

Community Matters

Taking Care: Mental Wellness



December 2022

Winter Edition

Edmonton Social Planning Council





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**Trigger Warning: Please be advised that some of the content in this edition may be upsetting or triggering*

Content includes topics of: Addiction, substance abuse, suicide and trauma

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Community Matters

Welcome to the fourth issue of our new quarterly publication, Community Matters.

Community Matters aims to inform the community about social issues that impact citizens and connect the dots between social issues, evidence, and policy. We aim to use this space to give a voice to local agencies, ESPC volunteer writers, and staff members alike.

Each edition will spotlight a specific social issue and demonstrate the intersectional nature and impact on equality. Our goal is to use evidence as we continue to inform on the issues affecting individuals and families.

For our Winter 2022 issue, we are focusing on mental health and wellness. Just as the health and well-being of our physical bodies are important and in need of being taken care of, the same extends to our minds. Mental health exists on a spectrum, which can range from thriving to being in crisis. Just as we need to take care of our bodies with rest, medicine, fluids and medical care when we are not feeling well, we should also take care of our minds when a toll is taken on our mental health.

Stigma surrounding mental health and mental illness is strong. There is a reluctance in many circles to acknowledge it let alone talk about it. Nevertheless, in recent years great strides have been made in working towards breaking these stigmas. Awareness of mental health issues is strong and with that, we are creating more spaces where we can be open and honest about our mental health in ways that would have been considered unthinkable even 10 years ago.

Despite this progress, challenges to meaningfully address mental health persist. Barriers to accessing mental health services—such as a therapist—are still in place, whether it is affordability, long wait times, shortages of mental health professionals, or others.

Mental health affects people in different ways. Whether you are an older adult, a post-secondary student, a racialized person, a newcomer, a child/youth, 2SLGBTQ+, and/or other demographic, mental health and the ways to address it will differ. This will also be impacted by circumstance whether from chronic stress, a major life change such as losing a job, home, or a loved one as well as the number of supports a person has in their lives. A comprehensive mental health system should take into account our diverse population, its needs and challenges.

For this issue, we will delve in the ways mental health touches upon various demographics and offer ways in which we can work towards meaningfully addressing it.

In the meantime, take care of yourself, your loved ones, and the wider community. Check in on others, especially those you may not have heard from in a while. Reaching out to let someone know that they matter, and you are thinking of them is beneficial for everyone's general mental health!

- Susan Morrissey, Executive Director





A New Community-Built, Community-Led Mental Health Strategy for Edmonton

Written by Gird Puligandla, Executive Director

Canadian Mental Health Association – Edmonton Region

The Canadian Mental Health Association – Edmonton Region and United Way of the Alberta Capital Region are co-leading the development of a new community mental health strategy for Edmonton in partnership with the City of Edmonton. The strategy will involve a broad range of informants to guide a deep analysis of the current state and design a blueprint for a future system of community care for mental health and interrelated issues. A new governance structure will be established with people with lived experience and other affected community members in the lead. This structure will steward implementation of the strategy while ensuring accountability of service providers and funders to turn the blueprint into a reality.

People are confused and frustrated trying to get mental health supports in the community.

We hear the same stories today from people struggling to get help for their mental health, struggles that we have heard for decades. People still do not know where to start the process or what the right thing to do is in a crisis. Many of the ideas that come to mind – like calling 911, going to the hospital, talking to a doctor, or seeing a psychologist – are hit-and-miss at best, harmful at

worst, and are too often cause for people to stop trying. For example, some doctors may not adequately understand mental health issues, emergency personnel may not respond appropriately, and hospitals may be too backlogged. Even if by luck or privilege some initial help is received, getting to the next step may take someone right back to square one. A report by the Health Quality Council of Alberta (HQCA, 2020) examining family experiences seeking care for children and youth, captured this snakes-and-ladders view of mental health services:

“It is an absolute nightmare, because you just finish with one service, and you’ve gone through this whole rigmarole. It’s taken months . . . and then you have to start all over again, because there’s no connect between the two services.
(HQCA, 2020, p. 11)”

When someone is dealing with the weight of crisis or worry, the last thing anyone needs is a confusing and uncertain array of options, let alone getting an inappropriate response or being dropped from one service to the next. What people need is a clear view of their next steps and a reliable pathway that makes it easy to access support for the first time and get more or less support as needed afterwards.

There is no coordinated system for community-based supports to address mental health, addiction, or related issues.

So why don't we already have this in place? It is certainly not due to lack of investment or strategic planning: over the years, there have been many strategies, initiatives, and plans accompanied by significant funding to address known gaps and increase services in community. However, these investments are usually not rolled out in a systematic way – there are many funders that each make their own resourcing decisions, and the organizations that receive the funding typically deliver these services on their own. Any coordination among funders or service providers is sporadic or limited. Most funding for key services is usually time-limited and constrained to less than the full amount needed to deliver the service reliably and sustainably. As evident in a Canadian Mental Health Association report (CMHA, 2022) on how the pandemic impacted community mental health organizations across Canada, our problems in Edmonton seem to resonate with other communities nationally:



“It's these little pockets of money that are never enough to actually provide the service that is expected...you're reporting on it, and then you're starting the next round of proposals again because the year is up. And it's very challenging to retain the quality employees in these programs when you can never promise them stability and it's really difficult to be strategic in your work and to make plans when you're year to year...”
(CMHA, 2022, p. 17)

What has become evident from talking to many community leaders is that as much as we like to think we have a “mental health system”, there is no system to speak of. A system implies intentional design and thoughtfulness about interconnections among its parts. We couldn't randomize the way services are distributed throughout the community any better if we meant to do it.

What complicates matters further is that the top-down view of governments, funders, and organizations shape issues through specific policies, initiatives, and programs, artificially disconnecting them (and services and resources) from the way they are experienced by people and communities. This historical pattern of institutional responses has produced a series of initiatives that focus narrowly on one segmented issue after another, layering new resources in communities but in a disorganized way. The irony is that the interconnections are painfully visible from the vantage point of lived experience: people who are struggling with mental health, addiction, suicide, violence, trauma, or social disorder are usually experiencing them as a combination of causes

and effects, often compounding and exacerbating each other. Despite the interconnections plainly visible from the vantage point of lived experience, the historical pattern of institutional responses has produced a series of initiatives that focus narrowly on one segmented issue after another.

Fortunately, the City of Edmonton's Community Safety and Well Being Strategy (CSWB, 2022) and the Alberta Mental Health and Addictions Advisory Council's Alberta Model of Wellness (AMHAAC, 2022) represent approaches that address intersections among this constellation of issues.

Previous strategies have not put enough weight on community perspectives and lived experience.

The CSWB commits to a "a deliberate and concerted effort to put community at the centre" (CSWB, 2022, p. 3). The Alberta Model of Wellness elevates the importance of feeding individual experience into system (re)design:

“The experiences of individuals with lived and living experience of recovery, as well as their families, peers, allies and/or networks, are invaluable in informing the design and implementation of effective recovery-oriented care. Experiences should be inclusive of vulnerable and historically excluded groups. (AMHAAC, 2022, p. 20)”

What will make this new mental health strategy different – and more impactful – is that it will turn the usual power structure upside down: people with lived experience and community members will have the most influence in designing the future system of community care. This is a sharp contrast to the government, institutional, and service provision lenses that typically dominate the definition of both problems and solutions, with

minimal involvement of the people who live them. The end result will be a system blueprint designed by community members that embodies how they experience the breadth of mental health and related issues and offers clear, predictable pathways to get support when, how, where, and from whom it makes the most logical sense through their healing journey and lifespan.

While the strategy is being built, the community-led governance structure will be established to bring it to fruition and guide its implementation. This will similarly blaze a new trail for Edmonton, giving direction-setting and decision-making authority to end-users and community members as the new system gets built. Change management will be critical to enabling the governance structure to lead strategy implementation, because it depends on repositioning service provider organizations, institutions, funders, and governments as accountable to and in service of its direction.

Fundamentally, if we don't fix the current situation and do it in the right way, the mental health and related issues that are visibly escalating in our city will have deep and long-lasting consequences on our families, communities, and economy. While we should have designed the system people needed a long time ago, sometimes adversity opens doors for thinking and action that can produce real transformation. That's the hope, and why so many of us believe we can finally make it happen now.

For references, click [here](#).



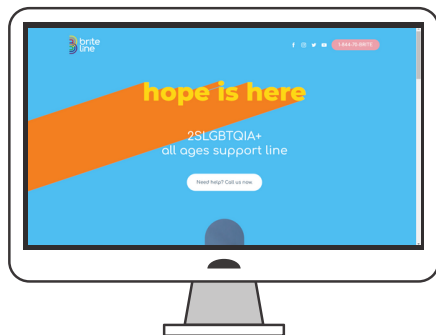


211 is a helpline and online database of Alberta's community and social services. The statistics provided here reflect Edmonton and Northern Alberta.

Distress Line

CMHA-Edmonton partnered with [Talk Suicide](#) in April of 2021, a place to get help as well as understand suicide.

CMHA-Edmonton alongside iSMSS launched [BriteLine](#) in June 2021. "Brite line is a safe place for members of the 2SLGBTQIA+ to connect with hope, courage, support, understanding and the freedom to be who they are. So far in 2022 (January through October), 242 calls came into Brite Line. "



Top 5 Distress Line Categories (In Order)

1

Mental Health Concerns

Concerns regarding state of mental health such as diagnosis with mental illness, manifestation of illness, as well as concerns with treatment or medications.

2

Domestic/Senior Abuse

Any call in which physical, emotional, verbal, financial, sexual abuse or stalking is occurring in an ongoing (not necessarily sexual) relationship.

3

Loneliness/Alienation

Caller expresses feelings of loneliness, isolation and/or lack of close relationships. Caller expresses feelings of being alienated from society in general.

4

Relationship

Concerns regarding any relationship such as family, dating, marital, same-sex, neighbour, friend, divorce, adult children, doctor/patient, etc. This does not include abusive situations.

5

Bereavement/Loss

Any call in which a loss is the primary focus such as death of an individual, loss of relationship, loss of health, etc.

Unmet Needs (Jan-Oct 2022)

These needs can be unmet for a variety of reasons including agencies being full, no program available to meet the need, the client being ineligible for service, agency hours are not conducive, or other.

484

Residential Housing Options

Temporary or long-term residential options for individuals and families who are looking for housing.

223

Emergency Shelter

Programs that provide a temporary or transitional place to stay for newcomers, people who are in crisis, or individuals experiencing homelessness in the community.

139

Undesignated Temporary Financial Assistance

Programs that provide cash, vouchers or other forms of monetary aid for people in need of assistance and evaluate the individual's or family's need for monetary support on a case-by-case basis.

99

Crisis Intervention

The objective of crisis intervention is to defuse the critical nature of the situation, ensure the person's safety, and return the individual to a state of equilibrium in which he or she is capable of identifying and seeking solutions to the problem.

96

Communicable Disease Control

Programs that protect the public health through comprehensive efforts to track the incidence and distribution of disease in the population. They may include preventable diseases, vector and food-borne illnesses, diseases that are transmitted person-to-person and other diseases that are spread by direct or indirect contact.



Unmet Mental Health Needs (Jan-Oct 2022)

These needs can be unmet for a variety of reasons, there is no program to meet their needs, the client may be ineligible for services or has used all services available. The agency may be full, or the individual may not be able to afford service, amongst other reasons.

99

Crisis Intervention

Mental Health
Assessment and
Treatment

17

16

Counselling Services

Supportive
Substance Use
Disorder Services

10

10

Individual Counselling



Risk Assessments

Domestic Violence remains the top presenting risk being assessed with service users.

211 saw an increase in suicide related assessments in July after the Government of Alberta's campaign to contact 211 for mental health needs.

211 Alberta

Is confidential, free and available 24/7.

Call 2-1-1
Text INFO to 211
[Chat with 211](#)

If you or someone you know is experiencing an emergency call 9-1-1.



Cultural Competency in Mental Health Services: Perspectives from the Africa Centre

Written by Amanda Labonte

Odion Welch, Mental Health Youth Program Coordinator and Yawa Idi, Program Coordinator Enhancing Gender Equity Program and Program Coordinator of the Counselling Clinic with Africa Centre, engaged in a deep discussion about cultural competence in mental health supports.

Africa Centre serves many people under their mental health programming, Welch and Idi stated the youngest participant currently is around the age of six and the oldest is 67. While Africa Centre's mental health programming is delivered from a Black lens, their services are not solely limited to the African community or those who are of African descent, recognizing not all Black people identify as African, nor are they all of African descent. Since Black identities are diverse and multifaceted, there are a variety of backgrounds and worldviews that make up these communities. These programs are open to any race, age, or gender identity.



Power of Language

Welch and Idi stated that their approach to mental health and wellness is to work against mental health stigma and try to avoid the use of illness or health disorder language. The focus is to promote the emotional, psychological and social well-being of an individual so they can actively participate in society to their fullest.

Definitions of 'mental health' or 'mental wellness' are broad. Welch and Idi stated young clients, often want to have discussions about mental health and have an awareness of what depression and/or anxiety mean. For older folks, the language can be different and might focus more on the experience of how mental health support feels good. Welch stated that *there are over 210 languages on the continent of Africa and only 32 of those languages have words for mental health, depression or anxiety.*

Some newcomers or immigrants who come to Canada may not understand questions like "how is your depression/anxiety" because in their language mental health is not well defined. Instead, practitioners and service providers should use language like 'what is

stressing you out or what is your biggest burden?' Welch and Idi stated the language used, when fueled by cultural competency, engages a dialogue that is going to improve their mental wellness situation. A conversation can be had with a person and not once mention mental health – yet still be engaged in a discussion about it.

At the Africa Centre, Idi stated multiple languages are available, removing a barrier of access. She stated something as simple as greeting someone in their language changes the whole therapeutic relationship. Removing the interpreter was also identified as important. This was because previously sometimes the interpreter was a family member. This can be difficult, especially when discussing difficult topics like living in a refugee camp or having experienced trauma. It can be difficult to share fully when you may not want to harm the family member present.

Reducing Stigma around Mental Health

According to Idi, the mental health issues they witness at their clinic affect a person's ability to participate in society to their fullest. Mental wellness has impacts not only on our emotional selves but also on our physical selves.

Welch explained how using and engaging with organizations like Africa Centre, who are already doing the work is key. Promoting programs like Africa Centre's [ArTeMo project](#), an action based mental health project, where intergenerational folks come together and connect art, mindfulness and mental wellness; a space where mental health and wellness can be discussed without it being obvious, contributes to stigma reduction and cultural competency. Welsch and Idi explained that bringing folks into mental health spaces sometimes needs to be different and not a 'Mental Health 101'. They explained how most people will not walk into a Mental Health 101 seminar/workshop but are going to engage in an activity they already enjoy with people they already know.

It's about having empathy. How someone from one place is going to interpret and experience mental health and wellness is going to be different than an experience of someone from somewhere else. Many dynamics can come into play, what language and words are used, gender and family roles, and how that tension can play out when not meeting familial expectations. Welsch explained how rebelling against family expectations is not as common in some cultures.

Welch and Idi stated places that are supposed to be serving the community often have business hours of 9 to 5, but community doesn't happen strictly within the 9 to 5 schedule. Kids are in school, people are at work, university students, etc. Africa Centre offers counselling hours and programming evenings and weekends, and those spaces fill up quickly.

Welch and Idi stated for a lot of folks, it is about raising everyday awareness and providing accessible resources, it's about breaking stigma and changing how mental health is implemented. In the end it is not so much about what people say when they leave a program, but more so what they are doing when they leave.

Cultural Intelligence and Cultural Competency

Welch and Idi agreed that one of the biggest and most important pieces of work the Africa Centre does is having cultural intelligence and cultural competency. This extends into the counselling and preventative programs. This ensures that the therapy room is a culturally safe place.



"It is very important to have rigorous cultural competency incorporated with these clinics. There are a lot of Muslims and Christians within the Black and African communities, and that cultural knowledge needs to be understood. Certain behaviours that might be perceived as schizophrenic from a Western perspective, for instance a belief in communicating with spirits or ancestors, are actually cultural or spiritual practices being exhibited. As a consequence, they might be wrongfully admitted to a hospital and prescribed medicine when in reality they are of sound mind."

People do not recognize how hard it is to become a citizen and the cost is incredible. Between getting educational credentials recognized and English proficiency exams, this can create frustration and be isolating especially when people are here alone. Looking at and recognizing these additional challenges is important.

Africa Centre has a \$10 per day daycare that is also culturally intelligent and culturally competent. As well as so many other programs, this helps reduce stressors that contribute to people's mental wellness. *A good mental wellness program looks at all aspects of mental wellness, and that includes providing resources that help reduce stress.*

Welch and Idi explained how they and everyone is still learning because "we are not the experts because there is so much to know, you can't be the expert of all cultures and experiences." It is the willingness to unlearn and grow every day.

Impacts

The Africa Centre's program is growing. Idi shared how in the months of January and February there were about 38 appointments at the clinic serving about 10 to 12 people consistently. Now there are 111 appointments a month, and people are proactively reaching out to the clinic. There have

been over 400 people through the clinic in 2 years. A clinic that started with part-time hours and is now full-time, where so many more people can be reached.

Welch and Idi shared that research is now being conducted about Black youth and mental health particularly in Alberta. Much of the available Canadian research on underrepresented communities was from eastern Canada, which does not represent the Alberta experience or resources. Seeing an increase in research will help inform policies and put policies in place such as having the clinic that will help improve the mental health and mental well-being of the community.

They stated, if we have saved one person's life or kept one person in university who might change the world, it's worth it. We are keeping kids in school, keeping the next generation of policymakers in school, we are saving lives, and creating safe spaces. Lives saved and hearts changed are way more important than any policy change we could ever make.

What Can You Do?

Welsch and Idi stated having organizations look at themselves holistically and bring in anti-racism training or multi-cultural training were paramount because at the end of the day every resource someone accesses impacts their mental health. They stated organizations need to ask themselves: How can we eliminate degrading experiences and how can we learn and do better? What are we doing to understand cultures? Because that saves lives. They stated organizations need to enhance their capacity internally.



They stated that people need to actively invest in mental health and wellness. Don't just read the article, get involved in some way, in some capacity. See how you can support the work going on. How you can contribute. What leverage you can bring. If you can't help maybe, you know someone who can. Investing in anything with mental health. Not only in the communities we serve but, in your communities, as well. As we normalize mental health it benefits everyone. Idi compared it to being like going to a doctor's appointment, where someone can say "sorry I can't I have therapy tonight" and that is completely valid and accepted.

Welsch and Idi stated that looking at our language, looking at operating hours, listening to what people are saying and challenging our own perception of what mental health is, and not being afraid to say whatever we are doing existed before us. The [kemeti yoga](#) classes were powerful because having folks recognize a form of yoga that came from Egypt meant people felt they were connecting to their roots, and this became more meaningful. They stated, we know when discussing mental health that community connection, and culture are key factors in developing self-esteem, resiliency and perseverance. So how can we do that and how can we do that in a safe, kind loving way?

If you or someone you know is in need of mental health supports or if you would like to learn more about Africa Centre:

[Counselling_](#)
[Mental Health Mentorship Program](#)

Would you or your agency like to get involved in Community Matters?

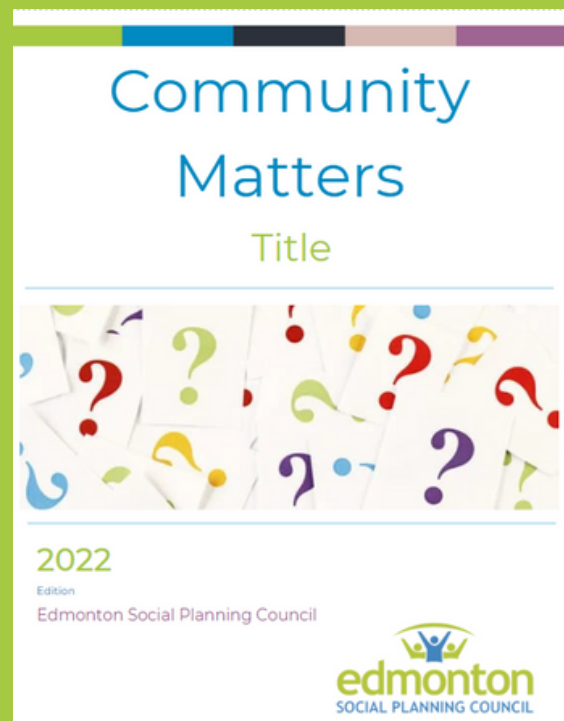
There are multiple ways that you or your organization can contribute to our upcoming publication in March.

Our planning for the March edition will be starting soon!

For more information or to express your interest please contact:

Amanda Labonte

amandal@edmontonsocialplanning.ca





The Ongoing Grieving Process: Perspectives of Participants of the Life After Suicide Loss Program

Written by Amanda Labonte with Tyla Tong and Lorella Balombem

Losing a loved one to suicide is difficult but having the support of others can be a source of strength. The Canadian Mental Health Association provides services for those who need [suicide bereavement support](#). Services are provided at no cost and are available to adults who have lost someone they know to suicide. The program covers 3 modules over 12 weeks, is group focused and offered on a virtual platform. To learn more about the program click [here](#).

Two participants of the program have courageously shared their experiences with loss, grief and mental wellness. They both wanted readers to know *if you have experienced suicide loss, you are not alone*.



Tyla Tong

”

Our family lost Shahean Aboud to suicide on 18 March 2021. He was a charismatic, full of life and laughter kind of guy who loved dogs and his family. He worked in the oil field.... long hours.... making way too much money and in the end succumbed to his addictions. First cocaine and meth and then onto more serious drugs where he then died by taking his own life. After spending over a decade with him I had to come to the realization that the man I married was no longer the same man that stood before me plagued with drugs and addiction.

We were together for 15 years and suffered the loss of our beloved pet in 2014. I don't think that he had the coping skills to deal with grief because grief isn't something we talked about in our marriage or with our families. It just didn't come up. He fell to drugs as a coping mechanism and even more so when things started to unravel from the addiction.

I happened to find this program [Life After Suicide Loss] one evening. I was watching a TV show called a Million Little Things and they made reference to the [Canadian Mental Health Association](#). At that moment I grabbed my phone and started to research; I wonder if there's something here that could provide some level of support as I went through the grieving process. I had never even heard of the Canadian Mental Health Association [CMHA]. Much like Shahean I had never really struggled in that facet, so I never had a need to research it. Luckily, I found the Life After Suicide Loss and Bereavement group. It took an immense amount of courage to reach out, but I did. I sent an e-mail, and I thought maybe someone would respond, maybe they won't, but at this point, I knew I was struggling with grief and loss and needed some support.

They responded to me within a day, and they provided me with pamphlets, a book about suicide, and commonly asked questions surrounding suicide. The CMHA member who replied back to me was kind and compassionate and provided more avenues of support than I ever could have imagined.

I started the online Grief and Bereavement group with an interview by one of the facilitators to make sure that I was a good fit. It's really not about them judging you, it's about making sure you understand what the program has to offer and then deciding if it's right for you or not. I completed the interview which took about an hour and included one other person who was also



considering joining the group. At the end of the call those people at that moment became my people, they were so understanding, compassionate, and empathetic. In my very first session, I showed up and introduced myself and you could tell that everyone was a bit uncomfortable, you're the most vulnerable, you are going to be in a chat room full of strangers. The program is so well laid out and so well-articulated that within probably 20 minutes I was convinced this was the place where my healing journey would begin. It's a guideline that you don't talk about the specifics of how someone passed away. It's to ensure that triggers are avoided but the discussions are around feeling, emotions, and coping strategies for moving back into life after suicide.

CMHA lays the program out in three different modules so you can pick and choose what you want to learn about or what you're ready to learn about. Some of it you're not ready to hear and they always preface the discussion with 'this is what we're talking about if this is hard for you don't have to. Beliefs and Values were where my group started, and we eased into heavier topics from there. You don't have to say anything, just be present and open to healing. It's a very well put together program, very well thought out and articulated in the delivery. They have a second phase of the program once you complete your three modules; you have the option of a virtual drop in every second Thursday. Regardless of if you are planning on attending or not, if you're on the list they'll send

you the link so you can choose to just drop in. Some people aren't there yet, and I am one of those individuals. What the program taught me though was that it's okay to progress or recess at your own rate. Grief is not linear, and it is not easy moving through the emotions.

Some people need to check in and sit with their grief regularly and they still need to be acknowledged for where they're at in their journey. I think that's a really important piece because CMHA is acknowledging that you're not better in three months but are still there to support you and provide you options for moving through the process.

The program is concrete and consistent, which is what I needed when everything else in my life had changed forever. I know for me consistency came on Wednesday nights where I could get through the whole week and not fall apart knowing there was space for me on Wednesday nights to meet with my group and deal with my grief. You know at the end of the meeting you're going to hang up the phone and you're going to feel pretty terrible because regardless of how kind the people are, you just ripped a band-aid off a wound that is so incredibly deep.

The CMHA have thought of everything. You give them an emergency contact before you can participate. They tell you if you have to leave the group for more than 10 minutes, they will call to personally check in and make sure that you are okay. The facilitators really work to provide a safe space for everyone.



The Grief and Bereavement program doesn't just give you tools but it provides you with this platform to continue on in your life. I feel like this program really taught us how to implement techniques, like how to really sit down and know if you're in a good space, to know what it feels like to feel safe. I never would have imagined that these random strangers would be people that to this day, a year and a half later, I still call when I feel like my grief is something I cannot handle alone. The program helps you establish relationships with people who are going through the very same things as you.

The connections are truly what drives this program. For me, it was almost like a little bit of guilt every week. I didn't want to miss a session because I knew ultimately it would help me heal but on the other hand, I didn't want to do it at all, you're never fully prepared for the emotions that come up.

I thought losing my partner to drugs and addiction, the collapse of our marriage, and the loss of my lifelong best friend was the worst possible thing that could have happened until that day when I received the call. *I didn't realize that suicide was so different than other types of loss* until weeks later when I came out of the haze of the crisis. The dynamic changes between your family and your friends, how people look at you, how they talk to you, what people say to you, the shame and the guilt and the question of "could I have done more" is always lingering.

We don't talk about grief; we don't read articles about it, it's easier to pretend it doesn't happen. But the truth is we're all going to have to go through it. I still struggle with grief and the loss of the life I thought I was going to have. I struggle with the idea of addiction and all that surrounds it. Everything you know fundamentally and have grown your life on is completely gone.



One message I would like to leave people with is know that there's hope. Losing a loved one to suicide is one of life's most painful experiences, but you're not alone. There are people that can connect and understand you in this space that you're in and help you move through the complexity of grief.

Lorella Balombem

”

Graeme Eigner was lost to suicide on December 25, 2019. Graeme was a welder, the kindest, most caring person who would do anything for anyone. He had a potty mouth and was often misunderstood by people.

Graeme and I were together for 10 years. We got engaged, bought a house together and planned a destination wedding. He passed away five months before the wedding day. I made a promise to myself and him that I'm always going to talk about mental health and suicide. Not a lot of people do because of the stigma. They don't talk about mental health and the effects it has and how it can ultimately end someone's life. I lost Graeme to suicide on Christmas Day of 2019. It happened in our home, and I found him. I have had to deal with my own trauma plus my grief, because it was compounded. I don't even know if there's a word to describe the feeling.

Two weeks after I lost Graeme, I was still in my fog of grief. Heavy, heavy grief. I knew that I needed some help. I knew that if I didn't seek help for myself in the early stages that I possibly wouldn't be here. I decided to reach out to support through work at Alberta Health Services (AHS).

They sent me to a counselor, however when I met with her, I realized that I only had ten sessions, then it ends. So, I knew that wouldn't work for me. Ten sessions would never ever be able to help me with what I needed, but I went anyways. Two sessions in the counselor was very honest and told me that the compounded trauma and grief that I was dealing with, was beyond her scope. So, she recommended I seek other help.

First off, it's extremely expensive even with my coverage, it was still \$150 per session. She sent me to [Pilgrims Hospice Society](#), a nonprofit organization that deals with family grief in all different forms, for adults, kids, and the whole family. So, I went to Pilgrims Hospice, and I had my sessions with them. Their psychologists told me coming through them is great, but they believed that I would benefit way more from a group setting. She recommended me to Peris [facilitator with Life After Suicide Loss Program], sent Peris an e-mail and that's how I became connected with the Canadian Mental Health Association.

I went through the program with my own grief in the group setting and then after I finished that *I knew within myself that I needed more. I couldn't do short term it was not going to work for me, I knew I was going to derail at any minute, at any time. I needed that constant support.* I started to go to the weekly sessions, at first, they were in person and then COVID hit. It was like, OK now what?

The weekly program ended up being virtual after COVID started. It was so helpful because it gave me a platform to talk about what happened during the week and listen to other people. That was probably the most effective for me, just listening and learning how other people were dealing with their grief.

I met people that were there 14 years after they lost their loved one. I think realizing that it would be a never-ending struggle was helpful, but also it was sad. *There are people that have good days, I have good days, I have good weeks and then it hits you again.* So having that platform every week to listen, share or support was tremendous.

I know what it is that CMHA is doing differently. They have such a structured program that it helped with my grieving steps, and it helped me to understand what to expect. Grieving came at any time with different emotions, it's just all over the place. Knowing what to expect was so helpful.

I went back to work sooner than I thought I would because I knew that I had that meeting for support. As much as my colleagues, my boss and everybody was supportive, people don't know. They didn't know what to say or how to say it. Or people just don't talk about it. It was like you have to keep this secret all week about how you were feeling and then you get into this weekly session, that was your release.

During our weekly session we all were struggling, we all had that weekly support and there wasn't enough time for everybody to share within an hour how they were feeling. Knowing that there's other people suffering, only someone that has been through it can understand that. Even though I'm struggling, someone else is too.



I work shift work and I try very hard to attend my biweekly support groups because there were a few months that I stayed away, and I thought that's OK I got this, I'm doing good. It feels good, but then something happens, and you realize you really need someone that understands.

I can't talk to my mom about it because my mom doesn't understand. She and other people think and say you should get over it. It's been almost three years and life has to go on. So, there's that huge barrier. You can't speak to just anyone and they will understand. That is why the support group after suicide loss is so extremely important.

Even though I work with AHS, when I look for mental health support, I have a son that suffers with mental health challenges also, and when I look for support for him it is incredibly hard to access. *The world suffers so much with mental health illnesses, resources are hard to find and they're not affordable. Why? We have treatments for cancer, for diabetes and for hypertension. Yet, the mind is overlooked.*

We have to recognize mental health illnesses more. We must destigmatize it. We have to talk to our kids and bring support into schools because that's where it starts. This is 2022 we have nurses going into schools to take care of kids, why can't we have the same sort of support for mental wellness? When I hear Graeme's family and his parents talk about the struggles he faced as a kid and how overlooked that was ... it didn't appear overnight. We notice mental health challenges, but we brush them off and we tell our kids to suck it up. Society makes things difficult, anytime a man talks about his feelings he's viewed as weak. He's not allowed to feel. Graeme was one of those men. He was so ashamed of how he was feeling.

Society as a whole needs to encourage young boys and men to talk about their feelings. Society needs to understand that mental health challenges are just like every other illness. It needs attention, it needs medication, and it needs rest.

If you or someone you know needs supports

Suicide Support Resources can be found [here](#)

Visit the Canadian Mental Health Association Website for additional [resources](#)

If you or someone you know are in immediate danger, call 9-11

If you or someone you know is in distress:

- [Call the Distress Line at 780-482-HELP \(4357\)](#)
- AHS Mental Health Help Line 1-877-303-2642
- Talk Suicide Canada 1-833-456-4566
- Kids Help Phone-1-800-668-6868
- Indigenous Hope Line 1-855-242-3310
- National Trans Help Line 1-877-330-6366
- 211 Alberta: find programs and services in your community.

For more information on programs and resources about suicide:

[Alberta Health Services Suicide Prevention](#)





Job Burnout: Why We Need Equitable Access to Mental Health Services

Written by Sydney Sheloff

Defining Burnout

“Burnout is a state of emotional, physical and mental exhaustion caused by excessive and prolonged stress” (CAMH, n.d.). While burnout is often associated with work, it is exacerbated by compounding stresses in all aspects of one's life. Burnout has always existed, but it has been heightened by the pandemic. Work responsibilities have increased during the COVID-19 pandemic, but individuals and families have also had to deal with the stress of school and child care closures, fears surrounding the virus, increases in the cost of living, and many more stresses. All these factors compound and may lead people to feel helpless, emotionally drained, and unable to function. If not taken care of, burnout can morph into more serious mental health disorders such as anxiety or depression (CAMH, n.d.).

Incidents of burnout vary greatly source-to-source, and as such we do not have reliable numbers on this phenomenon. This variation likely comes from the different ways in which different studies define and measure burnout. A study by Mental Health Research Canada found 35% of Canadians are experiencing burnout at work (MHRC, 2021). Another found that 47% of Canadian workers feel

exhausted on a typical workday. Yet another study found 84% of workers at Canadian organizations with 100 or more employees are suffering from career burnout, and 34% of those workers report high or extreme levels (Moore, 2022). While the numbers themselves vary considerably, they all show that burnout is prevalent in Canadian workplaces.

Burnout in Different Sectors

Experiences of burnout varies by occupation. Folks working on the frontlines during the pandemic face considerable stress. They are dealing with the pandemic head-on as they care for patients with COVID, while dealing with [staffing and hospital bed shortages](#). According to Mental Health Research Canada (2021), 53% of people working in health and patient care, and 66% of nurses reported experiencing burnout. Almost a fifth (17.9%) of health care workers intend to leave their job within the next three years, 63.2% of those workers want to leave due to stress or burnout (Statistics Canada, 2022). Many folks in other caring positions struggle with burnout as well. For example, 38% of people working in education and child care reported experiencing burnout (MHRC, 2021). Teachers had to quickly adapt to teaching

children online with little training, and child care workers have faced precarity in the face of centre closures. Women are overrepresented in these roles, making them more vulnerable to all these issues (Canadian Women's Foundation, 2022).

Parents working from home had to work a full day while simultaneously supporting their children in online learning. Women have had to take on more of the responsibility to manage this situation during the pandemic. In a 2022 poll, almost half (48%) of mothers stated they were at their 'breaking point' (Canadian Women's Foundation, 2022). In addition, having work and home in the same space blurred the boundaries between work and home life, with many people unable to "turn off" and relax at the end of the day. While reasons for and experiences of burnout vary from occupation to occupation, and situation to situation, this is an issue prevalent for almost everyone.

Burnout by Demographics

Burnout also varies by demographics, with marginalized communities more likely to experience burnout. 41% of Black Canadians and 37% of South Asians reported experiencing burnout, compared to 17% of non-visible minorities (MHRC, 2021). Black and South Asian peoples were more likely to be working in 'essential' occupations such as nurse aides, orderlies and

patient service associates (Turcotte and Savage, 2020). At the same time, Black, Indigenous, and People of Colour (BIPOC) must also contend with discrimination, feeling invalidated at work, and pressure to do more than their coworkers (Washington, 2022). In other words, BIPOC folks working in healthcare are deemed "essential" yet continue to be treated as less than, which has a large impact on their mental health.

Impacts of Burnout

Burnout has significant impacts on an individual's work. People experiencing burnout feel dissatisfied with their jobs and achievements and miss more work (Salvagioni et al. 2017). They may face a lack of motivation and find it difficult to get tasks done, which impacts their effectiveness on the job (CAMH, n.d.). In more serious cases, affected individuals may want to leave work altogether. However, the impacts of burnout are not isolated to work, but reach into every facet of the lives of those effected.

53% of Canadians report they are unable to reasonably balance the demands of work and personal life (MHRC). In other words, Canadians are overwhelmed with the number of responsibilities they have. They may not have the time or energy to devote to their home and family lives. Being emotionally drained is a symptom of burnout (CAMH, n.d.), so this may mean that people have a hard time connecting with loved ones and relationships can get strained. Furthermore, people simply do not have the time or energy to engage in the activities that bring them joy.



A meta-analysis of studies about burnout found that burnout was a predictor of many physical and mental health conditions. Physical health conditions included type 2 diabetes, heart disease, prolonged fatigue, and gastrointestinal issues. Mental conditions included insomnia, depressive symptoms, and hospitalizations for mental disorders (Salvagioni et. Al. 2017). *Burnout is literally making us sick.*

A Lack of Support

Often, solutions for burnout focus on individual level self-care techniques. People experiencing burnout are told to socialize more, exercise, eat healthy foods, engage in relaxing activities, and disconnect after work (CAMH, n.d.; Dene, 2022). However, it isn't that simple. In modern 'hustle' culture, taking time for oneself can make people feel worse, as they've been conditioned to think they should be productive all the time (Healthline, 2022). Some professions, such as nurses, work long, demanding hours and do not have the time or flexibility to engage in self-care activities. Encouraging people to take care of their own mental health downloads more responsibility onto already overworked people. *What is truly needed is accessible and affordable mental health care.*

Edmontonians face several barriers to accessing mental health care. A survey from the Canadian Mental Health Association found that almost a quarter (23%) of Albertans needed help for problems with their emotions, mental health, or substance use, but did not receive it. Of those who did not receive help, 47% did not know where or how to access help, 54% could not afford it, and 26% reported their insurance would not cover it. Canadian workplaces are both creating the conditions that produce burnout, and not giving employees the resources, they need to deal with it. All Canadians, regardless of their employment status, should have access to robust mental health care. Perhaps it is time we consider folding mental health care into the universal health care system.

For references, click [here](#)

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Poundmaker's Lodge and its Role in Combatting the Fear of 'Stigma' and its Social Violence

Written by Siobhan Dreelan and Virginia Duran

Mental Health and Wellness can have both positive and negative effects on the individual, family, community, and Nation. In today's society, you can see people struggling with Mental Health and Wellness negatively – suicides, addictions, homelessness – however what fails to be recognized and/or addressed are the 'stigmas' around mental health that limit the possibilities for effective services. These existing stigmas put fear and blame on the individual, while society distances itself from those who are suffering. This is quite problematic because people don't understand mental health and wellness, although they are quick to judge, deny, and create barriers.

Studies have proven that trauma has lasting impacts on people's mental health, and trauma is experienced every day. For example, losing a job, breakups, losing a loved one, or injuries. Further, we know that intergenerational and historical traumas continue to impact the lives of Indigenous Peoples. The lasting impacts of trauma play out through addictions, chronic negativity, mental unwellness, hopelessness, poverty, violence, and more that continue to plague many people.

What is Poundmaker's Lodge?

[Poundmaker's Lodge](#) is a residential treatment service provider that offers two treatment programs, a 42-day program and is open to anyone over the age of 18 and a 90-day program that is structured and guided by Alberta Health Services, which focuses on life skills and is tailored for persons ages 18-24. Poundmaker's Lodge has a medical detox centre onsite and has some harm reduction strategies, particularly in the opioid dependence program. It also offers the [Iskwew women's healing lodge](#), where women can stay for 3 months to a year where they learn life skills, and gain support, skills and access to counselling, school, volunteer opportunities and employment.

Programming at Poundmaker's Lodge is a combination of Indigenous and Western modalities, a blend of perspectives that provides a unique approach that can start where people are comfortable, provide wrap around care and involves collaborative teamwork.



Poundmaker's Impact

Poundmaker's Lodge works with numerous Indigenous communities who might not otherwise have access to help with substance use. These folks come from all over Treaty 6, including Saskatchewan as Treaty 6 crosses provincial borders. Folks also come from Treaties 7 and 8. Poundmaker's Lodge offers culturally competent programming including bringing in Indigenous Elders from various different tribes and communities, recognizing that the Indigenous umbrella is broad and encompasses many different groups of people with unique perspectives, experiences and ways of knowing.

The idea of representation is incredibly important at Poundmaker's Lodge, where a person can feel at home around others like themselves. Having people who walk with individuals on their journey, and role models recovering from addictions who also talk about mental health is integral to the work of connecting with folks at Poundmaker's Lodge as a community. As well those at Poundmaker's Lodge advocate for reducing stigma associated with Indigenous Peoples.

Challenges

Where there is trauma, healing is the answer. Those who work at Poundmaker's Lodge find it very difficult for the clients they serve and support to access assessments (psychiatrist), get

identification, receive Alberta healthcare, obtain safe and affordable housing, access affordable therapy and medications, obtain peer support, community follow-up and transition support, and services for those who are hearing and visually impaired.

When clients come for intake, Poundmaker's Lodge admissions team has been noticing that many of the clients are struggling with mental health challenges, and clients have disclosed that it is difficult to get a bed at the Alberta Hospital and the Royal Alexandra Hospital for their mental health needs. It can take months for someone to see a psychiatrist, and for clients that have co-occurring disorders it is very challenging for them to address addictions when their mental health isn't stabilized. Mental health should come first and then addiction treatment.

Funding continues to be a challenge. In part this is because Poundmaker's Lodge is not recognized by funders as a cultural program. This creates barriers for folks on the Saskatchewan side of Treaty 6 gaining funding to access Poundmaker's Lodge, because while Treaty 6 extends into Saskatchewan, the funding does not. Another example is the challenge of accessing places where Indigenous medicines can be picked when funders do not have the cultural understanding and competency to understand this is an important part of the healing process.



When folks leave treatment at Poundmaker's Lodge or other community supports, there are not enough resources like housing. Often times the individual is blamed as if they are lacking or should be responsible for the entirety of their situation. The reality is it is societal pressures and factors that contribute to their continued struggles. Poundmaker's Lodge has recovery coaches who help get people started once they leave the treatment centre and provide the bridge of support for people on their path of recovery as they reintegrate into society.

Indigenous Ways of Knowing

There are four parts to every person, the mental, emotional, physical and spiritual. Mental wellness and how it intersects with substance use can be seen in all four dimensions, and so healing must happen holistically in all four dimensions. All the quadrants are worked on during programming where clients learn to understand that there are root causes to addiction, including the numbing of trauma.

In addition to recognizing and incorporating the 4 quadrants, on the spiritual level the [7 directions](#) are incorporated. Each has a value system, medicine and connectivity with things outside the self. The goal is to work towards the centre, which is the love component – where healing can happen. This further develops into a focus on the self and how actions such as a choice of kindness are the responsibility of the individual and relate to how they can connect to recognize their place and role in the community.

Through Indigenous Ways of Knowing people learn to cope and co-exist with their mental health challenges, because these can continue well after substance use has been addressed.

To learn more about [Poundmaker's Lodge](#) or if you are in need of help:

Phone: (780) 458-1884 Toll Free: 1-866-458-1884

Fax: (780) 459-1876

Intake : admissions@poundmaker.org

Medical Detox : detox@poundmaker.org

General : info@poundmaker.org





How a Livable Income Impacts Mental Wellness

Written by Brett Lambert

The ability to make ends meet—which includes keeping a roof over one’s head, putting food on the table, and meeting other basic necessities—is integral for both a person’s physical and mental well-being. Whether a person’s primary source of income is from employment, or they are reliant on income support programs, everyone deserves a livable income that allows them to meet their needs. Especially at a time when inflation is at an all-time high.

Research has shown that living in low-income is a risk factor for psychological distress. A Statistics Canada longitudinal study showed that lower incomes are significantly related to future episodes of psychological distress and that the everyday social environments of low-income Canadians were implicated in these health disparities. In addition, living in low-income means having fewer resources to cope with and mitigate these stressors. The presence of these stressors and the absence of supports have been linked to physical and mental disorders. (1)

Increases to the minimum wage – which is the lowest hourly rate of pay allowed by law – has been linked with lowering suicide rates. In a study published in the *Journal of Epidemiology & Community Health*, the research showed that for every dollar added to the minimum wage, suicide rates among people with a high school education or less dropped by 3.4 to 5.9%. Among adults with levels of education above high school, there was no reduction in suicide rates because they would be less likely to work in lower-wage jobs. (2)

Within Alberta, there have been dramatic changes to the minimum wage within the last decade. Between 2015 to 2018, the minimum wage was raised incrementally each year from \$10.20 per hour to eventually \$15 per hour. (3) Workers who received a raise overall reported feeling more at ease with the greater financial stability. (4) With a change in government in 2019, the provincial government rolled back the minimum wage to \$13 per hour for youth under the age of 18. This change to the minimum wage was particularly jeopardizing to the morale of marginalized youth striving to attain financial independence who may also be experiencing homelessness, substance abuse, and mental health challenges. (5)

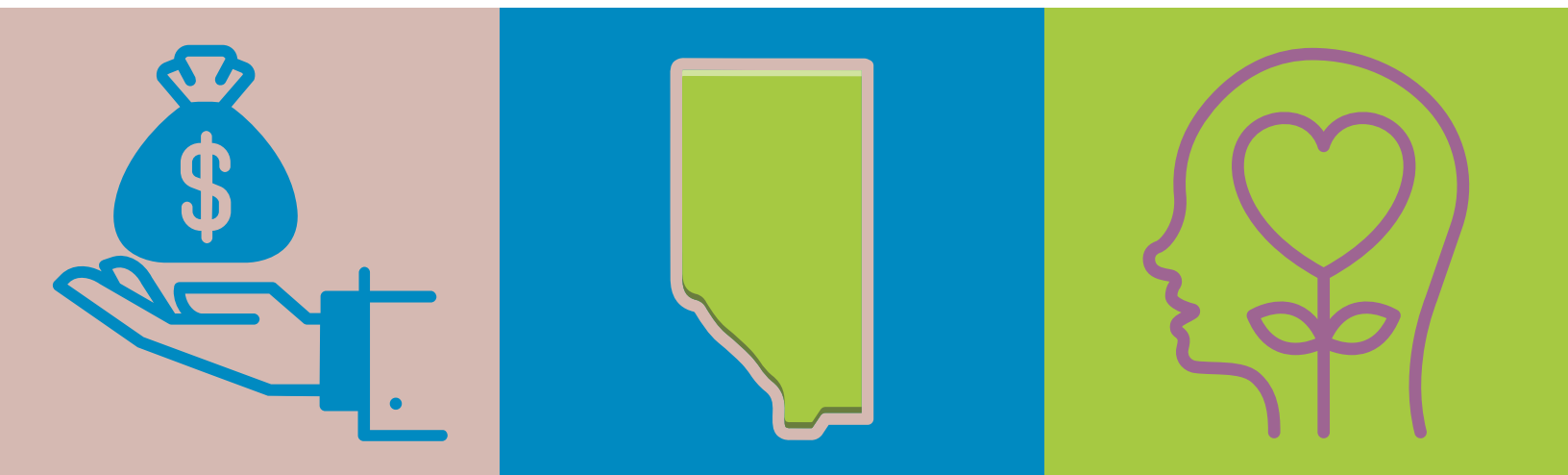
“If living in low-income has detrimental effects on a person’s mental health, will raising their income contribute to an improvement in mental health? The research seems to point to a resounding yes.”

Improvements to mental health have also been linked to universal basic income—a government program that gives its citizens a set amount of money regularly to cover their living expenses with no strings attached. While basic income programs have largely been implemented regionally as pilot programs through the years, the results of these studies have shown that improvements to a population's mental health are among the impacts of such a program. This included improved time with family and friends, a reduction in perceived stigma, and a renewed sense of hope for the future. (6) For the Ontario basic income pilot from 2018 specifically, 83% of respondents who took part in the pilot program reported feeling less stressed and anxious and 81% reported feeling more self-confident. (7)

Current income support programs in place within Alberta pay recipients below the poverty line, which is roughly defined as an annual income of \$40,777 for a family of four or \$20,289 for a single individual in Alberta. (8) For example, Assured Income for the Severely Handicapped (AISH)—which pays a maximum monthly benefit rate of \$1,685 per month—does not keep pace with the cost of living. While the program is finally being indexed for inflation as of January 1, 2023, AISH recipients are still having to catch up after more than three years of stagnant benefit rates. (9) When elected officials merely discuss making changes to the program—often to the detriment of current or future recipients—this has impacts on a recipient's mental health. When the provincial government was considering re-evaluating eligibility for those with mental illness, recipients reported feeling their anxiety levels going up over the thought of losing their benefits. (10)

No matter the primary source of income people live on to make ends meet, it is clear that the amount they receive can either be a major stressor if it is inadequate or can alleviate a lot of pressure if their basic needs are met. *Providing adequate and livable incomes will not necessarily solve all mental health challenges, but it will save lives.* Any conversation on addressing mental health challenges needs to robustly consider the ways in which livable incomes and poverty intersect with this issue.

For references, click [here](#)





The Impact of Income: Post-Secondary Students' Mental Health

Written by Alejandra Hasbun

Income affects every aspect of a person's life. It can alter choices in everyday decisions, for better or worse. For post-secondary students, not having enough income to meet basic needs is an extremely heavy burden to carry. Not only do they have to worry about managing the stress of school, but also about not having enough money to eat a proper meal, struggling to pay for tuition and rent, and engaging in a social life. These factors also cause time scarcity, which altogether can be so overwhelming it produces severe mental health issues for post-secondary students.

Income affects food security

Having a good healthy meal is strongly linked to a person being able to perform at their mental best (Firth et al., 2020). Most student diets circle around the idea of eating anything cheap and easy (Vadeboncoeur, 2015). People could argue that this is due to strict time factors, but it is also because it is the only option affordable to them. Food prices are increasing by 5 to 7 percent in 2022, making food even less accessible (Dalhousie University, 2022). Students have been struggling so much financially that they have reached out to food banks at unprecedented levels, which means they are not just looking for cheap food anymore, they are looking for food support. The University of

Alberta has 200 new students requiring food bank services as of September 2022, increasing 73 percent since 2019 (Anchan, 2022). A lot of universities in Canada offer food banks for their students, which is a helpful act. However, the mere idea that a student does not have enough money to buy groceries because of how high other expenses are is outrageous. How are students expected to focus on learning when they are worried about a basic need like food?

Income affects students with children

People with children who study not only have to worry about sustaining themselves financially but also their families. It would be extremely hard for a person concerned about feeding their children or affording quality childcare to focus on school and manage to get good grades or stay enrolled. This will inevitably cause the overall well-being of the student to decline, and their mental health could be affected. A parent with poor mental health may struggle to provide good care for their family, which can impact the family's overall health (Wolicki et.al., 2021). Children with no access to quality care can have an increased risk of developmental challenges, which can cause later issues in school and achievements (Alexander et.al., 2017).



Income affects Social Life

Having a healthy social life is an essential part of any human being's life, people are wired to connect and interact with others (Penttila, 2019). Restaurants play a key role in socializing because social dining is one of the most common acts when meeting with friends. People who eat socially feel better and are closer to other people (Dunbar, 2017). If students do not have enough money to go out occasionally with friends, feelings of loneliness and isolation may increase. Now more than before, it has become a larger issue since restaurants in Canada have increased prices by over 10-15 percent, making it less accessible for students to enjoy time out with friends (Restaurants Canada, 2022). Asking students to ignore this part of their life due to a lack of income can be damaging because an active social life is important for positive well-being.

Supports Available

Counseling Services

Most universities offer services to help students with their mental wellness. The University of Alberta has [wellness support](#) groups, free counseling and clinical services, peer support centers, and other programs to help students better handle the struggles of school and their personal lives (Mental Health Supports for Students, n.d.).

While many universities offer free counselling services, the Queen's University found only 35 percent of undergraduate students solicit help from those counseling services (Linden & Stuart, 2022). Students' mental health is declining, as 70 percent reported feeling stressed, anxious, or isolated and 80 percent of students reported being concerned about finances (Centre of Innovation in Campus Mental Health, 2021).

Then, why is it that students do not seek help? Most undergraduates are so overwhelmed with their responsibilities they do not have time to seek proper help. Some students might not know they have free counseling resources available, so they do not utilize them. Others believe that stress is normal as a student, so they don't need or shouldn't need any help (Eisenberg et.al., 2018). Some students and faculty are wondering why mental health measures are necessary, showing that people are still not aware of the issue (Mount Royal University, 2020).

On-campus counselling centers in Alberta's post-secondary institutions do not usually offer long-term therapy for students. If a student decides to get help beyond the initial visitation, they will be referred to an outside counseling service (Heck et. al., 2014). This becomes very challenging for the student because when trust is already built with a counselor. Having to switch therapists outside of school can be discouraging, unaffordable, and inaccessible.



Financial Aid

Universities offer financial aid for students, but how easy is this to obtain? Financial aid can include loans and grants, scholarships, [bursaries] and other aids (Service Canada, 2022). Loans help momentarily to get a degree or graduate from a program, but these can have a lasting effect after the student graduates. If the recent graduate does not get a well-paying job right after university, they can be in debt for years. A scholarship is money that does not have to be paid back. Why isn't every student getting scholarships to pay for their education? Scholarships are based on a variety of things including GPA, athletic ability, program major, etc. (Service Canada, 2022). Scholarships, bursaries and grant applications require a lot of time to complete and there is no guarantee of being awarded. While financial aid is available, it is not accessible to all students, and it is conditional. Are universities really doing everything to help students financially?



Action

What can universities do to support students? Universities should have more accessible options for financial aid, options that everyone can apply for and with no strenuous process. If not, institutions and governments should implement policies to make tuition more affordable. The free counselling that schools offer often goes unnoticed and can be difficult to access, particularly for long-term needs. Counselling should be accessible long-term, as mental wellness is an ongoing process, that requires more than a momentary solution. Some universities offer more support than others, there must be more consistency so all students can have the mental health support they deserve. Students should have mental health support that is accessible, affordable, and destigmatized.

Mental health and income have a strong relationship in post-secondary students; thus, institutions have a responsibility to support and develop policies and programs that alleviate financial strain.

For references, click [here](#)





Transportation and Our Mental Health

Written by Luis Alejandro Murcia Jiménez

Mental health awareness has grown substantially throughout the last few decades, and it has become a major topic of investigation in different fields. One such field is transportation. A reality most people face is the need to travel from their homes to different places such as work, schools, and leisure activities. The 'how' we get there is influential on our state of mind both during and after our commute.

The Private Vehicle

It is no secret that North America is heavily dependent on personal vehicles to move around. There is a clear lack of efficient, affordable, and inclusive ways to move about in most cities in North America without a car. Reasons for this vary from place to place but generally, they include endless urban sprawl, poor city planning catered for vehicular mobility only, and strict zoning laws that prevent multipurpose neighbourhoods. The reality is that without a vehicle, it is hard to participate in society. Everything is too far apart and/or too dangerous to travel to without being inside a vehicle.

Car dependency has shaped millions of Canadians' lifestyles since the car became a common fixture of households. In 2016, 12.6 million Canadians commuted to work by car with a one-way average trip of 24 minutes. Of that total, close to a million

commutes to work took 60 minutes or more, a number that increased by 5% since 2011 (Government of Canada, 2019). Such long commutes, aside from being undesirable for financial reasons, affect our mental well-being in negative ways.

Long commutes, both for vehicles and public transit, may cause feelings of isolation for people, an issue that may develop over time into depression (Smith, 2017). This is not surprising when we consider that most people commute alone. There have been preliminary findings linking longer daily commutes with higher chances of screening positive for depression (Wang et al., 2019). Prolonged commutes lead to many repetitive trips with little to no change in the visual environment, creating mental fatigue (Ma et al., 2018). Commutes become so routine in our brains that people will drive on autopilot without conscious effort, potentially endangering themselves and others on the road (SafetyDriven, 2021).



In addition to depression and mental fatigue, long commutes, both in a personal vehicle and on public transit, can be a huge contributor to long-term stress. Chronic stress can affect someone's behaviour, and overall well-being. A British study found that the longer a commute is, the higher levels of anxiety are to be expected (Sedghi & Arnett, 2014). Similar findings were found here in Canada where 36% of people that had commutes of 45 minutes or longer reported feeling anxious or extremely stressed. A significant difference from those with short commutes of 15 minutes and under where only 23% reported the same levels of stress (Turcotte, 2015). Some people are more affected by stress; and drivers under the right conditions, may be triggered by the driving behaviour of others on the road and experience road rage (Bierma, 2021). Road rage is an issue that, according to different surveys, affects one in three Canadians at least once a month and 82% of people have admitted to an act of road rage in the past year (ThinkInsure, 2021).

With long commutes comes extensive planning on when to leave to avoid traffic. To arrive on time to work or school people tend to leave earlier than they would like, and to do so need to either go to bed earlier or sacrifice sleep. Time is lost commuting that could instead be spent with family or dedicated to personal health and well-being. Reducing time spent with families has a negative impact on home relationships as a study found that if a spouse's commute is longer than 45 minutes, the rate of divorce increases by 40% (Sandow, 2013). Long commutes take time from peoples' lives that could be used doing something that could be improving well-being, directly affecting work-life balance.



Public Transit

Public transit tends to be a mode of transportation that is stigmatized, and [as a GM advertisement](#) put it, only "creeps and weirdos" use (Chavan, 2003). It is considered by those with personal vehicles to be the very last resort to move around a city. Common perceptions are that buses and trains (or LRTs) are dirty, unsafe, and impractical. In Edmonton, some trips can take over twice the amount of time by public transit than by car (Sterling Homes Edmonton, 2021). This is assuming that the service is on time and/or a connection is not missed, causing an even longer wait to catch the next bus or train. As a result, public transit is left to those who cannot afford a vehicle to move efficiently. Removing the stigma from transit may not be easy, but it is possible. There are many transport systems in Europe and Asia that are highly valued and frequently used. Using ideas like improving sustainability or stopping climate change to get people to use public transit does not work (Bromley, 2010). The key to getting people on public transit is by making it "clean, safe, reliably punctual and cheaper than driving" (Bromley, 2010).

Research suggests that lengthy commuting by public transit shares similar drawbacks with regards to mental well-being to those with lengthy commutes by car (Sedghi & Arnett, 2014). In some cases, those taking public transit occasionally report poorer mental well-being (Költő et al, 2021). However, when researchers

accounted for other variables that may contribute to differences in mental well-being (i.e.: gender, wealth, area of residence, etc.), they found that differences in mental well-being disappeared. This suggests that the mode of transportation itself may not be the root cause, but rather the circumstances that many people who take public transit tend to experience. If we look at who uses public transit most often, we can see that it is largely minority groups and the lowest income earners (Hosford & Winters, 2022).

If the environment we navigate daily feels unsafe, regardless of whether it is objectively safe or not, it can have very negative consequences on our well-being including chronic anxiety and stress. (Brosschot et al, 2016). This is known as ‘perceived safety’. A local example is the current perception of the LRT system in Edmonton as being fundamentally unsafe, especially after a few high-profile violent incidents in early and mid-2022 (Edmonton Journal Editorial Board, 2022). To change the negative perspective on perceived safety, research has found that a good physical design of public transit is needed (Deniz, 2018).

Active Transportation

Besides private vehicles or public transit, there is the option to walk or cycle around the city, referred to as active transportation. It's clear that walking and cycling won't take you as fast nor as far as a vehicle in current car centric cities. However, it doesn't need to be as fast or for long distances for it to be a practical mode of transportation. Cities, including Edmonton, are going through a transition to improve connectivity and reduce travel times with plans such as the “[15-Minute City](#)” (Sohi, 2021). Plans like this can help make commutes to different places more feasible by bike or by foot.



The length of a commute by active transport, just like by private vehicle or public transit, may negatively affect our mental well-being. However, a lot of the negative impacts reported by active transport users can be sourced back to motorised vehicles, rather than active transport itself. Most of the bicycle infrastructure in North America is not considered as “friendly” to cyclists as those of European countries (*Copenhagenize index*, 2019). For example, many of Edmonton's current bike lanes share space directly next to vehicles with no protection for cyclists at all - something that has been proven to lower the perceived safety of riders and potential riders (McNeil, 2015). However, with Edmonton's newly proposed “bike network” this lack of protection will change, and the increase in quality of the infrastructure will attract more users (Boothby, 2022).

Noise produced by motor vehicles also affects those who use active transportation. Research suggests that car traffic noise has a meaningful negative impact on our mental and physical well-being (Finne & Holm Petersen, 2014). Noise mainly affects those using active transport methods because they do not have any sound buffer, unlike the drivers within motor vehicles. As most sidewalks and bike lanes are directly next to, or quite close to traffic it is hard to avoid the noise pollution. This matter has been investigated by some European countries, where they have started to restrict personal vehicle access to the city core to reduce the noise in the busiest parts of a city (Peters, 2019). Even with the drawbacks produced by cars towards active transportation, it is a mode of commuting that provides great benefits. Some studies have found that those who cycle to work have significantly lower levels of stress while at work (Hurford, 2021; Brutus, 2017). Other studies suggest that short, active commutes result in happier commuters; and happy commuters are more relaxed, calm, and



productive (Ma & Ye, 2019). These benefits could explain why when someone changes their commute from car to active transport their psychological well-being increases (Martin et al, 2014). It not just a benefit for adults commuting to work, but also benefits the mental well-being for children (Kleszczewska et al, 2020).

Better Urban Planning for Active Transportation Necessary

With good urban planning and city design commuting can be a pleasant experience. Unfortunately, cities will continue to build car dependent suburbs and commuting by car will remain prevalent for the foreseeable future. If cities want to address the negative impacts commuting can have on mental health, they will need to shift their focus away from car-centric development by increasing city density and creating multi use neighborhoods thereby, reducing the length and number of trips needed. As well, improving the efficiency and perceived safety for both public and active transport through more thoughtful design, will incentivize more people to take advantage of the benefits it can provide.

For references, click [here](#)

About Luis

Luis Murcia's goal and passion is the pursuit of knowledge for the betterment of society. In 2013, he came to the University of Alberta from El Salvador and graduated with a BA in psychology and a minor in philosophy. He is striving to develop into a person that can help others become their best self.



References

A New Community-Built, Community-Led Mental Health Strategy for Edmonton

Alberta Mental Health and Addictions Advisory Council (2022). Toward an Alberta Model of Wellness: Recommendations from the Alberta Mental Health and Addictions Advisory Council. Government of Alberta. Retrieved from <https://open.alberta.ca/publications/toward-an-alberta-model-of-wellness>.

Canadian Mental Health Association National Office (2022). Running on Empty: How Community Mental Health Organizations Have Fared on the Frontlines of the Pandemic. Retrieved from <https://cmha.ca/brochure/running-on-empty-report/>.

City of Edmonton (2022). Community Safety and Well Being Strategy. Retrieved from https://www.edmonton.ca/city_government/initiatives_innovation/community-safety-well-being-strategy.

Health Quality Council of Alberta (2020). Parent and Guardian Experiences with Mental Health Services for Children and Youth. Retrieved from <https://hqca.ca/mentalhealth>.



References

Job Burnout: Why We Need Equitable Access to Mental Health Services Continued:

Canadian Women's Foundation (2022). The facts: Women and pandemics.
<https://canadianwomen.org/the-facts/women-and-pandemics/>

Center for addiction and mental health (CAMH) (n.d.). Career Burnout.
<https://www.camh.ca/en/camh-news-and-stories/career-burnout>

Canadian Mental Health Association (2022). Summary of Findings Mental Health Impacts of COVID-19: Round 4. <https://cmha.ca/wp-content/uploads/2022/02/Key-findings-summary-UBC-round-4-Final.pdf>

Environics Institutes (2021). Making up time: the impact of the pandemic on young adults in Canada.
Healthline (2022). For Many People with Anxiety, Self-Care Just Doesn't Work.
<https://www.healthline.com/health/mental-health/self-care-is-hard#1>

Mental Health Research Canada (MHRC) (2021). Psychological Health & Safety in Canadian Workplaces

Moore, Dene. (2022). Worker burnout is becoming endemic and it's everyone's job to treat it. The Globe and Mail. Worker burnout is becoming endemic and it's everyone's job to treat it - The Globe and Mail

Salvagioni, D., Melanda, F. N., Mesas, A. E., González, A. D., Gabani, F. L., & Andrade, S. M. (2017). Physical, psychological and occupational consequences of job burnout: A systematic review of prospective studies. PloS one, 12(10), e0185781. <https://doi.org/10.1371/journal.pone.0185781>

Statistics Canada (2022). Experiences of health care workers during the COVID-19 pandemic, September to November 2021. <https://www150.statcan.gc.ca/n1/daily-quotidien/220603/dq220603a-eng.htm>

Turcotte and Savage (2020). The contribution of immigrants and population groups designated as visible minorities to nurse aide, orderly and patient service associate occupations.
<https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00036-eng.htm>

Washington, K. (2022). Why BIPOC Employees Are Burning Out—and What People Leaders Can Do About It. Spring Health. <https://springhealth.com/blog/help-bipoc-employees-reduce-burnout/>

References

How a Livable Income Impacts Mental Wellness

- (1) Orpana, H.M., L. Lemyre, and R. Gravel. Statistics Canada (2009). Income and psychological distress: The role of the social environment. Health Reports. Vol. 20, no. 1 (March 2009). Pp: 21- 28. Retrieved from: <https://www150.statcan.gc.ca/n1/en/pub/82-003-x/2009001/article/10772-eng.pdf?st=A55AkkD2>
- (2) Kaufman, J.A., Salas-Hernández, L.K., Komro, K.A., and Livingston, M.D. (2020). Effects of increased minimum wages by unemployment rate on suicide in the USA. Journal of Epidemiology & Community Health. Vol. 70, no. 3. Pp. 219-224. <https://jech.bmj.com/content/74/3/219>
- (3) Government of Alberta (2020). Minimum wage expert panel. Retrieved from: <https://www.alberta.ca/minimum-wage-expert-panel.aspx>
- (4) Issawi, H. and Doherty, B. (2018). Alberta's minimum-wage workers tell us what \$15 an hour really means for their bottom line. Retrieved from: <https://www.thestar.com/edmonton/2018/09/30/paid-in-full-albertas-low-wage-workers-mull-over-the-final-pay-bump.html>
- (5) Wyton, M. (2019). 'Difficult realities': Vulnerable youth left in lurch by UCP cut to minimum wage, advocates say. Retrieved from: <https://edmontonjournal.com/news/politics/vulnerable-youth-left-in-lurch-of-uncertain-pay-following-ucp-cuts-to-youth-minimum-wage>
- (6) Wilson, N. and McDaid, S. (2021). The mental health effects of a Universal Basic Income: A synthesis of the evidence from previous pilots. Social Science & Medicine. Volume 287. <https://www.sciencedirect.com/science/article/abs/pii/S0277953621007061>
- (7) Ferdosi, M., McDowell, T., Lewchuk, W., and Ross, S. (2020). Southern Ontario's Basic Income Experience. Retrieved from: <https://labourstudies.mcmaster.ca/documents/southern-ontarios-basic-income-experience.pdf>
- (8) Canada. Employment and Social Development Canada (2018). Opportunity for All: Canada's First Poverty Reduction Strategy. Retrieved from: <https://www.canada.ca/en/employment-social-development/programs/poverty-reduction/reports/strategy.html>
- (9) Tran, P. (2022). Alberta's government benefit programs to be re-indexed starting next year. Retrieved from: <https://globalnews.ca/news/9309545/alberta-premier-danielle-smith-reindexing-aish/>
- (10) Fletcher, R. (2020). What it's like living on AISH while the government spars over its future. Retrieved from: <https://www.cbc.ca/news/canada/calgary/alberta-assured-income-for-the-severely-handicapped-feature-1.5752665>

References

The Impact of Income: Post-Secondary Students' Mental Health

- Alexander, C., Beckman, K., Macdonald, A., Renner, C., & Steward, M. (2017). Ready for life: A socio-economic analysis of early childhood education and care. The Conference Board of Canada. https://www.conferenceboard.ca/temp/3dba428b-805f-4792-9a06-743051b1b0b2/9231_Ready-for-Life_RPT.pdf
- Amy, J., Hollins, A., & Mudd, K. (2021, June 1). *5 reasons why students with depression don't seek help*. The Horizon. Retrieved October 4, 2022, from <https://iushorizon.com/26423/opinions/5-reasons-why-students-with-depression-dont-seek-help/>
- Anchan, M. (2022, September 20). *Campus food banks in Edmonton feeling the pinch of inflation as demand increases*. CBC. Retrieved October 4, 2022, from <https://www.cbc.ca/news/canada/edmonton/food-banks-canada-data-suggests-albertans-using-food-banks-more-than-ever-before-1.6631694>
- Centre of Innovation in Campus Mental Health institutions. (2021, June). *The impact of COVID-19 on post-secondary* https://campusmentalhealth.ca/wp-content/uploads/2021/06/CICMH_COVID-19_Impact_Infosheet_EN.pdf
- Chatterjee, A., & Chatterjee, A. (2020, June). Managing through uncertain times: A study to understand the effects of conducting socio-academic life online during COVID-19. *Independent Research, San Jose, California*. <https://psyarxiv.com/vcbrw/download?format=pdf>
- Dalhousie University. (2022). *Canada's Food Price Report 2022*. Retrieved October 21, 2022, from <https://www.dal.ca/sites/agri-food/research/canada-s-food-price-report-2022.html>
- Dunbar, R. I. M. (2017, March 11). Breaking Bread: The Functions of Social Eating. *PubMed Central*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6979515/>
- Eisenberg, D., Golberstein, E., & Gollust, S. (2018). *Help-Seeking and Access to Mental Health Care in a University Student Population*. Medical Care. <http://www-personal.umich.edu/~daneis/papers/hmpapers/help-seeking%20--%20MC%202007.pdf>
- Firth, J., Gangwisch, J. E., Borsini, A., Wootton, R. E., & Mayer, E. A. (2020, June 29). *Food and mood: how do diet and nutrition affect mental wellbeing?* NCBI. Retrieved October 4, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7322666/> Penttila, N. (2019, November 13). *In Sync: How Humans are Hard-Wired for Social*. . . Dana Foundation. Retrieved October 4, 2022, from <https://dana.org/article/in-sync-how-humans-are-hard-wired-for-social-relationships/>

References

The Impact of Income: Post-Secondary Students' Mental Health Continued

Heck, E., Jaworska, N., DeSomma, E., Dhoopar, A. S., MacMaster, F. P., Dewey, D., & MacQueen, G. (2014, May). A Survey of Mental Health Services at Post-Secondary Institutions in Alberta. NCBI, PubMed Central. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4079139/>

Linden, B., & Stuart, H. (2022, July 5). Canadian Post-Secondary Student Mental Health and Wellbeing: A Descriptive Analysis. Queen's University. <https://osf.io/4ajv6/download>

Mount Royal University. (2020, August 20). Tools for Success: Models for Exemplary Student Mental Health Initiatives at Alberta Post-Secondary Institutions. <https://campusmentalhealth.ca/wp-content/uploads/2020/09/Tools-for-Success-Mental-Health-Toolkit.pdf>

Restaurants Canada. (2022, September 15). 2022 Foodservice Facts. Retrieved October 4, 2022, from <https://members.restaurantscanada.org/2022/09/15/2022-foodservice-facts/>

Service Canada. (2022, July 27). Student aid - Canada.ca. Retrieved October 21, 2022, from <https://www.canada.ca/en/services/benefits/education/student-aid.html>

University of Alberta. (n.d.). Mental Health Supports for Students. Retrieved October 4, 2022, from <https://www.ualberta.ca/current-students/wellness/mental-health/index.html>

Vadeboncoeur, C. (2015, May 28). A meta-analysis of weight gain in first year university students: is freshman 15 a myth? - BMC Obesity. BioMed Central. Retrieved October 14, 2022, from <https://bmcobes.biomedcentral.com/articles/10.1186/s40608-015-0051-7>

Wolicki, S.B., Bitsko, R.H., Cree, R.A. et al. Mental Health of Parents and Primary Caregivers by Sex and Associated Child Health Indicators. ADV RES SCI 2, 125–139 (2021). <https://doi.org/10.1007/s42844-021-00037-7>



References

Transportation and Our Mental Health

- Bierma, P. (2021, September 6). *Road rage: When stress hits the highway*. HealthDay. Retrieved October 22, 2022, from <https://consumer.healthday.com/encyclopedia/emotional-health-17/emotional-disorder-news-228/road-rage-when-stress-hits-the-highway-646042.html>
- Boothby, L. (2022, September 28). *Edmonton may spend \$170 million to build 100 km of bike lanes by 2026*. Edmonton Journal. Retrieved October 22, 2022, from <https://edmontonjournal.com/news/local-news/edmonton-to-spend-as-much-as-170m-on-bike-network-by-2026>
- Bromley, D. W., Buehler, R., Godefrooij, T., Kirkels, M., Quental, N., Kusakabe, K., Vasishth, A., Tejada, J. D., Geys, B., Leiren, M. D., Khan, M. S., Mwendera, E., Melia, S., Brussel, M., Zuidgeest, M., De Souza, F., Acharya, S. R., Dirgahayani, D. P., & Martiskainen, M. (2010). How can the stigma of public transport as the 'Poor Man's vehicle' be overcome to enhance sustainability and climate change mitigation? *Natural Resources Forum*, 34(4), 327–331. <https://doi.org/10.1111/j.1477-8947.2010.01316.x>
- Brosschot, J. F., Verkuil, B., & Thayer, J. F. (2016). The default response to uncertainty and the importance of perceived safety in anxiety and stress: An evolution-theoretical perspective. *Journal of Anxiety Disorders*, 41, 22–34. <https://doi.org/10.1016/j.janxdis.2016.04.012>
- Brutus, S., Javadian, R., & Panaccio, A. J. (2017). Cycling, car, or public transit: A study of stress and mood upon arrival at work. *International Journal of Workplace Health Management*, 10(1), 13–24. <https://doi.org/10.1108/ijwhm-10-2015-0059>
- Chavan, A. (2003, March 31). GM pulls ad that labels transit riders 'creeps and weirdos'. Planetizen News. Retrieved October 22, 2022, from <https://www.planetizen.com/node/9657>
- 2019 copenhagenize index. *Copenhagenize*. (n.d.). Retrieved October 22, 2022, from <https://copenhagenizeindex.eu/>
- Deniz, D. (2018). Improving perceived safety in public transportation through design. *WIT Transactions on The Built Environment*. <https://doi.org/10.2495/ut180191>
- Edmonton Journal Editorial Board. (2022, May 5). *Editorial: LRT safety needs stepping up*. Edmonton Journal. Retrieved October 22, 2022, from <https://edmontonjournal.com/opinion/editorials/editorial-lrt-safety-needs-stepping-up>
- Finne, P. & Holm Petersen, T. (2014). *Traffic noise is dangerous to our health – but what do we do about it?* FORCE Technology. Retrieved October 22, 2022, from <https://forcetechnology.com/en/articles/traffic-noise-dangerous-health-what-to-do-about-it>

References

Transportation and Our Mental Health Continued:

- Government of Canada, S. C. (2019, February 25). Study: Long commutes to work by car. The Daily; Retrieved October 20, 2022, from <https://www150.statcan.gc.ca/n1/daily-quotidien/190225/dq190225a-eng.htm>
- Hosford, K., & Winters, M. (2022, March 28). How the Canadian population gets to work. Mobilizing Justice. Retrieved October 22, 2022, from <https://mobilizingjustice.ca/how-the-canadian-population-gets-to-work/#:~:text=As%20of%2016%2C%2040%25%20of,workforce%20and%20commutes%20to%20work>
<https://pubmed.ncbi.nlm.nih.gov/27259803/>
- Hurfurd, M. (2021, November 1). *New Study offers yet another reason to bike-commute*. Bicycling. Retrieved October 22, 2022, from <https://www.bicycling.com/news/a20046023/bike-commute-relieves-stress-workplace/>
- Kleszczewska, D., Mazur, J., Bucksch, J., Dzielska, A., Brindley, C., & Michalska, A. (2020). Active transport to school may reduce psychosomatic symptoms in school-aged children: Data from nine countries. *International Journal of Environmental Research and Public Health*, 17(23), 8709. <https://doi.org/10.3390/ijerph17238709>
- Költő, A., Gavin, A., Kelly, C., & Nic Gabhainn, S. (2021). Transport to school and mental well-being of schoolchildren in Ireland. *International Journal of Public Health*, 66. <https://doi.org/10.3389/ijph.2021.583613>
- Ma, J., Gu, J., Jia, H., Yao, Z., & Chang, R. (2018). The relationship between drivers' cognitive fatigue and speed variability during monotonous daytime driving. *Frontiers in Psychology*, 9. <https://doi.org/10.3389/fpsyg.2018.00459>
- Ma, L., & Ye, R. (2019). Does daily commuting behavior matter to employee productivity? *Journal of Transport Geography*, 76, 130–141. <https://doi.org/10.1016/j.jtrangeo.2019.03.008>
- Martin, A., Goryakin, Y., & Suhrcke, M. (2014). Does active commuting improve psychological wellbeing? Longitudinal evidence from eighteen waves of the British Household Panel Survey. *Preventive Medicine*, 69, 296–303. <https://doi.org/10.1016/j.ypmed.2014.08.023>
- McNeil, N., Monsere, C. M., & Dill, J. (2015). Influence of bike lane buffer types on perceived comfort and safety of bicyclists and potential bicyclists. *Transportation Research Record: Journal of the Transportation Research Board*, 2520(1), 132–142. <https://doi.org/10.3141/2520-15>

References

Transportation and Our Mental Health Continued:

Peters, A. (2019, January 24). *Oslo made its city center basically car-free--and it's great - fast company*. Fast Company. Retrieved October 22, 2022, from <https://www.fastcompany.com/90294948/what-happened-when-oslo-decided-to-make-its-downtown-basically-car-free>

SafetyDriven. (2021, March 1). *Distracted driving and your brain*. Safety Driven: Trucking Council of BC. Retrieved October 21, 2022, from <https://safetydriven.ca/resource/distracted-driving-and-your-brain/>
Sandow, E. (2013). Til work do us part: The social fallacy of long-distance commuting. *Urban Studies*, 51(3), 526–543. <https://doi.org/10.1177/0042098013498280>

Sedghi, A. & Arnett, G. (2014, February 12). How does commuting affect wellbeing? Guardian News and Media. Retrieved October 21, 2022, from <https://www.theguardian.com/news/datablog/2014/feb/12/how-does-commuting-affect-wellbeing>

Smith, L. (2017, October 30). *Our crowded, lengthy commutes are making us more lonely than ever*. Quartz. Retrieved October 20, 2022, from <https://qz.com/1114348/our-crowded-length-commutes-are-making-us-more-lonely-than-ever>

Sohi, A. (2021, August 9). Making Edmonton a 15 minute city. Amarjeet Sohi for Mayor. <https://sohi.ca/policy-making-edmonton-a-15-minute-city/>

Sterling Homes Edmonton. (2021, August 31). *Sterling Homes*. Sterling Homes Edmonton. Retrieved October 22, 2022, from <https://www.sterlingedmonton.com/blog/edmontons-commuting-times-sterlings-communities-c2/>

ThinkInsure. *Road rage is on The rise*. (2021, September 24). *Road rage is on the rise*. More Drivers Suffering From Road Rage In Ontario. Retrieved October 30, 2022, from <https://www.thinkinsure.ca/insurance-help-centre/road-rage-on-the-rise-in-ontario.html>

Turcotte, M. (2015, November 27). Commuting to work: Results of the 2010 general social survey. Commuting to work: Results of the 2010 General Social Survey. Retrieved October 22, 2022, from <https://www150.statcan.gc.ca/n1/pub/11-008-x/2011002/article/11531-eng.htm>

Wang, X., Rodríguez, D. A., Sarmiento, O. L., & Guaje, O. (2019). Commute patterns and depression: Evidence from eleven Latin American cities. *Journal of Transport & Health*, 14, 100607. <https://doi.org/10.1016/j.jth.2019.100607>

About the Edmonton Social Planning Council

The Edmonton Social Planning Council is an independent, non-profit, non-partisan social research organization, with registered charitable status. Our focus is social research, particularly in the areas of low-income and poverty. ESPC is a source of knowledge and expertise on social issues within our community.

We are dedicated to encouraging the adoption of equitable social policy, supporting the work of other organizations who are striving to improve the lives of Edmontonians, and educating the public regarding the social issues that impact them on a daily basis.

Our Vision: A community in which all people are full and valued participants.

Our Mission: Through rigorous research, detailed analysis, and community engagement, we deepen community understanding of social planning issues, influence policy, and spark collaborative actions that lead to positive social change.

We thank you for your continued support.

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