



THE TADDLER

Do You Suffer from Nomophobia?

By: Anseh Dibaji, Lead Social Worker

"All men's miseries derive from not being able to sit in a quiet room alone" - Blaise Pascal

Do you suffer from smartphone separation anxiety? If so, you may have a case of nomophobia (an abbreviation of "no mobile phone phobia"). It may be difficult to know if your smartphone use is problematic. You may have heard of some people talking or writing about their experience of going on a "digital detox" or "smartphone fast" due to a perception of having an addiction to their devices. For those who can afford to have a smartphone, it can quickly become an indispensable and irresistible tool of instant gratification. We now use our smartphones more than computers to access the news, weather, maps, emails, texts, music, to watch videos, order food, network socially, video chat, make purchases, play games, etc. It may not be the tool itself that is problematic, but the fact that it connects us to the Internet and provides access to an endless amount of apps, and functions as a mini "slot machine" in our pockets.

Tristan Harris, a former Google employee, suggests that social media apps are conceived and engineered to be addictive. He notes the techniques that designers employ for apps are akin to gambling. Users continue to obtain rewards by unceasingly checking their smartphones and seeing notifications, similar to gamblers who continually pull the lever of a slot machine anticipating a payout. The slot machine and smartphone operate on a variable reinforcement schedule; we do not know when we will be rewarded with the prize or a notification.



Research suggests that there are similar neurobiological responses between compulsive smartphone use and addiction to substances. Some research looking at MRI scans of brains monitored the activity in the nucleus accumbens (the reward centre of the brain). The researchers were interested in seeing how social media use affected the brain and they found that the reward centre of the brain was often more activated after receiving positive social media feedback. Smartphones give us the ability to connect, and as social animals, we need and crave connection. We have a neurotransmitter called dopamine that is associated with reward-motivated behaviour. When we receive a notification because someone "liked" a Facebook post, we get a dopamine hit and associate the dose of pleasure with the use of the smartphone and the app, and understandably, we seek more of it. A tech designer by the name of Loren Brichter developed the pull-to-refresh mechanism, used to update apps like Twitter.

In This Issue:

Mental Health Corner: Do You Suffer from Nomophobia	1
Senior Eyecare	4
What to Know About Travel Vaccines	6
Vitamins That Can Be Harmful	7
Measles: What You Need to Know	8

Regular

What's Happening at Taddle Creek FHT?	4
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Cont'd on page 2

Cont'd from page 1 (*Do You Suffer from Nomophobia?*)

In one interview, Brichter notes that “pull to refresh is addictive, Twitter is addictive...When I was working on them, it was not something I was mature enough to think about....I have two kids now and I regret every minute that I am not paying attention to them because my smartphone has sucked me in”.

Problematic smartphone and Internet use affects children, youth and adults. A CAMH survey in 2016 found that 86% of Ontario students visit social media sites daily and about 16 % spend five hours a day or more on social media. Another study from the US found that young people who relinquished their phones found that they performed worse on mental exercises when they were in “withdrawal” and experienced physiological symptoms like increased blood pressure and heart rate.

Interestingly, the youth in the study also felt a sense of loss of their extended self (their phones). Our phones may well have become an extension of ourselves; it would explain why they go everywhere with us and why some people report anxiety when their phone battery is low or experience the phenomenon of phantom phone vibration. According to the 2013 Mobile Consumer Habits Study conducted by Harris Interactive in the US for the mobile company Jumio, 12% of respondents reported that they use their smartphone in the shower and 9% reported using it while having sex. Most disturbing was that 55% reported using their smartphone while driving and we know that distracted driving is a major contributor to collisions.

There is enough research to support the theory that compulsive smartphone use is highly correlated with depression and anxiety, while some would argue that it is more than a correlation. A research study published in the journal *Clinical Psychological Science* by Jean Twenge and colleagues looked at screen time use in adolescents in the US between 2010-2015. They found a significant relationship between increases in depression and suicide and the rise in new media screen time. The authors specified that no other variables, including the economy, family finances, peer pressure or homework could explain the dramatic increase in mental health issues during that time. Famously, Steve Jobs, co-founder of Apple and creator of the iPhone, did not let his kids have iPads and had strict limits on screen time and the use of technology in his home.

Do you know how often you use your smartphone? Increasingly, we can use technology to track and limit our use of technology. In 2018, Apple announced a new feature for the iPhone called Screen Time, which tracks usage and allows the user to set parameters. There are other tracking apps as well. Your life is what you pay attention to and what you practice grows. It may be interesting to take an inventory of how much you are using



your phone and why. Does your phone go into the bedroom? Is your phone the last thing you look at before bed and the first thing you check upon waking? Do you scroll when in a grocery line-up or while waiting to order coffee? Do you have your phone on the table during meals? Have you experienced phantom phone buzzing in your pocket? When you pick up your smartphone, are you aware that you are doing it? There are no right or wrong answers, and clearly, it is not your fault if you do have a hard time disconnecting from your device. It is important to acknowledge that our culture has a profound discomfort with quiet and stillness. Constant distraction and interruption is encouraged and there is pressure to be digitally connected 24/7, which increases stress, anxiety, and is detrimental to our sleep.

Cont'd on page 3

Cont'd from page 2 (Do You Suffer from Nomophobia?)

What may be a personal addiction to technology has societal implications with regards to our collective mental health, how our children and youth develop, how we view relationships, and our democracy. In this day and age, it is indeed a radical act of self-care to consciously disconnect from our devices, “hack” our internal human operating system and implement better boundaries with regards to how we use technology.

References:

Carbonell, Xavier & Panova, Tayana (2017) A critical Consideration of Social Networking Sites' Addiction Potential. *Addiction Research & Theory*, 25:1, 48-57, DOI: 10.1080/16066359.2016.1197915

Centre for Addiction and Mental Health. (2016). *One-third of Ontario students report elevated psychological distress, CAMH survey shows*. Retrieved from: http://www.camh.ca/en/hospital/about_camh/newsroom/news_releases_media_advisories_and_backgrounders/current_year/Pages/One-third-of-Ontario-students-report-elevated-psychological-distress.aspx

Clayton, Russell B. & Leshner, Glenn & Almond, Anthony (2015). The Extended iSelf: The Impact of iPhone Separation on Cognition, Emotion, and Physiology. *Journal of Computer-Mediated Communication*, 20, 119-135. <https://doi.org/10.1111/jcc4.12109>

Dar, Meshi & Morawetz, Carmen & Heekeren, Hauke (2013). Nucleus Accumbens Response to Gains in Reputation for the Self Relative to Others Predicts Social Media Use. *Frontiers in Human Neuroscience*, 7, 439, DOI: <https://doi.org/10.3389/fnhum.2013.00439>

Ghose, Tia (2015). What Facebook Addiction Looks like in the Brain. *Live Science*. Retrieved from: <http://www.livescience.com/49585-facebook-addiction-viewed-brain.html>

Harris, Tristan (May 18, 2016). How Technology is Hijacking Your Mind – from a Magician and Google Design Ethicist. *Medium*. Retrieved from: <https://medium.com/thrive-global/how-technology-hijacks-peoples-minds-from-a-magician-and-google-s-design-ethicist-56d62ef5edf3>

Hughes, Nicola & Burke, Jolanta (2018). Sleeping with the Frenemy: How Restricting 'Bedroom Use' of Smartphones Impacts Happiness and Wellbeing. *Computers in Human Behavior*, 85, 236-244 DOI: <https://doi.org/10.1016/j.chb.2018.03.047>

Lewis, Paul (October 6, 2017). “Our Minds Can Be Hijacked”: the Tech Insiders Who Fear a Smartphone Dystopia. *The Guardian*. Retrieved from: <https://www.theguardian.com/technology/2017/oct/05/smartphone-addiction-silicon-valley-dystopia>

Panova, Tayana & Lleras, Alejandro (2016). Avoidance or Boredom: Negative Mental Health Outcomes Associated With Use of Information and Communication Technologies Depend on Users' Motivations. *Computers in Human Behavior*, 58, 249-258. Retrieved from: https://www.researchgate.net/publication/290788504_Avoidance_or_boredom_Negative_mental_health_outcomes_associated_with_use_of_Information_and_Communication_Technologies_depend_on_users'_motivations

Rodriguez, Salvador (July 11, 2013). Most Adults Always Have Smartphone Close by, 1 in 10 Use it During Sex. *LA Times*. Retrieved from: <https://www.latimes.com/business/technology/la-fi-tn-smartphone-nearby-1-in-10-use-during-sex-20130711-story.html>

Twenge, Jean M., Joiner, Thomas E., Rogers, Megan L. & Martin, Gabrielle N. (2017). Increases in Depressive Symptoms, Suicide-Related Outcomes, and Suicide Rates Among U.S. Adolescents After 2010 and Links to Increased New Media Screen Time. *Clinical Psychological Science*, 6, 3-17. <https://doi.org/10.1177/2167702617723376>



Senior Eyecare (Part 2 of a series)

By: Bruce Prouty, Pearle Vision Owner
and member of TC FHT's SAVI (Senior Advisory
Volunteer Initiative) Committee

Aging and loss of close vision, what can be done?

As we get older, why is it that so many of our friends need glasses to see close up? Even those who never had glasses before? We all get stiffer and somewhat weaker as we get older. With age, the natural ability of the eye to focus on closer items also weakens. I used to tease my dad when he was reading the paper, as he had to hold it further and further away to see the print.

So what can you do? Your first step is your yearly trip to the optometrist's office. The optometrist will determine what level of reading assistance you need, after a careful examination of the health of your eyes. Like your yearly dentist appointment, there is a fee for your eye exam, however OHIP coverage begins at age 65. Your prescription can include a set of simple reading glasses, bi- or trifocal eyeglasses, or the newer progressive and computer glasses.

What do progressive lenses do differently?



A bifocal lens has a little line on the lens. Above the line you can see far, below the line you can read up close. The bifocal lens has two fixed focal points, a trifocal lens has three fixed focal points. Unfortunately, the lines make you look a lot older than you might want to be thought of. A progressive lens starts with your distance prescription at the top, and through the magic of modern algorithms and computer-controlled lens grinding machines, the distance prescription is "progressively" changed through a narrow mid-range viewing corridor (computer distance) to your reading prescription at the bottom of the lens. You can always find a place to focus on something at any distance. This is why I switched from just using readers. I now wear glasses all the time, but I am never looking for them and I can always find a way to focus on something at any distance.

Cont'd on page 5

WHAT'S HAPPENING AT TADDLE CREEK

By: Sherry Kennedy, Executive Director

This column lets you know about TC FHT programs, events and announcements.

Programs

Please refer to the table at the end of this newsletter for an outline of TC FHT's Groups/Workshops offered in Spring 2019. For some you need a referral and for others you simply need to contact the number provided. These are also posted on our website calendar (<http://taddlecreekfht.ca/patients/event-calendar/>).

As promised in my last column, here are the 2018 Quality Improvement Plan (QIP) results:

Measure	Target/ Outcome	Comments
% of patients, 65 and over, tapered and/or stopped benzodiazepines or Z-drugs	Target: 21% Outcome: 67%	Pts who have tapered or stopped over fiscal 2017 & 2018 Retiring for fiscal 2019
% of pts, 18 and over, screened for poverty	Creating baseline	First year 2018. Continuing for fiscal 2019
% of pts who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) involve them as much as they want to be in decisions about their care and treatment	Target: 96% Outcome: 96%	2018 Patient Survey Data. Continuing for fiscal 2019.
% of pts able to see a doctor or nurse practitioner on the same day or next day, when needed	Target: 83% Outcome: 77%	2018 Patient Survey Data. Continuing for fiscal 2019.
% of pts with diabetes, aged 40 or over, with two or more glycated hemoglobin (HbA1C) tests within the past 12 months	Target: 65% Outcome: 59%	2018 Patient Survey Data. Continuing for fiscal 2019.

Cont'd on page 5

WHAT'S HAPPENING AT TADDLE CREEK

Cont'd from page 4

Measure	Target/ Outcome	Comments
% of pts with medication reconciliation in the past year	Target: 39% Outcome: 21%	Current performance is for the 'Pts receiving MedRec within 14 days after discharge from hospital for mental health conditions when discharge summary received within 7 days.'
		Continuing for fiscal 2019.
% of those hospital discharges (selected conditions) where timely (within 48 hours) notification was received, for which follow-up was done (by any mode, any clinician) within 7 days of discharge	Target: 60% Outcome: 54%	TC FHT will be modifying this indicator for 2019 to be for any condition.

We have some work to do and hope to see improvement with our change ideas planned for 2019. Our 2019 QIP, along with a narrative, is available on our website (<http://taddlecreekfht.ca/about-us/quality-improvement-plan/>).

The 2018-19 TC FHT Patient Care Survey results are in. The survey was sent to 13,594 patients (patients with an email in our electronic medical record) and 1728 patients completed it. A sincere thank you to those of you who completed the survey. Your comments provide insight into how we can better serve you and how we can improve your patient experience.

In addition to survey results reported in the QIP above (3 & 4), other quantitative results are as follows:

- 80% always or often were greeted warmly upon arrival
- 82% always or often could contact the office by telephone easily
- 84% always or often when calling office, with a non-urgent medical concern, during regular office hours, got an answer on the same day
- 91% always or often can book an appointment within a reasonable time
- 92% always or often have a reasonable wait time when in the office
- 94% always or often when calling office, with an urgent medical concern, during regular office hours, got an answer on the same day

We are proud of these results but noted from comments that there are still areas for improvement.

Announcements

I am happy to announce, since my last column, that there have been no resignations (and thus, no new hires). We welcome the return of our dietitian, Julia Stanislavskaja. Julia returned from maternity leave in Dec 2018.

*Cont'd from page 4 (Senior Eyecare)***Are all progressive lenses the same?**

No. They all work the same but the newest algorithms and manufacturing techniques give a much wider field of vision, a smoother transition between far and near, and remarkable clarity.

We all use computers now, what are those computer lenses I hear of?

They are called progressive lenses. They are designed to give you the widest band of vision for working at the computer, reading your newspapers/books or performing hand work, but there is a compromise. Computer lenses let you see well within 7 feet, but they must be left at your desk when you go get a coffee. There is little to no distance. It is a great new product, but only great for desk or hand work. Also ask about the new Blue Tech material. It provides great protection from the intense blue light that we are all putting our eyes on when using our computers, phones, iPads and our flat screen TVs. A very comfortable option!

Is there anything else we should consider?

Yes. Look for eyeglasses that are deep. You want the most amount of reading area possible, and for that, you need depth.

Consider a pair of polarized glasses for driving or going out on the boat. They are the best sunglasses available. If you enjoy just being outdoors, consider a pair of transition lenses that will darken and/or polarize in the sun. Remember though, they do not change in a car. The car window filters out the UV light that is necessary to make transitions darken.

There is a lot to consider. Start with an eye exam with your optometrist!



What to Know About Travel Vaccines

By: Mona Bella Yacapin, Registered Nurse



If you and/or your family are planning to travel outside of the country, be sure to check if your vaccinations are up to date. Travelling to another country can put you and your family at risk of vaccine-preventable diseases, some of which have already been eradicated in North America. You should ensure with your health care provider, at least 6 weeks before your travel date, that your routine immunizations are up to date. Giving enough time to review each person's immunization history will provide you with sufficient time to get any necessary vaccines and build immunity. Depending on your destination, age and travel activities, you may need additional vaccines in order to be protected from specific illnesses in the country to which you are travelling. Whether the purpose of your travel is for business or leisure, the last thing that you want to have happen is to get sick. Please note that **travel vaccines and travel advice are not covered by OHIP.**

The following vaccines are not covered by OHIP:

- Hepatitis A
- Hepatitis B
- Japanese Encephalitis
- Typhoid
- Yellow Fever

The government of Canada has created a booklet to help Canadians travelling outside of the country. The booklet contains important information to keep you in good health. You can access the booklet at: travel.gc.ca.

With enough knowledge and preparation, you can protect yourself from unexpected health hazards while travelling.

Taddle Creek

Diabetes
Education
Program

Do you have a story about diabetes that can help or encourage others? We would like to hear from you.

One of the most powerful tools in managing diabetes is information. Although our diabetes team can provide medical information, your lived experience is equally as powerful.

We are looking for people who would like to share their personal journey with diabetes. This could be about your difficulties and challenges or about successes and pleasant experiences living with diabetes. We welcome creativity so do not feel limited. We will accept anything from a poem to a story or any way you feel is appropriate for you to share. The purpose of this is to help other people living with diabetes to feel supported, encouraged and most importantly, not alone.

If you are interested, please e-mail us your story, up to 500 words. We will choose the top two pieces to be published in the diabetes newsletter and the Taddle Creek Family Health Team Newsletter (The Taddler). The winners will also receive a \$75.00 grocery store gift card.

Please send all submissions to jzupan@tcfht.on.ca by Sept. 1, 2019.

Vitamins That Can Be Harmful

By: Joanna Peddle, Nurse Practitioner

Vitamins are substances found in food and we need them for normal metabolism. All vitamins, except Vitamin D, need to be eaten, as they cannot be made by our body. These days, you can find vitamins added to many foods, including vitamin water and your breakfast cereal. Water-soluble vitamins can generally be tolerated at high doses, with a few exceptions. Fat-soluble vitamins (A, D, E, K) have an increased risk of toxicity because they are stored in fat cells.

Most of our daily vitamin requirements can be met with a healthy and balanced diet, along with some sunshine or Vitamin D supplements. If you choose to supplement your diet, here are some vitamins to keep in mind, which may be harmful to your health:

- High levels of Vitamin A can increase the risk of heart disease, bone fractures and lung cancer in adults with a history of smoking or asbestos exposure. Also, in pregnancy too much Vitamin A can cause birth defects.
- Vitamin D, the sunshine vitamin, taken over 4000 units per day, may cause elevated levels of calcium. Too much calcium in your blood can weaken your bones, create kidney stones, and interfere with how your heart and brain work. Please consult www.osteoporosis.ca for guidelines on recommended Vitamin D intake.
- Vitamin C is abundant in citrus fruits and many vegetables. Research shows that supplements do not help prevent cancer, heart disease or even the common cold virus. Vitamin C can slightly ease the symptoms and duration of the common cold, making it half a day shorter. They should still be taken with caution, as high levels of Vitamin C supplements increase the risk of kidney stones, can cause nausea, diarrhea, bloating and heartburn, and interfere with the stool test used for colon cancer screening.
- Vitamin E supplements have not been found to be effective in preventing heart disease, cancer, dementia or infection. High doses of Vitamin E, above 400 units per day, may actually increase the risk of dying. Also, individuals taking anticoagulants, like Warfarin, should not take Vitamin E supplements due to their synergistic effects.
- Vitamin B6 taken in excess can result in numbness and tingling of hands and feet, rashes, sensitivity to light, dizziness, and nausea
- Biotin (Vitamin B7) has not been found to be harmful in high doses. However, taking the supplement may interfere with blood test results for thyroid function, as well as other blood tests. Make sure you tell your primary care provider if you are taking these supplements.



- Vitamins are not miracle cures
- Taking large amounts can be harmful because we only need small amounts
- Eating fruits, vegetables and whole grains will supply the body with the right amount and balance of vitamins
- Vitamins do not replace a healthy diet, but if your diet is inadequate, a multivitamin may be helpful
- Vitamins are often recommended during pregnancy, breastfeeding, if alcohol intake is above recommended levels, and in the elderly

References:

Hamishehkar, H., Ranjdoost, F., Asgharian, P., Mahmoodpoor, A. and Sanaie, S. (2016). Vitamins, Are They Safe? Advanced Pharmaceutical Bulletin. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5241405/>

Fairfield, K. M. (2019). Vitamin supplementation in disease prevention. UpToDate. Retrieved from: https://www.uptodate.com/contents/vitamin-supplementation-in-disease-prevention?search=vitamins&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1

Measles: What You Need to Know

By: Shauna Sturgeon, Nurse Practitioner

Measles is a highly contagious virus that spreads easily through the air. In an unprotected population, 9 out of 10 people will become infected.

Measles is transmitted by tiny droplets when an infected person coughs, sneezes or breathes. The virus can survive in the air or on surfaces for up to two hours. **An infected person is contagious five days before and four days after the appearance of a measles rash, so they can spread the virus before they know they are sick.**

Initial symptoms of measles include high fever, malaise and decreased appetite, followed by conjunctivitis (pink eye), runny nose and cough. About 2-4 days after the fever starts, a bumpy rash starts on the face and neck and spreads to the whole body. On lighter skin, the rash will appear bright red.

About 30% of people infected with measles will develop complications such as vomiting and diarrhea, ear infection or pneumonia. About 1 in 1000 people with measles will develop swelling of the brain called encephalitis, which can lead to death. Measles virus can also cause suppression of the body's immune system, making it more difficult for the body to fight off other infections for up to 3 years after a measles infection.

Before the introduction of the measles vaccine, over two million measles-related deaths occurred annually worldwide, the majority were children under 5 years of age. Measles vaccination has been a routine practice in Canada since 1970. Measles vaccine is very safe and serious side effects are extremely rare.

Canada uses a 2-dose vaccination schedule, which offers 97% protection against measles virus. Getting fully vaccinated can protect you against measles and will also protect people who cannot receive the vaccine, such as infants under 6 months, pregnant women and people who have a weakened immune system (e.g. patients undergoing treatment for cancer or other serious illnesses).

Without adequate vaccination, we are all at risk. In Canada in 2011, one case of measles in a returning traveller led to 678 people being infected with measles. There have been two recent measles cases in the GTA in returning travellers in the last month and there are ongoing outbreaks of measles in many parts of Europe and the United States. The disease continues to be endemic in many areas where access to vaccines is limited.

Measles vaccine is FREE and can be accessed by making an appointment with the RN, NP or your physician. If you are unsure of your vaccination status or would like to know more, please make an appointment at your earliest convenience.



People who should receive MMR vaccine:

- All children on or after their 1st birthday and at age 4-6 years
- Persons born after 1970 who have not yet received any vaccine
- Persons born after 1970 who have received a single dose of MMR vaccine or a booster dose of measles only

Cont'd on page 9

Cont'd from page 8 (Measles: What You Need to Know)

- **Any person who is uncertain of their vaccination status**
- Infants aged 6 months or older who may be travelling to an endemic area or an area where there is a current measles outbreak*
- Preschoolers who may be under age 4 but will be travelling to an endemic area or an area where there is a current measles outbreak**

*If an infant receives a dose of MMR vaccine before their first birthday, they are still required to have two doses on or after their first birthday.

**See your health care provider for more information

People who should NOT receive MMR vaccine:

- Pregnant women
- Persons that are taking medications that weaken the immune system and cannot receive live vaccines
- Persons who have certain health conditions that cause a weakened immune system and who have been advised not to receive live vaccines
- Allergy to neomycin or any vaccine components

References:

https://www.uptodate.com/contents/measles-epidemiology-and-transmissionsearch=measles&source=search_result&selectedTitle=3~150&usage_type=default&display_rank=3#H

<https://www.who.int/news-room/fact-sheets/detail/measles>

<https://www.who.int/emergencies/ten-threats-to-global-health-in-201915294464>



THE TADDLER

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DISCLAIMER

The information presented in The Taddler is for educational purposes only and should not be used as a substitute for the professional advice, treatment or diagnosis from your health care provider. Contact your physician, nurse practitioner or other qualified health care professional if you have any questions or concerns about your health.

**The purpose of the TC FHT Newsletter,
"The Taddler" is to provide:**

Education on varied health-related topics
Regular communication about what is happening at TC FHT
Information on issues that impact TC FHT and its patients
A means for patients to get acquainted with TC FHT team members
We hope you enjoy reading it!

**The Taddler is not for private marketing purposes*

Taddle Creek Family Health Team
May 2019 – December 2019 – Groups/Workshops/Drop-In Offerings
Groups/Clinics are open to TC FHT patients
For additional information, go to <http://www.taddlecreekfht.ca/events-calendar>
Dates are subject to change

Event	Date(s)	Time	Learn About/Assistance With
CBT for Anxiety Group (CAMH) 790 Bay, Suite 306 Call 416-260-1315 Note: MD referral needed	Tuesdays Sep 10 – Nov 26	5:30pm – 7:30pm	<ul style="list-style-type: none"> To understand the physiology of anxiety To learn cognitive behavioural therapy (CBT) strategies and skills To examine how our thoughts and beliefs are connected to our mood, behaviours, physical experiences and to events in our lives To be able to identify, evaluate and balance distress-related thoughts To learn techniques for relapse prevention
	Thursdays Sep 12 – Nov 28	2:30pm – 4:30pm	
CBT for Depression Group (CAMH) 790 Bay, Suite 306 Call 416-260-1315 Note: MD referral needed	Wednesdays Sep 11 – Nov 27	2:30pm – 4:30pm	<ul style="list-style-type: none"> To learn cognitive behavioural therapy (CBT) strategies and skills To examine how our thoughts and beliefs are connected to our mood, behaviours, physical experiences and to events in our lives To be able to identify, evaluate and balance distress-related thoughts To learn techniques for relapse prevention
	Wednesdays Sep 11 – Nov 29	5:30pm – 7:30pm	
CBT for Insomnia Workshop 790 Bay, Suite 306 Call 416-260-1315 Note: MD referral needed	Aug 7, 2019 All-day workshop	9:30am – 4:30pm	<ul style="list-style-type: none"> Learn about how cognitive behavioural therapy (CBT) is used when treating insomnia Learn techniques to help you get quality sleep that will promote good physical and mental health Understand how our minds and thoughts contribute to insomnia Practice mindfulness to reduce stress and help you get to sleep
	Nov 22, 2019 All-day workshop	9:30am – 4:30pm	

Single Session Drop-In (Mental Health Support) 790 Bay, Suite 306 726 Bloor, Suite 207	Fridays	9:00am – 12:00pm	<ul style="list-style-type: none"> Feeling sad or anxious Relationship issues Parenting issues Violence or safety issues Adjusting to new diagnosis Bereavement Managing stress Workplace or school issues Assistance with accessing government services Major life changes or transitions Note #1: No appointment is necessary Note #2: You will be seen on a first come/first served basis
	Tuesdays	1:15 – 3:15pm	
Assertiveness Workshop 790 Bay, Suite 306 Call 416-260-1315 Note: MD referral needed	Sep 13, 2019	9:30am – 4:30pm	<ul style="list-style-type: none"> This is a workshop for people who are passive, aggressive or passive-aggressive, or who bounce back and forth between these options, and who want to gain a practical understanding of what it means to be assertive, as well as some assertiveness skills. This is not a group for people who struggle with being violent or abusive.
Lifestyle Balance Group 790 Bay, Suite 508 Call 416-260-1315 Note: MD referral needed	Mondays Sep 23, 2019 – Mar 30, 2020 10 Sessions only Every 2 – 3 wks apart	5:00pm – 7:00pm	<ul style="list-style-type: none"> Reach and maintain a healthy balance between eating, physical activity and emotional eating Learn essentials of nutrition and exercise Recognize and manage emotional eating

DIABETES GROUPS ARE FOR PEOPLE REGISTERED WITH THE DIABETES PROGRAM & LIVING WITH DIABETES			
Diabetes Do It Yourself Group 790 Bay, Suite 508 Call 416-204-1256	May 16 May 29 Jun 6 Jun 19 Jul 4 Jul 17 Aug 1 Aug 14 Sep 5 Sep 18 Oct 3 Oct 16 Nov 7 Nov 20 Dec 5 Dec 18	5:00pm – 7:30pm 9:00am – 11:30am 5:00pm – 7:30pm 9:00am – 11:30am 5:00pm – 7:30pm 9:00am – 11:30am 5:00pm – 7:30pm 9:00am – 11:30am 5:00pm – 7:30pm 9:00am – 11:30am 5:00pm – 7:30pm 9:00am – 11:30am 5:00pm – 7:30pm 9:00am – 11:30am 5:00pm – 7:30pm 9:00am – 11:30am	<ul style="list-style-type: none"> • The basics of diabetes self-management • Healthy eating, getting active and setting achievable goals • Maintaining healthy changes
Let's Talk Diabetes Group 790 Bay, Suite 508 Call 416-204-1256	May 30 Jun 27 Jul 25 Aug 29 Sep 26 Oct 31 Nov 28	5:00pm – 7:00pm 5:00pm – 7:00pm 5:00pm – 7:00pm 5:00pm – 7:00pm 5:00pm – 7:00pm 5:00pm – 7:00pm 5:00pm – 7:00pm	<ul style="list-style-type: none"> • Diabetes self-management skills by engaging in open, meaningful discussions about living with diabetes from others living with diabetes • Common myths about diabetes
Let's Get Moving – Diabetes Exercise Workshop 790 Bay, Suite 508 Call 416-204-1256	Jun 17 Sep 17 (3m follow-up)	1:30pm – 3:30pm 1:30pm – 3:00pm	<ul style="list-style-type: none"> • Discuss the benefits and barriers to being more active • Attend 4 FREE exercise classes with a fitness specialist at the Miles Nadal JCC • Measure your blood sugar, blood pressure and cholesterol at the beginning and at the end of the group series to monitor your progress
Supermarket Safari – Diabetes Group 790 Bay, Suite 508 Call 416-204-1256	Jun 20 Sep 10 Dec 12	5:00pm – 7:00pm 5:00pm – 7:00pm 5:00pm – 7:00pm	<ul style="list-style-type: none"> • Reading food labels and packaging • Best food choices for diabetes management • 60 min grocery store tour
Your Path to Prevention Workshop 790 Bay, Suite 508 Call 416-204-1256	May 7 (YPTP 1) Jun 11 (YPTP 2) Jun 18 (YPTP 1) Jul 9 (YPTP 2) Jul 16 (YPTP 1) Aug 13 (YPTP 2) Aug 20 (YPTP 1) Sep 17 (YPTP 2) Sep 24 (YPTP 1) Oct 22 (YPTP 2) Oct 29 (YPTP 1) Nov 19 (YPTP 2) Nov 26 (YPTP 1) Dec 10 (YPTP 2) Dec 17 (YPTP 1)	5:00pm – 7:00pm 5:00pm – 7:00pm 5:00pm – 7:00pm 5:00pm – 7:00pm 5:00pm – 7:00pm 5:00pm – 7:00pm 5:00pm – 7:00pm 5:00pm – 7:00pm 5:00pm – 7:00pm 5:00pm – 7:00pm 5:00pm – 7:00pm 5:00pm – 7:00pm 5:00pm – 7:00pm 5:00pm – 7:00pm 5:00pm – 7:00pm 5:00pm – 7:00pm	<ul style="list-style-type: none"> • Learn what prediabetes is and how it is diagnosed • Learn how to prevent or delay diabetes with healthy eating and physical activity • Set achievable goals and learn how to maintain changes • One-on-one visit offered in 6 months with a Registered Dietitian or Registered Nurse for additional support and to review your goals
Happy Feet – Diabetes Group 790 Bay, Suite 508 Call 416-204-1256	May 22 Aug 6 Nov 6	9:00am – 11:00am 5:00pm – 7:00pm 9:00am – 11:00am	<ul style="list-style-type: none"> • Tips and techniques for daily self-foot care • Preventing foot complications • Choosing the right shoes • Identifying problems/concerns with your feet
Intuitive Eating Group 790 Bay, Suite 508 Call 416-214-1256	Wednesdays Sep 11 – Oct 23, 2019 Reunion Jan 22, 2020	5:00pm – 7:30pm 5:00pm – 7:30pm	<ul style="list-style-type: none"> • Creating a healthy relationship with food, mind and body • Getting in touch with your body's signals of hunger, fullness and satisfaction • Mindful meditation and relaxation exercises • Strategies to cope with anxiety, depression, stress, fear and guilt around managing diabetes