

What Are Smartphones Doing to Young People?

Last week, the wonderful, CBC radio program [The Sunday Edition](#) featured a discussion between host Michael Enright and guests, psychologist [Jean Twenge](#) and Canadian technology writer [Clive Thompson](#) entitled "[What Are Smartphones Doing to Young People?](#)". Dr. Twenge is the author of [iGen: Why today's super-connected kids are growing up less rebellious, more tolerant, less happy and completely unprepared for adulthood](#) and Mr. Thompson is the author of [Smarter than you think: How technology is changing our minds for the better](#).



They talked about a growing body of data showing that by 2012, about 2 years after smartphones and tablets had saturated the consumer market, research was showing clear spikes in the numbers of teenagers reporting increased loneliness, depression, suicide and self-harming behaviours, as well as decreased reports of happiness and life satisfaction. There remains no clear evidence that any of those challenges are caused directly by cell phone use (or, that any of them directly cause teens to use their phones more often!) but the relationship is now considered to be fact. Until researchers can identify absolute reasons to explain what is happening to our teens, the speakers were left to speculate on their ideas about how the technology might be impacting teens so dramatically.

One possible cause mentioned was that teen users, many of whom spend between 6 and 8 hours each day 'on screens' might be leaving themselves too little time to engage in other activities that actually boost resilience and good mental

health, like having face-to-face interactions and sleeping. It is well-known that sleep has a clear benefit on resistance to stress and depression, and close, intimate relationships provide great personal support. They also discussed how the technology giants behind smartphones and the apps they support are motivated to earn profit and not necessarily to do what is in the best interests of teen users and families.

The speakers offered important tips for parents, including the very basic, but potent direction to simply insist that teens “put it down” and give themselves time to do non-screen activities. They discussed setting daily time limits and tech-free zones, and noted how parents themselves get to make the decisions about at what age they will give their younger children access to their own smartphones and devices. The speakers encouraged parents to be critical consumers of technology themselves and to never forget that they are themselves the primary models their children will look to when seeking examples of hope to use a smartphone.

[Dr. Ian Shulman](#) is a clinical psychologist and is the Clinic Director of Shift Cognitive Therapy + Assessment in Oakville, Ontario.

Shift **Supports**
#TeamUnbreakable

Shift Cognitive Therapy + Assessment is very proud to have supported [Cameron Helps](#), a charitable organization whose goal is to protect youth from anxiety, depression and suicide by fostering lifelong exercise through running. Over the past few months, a group of teens attended an after-school program at the [Oak Park Neighbourhood Centre](#) where they



were paired with local runners in a 12-week, learn-to-run program. The group built their endurance, with twice-weekly practice runs, and then competed in the Unbreakable Bold and Cold 5K Run for Youth Mental Health on November 27, 2016. Shift was proud to assist the [#TeamUnbreakable](#) runners by sponsoring the admissions fees for a group of at-risk youth.

More than ever before, we know that exercise is vital to overall health and to good mental health. Research consistently shows that people who exercise regularly have fewer symptoms of depression, anxiety and anger. They have lower rates of psychiatric conditions and report feeling like they have better social connections, another important factor in maintaining good emotional health.

Even small amounts of regular exercise offer big benefits for mental wellbeing. Exercise can restore normal mood when depressed or anxious and because exercise itself is a stressor on the body, regular 'doses' of it leave the body better able to cope when stressful challenges occur in daily life. Exercise also increases the brain's production of serotonin, a neurotransmitter known to be strongly related to anxiety and depression.

[Support #TeamUnbreakable and Cameron Helps](#) in their efforts to promote mental and emotional wellbeing in youth – and get out

and exercise!

Introduction to Mindful Living

Next Group January 15 – February 19, 2015

Take a step toward a greater quality of life with a seasoned teacher and cultivate your understanding of the basic principles of living mindfully. Over six weeks, our Intro to Mindful Living program guides participants through a variety of mindfulness practices in an open and supportive environment.



The workshop covers:

- How to bring mindful awareness into everyday life
- How to contain worries and be present in the moment
- Tools for coping with adversity and life's challenges

The course is open to all adults – no previous experience with mindfulness or meditation is required. Because mindful living reduces stress and the tendency to get stuck in automatic

patterns of upsetting thoughts, it is especially helpful for people struggling with anxiety, depression post-traumatic stress, anger, chronic pain and grief.

Registration:

\$300.00 (Covered by most extended health benefit plans.)

Our next group will run on Thursday evenings, from 7 – 8 pm, starting January 15 through to February 19, 2015.

Call the office at 905-849-1288 for information or to register.

www.shiftct.com

Shift Cognitive Therapy Oakville is a psychology practice that helps people learn to manage anxiety, stress and depression.

Genetic Testing for Postpartum Depression



The [Toronto Star](#) recently reported that “a simple blood test” done early in a woman’s pregnancy may soon be able to detect DNA changes that predict postpartum depression. According to the article, a study recently published in the journal *Molecular Psychiatry* examined blood samples of 93 pregnant women and found that approximately 80% of those who would later go on to develop postpartum

depression shared a sensitivity to changes in estrogen at the level of their genes (that is, in their DNA). Estrogen, labeled by [some](#) as “the big kahuna” of the female hormones, is produced by both the ovaries and the placenta and is vital to pregnancy – basically, no estrogen means no pregnancy. The obvious implications of the research are that [help for depression](#) can be provided to women who are at risk *before* it settles in.

Postpartum depression is [more serious](#) than the typical “baby blues” that can occur within hours of delivering a baby, but requires no treatment and usually resolves within hours or days. Symptoms of postpartum depression can last longer and be more severe. It can also develop into a full-blown, [major depression](#), which raises the risk of other depressive episodes throughout the lifespan.

The [US National Institute of Health](#) estimates that 1 in every 10 women may develop symptoms of postpartum depression in the year after childbirth.

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Call Shift Cognitive Therapy for non-medication help with depression in Oakville.

[Rethinking Depression](#)

This month, [CBC Radio One](#) has been airing a thought-provoking, 3-part series entitled “Rethinking Depression” on its program [Ideas](#). With the help of a number of local and world-renowned experts in the field, producer Mary O’Connell explores what we know – and what we think we know – about [depression](#) and the medications we use so often to treat it. The patient and interested listener (the entire series runs for three hours) will be rewarded with some really fascinating but often not well-publicized facts about the social, commercial and political factors that are conspiring to make psychotropic medications “a \$20billion per year industry worldwide” and have led the World Health Organization to predict that depression will be the second leading caused of global disability by 2020. This series is well worth the time to listen to!

[Listen to part 1 here.](#)

[Listen to part 2 here.](#)

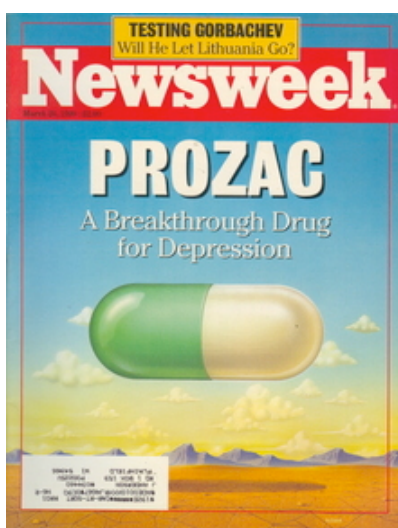
[Listen to part 3 here.](#)

Some tidbits from the series...

Up until the 1950s, depression affected only about 1% of the population, and that was mostly middle-aged women. Back then, the term was used almost exclusively to refer to the serious condition that left sufferers barely able to function and often suicidal. However, in 1963, when pharmaceutical giant Hoffman-La Roche introduced its minor tranquilizer Valium, huge numbers of people began to use it to address their own

'symptoms' of feeling blue and overwhelmed. Whereas previous psychiatric drugs had mostly been reserved for use with the seriously mentally ill, Valium was seen as something any adult could use, just to 'take the edge off' everyday life. In 1966, The Rolling Stones wrote about its widespread acceptance in "Mother's little helper" and its cultural relevance grew as it increasingly found its way into popular movies and television.

A second major societal shift that further increased the appearance of higher rates of depression occurred in 1980, with the publication of the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), the so-called 'bible' every North American mental health provider relies on to distinguish what is and isn't a psychiatric condition. Political infighting between the various high-powered authors resulted in the decision to lump into a single category both the major depression that truly incapacitated its sufferers and the milder, 'reactive depression' that resulted when people struggled to manage difficult life events and felt distressed, but were still able to go to work every day and function reasonably well. Suddenly, the size of the market for a medication that took away distress increased dramatically.



While effective as a sedative, Valium wasn't a great option for elevating low mood and it had some undesirable side effects as well. Pharmaceutical giant Eli Lilly resolved those problems when they brought Prozac to market in 1988. Compared to Valium, Prozac was easy for physicians to prescribe and monitor, and it was easy for consumers to take. It was quickly hailed as a breakthrough and a 'magic bullet' for depression. Prozac worked specifically on the neurotransmitter serotonin, and the pharmaceutical industry and its marketing partners insinuated

and gradually solidified the idea that depression was the result of a chemical imbalance in the brain. Even though that idea has little empirical support it is still widely held to be true. It may be that the so-called Serotonin Hypothesis of depression is more a marketing coup than a scientific fact.

Some estimate that 75% – 80% of the effects of antidepressant medications may be due to placebo, meaning that the belief that the medication is helping to reduce symptoms may be more powerful than the medication itself. Noticeable impacts on other serotonin-related systems within the body (eg, sexual function, bowel function, and attention) may give the appearance that the drug is doing something, but scientists are still actively struggling to understand what the SSRI class of medications (that includes Prozac, Paxil, Celexa, Cipralex, Luvox and Zoloft) actually do. What is not under debate is the fact that huge amounts of money are available to be made as rates of depression continue to rise and as categories of users continue to expand. According to the series, senior citizens, children and teens are in the fastest growing group of antidepressant users in the past 10 years and manufacturers are now re-working their formulas for use with animal populations as well (see www.reconcile.com).



One of the more challenging aspects of the series is the realization that as a society, we have medicalized unhappiness and other normal emotions. It invites us to question whether we're better off for it, or if we might be shortchanging ourselves over the long-term by stepping away from the opportunities for positive growth that can come from personal struggle. What if depression and rumination can teach us how

to function more effectively the next time a problem arises, much in the same way that we voluntarily expose ourselves to the flu viruses in the fall to inoculate ourselves against them over the winter? What if suffering can lead us to change dysfunctional aspects of our lives, perhaps through treatments like [cognitive therapy](#), which is effective and has lower relapse rates than medication.

Rethinking Depression is an excellent documentary series and well worth the time.

Click [here](#) for other information on managing depression.

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[Students Highly Stressed: TDSB Survey](#)

The [Toronto District School Board](#) recently released the findings of their 2011-12 Student Census (click [here](#) to download the survey) and the results suggest that a majority of students may be struggling with anxiety and depression. Believed to be the largest survey of its kind in Canada, the census explored how students feel about their in- and out-of school experiences and their general well-being. Almost 90% of all Toronto students in grades 7 through 12 (103,000 students) participated in the survey.

The study revealed that 63% of grade 7 and 8 students and 72%

of those in high school felt nervous or anxious often or all of the time. Fully one-third of Toronto high schoolers reported feeling under a lot of stress and about three-quarters said they felt tired for no reason and struggled to concentrate and make decisions (see the table below). A significant source of their worry was how things might be in the future.

Student Experience	Grades 7 – 8	Grades 9 – 12
Tired for no reason	58%	76%
Difficulty concentrating	56%	76%
Difficulty making decisions	56%	72%
Nervous/anxious	63%	72%
Under a lot of stress	40%	66%
% reporting All The Time/Often		

These symptoms our teens and tweens are reporting are some of the same symptoms present in [depression](#) (follow [this link](#) for a complete list from the Canadian Mental Health Association), a debilitating condition that can develop when we feel unable to cope with prolonged stress. The results are upsetting because they suggest that while we're giving our kids so many opportunities, we're not teaching them enough about how to manage with the challenges and demands of everyday life.

[Cognitive behaviour therapy](#) is an important and effective tool in the fight against depression.

Rates of Depression and Anxiety Rising in Ontario Young Adults

Findings released recently in the [Monitor](#) survey published by the [Centre For Addiction and Mental Health \(CAMH\)](#) revealed interesting facts about the mental health of young adults in Ontario. The latest findings, from 2011, come from the reports of more than 3000 adults in the province.

While the survey looked at the entire adult age range, the findings suggest that the group between the ages of 18 and 29 years may be struggling the most. For example, this group reported experiencing greater psychological distress than any other age group in the weeks just before the survey. And, while all age groups showed a trend of increased use of anti-depressant and anti-anxiety medications over time, this group had the greatest increase (see table below).

RATES OF MEDICATION USE AMONG 18 – 29 YEAR OLD ADULTS

	<u>1997</u>	<u>2011</u>	<u>Percentage Increase</u>
Anti-Depressant Medications	2.0%	7.2%	360%
Anti-Anxiety Medications	1.7%	5.8%	341%

Unfortunately, statistics can't tell us why young adults are

reporting more distress or taking medications to cope so much more often. It may be that the stigma around acknowledging our feelings is decreasing and young people feel more comfortable telling it like it is, but it might also be that life just feels tougher, especially for this group, which is facing higher costs for post-secondary education and fewer job prospects than the generations who came before them.

Medications are only one option for treating depression, anxiety and stress. Cognitive behaviour therapy (CBT) is another and has been shown to be as or more effective than medication, especially when it comes to preventing relapse. CBT teaches skills to help manage depression and anxiety, like learning how to become more aware of and challenge 'invisible' thought patterns that can lead to feelings of hopelessness and being overwhelmed. CBT also helps people learn how to go about the process of changing behaviour to make their efforts at coping more effective.

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[Understanding Depression](#)

Almost everyone uses the words "I'm depressed" to describe how they are feeling from time to time. However, used in this way what it means is often unclear, referring to anything from

feeling down or 'blue' to being stressed or run down. It is often the way people describe their feelings when they are not even sure what it is they are feeling (e.g., "I'm just not feeling like my usual self. Maybe I'm depressed?"). Everyday feelings of depressed mood become problematic when they interfere with normal functioning and last for at least two weeks. Clinical depression can affect both the body and mind, changing how a person thinks and behaves, and how his/her body functions. It can disrupt some of the body's most basic systems, making the person feel unwell.

Signs and Symptoms of Depression:

- Feeling worthless, helpless or hopeless
- Overwhelming feelings of sadness or grief
- Sleeping more or less than usual
- Increased alcohol and drug use
- Staying home from work or school
- Eating more or less than usual
- Difficulty concentrating or making decisions
- Loss of interest in usual activities
- Decreased sex drive
- Thoughts of death or suicide.

Causes of Depression

There is no single cause of depression. Rather, a number of factors make some people more prone to it than others. These include upsetting life events, a genetic or family predisposition and psychological factors, like a negative or pessimistic view of life. Depression tends to recur. Between 50% and 85% of people who have had one episode of depression will experience others in their lifetime.

Effects of Untreated Depression

People who are depressed cannot simply "pull themselves together" and feel better. They often delay seeking treatment because of concerns that having those feelings means they are

giving up or are weak. These beliefs are untrue. In fact, more than 17% of American adults will experience depression at least once in their lifetime¹ and the World Health Organization lists depression as the 4th leading cause of disability worldwide². Untreated, depression can interfere with relationships and one's ability to function at work, and can increase the chances of drug or alcohol addiction. In severe cases it can also result in suicide. Without treatment clinical depression can last for months or years.

Systems Affected by Depression:

- Sleep-wake cycle
- Hormonal system
- Stress response system
- Immune system
- Gastrointestinal system

Notes:

1 Blazer, DG, Kessler, RC, McGonagle, KA, & Swartz, MS. (1994). The prevalence and distribution of major depression in a national community sample: The national comorbidity survey. The American Journal of Psychiatry, 151, 979-986.

2 Depression. Retrieved June 26, 2008, from www.who.int/mental_health/management/depression/definition/en/