#SelfHelp

A Supplementary paper for the film

#SelfHelp

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#SELFHELP

A SUPPLEMENTARY PAPER FOR THE FILM

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Emma Arsenault

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Ryerson University 2019

ABSTRACT

The film #SelfHelp critically examines Toronto's mental health care system, it's flaws and the different reasons why people resort to other options. After facing ongoing challenges, three young women decided to take matters into their own hands. Through the use of social media, starting community workshops and dedication to knowledge-sharing, these women begin to not only heal themselves, but others as well.

Acknowledgements

I'd like to thank the participants in my film for their courage and friendship: Jessica Regan, Ghanwa Shahnawaz and Laura Hesp.

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Contents

PROJECT DESCRIPTION

#SelfHelp is a documentary film that critically examines Toronto's mental health care system. The film begins by presenting the flaws of the system through personal stories of three young women. After facing ongoing challenges, these women decided to take matters into their own hands. By creating safe spaces both within their community and online, these women begin to not only heal themselves, but also others along the way.

Main & Minor Issues at Stake

> One in four people in the world will be affected by mental or neurological disorders at some point in their lives. Around 450 million people currently suffer from such conditions, placing mental disorders among the leading causes of ill-health and disability worldwide.
>
> Treatments are available, but nearly two-thirds of people with a known mental disorder never seek help from a health professional. Stigma, discrimination and neglect prevent care and treatment from reaching people with mental disorders. Where there is neglect, there is little or no understanding. Where there is no understanding, there is neglect.[1]
>
> - World Health Organization

Of the one in four people who will be affected by mental disorder, less than half will seek help. This is due to various reasons, one of the main being the stigma surrounding mental illness. For the few people who do seek help, they experience the difficulties of advocating for one's self. The current publicly funded healthcare system in Canada is simply not designed to contain the severity of the problem. The conversation surrounding mental health and illness is

[1] "Mental Disorders Affect One in Four People." World Health Organization. July 29, 2013. https://www.who.int/whr/2001/media_centre/press_release/en/

just beginning to shine a light on a new understanding. Where there is understanding, there is hope.

The Conversation on Mental Health

The conversation on mental health is still relatively recent. The entire concept of "mental health" has slowly become accepted as a pressing issue in our society only in the past decade; even more so in the past few years. The modern direction of conversations regarding mental health reflects the attempt to be more inclusive and understanding and, therefore, it is also an attempt to dismantle decades of stigma.

It is in this notable point in history, in correlation with the #MeToo movement, that the more other people speak up, the more others are inclined to speak up as well. It is certainly not all who suffer, but many people are openly admitting to having depression, bi-polar disorder, anxiety, PTSD, etc. This has created a ripple effect that is allowing more people to come forward and share their struggles. To be able to speak openly about mental health is a huge leap forward from the past generation who experienced heavy effects of stigma and therefore suffered silently.

Bell Let's Talk Day, held annually on January 30th, is an indicative of this change. This widely-known mental health awareness campaign was created by Bell Canada in 2010 in hopes to eliminate stigma and raise funds for mental health care. The campaign is promoted over multiple media and social media channels during the month of January, using the hashtag #BellLetsTalk. Bell donates five cents towards mental health research each time the hashtag is used. However, in 2019, Philip Moscovitch wrote an article for the Globe and Mail titled "People with Mental Illness Don't Need More Talk". In this article, Moscovitch expresses his concerns about the problematic agenda behind the campaign. He writes:

"It does no good to raise awareness if you have an underfunded mobile crisis team that only has the capacity to go out on calls for 12 hours a day, or if patients wait months for assessment, or if you can't provide stable, supportive housing for those who need it so they can recover and carry on with happy and productive lives. Let's talk about that."[2]

It has been estimated that mental illness services in Ontario are underfunded by approximately $1.5 billion dollars.[3] As mental health becomes more valued in our society; more people are willing to seek the support they need. Unfortunately, the support systems in place are not in an adequate position to take care of the population; specifically, the services offered by the government which would be covered by OHIP. These services are difficult to access, extremely limited, or in some cases simply not available.

Location

For this short film, I specifically focused on Toronto, Ontario, the largest city in Canada, containing the largest research centre for Mental Health treatment (CAMH)[4]. The systematic flaws presented in the context of Toronto reflect issues that are faced nationwide, perhaps to an even greater extent.

#SelfHelp

[2] Philip Moscovitch. "People with Mental Illness Don't Need More Talk." The Globe and Mail. January 29, 2019. Accessed June 04, 2019. https://www.theglobeandmail.com/opinion/article-people-with-mental-illness-dont-need-more-talk/.n.p.

[3] Susan Brien. (2015). *Taking Stock: A report on the quality of mental health and addictions services in Ontario*. An HQO/ICES Report. Toronto: Health Quality Ontario and the Institute for Clinical Evaluative Sciences.

[4] CAMH: Centre for Addictions and Mental Health

The title of this film, *#SelfHelp,* refers to the route through social media taken by three subjects and many others in their efforts to take care of their mental health. The popular hashtags link online communities, self-derived resources, books, and community workshops.

The film's storyline is driven by the stories presented by three different subjects: Jessica, Ghanwa and Laura. The subjects, who are all in their mid-20s, discuss their experiences of seeking professional help for their mental health within the public health system. All three women share a commonality, the desire to create "safe spaces" for mental health. Whether it be online platforms or in person community events, these women are determined to create a place where people can feel safe to connect, heal and discuss their journeys with mental health. At the mid-point of the film, this commonality becomes the main focus. The viewers are given a small glimpse of how each subject uses their unique skill set to contribute to conversations surrounding awareness, coping mechanisms and self-help resources for mental health.

Additionally, *#SelfHelp is* intended to offer validation for individuals who are experiencing mental health problems by relating to the stories told by the subjects; they are to be reassured that they are not alone. If the film does not resonate on a personal level with the viewer, then the goal is to provide some understanding of how some of their closest friends or family members are feeling. Despite the many anti-stigma campaigns that have been circulating for the past few years, there are many people who still suffer in silence. This film adds to the many conversations surrounding mental health, while also attempting to dismantle this stigma.

Subjects

Jessica Regan has suffered from various childhood trauma. She was put into the foster care system at two years old. She was then adopted and grew up as the only person of colour in her small town. Jessica also expresses in the film that she was raised by an immediate family member who suffered from bipolar disorder. These situations combined throughout her life left her struggling with PTSD, co-dependency, and anxiety disorder.

During the production period of this film, Jessica was working for a company that provides human resources support to large companies, specifically in the mental health sector. Her position focused on workplace support programs which provide assistance to employees who are in the process of returning to work after short-term and long-term disabilities associated with mental-health addictions and concerns.

She also works as a private mental health coach, using her skills from her Bachelor of Social Work, along with those she obtained while working as a university counsellor. Originally, she started with her own podcast called *Way of Jay* and used her social media as a platform to speak about mental health. Now, she is slowly transitioning to creating mental wellness workshops amongst the community and taking on public speaking opportunities. In the film, we begin to see the beginning of her transition at one of her coffee shop workshops.

With lived understandings of mental health, coping mechanisms, and self-awareness Jessica contributes to this film as a representative of a much larger group of young, resilient mental health advocates.

Ghanwa Shahnawaz is an artist and a single mother. She openly shares her struggles with mental health publicly over social media to eleven thousand followers, touching on topics such as depression, bipolar disorder, PTSD, rape, and being a single mom. She explains to the

audience that her journey with mental health has been a long one and has left her often feeling as if she had to fend for herself. Ghanwa enjoys expressing what it is like to experience her mental illness through her own artwork practices of both beautiful abstract paintings and sculptures. Additionally, in hopes to create safe spaces, Ghanwa runs free art therapy workshops in her community for other single mothers who are experiencing or coming out of a difficult time.

Ghanwa uses her Instagram account daily to speak to her eleven thousand followers about mental health and well-being. In the film, Ghanwa explains that sometimes it has been very difficult to share her personal experiences on such a public platform. However, she expresses that her vulnerability has been very well received by other individuals who were struggling and can relate to her. In the film, Ghanwa refers to one time where she was nervous about sharing a specific story pertaining to her previous desire to commit suicide. The story decribes a beautiful summer day she spent with her son in Windsor, Ontario. At one point in the day, she had an overwhelming realization that if she had committed suicide, she would not have been able to experience this moment. After sharing this story Ghanwa received over 20 messages from individuals who connected to this story, many of whom expressed that they had experienced similar situations. After reading and responding to all of these messages, she decided to continue sharing her journey with mental health as openly as possible.

Laura Hesp has had an extensive journey with mental health with many unique experiences. In the film we get only a glimpse into her complicated past that involved being raised by a single mother, experiencing many instances of sexual assault from a very young age, as well as witnessing a suicide first hand. Laura provides the most insight into the failing systems dedicated to mental health in Toronto; specifically, the Centre for Addictions and Mental Health (CAMH).

Laura is known on social media for being extremely vocal, openly discussing mental illness, childhood trauma, toxic families, borderline personality disorder, suicide and creating personal boundaries. She started her own company called Inclusive Love, which focuses on creating safe spaces for women and marginalized communities. The film features a segment from the second episode of her podcast called "Setting Strong Boundaries". Since filming this documentary, Laura has been asked to speak at five more events across Toronto, one of which taking place at a high school is included near the end of the film.

Experts

Apart from the three main subjects: Jessica, Ghanwa, and Laura, the film also features two experts: Julian and Karen.

Julian Ferguson

Julian has an undergraduate degree from the University of Toronto specializing in bioethics. He is currently working towards his Master of Science at the University of Toronto. His thesis is focused on the guidelines that general practitioners follow in order to prescribe antidepressant medications to adolescents. He believes the route of intervention taken at an adolescent age is a crucial factor for ensuring mental health in adults.

In the film, Julian points to how the health care system is failing to follow its own guidelines. However, he also acknowledges that in order for people to have access to medication *and* therapy, there would need to be some significantly large changes in the system.

Karen Day

As a second expert, the film features a psychotherapist named Karen Day. Formerly employed by Toronto Public Health, Karen is now offering psychotherapy in private practice. In the film, Karen provides insight into the realities of publicly funded mental health care, commenting that the term "cost effectiveness" is often the main focus. From her personal experience in the system, Karen describes the significant amount of pressure placed on the front-line workers to treat as many patients as they can, as quickly as possible. She explains that the bandwidth of care needed for individualized mental health needs is simply not built into the system. This lack of care is ultimately the reason she removed herself from the public health care sector. Near the end of the film, Karen offers an interesting comparison between the demands faced by young adults in today's society and that of machines rather than human beings. This statement broadens the concerns for the mental health of essentially everyone living in western society today.

Access to Resources

A study published in the Canadian Journal of Psychiatry in 2016, stated that only about half of Canadians experiencing a major depressive episode receive ‘‘potentially adequate care.’’[5] In the film, my subject Laura Hesp explains that she has tried to access CAMH multiple times but was often turned away because they didn't assess her to be in "crisis mode". Crisis mode typically pertains to how much of a risk of committing suicide or harming others the person is at

[5] Scott B. Patten. (2016). Major Depression in Canada: What Has Changed Over The Past 10 Years? *Canadian Journal of Psychiatry*, 61: n.p.

the time of the assessment.

After witnessing a person commit suicide in front of her, Laura was finally able to gain access to CAMH. She explains that, once she was admitted, she received high quality care and built a special bond with her psychologist. After the six-week program at CAMH, her treatment was discontinued, and she was sent away to navigate the system on her own and find other resources. Laura explains that accessing that level of counselling and support is simply unattainable outside of CAMH and is only available privately.

Although I chose not to address this in the film, I think it is important for the purpose of the argument surrounding access to mention that during Laura's stay at CAMH she was diagnosed with borderline personality disorder (BPD). BDP is an extremely complex mental illness that is defined as "difficult to treat" along with "high rates of suicide".[6] Laura explained to me that CAMH insured her that they would help her find resources once she finished her six weeks of treatment. However, when the time came, they never followed through, nor followed up with her regarding her illness after she left the vicinity.

The private mental health resources available can be accessed much more easily than public services; however, they come with a very expensive price tag. There are many private working mental health professionals who have various levels of experience and cost, e.g., psychologist, psychotherapist, counsellor, social worker, etc. The average psychologist in Toronto charges $225 an hour.[7]

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[6] “Borderline Personality Disorder (BPD).” CAMH, n.d. https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/borderline-personality-disorder.

[7] "What to Expect When Seeing a Psychological Professional." Ontario Psychological Association. Accessed May 14, 2019. http://www.psych.on.ca/About-Psychology/Getting-help/What-to-expect-when-seeing-a-psychological-profess.

From personal experience of accessing therapy in Toronto, I know that psychotherapists and social workers often offer a sliding scale, especially for students and low-income individuals. The scale can range anywhere from $80-$200 hour. Each individual patient requires a different number of sessions depending on the depth of their problem(s). For those who are lucky enough to be covered by extended health insurance, the benefit packages usually cover some of the costs for these private services; however, it is very limited amounts. Ryerson University's health care plan only covers $500 per year. In addition, only specific private services are covered by extended benefits, for example, many plans, like the one provided at Ryerson University, only cover services provided by an individual with a certified Master of Social Work (MSW).

Another accessible and affordable option available to some are Employee Assistant Programs (EAP), available through employers. Jessica Regan explains that she was encouraged by her parents to access these services at her place of employment. She explains that she was set up with a counsellor and was given three sessions. Jessica spent the entire first session telling the counsellor her life story, leaving her with just two sessions to address over a decade worth of suppressed trauma. In a way, these limited resources can do more harm than good, by retraumatizing patients who then lose access to support before they begin the guided healing process.

Psychiatrists are trained medical doctors and are the only one of the three who are covered by OHIP. Patients are often referred to psychiatrists when they are in need of prescription medication. Many practicing psychiatrists tend to place a heavy focus on medication rather than talk therapy. In the film, Ghanwa explains that her psychiatrists would often rush their appointments and prescribe many different medications. She was told if the medication was

not working for her, she should book a follow-up appointment to try another medication. I have also had this exact same experience when accessing a publicly funded psychiatrist. There was no overall support for progressive healing, but rather treating mental illness with medication alone.

In contrast to physical health, seeking help for mental health requires extreme amount of effort, money, and time from the individual facing these issues. In an interview that was not included in the film, Ghanwa explained to me, “When you’re depressed you don’t even want to get out of bed, you don’t even want to look at yourself in the mirror, so to even to make an appointment or admit yourself to ER it’s extremely difficult.”

At the end of the day resources come down to funding, which is decided by governing parties. It is well known that millennials have been persistently questioning and challenging the established systems of governance and demanding change. The political aspect of this film is important to acknowledge. It is imperative that we recognize that our current system is not properly set up to heal and that it needs to change.

DOCUMENTARY RELEVANCE

Representation of Mental Illness

Mental illness is often referred to as the invisible disease, as everything that the person is enduring is taking place in his or her mind. There may never have been any visible evidence that someone is suffering. Even through one-on-one personal storytelling or on-camera interviews, it is difficult to portray exactly how one felt or feels because there is an entire set of emotions and history attached to every detail of their story that only that particular individual knows and feels. The challenge with representing the reality of mental illness through a visual piece relates directly to the challenge of *understanding* the reality of mental illness experienced by another person, which is near impossible. As Peter Stastny explains: "There is an inherent difficulty in authentically representing or even approximating human experiences, such as thoughts or emotions, that are essentially internal."[8]

I had great difficulty finding ways to visually incorporate mental health into my film. I attempted to do so by filming scenes featuring billboards and street art that spoke both directly and indirectly to the issues being addressed. One of the billboards stated: "health and happiness, not available in Canada". This scene was featured while Julian spoke to the failing health care system. Another example is while Laura explained how unaffordable therapy can be, a scene with a graffiti wall appeared that read "pay the toll and deliver the love". Aside from the billboards and street art, there are many generalized city shots of Toronto as well. This is mainly because I was running out of ideas of how to speak to the issue at hand; therefore, I focused on the location where it was taking place.

[8] Peter Stastny. "From Exploitation to Self-Reflection: Representing Persons with Psychiatric Disabilities in Documentary Film." Literature and Medicine 17, no. 1 (1998): 70. https://muse.jhu.edu/ (accessed December 16, 2018).

A mental health condition is considered a disability if it continues to negatively affect your normal day-to-day activities. Therefore, it is important to take into consideration the representation of disability in general while looking at the representation of mental health.

The majority of films that feature mental health and illness as a leading theme are fictional. More often than not, these fictional representations of mental illness are presented in a very poor way, including inaccurate depictions and over-dramatized characters. Almost every character in a fictional film featuring a mental illness is peculiar, violent, dangerous, or all of the above. Because of this constant representation that we are used to seeing in fictional media, it may be difficult for viewers to comprehend seeing an individual who looks well put together, while also suffering from a mental illness.

An American medical doctor, Sharon Packer, has written a book dedicated to mental illness in popular culture. The introduction offers a small insight into the diverging representation of mental illness in both entertainment and reality. Packer notes, "There are good reasons why we do not see many movies about depression as a stand-alone condition (unless it ends with suicide). Depressive states do not make for interesting movies. Depressed persons sleep more, move little, talk less, and hardly socialize at all (although some depressives pace endlessly and aimlessly). For cinema that depends upon visuals and dialogue, the dramatic manic phase of bipolar disorder is far, far more interesting."[9]

[9] Sharon Packer, ed. Mental Illness in Popular Culture. Westport: ABC-CLIO, LLC, 2017. 6. Accessed August 11, 2019. ProQuest Ebook Central. https://ebookcentral-proquest-com.ezproxy.lib.ryerson.ca/lib/ryerson/detail.action?docID=4857062#

So You're Going Crazy

In 2010, Ryerson graduate student Hilary Dean created a film called *So You're Going Crazy.* The film serves as a "coming out" about her own journey with mental illness and institutionalization, and features discussions with subjects with similar experiences. Dean explains her film as follows: "A personal documentary combining interviews, animation and reflexive narrative ruptures in order to convey the experience of madness and shifting reality, as well as offer messages of hope to those currently in crisis." [10]

There are many parallels between Dean's film and mine in respects to representation and subject's development. The film features multiple scenes of her subjects doing ordinary, day-to-day activities. In her support paper, she speaks to her choices that lead to this representation of her subjects. Dean explains that these mundane scenes were highly intentional, as documentary films often tend to highlight the fringes of society by seeking out the unusual. Dean continues on to explain that "… depicting people who are able to integrate their illness into their ordinary living is what is extraordinary as well as inspiring.[11]

So You're Going Crazy challenges societal visual expectations of mental illness and by doing this, it ultimately brings more awareness to the issue itself, and the countless complexities that are rarely discussed.

In my film, none of my subjects appear as if they were experiencing mental illness. They are young, beautiful, and appear well put together. I can understand how this may seem a bit confusing; however, mental illness does not discriminate based on physical appearance. Like

[10] Hillary Dean. "So You're Going Crazy". Documentary Media MRP. Ryerson University. 2010. n.p.
[11] ibid.,

Dean, I did not seek to film the unusual, but rather the ordinary, such as Jessica planting new plants, and Laura driving in her car. I included a few scenes where I asked my subjects to stare off into the distance, as if they were reminiscing on their interview. After viewing the film, those scenes seemed a bit forced and out of place. I realized their words were impactful enough, and the visual "distress" did not need to be included.

Beyond Silence

The direction of my documentary has been heavily influenced both stylistically and thematically by the film *Beyond Silence* directed by Shaul Schwarz.[12] The film was also produced by five leading mental health organizations in the United States and serves as their first collaborative project.[13] The film follows three subjects, each of whom is living with a different mental illness. Although the subjects are very different from one another, they all share one thing in common: speaking up about their mental illness to their friends and family has transformed their lives. The film highlights what mental health in the United States really looks like and the importance of speaking up and seeking help. My subjects, like the subjects in *Beyond Silence*, are also living with mental illness. However, the way they choose to "speak up" is by using their social media platforms. That being said, all of my subjects have explained to me that speaking and connecting to others through their personal stories online have given them a sense of community.

Beyond Silence is told through video portraits of the main subjects. It presents them through sequences of their daily lives, while also occasionally cutting back to a living room

[12] *Beyond Silence.* Directed by Shaul Schwarz. United States. Sunovion Pharmaceuticals Inc. 2017.
[13] The Five Mental Health Organizations: The Depression and Bipolar Support Alliance (DBSA), JED, Mental Health America, The National Alliance on Mental Illness, The National Council for Behavioral Health.

interview with the director. The subjects are shown performing numerous tasks such as walking their dog, doing their makeup, reading a book, driving their car to an appointment etc. Each sequence used three to four framing techniques. The frames often feature a wide shot, a detail shot, an atmospheric shot and close up or face shot. These sequences reveal interesting similarities among all three subjects as well as their unique little quirks, and I believe that this aspect of the film allowed the subjects to seem relatable. The ratio of interview scenes to the sequences seems to be about 1:4, creating a highly stylistic flow; this is the ratio I was inspired to use in my film.

By showing my subjects in situations of their everyday life I attempted to establish a connection between audience and subject. I wanted the audience to feel emotionally attached to each subject while they shared their stories on mental health. In order to feel emotionally attached to someone, you must feel like you know them. This is what I was trying to do with my sequences. I hoped that the more I could build the subject, the more the audience would feel for them during their hardships. When it came to the end of the film, I wanted the audience to feel excited and proud of my subjects. Building the subject's story on screen is something I struggled with, and I believe it is because I got to know the subjects well, off screen, therefore I difficult to judge what the audience knew vs. what I knew.

The soundscape of *Beyond Silence* was a balanced mixture of atmospheric sounds and soft music. The music was not dramatic or theatrical; however, it was rather sombre, which I found very fitting. I liked how at some points in-between interviews, there was only music, nothing too elaborate, mainly just tones. I incorporated these sound characteristics into my film.

Social Media and Mental Health

A notable topic featured in #SelfHelp is social media, (interaction with others through online platforms such as Facebook, Instagram, Twitter, etc.). The negative effects of social media in correlation with increased mental health problems have been discussed quite frequently in the past few years. Many are concerned that social media leads to avoidance of real-life social contact, isolation, loneliness, and in turn increased anxiety and depression. While there is a significant body of research on the negative effects of social media on mental health, new research is emerging challenging this. In 2018, a research study was conducted amongst young adults to assess the use of social media and mental health. The results suggested that there was no direct connection, and that the public is poorly misinformed. The study concluded:

> "Our results reveal that, overall, social media use is a poor predictor of mental health problems and concerns about social media precipitating a mental health crisis may be unwarranted...[14] Why the popular press, suicide advocates and policy makers continue to hone in on time spent online as a cause of mental health problems is an interesting question, particularly given the lack of clear evidence for this relationship...
>
> It is possible that social media use may be experiencing the effects of moral panic common to many forms of media such as video games, comic books and rock music (all of which have also been blamed for mental health problems.)"
>
> [15]

[14] Chole Berryman, Christopher J Ferguson, and Charles Negy. (2018). "Social Media Use and Mental Health among Young Adults". Psychiatric Quarterly 89 (2): 312.
[15] ibid, 313.

#SelfHelp presents the positive effects of social media and mental health as it offers viewers to look at social media through a different lens, one that allows for it to be used as a tool rather than a culprit. Social media can effectively be used to connect with others experiencing similar mental health issues, spread awareness, share resources, and dismantle stigma. There are plenty of things in our society that are bad for our mental health, but that does not mean they just go away once the data has been released. It is well known that alcohol and marijuana are terrible for mental health; however, alcohol is promoted everywhere you look, and marijuana just became legalized. Social media is not going anywhere; therefore, I do not see the point of demonizing it, but rather observing healthy ways in which it can be used. My subjects believe that a reasonable solution is to create safe spaces within social media.

On The Edge and Online

In April 2018, Chris McLaughlin directed and produced a documentary titled *On the Edge and Online*.[16] This documentary film follows a group of young people who are living with mental health conditions, as they navigate the everyday challenges of life, love, jobs, and family. McLaughlin demonstrates how the internet is helping bring people together, by breaking down stigmas that surround mental illness and by validating feelings through others sharing. McLaughlin often switched screens and interfaces which I found very interesting. At some points the film would go into a computer screen, as if you were in the subject's computer, watching the typeface move across the screen. Additionally, McLaughlin showed video calls between subjects. This would be shown through the original online video chat room, through a computer interface. The screen featured a lot of black space, (see figure 1.) which I found quite interesting.

[16] *On the Edge and Online.* YouTube Film. Real Stories Plus. Directed by Chris McLaughlin. RAW TV. 2018.

I found this was an interesting contrast to the majority of the film that was a single frame full screen.

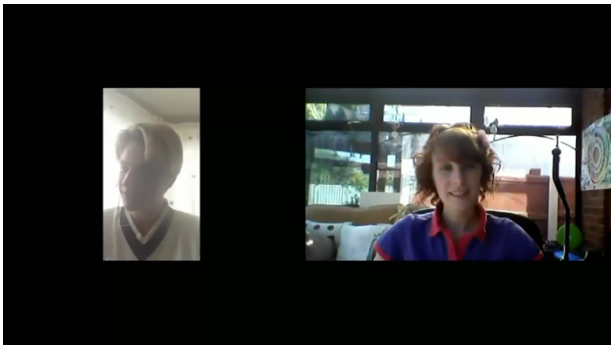

Figure 1
On The Edge and Online

Additionally, for these video chats, McLaughlin kept in the original, somewhat distorted audio. I enjoyed how keeping in the original audio preserved the authenticity of a real video chat experience.

While filming this documentary, the three women had never met in real life, but they were very friendly towards each other online. They often reposted and referenced each other's in their own Instagram stories. The women used their Instagram stories to talk about mental health, share information on their diagnosis, explain their triggers and coping mechanisms, and recommend self-help books. They would often admit to their followers when they were in a depressive episode or experiencing anxiety. On Instagram they are self-established "Mental Health Advocates". I integrated videos from their social media as a way to build on their stories, specifically using videos that they themselves have shared publicly.

Social media posts are more often than not featured on a different screen ratio than film; therefore, I experimented with the ways in which McLaughlin created the “online presence” within his subjects. In my film, I played with this technique, using the Instagram stories ratio both in the middle of the screen, and split screen. (see figure 2 and 3).

Figure 2
#SelfHelp

Figure 3
#SelfHelp

Additionally, like McLaughlin, I kept in the original audio from these social media clips and merely just adjusted the volumes. I believe this made for an interesting and authentic soundscape that paired well with the music.

METHODOLOGY

Aesthetic and Technical Choices

I filmed the majority of this documentary on a Canon 5D MIII and MIV. All of my interviews were recorded both on camera sound and with a Lavalier microphone connected to a Zoom H4n sound recorder. In the beginning I did try to use the Canon C100 camera for my first two interviews. However, I found I liked the softened and colourful look of the raw video on the Canon 5D better, and in addition I was much more comfortable shooting on a DSLR as I am primarily a photographer. Another reason that influenced my choice of switching to a DSLR is that the raw shooting on the Canon C100 would have required much more time, (and money) for colour grading.

The way I chose to film my main subject interviews resembles how I approach much of my photography. I placed the subjects in their own environment, well-lit from a window, slightly off centered, and kept the depth of field shallow. By placing the subjects in their homes, I hoped to communicate to the audience that the subjects were comfortable sharing these stories. For the experts, I tried to keep them more in what seemed to be an abstract office setting, however, their interviews were also filmed in their homes.

Finding My Subjects

I had known Laura Hesp for a few years now. We met through a project I created for my undergraduate thesis at Ryerson University. The project, *We Stand Together,* was a video installation featuring 20 women sexual assault survivors, accompanied by anonymous interview audio. Laura, whom, I knew to be vocal on mental health, was the first person I confirmed to be a subject in my film. Laura is a white woman; therefore, I wanted diversity to obtain a more

accurate representation of the topic. Laura had a large social following of ten thousand people, so I asked her to help me find my next subjects by putting out a casting call on her Instagram story. The casting call stated I was looking for people of colour, who would be open to discussing their personal experiences with mental health. Ghanwa and Jessica were among the dozen that responded. Initially, I met each of the women for coffee. I connected the most with Jessica and Ghanwa in our initial meetings where we had some amazing conversations on mental health.

I think it is important to mention that, after months of looking for subjects, only two men had volunteered to be interviewed, and only one of them was comfortable showing his face. I believe this speaks to the additional stigma men face when it comes to mental health, which is an interesting topic, unaddressed in this film. The male subject who agreed to be interviewed was Julian Ferguson. I decided to keep him in the film as an expert, a decision that was made later on in the editing process.

The Very Beginning and Why

When I was 19, I was experiencing suicidal thoughts, and extreme depressive episodes. My parents took me to a psychiatrist. I spent one hour telling her how I was feeling. I expressed to her that I was in a long-distance relationship of which I felt both emotionally abused and heart broken. I expressed to her that I had gone to court against my best friend's dad for sexual assault and as a result was called a liar and bullied both in high school and in the courtroom. I expressed that, because of this I experienced a lot of dream hallucinations that were affecting my sleep significantly.

Looking back now, these all seem like things that should have raised red flags to be addressed with some sort of therapy. However, my psychiatrist sat there, hardly engaging with me, but rather writing notes and building a case for a diagnosis. Near the end of the session, the traumatic events I had expressed to her were merely dismissed and defined as a mental illness. I was diagnosed with bipolar disorder, depression and anxiety and put on the highest dose of an antidepressant medication. I was told I needed these to function, and that I most likely will have to be on them for the rest of my life. Therapy was not suggested and in the following two sessions with the psychiatrist she only talked about different drugs and what they could do for me. I spent the following seven years bouncing around different physicians occasionally being prescribed another drug to take the edge off whatever troubles I was having - sleep, concentration, etc.

In January of 2018, I decided, with a doctor's approval and supervision, to discontinue antidepressant medication and try alternative therapies. The main route I was planning on taking was psychotherapy. It quickly became apparent that choosing this path of treatment was much more difficult for many reasons, such as the additional costs and access, mentioned previous in this paper.

#SelfHelp is not about me, at least not on the surface level. However, the entire creative process for this film has been influenced by my personal journey with mental health. The main direction for this film has changed many times. It was in the final stage of editing that I discovered why. From the very beginning, I have been creating and constantly adjusting this film, while subconsciously reflecting my own journey with mental health. I can now see this journey of transformation and film creation in five stages:

The Five Stages

1. I had a lot of pent up anger towards the healthcare system and antidepressants.

This is where my initial idea of my MRP was born. I was hurt, I was angry, and it was all starting to boil to the surface. I was in full blown-Michael-Moore, take down the system mode at the very beginning.

"*The system is broken and I'm going to tell you how to fix it" - my driving thoughts*

I realized fairly quickly that the state of the healthcare system was a major issue to take on. I had spent three to four weeks researching healthcare systems and healthcare insurance plans. I drove myself crazy trying to understand how these things work. I constantly found myself going down rabbit holes, feeling lost and not really concluding anything. The problems within the healthcare system involved infinite systematic issues and were heavily influenced by politics that were ever changing. I really did not have a solid grasp on either of those things. While being pressed by a short timeline, and an even shorter budget, I began to start exploring other themes amongst mental health.

During this stage, I did my interview with Karen Day, a private psychotherapist with previous experience working in the mental health care system. She was able to offer many interesting points to support the stories of my subjects; therefore, I am thankful I did this interview, during this stage of the MRP.

2. I started looking for alternative ways of healing; I decided to taper off the anti-depressants I had been taking for seven years and try talk therapy. I became anti-anti-

depressants and pro-therapy.

At this stage in my MRP, I had just started filming. Looking back now, I do not like the way I was conducting my interviews at this time. I felt as if I was trying to make my subjects say certain things, like putting my thoughts into their mouths. At this time, two of my subjects were on antidepressant medications, and my interview questions were becoming awkward and forced. Even though my subjects may have agreed with me on some issues, the fact of the matter was that these medications were helping them at that time, and they were okay with this. I knew what I was doing was ethically wrong and that I would not be able to continue interviewing this way. For example, I remember asking Laura, "Do you believe antidepressants are overprescribed?". Although this question may seem harmless, Laura was on antidepressants at this time, and she knew the direction I was steering towards. She answered what she thought I wanted her to say. I re-watched the interview footage when I got home and felt terrible.

I slowly began to realize that critiquing the number of prescribed antidepressants was not what I needed to do, but rather that was me projecting my own issues onto other people. I came to the realization that I myself, could potentially be adding to the very stigma I was trying to dismantle. What I needed to focus on was *pro-support*, rather than *anti-anything*. I then decided to start re-filming.

3. I realize two things: Easily accessible therapy isn't covered by OHIP. Therapy is initially really painful and can take a long time.

During this stage, I was focusing on the limited options available through health insurance and OHIP coverage. I experienced the same issues I previously outlined in regard to access. My health insurance plan only covered three sessions of therapy. I started paying out of

pocket for private services, but they became too expensive and I had to stop. I started to incorporate these findings into my interviews to see if my subjects had run into any of the same issues I had.

4. I began to hate the system entirely, I am no longer on medications, I stop therapy, and I am left with the open wounds of therapy, feeling more anxious and depressed.

My subjects and I start to bond, we meet for coffee at least twice a month and talk about our thoughts and feelings. When we are not meeting in person, we are talking over social media - sending each other quotes and reminders that we are going to be okay. In a way I feel like we were healing each other, or at the very least they were healing me. I was noticing that all of the three main subjects, Jessica, Laura, and Ghanwa, all have something in common. They all use social media as a platform to talk about mental health and share resources. They all believe in creating safe spaces for healing both online and in their communities.

At this point I was now in the process of re-filming all of my interviews. I was starting to lead the interviews more as conversations, leaving the camera rolling and engaging in their answers.

5. With the encouragement of Laura, Jessica, and Ghanwa, I turn to self-help books. I attend self-help workshops, some put on by them!

During this time my subjects were putting on their own workshops and mental health community meet ups. I started to film this, and I felt an immense joy. This activism is what I cared about, this is what I believed to be interesting and important.

Although I had swayed a bit from my original concept, the emphasis towards the lack of resources for mental health still ran strong throughout my film. Throughout the first four steps, I had difficulty finding a story. I believe this happened for many reasons, one of the main ones being that I had been constantly evolving in my own mental health journey, and each step of the way I was taking the direction of my MRP with me. I had difficulty disconnecting from my subjects because the film to me became collaborative. The structure of the film came to be based on the five stages above.

The Distance Between Filmmaker and Film Subjects

During the final year of the project, the distance between my main subjects, Laura, Jessica and Ghanwa and I slowly started to disappear. Although I alone directed the entire process of this film, I felt the heart of the project, the very thing keeping it all together, relied on the relationship between me and these subjects. I believed this happened for a few reasons. The first being that I wanted my subjects to always feel safe while they were sharing their sensitive stories. I believed my subjects would only share their stories, and allow me to share them publicly, if they felt they could fully trust me. I did not feel it was possible to simply meet with my subjects for one day, interview them, and then briefly keep in touch.

I was nervous that perhaps during the final stages of production one of them would decide they were no longer comfortable sharing about their journey with mental health. That being said, the subjects themselves had never given me a reason to feel this way. I believe this was simply me reflecting my own feelings towards publicly sharing stories about my mental health. I believed in order to create a successful and impactful film, my relationships with the main subjects was imperative.

I do not believe that having close relationships with my subjects was a bad thing in any means. Italian filmmaker Enrica Colusso explains this type of documentary filmmaking as "co-creation":

"...while a relationship mediated by the process of filming is clearly different from one which is not – there is no reason to believe that given the proper conditions and attitude, the process of making a film cannot become a generative arena of mutual discovery, understanding and co-creation of what philosopher of dialogue Martin Buber suggestively defines as the 'sphere-of-the-between' (2002, 202–205)."[17]

There were a few times during the filming process that I recognized I was crossing a line. As mentioned above, there was a time when I was encouraging one of my participants to speak about antidepressants in a way they had once expressed to me. However, since we had spoken her opinion had changed and she was now taking antidepressants. Because I had filmed my subject interviews over the course of a year, they were not the same people they were when we had initially met; they were becoming their future selves, and often I would notice myself still trying to film in the past.

Additionally there was a point in the editing process where I realized I had a clip of Jessica speaking of an immediate family member, by name, at one of her speaking events. She had previously agreed I could put anything from this event into the film. However, after getting to know her, a few months later I had a feeling that I should remove this section from the film.

[17] Enrica Colusso "The Space between the Filmmaker and the Subject – the Ethical Encounter." *Studies in Documentary Film*11, no. 2 (2017): 143.

After talking it over with her, she agreed that she would be more comfortable if I removed this section. Had I not gotten to know Jessica the way I did, I would have kept this in the film and unintentionally made her uncomfortable.

In this same article, Colusso speaks of a time while she was working on a documentary film called *ABC Colombia*[18], where she became very close with a young boy named Huriday. He was one of her main "protagonists" who eventually also became part of the film crew. She mentions a few lines that were crossed, one notably I could relate to in my film, "... the line between his inner-self and the persona he was performing, the line between what he was and what he was becoming. I suppose that – to a certain extent – he was mirroring my own line-crossing; from visitor to dweller to documentary director, to film subject, to … The face-to-face encounter was transforming us both."[19]

I find her description of the line crossing dilemma is so powerful as she describes what I believe is precisely why I found it difficult to wrap up filming. I decided the best way to approach this issue was to use the second half of the film to honour my subject's growth.

Post-Production

Because I spent a significant amount of time getting to know my subjects off camera, I hadn't filmed enough sequences of them actually doing things other than their workshops and community events. That was the last thing I filmed, as I realized I needed to help the audience get to know and connect with my subjects.

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[18] *ABC Colombia.* Film. Directed by Enrica Colusso. Italy. France. GA&A Productions, Les Films d'Ici. 2007.

[19] Enrica Colusso. "The Space between the Filmmaker and the Subject – the Ethical Encounter." *Studies in Documentary Film*11, no. 2 (2017): 153.

From November 2018 onward I began working on post-production. It was not until January 2019 that I had my first full rough cut. The rough cut was quite long and quite repetitive; it also did not include any hints of social media. I received feedback on this cut from a sound designer named Tom Third, in a Masterclass. He explained to me that he understood what I was trying to say after the first three minutes, rather than the ten minutes that I took explaining it. I then started taking my supervisor Alex Anderson's advice, to cut out "the good stuff", allowing for more direct and cohesive storyline structure. In February 2019 is when the structure of the film started to make sense, and without me noticing it started to resemble the **five stages** mentioned above. With lots of work to be done, I realized that the incorporation of social media videos was actually quite interesting for building my subject's story and added unique and contrasting elements to my editing.

I was still editing the film two weeks before picture lock. I, like the majority of my classmates who were producing films, hired Dan Schrempf to do my title cards and graphics. I knew I did not have the time to learn sound editing to the quality that I desired so I hired a recent Ryerson graduate Alana Raymond to complete my sound work. Alana helped me add in some sound effects that I failed to professionally record such as atmospheric sounds, traffic sounds, etc.

Additionally, I hired my friend Ben Reader to compose music. I wanted the music in the beginning of the film to be mainly dreary tones, but not too depressing. I did not want to overdramatize the stories and make them sound more depressing than they were. At the midway point when the tone of the film changes, I wanted the music to change with it and become inspiring. I was very happy with the end result and I believe the music significantly helped the overall presentation of the film.

In the end, I was very happy with all of the post work, it really brought the film to life. While I had the sound editor, composer and graphic designer working on the fine cut of my film, I learned how to color grade using Davinci Resolve. There was a learning curve to understanding the program, but after watching many tutorials I became an amateur colourist.

Up until this point, I had done everything for my film by myself. During the interviews I was in charge of the camera, the audio, and conversing with the interviewee. Although it is nice to have full ownership over something, it is not worth diminishing the quality of the overall film. It is impossible to be good at everything, and I wish I would have learned that sooner than later.

The Screening

The day before the screening premiere at DocNOW, Ghanwa texted me saying she was having anxiety about the screening. My heart dropped. I was so nervous she was going to ask me not to show the film. Even though she speaks about her mental health publicly on Instagram to ten thousand followers, she was nervous to be in the same room with people hearing her talk about suicide. Luckily, I was able to talk with her for a bit until she felt more comfortable. I then created a group chat with the other women, who offered her encouraging support. We have since continued the group chat from that evening on, supporting one another and talking about our next big project.

From my perspective, the screening of #SelfHelp was very well received. I received a lot of compliments pertaining to the quality of the work which in my opinion was my biggest concern. One of the professors from Ryerson, Vid Ingelevics, mentioned that he thought I had done a great job and creating a "definitive arc". Most importantly, the women were very excited

by the film. Although I had shown them little clips here and there, this was the first time they had seen the film, and they loved it.

Final Thoughts on Subject Development

I have come to realize since finishing the film that I did not do the best job at building my subjects in order for the audience to feel for them. I think that is because I came to know them as friends; therefore, I believe I left a lot of gaps while assuming the audience would know them as well as I did.

In Sara Angelucci's masterclass we had filmmaker Richard Fung come in to speak with us. There was one unforgettable piece of advice he had given us when it comes to interviewing friends and family. Fung explained to us that he would always bring someone with him, for the interviewee to speak to. This way, because the interviewee did not know this individual, they would explain things more thoroughly. Unfortunately, this was after I had conducted all of my interviews, but I thought this was a brilliant idea!

Conclusion

This sense of community between the three women and I still runs strong. We are currently in the process of creating a #SelfHelp event, held in Toronto in Fall 2019. In this event, I will be featuring a screening of the film, followed by a post discussion; Laura will be leading a guided meditation on family expectations; Jessica will be doing a workshop for mindfulness and coping techniques; and Ghanwa will be doing an art therapy exercise. Finally, the end of the event will be discussing how to be an advocate for mental health in your community, which, we learned from Jessica in the film, does not mean you need to be vocal on your experiences. As Jessica pointed out in an interview:

"..it might be in your business practice, or your job... when you can relate to someone on your team, and instead of judging them, or maybe letting them go, you can relate to them and have understanding, and that I think is a form of advocacy."

The mental health care systems in Toronto, and ultimately Canada, require some serious attention and reconstruction. Adjusting these systems will not be an easy nor quick fix. In the meantime, by continuing an open conversation and creating safe spaces, we can come together as a community, offer one another support, and heal together. Although the conversation on mental health and illness continues to advance into a hopeful direction, there are still many people who feel isolated. In order for the stigma of mental illness to be dismantled, the representation of mental illness in visual media needs to be challenged. The more we come to the understanding that people suffering from mental illness look no different than anyone else, the more we can

normalize the illness, and ultimately allow more people to come forward to seek the support they need and deserve.

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