



The Students
Commission
Centre of Excellence for
Youth Engagement



MENTAL HEALTH

FEBRUARY 2018

At the #CanadaWeWant Conference we asked participants to rate on a scale of 1-10 how much mental illness impacts their lives. The average response was 8.8. Youth in Canada feel that mental health and wellness is just as important as physical health. Although we recognize that leaders in some of our communities are changing how we treat mental health, Canada as a whole still has a great deal to accomplish before we can support youth mental health needs across the country.

Our recommendations take into account Canada's diversity and the diversity of experience with respect to mental health. Many Indigenous communities are in a state of mental health crisis; accessing mental health care in rural communities is different than for those living in cities. There is a lack of consistent education about mental illness, and Canada needs to address the national suicide crisis among young people, especially those in Indigenous communities.

The Mental Health Theme team agreed on 10 recommendations that we believe will improve young people's mental health and wellness moving forward.



Mental Health and Wellness Theme Group 2018

SUMMARY

Mental health affects us all; mental illness impacts many. Youth at the Canada We Want Conference recognized this reality. They also recognized the importance of exploring and addressing our own mental health. The Mental Health and Wellness Theme Team knows that the Canada We Want is one in which every young person has equitable access to mental health services and care, and every young person is educated about mental illness to reduce stigma.



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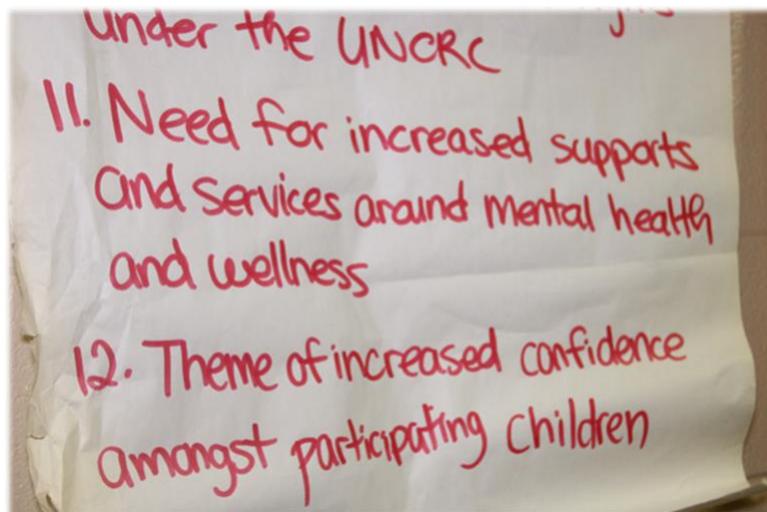
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Acknowledgments

Thank you first to the courageous young people who traveled from coast to coast to coast to build the #CanadaWeWant so we can have the #CanadaWeNeed.

With representatives from First Nation, Métis and Inuit communities from across the country, we humbly gathered on the traditional territories of the Haudenosaunee, the Ojibway/Chippewas, the Anishinabek, and currently the Mississaugas of the New Credit First Nation. We were also surrounded by Indigenous communities: to the North were the Chippewas of Georgina Island; to the East are the Mississaugas of Scugog Island; and to the West are the Chippewas of Kettle and Stoney Point. Through Indigenous-led ceremony, acknowledgement and respect, we recognized the enduring presence of Indigenous Peoples on this land, and were very grateful to have the opportunity to use it as a meeting place, and a space for knowledge sharing.

Thank you to YMCA Cedar Glen, The Students Commission of Canada, Sharing the Stories Research and Evaluation Platform, Centre of Excellence for Youth Engagement, RBC Foundation, UNICEF Canada, the Government of Canada and the many other funders of the #CanadaWeWant Conference 2018, and all of the organizers, elders, adult allies, facilitators, and most of all the wonderful youth participants. Thank you to The Students Commission Conference Planning Committee for their hard work. Thank you to the federal government representatives and policymakers that attended the Conference and will continue to support the development of A Youth Policy for Canada.



Executive Summary

It is the responsibility of the Government of Canada to provide Indigenous-specific mental health supports including holistic healing, counselling, and safe spaces to share their experiences. The Government of Canada needs to prioritize communities that have been identified as having disproportional rates of mental illness and suicide. It is also the responsibility of the Canadian government to provide support services for Indigenous families that address and acknowledge intergenerational trauma, a consequence of colonialism in Canada. A failure to do so constitutes racism.

To enhance the level of education youth attain regarding mental health and illness, youth in Canada should receive mandatory publicly funded education focused on the ability to recognize mental illness, treatment options and trauma awareness. Our recommendations also include that all youth should receive suicide prevention training during school hours, as well as increased access to peer-to-peer support trainings in their schools. Mental Health First Aid training should be a priority for community organizations and front line workers employed in the youth sector.

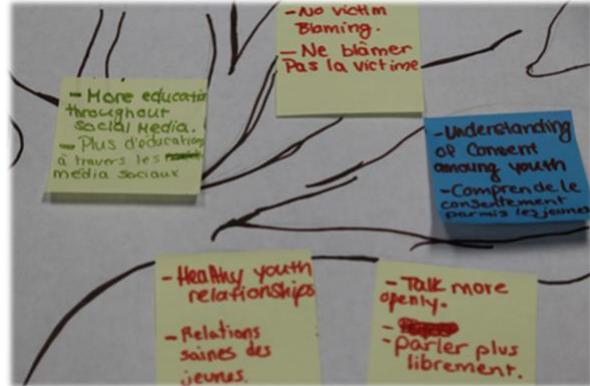
In terms of service improvement, our recommendations include online and text based supports that are integrated alongside existing phone and in-person supports. Services like COAST (Crisis Outreach and Support Team) should be implemented in communities, especially rural/remote communities and inpatient support services should be co-developed by the patients and community organizations.

A National database of all mental health services available to youth and young adults would be valuable as a resource in all Provinces and Territories. This database should have staff to help navigate the database and connect youth with appropriate services in their community.



"I learned that many people suffer the same issues as me, and you can connect with others in a matter of days"

“Canada is far more diverse than I realize”



“I am going to be more considerate about how others express their feelings and how I express mine as well”

#CANADA WE WANT

The change we want to see:

We would like to see a mental health care system in Canada that equals the physical health & wellness system. This will facilitate access to care and reduce stigma surrounding mental health. Our mental health care system needs to transition from being a reactive system that only responds to the needs of youth in crisis, to a proactive and pre-emptive system that prioritizes mental care and is based on both autonomy and community.

The way we want to get there (Activities):

The Canadian healthcare system will invest equally in mental health and physical health and wellness care. This can happen through mental health first aid training and mobile mental health crisis response units.

The way we want to get there (Activities):

Indigenous communities will have the proper support required to address their needs, including supports addressing intergenerational trauma and disproportionate suicide and mental illness rates.

The way we want to get there (Activities):

Canada will train young people in school systems so they are equipped to assist their peers in addressing mental illness and recognize early signs of suicide.

What we need to get there (Resources):

We will need government to fund mental health supports adequately, and concentrate these supports where need is greatest.

The way we want to get there (Resources):

The provincial and territorial Ministries of Education will need to cooperate and partner with the federal government so supports and trainings can be integrated into curriculum and delivered in schools.

What are the values and the principles to ground our recommendations?

The current youth mental health system in Canada is outdated. *New and innovative* practices are required to support a new generation's expanding needs.

What are the values and the principles to ground our recommendations?

Indigenous young people experience disproportionate rates of mental illness and suicide on and off reserve. The current system provided to Indigenous youth is failing, often culturally irrelevant and outdated. I think this should be reframed.

Our Recommendations

Recommendation 1:

It is the responsibility of the Canadian Government to provide on-reserve and off-reserve indigenous-specific supports. Included in this, the Government of Canada needs to take action in indigenous communities that have been identified as having disproportionate rates of mental illness and suicide through the creation of community-oriented plans.

Rationale: In Canada, First Nations, Metis and Inuit communities see disproportionately higher suicide and mental illness rates in youth. (The suicide rate for Inuit youth is 11 times greater than the national average, and the highest in the world. First Nations youth die 5-6 times more by suicide than non-indigenous youth). Indigenous young people from across Canada have expressed the benefit of holistic approaches to mental illness treatment.

Approach: Publicly funded indigenous-specific supports will be implemented on and off reserve including holistic healing, counselling, and safe spaces to share experiences for indigenous people. Additionally, in-need communities with disproportionate suicide rates and mental illness rates in indigenous youth will be identified, and community-specific approaches will be put in place.

Recommendation 2:

It is the responsibility of the Canadian government to provide publicly funded support services and safe spaces for Indigenous families to address intergenerational trauma.

Rationale: In Canada, Indigenous peoples have experienced extreme suffering through the traumatic history of colonization, residential schools, and systematic disregard for indigenous needs. Because of this, intergenerational trauma has become a common theme in indigenous families.

Approach: Communities and families will self-identify as in need of counselling to address this trauma. Once recognized, communities and families will be referred to an Indigenous mental health service or a nearby community mental health organization will select councillors to participate in Indigenous cultural and historical training, then begin addressing the intergenerational trauma.

Recommendation 3:

Youth in Canada should receive mandatory publicly-funded suicide prevention trainings (such as safeTALK) through the school systems. It is secondary schools' responsibility to make these trainings available to ALL young people in the facility who are 15 and older.

Rationale: Young people are fully capable of understanding the topic of suicide, and with training, capable of re-acting safely and responsibly. If young people are able to recognize the signs of suicide early within their peers, it could reduce suicide rates drastically.

Approach: For youth 15 years and older, suicide prevention trainings such as safeTALK will be facilitated by local community's mental health organizations (Ex. Living Works) during school hours in school facilities twice a year.

Recommendation 4:

Publicly funded peer-to-peer mental health support trainings should be made available to youth in Canada within secondary and middle school systems.

Rationale: Professional counselling has long wait times, short sessions, and often, irrelevant or culturally inappropriate treatment. If Canada equips its young people with the proper training to help support other young people with mental illnesses, mental health will become a topic of normal conversation, reducing stigma, while ensuring support for youth is always available.

Approach: Community mental health organizations in partnership with local school boards, The Canadian Mental Health Association, and Peer Support Canada will implement a peer-peer mental health support training in secondary and middle schools beginning at age 12. This training will be based off of the pre-existing training developed by Peer Support Canada.

Recommendation 5:

A National database of all mental health services should be available to youth and young adults, and implemented as a resource in all provinces and territories. This database should include a specific section for mental health supports for Indigenous people.

Rationale: No current national (connecting all provinces and territories) database for mental health youth services exists. A digital national database of youth mental health services, will help young people better connect with and access their local and national resources.

Approach: All mental health resources in every community across Canada will be compiled. The data will utilize the model of the Mental Health Helpline of Ontario, which includes paid staff that help young people navigate (through call, chat, email and directory) the services included in the database and connect youth to services located in their local communities.

Recommendation 6:

The Canadian government should mandate that provincial education curriculums include mandatory mental health education within physical education and health courses.

Rationale: Students learn extensively about physical and sexual health in school, but mental health is ignored in provincial curriculums. If mental health as a general topic is taught in the education system, it will be normalized, reducing stigma and helping students understand general mental health coping strategies.

Approach: The federal government will collaborate with the provincial governments to implement curriculum changes in health and physical education courses. This should include ability to recognize mental illness, treatment options and trauma awareness.

Recommendation 7:

Mental Health and First Aid (MHFA) training should be delivered to community organizations and front line workers employed in the youth sector (Ex: educators, librarians, coaches, recreation staff etc). MHFA should be made mandatory in certain settings, such youth programming.

Rationale: Trained and prepared community organizations and frontline workers in the community would ensure safe spaces and appropriate responses in all mental health crisis scenarios, making Canada safer.

Approach: A basic Mental Health First Aid training, following the model of the training provided by the Mental Health Commission of Canada, will be made available to all employees and volunteers in the youth sector. For educators, (teachers, professors, educational assistants etc.) this training will be mandatory.

Recommendation 8:

The Canadian Government should advise mental health support services across the country to integrate online and text-based support alongside existing phone and in-person supports designed for youth to accommodate our current generation's communication preferences.

Rationale: Canada's current generation of youth needs an updated system of communication. If an updated form of communication (alongside existing forms) such as text-based supports were used as a tool to serve young people' youth could better access and connect with mental health support services.

Approach: New and innovative forms of communication such as digital text-based and online supports will be developed and used by Canada's mental health services to better connect with young people.

Recommendation 9:

The Government of Canada should fund community health networks (especially in rural communities) enabling them to offer mobile crisis units for youth who are in mental health crisis.

Rationale: Physical crises are addressed through a publicly funded mobile crisis unit (ambulances). With this rationale, a Canada that respects mental wellbeing to the same degree as physical wellbeing should offer a mobile crisis unit for mental health crises as well.

Approach: This mobile unit based off of programs like COAST (Crisis Outreach and Support Team) based in Hamilton, Ontario, will travel to youth that are feeling suicidal or experiencing a mental health crisis in parallel to emergency physical health crisis response. When the unit arrives, they will work with youth to develop a care plan, practice intervention as needed and help connect youth to appropriate community services.

Recommendation 10:

Within Canadian hospitals, inpatient support services should be provided and include educational workshops co-developed by the patients and community organizations.

Rationale: A past inpatient has indicated that receiving education on specific subjects (ex. meditation, nutrition, a realistic exercise schedule, peer support, mindfulness, and the ability to validate emotions) has greatly impacted their ability to live a healthy life as a person with a mental illness. This support should be available wherever care is being provided. The care should be tailored and individualized wherever possible, because it is important to ensure that patients are able to work with community partners and their supports to create meaningful educational sessions.

Approach: Focus groups should be implemented into inpatient settings. Past and present inpatients, and their families and friends, should be invited to provide feedback. Community partners should be involved in the facilitation of these focus groups and communicate what resources they can offer to inpatients and their community to improve overall recovery.

Conclusion

Canada's mental healthcare system requires significant improvement. Youth have worked together to provide solutions to a variety of systemic problems we have identified through statistics, roundtables and discussion, that are impacting mental health services in Canada for youth. Through these recommendations, we hope that youth will be able to receive optimal care in their communities regardless of their location in our country, race, or sexuality.

With proper training, education and the altering of an outdated system, young Canadians can be supported at the level they require, and the topic of mental health can be normalized to reduce the negative stigma.

Indigenous young people have disproportionately struggled with mental illness leading to tragically high suicide rates. These recommended changes may finally help in altering our unfortunate pattern here in Canada and help us along our path of truth and reconciliation.

We need more than awareness. We need action.