

## Brokenness to Beauty

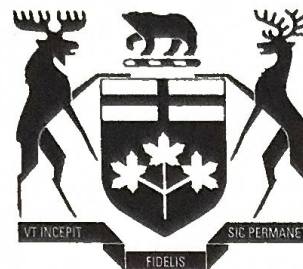
Mental illness is undebatably complex. Some, including myself, may have struggled with various types of it. I was hospitalized from 2023-2024 for around five months due to a mental health breakdown resulting from multiple causes. I underwent electroconvulsive therapy and am doing significantly better now. Though my hospitalization was life-changing, I would like to highlight some snippets of the years before this, my main mental health struggle being OCD that manifested as scrupulosity.

An aspect of OCD is the bombardment of intrusive thoughts. Among other thoughts, these personally included blasphemous thoughts. I remember when it all started in grade seven; I would wake up at night and, for absolutely no reason, a thought cursing the God I loved would enter my head. Shock and fear would fill me. How could I dare to think such thoughts? Oftentimes I would also mentally recheck past conversations, filtering through things I said, to make sure I didn't accidentally lie or accidentally offend someone. I eventually realized it was actually an OCD compulsion whenever I'd randomly go out of my way to correct a tiny detail to someone or overapologize. I was trying to avoid lying or taking the chance of not being at peace with someone. Looking back, it wasn't *me* trying to do weird, crippling rituals. It wasn't *me* thinking those horrible thoughts. It was OCD, driven by fear. If that part of my OCD brain, unable to turn off the anxiety, was functioning, I wouldn't be chained by fear and would act normally. I've realized so profoundly that mental illness does not define an individual, their values and character, or their true self. It is a carried burden, and people are so strong for carrying that weight every moment of each day. I have the deep desire to humanize and show love to those with mental illness, bringing to light that reality that mental illness is not *them*, that they are so much more than that, and that they are so full of worth.

Furthermore, I find that having OCD, despite its difficulty, is actually a superpower and gift, because I now have the empathy and compassion to want to help people struggling with it feel seen, heard, and understood. I have already been given the opportunity to be a blessing to someone I grew up with who seems to have huge symptoms of OCD. Thank God, they tell me it means so much to them that they have someone who understands them and tells them what they need to hear. As I enter Co-op Psychology and Health Studies at UofT, plan to major in Mental Health Studies, and consider becoming a psychotherapist, I hope to be able to journey with individuals. From the perspective of someone who has gone through similar struggles, I hope to see and support them in their pain and be a living testimony that *there is hope*. You can break free, bit by bit. You can make it through, one step at a time. If I get a platform as a psychotherapist (I know some psychotherapists and psychiatrists do talks), I truly desire to be able to use it to make an impact on the family and friends of those with mental illness, as well as changemakers, inviting change that will open people's eyes to see those struggling with mental illness with genuine compassion, seeing them for the people they truly are. Here is an insight I had: doing OCD compulsions is like constant sneezing when you have a bad cold. This sneezing may become annoying to others. It's not that you absolutely love sneezing, but that your body is

sick, in need of rest and healing. Similarly, people with OCD aren't weird. They do the compulsions because of the part of their brains that prevents anxiety from being resolved.

Though there is more to be said on this complex topic, I hope my essay brought some insight into just how much people struggling with mental illnesses like OCD need to be loved and patiently journeyed with. May I be able to work towards this as I pursue my studies, helping to bring relief and peace to many individuals.



Ontario

# Ontario Secondary School Diploma Diplôme d'études secondaires de l'Ontario

This Diploma is granted to  
Ce diplôme est décerné à

**Hannah Kaylee Tie Bendicion**

a student of  
élève de

**Bill Hogarth Secondary School**

who has fulfilled the requirements for the Ontario Secondary School Diploma  
in accordance with the provisions of the Ministry of Education, Ontario.

qui a rempli les exigences prescrites pour l'obtention du diplôme d'études secondaires de l'Ontario,  
en vertu des dispositions du ministère de l'Éducation de l'Ontario.



Dated at  
Délivré à

**Markham**

the  
ce

**25<sup>th</sup>**

day of  
jour de

**June 2025**

Minister of Education / Ministre de l'Éducation

Principal of School / Directeur ou directrice de l'école



January 27, 2025

Hannah Kaylee Bendicion  
48 Murray Wilson Drive  
Markham, ON L6B0R2  
Canada

**Birthdate:** 2006-04-25

**Student Number:** 1012594970

Dear Hannah Kaylee,

We are delighted to offer you a place at the University of Toronto. Your record of achievement has distinguished you in a pool of highly accomplished applicants and you have been selected for admission in the 2025-2026 academic year to Co-op Psychology & Health Studies at the University of Toronto Scarborough. Congratulations!

At the University of Toronto, we are committed to helping you reach your highest potential. We believe you will be an excellent addition to a community of scholars who share a passion for learning, a deep curiosity about the world and a commitment to making a difference. You'll have a chance to learn from professors who lead in their fields and to benefit from the resources of a major international institution. You'll make friends with others who share your interests and aspirations.

Some important logistics:

- Read the Terms and Conditions of this offer outlined in your Join U of T applicant portal.
- Accept your offer via the Join U of T applicant portal. Your response must be received no later than June 02, 2025.

Once again, congratulations. We hope that you will take this opportunity to write the next chapter of your life at the University of Toronto and make your distinctive contribution to our proud legacy of excellence.

Sincerely,

A handwritten signature in black ink, appearing to read "Meric S. Gertler".

Meric S. Gertler  
President

A handwritten signature in black ink, appearing to read "Linda Johnston".

Linda Johnston  
Vice-President, University of Toronto  
Principal, University of Toronto Scarborough



UNIVERSITY OF  
**TORONTO**

### University of Toronto Admission Scholarships

January 27, 2025

Hannah Kaylee Bendicion  
48 Murray Wilson Drive  
Markham, ON L6B0R2  
Canada

**Birthdate:** 2006-04-25

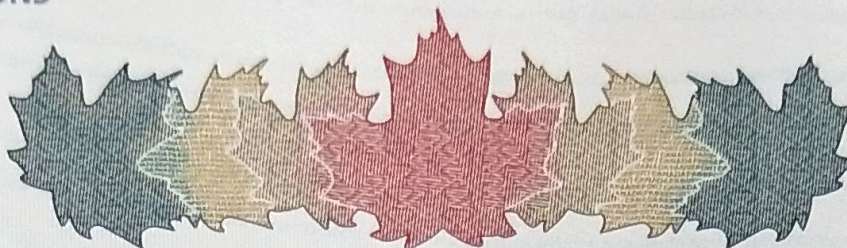
**Student Number:** 1012594970

We are pleased to recognize your outstanding achievements:

- You have been awarded a University of Toronto Scarborough (UTSC) admission scholarship in the amount of \$1,500. This award is valid if you meet the conditions of your offer of admission and register at UTSC. Information on the terms of the UTSC award is at <https://www.utsc.utoronto.ca/admissions/scholarship-eligibility-and-conditions>.



This passport is valid for all countries unless otherwise specified. The bearer must comply with any visa or other entry regulations of the countries to be visited.

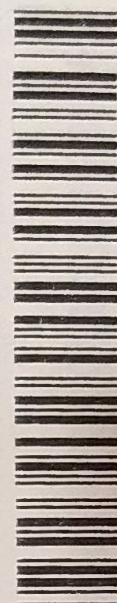
SEE OBSERVATIONS BEGINNING ON  
PAGE 5 (IF APPLICABLE)

Ce passeport est valable pour tous les pays, sauf indication contraire. Le titulaire doit se conformer aux formalités relatives aux visas ou aux autres formalités d'entrée des pays où il a l'intention de se rendre.

VOIR LES OBSERVATIONS DÉBUTANT À  
LA PAGE 5 (LE CAS ÉCHÉANT)

Hannah B...

**Signature of bearer - Signature du titulaire**



W E 1 3 6 9 4

7 W 2 1 1 3 4 5

**PASSPORT**  
**PASSEPORT**

# CANADA



**Issuing Country/Pays émetteur**

P

CAN

Surname/Nom

# BENDICION

Given names/Prénoms

HANNAH KAYLEE TIE

Nationality/Nationalité

CANADIAN/CANADIENNE

Date of birth/Date de naissance

25 APR / AVR 06

Sex/Sexe

Place of birth/Lieu de naissance

F

TORONTO CAN

Date of issue/Date de délivrance

07 OCT / OCT 22

Date of expiry/Date d'expiration

07 OCT / OCT 32

Issuing Authority/Autorité de délivrance

MISSISSAUGA

Passport No./N° de passeport

AW211349

9463

P<CANBENDICION<<HANNAH<KAYLEE<TIE<<<<<<<<<<

[illegible]





# Certificate of Disability

## Section I: To be completed by the student: Confidentiality & Consent

I, Hannah Kaylee Bendicion, Date of Birth: 2006 / 04 / 25 (yyyy/mm/dd)  
(print your name)  
of 48 Murray Wilson Drive, Markham, ON address  
(print your address)  
authorize Dr. Gaurav Mehta  
(print name of health information custodian)

to disclose my personal health information for the purposes of academic accommodation and support planning. This information consists of my disability diagnosis, restrictions and limitations, treatment plan, treatment team contacts, medication side effects, assessments (if applicable, Psycho-educational/Neuropsychological report). I understand I am not required to disclose the diagnosis but the type of disability is required for service eligibility.

With this understanding: ☐ I permit the disclosure of my diagnosis ☒ I do not permit the disclosure of my diagnosis

This information may be disclosed to staff of AccessAbility Services, University of Toronto Scarborough, 1265 Military Trail, AA142, Toronto, ON M1C 1A4

I understand the purpose for disclosing this personal health information between the parties noted above. I understand that this authorization can be rescinded or amended at any time at my written request.

Student's Signature: Hannah Bendicion

Date: July 8, 2025

## Section II: To be completed by the Health Care Practitioner

Dear Health Care Practitioner:

The student named above is requesting disability-related academic supports and accommodations while studying at the University of Toronto Scarborough. AccessAbility Services supports students who **require academic accommodation for a permanent, persistent or prolonged or temporary disability** and seeks out objective information about the student's disability-related needs from a Regulated Health Care Practitioner as outlined by the Ontario Human Rights Code. The combination of the student's lived experience, and supplementary medical documentation, informs the accommodation and support process.

In order to provide academic accommodations, the student is required to provide the University with documentation which is:

- Completed by a licensed health-care professional, qualified and licensed in the appropriate specialty and can diagnose the stated disability within their scope of practice. AccessAbility Services has the right to decline documentation on the basis of the health care professional's credentials and/or relationship to the student.
- Thorough enough to support the accommodations being considered or requested based on the students' functional restrictions and limitations affecting their performance in academic classroom/lab/practicum/ placement/field work settings. The provision of all reasonable accommodations and services is assessed based on the **current impact** of the disability on academic performance. Generally, this means that a diagnostic evaluation has been completed within the last year.

Please note that any information provided on this form will be used in accordance with the guidelines outlined in Section 39(2) of the Freedom of Information and Protection of Privacy Act, 1990 (FIPPA).



## Section II

### Duration of Disability

☒ **Permanent disability** with on-going (chronic or episodic) symptoms (that will impact the student over the course of his/her academic career and is expected to remain for his/her natural life).

☐ **Persistent or prolonged disability** that has lasted, or is expected to last, for a period of at least 12 months with an expected duration from: **Start Date:** (Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_) to **End Date:** (Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_) and is not a permanent disability

☐ **Temporary disability** with an anticipated duration under 12 months from: **Start Date:** (Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_) to **End Date:** (Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_) and is not a permanent disability.

☐ I am in the process of monitoring and assessing the student to determine if a disability is present. This assessment is likely to be completed by \_\_\_\_\_.

### Statement of Disability

**Check all applicable disability types. Please note any multiple diagnoses or concurrent conditions.**

The provision of a diagnosis in the documentation is voluntary however, disability documentation must still confirm the student's type of disability and the functional limitations. If the student consents, please provide a clear diagnostic statement; avoiding such terms as "suggests" or "is indicative of". If the diagnostic criteria are not present, this must be stated in the report.

If the student does not permit the disclosure of the diagnosis, please verify that a disability is present. There will be some instances where a diagnosis is required to establish eligibility for specific support (e.g., funding).

☐ **Acquired Brain Injury /Concussion** Dx Onset \_\_\_\_\_

History of Prior Acquired Brain Injury/Concussion: ☐ Yes ☐ No ☐ Unknown

If applicable, date of Motor Vehicle accident: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Year, Month, Day)

☐ **Attention Deficit/Hyperactivity Disorder** Dx date: \_\_\_\_\_

Type: ☐ Inattentive ☐ Attentive ☐ Combined

☐ **Autism Spectrum Disorder**

☐ Requiring support ☐ Requiring substantial support ☐ Requiring very substantial support

☐ **Deaf, deafened, hard of hearing** Please attach a copy of the most recent audiogram

Symptoms are: <input type="checkbox"/> Stable <input type="checkbox"/> Progressive	None	Mild	Moderate	Severe	Deaf	Hearing Aids required
Left Ear						<input type="checkbox"/>
Right Ear						<input type="checkbox"/>
<input type="checkbox"/> Tinnitus Other: _____						



☒ **Mental Health Disability** Dx (DSM V) (If the student permits please be specific e.g., Major Depressive Disorder, Bi-Polar I Disorder, Generalized Anxiety Disorder, Social Anxiety Disorder, Panic Disorder, etc. )

OCD / psychosis - first episode / bipolar disorder

How long have the symptoms presented (in months or years)? < 2024

☐ **Medical** Dx: \_\_\_\_\_

Symptoms are: ☐ Stable ☐ Progressive

If applicable, seizure type(s): ☐ Absence (petit mal) ☐ Atonic (drop attacks) ☐ Clonic ☐ Tonic ☐ Tonic-Clonic/convulsive (grand mal)  
☐ Focal (partial), with retained awareness ☐ Focal (partial ) with loss of awareness ☐ Myoclonic ☐ Psychogenic non-Epileptic seizures

Frequency of seizures: \_\_\_\_\_

☐ **Physical/mobility/functional/fine motor** Dx: \_\_\_\_\_

Symptoms are: ☐ Stable ☐ Progressive

If applicable, date of Motor Vehicle accident: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Year, Month, Day)

Aids Required: ☐ Manual Wheelchair ☐ Electric Wheelchair ☐ Electric Tilt Wheelchair ☐ Electric Scooter

☐ Walker ☐ Cane/Walking Stick ☐ Crutches ☐ Braces

☐ **Vision** Dx: \_\_\_\_\_

Symptoms are: <input type="checkbox"/> Stable <input type="checkbox"/> Progressive		Legally blind: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Visual Acuity	Visual Acuity – Best Corrected	Visual Field	Visual Field – Best Corrected
OD (Right Eye)				
OS (Left Eye)				
OU (Right & Left Eyes)				
Other comments on diagnosis (e.g., night vision, depth perception, ocular mobility/balance, colour perception, constriction, etc.):				

☐ **Other** Dx: \_\_\_\_\_

☐ No disability is present, student referred for other services

Note: Confirmation of a Learning Disability must follow the *LD documentation guidelines*

Clinical Methods to Diagnose Disability	Source(s) Used (check all that apply)
Student's self-report	<input checked="" type="checkbox"/>
Clinical Observation	<input checked="" type="checkbox"/>
Information from parents, teachers, significant other	<input checked="" type="checkbox"/>
Diagnostic imaging/tests <input type="checkbox"/> Blood Tests <input type="checkbox"/> CT <input type="checkbox"/> EEG <input type="checkbox"/> MRI <input type="checkbox"/> Ultrasound <input type="checkbox"/> XRAY	<input type="checkbox"/>
<input type="checkbox"/> ADHD Checklist Administered	<input type="checkbox"/>
<input type="checkbox"/> Psycho-Educational assessment	<input type="checkbox"/>
<input type="checkbox"/> Neuropsychological report (Please attach assessments to this certificate)	<input type="checkbox"/>
<input type="checkbox"/> Writing Aids Assessment (Please attach assessments to this certificate)	<input type="checkbox"/>
<input type="checkbox"/> Other (please specify)	<input checked="" type="checkbox"/> ASSESSMENTS BY

EARLY PSYCHOSIS INTERVENTION TEAM

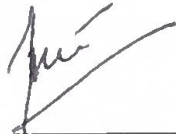
please submit the completed, stamped signed form, to the AccessAbility Services office.

Fax to: 416-287-7334

Email: ability.utsc@utoronto.ca

Address: AccessAbility Services, University of Toronto Scarborough, 1265 Military Trail, AA142, M1C 1A4

### Health Care Practitioner Information

Name of Health Practitioner (please PRINT):		DR. GAURAV MEHTA			
Facility Name and address - Please use official stamp  Note: If you do not have an office stamp please sign and attach your letterhead. Signatures on prescription pads will NOT be accepted.		Specialty:		<input type="checkbox"/> Oncologist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Optometrist <input type="checkbox"/> Orthopaedic Surgeon <input type="checkbox"/> Otolaryngologist <input checked="" type="checkbox"/> Psychiatrist <input type="checkbox"/> Psychologist <input type="checkbox"/> Rheumatologist <input type="checkbox"/> Other regulated health practitioner:	
596 DAVIS DRIVE, NEWMARKET, ON, L3Y 2P9		<input type="checkbox"/> Cardiologist <input type="checkbox"/> Endocrinologist <input type="checkbox"/> Family Medicine <input type="checkbox"/> Gastroenterologist <input type="checkbox"/> Hematologist <input type="checkbox"/> Neurologist <input type="checkbox"/> Neuropsychologist <input type="checkbox"/> Neurosurgeon			
Health Practitioner Signature:				Registration/ License No.	102148
Date	14 JUL 2015	Telephone Number	905-895-4521 Ext 5330	Fax Number	905 830 5977