw.xml)
- Launched in 2004, Facebook is the best- established social media platform, and it lets users share text, photos, and videos with one another. According to Facebook, as of March 2015 it has 1.4 billion monthly active users and 936 millions daily active users. Nadkarni and Hofmann (2012) determined that the two primary motivating factors for Facebook use are the need to belong and the need for self-presentation. Quan-Haase and Young (2010) determined that, compared to direct messaging, which is used for maintenance of individual relationships, Facebook is more geared towards having fun and knowing what is going on in one's overall social network. (https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v62icomplete/155_smalwamtattw.xml)
- Lonely individuals in particular are more likely to use Facebook to compensate for a lack of offline relation- ships (Skues, Williams, & Wise, 2012), and among certain pop-ulations, Facebook use has been linked to increased SWL (Basilisco& Cha, 2015). Malik, Dhir, and Nieminen (2015) found that users share photos to gratify needs of affection, attention seeking, disclosure, habit, information sharing, and social influence. It is unclear, however, what role photos and images play in gratifying social and affection needs, and how meeting those needs might mitigate loneliness. Moreover, because the photo-sharing and messaging functions of Facebook have largely been supplanted by newer, more specialized social media applications such as Snapchat and Instagram, Facebook's effect on psychological well-being eespecially relative to other, more specialized platforms e remains unclear(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v62icomplete/155_smalwamtattw.xml)
- Twitter, launched shortly after Facebook, is another popular(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v62icomplete/155_smalwamtattw.xml)
- social media platform that lets users share 140-character “tweets”of text which might link to other sites or photo/video files. Although Twitter's numbers do not quite match those of Facebook, the platform still commands an impressive following (302 million active users that send over 500 million tweets every day) and initial research indicates an array of socially-related gratifications.(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v62icomplete/155_smalwamtattw.xml)
- the more one uses Twitter, the more that use gratifies a need for connection. Lee and Ma (2012) found that users pursuing gratifications such as information seeking, status seeking, and socializing were more likely to share news in social media platforms such as Facebook and Twitter. Research has examined and verified Twitter's viability in communicating news and events (Bollen, Mao, & Zeng, 2011; Hull & Lewis, 2014; Sakaki, Okazaki, & Matsuo, 2010; Tumasian, Sprenger, Sandner, & Welpe, 2010;

Watson, 2015), particularly for fans of sports (Lee, Han, Kim, & Kim, 2014) and television (Wood & Baughman, 2012). Twitter has also been shown to facilitate parasocial interaction to varying degrees, depending on the interpersonal orientation of the user (Lee & Jang, 2011) or famous account they are following(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v62icomplete/155_smalwamtattw.xml)

- Relative to Facebook and Twitter, there is a dearth of research on each of Instagram, Snapchat, and Yik Yak. Thus, we can only spec- ulate as to the U&G satisfied by each of these three media. Insta- gram was released in 2010 and functions like a photo version of Twitter: users choose whom to follow, but instead of posting 140- character tweets, they post aesthetically-filtered photos or videos.Pittman (2015) found that as one's affinity for and activity on Instagram increased, self-reported loneliness decreased. Photos with friends and selfies are the most popular (Hu, Manikonda, &Kambhampati, 2014) and unsurprisingly, Bakhshi, Shamma, and Gilbert (2014) found those sort of photos (ones with faces, regardless of age or gender) are 38% more likely to receive a "like"and 32% more likely to receive a comment than those without. If likes and comments contribute to the immediacy and/or intimacy that is required for simulated social presence, this would seem to make Instagram a good bet to mitigate loneliness.(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v62icomplete/155_smalwamtattw.xml)
- Snapchat was released in 2011 and functions a bit like an ephemeral Instagram: users send each other photos or videos that self-destruct after a set amount of time, typically three to ten sec- onds. As the first major social media platform to offer non-permanent content creation, Snapchat initially received attention for its potential in sexting (Poltash, 2012), but little else is known about the platform. Anecdotally, because it lets users send their friends silly or "ugly" photos of themselves that they might not want recorded permanently, we might expect Snapchat to relate to gratifications of intimacy or social bonding, since those casual ex- pressions are more akin to what those friends might experience in non-mediated (face-to-face) interaction.(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v62icomplete/155_smalwamtattw.xml)
- Yik Yak was released in 2013 functions like an anonymous, geo- centered Twitter: users can create, view, and up- or down-vote"yaks" within a 1.5 mile radius. Yik Yak has received attention for its potential link to cyber bullying (Darling, 2015) and some col- leges have banned it entirely (Mahler, 2015). Anecdotally, although Yik Yak activity near a college campus does occasionally contain bullying or trash-talking, it typically ranges from the jovial ("Where's the party tonight?") to the mundane ("My roommate ate too many burritos."). Therefore we might expect gratifications of entertainment and information seeking, but it is unclear what ef- fect its use might have on psychological well-being.(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v62icomplete/155_smalwamtattw.xml)
- However, the nature of the social interactions offered by each platform differs considerably in terms of the salience of the person or people with whom the user interacts. It seems logical that the social media platforms that offer the greatest

degree of saliencedthereby most closely imitating real-life social inter- actionsdwould be most effective at attenuating loneliness. This level of salience is referred to as "social presence" in communica- tion literature (Gunawardena, 1995; Short, Williams, & Christie, 1976), and depends primarily on both the immediacy and in- timacy of communication, such that social presence is highest in interactions that have both highly immediate and intimate communication. Immediacy is certainly positive, but it is doubtful that one could achieve meaningful social connection without also experiencing intimacy of some kind(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v62icomplete/155_smalwamtattw.xml)

- Some research has determined that online communication has the potential to boost perceived social support and self-esteem while decreasing loneliness and depression (Shaw& Gant, 2002), whereas other studies have found that online communication might further isolate individuals offline and decrease social well-being ((https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v62icomplete/155_smalwamtattw.xml)
- The MAIN model posits that our brains implicitly trust visual modalities such as images and video more than text because those modalities cue the "realism heuristic." This heuristic immediately determines that a photograph of something is inherently more real than text written about the same thing;"that is, we trust those things that we can see over those that we merely read about. This heuristic also underlies people's general belief that pictures cannot lie (even in this day and age of digital manipulation) and the consequent trust in pictures over textual descriptions" (Sundar, 2008, pp. 80e81). When individuals share everyday media with each other, concerns over cost and time mean they are more likely to send photos than text, audio, or video(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v62icomplete/155_smalwamtattw.xml)
- Our results indicate that the more image-based social media platforms one uses, the happier, more satisfied with life, and less lonely he or she is likely to perceive being. These findings shed light on the nature of loneliness in a contemporary digital society as well as the potential side-effects of social media use.(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v62icomplete/155_smalwamtattw.xml)
- Image-based platforms such as Snapchat and Instagram confer to their users a significant decrease in self-reported loneliness. Equally significant was the use of these platforms predicting an increase in happiness and SWL. In line with our qualitative findings, this ability to mitigate an undesirable psychological state and induce positives ones may be due to the ability of images to facil- itate social presence (Sundar, 2008), or the sense that one is communicating with an actual person instead of an object. This may occur "even without anthropomorphic features of the tech- nology, although if there are cues in the interface that represent human characteristics such as voice, language, and personality, the social presence heuristic appears to be more strongly invoked"(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v62icomplete/155_smalwamtattw.xml)

- Even before Instagram and Snapchat were developed, Goh et al. (2009) found that photos were the medium of choice for in- dividuals to share, because they quickly got the job done in terms of communicating feelings or situations. It makes sense that this trend only continues with specialized platforms like Instagram and Snapchat streamlining and augmenting the process of sharing image and video files, both publically (Instagram) and privately (Snapchat). Moreover, if lonely people "transmit the same feeling of loneliness to their remaining friends" (Cacioppo, Fowler, &Christakis, 2009), it is possible that feelings of connectedness and happiness could be similarly transmitted through image-based networks. Compared to (mostly) indirect public platforms such as Facebook, direct messaging is geared toward developing and maintaining relationships (Quan-Haase & Young, 2010), so photo or video messages sent to and from one's friends should be a powerful way to recreate the intimacy of social presence necessary to stave off perceived loneliness.(https://journals-scholarsportal-info.proxy1.lib.uwo.ca/pdf/07475632/v62icomplete/155_smalwamtattw.xml)

Stigma

- Stigma is the way certain attributes are socially agreed as worthy of devaluation and social avoidance **(Essler, Arthur, Stickley, 2006)**
- There is evidence from population surveys that stigmatizing attitudes towards people with mental health problems are highly prevalent **(Essler, Arthur, Stickley, 2006)**
- For people with mental health problems, the effects of stigma include feelings of fear, isolation, guilt and embarrassment, and result in avoidance of help-seeking**(Essler, Arthur, Stickley, 2006)**
- Some people diagnosed with a mental illness state that the stigma associated with the diagnosis is worse than dealing with the mental health problem itself **(Essler, Arthur, Stickley, 2006)**
- Haghighat (2001) suggests that stigmatization is the result of an evolutionary tactic for survival whereby humans possess an automatic urge to discriminate against others to increase their own self-esteem. Haghighat attempts to understand stigma through his theory of ''self-interest'' where people inevitably focus upon the weaknesses of others to make themselves feel better.**(Essler, Arthur, Stickley, 2006)**
- A review of the evidence of the way the mass media portrays mental health service users found that media representations emphasized ''violence, dangerousness, and criminality'' (Cutliffe & Hannigan, 2001). A survey of press articles including references to people with mental health problems found more than four in ten articles in the press used derogatory terms about mental health and nearly half of press coverage related mental illness to violence and crime**(Essler, Arthur, Stickley, 2006)**
- Brunton (1997) found that 75% of 14–16 year olds studied believed that people with mental health problems were potentially dangerous. Our findings suggest that a substantial proportion of school pupils believe violence to be an inevitable part of mental health**(Essler, Arthur, Stickley, 2006)**

- Crisp et al. (2000) found that young people are more likely to associate people with mental health problems with violence, indicating that this is one area that needs considering when planning interventions in the future.**(Essler, Arthur, Stickley, 2006)**
- A set of negative and often unfair beliefs that a society or group of people have about something - http://www.merriam-webster.com/dictionary/stigma (Insel, Rothm Irwin & Burke, 2012)
- Many people with mental health issues experience stigma. One of the best ways to break down stigma is through contact-based education. It's important that people get support as soon as possible when experiencing mental health issues. We all need to be educated to be able to recognize symptoms of mental health issues in ourselves and others. For youth, for example, it's especially important that front-line workers have this expertise because people like teachers, coaches, and community workers are the ones young people usually turn to rst. (https://www.mentalhealthcommission.ca/sites/default/files/2016-07/Youth_Strategy_Eng_2016.pdf)
- The stigma traditionally associated with mental health issues isnally diminishing. There is growing recognition that a diagno- sis for clinical depression is no more a cause for embarrass- ment than the discovery of a physical, more visible illness.https://cou.ca/wp-content/uploads/2017/11/In-It-Together-PSE-Mental-Health-Action-Plan.pdf
- Social stigma associated with mental health problems deters many youth from seeking help from community professionals (https://www.mentalhealthcommission.ca/sites/default/files/ChildYouth_School_Based_Mental_Health_Canada_Final_Report_ENG_0.pdf

Bullying

- Bullying, whether at school or over the Internet, has become recognized as an important public health issue not only because of the notable prevalence, but more importantly because of the immediate and long-term negative consequences for the bullied victim, the bully perpetrator, and society. (Boak, Hamilton, Adlaf, Henderson & Mann, 2016)
- Children and adolescents who are bullied are at increased risk for mental health problems, physical health problems, social and school problems, and these problems can endure well into adulthood (Boak, Hamilton, Adlaf, Henderson & Mann, 2016)
- Yet the consequences of bullying are not restricted to the bullied. Those who bully others are at risk for further aggressive and antisocial behaviour, substance use problems, and criminality(Boak, Hamilton, Adlaf, Henderson & Mann, 2016)

Cyberbullying

- While our results show that the level of bullying victimization at school has decreased during the past decade – perhaps due to initiatives such as the safe school policies implemented in Ontario – the level of cyberbullying victimization shows no change. (Boak, Hamilton, Adlaf, Henderson & Mann, 2016)
- Cyberbullying is a growing concern as electronic media become predominant in the lives of adolescents. This report showed that one-in-five students are cyberbullied. (Boak, Hamilton, Adlaf, Henderson & Mann, 2016)
- Bullying victimization is not only associated with immediate adverse consequences such as school problems, stress, and alcohol and drug use (Kowalski, Giumetti, Schroeder, & Lattanner, 2014), it can also have serious, enduring effects on mental health(Boak, Hamilton, Adlaf, Henderson & Mann, 2016)