



Christina Furtado

Mental Health and Wellness Specialist, guard.me International Insurance; Master of Arts in Counselling Psychology (MACP); practising member of the Canadian Psychological Association (CPA) and Ontario Association of Mental Health Professionals (OAMP).

Q1 What led you to pursue a career in mental health and wellbeing? What continues to inspire you today?

I started my career in education working primarily with individuals with learning disabilities, both diagnosed as well as some more self-endorsed issues. Working with these individuals by means of coaching and encouragement has always been part of the foundation of what I do.

When I continued pursuing more of a refined educational stream of my own personal and professional growth, I found myself diving into mental health. I had more of a motivation within anxiety-related disorders, because of who I was already working with and seeing. I found myself falling in love, to be honest, with understanding more about the struggles of individuals living with addictions. So many of these individuals also had anxiety, depression, or post-traumatic stress disorder, amongst so many other layers of complexity in what they were experiencing. I am really just grateful for the stories that I have heard, and the stories that were shared with me.

I wanted to pursue more in that line of work, taking it one step further and using the experience that I gained and the stories that I heard to better educate others on reducing the stigma and building awareness for these individuals that we see and have labelled so disgustingly, for a lack of a better word. These individuals have lived a life of trauma and pain that needs to be understood with compassion and not judgement. I've taken that mission, both personally and professionally, to whatever platform I am given the pleasure to be on.

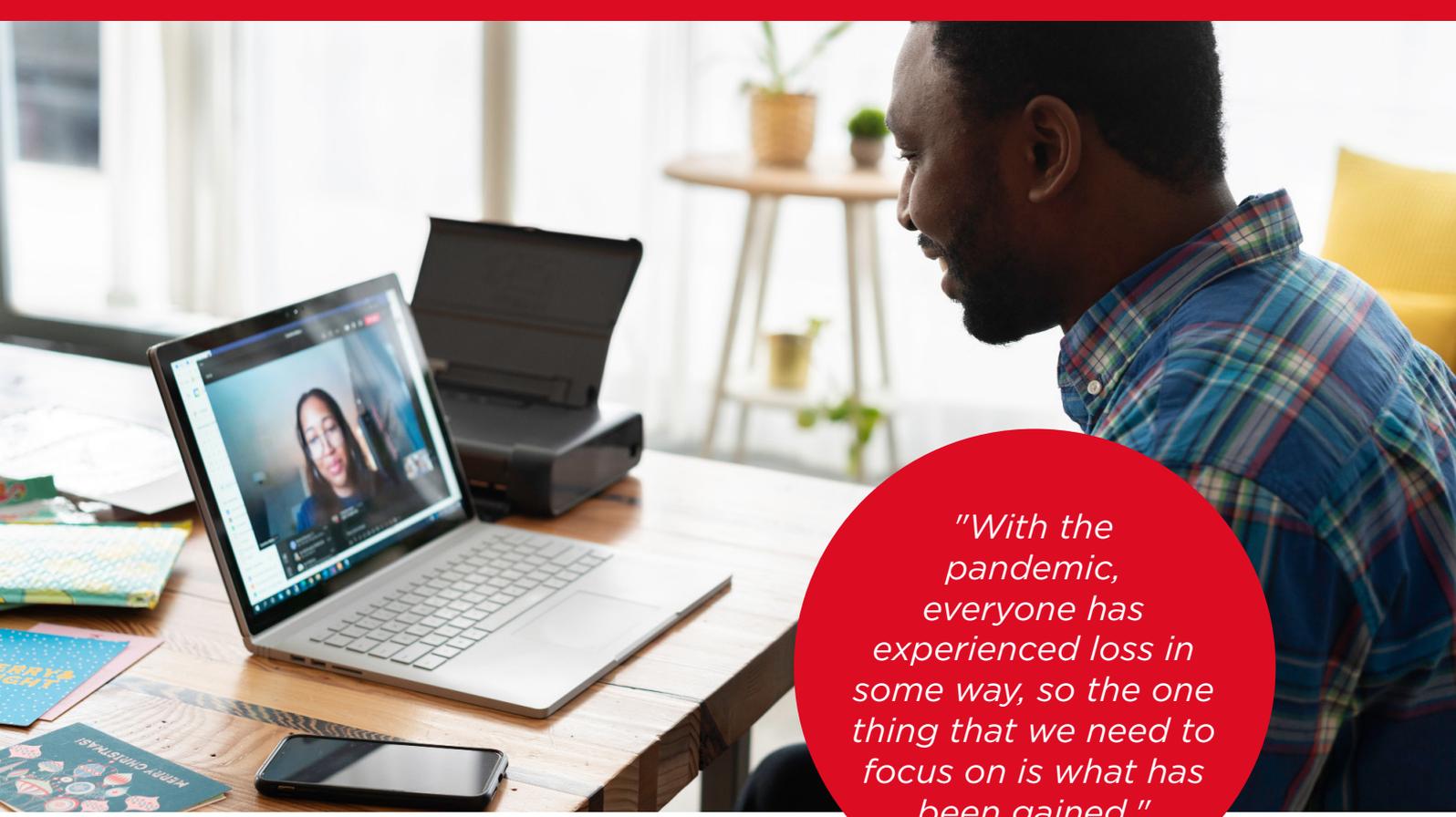
Q2 A lot of your work is committed to providing mental health care in students; how has your approach shifted in recent years with the latest improvements in technology?

Well, one of the main premises of any counselling or mental health is about meeting someone where they're at; not being there to fix things, but to provide an individual with options. The avenue that I've seen really gain momentum and shift the paradigm in providing support and awareness is the increase in options and resources available to clients.

With the pandemic, everyone has experienced loss in some way, so the one thing that we need to focus on is what has been gained. This mind shift, looking at what has been gained, focuses on these options in terms of providing people with accessible resources, regardless of where they are at; providing means of counselling and raising awareness through use of digital access and virtual platforms has really allowed this shift to take place.

Q3 You were involved in a webinar based on 'the digitalisation of mental health'. What were the key messages delivered in this session?

When it comes to talking about such an intimate and private experience, which is what mental health is, it is unique to the individual, and often comes with that self-stigma: "Is someone going to understand me? Is someone going to judge me?" People start to build up walls, not wanting to share much, or not being comfortable reaching for support, regardless of this being educational or treatment based.



"With the pandemic, everyone has experienced loss in some way, so the one thing that we need to focus on is what has been gained."

When we look at a digital model, this could be counselling directly, it could be psycho-educational workshops, webinars, seminars; it's building a platform of education to raise awareness and create change. This adds a level of comfort for the individual on the opposite side of the screen, the individual that is reaching out, in whatever way, for whatever reason and purpose. It can add that level of autonomy where you don't have to share who you are.

There's no judgement of what someone else is going through; even facial expressions can indicate how individuals are receiving information. In this respect, digitalisation can really add a level of comfort for an individual by matching exactly the willingness, readiness, and awareness they are experiencing at the time. When you have this access, through various resources at any particular time of day or night, it really aligns with where the individual is at, and what they need. Mental health is not a nine-to-five. It's not a Monday to Friday. It comes in waves, tsunamis for some. So, having access to this digital aspect can greatly improve the experience that individuals have; it's where they need it the most, when they need it the most, in a way that they need it that is meaningful and can actually create change for them.

Serving as a member of the Canadian Psychology Association (CPA) and Ontario Association of Mental Health Professionals (OAMP), how are these organisations keeping their health initiatives up-to-date with telemedicine and provision of care on the back of the COVID-19 pandemic?

Both associations share the same idea, the same intention. This is to have a means where industry leaders and colleagues within the field across Canada (the OAMP is strictly provincial) can collaborate. They help to really ensure a standard of practice; while we have our code of ethics within the profession, this allows us a means to collaborate and professionally develop. When it came to COVID-19 and the transfer in treatment towards a more virtual model (which, let's be honest, existed but was never the primary means in how we provided care), there was still a debate as to this model's efficiency and its effectiveness in the industry.

These associations allowed for this debate to happen in a respectful way, but also provided education in the midst of the pandemic. They aided the transfer of care, which needed to happen, as we all became more comfortable

with this modality. They provided webinars and other research, as well as guidance for those that were a little bit more hesitant. This has helped clinicians get more comfortable and really gain an appreciation for their adapted duty of care. Our duty of care is to not to tell a client: “This is the best way for you”, but rather to hear the client and say: “I’m here for you in what you feel like is the best form of care, and is suitable to your needs.”

Knowing that our whole reason for going into the profession is to be that teammate of support, or that resource of care, a lot of individuals have been forced to shift gears into a more virtual way of delivering service. These associations provided us with information, which supported us in ensuring that these methods were still effective for clients. They provided webinars and other professional development training opportunities for those that weren’t as comfortable with the transition as others, because that’s what we’ve always done. Aligned with that, they have really taken a front seat drive to help educate the educators.

Yes, we don’t necessarily have that face-to-face, non-verbal dynamic that we have relied on to get a sense of where a client is with their comfort level, or even transparency with what they’re sharing (or not sharing) as cues to help guide us within the sessions. We haven’t lost it; it has just morphed into something different. Frankly, I have appreciated the ability to be creative in how I work with my clients, especially in a virtual model; it really allows for a different type of rapport, and challenges the comfort zone that we all get stuck in within our careers. The counselling career is no different, a mental health career is no different.

Are there any particularly innovative approaches or techniques you are excited to transition into standardised practice in the near future?

I think the one thing that we have seen gain a lot of traction is how closely related our cognitive abilities are to actually resulting in change, and promoting change not only in ourselves but in others. So, cognitive processing therapy, cognitive behavioural therapy, dialectical behavioural therapy have all gained more traction since COVID-19, especially during this

virtual model because so much of it can be done independently and then reviewed with guidance from a professional to really explore the various layers that are revealed through this independent work. That’s one thing that we need to start seeing, and I’m excited to see a lot more of.

When it comes to anything mental health related, promoting change starts with the individual; there has to be a willingness from that individual, there has to be a readiness. For me, self-empowerment has really taken off, and that to me is exciting. That to me is a mindset that we have needed to see a shift to becoming more widespread than it has been in the past. To start seeing that now, as a focal point within the mental health field, empowering the individual, it needs to start that way. If you can help empower an individual on their journey, that to me is a recipe for success.

I think the gift of COVID-19, and I know it sounds like an oxymoron, has presented the opportunity to change an individual’s mindset. When you come from a mindset of loss or failure, you create barriers towards moving forward and personal growth. Growth only happens when you are uncomfortable and when there is uncertainty, and COVID-19 has really thrown a wrench in normalcy for so many people, allowing for progression. I see this as a positive in this sense.

From your experience working in addiction rehabilitation, do you think the ‘online revolution’ we are experiencing will have long-term implications? If so, how will these affect medical experts and their clients?

I think, from a professional standpoint, there can be positive gain with regard to a virtual model of treatment; I think that a sense of community and connection is critical to the recovery pathway of an individual living with an addiction. Addiction is a very isolating disease itself inherently, and this is where there is a concern for me. As much as there can be gained, looking at where an individual is at and how their particular experience of addiction might be keeping them isolated is important, as this is going to have an adverse effect. If individuals such as this continue to receive treatment virtually, this added isolation could have negative effects.

We focus on the successes of an individual in recovery, with them regaining a connection with self and others in a healthier way. Those that work in the field of addiction tell their clients that it is important, when looking at a recovery action plan, to change people, places, and things. This is something that can be applied to those wanting to make positive, meaningful, and sustainable life changes. If you don't have the opportunity to challenge the new habits, or the new ways of thinking, you don't necessarily know what triggers you have and how to ride the wave of that 'urge' and give-in to some of those triggers. This is particularly challenging when you're living more of a virtual life.

I think if there is that awareness of the possibility, then we can become more proactive and not reactive to things. We tend to be on autopilot, as humans we become more reactive versus proactive. I do feel that people within the industry, especially in treatment centres, are taking a more proactive approach by really building a foundation of success for the clients before they come into treatment, and maintaining that same care afterwards during the difficult journey to recovery.

We are prone to falling into similar habits, old, learned behaviours, and isolation is one of them. To continue to find encouraging means to offer that sense of connection and community, virtual platforms are what will allow for individuals living in recovery to continue to live in recovery, successfully.

What are your opinions on video consultation? Is it a sustainable method of meeting with individuals? Are there any dangers, problems, or benefits you have come across implementing these appointments?

I think that there are benefits with it being more accessible when a client is ready. With regards to intervening or any type of assessment, there is a lot to navigate in terms of time; this might include travel, schedules, things of that nature. Through virtual models the aspect of time is more valuable and immediate in the sense of people saying: "Yes, I've got 20 minutes right now. Let's get on a call!"

The difficulty lies with maintaining this as a primary means moving forward, and that not everyone has access. Many individuals might be unable to access a virtual platform, and this is going to be an issue. This is where, again, we need to look in a proactive way at what has been effective, which areas, and who are affected in a negative way, in order to access these particular resources and assessments.

Consultations are one of those resources, and we can't always assume that when an individual has an assessment or consultation, they are going to move forward with support. This is setting up an expectation that is going to be disappointing; not only for family members potentially, but also in the profession you can't have that expectation. Access, I think regardless of virtual or non-virtual environment, is the problem we face.

What advice would you give a younger-self or recently established clinician building a career in an increasingly digitalised field?

You can't save everyone. If you go into this profession with the idea and the hope that you are going to change millions of lives, you're not. It's important to have an appreciation and hope to create change, but not an expectation of creating change. It is about planting a seed for someone else to grow.

In clinical training we are always encouraged and really drilled with boundaries; while I had boundaries for my interactions with clients, I didn't have boundaries for my own expectations of what was going to come out of a particular therapeutic relationship. Looking back, training gave me a more grounded platform to be a better version of myself, not only within my counselling sessions and in counselling roles, but also outside of that.

This attitude allows clinicians to leave their problems at the door and not make somebody else's issues their own. As a human being, you have your own life, even being in this profession. You don't have the answers to everything. This experience allowed me to gain clarity as to what I was okay to carry through my day and what that I wasn't okay with. ■