



Mood Disorders Society of Canada
Société pour **les troubles de l'humeur** du Canada

What is Depression?





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Mood Disorders Society of Canada is very proud to provide this resource as part of our public education and awareness series “What is Depression?”.

It is so very important for all of us to better understand depression. It is the third leading cause of disease burden world-wide and the expected leading cause of disease burden by 2030. It impacts nearly every family in the country. 1 in 20 men and 1 in 10 women will experience depression in their lifetime. Depression comes in many forms, with over 227 combinations of symptoms that can impact the person affected. Research shows 15% of seniors will experience some form of depression.

We know that one in five Canadians will have a mental illness or issue each year. Often, the first step is a discussion with a family physician or other health professional about the challenges that you are experiencing. However, the reality is that, often, the stigma of mental illness is a barrier that prevents people from coming forward to seek help. Depression is, in fact, one of the most treatable mental illnesses. People can and do recover from depression. Recovery means living a meaningful and healthy life despite the challenges of a mental illness. An early diagnosis and individual treatment plan are key to recovery.

Through this book, it is our hope we can assist by providing you with easy-to-understand information on the different types of depression, its symptoms/causes and treatment options.

Mental illness affects all Canadians. The overarching message that Mood Disorders Society of Canada wants to convey in all its work is that recovery from mental illness is possible.

Dave Gallson
National Executive Director
Mood Disorders Society of Canada

Additional hardcopies of this handbook or any other of our other publications can be ordered by going to our website at www.mdsc.ca and sending us an email request by clicking on “contact us”.

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What Is Depression?



People casually use the phrase, “I’m so depressed” to let others know that they are feeling down. But a temporary case of the blues – something we all experience – has nothing to do with real depression.

True depression is not the blues, sadness or even grief. It is an overwhelming and enveloping despair, so bleak and dark that people who have experienced it say that it is the worst pain they have ever endured.

Depression is a treatable mental illness. While there have been changes in people’s attitudes, the stigma associated with mental illness may mean that some people with depression are reluctant to seek treatment and instead, struggle alone. Yet, those who do enter treatment have an excellent chance of recovery. Research has shown that most people who receive treatment for depression respond well.

Depression is a treatable mental illness.

What Causes Depression?

The causes of depression raise the old nature-nuture debate. Is it a result of a family history (genes) or difficult life experience? The experts say that we must consider nature and nurture when thinking about what causes depression. The following are factors that can lead to depression – all must be considered when answering the question, “What causes depression?”.

Family History – If close family members have experienced depression, you may be susceptible yourself. Your genetic make-up determines – to a large degree – your physiology and you may have an inherited tendency towards changes in your brain chemistry that could result in depression. Your unique physiology is also involved in life changes such as the birth of a baby or menopause – both instances are associated with a greater risk of depression.

Recent Events – A divorce, the death of a loved one, job loss, chronic illness, life changes such as retirement or attending a new school. These events cause stress and conflict.

Past History – Experiences of childhood abuse including sexual, physical or emotional trauma, extreme neglect or abandonment. Also, experiences of trauma in adulthood (recent or past) such as domestic abuse, living with drug or alcohol abuse (in self or family members), rape, robbery, war, kidnapping, or witnessing violence – to name only a few of the traumatic events that people can be exposed to.

Thoughts and Behaviours – You may have evolved a negative world view such as thinking “bad things always happen to me, things never work out no matter how hard I try, I am a bad person, and the world is a bad place.” Thoughts influence mood – and vice versa.

These factors can lead to emotions and behaviours that are typical of depression; low mood, despair, sadness, anxiety and numbness. They can result in reactive behaviours such as social withdrawal and, in some cases, self-medication with drugs or alcohol as you try to manage your symptoms on your own. For example, as many as 40% of people with depression struggle with the over-use of alcohol. In extreme situations, people completely neglect their self-care (they don't eat properly, don't shower, and don't take care of their living space).

All these factors – genetics, difficult life events, personality, negative thoughts, low mood, and unhealthy behaviours – interact with one another, leading to the downward spiral that is called depression.

What Are The Symptoms?

There is no x-ray or blood test for depression. Instead, you, your family and your friends will notice that your mood, behaviour, functioning, attitudes and thoughts have changed. Many of the symptoms of depression are a case of too much – or too little. For example, you may...

- Be sleeping little or sleeping too much.
- Have gained or lost a significant amount of weight.
- Be highly anxious and agitated or sluggish and inert.
- Have unexplained aches and pains.
- Be extremely sad or very bad tempered - or both.

You may also feel....

- A loss of interest in the pleasures of life, as well as work, family and friends.
- Unable to concentrate and make decisions.
- Negative, anxious, trapped, unable to act.
- Despairing, guilty and unworthy.
- Fatigue and an overall loss of energy.
- Suicidal – expressing thoughts and sometimes, making plans.
- Numb – an awful feeling of emptiness.
- Unexplained and ongoing aches and pains.

Formally, a diagnosis of depression is warranted when you have been experiencing at least five of these symptoms for a period of two weeks or more. Practically speaking, however, people can resist going for help, feeling they can ride it out. This may be true for the mildest forms of depression but major depression requires medical help in the form of diagnosis and treatment.



The Different Types of Depression

Any type of depression must be taken seriously, but people can experience it differently and under different circumstances.

Major Depressive Disorder

This diagnosis is applied when you have experienced five or more of the symptoms discussed in the previous section for two weeks or longer. In addition, your symptoms have resulted in significant changes in your ability to function at work or school, and socially.

Some people with major depressive disorder can experience psychosis where their thinking is disordered and out of touch with reality. Given the features of depression, their thoughts are most likely to be ones that are devaluing (I'm worth nothing. The world would be a better place without me). People can become focused on thoughts and perhaps plans of suicide. In the absolute rarest of cases, these thoughts can evolve into an overwhelming belief that those they love must die too, so they can be spared the inevitable pain of living.

A major depressive disorder can occur once in a lifetime, never to return - or episodes can be recurrent.

Dysthymic Disorder

“Dysthymic” is a medical term for a form of depression where people experience low moods for a long time. They may still function, but struggle with lack of interest, poor appetite, insomnia, low self-esteem, limited concentration and feelings of hopelessness. Without treatment, this type of depression can go on for years, leaving people thinking that this is “just the way I am” – along with a sense that everyone, but them, knows how to get along in life, be successful and have fun. People with a dysthymic disorder may – or may not have experienced bouts of major depression.

Treatment Resistant Depression

Treatment resistant depression (TRD) is defined in research as what patients are experiencing when they have been diagnosed with a major depressive disorder, but fail to respond to at least two different courses of anti-depressives. Research reports the incidence level of TRD (among those diagnosed with depression) to be 21.7%, although some studies show that figure can be as high as 50 – 60%. A hampering factor for more robust research may be that people, while knowing full well that they are suffering, do not know that their clinician has designated

their experience as TRD. Some family physicians aren't aware of or don't use the term. This confusion occurs because TRD is not an official psychiatric diagnosis, but is instead a clinical descriptor used to report what is happening for patients.

Additional experiences for TRD patients are longer episodes of depression and the presence of other physical and psychiatric illnesses.

In a 2018 MDSC survey, 119 respondents self-identified as experiencing TRD.* They reported:

- 51%** had experienced 10 or more bouts of depression
- 63%** had visited an Emergency Room for their depression
- 19%** had been admitted to hospital with 37% of those staying for 11 – 30 days

TRD is debilitating and distressing. Fifty-five percent of MDSC's respondents said they would try just about anything if there was a chance it would help.

+ Survey can be found at: <https://mdsc.ca/treatment-resistant-depression-trd-survey/>

Depression and Anxiety

It is not uncommon for people diagnosed with depression to also experience anxiety (50% of people with depression also have symptoms of anxiety). The reverse is also true. People whose primary diagnosis is anxiety are found also to be experiencing depression.

People with both depression and anxiety have more severe symptoms and respond more poorly to anti-depressants. Their lives are also more severely affected.

Treatment is highly likely to involve medications for both depression and for anxiety. Finding the right combination can take time as each person is different and can respond differently.

Postpartum Depression

Postpartum depression most commonly occurs about three months after giving birth, but can take up to a year to emerge. Contributing factors include the hormonal changes in your body during pregnancy and after delivery, lack of sleep, a history of depression or bipolar disorder, and stressful life circumstances.

Postpartum psychosis is extremely rare, but incredibly serious. It involves delusional thinking that can include the new mother having thoughts of harming herself and/or her baby. Medical attention must be sought immediately. Call 911 if you have to.

Seasonal Affective Disorder (SAD)

SAD is triggered by the low light and grey days of winter. It is not surprising that SAD is more common in northern countries, like Canada. Many people get the winter blues, but SAD is true depression with people withdrawing, missing work and social events due to their symptoms. Treatment for mild versions of SAD can be as simple as getting outdoors more often or, for those who can afford it, taking a vacation to the sun. For severe versions of SAD, people are prescribed antidepressants and undergo “light therapy,” which means daily exposure to light boxes that emit full spectrum light – just like sunlight.

Depression Associated with Bipolar Disorder

Most people with bipolar disorder experience bouts of mania (highly excitable mood), followed by depression – which can be mild or severe, depending on the nature of their bipolar disorder.

Visit the Mood Disorders Society of Canada website for the publication, “What is Bipolar Disorder?” for a fuller discussion: www.mdsc.ca



Depression Associated with Post-traumatic Stress Disorder

Post-traumatic stress disorder involves four areas of symptoms: intrusions (unbidden thoughts, feelings and likely flashbacks); avoidance (staying away from places, people, sounds – anything that constitutes a “trigger”); alterations in arousal (exaggerated startle response, quick to anger) and negative alterations to thoughts and emotions (blaming others and yourself for what happened, feeling guilty you survived while others did not, hopelessness, no sense of future). In other words, depression. While PTSD is medically categorized as an anxiety disorder, it also manifests itself as depression. People with



PTSD have a lot to overcome with depression being just one challenge.

Depression and Substance Abuse

People with depression are prone to alcohol and drug abuse (1/3 of people with depression also have an alcohol problem). The opposite is also true. People who abuse drugs and alcohol are also more likely to experience depression.

It is often the case that depression comes first, perhaps developing in adolescence. While people with depression begin drinking as a form of self-medication for depression, the reality is that alcohol makes depression worse. People have more frequent and more severe episodes of depression. Alcohol abuse makes anti-depressants less effective. Consequently, people with both problems are more likely to think about suicide and, when drunk and disinhibited, act on these thoughts.

The Association Between Depression and Physical Pain

Researchers believe that there is a shared neural pathway for pain and depression with serotonin and norepinephrine involved in both mood and pain. People who are actually depressed often talk to their physicians only about their physical pain.

Research has shown that the higher the number of physical symptoms a person is experiencing, the more likely they are to be suffering from depression. Depression is strongly suspected when physicians cannot find a physical source for the pain patients report experiencing.

It is also thought that depression may increase a person's sensitivity to pain or may increase the suffering associated with pain.

Studies have shown that, of those reporting nine or more physical pain symptoms, 60% had depression. When only one physical symptom was reported, only 2% were found to have depression.

A high number of physical pain symptoms are also predictive of a relapse, even after mood has lifted. Further, people who experience chronic pain as part of their depression are more likely to also have suicidal thoughts.

In addition, people with diagnosed physical illnesses such as stroke, diabetes, heart disease, dementia or cancer (to name only a few) suffer depression in disproportionately higher numbers than the general population.

Children and Youth

Children don't typically have the vocabulary to express deep feelings of sadness and, instead, express their troubled mood through behaviours. The signs of possible depression in children and teens involve a noticeable change; a usually sunny child or teen becomes sad and withdrawn, school performance drops, hygiene suffers, friends are avoided and appetite is off. They may have angry outbursts and begin to abuse drugs and alcohol.

The age with the highest rate of depression symptoms is those under 20. Teens with depression, especially, are at a high risk of suicide. Suicide accounts for 24% of all deaths among Canadian teens and young adults aged 15 – 24.

Depression in the Workplace

The symptoms of depression can lead to consequences at work - reduced concentration, an inability to make decisions, increased number of sick days, coming in late or leaving early, irritability with co-workers or customers, accidents (in manufacturing or industrial settings), and “presenteeism” (showing up consistently but not being productive).

If co-workers don't know you are struggling with depression, they can be unsympathetic as they blame the person with depression for leaving them with extra work. Similarly, employers may discipline or fire people experiencing depression because they are seen as poor performers instead of employees struggling with an illness.

You are not in any way compelled to tell people at your workplace about your diagnosis, but people who have confided in co-workers and bosses report that, by and large, they are sympathetic and supportive, with many saying that they too have struggled with depression or have a friend or family member with depression.

The Canadian disability insurance industry has begun to raise awareness among employers about the costs associated with ignoring mental illness in the workplace. They have published figures that show that one in three disability claims are related to mental illness, constituting 70% of all disability costs.

Mental illness represents a loss to the Canadian economy of \$51 billion annually or \$1400 per person living in Canada.

Many employers now offer Employee Assistance Programs (EAPs) where confidential counselors are available to assist people with interpersonal problems – and with depression. If you are experiencing depression, a call to your EAP provider may be the first step towards your recovery.



Depression and Suicide

Many of the most overwhelming symptoms of depression are thoughts of worthlessness, hopelessness and suicide. The pain is so great, people can view death as a relief.

In fact, 15% of people with chronic depression die by suicide.

Thoughts of suicide must be taken very seriously and if your loved one is openly expressing a wish to die, do not hesitate to take them immediately to an emergency room or call 911 for help – it's that urgent!

Experiencing Self-stigma

People with mental illnesses, such as depression, identify stigma as their number one concern. Stigma is not only hurtful, it is dangerous. Fear of cruel judgments can prevent people from getting help in the first place or interfere with their treatment and recovery when they do enter treatment. In the larger social context, stigma related to mental illness means that governments invest less in services, treatments and research for mental illness.

Self-stigma

People with depression live in the same cultural context as those who stigmatize their suffering. As a result, they can hold exactly the same devaluing attitudes and blame themselves for their illness. Self-stigma is particularly insidious, as it robs people of hope. They begin to feel that they deserve the rejection and poor treatment they receive.

How is Depression Treated?

Most people, once they acknowledge that they need help, turn to their family physician. In fact, the majority of treatment for depression in Canada is provided by family physicians. As there is no lab test for depression, the family physician relies on your description of symptoms in order to make a diagnosis.

Depression is often described as a “chemical imbalance” in the brain. What this means is that certain neurotransmitters (your brain chemicals) are not at the levels they should be to maintain positive mood. The neurotransmitters that affect mood are serotonin, norepinephrine and dopamine.

Medication

The most common treatment for depression involves medication designed to increase the levels of these neurotransmitters and thus, improve your mood.

There is some evidence that people with mild depression can try other interventions first (such as psychotherapy and lifestyle changes). However, severe depression requires medication (in combination with other treatments) to achieve recovery.

Medication for depression is a complex topic. There are many brands with different chemical formulas, each designed to act somewhat differently in the brain. There are also side effects to consider, and these medications do not act immediately to lift mood. They can take from two to eight weeks to begin to work – a frustrating experience if, in fact, you don’t have the right medication on the first try and must now turn to something else. Stick with it – most people will eventually find one that is right for them. Those, however, who continue to struggle despite trying different medication may be experiencing treatment resistant depression (TRD).

For a complete discussion on medication, visit the Mood Disorders Society of Canada website for the publication, “Medications and You”. www.mdsc.ca

Electroconvulsive Therapy (ECT)

ECT involves passing a brief electric current through the brain, producing mild seizures during the procedure. It is administered under anesthetic. ECT is used particularly for people who are not responding well to antidepressant medication (as in treatment resistant depression) or who are at high risk of suicide. While research shows ECT to be effective, it remains controversial particularly in relation to reported side effects. Psychiatrists indicate the associated memory losses are

minimal and memories soon return. It is important that you (or your support people – if you are not capable) investigate ECT completely before choosing this treatment for yourself.

Repetitive Transcranial Stimulation (rTMS)

A more recent form of electronic brain therapy, rTMS requires a magnetic generator (coil) to be placed near your head. It emits a small electric current called electromagnetic induction. It too is used for people who are not finding the right medication or who are actively suicidal.

Psychotherapy

Research has shown that medication in combination with therapy is the most effective way of treating depression. There are different forms of therapy:

Interpersonal where you and your therapist explore your past hurts, present relationships and future goals and look at ways you can develop a more healthful life.

Marital or Family Therapy involves you and those close to you in joint sessions, where you examine how you can relate to one another in more healthful ways.

Group Therapy brings people together who share a particular problem so they can examine together some of the common ways they have acted – or choices that they have made – that have led to difficulties in their lives. Group members also share tips and coping strategies for more healthy living.

Cognitive Behavioural Therapy (CBT) is the model of therapy that is most associated with the treatment for depression and/or anxiety (as well as other problems). CBT has been extensively researched and has shown positive results. The basic idea of CBT is that your thoughts (cognitions) affect how you feel (mood) and lead to your actions (behaviours). After a while, there is an entrenched cycle where it is hard to determine which came first; negative thoughts and moods leading to unhealthy behaviours, or unhealthy behaviours leading to negative moods and thoughts. Awareness of this cycle helps people interrupt it with more positive thoughts and actions that can lift mood. In Canada, it is rare to have psychotherapy covered under Medicare. Most often, people have to pay out of pocket, which can be expensive.

Psychoeducation and Self-Education / Self-Management

Psychoeducation is the name for education groups – usually run by mental health professionals – that help you (and in some cases, family and friends) understand the dynamics of depression, treatment options and the resources available to help.

Self-Education/Management is central to empowerment and recovery. It means that you begin to take personal responsibility for learning all you can about your illness and actively search out and try coping mechanisms that improve your self-management skills.

Peer Support and Self-help

Many people find that there is no substitute for being among others who have “been there”. Peers are not professional caregivers but fellow travelers who have suffered depression and struggled with recovery – just like you. In rare instances, peers can be paid by mental health organizations to visit clients and provide support or run peer programs. Most often, they are unpaid volunteers wanting to give back and prevent others from experiencing some of the suffering they have gone through. Self-help or mutual aid is another form of peer support, where peers get together in groups. The hallmark of self-help is safety – you are among people who understand, so you can speak your mind without fear of judgment. No one is an “expert” and you are not alone in your struggle. Everyone has something to give and all members participate in both giving and receiving support. Peers can also be role models for recovery – “if I can do it, you can too”.

Complementary, Alternative and Traditional Therapies

Many people with depression include a variety of treatments in their recovery regime, in addition to medication and therapy. Western medicine is practiced by physicians, nurses and other allied health professionals and involves the diagnosis and treatment of illnesses. Complementary therapies are used along

with Western approaches and can include massage, dietary supplements, yoga, meditation, art therapy and many other non-medical approaches. Alternative therapies are all these things, but they are used instead of Western medicine. Some alternative therapies are tied to your culture. Examples include; Traditional Chinese Medicine (TCM), acupuncture, Ayurvedic medicine and indigenous healing rituals, medicines and ceremonies – but there are many more examples, depending on your particular culture.

Leading a Balanced Life



The Basics – A Safe Place to Stay, An Income and Food on the Table

The basic necessities of life are not “treatment” but treatment will be ineffective if they are not in place. Some people with depression live on the streets, in shelters or in sub-standard housing. They struggle with the

extremes of poverty and don’t know where their next meal is coming from. Such living situations are dehumanizing and dangerous. There are many community services designed to address the basics of life. When people are housed and safe, they have the foundation in place for treatment for mental illness or substance abuse problems.

A Healthy Diet, Exercise and A Good Night’s Sleep

We can all agree that eating well and exercising is just plain good for you. The problem is that we don’t do it. But, depression is a serious illness and it demands actions that will lead to a healthier life style. You can begin in small ways – by examining your eating habits and identifying areas that need change. Have you become dependent on drugs or alcohol to help you cope? Is your lifestyle sluggish and sedentary? Has the time come for you to get up and move?

Incremental steps towards change can help you, bit by bit, take better care of yourself and, by extension, better manage your symptoms.



Recovery

The relationship between sleep and depression is complex, with sleep problems leading to depression and depression leading to sleep problems. What is known is that 80% of people with depression also have sleep problems. Then, lack of sleep leads to a downward spiral where you experience fatigue, inactivity and an increase in depressed mood. Sleep medication can help in the short-term, but it is not considered a

long-term solution. There are a remarkable number of online resources devoted to helping you address your sleep problems, but the first step is knowing how important it is and the second is adopting an attitude of persistence – it won't be easy, but celebrating small victories will help you see progress.

Recovery means living a meaningful and healthy life – despite the challenges of a mental illness.

For the newly diagnosed, this positive prospect may, however, seem out of reach.

It is now much more widely accepted that people can and do recover. In a recent survey of 1587 Canadians, it was found that 72% saw depression as a serious, *but treatable* illness.

Recovery from depression has the same steps that recovery from other illnesses have.

- Go for help
- Get a diagnosis (this IS depression)
- Develop a plan of treatment that is tailored to your needs
- Educate yourself
- Empower yourself to be a partner in your own treatment
- Take control of your life

As one of the primary symptoms of depression is hopelessness, it will at first seem impossible to find hope. At the beginning of treatment, it can be helpful to talk with someone who's "been there". Someone who has struggled with their own depression knows about the steps to recovery, the possible set-backs you may encounter and what it is like to believe that the darkness will never lift – until, one day, it does. They can tell you, from experience, that things will get better. As you engage with your treatment team, you will gradually become more and more active in decision-making about what is and is not working for you. This feedback is essential for your treatment professionals. Knowing what medication suits you, seeking therapy, educating yourself about your illness, and if it is for you, participating in a self-help group are all ingredients in recovery – as are other choices that may be particular to your individual needs and circumstances.

Special word about treatment resistant depression (TRD):

People who have developed TRD will have periods of wellness, but frustratingly, their depression returns. TRD is viewed by clinicians as a chronic disease – likely no surprise to people who are struggling with it. This is a difficult road but the wellness strategies- discussed above - still apply. People with TRD aim for living well despite having an illness.

Family, Caregivers and Friends

While there is no doubt that the person who is experiencing depression is suffering, those who care for them are also in pain.

Families and caregivers who have lived through the depression of a loved one have developed ideas about what does and does not work for them. Here are their suggestions:

Educate Yourself – Families and friends need to know all about depression too, its symptoms and treatments.

This Is an Illness – People with depression can't pull themselves up by their boot straps.

Go Ahead and Deal with the Practical – People with depression are not capable (at the time) of dealing with complicated plans or long conversations. Families and friends want to involve their depressed loved ones in decisions, but that may not be possible. It is a difficult calculation for families – to judge between taking too much control and taking not enough.

Avoid Trying to Reason People Out of Their Negative Feelings and Beliefs – People in the depths of depression do not respond to reason. However, if the person is expressing ideas about harming themselves, they must know that family or friends will intervene by taking them to a physician or the emergency department. In extreme situations, it may be necessary to call 911 – if the danger is imminent.

Take Care of Yourself – Families and friends suffer too. They need their own circle of supports and possible treatment for their mental health. There are self-help groups, especially for families and friends, where they can get advice, receive support from others who are going through what they are and exchange tips on coping mechanisms.

A special note for family members or friends who wish to know the details of their adult loved one's treatment from mental health professionals: They must obtain signed permission from their loved one under the provisions of the Mental Health Act in their province or territory. Mental health professionals may not share information about a client's treatment (outside the treatment team) without written permission from the client. Check with your province's legislation to see what the requirements are in your area.



What Does the Future Hold?

Research into the causes and treatments for depression continues to evolve. For example; pharmaceutical research focuses on new drugs that have fewer side effects or those with new chemical formulas. There is also promising research on the genetic components of depression and more effective ways of diagnosing depression.

There have also been advances in the self-management of depression. Numerous helpful guides and workbooks exist. They focus on what you can do to manage your own symptoms and prevent relapse. Taking charge of your own health is key to recovery. A search of the web under “self-management of depression” will offer you many choices in free, highly practical and downloadable tools. Not all will work for everyone – but with the numbers available, there will be one that makes sense for you.

Where Can I Get More Information?

The Mood Disorders Society of Canada (MDSC) is a national, not-for-profit, registered charitable organization that is volunteer-driven and committed to improving the quality of life for those Canadians living with mood disorders and their families.

The website (www.mdsc.ca) contains more information on depression, bipolar disorder and medications, as well as other mood disorders, contact information for finding mental health services and links to provincial Mood Disorders Associations. Of particular note is a popular MDSC publication called Quick Facts, also available on the website, which offers hundreds of facts about mental health and mental illness in an easy-to-read format.

Our website www.depressionhurts.ca provides further information on depression, including causes and symptoms, information on recovery and managing your depression symptoms, questions to ask your doctor, information for family and friends and much more. With over 2.5 million visitors, and available in four languages, we are sure this resource will be of great assistance in your journey.

MDSC also leads the national Defeat Depression campaign. These walks/runs are held from coast to coast, hosted by community organizations coming together to support local mental health services. At these events people share their stories, knowledge and experiences. Here you will find friends and neighbours in your area who learn from each other and tackle depression together. Please visit www.defeatdepression

How Can You Help?

At the Mood Disorders Society of Canada, we strive to support the needs of Canadians impacted by mental illness. Without ongoing core funding, we rely on generous donations from the public to assist us in this work.

If you would like to support our efforts, you can make a tax deductible donation on our website: mdsc.ca.





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