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Canadian Council of Child and Youth Advocates

Statement on Child and Youth Mental Health Backgrounder

Experiences of Children and Youth Accessing Mental Health Services Across Canada

May 5, 2016

Alberta

In 2013, 17 year old Catherine took her own life. Catherine had struggled with mental health issues for many years. When Catherine was ten years old her parents first sought help through the children's mental health system. Between 10 and 17 years of age, Catherine received numerous mental health interventions and accessed a range of services; she was admitted to a residential treatment facility twice. While Catherine had short periods of stability, her mental health deteriorated through her teen years. By her mid-teens Catherine started to harm herself and distanced herself from her family. Catherine's last few months were unsettled. She was briefly hospitalized after attempting suicide and then hospitalized a second time following a motor vehicle collision that she claimed was an accident.

As Catherine's mental health deteriorated her parents contacted Child Intervention Services for help to keep Catherine safe. The first time they contacted Child Intervention Services they were referred back to Mental Health Services. The second time they met with Child Intervention Services expressing concern that Catherine was at risk for suicide, the matter was opened for Screening while caseworkers gathered information. Within days after that Catherine ended her life.

Catherine and her family accessed numerous mental health services to get her the help she needed to address her complex mental health needs, and when those were exhausted her parents reached out to Child Intervention Services to keep Catherine safe. There was no coordination and collaboration between different service providers and while services providers were aware of each other's involvement with Catherine there was little direct communication between them. There was no review to determine whether the services Catherine was receiving were effective or whether recommended services and supports were implemented. Catherine's parents advocated relentlessly on Catherine's behalf but in the end were left to navigate a large and complex system on their own.

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British Columbia

On May 22, 2011, an Indigenous girl hung herself in the yard of her grandparents' home on a rural British Columbia First Nations reserve. The girl's death came at age 14, after many years of challenge in her life during which she showed great resilience. When systems can work to protect children from harm, support families and reduce the risk of violence and trauma, the resilience of young people to cope with a variety of vulnerabilities in their lives can be improved. Much depends on the services and the approach and the constant need to be evaluating the effectiveness of services to meet the needs of children and youth, understanding that some require significant and highly responsive service. However, this girl's needs were overlooked and unmet more often than not.

She was born into a chaotic home. One of the key factors in this tragedy was the mother's mental health and its effects on the girl, her grandparents and her younger sister, who all lived together for most of the girl's life. The mother was diagnosed with schizophrenia shortly after the girl's birth. And while she had many interactions with physicians, nurses and psychiatrists, none of them sufficiently explored the physical and emotional risks to her children or to the grandparents posed by her illness. The mother told doctors and nurses about hearing voices instructing her to harm her daughter, to *"snap her head."* The girl would barricade herself and her younger sister in her bedroom to protect both of them from their mother's unpredictable behaviour. On one occasion, the mother pulled a knife on the girl.

The girl struggled with her own cognitive challenges which were identified early in her school years, although the reason for her intellectual disability was never investigated, assessed or understood. She did not receive real assistance or proper services to a standard expected in our laws and policies, in part because girls such as her are often overlooked by our service systems.

This girl suffered physical and emotional abuse in her home and her community and it is likely that she was sexually abused within her community by at least one older adult and by a peer. For the most part, she was left to cope on her own.

As she grew up and began to face her own mental health issues, she started acting out toward others, and she began to harm herself in ways that showed her level of deep despair. She was frequently punished for her emotional outbursts, and she was expelled from school on occasion. No one looked deeply into what was happening in her life, her capacity to cope or understand her situation, or her personal safety. A frequent victim of

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assaults, violence and chaos in her home, family and community, she tried so hard to keep it together. She wanted to have a good life. In the end though, without the supports and services she needed, she killed herself.

Manitoba

Kate, a 16 year old girl, began experiencing hallucinations and distortion of reality. She was in and out of care throughout her childhood and gave birth to her first child at 17 years of age who was apprehended and put into government care. Kate indicated that she had been sexually abused in a foster home at the age of seven.

During her pregnancy Kate attended a health care facility with hallucination and psychosis. However on her release no follow up service was provided and she was sent to her rural home community to live with her mother. Kate stopped taking her medication. Matters reached a crisis when Kate, at the end of a family visit with her baby became emotional and then violent because she was scared that her baby would be molested while in foster care. The police were called and based on Kate's continued violent behaviour she was arrested.

Kate was incarcerated in the Manitoba Youth Correction Facility in Winnipeg where she remained for an extended period of time. While incarcerated she continued to exhibit concerning mental health symptoms - she saw dirt and filth on everyone and dirt floating in the air and refused to use the toilet instead toileting on the floor. These symptoms lead to Kate being placed in isolation in a room with cinderblock walls.

When Kate was released from the Manitoba Youth Correction facility she was placed in a non-specialized placement resource with minimal support and supervision in her rural home community. Kate's time incarcerated was longer than necessary because of lack of coordination between service providers and availability of mental health services; Kate needed and needs specialized services but none are available in her home community.

New Brunswick

Sarah's mother first contacted the Advocate's office over the phone to discuss Sarah's noticeable decline in functioning in the past six months. Sarah's mom reported that in the last few months, Sarah had begun to smoke marijuana and drink on a daily basis. Sarah had also been skipping school and hanging out in the woods with intravenous drug users and had stopped participating in basketball where she was a star athlete. The school principal had tried to reach out to Sarah, as had the guidance counselor, but Sarah would not attend the meetings that had been set up to help her.

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Sarah's mom reported that her friends were mystified about the reasons behind Sarah's behavioural change, and had stopped hanging out with her. Sarah's parents had tried to access mental health supports through the school and through their family physician but they had been on a waiting list for three months.

After several calls and visits Sarah finally agreed to meet with the Advocate's delegate. Upon finally meeting with the Advocate's delegate, Sarah seemed distant, restless and unwilling to share any personal details. She stated that she had been tired and feeling anxious because of the stress she experiences at school. She also indicated that she was experiencing headaches, intestinal problems and diffuse muscle pain. However, upon additional probing she slowly divulged feeling guilty about the bullying and teasing she had been enduring at school since breaking up with her boyfriend and sexts that he had sent of her around the school. She also stated that the alcohol and marijuana helped to ease her stress and anxiety and both made her feel much better about herself and far more able to cope with life on a day-to-day basis. Without the drugs and alcohol, she said she couldn't sleep and spent hours every night ruminating and she described some suicidal ideation. In the days following the meeting with the Advocate's delegate Sarah turned to her Mom for support.

The Advocate's delegate convened a case conference involving Sarah, her parents, school guidance, her homeroom teacher, vice-principal, local mental health and addictions and child protection. Sarah was able to express her challenges to the group and a plan was developed for Sarah to be followed immediately by Mental Health and Addictions Services and return to school with intensive supports given the time she had missed. The school's buddy system will work with Sarah and the team to overcome the bullying behaviours Sarah had been experiencing at school.

Newfoundland and Labrador

Everyone recognized that fifteen-year-old Maggie required help but little was available to meet her needs. She had been diagnosed with Attention-Deficit/Hyperactivity Disorder and Oppositional Defiant Disorder. She clearly had a cognitive delay; however, her behaviour and attention issues made formalized testing challenging. She was a runner who took advantage of every opportunity to run from adult supervision. She often got into trouble even if she only managed to escape from her mother's watchful eye for a few minutes. She was taking medication. She received behaviour management through child protection services. Nothing helped. The social worker and mom wanted a complete psychiatric assessment; however, the health professionals involved at that time felt her issues were largely

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behavioural.

Maggie did receive a psychiatric assessment through court order. She had been charged after multiple encounters with the police during those times she was able to run out on her own. She was remanded to this province's secure custody facility during the assessment period as it was clear she would run again and likely incur more charges otherwise. She was incarcerated despite the unanimous belief she didn't belong there. She needed around the clock supervision and support during assessment and treatment; however, some of the professionals consulted felt she could not benefit from the services provided through the province's in-patient mental health facility due to her low cognitive ability. Fortunately, after meeting with Maggie a couple of times, the psychiatrist ordered to do the assessment, felt confident in Maggie's ability to benefit from treatment. Maggie was admitted to the treatment centre under court order. There is now a multi-disciplinary team in place monitoring her success as a resident of the treatment facility and they are planning how to best reintegrate Maggie into the community.

Nova Scotia

Daisy is a 14 year old female. In grade primary, Daisy was diagnosed with severe Attention-Deficit/Hyperactivity Disorder, and later with Oppositional Defiant Disorder and Anxiety. Over time symptoms were treated with mood stabilizers, narcotics, depressants, stimulants and anti-psychotics. Parents advise none of the treatment seemed to help.

Daisy was unsuccessful in the public school system and subsequently attended private school for students with special education needs. Due to challenging behavior, Daisy was expelled from the private school. A letter drafted by the behavioral specialist indicated she defaced and stole property, claimed to communicate with dead people, had angry outbursts, paranoid thoughts and altered perception of reality. She has also harmed herself and has attacked and harmed family members and is prone to violent outbursts and physical attacks. Daisy also threatens and has on several occasions attempted suicide.

Most recently Daisy has become involved with prostitution and drug use. Although, on occasion she has participated in various mental health programs and services, Daisy and her family members express frustration that those services do not seem to be adequate.

Daisy's family advises it is their wish that she be admitted to an involuntary program if that is what it takes for her to be weaned off all medications, to facilitate an accurate assessment of her mental health needs. Unfortunately

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the youth mental health facility advised services were recently cut based on the best practices model of care.

Response to a request from Daisy's pediatrician for out of province mental health services indicated that services offered in Nova Scotia are adequate based on Daisy's assessed needs. Ironically, Daisy was "kicked out" of the NS program for refusing to comply with the "no scent" policy and ended up hand-cuffed by police after she attacked staff.

Daisy was most recently turned away by the children's hospital after seeking mental health care in their emergency room. It was determined by emergency personnel that she was not a danger to herself or others and therefore would not admitted for care. Not only was she turned away, she was later arrested after being kicked out of the facility by security. Daisy was then held for observation at the police station due to the concern she may be a danger to herself. Later that same day, Daisy was re-arrested under the Involuntary Psychiatric Treatment Act and taken back to the children's hospital for reassessment. Daisy was then admitted to hospital and according to her parents is now receiving mental health treatment. However, Daisy's parents advise they know her ordeal is far from over. They indicate that a major source of frustration for them has been the hoops they have had to jump through to get mental health services for their daughter. Daisy knows she needs helps, she wants help and has stated "I need help, I do not want to be found dead, hanging from a tree."

Nunavut

A 15-year-old youth lives with his mom and three younger sisters in a remote, fly-in community in Nunavut. The community is small and everyone knows each other. Many people see this youth as a role model. But, privately, he has been struggling with depression. Last year, his father committed suicide. Six months ago, he and his girlfriend broke up.

One day, he walks around the community openly agitated, threatening to kill himself. The RCMP pick him up. He needs a psychiatric assessment but there are no qualified staff in the community to do it. There is also no place for him to stay in his current state. The RCMP decide to connect him with the community's only social worker. The youth tells the social worker he will kill himself as soon as RCMP release him. So the youth's mother agrees for her son to be flown to Iqaluit, Nunavut's capital, where there is at a safe place to stay at the hospital and a psychiatric nurse can evaluate him. His mother must stay behind to look after his siblings.

The youth is nervous to go to Iqaluit. He has never left his community before.

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Once there, the psychiatric nurse assesses that he is still actively suicidal. He is kept in the hospital for a week, without family or friends, while a space opens up for him at a hospital in southern Canada where he can he get a comprehensive psychiatric assessment and the mental health programming he needs. Such dedicated mental health facilities and programs for young people simply don't exist in Nunavut.

The youth spends six weeks in a youth psychiatric ward in Ottawa. He meets regularly with professionals from a multi-disciplinary team and he begins to make progress. But he often feels lonely. He speaks to his mother every couple of days. But he misses his family, speaking in Inuktitut and going out on the land hunting with his friends.

After the six weeks, the youth completes his assessment, has a discharge plan and flies back home. He is happy to return but unsure of how the community will react to him, after what happened. He feels that he would like to talk to someone. But the social worker he spoke with before he left has moved away and there is no replacement yet. When his plane lands, he stays seated for a long time, wondering how he will manage.

Ontario

At times our children's mental health system in Ontario resembles an old joke from a Woody Allen movie. A guest at a resort somewhere in Haliburton comments to another guest, "The food here really is terrible." "Yes", says the guest she was speaking to "And in such small portions."

As the Ontario Advocate for Children and Youth, I am reminded of this joke as I sit in Guelph Ontario with a group of young people, who all identify as someone living with the challenge of mental illness. As they settled into the room, with a hello here and a welcoming hug there it was clear that they were "family" to one another as they would later describe themselves to me. As the meeting began, as they talked about their experiences with mental health services suddenly it became serious. I heard about wait rooms in hospitals. "I wish the hospital waiting room was not the service of choice for young people in crisis," she said, "There is little there for us. We wait. Sometimes we are admitted, other times not. But there is little there for us." I heard about wait lists for services. A kind of "virtual wait room" where, as one young man described it, "we wait and wait and wait and then we get service that does not meet our needs or is too short. We think what's the point. Sometimes it might have been better not to get any service at all than to offer us hope and then dash it later." I heard about their families. Some wished their parents understood them better, "I'm not as fragile as my parents think. I know they are scared and don't know what to do. They seem

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to have nobody too." And, I heard a lot about school. I suppose I should not have been surprised. The young people looked to school to be a safe place where they could be accepted and be themselves. It wasn't.

I heard too about the oasis that their group was for them. "Without you," one young woman said to another, "I don't know where I would be — probably dead." "We have each other and we have this meeting," said another. "It is a place to be understood and belong. It is ours."

My mind flashed back to a meeting I had with the mother and father of a twelve year old who was found by them dead and hanging from a tree in their backyard in a small city in Southern Ontario. More than nine services and three sectors were involved in that boy's short life at the time of his death yet his family still somehow had felt alone. I thought about the 11 suicide attempts on one Saturday night alone in a small remote First Nation community in Northern Ontario. I was thankful that somehow the young people I was with had found each other. I left them thinking we must do better.

Québec

During her last year of high school, Julia experienced conflicts in some of her relationships. Following a consultation with first-line services, Julia was diagnosed with depression and began taking medication. The doctor had also identified symptoms linked to Borderline Personality Disorder; however, he had to wait for her to reach 18 years old to give a definitive diagnosis.

Julia was hospitalized several times because of her depression. In the course of a particularly difficult episode, during which Julia had suicidal thoughts and felt that her medication was not adequate, she turned again to the hospital in her region with child psychiatric services. However, she had to wait more than three months before receiving services, due to the size of the waiting list. Julia really needed help at that time and was not able to obtain the services to allow her to improve her situation and well-being.

Following this last hospitalization, she received psychological services, which were however interrupted when she turned 18. At the same time, she was given a formal diagnosis of Borderline Personality Disorder. Without services for several months after turning 18 years old, Julia had to deal on her own with her borderline personality disorder. She was finally able to get group therapy in first-line services after several months on a waiting list.

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Saskatchewan

The Saskatchewan Advocate for Children and Youth was notified of a 13 year old girl in a Northern Saskatchewan community who had attempted suicide multiple times. One attempt was so severe she had to be airlifted to an urban location in Saskatchewan for treatment. She had been connected with a psychiatrist in the urban setting following hospitalization for a previous suicide attempt. However, six months after her most recent injury, she had still not been connected with regular counselling services, as there are none available in her surrounding area. Due to the persistence of her mother, a local addictions worker has volunteered to work with her daughter. Unfortunately, this worker does not have the necessary training and capacity to adequately manage the complex mental health needs of this young girl that are contributing to her ongoing self-harm.

It is continually reported to our office by various professionals in northern and rural Saskatchewan communities that mental health services are not available and – when services are provided – these are limited. This results in vulnerable children and youth being put on lengthy wait lists or receiving insufficient interventions. For example, in another Northern community, youth workers implementing case plans for youth involved in the justice system have expressed frustration that there is only one mental health worker servicing a broad geographical area and referrals for mental health services are often being picked up by addictions workers. We also learned that the mental health services that are available in the area are not accessible to youth who have committed sexual offences, in spite of being required by either court order, or as per case planning interventions.

Children and youth have the right to the highest attainable standard of health without discrimination of any kind. This includes having their mental health needs addressed to ensure their overall health, wellbeing and safety - no matter who they are or where they live. The barriers to accessing mental health services faced by children and youth based on their geographical location amounts to a violation of their rights and is coming at a significant cost to the children and youth, their families, and our communities in this province.

Yukon

Jenny is 14 years old originally from a small rural community that has a strong traditional presence. She has moved several times between her mother, her grandmother, foster homes and most recently group homes in Whitehorse. She has had several assessments that refer to attachment disorder, anxiety and problems with emotional regulation. She started

experimenting with alcohol and drugs before age 12 and is now addicted to cocaine, alcohol and marijuana. She was referred to a counsellor; she doesn't like the idea of talking about her problems though, especially not in an office.

When her group home worker noticed an open cut on her arm, Jenny was taken to the hospital for assessment. She admitted to the ER doctor that she doesn't feel like living anymore but she is frustrated that they are connecting her cutting to suicide. She wants to tell them that she cuts so that she *won't* kill herself. Jenny is then admitted into the secure medical unit, a room with double locked doors, bare walls and a bare mattress on the floor. She overheard her social worker saying that young people cut to get attention. She was released back to the group home after two days.

Jenny has been charged with theft and she has been hanging out with men in their 30s who help her get the drugs. Due to her substance misuse and related behaviours, she has not been attending school regularly, she misses appointments with her counsellor and she rarely goes "home" to her current group home placement. She is lacking a positive cultural identity. She feels out of control and misses the familiarity of her small town. She was very upset when she was told that she would be leaving the territory in two days to a treatment program in a southern province. She has never been out of the Yukon. She doesn't want to go and is afraid.

She gets on the plane with feelings of being discarded and wonders to herself if the people at the treatment centre will decide that she is crazy. She wonders how long she will be gone for, what does she have to do to be "good enough" to come home, when she will see anyone from her home town, how will she find drugs down there? Feeling so alone and broken, the emotional pain is overwhelming. She finds a sharp item and goes to the bathroom to cut.

The Canadian Council of Child and Youth Advocates is an association of government-appointed children's advocates from the nine provinces and two territories of Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Nova Scotia, Nunavut, Ontario, Québec, Saskatchewan, and Yukon. Advocates are independent officers of the legislatures in their respective jurisdictions.

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