

IAN COLMAN

“Mental Health Promotion - What can you do for you and your loved ones?”

Mental Health Symposium May 27th 2017

[12:01 PM] Elektra Panthar: Hello everyone.

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IC : Ian Colman

[12:01 PM] Slatan Dryke: Good afternoon and welcome to The Sojourner Auditorium and the sixth annual Virtual Ability Mental Health Symposium. My name is Slatan Dryke. I am from Italy. I joined Second Life in 2007. I discovered Virtual Ability in 2009, and became a member the next year. I suffer from PTSD (Post Traumatic Stress Disorder) and for me, voicing in public is a big challenge but is also part of my personal therapy. I am a Mentor, Linguist, Artist and Photographer. I began my Mentoring career when the Mentoring program was officially managed by Linden Labs. I love to share my skills in several groups but a special mention goes to Virtual Ability with the unique purpose to simplify Second Life for those residents with different abilities, giving weekly classes and tours with distinct topics.

Before I introduce our next presentation, I'd just like to remind you that you can IM one of the VAI Greeters if you need help.

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Our next talk is by Ian Colman "Mental health promotion - What can you do for you and your loved ones?"

Dr. Colman is the Canada Research Chair in Mental Health Epidemiology and he is an Associate Professor in the School of Epidemiology, Public Health, & Preventive Medicine at the University of Ottawa.

Dr. Colman's research lab investigates factors associated with depression, anxiety, and suicidal behavior, with a particular focus on public health approaches toward prevention and intervention.

Dr. Colman, we are honored and excited to have you join us today!

Please start whenever you are ready.

[12:05 PM] Elektra Panthar: IC: Thank you Slatan for the lovely introduction, it was very inspirational

Research is a team effort, so thank you to all my collaborators (too many to mention)

When we talk about Mental health we need to look at the burden of mental disabilities

Most of those observed are behavioural problems

The no.1 contributor is depression

7 to 10% of interviewed Canadians present indicators for depression

Depression is linked to suicide, which is the highest reason of mortality among young people

Heart disease is leading cause of death in many countries, but it occurs mostly in older people

Is there actually an epidemic of mental illnesses right now?

If we just look at the headlines we'd of course say yes

We investigate whether this is true by looking at data

We looked at a study focusing on a group of young people 10-15 years

Children had to agree or disagree with statements related to their mental state and behaviour in public

Also questions about suicidal behaviour (considered suicide within the past 12 months - thinking about it and ideation)

We noticed that in the course of 20 years the depression and anxiety percentage has remained almost the same, public misconduct and suicidal thoughts and attempts have actually decreased slightly

Other studies have confirmed this trend for the most part

Other studies focused on adults had the same results, so from mid 1990s to now we didn't see an increase in these mental illnesses

But many want to believe the bad news. Why is there this disbelief that there's no epidemic?

What changed is that there have been changes in diagnostic criteria
There's also been a change in stigma against mental illnesses
It prevents people from seeking help
There's clear indication stigma is dropping, which is good and that's also
maybe why people perceive an increase
More and more people are also likely to seek help so that also makes it look
like there are more people affected

So in the end while there's no epidemic, there is still the problem of the
burden mental illnesses have on society
Can we reduce the burden, can we prevent or reduce mental problems?
Can we make healthy changes with our behaviour, and will they help with
mental state?
People with depression are very willing to try and change
We conducted a survey to ascertain whether they tried to improve their mental
health
The majority of people diagnosed with depression tried to improve their
lifestyle
Exercise, better diet, no more smoking
These are good for both physical and mental health. People with depression
felt barriers to achieve the positive change
One of the reason is lack of willpower, so family members could help by
encouraging them
Goal setting can motivate people to sticking to the goals and making lasting
changes
I tried myself that technique while I was trying to lose weight, and supporting
friends have helped a lot

Diet and mental health: Association with poor diet and depression
Mediterranean diet has been proved to be beneficial
A group study has been followed for years - those who followed Med diet
more closely are at lower risk of depression
Several factors to consider are stress and inflammation that can cause
depression, brain plasticity is very important as well, nutrients found in
vegetables, fruit and fish are important to lower the risk
In the study we excluded fruit juices because they have too much sugar, and
potatoes
We included F&V (fruits & vegetables) consumption and distress over 12
months
People with higher F&V intake are at lower risk for depression
The key thing is getting out of the bottom group with the worst diet
There might be reverse causality so we looked at longitudinal studies

Diet quality index: variety, adequacy, moderation, balance (proportion of food
groups)
Variety and adequacy are the factors we looked at most to correlate to mental
problems
Variety was the most significant factor
So we confirmed F&V intake together with variety is important
It's difficult to get the precise causal picture

Which came first, bad diet or mental problem?

Randomizing controlled trials helps in getting a better picture

SMILES trials - randomized trial where dietary intervention was associated with mental help

Another was given social support

The dietary improvement can help with both physical and mental health at the same time

more F&V, cutting down on over processed food

Another factor we studied was neighborhood quality

The less safe it is the higher anxiety percentage

We looked at a longitudinal study that followed children from an early age to their teens

Asked the parents whether the neighbours were likely to help in case of problems, if they were trustworthy

Children's experience with neighbourhood/social cohesion - most experienced average cohesion, some low cohesion, some high cohesion

Some experienced lowering cohesion, other increased cohesion

We found that kids growing up with lower cohesion experienced depression

In very cohesive neighbourhoods kids developed depression if they had mothers with depression

People with low and lowering cohesion develop hyperactivity and social aggression

Kids exposed to highly cohesive neighbourhood developed prosocial behaviour even if the neighbourhood cohesion dropped later in life

Surveys on the parents confirmed these results

Relocating often helps, but programs that help with neighbourhood cooperation are more effective

We know that stress is a major factor linked to depression and anxiety, but not all stressors are the same

Social support can help with coping mechanisms and behavior change

Another survey on adolescents focused on social support and were followed for years - about stressors, financial situation, social support

Teens with high social support are less likely to experience stress at work or in case of financial problems as adults

We looked at Befriending - we give people a friend, who can be untrained

So providing social support can help with depressive symptoms

Pursuing social connections can help a lot in lowering the risk of depression and improving mental health

Only 50% of people with depression have sought help

57% of people with serious suicide ideation sought help

Both are low, so social learning can help with this problem - the more people can be seen seeking help with their physical and mental health

Stigma is associated with social norms, big impediment to people seeking help

Another study included many demographic levels, many mental health factors and social influence - whether a family member or friend ever sought mental help

We matched two groups - the difference was that one group had sought treatment in the past 12 months, the other not
Those who sought mental treatment are more likely to influence and be influenced by the others
Knowing that someone in your social circle sought mental treatment can help destigmatize admitting and seeking help for mental problems

Let's look at children entertainment - we noticed many protagonists lose parents at a very early age
People die off a lot faster in kids' movies than in drama movies for adults
Murders are much more common as well
There were of course lots of headlines when the study was published
Tongue in cheek advice: don't leave your kids alone with kids movies

[01:01 PM] Fidget (fidgetswidgets) cheers and applauds!

[01:01 PM] Slatan Dryke: thank you Ian, so interesting!

[01:01 PM] Mook Wheeler: COMMENT: Dr Colman, you mentioned your attempt to lose weight and how it helped when you had your FB friends' support. Support is always and certainly important, but I also think that part of the success also comes from the fact that you 'announced' it publicly, that others were told about your resolution. The easiest promises to break are the ones you have made to yourself, that no one else knows about. The hardest promises to break are the ones where you feel obligated and which everyone knows about. Failing in public is a lot harder than failing in private, because you have put more of your 'personal reputation' at stake. This exerts an *external* pressure that is harder to shrug off... Having said this, I totally agree about the HUGE importance of social support -- belonging to a community has undoubted positive effect on mental health.

COMMENT: The children's films are also following a common traditional narrative: they set up a position of loss from which the child emerges from over the course of the film, and becomes complete and whole by the end of the film.

[01:02 PM] Carolyn Carillon: IC: First, Mook's question ... (Gentle is reading)

I think my comment is that Mook is very perceptive

I agree on all counts

One of the reasons I announced that I wanted to lose weight on Facebook

Is that it would be harder to say no

With regards to children's films, I understand why filmmakers want to take parents out of films

It makes the film more interesting when the main character has a challenge

Having said that, I'm not sure you need to kill off parents to achieve that aim

Home Alone is a good example

The parents went on vacation without their kid

The child had challenges but no one had to die

[01:04 PM] Gentle Heron: [13:01] Jujue: Do you have any information on heredity?

[01:04 PM] Carolyn Carillon: IC (answering Jujue's question)

We don't have that specifically

That's not my training
In the Canadian studies, the data is not good
But there is overwhelming evidence that having a family history of mental illness is associated with mental illness in the offspring
[01:05

PM] Jujue: So a good field for study in the future

[01:05 PM] Gentle Heron: [13:03] Jadyn Firehawk: QUESTION: On healthy behaviors, you mentioned "lack of willpower" only in passing. People blame themselves for this as a personality flaw rather than a result of the depression and/or their medications. I found that my medications robbed me of motivation, but my doctor has made a certain medication change, and it's dramatically restored my sense of motivation. What can be done to reduce this "lack of willpower" stigma and shift the blame off of people that they're "just being lazy"?

[01:06 PM] Carolyn Carillon: IC: I think it's difficult

We shouldn't blame anybody

Let's not focus on blame

Instead focus on helping a person feel better

There's no doubt that a lack of willpower & motivation are a feature of feeling depressed

That's why it's important to link to social support

If your loved ones can support you, it can make a big difference

That can be encouraging people to get treatment

To talk to medical professionals

Getting people on a good treatment and out of the initial depths of depression can help people get motivated

And do more

[01:07 PM] Jadyn Firehawk: "I have no will power" is an entire separate axis of its own though

[01:08 PM] Gentle Heron: [13:06] ThatguyJack: **Question** Does your team study pseudo seizures?

[01:08 PM] Carolyn Carillon: IC (answering ThatguyJack):

No sorry

I don't know anything about that

[01:08 PM] Gentle Heron: [13:07] Polaris Grayson: QUESTION: Is there a direct correlation of change in the mental health issues with the improved diagnosis tools, dietary knowledge, and updated techniques in the medical realm and do you see medicinal treatment availability hindering or helping improvements (i.e. giving medicine to children for ADHD)?

[01:09 PM] Carolyn Carillon: IC (answering Polaris):

It's hard when you look at change over time

We know that mental illness and its causes are really complex

There are many factors

It can be difficult to know the cause of a change that we see over time

If we see an increase of a number of people with a mental disorder, what's the cause?

A change in the stressors?

A treatment that was working is now failing?
Or we're more actively diagnosing that illness more than in the past?
It's difficult to figure out exactly what is going on
That's why we need randomized control trials
So we can be more confident that we understand the cause
[01:10 PM] Polaris Grayson: Thank You ☺

[01:11 PM] Gentle Heron: Thank you Dr. Colman. This is fascinating information. A lot that all of us can use. QUESTION- I like your phrasing "an epidemic of people getting help." What can we as people with disabilities do to help the nondisabled general public understand that they hold a misconception about the prevalence of mental health issues?

[01:11 PM] Carolyn Carillon: IC (answering Gentle): great question
I think the answer is talk to people about mental health
We've made great strides in reducing stigma
That's great
But we have a way to go
Despite all these improvements, we're still seeing a high number of people not getting help
Talk about mental health in general
Be open
And be open to others talking about their mental health
Everyone wins in that situation

[01:12 PM] Jady Firehawk: Put differently: mental illness hasn't increased; awareness has increased

[01:13 PM] Slatan Dryke: Question: I am Italian and I know so well the benefits of the Mediterranean diet, so how hard is it to promote that diet in Canada, thinking of the schools for example. Does the government push for better food for kids and teen-agers?

[01:13 PM] Carolyn Carillon: IC (answering Slatan): that is a fantastic question
I'm very jealous that Slatan gets to enjoy the Mediterranean diet on a daily basis!
Changing the way people eat is difficult
There are barriers
For example, we can encourage people to eat certain foods, but especially in places like Canada it can be harder to get that food at certain times of the year
We need structural changes to support those kinds of behaviors
Schools are a great example
There are inspiring school nutrition programs that have been successful
There has to be political will at all levels
Schools are a great place to start
And I've seen the evidence that some schools have been successful in getting kids to eat better

[01:15 PM] Slatan Dryke: thank you !

[01:15 PM] MatildaMoontree: We've had some good attempts at improving school food here in US, but it has now been done away with

[01:13 PM] Mook Wheeler: [01:10 PM] Sister (sister.abeyante): QUESTION: I am very interested in the links between mental health and poverty. I work on an Indian reservation where poverty is a long-term, pervasive challenge... Socio-Economic status impacts physical health, access to health care, response to disability, diet, social cohesion, behaviors, chronic stress (cortisol levels), generational trauma, etc....Can you say a bit about how these studies specifically accommodated the realities of (impacts of) poverty?

[01:15 PM] Carolyn Carillon: IC (answering Sister's question): There's a mountain of evidence showing that people who live in poverty have higher rates of mental illness

No doubt about it

Making behaviour changes are more difficult in those circumstances

For example, making diet changes can be more expensive

People who live in poverty are exposed to more stressors

That's why I think if we want to make a difference

We can't do it at the individual level

We need to do it on the societal level

The way I framed this presentation

Is what we can do as individuals

[01:17 PM] Sister (sister.abeyante): Nods... inclusively.

[01:17 PM] Carolyn Carillon: IC: but this can all be done at the society level

It'd be wonderful if our governments supported these programs

The best answer is to reduce poverty

That's the best strategy

But maybe one of the hardest things to do

[01:17 PM] Gentle Heron: We could probably go on and on, but we need to thank Dr. Colman and get ready for our next presenter.

[01:18 PM] Carolyn Carillon: IC: Thank you so much

You were a great audience

& I appreciate the questions

[01:18 PM] Jujue: Yes, Thank you Doctor

[01:18 PM] Lyr Lobo: many thanks, Dr. Coleman! Great session!

[01:18 PM] Slatan Dryke: thank you for the great talk !!!

[01:18 PM] Sister (sister.abeyante): Excellent- thanks very much!

[01:18 PM] Jady Firehawk: thank you!

[01:18 PM] MatildaMoontree: ty, great info

[01:18 PM] Leandra Kohnke: APPLAUSE

[01:18 PM] Mook Wheeler: thank you so much, Dr Colman!!!

[01:18 PM] Fidget (fidgetswidgets) stomps paws and cheers!

[01:18 PM] Zip Zlatkis: Thank YOU!

[01:18 PM] Jujue applauds

[01:18 PM] Elektra Panthar: thank you Dr. Colman!

[01:18 PM] iSkye Silverweb: Thank you so much for coming and sharing this great information!!