Mental Health Quick Reference Guide

Shared health Soins communs Manitoba

Mental Health Quick Reference Guide

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Purpose

The purpose of this guide is to familiarize you with some of the more common mental health issues and mental illnesses you may come across in your day to day work. This document may be helpful to a range of staff. Paraprofessional and support staff may find it particularly useful to equip themselves with the knowledge and tools to effectively work with individuals who may be having difficulty coping due to the nature of their symptoms.

This guide outlines some common "signs and symptoms" to be aware of and also includes "possible strategies" to support individuals.

[Mental Illness In Canada Fact Sheet]

Please note that any of the suggested "Possible Strategies" in the sections below should only be performed if they fall within your role and scope of practice. As well, if you observe a person who appears to be struggling, please inform their clinician or discuss with the clinical team. It is also important to document your observations.

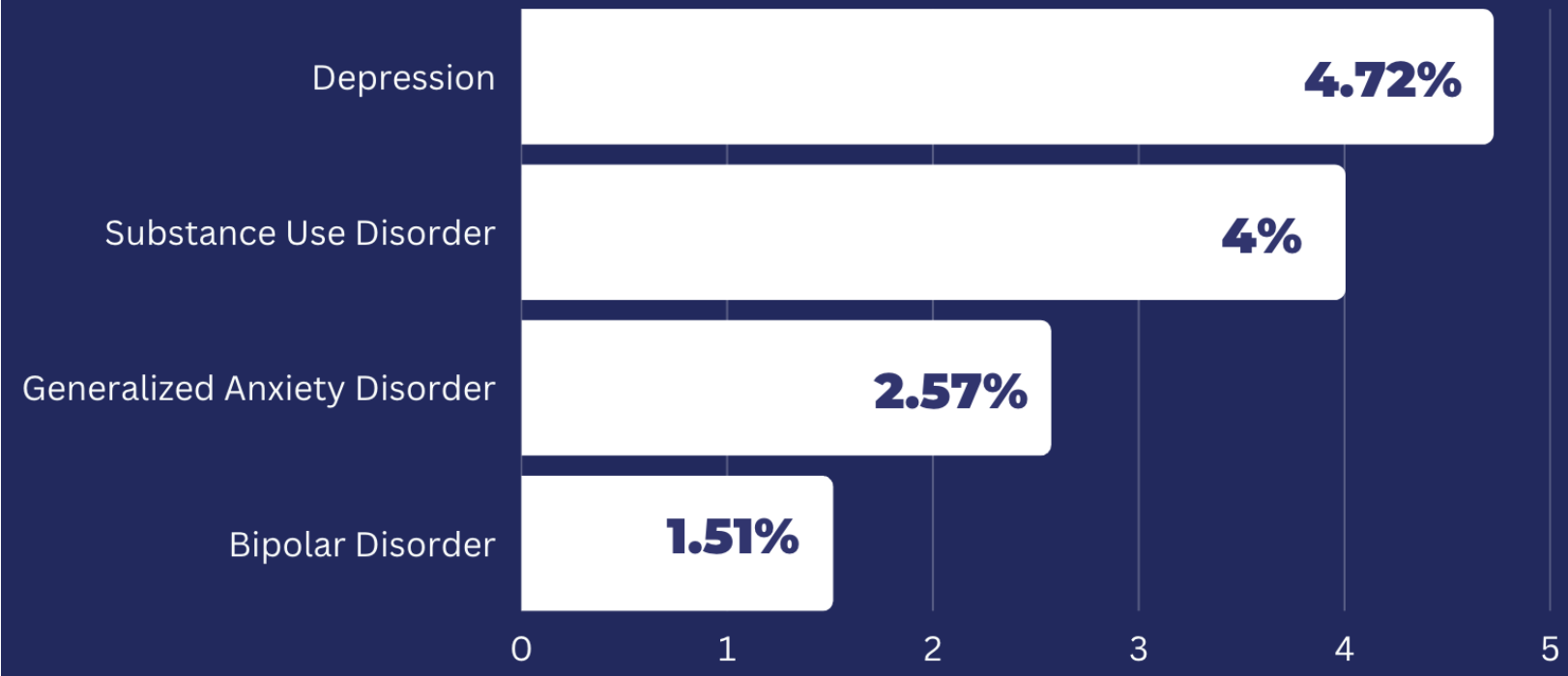
MENTAL HEALTH IN CANADA

1 in 3

Canadians will be affected by mental illness in their lifetime

https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/diseases-conditions/mental-illness-canada-infographic/mental-illness-canada-infographic.pdf

Common Mental Health Issues Among Canadians; Annual Prevalence



https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6882072/#!po=35.7143

ADDICTIONS SERVICES STATISTICS*

62% of individuals stated they had concerns about their mood, thoughts, or their ability to cope

71% stated they had been referred to a counsellor or professional helper

62% of individuals stated they have difficulties carrying out everyday activities due to emotional/mental health concerns

73% Counsellors felt there were mental health issues present in 73% of youth assessments

*Based on 2019-2020 information from the former Addictions Foundation of Manitoba

Manitoba has some of the highest mental health and substance use and addictions needs in the country.#

During 2020, almost 1 in 5 Canadians 12 years old and up reported that they needed some help with their mental health in the last year.#

Young people aged 15 to 24 are more likely to experience mental illness and/or substance use disorders. *

People with a mental illness are twice as likely to have a substance use disorder compared to the general population.*

First Nations youth aged 15 to 24 die by suicide about 6 times more often than non-Indigenous youth.*

The intergenerational impacts of colonization have led to higher rates of mental health problems, substance use disorders and suicide among Indigenous Canadians.^

Stigma continues to be a barrier to accessing services for people with mental health difficulties.

Break the Stigma

2SLGBTQI+ people are more likely to experience depression, anxiety, suicidality and substance use disorders."

#https://www.gov.mb.ca/mh/roadmap.html
* https://www.camh.ca/en/driving-change/the-crisis-is-real/mental-health-statistics
^ https://mentalhealthcommission.ca/resource/mental-health-strategy-for-canada/
" https://www150.statcan.gc.ca/n1/pub/82-003-x/2019011/article/00001-eng.htm

Definitions

Mental health: 'a state of well-being in which the individual realizes his/her/their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his/her/their community' (World Health Organization).

Mental health Fact Sheets from WHO Mental health (who.int)

Mental Illness: is a clinically significant health problem that impacts the way a person thinks about themself and the world, how they behave, and how they relate to others. It can affect a person's thoughts, emotions and behaviours. It may cause some level of distress, suffering, or impairment in one or more life areas such as school, work, social and family interactions, or the ability to live independently. It is diagnosed by a physician or other appropriately licensed medical professional.

Co-occurring disorder: is when a person has a substance use disorder and another mental illness at the same time. This is very common and should be expected in care.

Mental health problem/issue: this is a broader term that go beyond diagnoses and can include symptoms or traits of a mental illness that may or may not meet the criteria for a formal diagnosis.

Categories of Mental Illness

Anxiety Disorders

- Generalized
- Panic
- Specific Phobia
- Obsessive Compulsive Disorder
- Social Anxiety Disorder

Mood Disorders

- Depression
- Bipolar Disorder

Psychotic Disorders

- Psychosis
- Schizophrenia

Trauma Disorders

- Post Traumatic Stress Disorder (PTSD)
- Trauma

Personality Disorders

- Antisocial
- Borderline
- Narcissistic
- Dependant
- Obsessive Compulsive

Substance Use Disorder

- Alcohol Use Disorder
- Cannabis Use Disorder
- Phencyclidine (PCP)/Other Hallucinogen Use Disorder
- Inhalant Use Disorder
- Opioid Use Disorder
- Sedative, Hypnotic, or Anxiolytic Use Disorder
- Stimulant Use Disorder
- Tobacco Use Disorder

Eating Disorders

- Bulimia
- Anorexia
- Binge Eating Disorder

Other Areas for Clinical Concern

- Self-Harming Behaviour
- Suicidality

Types of Disorders

The individuals we work with may experience different mental health issues including substance use concerns. If you notice any of the below signs and symptoms, there are many strategies you can use to help support the individual. Only engage in those strategies which are within the scope of your role. If you are concerned or require guidance, communicate with other members of the team including counsellors/clinicians and/or the nurse. As a reminder it's important to apply person-centred care and trauma-informed care approaches when working with all individuals. For safety concerns, please address according to your program's policies and procedures.

ANXIETY DISORDERS

Anxiety disorders involve excessive levels of worry and fear and related behaviours that interfere with daily living. Some of the most common types include:

- **Generalized Anxiety Disorder** – overwhelming anxiety and worry about multiple events or activities in life, occurring more days than not
- **Panic Disorder** – recurrent, unexpected panic attacks
- **Specific Phobias** – excessive fear or anxiety about a specific object or situation, which may lead to restricting activities or avoiding objects, places or situations
- **Social Anxiety Disorder (social phobia)** - anxiety about social situations where there is a fear of negative evaluation from others
- **Obsessive Compulsive Disorder (OCD*)** — includes the presence of both
- obsessions (persistent and intrusive thoughts, urges or mental images) and compulsions (repetitive time-consuming behaviours aimed at preventing or reducing the anxiety)

Signs and Symptoms May Inlcude:

- Panic attacks
- Irritability
- Portraying overconfidence/hostility to mask anxiety
- Talking about being constantly worried
- Withdrawing/sharing little information
- Avoiding programming/situations
- Overly relying on another person
- Engaging in rigidly or ritually based repetitive behaviours
- Showing excessive worry or strong fears
- Being restless, tense or irritable
- Physical symptoms including increased heart rate, rapid breathing or shortness of breath and stomach pain
- Having unwanted or intrusive thoughts/ worries

* Obsessive-Compulsive Disorder is now its own category in the Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5) and, while still related, is not listed as a primary anxiety disorder.

Possible Strategies:

- Be calm, empathetic and encouraging
- Encourage deep slow breathing or a grounding exercise
- Listen without judgment
- Encourage them to participate in programming despite anxiety, but acknowledge their feelings
- Know the rules at your site about if/when you can excuse a client from programing or activities
- Encourage self care and support them in using their coping plan
- Don't minimize or tell them to calm down
- Promote the use of regular exercise and good sleep habits
- Don't help them avoid what makes them anxious
- Share the relevant resources available in your program and/or community and ask them to discuss the options with their clinician

Click here for Sample Grounding Exercises.

MOOD DISORDERS

Mood Disorders are mental illnesses that primarily affect a person's mood and emotional state for extended periods of time or "episodes". They also impact a person's cognition and behaviour.

Two common types are:

Major Depressive Disorder (Depression)

The presence of a sad, empty or irritable mood along with physical, behavioural and cognitive changes that significantly impact the person's ability to function. Some of the changes can include:

- An unusually sad mood for most of the day
- Loss of enjoyment in activities previously enjoyed
- Significant unintentional weight gain/loss
- Sleeping too much/too little daily
- Lack of energy/chronic tiredness
- Inappropriate feeling of guilt/worthlessness daily
- Difficulty concentrating/making decisions
- Recurring thoughts of death/suicidal thoughts

Bipolar disorder: The presence of distinct episodes of extreme mood states (depression and mania) often with extended periods of 'normal' mood in between. Symptoms of a manic episode can include:

- Increased energy and overactivity
- Elevated mood
- Needing less sleep than usual
- Irritability or agitation
- Racing thoughts and pressured speech
- Lack of inhibitions
- Grandiosity
- Lack of insight into risks of behaviour

Signs & Symptoms May Include:

- Sadness, tearfulness or crying
- Lethargic or lacking of energy/chronic tiredness
- Being very energetic without stopping
- Talking very slowly or quickly
- Visible weight gain/loss
- Sleeping too much/too little daily
- Talking about feeling of guilt/worthlessness/hopelessness or have unrealistic overconfidence/inflated self-esteem
- Difficulty concentrating or being easily distracted in programming
- Talking about death or have suicidal thoughts
- Length of depressive and manic episodes can vary

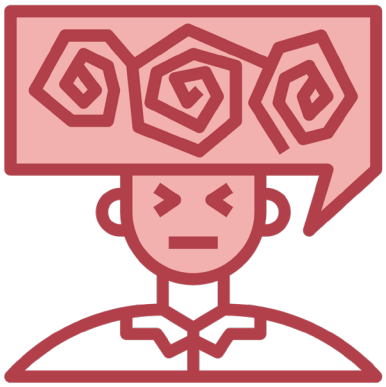
Possible Strategies:

- Be encouraging and empathetic
- Listen without judgment
- Encourage them to participate in programming
- Encourage them to follow through with the small goals for daily activities they have set (e.g. taking a walk, having a shower
- Reduce stressors or overly stimulating situations
- Encourage healthy sleeping and eating habits
- Know the rules at your site about if/when you can excuse a client from programing or activities
- Encourage self care and support them in using their coping plan
- Check if they're suicidal (see below) and watch for other risky behaviours
- Share the relevant resources available in your program and/or community and ask them to discuss the options with their clinician

PSYCHOTIC DISORDERS

Psychosis is a changed mental state where the person has difficulty with understanding what is real and what is not and has disrupted perceptions, cognitions and emotions, which interfere with functioning. Psychosis can occur during specific episodes, or periods of time, but for some it is an ongoing experience they live with.

- **Psychotic episode** – symptoms of psychosis can include delusions, fixed false beliefs and hallucinations, perceiving (seeing, hearing) things that are not actually there. Psychosis can also include disorganized speech and thoughts, and abnormal motor functions/behaviours. A number of mental illnesses can include psychosis as a symptom, including: schizophrenia, bipolar disorder, schizoaffective disorder and substance induced psychosis
- **Schizophrenia** – is one of the most common psychotic illnesses. It includes "positive symptoms" such as hallucinations, delusions and disorganized thinking/memory difficulties. Auditory hallucinations, such as hearing voices, are the most common. It also can include what are known as "negative symptoms" which lead to difficulties in day-to-day activities. These include reduced or blunted emotions and facial expressions, diminished speech, decreases in the ability to start and follow through with activities, lack of ability to experience pleasure and difficulties with socialization. People with schizophrenia can have a lack of insight into their illness and be unaware of their symptoms



Signs & Symptoms May Include:

- Saying things that don't make sense or having bizarre beliefs
- Having difficulty finding words, switch between topics or answer questions with unrelated responses
- Seems to be hallucinating, such as looking at or talking to someone who isn't there
- Talking to themselves or be responding to only things they can hear/sense
- Trying to convince others of their delusions, may be distressed about these beliefs
- Easily frustrated or seem confused or disorganized
- Irritability or angry outbursts
- Difficulty starting activities on their own and following complicated routines
- Experiencing thoughts of harming themselves or other safety risks

Possible Strategies:

- Be calm and relaxed
- Allow some time for venting. Help redirect if the person gets stuck in their thoughts
- Don't try and convince them that their thoughts are irrational
- Empathize with distress/fears without agreeing to the content of delusions. "That must be really upsetting, what things can you do to help cope with those feelings?"
- Help them find a distraction (listening to music, being physically active)
- Support them to communicate with their Clinician about psychotic experiences
- Encourage them to participate one small step at a time, but maintain program rules and boundaries
- Don't provide too many instructions at once and repeat things if necessary
- Encourage self care and stress management
- Encourage them to use their personal coping plans
- Be mindful of your own emotions and reactions
- Share the relevant resources available in your program and/or community and ask them to discuss the options with their clinician

PERSONALITY DISORDERS

Personality disorders involve persistent and inflexible patterns of inner experiences, behaviours, mood, and social interactions that deviate from what is expected and that cause distress to those experiencing them or to those around them.

Some Types Include:

- **Paranoid Personality Disorder –** mistrusts others and suspects their motives are hurtful
- **Antisocial Personality Disorder -** persistently ignores and violates the rights or safety of others, lack of remorse, and difficulty with social rules
- **Borderline Personality Disorder – intense** mood changes, impulsivity, difficulty with interpersonal relationships and unstable self-image
- **Narcissistic Personality Disorder –** sense of being overly important, needing admiration, lack of empathy
- **Dependant Personality Disorder -** excessive need to be taken care of/reassured, clinging to others and fear of separation
- **Obsessive Compulsive Personality Disorder -** (not to be confused with OCD) preoccupation and focus on extreme orderliness, perfectionism and inflexibility

Signs & Symptoms May Include:

- Displaying neediness toward workers and in programming
- Asking for attention at a level that seems higher than average
- Difficulty making decisions/rigid thinking
- Impulsivity
- Ignoring others
- Having difficulty forming relationships with others
- Seeming to purposefully be hurtful to others
- Lack of trust in staff or others
- Difficulty with rules/structure
- Engaging in behaviours of concern to try and get needs met

Possible Strategies:

- Be encouraging and empathetic but firm and consistent
- Set and maintain boundaries – may need to be done repeatedly
- Set limits on your time with them
- Encourage their autonomy, their ability to do things on their own
- Empower them to problem solve on their own, with support as necessary
- Encourage them to participate but enforce program rules re: respectful behaviour, structure and requirements
- Do reinforce rules, without being overly rigid
- Encourage self care and support them in using their coping plan
- Don't take it personally and be mindful of your own reactions
- Maintain relationship boundaries without becoming overly involved with any one individual
- Avoid thinking of behaviours of concern as being manipulative and instead see it as the person trying to have their needs met
- Share the relevant resources available in your program and/or community and ask them to discuss the options with their clinician

EATING DISORDERS

Eating disorders are persistent patterns of thoughts and behaviours that lead to maladaptive relationships with food and eating and that lead to impairment in physical health or social functioning.

The most common types include:

- Anorexia – involves a refusal to maintain normal body weight by restricting food or over exercising. Often feel or are afraid of being overweight regardless of actual weight
- Bulimia – involves periods of binge eating, with a feeling of lack of control, followed by purging (e.g. by vomiting, laxatives, over exercising). Fixation on body weight/ shape
- Binge-eating disorder – involves distinct periods of significant over-eating when not hungry or until uncomfortably full, with a feeling of lack of control. Involves feelings of embarrassment, shame, disgust and guilt

Signs & Symptoms May Include:

- Refusing to eat, count calories, or avoid certain food
- Overeating
- Playing with food, hoard or hide food
- Talking about weight constantly or have fears about same
- Making frequent trips to the bathroom while eating or shortly after
- Having rigid rituals and routines around food and exercise
- Having changes in the person's weight
- Avoiding programming

Possible Strategies:

- Listen calmly without judgment
- Don't minimize fears regarding their weight
- Don't focus heavily on conversations about food
- Be aware of care plan to support to support individual and inform clinician or nurse regarding any concerns observed
- Encourage self care and support the use of their coping plan
- Encourage them to participate in meals and activities
- Share the relevant resources available in your program and/or community and ask them to discuss the options with their counsellor

TRAUMA DISORDERS

Trauma is an event or ongoing situation resulting in extreme stress that overwhelms a person's ability to cope. The responses to these events include intense fear, helplessness and terror. Trauma is both an event and a response to an event. (Adapted from the Institute for Health and Recovery, Massachusetts)

PTSD: Trauma is the experience or series of experiences that takes over an individual's capacity to cope. PTSD is the potential result of trauma. PTSD is defined as falling into the following four categories and resulting in significant distress or symptoms lasting for a month or more:

1. Re-experiencing
2. Avoidance
3. Negative alterations in cognitions and mood
4. High arousal

Signs & Symptoms May Include:

- Recurrent, involuntary and intrusive distressing memories
- Nightmares
- Dissociation (flashbacks)
- Feelings of shame, blame, guilt and stigma
- Feelings of powerlessness or helplessness
- Feeling disconnected from others
- Irritability
- Recklessness (risk-taking)
- Hypervigilance (anxious, on edge)
- Devastating fear; loss of safety or trust
- Difficulty concentrating
- Difficulty sleeping

Possible Strategies:

- Be calm, empathetic and encouraging
- Listen without judgment
- Encourage self care and support them in using their coping plan
- Physical, emotional and cultural safety should be considered from the perspective of those being served
- Be open and honest about decisions and expectations
- A strengths-based approach should be taken at all times
- Encourage the use of grounding strategies to help anchor the person in the present
- Check if they're suicidal (see below) and watch for other risky behaviours
- Deescalate situations by reminding the person you are there to listen and a safe person to talk to
- Foster a sense of physical and emotional safety by allowing for choice, control and empowerment whenever possible
- Share the relevant resources available in your program and/or community and ask them to discuss the options with their clinician

Click here for Sample Grounding Exercises.

SUBSTANCE USE DISORDERS

Substance Use Disorder is an umbrella term that includes a number of specific illnesses in which the person experiences uncontrolled use of a particular substance, such as alcohol or a drug, and has harmful consequences. People with a substance use disorder, a diagnosable condition, will have significant involvement with their substance of choice to the point where it interferes with their ability to function in day-to-day life. A person's diagnosis can be mild, moderate, or severe depending on the number of symptoms. People can also have maladaptive or harmful substance use without meeting all the criteria for a substance use disorder.

Types of Substance Use Disorders.

- Each one is named for the category of substance being used. People can have more than one disorder.
- Alcohol Use Disorder
- Cannabis Use Disorder
- Phencyclidine (PCP)/Other Hallucinogen Use Disorder
- Inhalant Use Disorder
- Opioid Use Disorder
- Sedative, Hypnotic, or Anxiolytic Use Disorder
- Stimulant Use Disorder
- Tobacco Use Disorder

Signs & Symptoms May Include:

- Having cravings and urges to use or being unable to cut down or stop use
- Spending a lot of time getting, using, and recovering from the effects of use
- Neglecting responsibilities such as home, work, or school
- Giving up important social and leisure activities
- Relationship problems
- Irritability, or mood changes
- Changes to sleeping or eating patterns
- Being secretive or using alone
- Using in risky situations or doing risky things
- Tolerance (needing more to get the same effect)
- Withdrawal symptoms such as:

aches and pains, sweating or chills, tremors, nausea/vomiting, agitation, irritability/mood changes, changes in sleep or appetite, runny nose/eyes, seizures, hallucinations

Possible Strategies:

- Be encouraging and empathetic and ask them how you can be a support
- Be non-judgmental and aware of your own bias/stigma
- Encourage healthy eating and sleep habits
- Get training on how to use a naloxone kit and respond to an overdose*
- Support them in using the refusal and craving management skills they have learned
- Help them to respond to triggers using their coping skills and problem solving
- Encourage self care and support them in using their coping or harm reduction plan developed with their clinician or care provider
- Share the relevant resources available in your program and/or community and ask them to discuss the options with their clinician
- Consult to your team about concerns and seek guidance about your role in supporting the individual in relation to their use

* please speak to your supervisor about accessing approved training on naloxone use and overdose response

OTHER AREAS FOR CLINICAL CONCERN

SELF HARM

Also called self injury, it refers to deliberate acts that cause harm to the body, such as cutting, burning or hitting oneself. People who self harm have the expectation that the injury will lead to only minor or moderate physical harm, but are usually not intending to die as a result. Most often the function of the behaviour is to try and cope with or change their emotion, relieve negative emotions or resolve interpersonal difficulties.

Signs & Symptoms May Include:

- Old scarring
- Many bandages/cuts/injuries
- Long sleeves/pants even in warm temperatures
- Talking about self harm behaviour
- Discovery of tools used for self-injury
- Actively engaging in self harm
- Engaging in or talk about other risky behaviours

Possible Strategies:

- Remain calm and avoid appearing shocked
- Listen without judgment
- Talk to understand what the intent or function of the behaviour was (e.g to cope or change feelings)
- Encourage the use of positive coping skills for distress tolerance (e.g. self-soothing, cold water, grounding, distractions)
- Do not minimize the self harm
- Try not to overreact to injuries, offer or seek further medical attention if needed
- If you are concerned about the person's health or safety, consult with your team
- Support them in keeping themselves safe and minimize risks according to a care or safety plan developed by their clinician/care provider
- Share the relevant resources available in your program and/or community and ask them to discuss the options with their counsellor

SUICIDALITY

Suicide is a self-inflicted death (or attempt to die) where the person intended to die. Suicidal Ideation is when an individual is having thoughts of ending their own life. This may include ideation with a plan, where the person is having these thoughts and has started to develop a plan for ending their life. Some people may have ideation without a plan but this can change. The degree or extent of planning can vary, and can range from having vague ideas as to how one might die to having detailed plans with steps in motion and intent to follow through. Oftentimes, a person who has suicidal ideation is experiencing hopelessness about their future/life. There are also other factors that can influence a person's degree of risk, including substance use.

Warning Signs and Risk Factors may include:

- Expressing negative comments about oneself (e.g. "I am worthless") and hopelessness about the future. Having suicidal thoughts, including expressing intent to die by suicide or having a plan to do so
- Saying goodbyes, giving away prized possessions, telling their final wishes to someone or otherwise getting their affairs in order
- Avoiding discussions of future plans
- Having a sudden change in appearance or behaviours, particularly that are out of character
- Using substances/being under the influence can significantly increase risk
- Note that periods of change (e.g after discharge/ transitions in care) are higher risk for individuals

Possible Strategies:

- Notify the clinician or supervisor of any individual suicidality. If the clinician is not available call local Crisis Response Service/Youth Crisis Services. If the person is actively suicidal call local crisis response or 911.
- Please follow your worksite or program specific protocols when working with an individual who is presenting with suicidality (i.e. Shared Health/WRHA Suicide Assessment, Intervention and Monitoring Guideline)
- As a helper it's important to remain calm, be nonjudgmental and empathetic in listening to the person
- Be aware of signs and symptoms and take expressions of suicidal ideation/attempt seriously
- Be direct and specific when asking about suicidal ideation (e.g are you having thoughts of dying by suicide?). Using direct language doesn't increase risk
- Be aware of and avoid stigmatizing language like "committed suicide" or "successful suicide"
- Never promise to keep conversations about suicide a secret (see PHIA re: risk disclosures)
- Be supportive but avoid "silver-lining" their situation or future (e.g don't say "at least ..."), which invalidates their feelings
- Encourage the person to use their safe plan (i.e. My Safe Plan) and to engage with their clinician
- Support the person to access crisis and emergency services when needed. Acting on their behalf to access these services may be necessary in situations with high or imminent risk

Impacts on Helpers

Working with people experiencing mental health issues has an impact on helpers. This can lead to Compassion Fatigue and Vicarious Trauma.

Compassion fatigue is a broad term for a range of reactions that result from providing care to others who are in distress or experiencing psychological or physical pain. The experience of compassion fatigue makes it more difficult to provide care and to complete other tasks.

Vicarious Trauma can also result when providers become traumatized after hearing the stories and witnessing the suffering of clients who have experienced trauma. This is also known as a "trauma exposure response," and can occur when the provider is regularly confronted with traumatic content. Click here for more information.

Both of these concepts are interrelated and can share common signs and symptoms across physical, behavioural and psychological domains.

Signs and Symptoms may include:

- Anger/irritation/sadness
- Jumpiness or hypervigilance
- Exhaustion or sleep difficulties
- Diminished joy or creativity
- Inability to empathize/numbing
- Worry/anxiety/guilt about those you are helping
- Physical symptoms/changes to health (e.g headache, stomachache)
- Intrusive thoughts/images
- Diminished sense of personal accomplishment
- Increased use of alcohol, other drugs or gambling
- Feelings of hopelessness
- Poor boundaries including becoming over involved with certain people you are helping

Watch for impact in various life areas:

- Behaviour changes
- Problems in personal relationships
- Changes to personal values/beliefs
- Reduced productivity or other concerns in the workplace.
- Disruption of worldview

STRATEGIES FOR SELF-CARE

It is important to be aware of possible signs of Compassion Fatigue/Vicarious Trauma and to engage in healthy self-care practices in order to lessen or prevent the impact these can have on us and the work that we do.

Things you can try include:

- Pausing to take several deep breaths/ do mindfulness
- Find ways to make a separation between work and home
- Practice self-compassion and gratitude exercises
- Look after your health (sleep, eating, exercise) and take your breaks while at work
- Look for ways to recognize the good work you are doing (mental recognition)

For more ideas check out the following resources:

CBTm For Healthcare Workers
Compassion Fatigue Awareness Project
Tend Academy – Resources for Helping Professionals
Behaviours of Concern Tip Sheet
Wellness Together Canada
Compassion: Kindness to Self and Others
Contact your respective employee assistance program for information on resources and support available

FURTHER LEARNING

The Shared Health Knowledge Exchange Centre Library has the largest collection of mental health and addictions-related resources in Manitoba. The library contains information on substance use/misuse, gambling, mental health and related issues and also offers up-to-date, reliable information on issues, trends and research in the addictions and mental health field.
Among the topics covered in the library's resources are:

- Co-occurring disorders
- Counselling
- Depression
- Emotions (Anger, Anxiety, Stress)
- Family
- Mindfulness
- Over-the-Counter / Prescription Drugs
- Parenting
- Post-traumatic stress disorder / Trauma
- Treatment / Recovery

Along with the physical collection, which can be accessed at 1031 Portage Avenue, the library has an extensive on-line catalogue of resources. For more on the library, please click here and then use the Knowledge Exchange Centre link at the right of the page.