



Mental Health Awareness

Resource Guide

WRITTEN BY

Dr. Merry C Lin, Clinical Psychologist



Foreword.

This resource was developed to help de-mystify and remove the stigma of mental illness. It is in no way a comprehensive overview of mental health, but is an attempt to provide a user-friendly, quick reference for individuals and families seeking insight and information. It is not intended to be used as a diagnostic tool but simply to provide basic information about mental health – including potential signs and frequently asked questions.

For further information, there are many excellent sources online, such as resources provided by the Canadian Mental Health Association (www.cmha.ca). However, if you or your family member are showing signs and symptoms that concern you, please don't hesitate to consult your family physician or pastor, who can refer you to professionals who specialize in diagnosing and treating mental illness. And if you are struggling with suicidal thoughts or suspect a loved one is, please get help immediately. There are resources provided at the back of this booklet to guide you in getting the help you need.

If you have further questions about the spiritual aspect of mental illness (not discussed in detail in this guide), please speak to one of your pastors or look on C4's website (www.c4church.com) for classes offered on spiritual warfare.

Introduction.

Today, mental health challenges affect everyone. Statistics¹ indicate that in any given year, 1 in 5 people in Canada will suffer from mental illness, and the other 4 in 5 will have a friend or family member who suffers from mental illness. By the time Canadians reach the age of 40, 1 in 2 have – or have had – a mental illness. That means that ALL of us have been, or will be, impacted in some way by mental illness – which affects people of all ages, educational and income levels, cultures and religions.

And yet, almost half of those who feel they have suffered from depression or anxiety have never gone to see a professional about it. In fact, only 1 out of 3 people suffering from mental illness will consult a health professional – and this in spite of the growing evidence that mental illnesses can be treated effectively. And only 1 in 5 children in Canada who need mental health services receives them.

The stigma attached to mental illness is a serious barrier – not only to diagnosis and treatment – but also to acceptance in the community. This stigma is even worse in the church, where mental illness is sometimes seen as a “weakness” or a lack of faith. In some churches, seeking a psychologist or psychiatrist for help is denounced, and congregants are urged to pray more and read their Bible to combat their feelings of depression. Anxiety is seen as giving into fear and worry, and a failure to “trust the Lord”.

There is plenty of research evidence to support the tangible, physiological differences in the brains of those who suffer from depression or anxiety – supporting the notion that sufferers are not merely lacking faith but that there is something very real going on in their brains. And for those people who’ve experienced abuse or trauma, especially as children, there is clear evidence that their very brain wiring is impacted which influences their ability to handle their emotions, interpret experiences and attach to others in a healthy way. Without steps taken to process through their trauma or abuse, many people will remain locked into unhealthy patterns, no matter how often they pray or read their Bible.

It’s time to break the silence and stop the stigma. It’s time to combat misperceptions and acknowledge the facts. It’s time to embrace the millions who are suffering from mental illness through no choice of their own. Hasn’t their suffering been enough without layering on the rejection or judgement of their brothers and sisters who are supposed to love and help support those who are suffering? Let’s choose to discuss openly this relevant topic without shaming the sufferers. Let’s choose to offer hope.

¹ http://www.camh.ca/en/hospital/about_camh/newsroom/for_reporters/Pages/addictionmentalhealthstatistics.aspx

Myths About Mental Illness.

1. Mental illnesses aren't real illnesses.

A complex interplay of genetic, biological, personality and environmental factors causes mental illness. Studies now show that there can be distinct differences in the brain structure and biochemistry between those who suffer from mental illness and those who don't. Mental illnesses can take many forms, just as physical illnesses do.

2. People with mental illnesses are violent and dangerous.

Although people with mental illness are often perceived as dangerous, unpredictable, difficult to talk to, and responsible for their problems (exacerbated by the sensationalized media coverage of high profile crimes committed by those with mental illness), mentally ill people rarely commit serious crimes. Instead, they are at a much greater risk of becoming victims of crime.

3. Bad parenting causes mental illness.

While parental abuse and neglect can contribute significantly to the likelihood of mental illness developing, there are also many people who suffer tremendous childhood abuse but never develop mental illness. Likewise, people raised in very loving and stable homes may still develop mental illness. Unfortunately, because of the stigma attached to childhood mental illness, parents may avoid taking their kids to professionals for help because of fear of being labelled a "bad parent".

4. Mental illnesses are caused by demons.

When people display behaviours and actions that are frightening and bewildering, it can be easy to assume that it's being caused by the demonic. The Bible is clear that our battle with Satan and his demons is very real (1 Peter 5:8; Ephesians 6:11-13). But while there are times that demonic oppression can appear like mental illness, many times, it is a physiological or mental weakness, and sometimes, this is a vulnerability that the demonic uses to exploit us. Hence, having physical, mental or emotional struggles can be an open door for the enemy to attack us. That is why spiritual deliverance

involves dealing not just with the open doors of sin and generational curses, but also with our physical and emotional frailties.

5. People don't recover from mental illness.

Mental illnesses are highly treatable, and many people who have suffered from mental health challenges can go on to live normal and productive lives. Psychotherapy by a qualified therapist has been found to be one of the most successful treatment methods², and is even more effective than medication in preventing relapse. For some people, a combination of psychotherapy and medication is most effective. As Christians, however, we should always seek psychotherapy from someone who is Christ-centred in their worldview, and will offer Biblically-based counsel.

6. People with mental illnesses are weak.

Contrary to popular belief, people who suffer from mental illness are often courageous and perseverant. Much like those who suffer from chronic physical pain, people who suffer emotional or psychological pain often learn to endure and push through, in spite of struggles with mood, energy, and motivation. An analogy that can be helpful is to imagine someone with mental illness having to carry around a heavy backpack everywhere, while working, studying or relating to family and friends. The effort to get up every morning and face life is often more than people who've never suffered from mental illness can imagine.

7. Kids can't have mental illness like adults do; their problems are behavioural in nature.

Statistics now show that 70% of mental health problems have their onset during childhood or adolescence.³ Even children as young as infants can show signs of mental illness, but because children rarely have the verbal skills to describe their suffering, they typically show their distress by acting out. Unfortunately, their negative behaviour can elicit a negative response from their parents, which can prevent the underlying mental health issue from being identified.

² http://www.cpa.ca/docs/File/Practice/TheEfficacyAndEffectivenessOfPsychologicalTreatments_web.pdf

³ http://www.camh.ca/en/hospital/about_camh/newsroom/for_reporters/Pages/addictionmentalhealthstatistics.aspx

8. Mental illness is just an excuse for sin and bad choices.

While there is no doubt that the Bible identifies the human nature as sinful (Romans 7:14-23), there is nowhere in Scripture where it identifies mental illness as sin (Note: this is not the same as acknowledging the reality that all human brokenness is ultimately the result of sin infecting the human condition at the Fall). In fact, the Bible talks about Jesus healing many forms of illnesses, and there are certainly stories of healing that would appear to be related to mental health problems. In some cases, Jesus identified the cause of a person's condition as sin, but in most cases, there is no clear link to the sin of the sufferers or their parents'. Instead, Jesus modelled compassion and love, time and time again. And given the complexity of factors related to mental health, it would be a gross simplification to label mental illness as sin.

Signs and Symptoms.

Mental health incorporates our emotional, psychological and social well-being, and affects how we think, feel, and act. Mental health is the ability to function effectively in daily activities, whether at school or work, or in our relationships and ability to be resilient to change and adversity.

A mental illness is any disorder or disability of the mind, that causes mild to significant disturbances in our thinking, behaviour and/or emotions. It refers to a wide range of disorders that affect mood, thinking and behaviour, and impacts our ability to cope with ordinary life challenges. Some of the most common disorders are depression, bipolar disorder, anxiety disorder, and dementia. Less widespread, but still prevalent, are psychotic disorders, most commonly diagnosed as schizophrenia.

Some warning signs of mental health problems include:

- Inflexibility and rigidity of behaviour
- Confused and/or irrational thinking
- Out of control emotions, extreme anger, or conversely, emotional flatness
- Unnatural and rapid changes in mood that is inconsistent with circumstances
- Prolonged sadness or irritability
- Excessive and constant worrying and anxious feelings
- Social withdrawal
- Dramatic changes in sleeping or eating patterns
- Suicidal thought
- Growing inability to cope with daily problems and activities
- Numerous unexplained physical ailments for which there are no apparent physical cause
- Substance abuse
- Wild and apparently irrational excitement and energy
- Tangential speech that skips quickly from topic to topic

- Perseveration or abnormal repetition of speech or behaviour
- Changes in speech patterns to either rapid and staccato or abnormally slowed
- Delusional and false beliefs that the person clings to despite a total lack of evidence
- Abnormal sensory experiences such as hearing voices or having visions not shared by others
- Paranoid thinking, with the belief of being plotted against or harmed
- Extreme physical dishevelment
- Impulsivity and exhibiting poor or impaired judgement
- Forgetting appointments or a friend's name, or losing their way in familiar places

In children and adolescents, the signs may be more behavioural:

- Changes in school performance
- Poor grades despite strong efforts
- Changes in sleeping and/or eating habits
- Changes in ability to manage daily responsibilities
- Excessive worry or anxiety
- Excessive avoidance behaviour (refusing to go to bed or school)
- Excessive complaints of physical ailments
- Hyperactivity
- Persistent nightmares
- Persistent disobedience, defiance or aggression
- Frequent temper tantrums
- Substance abuse
- Defiance of authority, truancy, theft and/or vandalism
- Prolonged negative mood, often accompanied by pre-occupation with death



Triggering Events.

It's important to track life events or circumstances that could elicit a mental health crisis or illness. Several common triggers are:

- Loss of a loved one
- Divorce or separation
- Any major transitions, even positive ones
- Traumatic life events and abuse
- Unusual stress (either in intensity or longevity)

Responding to Someone with Mental Illness.

The number one truth to keep in your mind when dealing with someone who suffers from mental illness is that they, too, are a beloved child of God. If you can focus on their humanity and not their disturbing behaviours, it can help you respond to them in a way that is most caring, kind and effective. And if you can also remember that they are rarely dangerous, then it can help you stay calm and able to respond appropriately.

Regardless of how the other person is behaving, the most important response is for you to stay calm, low-key, empathetic and confident. When someone is emotionally dysregulated or having a mental health crisis, their brains are hyper-sensitive to any tension or emotions in you, particularly anger or fear. That is why it is critical that you get a hold of your own emotions and stay calm and unruffled. Take the time to breathe deeply, pray and center yourself before responding, and if you can't calm yourself down, then allow someone else to take charge.

At the same time, you want make sure you communicate empathy. Empathy is the number one resource that soothes a dysregulated brain. And if this person trusts you and gives you permission to touch them, physical touch can also help calm the brain. Gently asking them if you can pray for them and asking questions that show your concern can be extremely helpful. Recognize that though you may feel that you're not doing enough, just listening and being present is often all that's necessary and can be very helpful – remember, the three P's: presence, prayer and practical support. You are not expected to be their counsellor – in fact, refrain from trying to do so unless you have professional training.

Your goal will be to help the person to stay calm and cared for – practicing your three Ps – and then ensuring that they are connected to people who can help them. Talk to one of your pastors or your doctor to get a referral, or if they are a congregant at C4, refer them to care@c4church.com to access the care team who is better equipped to know what to do.

Finally, you want to ensure that you stay in control of yourself and the situation, and so it's best if you can come across as confident and able to handle the situation. This may mean being assertive if necessary in directing the person. This includes getting them to the professional help they need (see the back of this booklet for referral agencies), even if it means calling the police (if they are a danger to themselves or others).

Suicide Awareness.

Suicide is a condition that is often related to mental illness, and while there are many reasons a person may attempt suicide, the leading cause is due to untreated mental illness. Contributing factors may include death of a loved one, a failed relationship, a serious loss, terminal illness, abuse, or feelings of hopelessness.

Myths About Suicide

There are many prevailing myths about suicide, suicide risk assessment and suicide intervention. Learning that someone is suicidal can be very frightening, both for the person experiencing those thoughts and helpers. It is important, therefore, to dispel some of these myths:

1. Feeling suicidal is a sign of weakness.

Suicide is a response to overwhelming circumstances. Humans are wired to problem-solve and work to alleviate their suffering, and when that doesn't seem possible, suicide can look like an attractive solution. This isn't a sign of weakness but an indication that the person doesn't have enough resources to deal with what they're going through and they need help. Suicidal feelings are a sign of unrelenting pain and hopelessness, not weakness.

2. You have to be crazy to experience suicidal thoughts.

Although upwards of 90% of people who die by suicide have a mental illness, having suicidal thoughts by no means indicates you are mentally ill. In fact, most people report having suicidal thoughts at one point or another in their life, even Christians. They can be intrusive thoughts that are momentary or they can be an expression of our wish that our life on earth were over and we could be in heaven with Jesus. They are a normal experience, especially when tough stuff happens, and as long as steps are taken to get help, most people with suicidal thoughts can overcome them.

3. Asking someone about suicide will put it into their head.

We can sometimes be afraid to confront a loved one when we suspect they're struggling with suicidal thoughts because we don't want to be the trigger to

push them over the edge. In truth, humans have a strong self-preservation instinct, and asking someone if they're feeling suicidal will in no way put it into their head. Instead, asking someone if they're feeling suicidal will often result in relief if they are having thoughts of suicide, because it shows you care and are willing and able to talk about it openly. Christians who struggle with suicidal thoughts will often feel great shame, and in hiding their struggles, only feel even more alone and isolated in their pain. That's why it's so critical that we, as a Christian community, can talk about suicide openly and without fear or condemnation.

4. If someone I am close to commits suicide, I should have known about it and stopped them.

One of the most difficult challenges of grieving a loved one's suicide is wrestling with feelings of guilt and responsibility. All of the "would have, could have, should have" as we relive the nightmare, thinking about all the things we could have done differently, wondering how we could have missed the signs – this can torment the family and friends of people who commit suicide. While there is statistical data that gives us information on what increases the likelihood of someone committing suicide, in actuality, there are no consistent signs that mark when a person is intent upon completing the act of suicide. In fact, when a person has truly made the decision to take their own life, they can actually appear quite cheerful, upbeat and normal. Because their intent is to hide their plans because they don't want to be stopped, there is often very little we can detect or do about it. This also becomes a faith journey for us, as we wrestle with the question of why God – who had the power to stop the suicide – did not. If God, who is all powerful, didn't intervene, what does this mean about free will? And how do we surrender to his sovereignty in spite of the bad things he allows to happen in our life?

5. Someone who talks about suicide is unlikely to attempt it. It's just a way to gain attention.

Although there are some mental health disorders in which repeated suicide threats are made without there necessarily being true intent, the majority of people who are feeling truly suicidal will drop hints. People not trained in suicide assessment may not pick up on these subtle hints, or they may fear asking whether someone is feeling suicidal because they don't know what to do if the person says yes. As suicide statistics show, most women who die by

suicide have attempted before, and most men use such lethal methods that they don't get a second chance. Therefore, you should always treat a suicide threat or statement as real.

6. Suicide is an act of aggression, anger or revenge.

Most people who kill themselves do so because they feel they do not belong or are a burden to others. They think that their death will free their loved ones of this burden. Many suicides occur in ways and in places that the person hopes will ease the shock and grief of those they left behind. One of the most important ways to combat these lies of unworthiness that the enemy perpetuates is to help the person understand how beloved they are by God, and how they were uniquely created for a special purpose on this earth. Helping them also see the ripple effects of the pain it will cause their friends and family can help, and even reminding them of how much a loved pet or special garden needs their care.

Assessing for Possible Suicidality

Although there are no fail-safe methods for assessing for suicide, studies have shown that there are three key predictors:

1. **Previous Attempts** – If a person has made prior attempts, or there is a family history of suicide, then the risk increases. Other predictors are if the person's hero has committed suicide, or they are constantly thinking about it.
2. **A Plan** – The more clear, specific and defined is their plan, the greater the likelihood.
3. **The Means** – The greater the lethality and availability of means (e.g., a gun, versus Tylenol), the greater the likelihood.

If all three indicators are high, then suicide potential is also high. Your response then should be to separate the person from the means. This will typically interrupt the suicide because the person is usually so committed to their plan and the means that they don't have a Plan B.

Suicide Intervention

- 1. Clarify** – “Do you really want to die, or do you just want your life to change?”
- 2. Contradict** – Help the person see that their desired outcome won't be achieved and the suicide will create more problems than it solves. Help them also see that suicide creates a negative, adverse effect on others
- 3. Delay** – Any delay can often interrupt the momentum until the crisis passes. Keep the person engaged in conversation, showing care and concern, praying for them.
- 4. Refer** – If the immediate danger has passed, refer the person to professional help (see the back of this booklet for options), but when in any doubt of the person's safety, take them to a hospital emergency. If they refuse, call the police or crisis team to take that person into custody. While this may seem harsh, you should do whatever is necessary to keep the person safe until the crisis passes.

Frequently Asked Questions.

Q. I am concerned about a loved one's mental health. How should I talk with them about it?

A. Prepare for the conversation in advance, by doing some research, talking to a professional, and creating an open and loving environment. This should not be something discussed in anger or during an emotional meltdown, but only after the person is calm enough to listen (this differs from if the person is suicidal or in a mental crisis, in which case, quick action needs to be taken regardless of their state of mind). When you do bring it up, discuss your concerns in a loving, calm and straightforward manner, describing specific behaviours you've noticed that are concerning.

Some possible questions to ask include:

- I've noticed that you seem different lately (irritated, sad, distant, like you have a lot on your mind, distracted, distressed) and I'm concerned about you. How can I help?
- Can you tell me more about what is happening at school (work, family, friends, home)?
- Sometimes you need to talk to someone about your feelings. I'm here to listen. How can I help you feel understood?
- Would you be open to talking with someone else (an adult, pastor, therapist) about what's going on?
- I'm worried about your safety. Have you had thoughts about harming yourself or others?

Q. How do I (or my loved one) get an accurate diagnosis?

A. If you suspect that you or a loved one is suffering from mental health problems, it's important that you go to someone who is qualified to make a proper mental health diagnosis. Avoid self-diagnosing from online resources or labeling your family and friends. There are two types of mental health professionals who

are qualified and licensed to diagnose psychiatric disorders: a psychologist (a doctor who has studied psychology and diagnostic assessments in graduate school and received a PhD in psychology - make sure that the psychologist is registered with College of Psychologists of Ontario); and a psychiatrist (a medical doctor who has studied in medical school and specialized in psychiatry).

While your family doctor is allowed to diagnosis, many of them are not experienced in dealing with psychiatric disorders, and so it is important to seek a second opinion from a qualified mental health professional. In assessing you or your family member, the psychologist or psychiatrist will do a thorough evaluation of all the symptoms you are experiencing and they may include a variety of tests. They will also look at your developmental history and family history to help in their diagnosis.

Having an accurate diagnosis is very important to ensure that you are getting the proper treatment and care. It will also help your family and friends understand better how to support you, and whether you may need additional intervention.

Q. What should I expect if I see a psychotherapist or counsellor?

A. Although it can be nerve-racking to see a psychotherapist for the first time, it is actually - for most people - a very comforting and helpful experience. You can expect that you will be made to feel as comfortable as possible, even from the first appointment. A priority for your therapist will be to create a sense of safety for you, and to ensure that you feel heard, understood and accepted. It will be important to them that you feel respected and in the driver's seat, and that you're never made to feel forced to do anything against your will.

Your confidentiality will be strictly maintained, including even your decision to attend therapy. The only time the therapist would have no choice but to break that confidentiality is if they feel you are at risk of harming yourself or others. Additionally, if you reveal to them any evidence of current abuse towards a child or vulnerable person (or the possibility that children may still be at risk even if the abuse situation was historical), your therapist will have no choice but to report the situation to the Children's Aid Society (CAS). Otherwise, if you are over the age of 12, you can expect that your therapist cannot discuss any of your sessions with anyone, even your parents, without your consent.

Your therapist will spend some time at the initial stage asking questions about what's happening in your life, your concerns and symptoms, and goals for

therapy. You will also be asked some questions about your family and personal history. This helps your therapist get a better sense of what might be going on for you. It's important also to talk about your family and social network, so they know what kind of supports you have in place, or conversely, what kinds of dysfunction or relational stressors are in your life.

There are many forms of therapy, depending on your issues and your therapist's areas of specialities. Regardless of what type of therapy they use, remember that you always have a choice and you never have to do anything you don't want. Make sure you ask as many questions as you'd like about their therapeutic orientation, their faith background, their experience with your areas of concern, and the types of therapy they use. You can even ask them for references if you'd like. And trust your gut – if you don't feel comfortable or safe with them, then the fit may not be right for you and you may want to look for another therapist.

If you're a Christian, it's critical that you find a therapist who is also a Christ-follower. When you put your emotional and mental well-being into the hands of a professional, you want to make sure that the guidance they give you is rooted in Biblical truth. No matter how skilled or experienced, if that therapist does not have the Holy Spirit in them, they do not have access to the true source of healing. Because we are body, soul and mind, we cannot separate our spiritual health from our emotional health, and involving God – the one who made us and knows us inside and out – is essential for true healing.

Q. What should I do if my loved one is experiencing a mental health crisis but is unwilling to get help?

- A.** As frustrating and scary as it is to see your loved one in a mental health crisis refusing to seek help, noncompliance with treatment is not considered legally enforceable in Canada. Even if they refuse to take medications you know they need to remain stable, there is nothing you can legally do to force them to take their pills, except in the case of minors and those who are a danger to themselves or others.

If you feel like your family member or friend is possibly a danger to themselves or others, you can call 911 or your local crisis centre (see the back of this booklet for resources) and ask for a crisis intervention team to attend at your location. If you choose this route, you will have to make this call when the actual crisis is occurring (not after the event, when your family member has calmed down), as

the police officer or mental health professional needs to observe their behaviour real-time to determine whether they can enforce treatment against their will.

Some people seem to be unaware of how mentally ill they are and therefore don't recognize their need for treatment. Family members may assume that this is due to denial, stubbornness, or pride, but in some mental health conditions, there can be an impaired awareness of illness because of cognitive impairments that can happen with some conditions.

Regardless, it will be important that you and your family get support as this can be a very stressful and distressing situation. It may be helpful to consult with a mental health professional yourselves, who can coach you on how to manage this stressor, but also how to set boundaries or confront your loved one appropriately. In many cases, continuing to "enable" your mentally ill family member is not helpful, and just because they refuse to take steps to get help, doesn't mean you need to be held hostage to their illness.

Mental Health Resources

1. 211

Much like calling “411”, when you dial 211 on your phone, you will be connected to a trained professional who can help you by providing free and confidential information and referrals to mental health services, addictions centres, counselling, help with food, housing, employment, and more. You can also reach this free service on the web at www.211.ca.

2. The Durham Mental Health Services (DHMS)

This is a not-for-profit agency that provides services for individuals and families dealing with mental health concerns. They offer residential programs, community support programs and family support, amongst other things. They have a mobile crisis team that can come to your home to assess and intervene if someone is having a mental health crisis and needs immediate attention (person in need must be over 16 years of age).

Crisis Phone Line - 1-800-742-1890 (or 905-666-0483)

Website - www.dmhs.ca

3. LifeCare Centres Counselling and Psychological Services

This is a Christian counselling centre staffed by qualified and trained psychotherapists supervised by a registered psychologist. This centre specializes in treating depression, anxiety, stress, addiction, trauma, abuse, relationship breakdowns, parenting struggles and much more. They provide a 15 minute initial free consultation, with services being covered by most work health insurance plans.

Phone - 1-855-231-CARE (2273) or 905-231-2273

Website - www.lifecarecentres.com

4. Distress Centre Durham (DCD)

This is a 24-hour helpline in Durham, for anyone to call if they need someone to talk to. It can be a great resource if there is no one around that you can talk with, and you are feeling lonely or emotionally distressed.

Phone - 1-800-452-0688 or 905-430-2522

Website - www.distresscentredurham.com

5. The Durham Rape Crisis Centre

This organization provides free and confidential counselling and advocacy services to women and female youth who have been affected by recent or historical sexual violence. Services include: Individual counselling, group counselling, police, legal and medical accompaniment and advocacy.

Phone - 24-hour Crisis Line - 905-668-9200

Website - www.durhamrapecrisiscentre.com

6. Kinark Child and Family Services

This organization serves children under 12 years experiencing social, emotional and/or behavioural issues. They provide parenting programs, intensive support and supervision program (for those children in conflict with the law who have been identified with serious mental health issues), as well as inpatient services for youth who have been diagnosed with a mental disorder and as a result, have caused or attempted serious bodily harm to themselves or someone else.

Phone - 905-668-2411

Website - www.kinark.on.ca

7. Kids Help Phone

A free, anonymous, and confidential online counselling services for youth. Professional counsellors are available 24 hours a day, 365 days a year for youth dealing with any concerns.

Phone - Crisis Line - 1-800-668-6868

Website - www.kidshelpphone.ca

8. Canadian Mental Health Association Durham

This organization offers a number of services related to mental health, including primary care facilities, nurse practitioner-led clinics and community mental health programs and services (such as community access services, housing case management, and life skills programs).

Phone - 1-844-436-8760

Website - www.cmhadurham.ca

9. Community Care Durham (COPE Mental Health Services)

This program offers support to adults ages 16 and older with emotional and/or mental health concerns. All COPE services are free of charge. Staff and volunteers teach coping skills, social skills and offer support groups to mental health sufferers and their caregivers. They also offer adult day programs.

Phone - 905-837-0017

Website - www.communitycaredurham.on.ca/copeservices.html

10. Shelters, Transitional Housing and Drop-In Centres for Women – Durham

The Violence Against Women (VAW) website below lists the shelters available in the Durham area, including contact information.

Website - www.durham.ca/print.asp?nr=/departments/social/housing/emerg/VAW_shelters.htm&setFooter=includes/socialHousingFooter.inc

11. Catholic Family Services of Ontario

This organization offers Christian counselling (if requested) for individuals, couples and families. They offer significantly reduced fees for clients in need who can't afford typical counselling fees.

Phone - 1-877-282-8932

Website - www.cfsdurham.com



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