



# Aionkwatakari:teke

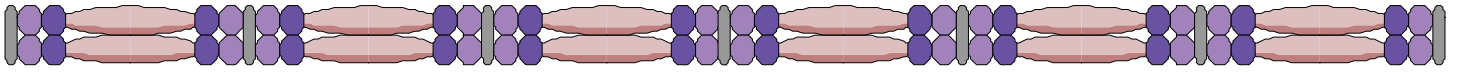
(A-YOU-GWA-DA-GA-RI-DE-GEH)

*"For us to be healthy"*

Vol. 21, No. 1

Kahnawake's Only Health and Wellness Newsletter

Tsothóhrha / December 2015



## INSIDE THIS ISSUE

Midwinter.....	3
Don't Be Afraid To Ask.....	4-5
Resources.....	5
Teen Mental Health.....	6
Kanien'kehá:ka.....	6
Regional Health Survey.....	7

Encore! The Sistema Music Program.....	8
How To Choose The Safest Toys.....	9
Words Are Powerful.....	10
Surviving Your Semester.....	11
KSDPP Tips For Winter Activities.....	12

## Aionkwatakari:teke

Aionkwatakari:teke is a newsletter published six times a year by Communications Services of Kahnawake Shakotia'takehnhas Community Services (KSCS). Our purpose is to provide information on health and wellness issues that affect Kahnawa'kehró:non. All community members are welcomed and encouraged to submit articles provided that they are comprehensive to the general public, informative and educational. Slanderous material will not be accepted. Views expressed in the articles may not necessarily reflect those of KSCS. We reserve the right to edit all articles. All questions concerning this newsletter should be directed to:

**The Editor**  
**Aionkwatakari:teke**

P.O. Box 1440  
 Kahnawake, Quebec JOL 1B0  
 Tel: 450-632-6880  
 Fax: 450-632-5116  
 Email: [kscs@kscskahnawake.ca](mailto:kscs@kscskahnawake.ca)  
 (Attention: newsletter editor)

Editor/Layout/Design, Marie David  
 Executive Publisher, Derek Montour

Proofreading:  
 Beatrice Taylor  
 Winnie Taylor



**Contributors:**

Blair Armstrong, Regional Health Survey  
 Janice Beauvais, Kahnawake Education  
 Center  
 Aden Cosgrove  
 Melissa Jean Deer, Kahnawake Schools  
 Diabetes Prevention Project  
 Chris Leclair, Kahnawake Education  
 Center  
 Valerie Loft  
 Gina Montour Delaronde, Kateri Memorial  
 Hospital Centre  
 Tyson Phillips  
 Beatrice Taylor

This newsletter is intended to complement, not replace, the advice of your health care provider. Before starting any new health regimen, please see your doctor.

## Editor's Notebook



**T**his issue is packed with articles around mental wellness, including a personal account of a family member's suicide. We've included resources for people who may be experiencing mental health issues during the holidays; however, the numbers are good all year round.

There are also articles about the music program in the community's schools, advice about how to tackle your end-of-semester deadlines, advice about choosing safe toys for kids and advice on how to be active during the winter months and more!

We hope you enjoy this issue. All of us here at KSCS want to wish you a safe and happy holiday. In the words of John Lennon "Imagine all the people, living life in peace."

*Sken:nen,*  
*Marie*



*Aionkwatakari:teke held a reader survey over the summer months. We want to thank everyone who participated, whether on hard copy or online. Deidra Whyte was the lucky winner of the mini-iPad and five other people won Shop Kahnawake certificates for their time. Niya:wen ko:wa.*

*Mini-iPad winner Deidra Whyte and Communications Team Leader, Doug Lahache. Photo: Marie David.*

*Cover illustration: "The Naming" by Brad Bonapart. Used by permission from the Native North American Travelling College in Akwesasne.*







## Midwinter

BY BEA TAYLOR, PREVENTION

In the Haudenosaunee Confederacy, each year begins with Sha'teiohserí:hen, also known as the Midwinter Festival. The Bigheads (also known as our uncles) will go to houses (upon request) in the community to “clean out” the house and also to “stir the ashes.” This is the time when the Bigheads would let you know that Midwinter was coming and to prepare for it.

Sha'teiohserí:hen is determined by the moon cycles; Midwinter begins five days after the 13<sup>th</sup> new moon, making this the only ceremony that you can predict by the calendar. Midwinter consists of four main ceremonies that take place over the course of four to fourteen days. The length depends on which Nation you live in.

Midwinter is a time for celebration and renewal. In the old days, we were celebrating the meat that the hunters were bringing back to the people and giving thanks to the animals who gave their lives to clothe and feed us. At this time, we renew our medicines and babies born since the end of harvest receive their Onkwehon:we names.

It's also a time for forgiveness and letting go of negative issues that may have happened to us during the year and to give thanks to the Creator for allowing us to live one more cycle of ceremonies. Last but not least, it is a chance for us to rekindle our spirits when we stir the ashes.

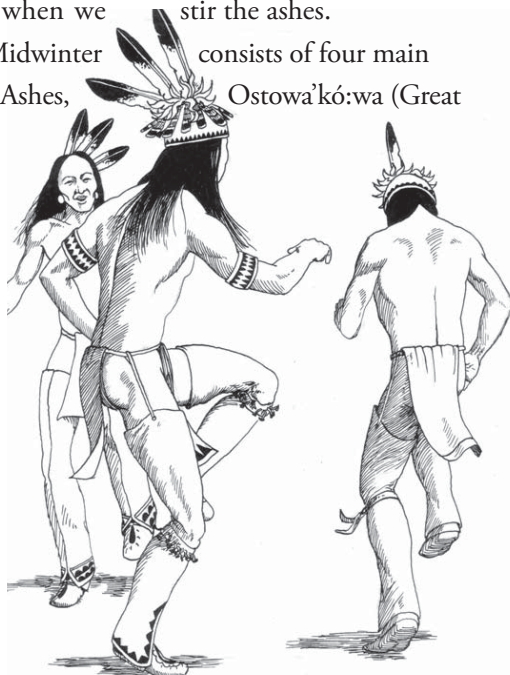
In Kahnawake, Midwinter consists of four main ceremonies: Stirring Ashes, Ostowa'kó:wa (Great

Feather) Dance, Aton:wa (Men's songs, Naming Ceremony and reinstatements) and Kaientowá:nen (Bowl Game). Depending on which Longhouse you attend, additional ceremonies may include medicine renewals and the White Dog ceremony. Some of our sister Nations offer dream interpretation which is a ritual that helps people to interpret what medicines/ceremonies they may need to bring balance to their lives.

The Faithkeepers and the people who will be running the ceremonies determine which dances will be done on each day. The availability of singers is a factor in determining which dances are done as not everyone knows the songs for every dance. The dances that are done throughout Midwinter include the Women's Dance, Drum Dance, Life Supporters, Thunder Dance, Stomp Dance, the Corn, Bean and Squash Dance, and the Sun Disk rite. The birth of children to come is also asked for during Midwinter, to help renew the cycle of life.

The Midwinter is a time for us to honour the Creator by holding these ceremonies and playing the Bowl Game. Our lives have become so hectic these days; Midwinter gives us a chance for us to spend some time together and to take the time to appreciate what the Creator has given us.

*Source of information: Darrell Shakowennnahawe Thompson and Mike Kanathohare MacDonald*



*Illustration by  
Kahonionhses  
Fadden and  
Six Nations  
Indian  
Museum. Used  
by permission.*



## Don't Be Afraid To Ask

BY TYSON PHILLIPS, COMMUNICATIONS

*Alana Atwin reached out to Aionkwatakari:teke a few months back. She had made the difficult and courageous decision to tell the story of her sister's suicide. Then...we didn't hear from her. By chance, Tyson Phillips ran into Alana and she told him she was having trouble getting what she wanted to say down in black and white. She still wanted to tell the story, to let others know they are not alone. Tyson offered to interview her. What follows are Alana's words, with help from Tyson. - the editor.*

"That'll never happen to me,' I said to myself after reading through emails at work and seeing occasional training offered for ASIST (Applied Suicide Intervention Skills Training) that was being offered to the community. I used to think, 'Why do they offer that? It doesn't seem to happen very often to require so many people to be trained in that area.'" Alana's voice was soft as she remembered.

"Suicide was a topic that was so remote, so far away, something that happened to other people in other places," she continued. "I realize how much of a problem it is in some Onkwehonwe communities but never thought it would hit home. Literally. On July 8<sup>th</sup>, 2015, my 22-year-old sister committed suicide. My beautiful, compassionate, kind, loving, happy sister, Kasey, made a decision to end her life," Alana explained.

Alana's father is Maliseet from the Kingsclear First Nation reserve in New Brunswick. Alana and her mother lived there until she was six-years-old. After her parent's divorce, she moved to Kahnawake with her mom but

maintained a close relationship with her father, who later remarried. Then, in 1992 her sister Kasey was born.

"I loved being a big sister again and visited as much as I could. As Kasey entered her teens, we saw each other more often. I brought her to Montreal and took her to her first concert - Britney Spears," Alana said with a smile.

When Kasey was nine, her mother passed away after a short illness. "At first, we were so amazed at her strength but as she got older, it took its toll," Alana admits. "Kasey was open about her depression and severe anxiety attacks that would paralyze her, often making her unable to leave her room to go to school, go out with friends, or go to work. But we never thought it was that bad," she paused.

Alana's voice is soft as she continues. "She loved to laugh, did really well in school and was so proud of herself. She adored her nieces and nephews and was so dedicated to her friends that she often helped them through dark times and told them they could get through it. Her relationship with our father was something

to be admired. They always leaned on one another when they needed to."

Kasey graduated high school and became a Personal Support Worker, which is similar to a Home Care Worker. A few weeks before she died, Kasey graduated with a Certificate in Marketing and Business Management. Everything seemed fine and she was making plans for her future and talking about a business she dreamed of opening to offer services to the community. When Kasey's father found her, there was no suicide note.

Alana wants to get the message out that if you are worried about someone's mental health, start with asking the person if they're OK. "Mental illness is not something to be afraid of. We have to get rid of the stigma that mental illness means a person is 'crazy.' Someone who is depressed or suicidal, or both, is not crazy. They need help. If someone seems like they are having difficulty getting through the days, or even if they don't, don't be afraid to talk to them, and take their answers seriously. If they're not ok, they'll probably tell you," she said. "It's important to have that conversation



*Alana Atwin and Kasey Atwin. Photo courtesy of Alana Atwin.*

and even more important to know how to help them. Even just being there to support them and seeing that they get professional help are steps in the right direction. Anytime anyone mentions something about depression, my guard goes up. Once you've been affected by suicide, the fear is everywhere. It becomes a part of your reality."

After Kasey's passing, a few community members approached Alana and told her they know what she is going through as they lost a loved one to suicide. "Knowing that I'm not alone is helping me to heal and I've had conversations with people who are worried about their own or a loved one's mental health," she said. "I'm hoping I can be there for them to let them know that they're not alone. And by talking about

it with me or someone else, they're doing the right thing," she paused.

"My world changed when my sister died. I'm learning more about mental health; I took some of the training KSCS offered during the Spirit of Wellness month. Suicide is preventable. Don't be afraid to ask how someone is doing if you are worried about them, and most of all, don't be afraid of their answer. You might help to save their life."

If you or someone you know needs help, contact KSCS at 450-632-6880. KSCS also offers Applied Suicide Intervention Skills Training (ASIST) periodically through the year and the trainings are posted on our website [www.kscs.ca](http://www.kscs.ca). You can also read more about opening up the dialogue around suicide in *The Suicide Chronicles*, a series that ran in *Aionkwatakari:teke* from the December 2014 issue until October 2015.

## Resources

### In Quebec

For a Suicide crisis (from anywhere in Quebec)

1-866-APPELLE

1-866-277-3553

(24 hours a day, 7 days a week)

Gay Line (from anywhere in Quebec)

1-888-505-1010

(7 P.M. – 11 P.M.)

For youth who need support:

Kids Help Phone (from anywhere in Canada)

1-800-668-6868

(24 hours a day, 7 days a week)

Tele-Jeunes (from anywhere in Quebec)

1-800-263-2266

(24 hours a day, 7 days a week)

Suicide Prevention Hotline:

514-723-4000 (Montreal)

450-699-5935 (Chateauguay region)

911 in Montreal

### In Kahnawake:

Kahnawake Peacekeepers

On-call (at night, weekends, holidays)

450-632-6505

Kahnawake Shakotii'atkehnhas

Community Services

P.O. Box 1440

Kahnawake Mohawk Territory,

J0L1B0

450-632-6880

[www.KSCS.ca](http://www.KSCS.ca)



## Teen Mental Health

BY VAL LOFT, PREVENTION

Teenagers are making choices that will affect their future and these choices can be influenced by their mental health. Mental health is a term used to describe one's mental state. Good mental health is achieved by finding balance in all aspects of life — handling stress, balancing school and relationships, physical health and nutrition — all come into account, but reaching a balance takes time and practice.

Teenage brains continue growing until their early 20s. The parts of the brain responsible for controlling impulses and planning ahead are among the last to mature. The brain is especially susceptible to addiction and mental illness during adolescence because it is directly tapped by reward, which has a stronger influence in decision making and forming habits.

Anxiety, depression, bipolar disorder, obsessive compulsive disorder OCD, and eating disorders are some serious mental illnesses that can appear in adolescence. Mental illness is not the person's fault; it is a medical condition that can be treated.

Uncontrolled anxiety is a common mental illness in teens. Anxiety is a normal biological reaction to an imminent event or an uncertain outcome, but for some, feelings of nervousness can become overwhelming. Some teens have a fearful reaction to events that might not be dangerous. For example, teenagers might experience anxiety at home interacting with siblings and parents,

this depends on how the teen interprets the situation. In the classroom; teens might feel like they are constantly being filmed. Social acceptance at this age is important because teens are moving away from their dependence on parents toward eventual independence. Teens seek opinions and recognition from their peers, making school a major source of anxiety for some. What we see is that “People are disturbed not by things, but by the views they take of them” (Epictetus)

Helping a teen who is struggling with anxiety is possible. Talk to them about it, ask teens how they feel and help them label their emotions, this helps them know that it's ok to have feelings and its ok if they happen again. Learning some relaxation techniques such as breathing, self-massage, and positive self-talk will help a teen to get through a feared situation and not to avoid it. Learning more about a topic can help lower anxiety by being prepared to face it. Keeping track of instances that anxiety levels were notably high will help deciding on treatment options.

With good parenting and support, people living with a mental illness can live normal and fulfilling lives. Parents can find resources, supports, or coping strategies that allow them to parent effectively, even under stress. Protective factors are conditions or attributes in individuals, families, and communities which, when present, increase the health and well-being of children and families. Spending time with family, making educational goals, and creating healthy relationships are some examples of protective factors. For any questions or concerns, contact KSCS.

### Resources

*Epictetus (55-135), Greek Philosopher, the quote was noted during a youth and anxiety workshop at KSCS this year.*

*Understanding and Working with Teens, article, 2015, [www.lsuagcenter.com](http://www.lsuagcenter.com)*

*Canadian Mental Health Association, website, 2015, [www.cmha.ca](http://www.cmha.ca)*

*National Institute of Mental Health, [www.nimh.com](http://www.nimh.com), article, 2011, *The Teen Brain: Still Under Construction**

## Kanien'kehá:ka

Kahwá:tsire	Family
Io'kerén:'en	It is snowing
Iohsa'kenserá:ien	Frost on the ground, windows, and other objects
Iontkahri'tákhwa	Toys
Waterennotha'shón:'a	Musical instruments
Ohserà:se	New Year's Day





# Regional Health Survey

BY BLAIR ARMSTRONG, RHS

The Regional Health Survey (RHS) needs your help. The RHS represents a unique opportunity to conduct research in the community that will help Onkwata'karitáhtshera, Kahnawake's One Health and Social Service Agency, to identify the current health situation in our community. The data will be returned to the community in compliance with the ownership, control, access and possession (OCAP) principle.

This means Kahnawake will have its data housed within the community, making it available for future projects, research, etc. The data belongs to the community of Kahnawake. But we can't do it without you.

The RHS was launched in the community in April 2015 by Onkwata'karitáhtshera. Onkwata'karitáhtshera selected a Community Coordinator to coordinate the ten surveyors needed to conduct the surveys in the community and also to act as a liaison with the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) who is responsible for the RHS throughout Quebec.

Here is some information regarding the RHS process in Kahnawake as of October 31, 2015:

- The RHS has had a total of 16 surveyors canvassing the community; all surveyors hired for this process are members of Kahnawake.
- We require a total of 616 surveys to complete this process. The 616 is broken down into four age groups (0–11 years old, 12–17 years old, 18–54 years old and 55+).
- As of early November, a total of 171 surveys have been completed (27.8% complete). We are looking to complete another 445 surveys by the end date of the process, which is March 31, 2016.

- The survey has a very strict methodology. We have randomly chosen 77 males and 77 females from each of the four age groups to make up the sample size required. A second list of names was also selected in each of the four age groups to act as a reserve list, names from this list are moved to the respondents list when a refusal is received.

For the purpose of this survey, it was determined by the RHS Steering Committee that names were not necessary. A random identification number was assigned to each respondent, this number is then used in place of the respondents name in the survey, and therefore, it cannot be tracked back to the respondent as no identifying information is included with the survey.

When this process is completed, the data contained with these surveys will be used to generate a report by the FNQLHSSC.

We are asking all community members to consider completing a survey if they receive a telephone call from one of the 10 surveyors and to encourage your family members and friends to complete the survey should they receive a telephone call. The results of this survey will go a long way to help the community in the future for planning, services and programming.

For any information, please contact the RHS Community Coordinator Blair Armstrong at 450-632-6880 or by email at [blaira@kscskahnawake.ca](mailto:blaira@kscskahnawake.ca).



# Encore! The Sistema Music Program

BY JANICE BEAUVAIS, KEC

The Encore! Sistema after-school music program began in 2012 after a group of students from Fine Arts Core Education (FACE) School located in Montreal, performed a fundraising concert at the St. Francis Xavier Mission.

The Kahnawake Education Center was approached by Theodora Stathopoulos, FACE's school music educator. Negotiations to create an after-school music program began. The Kahnawake Education Center — along with past funding from the Caisse Populaire Kahnawake and current funding from Brighter Futures — helped to subsidize these programs.

Encore! Sistema is currently in its fourth year for students at Kateri and Karonhianónhnha Schools. Students from Grades 2–6 have the opportunity to play the violin or cello and participate in an orchestra. Traditional singing — including the background knowledge of the song's origin — and fiddle playing with community elders makes this program unique.

The after-school program is housed at Karonhianónhnha School. It is comprised of students from both Karonhianónhnha and Kateri Schools which runs Monday to Thursday at Karonhianónhnha School. Approximately, 33 students are enrolled in this program. Many of them have been attending this program for the past three years. The dedication of the students and their parents is evident as this program requires a commitment of several hours a week and transportation from the parents.

I'll never forget the first time I saw the students play. They performed for their peers in the gym at Karonhianónhnha School. The students played a short piece, all in tune. They were very proud as they stood tall and performed. I cried as I witnessed this; it was such a moving experience. Music has a way of touching your heart.

Just this past September, we incorporated Encore! Sistema into Kahnawake Survival School (KSS). This after-school program involves the study of wind instruments (flute,

clarinet, trumpet trombone, tuba and saxophone). There are approximately 12 dedicated students who attend this program four days a week, two hours a day. This program is expected to grow each year as more instruments will be included and the popularity grows.

“The design of the program directly meets numerous social and educational objectives by providing young people with an opportunity for cultural and artistic achievement and serving as a direct solution to problems such as bullying and violence,” explained FACE music educator Theodora Stathopoulos. “By actively engaging youth and children in a daily, after-school, community-focused activity. Encore! Sistema builds an inclusive network through which these students may develop resiliency, social capital, and the sense of accomplishment that stems from hard work, both as individuals and as a collective.”

We are very thankful to Theodora Stathopoulos who is also the director of this afterschool initiative. The FACE Board helped find funding to subsidize KSS afterschool program. I'm anticipating my first visit to KSS to witness our students engaging in music. I am confident that this program will be as successful as at our elementary schools.





# How to Choose the Safest Toys

BY GINA MONTOUR DELARONDE, KMHC

As Christmas time comes upon us many people may be shopping for the perfect gift for their loved ones. Some people are easy to shop for while others on your list may require a little more thought or money.

Children are usually on everyone's gift list whether they are a close family member, extended family or part of a Secret Santa gift exchange through a school or community charity.

This article would like to address how to choose the safest toy for that special child in your life. According to Health Canada the Toys Regulations define a toy as: "a product that is intended for use by a child (under 14 years of age) in learning or play."

**Pricier doesn't mean better!** Toys are a tool to help kids develop but parents nurture that growth. The most important thing a parent can do is to supervise play. Some of the best toys are relatively cheap in price and durability.

**Always read labels to make sure a toy is age appropriate.** There are many factors that should be used when choosing the toys you wish to purchase. Age levels for toys are determined by safety factors, not intelligence or maturity.

Toys go through a wide variety of testing before being sold to the consumer. The Consumer Product Safety Program of Canada administers and enforces tests such as drop test procedure, push/pull test procedure, suffocation hazards, strangulation hazards, sharpness and puncture hazards, hearing damage hazards and other mechanical



hazards. These are standardized tests that attempt to expose a toy to conditions of reasonably foreseeable use by a child. Some general guidelines to keep in mind when shopping for toys include:

- Toys made of fabric should be labeled as flame resistant or flame retardant.
- Stuffed toys should be washable.
- Painted toys should be covered with lead-free paint
- Art materials should say nontoxic.

Each year, kids are treated in hospital emergency departments for toy-related injuries across North America. Accidents involving toys usually happen when a young child plays with a toy that is meant for an older child. Choking is a particular risk for kids ages three or younger because they tend to put objects in their mouths.

Examples of safe toys for babies may include a nursery mobile, mirror, ring-stack, push-pull toys. For toddlers, some examples are balls, shape sorting toys, mechanical toys and role playing toys like a kitchen or construction table.

For pre-schoolers, some ideas are arts and crafts, blocks and construction sets, puzzles and objects for pretend play.

For school-aged children toys like a jump rope, card and board games, musical instruments and science toys are great ideas. These toys are age appropriate and allow the child to develop their fine motor skills as well as encourage problem solving skills and hand-eye coordination. Have fun shopping for the perfect gift.

Health Canada Consumer Product Safety Office can be reached at 1-866-662-0666 toll free within Canada and the United States or at [cps-spc@hc-sc.gc.ca](mailto:cps-spc@hc-sc.gc.ca) for further safety related information or product recalls.



# Words Are Powerful

BY ADEN COSGROVE, PREVENTION

**W**ords are powerful and can mean different things to different people. It's important to consider what we say and how we say it and the impact that words can have on other people. Currently, Canada's statistics state that

- Twenty per cent of people will experience mental illness in their lifetime (CMHA, n.d.).
- One of five people living in Canada will experience a mental health or addiction problem (CAMH, n.d.).
- An estimated 4.5 million people living in Canada will experience a mental illness (CMHAA, n.d.).
- Only 50% of people in Canada would disclose to a friend or co-worker that they have a family member who has a mental illness.
- However, 72% said they would disclose that a family member had cancer (CAMH, n.d.).

## What does this mean?

Stigma is another thing people with mental illness face on top of managing their symptoms, discrimination within the healthcare system, and sometimes a loss of family, friends, and supports.

However, we can all make a difference by informing ourselves about mental illness and changing our language and the way we talk about it. People living with mental illness should not be afraid to talk about their illness and get the right supports. They should be treated equally.

In many places in Canada, talking about mental illness is taboo but this is a conversation we should be having. We need to protect the rights of people with mental illness, stand up for them when the opportunity presents itself, educate others, and create awareness.

We should refer to a person as a person who has/lives with/experiences/has been diagnosed with a mental illness and not define a person as an illness.

Explained another way, a person is not a schizophrenic, they are a person who has been diagnosed with schizophrenia (Ha, 2013).

## Respect goes a long way

It's important when you speak to someone that you choose your words carefully, you don't know what that person is experiencing. According to the National Institute for Mental Health, 90% of people who die by suicide have mental illness (Ha, 2013).

For this reason, it's even more important for people to educate themselves about mental illness, create awareness of the issue, and stand up against abusive language towards mental illness. For example, when someone says "that person was a real psycho", or "loony bin", this is abusive language

and could be hurtful for someone who experiences mental illness. (Rose et al., 2007). This language implies that someone who has a mental illness should be institutionalized.

Stigma against mental illness exists

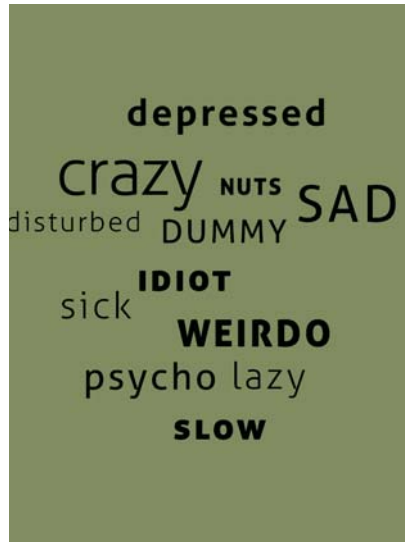
in the workplace. Eighteen per cent of people who work in Canada report being diagnosed with depression (CMHAC, 2008). Instead of thinking that someone is lazy, we should think about what that person is experiencing. A person who is constantly late, appears really tired, doesn't do much at work, and who isolates themselves from their co-workers could be displaying depressive symptoms. Only

a doctor or psychiatrist should diagnose someone with depression; however, it's important to realize that certain behaviors at work could be signaling depression, anxiety or other mental health symptoms.

## What can we do?

We can check in with that person, ask them how they are doing, and tell them we care. The person may or may not open up but they now know that you are someone who cares about them. When the time comes that they want to talk, they know they can talk with you.

People who work within the helping professions have a high risk of burnout. The symptoms can be similar to those of mental illness (Morse et al., 2012). This is why we should always check in and show care for one another.





# Surviving Your Semester

BY CHRIS LECLAIRE, KEC

Try to put ourselves in the other person's shoes and be understanding and empathetic. This will go a long way to treating one another better. I work in the mental health field and I can tell you, the people I have had the luck to work with over the past couple of years are the most talented, amazing, and honest people I have ever met. It's a privilege to have met them.

## Sources

Canadian Mental Health Association [CMHA]. (n.d.). *Fast Facts about Mental Illness*

Centre for Addiction and Mental Health [CAMH]. (n.d.). *Mental Illness and Addictions: Facts and Statistics*.

*Mental Illness in Canada: Statistics on the Prevalence of Mental Disorders and Related Suicides in Canada*. Canadian Mental Health Association: Alberta [CMHAA]. (n.d.).

Ha, Thu-Huong. (2013). *How Should We Talk About Mental Health? Ideas*. Ted. Com.

Canadian Mental Health Association: Calgary [CMHAC]. (2008). *Mental Illness: A Workplace Concern*.

Morse, G., Salyers, M., Rollins, A., Monroe-DeVita, M., & Pfahler, C. (2012). *Burnout in Mental Health Services: A Review of the Problem and its Remediation*. *Administration and Policy in Mental Health*, 39 (5): 341-352.

Rose, D., Thornicroft, G., Pinfold, V., & Kassam, A. (2007). *250 Labels Used to Stigmatise People With Mental Illness*. *BMC Health Services Research*, 7 (97).

It's nearly the end of the semester and all your assignments, projects, exams and readings will be due, usually over a short period of time. Here are some valuable tips and pointers to help you manage, complete and survive your semester.

## 1: Make a List

Knowing what remains is an important first step with the time you have left. In essence, review what you have outstanding in each class, review your current grades then verify what remains. Knowing that your Phys Ed class probably doesn't have a killer exam will allow you to focus on your Calculus 1 class, which will have a world-class final exam. Writing down what you have remaining in each class and noting the length and grade points for each assignment/project/exam on a piece of paper is a good illustration of what remains for you to pass.

## 2: Make a Timeline

If you have one thing or a hundred things to do on the list above, make a timeline or schedule of things to do. If your Russian literature class has six chapters and a 15 page essay due December 10, don't wait until December 5 to open the book. You could do a weekly, daily, and hourly schedule of things for each and every class remaining. Also including all the other things that go on in your life; meals, family time, and social time are all equal parts of you and having a

schedule will allow these to get done and help you prep for the next thing, whether it's reading a chapter or attending a family function.

## 3: Take Breaks

It's easy to get lost trying to complete everything in one shot, especially if you didn't keep to the schedule in number 2. Breaks are useful because they allow you to clear your head, rest up and prepare to continue/take on the next assignment. You don't know if you'll get one later on or even at all for the remainder of the day. Resting and recharging can make assignments go faster, clear your head of ideas to continue fresh, and make things less stressful overall.

## 4: Realistic Expectations

Feeling you need to ace your history final can be a daunting choice, needing to ace your history exam plus completing your Russian literature essay, acing your Calculus 1 final and practicing for your Phys Ed final all in the same week is un-realistic. If it's coming down to the wire and tough choices have to be made in order to pass, set realistic expectations on what is possible. Sometimes it means not practicing for your Phys Ed and really focusing on your Calculus 1, or history etc. Choose as best you can and work from there.

Follow these simple steps and you'll be in good shape to survive the end of semester. Good Luck to all and see you in January.



# The Back Page....



*"A person's a person no matter how small."*

*~ Dr. Seuss (Theodor Geisel 1904–1991)*



## KSDPP Tips for Winter Activities

BY MELISSA JEAN DEER, KSDPP

It's almost that time of year again... winter, our four favorite months of cold, snow and ice. We all know that sometimes during the cold and dark winter months it can be hard to stay motivated to be active. But don't fret! There are many ways to stay healthy and active during this time. At home, get everyone together and make shoveling the driveway or walkway a family event. A lot of the time after dinner it can be quite calm and beautiful outside. If shoveling isn't your thing, grab a flashlight and go for walk around your neighborhood.

Don't want to leave home? Just hang out together in your own yard and play some games. Try Frosty Toss: make a circle target in the snow with some colored water in a squirt bottle, then have everyone make snow balls and see who can toss it closest to the target. Even just going sliding with your family is great exercise for everyone! If you don't want to go outside into the cold, there are many great ways to stay active indoors. Try out a yoga or Pilates or Tai Chi video. Take some time to have a dance party around the house with your family and friends. Have everyone write down the names of songs they would like to dance to, put it in a hat and choose randomly what will be played next. Continue picking songs for at least 30 minutes each time you do this (roughly 8 songs).

These are just a few ideas of what you can do to keep active. Check out the list below for alternative ideas for the winter months:

- Challenge your friends and neighbors to a snowman making contest
- Take the dog for a walk
- Make a day trip and check out a museum
- Action TV: Do sit-ups or jumping jacks or climb stairs during commercials
- Make snow sculptures together in your own yard or in a nearby park or open area
- Take a swimming class

Don't forget about free family skating every Tuesday at 4:00 PM–5:00 PM and Friday at 5:00 PM – 6:00 PM at the Kahnawake Sports Complex. If you would like more ideas for winter activities or healthy recipes for the upcoming winter season please feel free to contact KSDPP at 450-635-4374.

### Tsothóhrha/December 2015



- 1 World AIDS Day
- 3 Intl. Day of Disabled Persons
- 6 Natl. Day of Remembrance & Action on Violence Against Women in Canada
- 10 Human Rights Day
- 21 Winter Solstice
- 24 **Christmas Eve (KSCS closed for holidays)**
- 25 **Christmas Day**
- 26 Boxing Day

### Tsothohrhkó:wa/January 2016

- 1 **New Year's Day (KSCS re-opens Jan. 4)**
- 18-22 Non-Smoking Week
- 20 Weedless Wednesday



Do you have questions or suggestions? Is there a topic you would like to see covered in a future issue of the newsletter? Contact us and let us know.

#### Aionkwatakari:teke

P.O. Box 1440  
Kahnawake, Quebec JOL 1B0  
Tel: 450-632-6880  
Fax: 450-632-5116  
Email: [kscs@kscskahnawake.ca](mailto:kscs@kscskahnawake.ca)