Network

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As they enter the high risk years, are we failing our youth?

CANADIAN MENTAL HEALTH ASSOCIATION
L'ASSOCIATION CANADIENNE POUR LA SANTÉ MENTALE

Ontario Division/Division de l'Ontario

IN THIS ISSUE:

Identifying the risks teenagers face: what should we be doing?

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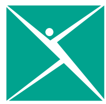
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To advocate with and provide programs and services for people with mental disorders, and to enhance, maintain and promote the mental health of all individuals and communities in Ontario.

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Reflecting on 30 Years of Public Service

I am retiring at the end of September from my post as Executive Director of the Ontario Division after nine years. I worked for 30 years in the Ontario Public Service, the last 16 of those as a Deputy Minister in six different ministries. What can I say after 40 years of public service other than those wonderful personal recollections? There were the service delivery pressures during my 20 years in Correctional Services, the energy crisis of the early 80s in the Energy Ministry, the mountain of new legislation for Pay Equity and Health and Safety in the Labour Ministry when the Liberal/NDP accord brought the Liberals to power and then, the huge social housing program initiated by the Liberals and reinforced by the NDP. However, it is the relationships with clients and fellow workers that have the lasting impact.

It is like that in the mental health field too, isn't it, especially for consumers, their families and other key support persons. Therapies have improved tremendously, pharmaceutical research, studies of brain function and, now, the human genome research, are helping. As important, is the public education and advocacy by volunteers and staff from the CMHA and similar organizations over many years. But, it is those caring relationships that create the environment which allows consumers to make full use of the skilled therapy and wonderful medications which we now have. That environment, that community support, as we like to call it in the CMHA, is the key.

When I came to the CMHA my predecessors had used the expression "A Caring Community Is The Answer" to express the importance of this less formal side of mental health care. The expression still has great meaning for what we in the CMHA stand for, the values and the approach.

Our mental health system has most of the pieces created: the research, the legislation, the policy, the medications and the service system, including our hospitals and community service agencies. But puzzles have to be assembled to allow one to see the whole picture. We owe that to the taxpayers, to our volunteers, to our staff, to the Minister of Health and Long Term Care, the Honourable Elizabeth Witmer, and above all to the families and the consumers.

I hope to watch that puzzle be assembled at an urgent pace from the perspective of my next assignment.

Good luck! It will be worth every minute of your effort.

GLENN R. THOMPSON
Executive Director

IN THIS ISSUE:
Consumers in their teen years present one of the mental health system's biggest challenges, not to mention each of us as a parent. I believe that this edition of *Network* will be one of great assistance to all of us in this aspect of our work.

Risky Business

Being a teen is risky business...

Are we failing our youth? It's a question we need to pose as we look squarely at the facts. More teen suicides and attempted suicides. Earlier use of drugs and alcohol. And if we are failing them, and as a society it appears that we are, what should we be doing? How should our schools and communities be structured so that they meet the academic, social and emotional needs of teenagers and lessen the risks that inherently seem to go hand in hand with being a teenager? One of the key themes that emerged from the interviews conducted for this issue was that of the importance of ensuring that our young people succeed at school. In the words of Dr. Bruce Ferguson, Head of the Community Health Systems Resource Group at The Hospital for Sick Children in Toronto, "if we really want to decrease the rate of risk behaviours in Canadian kids then I would suggest that we put our money into having them succeed at school." Funding cuts in the area of education do not bode well for keeping in place the kind of supports that schools need to both identify and assist teens who are at risk of developing aggressive behaviour, depression, schizophrenia or anti-social or potentially violent behaviour patterns.

It would be impossible to do an issue on youth without mentioning the work of Dr. Paul Steinhauer. His death this year was a tragic loss. His passion for children's rights was legendary. Described by Dr. Charles Pascal, Executive Director of the Atkinson Charitable Foundation as a 'brilliant pit bull for children's rights' he launched a number of lobby groups, from Voices For Children to the Sparrow Lake Alliance. Perhaps the greatest tribute we can pay him is to continue working to build a society that is serious about valuing our children, and committing ourselves to making the necessary changes.

Identifying the Risks

Dr. Bruce Ferguson, Head of the Community Health Systems Resource Group at The Hospital for Sick Children in Toronto, discusses the risks associated with the teenage years.

What are the biggest risks that our young people face as they enter their teenage years?

DR. FERGUSON: By far the biggest risk is drinking and driving, and that's higher for males than females. Suicide is also a risk, along with substance abuse, whether that is drugs or alcohol.

How do we identify high risk youth? Are there certain characteristics or backgrounds that would immediately put teens at high risk for things like substance abuse, suicide etc.?

DR. FERGUSON: Let me turn that around and look at the things that are really protective. Probably the most protective thing for all of us for health and mental health is success at school. If you want to project your health and my health at the age we're at now, ask what level of education we had. So the very first thing we should be doing to protect our kids is to make sure that they succeed in school. And right now we're not putting a lot of energy into that. We're adopting an approach that says that kids and their parents have to look after their success at school. We're setting up a system where kids have to do a lot of homework to succeed at school. A colleague of mine has a son in grade four and says it's quite common for him to have more than an hour of homework. I want to know what is going on in our schools that a nine year old, who is ahead of his grade level, has to do an hour's homework every evening. The truly alarming thing about this is that homework requires a place where a child can do that work, along with some parental support. In Toronto, somewhere between 25 and 40% of children can be classed as poor. I don't know how many poor homes people have been in lately but the ingredient of parent support is frequently missing, and for that percentage of children who live in shelters, finding a quiet place to do their homework is just about impossible. Unless we make some provision for this group of kids, my argument would be that we are writing off 40% of our young people in grade 4. When those children don't do well in school, or drop out of school and live on the street, they are not engaging in low risk behaviours. If we really want to decrease the rate of risk behaviours in Canadian kids then I would suggest that we put our money into having them succeed at school. And that's going to mean looking at how we approach teaching them, and also looking at things like schools staying open until nine o'clock at night, with supervised homework in certain areas of the city. One of the things that concerns me about our current political climate is that I don't think people are being shown the true options: the long term cost of reducing our taxes is much greater than the initial reward we reap.

We spoke about suicide being one of the risks that we associate with the teenage years. What effect does it have on school friends when one of their peers commits or attempts to commit suicide?

DR. FERGUSON: It depends on how it is handled, but it definitely ups the rate. For instance the day after the Columbine incident, I was called by a columnist from a Toronto paper and she said, tell me what causes this, and I got so angry I had to pull off the road. I said you are causing it now. CNN was there live last night and now you have absolutely guaranteed that this is going to happen again. Yes, we should know that something has happened in a school in Colorado, but for CNN to be there to put the pictures of the kids and their comments and their names on the wire all around the world absolutely guaranteed that Tabor would occur.

What are some of the other things that need to be put in place that would help reduce some of the risks that teenagers face?

DR. FERGUSON: I think fundamentally that saving our kids is something that has to take place in the community. Unfortunately, we have not designed our communities for people to live in and our front end values are not those of looking after kids

and families. When communities involve young people, listen to them, bring them on board and give them a role, then teenagers have a sense of belonging. By and large teenagers don't feel that their voice is being heard so they don't feel valued by the community.

Can we define what the word community means in terms of a teenager?

DR. FERGUSON: I think you have to define community in two ways, both of which are important. You define it geographically. The centre of every community for a child is the school because that's where they spend the biggest chunk of their waking time. It's also where kids are allowed to go without adult supervision – that becomes their neighbourhood geographically. Community can also be defined by interest groups, for instance people for whom their faith is an important part of their life. In Nova Scotia where I grew up, the church congregation that I was brought up in covered a wider distance than I was allowed to roam, but those people knew me and expressed an interest in me. They were part of my community. Every adult in that community felt entitled to discipline me if I was out of line. We now have a situation where adults don't talk to teenagers on the street because people would be suspicious of them. And this is patently absurd because 90% of child abuse is done by people children know and love, and not a stranger on the street. But our response to that has been to distance everyone from everyone else by not talking on the street. We have to change this. We have to decide that we want a city where people don't look over their shoulder. People are afraid to go out of doors and nothing makes the out of doors more unsafe than people not going there.

Those high risk years don't suddenly appear out of the blue just because you hit the teenage years. Presumably there are things that we can be doing in the earlier years to decrease those risks.

DR. FERGUSON: You are right, the preparation for handling the risk years begins with little kids. If for instance you look at smoking as a risk behaviour, the things that truly affect the probability that a young person will smoke actually begin pre-school when you are looking at building self esteem, self respect, all of those areas. The other thing is to understand what are the jobs of children and what are the jobs of adults who are given the privilege of their care. It's our job to try and make our children aware of how the world works, to do the best we can to help them keep their options open, to be polite and respectful. It's not for us to determine the kind of people they will grow up to be. That's their job. Teens have to be treated in a way that makes them feel that their opinion is valued.
The things we need to do to really make a difference don't necessarily require millions of dollars. Let's get a compelling vision of what our country can be like. Let's make this the best city, the best country in the world in which to be a child. And that would make it the best place to be for everyone. We've got one of the richest school systems in the world and one of the richest service systems in the world. We can do this.

"It's our job to speak to kids when they are out of line but to do it in a way that still makes them feel respected, not looked down on. When you think of how unobservant and how uncaring adults are of those around them, we don't set very many good examples. Every once in a while you'll run into one who has a bad attitude, but I run into that driving the highway every single day, and they're not teenagers."

DR. BRUCE FERGUSON
Head of Community Health Systems Resource Group
The Hospital for Sick Children

The Hospital for Sick Children runs four programs for teenagers in the Adolescent Medicine department. The Complex Adolescent Problem Program (CAPP) has clinical, educational and research components. Referrals are made to the program by HSC staff, community paediatricians and family doctors, schools and the patients themselves. Two Substance Abuse programs provide teens with educational opportunities, life-skills and supports, while the Tots of Teens Program is a health care service for teenaged parents under 18 and their babies.
The Hospital for Sick Kids website:
www.sickkids.on.ca

Recognizing the Warning Signs

Dr. Marshall Korenblum is Psychiatrist-in-Chief at The Hincks-Dellcrest Centre. He heads up an assessment team that specializes in early identification of depression and also consults with a number of school boards around depression and suicide and how to help the schools identify those teenagers.

I know your particular clinical and research focus at The Hincks-Dellcrest Centre is depression. How does a teacher recognize the warning signs that a teenager is at risk for depression and that they need referral?

DR. KORENBLUM: It has to come largely through teacher training. One of the things that I did this past year with a colleague of mine was to design an educational video called *The Other Side of Blue: The Truth About Teenage Depression.* This is an educational video on adolescent depression that we are intending to be used by teachers in discussion with students. One of the things that I am trying to promote is educational support to teachers so that we increase their knowledge and awareness of what the signs of depression are.

Has the money been put into the schools to look at teenagers from this aspect as opposed to straight education?

DR. KORENBLUM: Not enough. If anything, in Toronto with the latest funding formulas, my understanding is that cutbacks have occurred at the guidance and special education student support levels. School boards, in order to make sure that they are reallocating the limited resources they have, have had to cut back on guidance and special ed. which are the two areas that vulnerable teens need the most. So no, the funding is not there to support the mental health needs of teenagers.

So programs in the schools are fairly limited overall?

DR. KORENBLUM: Yes, I would say so. There have been some specific initiatives with certain school boards. For instance I am aware that in the Toronto school board and the Hamilton school board, there is a suicide awareness component in the curriculum. So it's coming slowly.

As I understand it, teen suicide rates are still not as high as those for middle age males, but they are climbing dramatically. To what would you attribute that increase?

DR. KORENBLUM: I think it's due to a number of things. Competition for places in universities. Competitions for jobs, although that may improve now as the job market improves. Certainly what we saw in the recession of the early 90s was a dramatic increase in both attempted and completed suicide rates and I think that was related to more teenagers competing for fewer jobs. We are also coming up to the so-called 'double cohort' where two classes of high school kids are going to be graduating in the same year as we see the elimination of grade 13 in Ontario. Unless the government gets its act together to make sure that there are enough spaces for university that year I would expect there will be huge fallout, in terms of mental health stress, on all these kids who will be competing for a spot. So we have pressures [on our young people] to achieve, pressures to succeed. We also have a more mobile society. Over the last 10 to 15 years the rate of marital discord has increased and I think

the teens themselves feel that there is less stability in society. Change is happening so rapidly that when you are looking for something to hang onto, when your own body is changing so rapidly, it can be a scary time of life.

Does sexual orientation have a role to play in this as well?

DR. KORENBLUM: Somewhat. Some studies have shown a higher rate of attempted suicide amongst gay teens. The thinking about that has to do with the fact that they are not being accepted, not being received by the straight majority. There is no question that if you are a member of any minority group, whether it's a visible minority such as that of colour, or sexual orientation minority, anything that is going to make you stand out tends to potentially be a stressor, particularly in adolescence where acceptance by your peers is so important. So there is a slightly increased rate of depression and attempted suicide among the gay population, but that's not to say that being gay inherently makes you feel depressed or likely to commit suicide.

Can we talk about the fact that if there is a suicide within a school community other teenagers are at a higher risk to also commit suicide. Is there a higher incidence of that in the teenage years than there would be amongst an adult population?

DR. KORENBLUM: It certainly is true that it happens. It's called a clustering phenomenon and so when one person either succeeds or attempts suicide, the people who are closest to that person are at higher risk themselves for either becoming depressed or suicidal. That applies across the age groups, but it does apply more for adolescents. Adults tend to have their friendship patterns already established. They generally have a larger network of support in terms of spouse, or workmates, things like that, whereas teenagers do not have stable friendship patterns. They are still being formed. So if one of your close friends attempts suicide it's like the whole web feels more fragile. It's not as if you can go to a longtime friend of 20 years and say isn't that terrible that so and so committed suicide. Teenagers don't have that. And because they are more vulnerable to factors such as imitation and identification with their peers they are more vulnerable.

Dr. Bruce Ferguson made the comment that the media often has a very negative effect on teenagers. How do we fight that influence in an age where multi media is so pervasive? If we don't read about it in the papers or see it on the television we're going to cruise the net and see the stories there. We are overwhelmed with information.

DR. KORENBLUM: Well I would agree that the media have an incredible impact on adolescents, probably the greatest impact of all the age groups because they are old enough to understand what is going on, but they are still more impressionable than adults. There are a number of approaches to this problem that I think are important. I was just reading that in Britain, for instance, they were looking at the problem of eating disorders and the impact of the media on teenage girls. A conference was convened between The Ministries of Health and Social Services and some of the leading editors of the fashion magazines and what they came up with was a voluntary code. The magazines agreed that they would not use models who looked anorexic as icons for teenagers. I thought that was a good first step, and a very interesting and necessary step to take in terms of the cooperation of society as a whole and the fashion industry. We need to change the editorial policy of a lot of the media, and one way to do that is to involve mental health professionals on the advisory boards of those magazines. For example I am on the advisory board of a movie magazine called *Teen Tribute*. They run by me any article that has a mental health implication and also show me the general articles they are going to use so that I can then offer an opinion as to whether or not I think this is promoting good mental health for teenagers. Mental health professionals could be involved on the advisory boards and editorial boards of magazines, television, computer sites, etc. For that matter, involving teenagers on the editorial boards and advisory boards is also important. Teens need to have a voice as to what's best for teens, so I would certainly encourage teenagers to get involved in positions of advice for all media outlets. The other

Curriculum modifications in the schools are also needed. We need to help teachers recognize the early signs and symptoms of mental illness of all sorts. And we need to get out the message to teenagers that seeking help is a sign of strength not weakness. If we could do these things then I think we would be going a long way towards helping kids.

Recognizing the Warning Signs

thing that is important in combatting the impact of the media is to promote media literacy, and I think a lot of schools are beginning to do that: teaching teenagers how to interpret, decode and judge for themselves the messages that they are getting through the media. Basically making them media savvy. We can start teaching kids to recognize the hidden messages that are in advertisements in primary school and continue to do it with increasing levels of sophistication up into the high school years.

What are the things we need to put in place to make our communities safe for teenagers, to encourage good mental health and to decrease some of the risks inherent in being a teenager?

DR. KORENBLUM: This sounds simple but one thing would be community recreation centres. Places where kids can go and shoot a few baskets or just hang out, but in a safe and constructive atmosphere. I think community recreation places are very important for teenagers. We know that physical activity is important to them and is also beneficial to their mental health. Another way to support teenagers indirectly is by supporting the parents of teenagers. One very good initiative has already taken place and it is a parallel to the Kids Help Phone Line. It's just been launched and is called a Parent Help Line. I was involved as a psychiatric consultant in this and it will be very similar to the kids line in that there will be a phone line available, 24 hours a day, seven days a week. Parents can phone in and depending on the nature of the problem they will be able to press a number and get a prerecorded message that will offer them free advice. If they then want to speak to a counsellor they can press zero. It will initially be starting off in Ontario but the goal is to make it national. It's been funded primarily by the Invest in Kids Foundation. Another good thing would be community based support groups. A question I often get asked when I see parents who are coming to me about a problematic teenager is, "is this normal?", so education about what is normal behaviour for a teenager would be beneficial. In our schools we need to be working to make them more youth friendly. The expectations of students at some schools in terms of their academic achievement is very high and yet students are not offered the proper support to meet those demands. We need to have enough guidance and special ed. support available in our schools. I think it would be wonderful if psychiatrists could literally move into the schools, set up shop there maybe half a day a week to operate a drop-in centre. We know that there is stigma attached to going to see a psychiatrist and accessibility can also be a problem. Not a financial problem because psychiatrists are covered by OHIP, but a geographic problem. If we were available to students right in the school, and kids did not even have to make an appointment, they could just drop by. I think that would be a great innovation. Curriculum modifications in the schools are also needed. We need to help teachers recognize the early signs and symptoms of mental illness of all sorts. And we need to get out the message to teenagers that seeking help is a sign of strength not weakness. If we could do these things then I think we would be going a long way towards helping kids.

Kids Help Line: 1-800-668-6868

Parent Help Line: 1-888-603-9100
website: parentsinfo.sympatico.ca

Voices for Children website:
www.voices4children.org/

The Hincks-Dellcrest Centre is dedicated to promoting optimal mental health in infants, children, youth and their families, and to contributing to the achievement of healthy communities. Their broad range of services includes prevention, early intervention, out-patient services, day treatment, residential treatment and mandated services. These services are enriched by research, program evaluation, the education and training of mental health professionals and the use of volunteers.
The Hincks-Dellcrest Centre website:
www.hincksdellcrest.org

Breakaway

A multi-service agency with four major programs, Breakaway helps youth and adults 13-25 years of age, and their families, who are concerned about the use of drugs or alcohol. Two of their programs are directly targeted at youth – Clear Directions and Family Focus. The other two programs are street outreach and methadone programs, which typically target an audience over 20. However, in the past few years Dennis Long, Executive Director of Breakaway, has seen a major shift in this program. In the area of substance abuse problems are appearing in younger and younger people. Until recently they had very few people under 20 in the methadone program; now they are seeing several admissions of youth, 18 years of age, who have already had a couple of years of heroin use. "In the area of substance abuse we are definitely seeing people with more severe problems earlier in their lives." Dennis Long went on to say that "the overall use among young people has been creeping upwards over the last 4-5 years in a rather significant way." Some of the reasons he attributes this to is a relatively rich supply of drugs at a relatively low cost. But Dennis also points to a shift in public attitude and a shift in thinking about drugs. "Less concern about the dangers of drugs, and a certain normalizing of drug taking behaviour has been happening in the popular media. You see a lot of talk about people using that normally would have been presented in a more negative way than it currently is. I think that all of that combines to provide for more problems with young people. It's not just that drugs are cheap so people do more of it."

Clear Directions, one of the major youth programs, is a collaborative program developed by Breakaway and the George Hull Centre for Children and Families. This program provides treatment for youth who have both mental health and substance abuse problems. It includes a school environment so that children get both group therapy and academic work during their day.

The Family Focus outpatient team has just completed a fairly extensive education program in the schools around substance abuse and has instituted a teachers' guidance counsellor that works with them. Initiated six years ago, the last three years in this program have also seen some significant changes, primarily in the area of the amount of support the program receives from its referral sources. School guidance counsellors and social workers generally do a fairly extensive workup of clients before they refer them to Clear Directions, but with the substantial cutbacks that have occurred in schools in terms of spending, many of the support staff that the program relied on have been drastically reduced putting a strain on the resources of the agency. Also, in the area of substance abuse both programs – Clear Directions and Family Focus – are seeing people with more severe problems earlier in their lives. The teens they work with come from all stratas of society, but clearly those youth who find themselves on the street or engaged in a lifestyle which is street related do use significantly more drugs than their peers who are with their families and who are going to school. But drug use cuts across all social groups, as does alcohol. How accessible are drugs in our schools? According to Dennis Long they are very accessible. "Lots of questions have been asked of high school students and the answers are pretty much the same. If I wanted to I'd know how to get it and it would only take me a matter of minutes."

Breakaway website: www.breakawayyouth.org.

"Less concern about the dangers of drugs, and a certain normalizing of drug taking behaviour has been happening in the popular media. You see a lot of talk about people using that normally would have been presented in a more negative way than it currently is. I think that all of that combines to provide for more problems with young people."

DENNIS LONG
Executive Director of Breakaway

Helping Students Succeed

Walter Freel is Central Coordinating Principal of Students Services for the Toronto Board of Education. He is responsible for Safe Schools across the city which involves discipline and alternative programs. He is also responsible for all the Safe School daytime operations throughout the school system as well as guidance, social personal skills development and attendance counselling services.

In speaking to various individuals regarding high risk teens, it appears that one of the most protective things we can do to ensure their present and future health and good mental health is to help them to succeed at school. How are the programs that you are involved in overseeing helping kids to succeed?

WALTER FREEL: This question is hitting right on what we consider to be the mission of the Toronto District School Board, and that is to enable all students to reach high levels of achievement and to acquire the knowledge and skills and values they need to become responsible members of our society. What are we doing to address that? Numerous things. It's the focus for all of our teachers in terms of their work with students. We have support staff to hopefully address some of the root causes for students' lack of achievement. We have alternative programming for students that need that as well. So I think it is a concerted effort that spans right across the entire Board to enable all of our students to achieve their maximum ability.

What about the children that seem to be slipping through the cracks? Kids who show aggressive behaviour, depression, attention deficit disorders? What is in place, in the area of zero tolerance policies, for aggressive and disruptive children, to ensure that we don't just discard them, write them off as failures both in their own eyes and in the eyes of society generally?

WALTER FREEL: I think it starts with concentrating on prevention so that we are not just addressing the aftermath of incidents. There's a lot of effort going into trying to create the kind of atmosphere in schools that gives all of our students a sense of belonging, a sense of attachment to their school.

In concrete terms how do you create that type of atmosphere?

WALTER FREEL: It needs a general acceptance by staff, students, partners and the community that our schools are safe, caring and respectful communities. It seems to me that kind of emphasis goes a long way in preventing the kind of violence that you are talking about – kids acting in anti-social and violent ways. But having said that, there are still a number of students, a small number but still some in every school, suffering from social-emotional, learning problems and so on, and these students do cause problems from time to time. Some may act out in such a way that they present a risk to staff and students in a school and so, yes, they are suspended and at times expelled for their behaviour. I think what we are trying to emphasize in the Board is that we are providing safe and caring school environments, but there is an expectation that everybody has to join us in making our schools safe and we will not tolerate acts of violence or anti-social behaviour that negatively affects that kind of atmosphere. Zero tolerance really means applying appropriate consequences to inappropriate behaviour. Through our Safe Schools Policy and through the Ministry of Education's Safe Schools Act, there are mandatory suspensions and discretionary suspensions and mandatory expulsions. But that does not mean that we are turning our back on those students who do choose to act out in violent ways. We have programs in place for students on long term suspension from school and we do have a program that the Board is operating for expelled students.

Does this educational program include counselling?

Walter Freel: Yes, this is a dual program. We have four education offices in the Toronto District School Board and each of those office areas covers a number of families of schools. We have at least one program in each of those four areas for long term suspended students which are staffed by teachers and by child and youth workers or other types of support services. The emphasis is definitely to allow those students who are on suspension an opportunity to continue with their school work so that when they do go back to school at the end of their suspension they will not have fallen behind academically. At the same time there is a concentration on addressing the issues that caused them to be suspended. These programs contain assistance in identifying the social or interpersonal development needs. Staff work with students in assisting with anger management, and being able to cope successfully in problem solving in a peaceful way. Building self-esteem, self respect and self confidence are also addressed. Most of the programs rely very heavily on the community as they have a very close connection with community agencies and services including the police. The police frequently partner with us in working with difficult kids that are at risk or have been involved in serious incidents of violence.

I understand there have been some fairly major changes made to the Education Act in Bill 81. Could you talk about that a little?

WALTER FREEL: There have actually been some sweeping changes to the part of the Education Act that deals with discipline. In fact, one whole section has been repealed and replaced by a section that addresses how school boards and schools are to respond to incidents of anti-social and violent behaviour. It sets out a requirement for students to be suspended for a number of reasons. There are also a number of reasons for

"Unless exclusion of a child is followed up by a program that adequately meets both the educational and social needs of the child or youth, the net result of that policy will be to nudge that child further along the trajectory leading to delinquency."

Excerpt from *Guidelines for Managing Children with Disruptive and Aggressive Behaviour +/- Mental Health Problems within the School System.* SPARROW LAKE ALLIANCE.

SPARROW LAKE ALLIANCE

The Sparrow Lake Alliance is a voluntary coalition of members of twelve professions and seven different service sectors that provide services for children, along with representatives of parents' and youth organizations. They are dedicated to promoting the optimal development of all children and youth and committed to improving the effectiveness, efficiency, integration and humanity of services for children, youth and their families. Sparrow Lake Alliance is determined to raise the public's appreciation of children and youth as society's most important hope for the future, and consequently, of their claim to first call on the nation's resources.

In a working document entitled *Guidelines for Managing Children with Disruptive and Aggressive Behaviour +/- Mental Health Problems within the School System*, the pressures being faced by classroom teachers dealing with children who are poorly prepared to learn and/or have mental health problems was addressed in some detail. Common characteristics of schools that support development and improve academic performance while decreasing behavioural problems were then listed. These included:

- high (but reasonable) academic and behavioural expectations;
- the structure, incentives, enrichment and consistency needed to make these expectations achievable for children whose learning and/or behaviour are problematic;
- good classroom management, including class-based - rather than just individual-based - discipline;
- the school, as a community, expects and rewards learning, and stresses respect and civic behaviour for all;
- families and teachers are working together towards children's education;
- teachers feel supported by administrators, have high morale and truly care about their students;
- very small classes especially in the first three years.

Sparrow Lake website: www.sparrowlake.org

students to have a mandatory expulsion from their school or from all the schools in the province. In the past, expulsion meant that a student was permanently excluded from all the schools operated by that particular Board, but that didn't mean that a student couldn't go to another Board and be admitted. There's provision now in the amended Education Act for students to have a full expulsion from every school in the province of Ontario. Teachers also can now suspend a student for one day for certain infractions, in fact they are actually required to do so by the new Act. These are pretty tough changes.

The working document of the Sparrow Lake Alliance sets out guidelines for managing children with disruptive and aggressive behavioural and mental health problems within the school system. It talks about the pressures that are being faced by classroom teachers dealing with children who are either poorly prepared to learn or have mental health problems. This document states: "there is a general sense that there is less appreciation of the importance of public education within society than there was in the past, both by the general public and by at least some provincial governments. This lack of appreciation has led to reduced respect for teachers and reduced support for public education by some governments." If an important ingredient in our children's future mental health is their success at school, why is there this lack of interest in public education?

WALTER FREEL: Well, I believe this is a true statement and I believe that the causes are multiple. There are a lot of forces at play here in terms of reports that you read in the media, things that the government has said in the past, the growing strength of teacher unions which used to be federations of teachers. I think there have been a lot of reasons as to why public perception has changed and there does appear to be less regard, less respect, for the work that teachers do. I think that has certainly had a negative effect in the realm of education. But I think that despite that, students still are greatly influenced by their teachers. I think there is a very high regard by students and by their parents for the job that teachers are doing. There has been a lot of criticism and a lot of misperception about finances relating to education so I think that has contributed as well to the negative perception about teachers and educators in general. I don't think we are telling the public as much of our story as we should in terms of the tremendous positive influence that teachers have on all students including those who are prone to psycho-social emotional problems. Students are still very positively influenced by teachers who they have found to be very caring and nurturing and very respectful of them, and I believe a lot of students have changed, or have been influenced in terms of their life goals and career goals, as a result of contact with teachers. I also believe that badly behaved kids in school have been prevented from continuing on that trajectory through the kinds of influences that teachers have had on them.

The death of Dr. Paul Steinhauer on May 27th, 2000, was met with great sadness by the many organizations he was involved with in his fight to giving children the best possible start in life. His life and work are an inspiration to everyone in the field to continue his undaunted and tireless advocacy on behalf of the children, youth and families of Canada.
A child psychiatrist for 38 years, Dr. Steinhauer's passion for the wellbeing of children led him to launch a number of lobby groups from Voices for Children to the Sparrow Lake Alliance.

"If we are serious as a society about valuing our children and about getting them all off to the best possible start, then we must commit ourselves to making changes at many levels – in our families, our workplaces, our communities, in our mainstream services, especially in schools, in our specialized services for children and families with problems and in, and between, our various levels of government."

PAUL D. STEINHAUER, M.D.

Providing a Forum for Teens to Talk

A new national youth network called *Youth Net* is creating the opportunity for youth across Canada to discuss and address an array of mental health issues including stress, family, relationships, and violence.

Originally funded through a grant by the Foundation of the Children's Hospital in Eastern Ontario, the first *Youth Net* program began in the Ottawa Carleton region. Part of the program is now funded through the Provincial Ministry of Health, but private sources continue to fund the majority of the program. The idea for *Youth Net* developed as a result of the 1993 Youth Mental Health and Illness Survey, sponsored by the Canadian Psychiatric Association, which indicated that youth are at a disturbingly high risk for mental health problems. It also indicated that youth remain largely dissatisfied with existing mental health services and that they are most comfortable and willing to interact amongst themselves. In fact only 2.15% of youth surveyed indicated that they would ever talk to a professional about mental health concerns.

"Youth still see psychiatry as a pretty scary system", says Lynn Chiarelli, satellite coordinator for *Youth Net* in Ottawa, "so accessibility is our biggest priority". *Youth Net*'s concept is "by youth for youth", and its flexibility allows it to reach youth everywhere and anywhere they are found, from community centres to schools. *Youth Net* provides them with a forum, via focus groups, to talk about mental health issues affecting them. Trained facilitators watch for warning signals and are able to perform a one-on-one follow up to further explore issues and collectively construct a plan of action. Oftentimes this plan of action involves referral to various youth friendly agencies. *Youth Net* facilitators are able to break down the barriers of stigma, ageism, and hesitation in recommending this sort of help. Youth are very receptive to the aid and suggestions of young facilitators, and are often ushered through the doors to help that they would not have otherwise found."

"I find that youth actually open up to other people their own age," says Mississauga student Louroz Mercader, 16. "When you look at what happened at Columbine and in Alberta it's pretty obvious those kids had real problems but everybody just ignored it. We want to prevent something like that from happening here."

Youth identified the following stressors as being important to them: parents (80%); drugs and alcohol (65.8%); poverty (64.2%) and peer issues (61.7%). When asked whom they would turn to for help in coping with such stressors, the number one source of support identified by youth was friends (86%) with family coming a distant second (50%). Clearly youth considered their friends as the most important resource available to them when they need help coping. In contrast, youth did not have a positive view of many professionals and did not want to use their services.

When youth were asked in what ways mental health professionals and services could better suit their needs they suggested the following:

- 24 hour accessibility to support.
- Trust and confidentiality when using such services was stressed.
- More community based services and supports.
- Encouraging professionals to be more 'youth friendly', i.e. to be an active listener, show understanding, have positive personality traits, a sense of humour, be approachable, respectful, etc.
- The need to create a link between friends who are valued and used as coping resources, but who are not equipped to help, and professionals who are trained experts but not generally sought out by youth.

An initial grant from the J.W. McConnell Foundation enabled *Youth Net* to develop a satellite model. Satellite programs have been developed in Ontario, thanks in part to the funding of United Way and the sponsorship of The Canadian Mental Health Association and the Centre for Addiction and Mental Health. Programs are also running in British Columbia, Nova Scotia and Quebec.

For more information on Youth Net, visit the Youth Net website at: www.youthnet.on.ca.

Youth Suicide Awareness Programs

Many resource people called upon to make suicide awareness presentations lament the lack of available resources and programs that would assist them in effectively creating a systematic response to youth suicide. Recognizing this need, the CMHA, National, commissioned the development of a suicide awareness program on youth suicide in the early 1980s, through the provision of seed funding for a standardized training program for caregivers in Alberta. With policy and funding support from the government of Alberta's Suicide Prevention Provincial Advisory Committee, the CMHA, Alberta, was responsible for the development and implementation of a youth suicide awareness package through its Suicide Prevention Training Programs.

School suicide prevention programs are valuable in teaching teachers and students how to recognize signs of suicide and to respond appropriately. Their importance cannot be stressed enough. However, school-based prevention programs require a variety of resources, particularly on the part of the school itself in the area of curriculum and support. Additionally, due to the nature of suicide itself, a brief review of available research has shown that it is critical that the provision of school-based awareness programs be highly structured and multidisciplinary in nature, including educational resources and professional mental health supports. School suicide prevention programs, for the most part, appear to be structured in tandem with skills-building and self-awareness programs. Suicide awareness/prevention programs are only one element of a larger, interconnected, ecological approach to suicide prevention which includes the co-operation, collaboration and understanding of individual, family, peer, school, community, culture, society and environmental factors. If one of these elements is missing, the implementation and ultimate success of a comprehensive suicide prevention program may be compromised, regardless of the particular model used.

Research shows that the typical school-based suicide prevention program is a three-to-six-class, classroom-centred, curriculum-based, lecture-discussion program using experiential exercises or films. Goals typically include heightening awareness about the problem of adolescent suicide and informing (facts and myths) about suicide; increasing recognition of signs and symptoms (risk factors) in order to facilitate case identification; changing attitudes about suicide and receiving help; and resource identification. There may also be an element of skill building in the areas of listening, communication, crisis and stress management, problem-solving and referral making. Some schools, to a lesser extent, focus primarily on gatekeeper education – increasing awareness among teachers, administrators and other school personnel or warning signs and teaching referral skills. Still others have focused on the development of peer counselling programs, encouraging the natural communication and help-giving common to the student culture.

Effective school-based suicide awareness programs require a significant amount of planning and resources, particularly on the part of the school itself, to ensuring that a comprehensive suicide program is delivered.

Suicide awareness /prevention programs are only one element of a larger, interconnected, ecological approach to suicide prevention which includes the co-operation, collaboration and understanding of individual, family, peer, school, community, culture, society and environmental factors.

According to a recent review of evaluative research on suicide intervention and prevention programs for young people in Canada, deployment of these resources did not appear to have succeeded in countering the number of youth suicides in Canada. Fifteen Canadian suicide intervention and prevention programs for youth were evaluated from 1970 to 1996. Although researchers found that general school-based education on suicide was the most common strategy for prevention programs targeting youth suicide, most of these involved one-time activities, which may have decreased their effectiveness. However, this particular study found the CMHA's youth suicide awareness program, with its strong theoretically based, didactic approach, appeared to deliver its objective – increasing awareness around youth suicide.

For more information on suicide intervention programs and activities, contact:
Helen Martin, CMHA, Ontario Division (416) 977-5580, ext. 4120

Understanding Delinquency

Adolescents having difficulty in school, whether for reasons of mental illness or other causes, are much less likely to graduate. And for school dropouts, the chances of becoming involved with the law increase.

The rate of youth crime is slowly declining in recent years but is still 77% higher than it was a decade ago. The Sparrow Lake Alliance notes that public pressure to "do something" about youth crime is leading governments to intervene in ways likely to do more harm than good.

Children and adolescents who have mental illnesses that are left undiagnosed or untreated are at a higher risk for illegal behaviours. According to Ontario's Office of Child Advocacy, 80% of young offenders show evidence of mental health problems.

Researchers reviewing the National Longitudinal Study of Children and Youth concluded that "the developmental research on young offenders is quite clear: young people do not magically start committing offences when they turn 12, the age of criminal reasonability in Canada".

The earlier a child begins showing signs of sustained impulsive, violent or antisocial behaviour, the more severe that problem is likely to become. It is possible, as early as kindergarten, to identify children likely to become antisocial or aggressive teenagers. Although most children with mild conduct disorder do not progress to antisocial personality disorder, 71% of children with severe conduct disorder before the age of six were diagnosed with antisocial personality disorder as adults.

Aggressive children and adolescents are more likely to be seen as feeling miserable and to have trouble enjoying themselves than other children. They are more likely to do poor work in school and less likely to believe that teachers or parents will help them.

Contributing Factors to Delinquency in Children and Youth

The most important childhood predictors of delinquency (age 8-10) are antisocial child behaviour, impulsiveness, low intelligence and attainment, family criminality, poverty and poor parental child-rearing behaviours.

Brain damage in children, caused by fetal alcohol syndrome (FAS), poor nutrition or exposure to toxic substances can be a contributing factor to aggressive behaviour. Federal Justice Minister, Anne McLellan was quoted recently as saying that 50% of young offenders have FAS. Such children need special education geared to their own way of learning and structural, permanent, residential support.

Many young offenders have a history of being abused or witnessing abuse in their homes. Home discipline that is lax or neglectful, erratic or inconsistent, or overly harsh or punitive is seen as a predictive factor in adolescent delinquency and aggression. Additionally, a history of parental mental illness with poor or inadequate support can also lead to aggressive behaviour in children.

Adolescents having difficulty in school, whether for reasons of mental illness or other causes, are much less likely to graduate and chances of becoming involved with the law increase for school dropouts.

Addressing Violent Behaviour in Children and Youth

There is a high correlation between violent and aggressive behaviour and being unhappy and unsuccessful in school and socially. Calls to punish aggressiveness in young people translate into punishing the unhappy, unsuccessful and rejected child or adolescent.

Perhaps there are grounds for hope in the provision in the new Youth Criminal Justice Act

Understanding Delinquency

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that requires an individual plan for treatment, control and supervision for violent offenders who suffer from mental illness, psychological disorder or emotional disturbance.

Factors that Can Reduce Delinquency in Children and Youth

Dr. David Weikart, the initiator of the famous Perry Preschool Project[1], says that children benefiting from early education in his two-year preschool project have been five times less likely than the control children to be involved in criminal behaviour. They are also less likely to be dependent on social assistance and are more likely to complete high school.

Following high school, they are almost three times more likely to own their own homes, and four times more likely to hold well-paying jobs.

Voices for Children, a child advocacy group based in Toronto, Ontario, suggests that to counter the risk factors that lead to delinquency, all children need:

1. A steady and supportive relationship with at least one caring adult throughout childhood;
2. Strong relationships to develop a sense of trust, confidence, self-esteem and social skills;
3. An opportunity to make friends, to play and to learn in safe, caring situations;
4. Programs that enhance their social and emotional development.

Children and Youth in Ontario: How Are They Doing?

Suicide is the second leading cause of death for Canadian youth aged 10-24 following motor vehicle deaths. Each year on average, 294 youth commit suicide. In 1992 approximately 18 times this number (over 5200) were hospitalized for suicide attempts. Some estimates suggest attempts may outnumber suicides by as much as 100 to 1.

Almost 1 in 5 children and youth in Ontario have at least one mental health disorder, and two-thirds of this group has two or more disorders. That would equate today to close to 500,000 children in Ontario that require mental health treatment. (Ontario Child Health Study conducted in 1989.)

At the time of the study only 1 in 6 children in need were receiving therapeutic intervention.

A 1994 survey by the Ontario Ministry of Health and Long Term Care found that 25% of youth (ages 15-24) have at least one psychiatric disorder. A 1998/99 survey by Children's Mental Health Ontario (CMHO) found that the average wait for children's mental health services in Ontario is five months.

CMHO says that it would require an additional $200 million to achieve its objectives of helping to keep troubled children and youth in school and achieve their full potential while preventing further violence, aggression and suicide. They note that this is less than the budget of a single urban hospital.

Poor performance in school is strongly associated with a history of mental health problems. For every youth who fails to graduate from high school because of unresolved mental health problems, the lifetime income/productivity loss, as compared to the high school graduate, is estimated at $350,000.

The Canadian Mental Health Association, Ontario Division, has reviewed the research on the societal costs associated with the failure of youth with mental dysfunction to graduate from high school in a document entitled *Ontario Services for Children: Do They Promote Mental Health?* Its findings include:

1. Poor performance in school is strongly associated with a history of mental health problems. For every youth who fails to graduate from high school because of unresolved mental health problems, the lifetime income/productivity loss, as compared to the high school graduate, is estimated at $350,000.
2. If only half the children receiving treatment for mental health disorders complete high school and become productive members of society, the annual direct return to the federal and Ontario governments in increased taxes and reduced social assistance of $232 million nearly offsets the annual expenditures on the member mental health centres in Children's Mental Health Ontario.
3. The benefits of treatment and education are not limited to the single year in which service is delivered but accrue throughout a person's lifetime. Given a forty-year time frame, the one-year expenditure on children's mental health assessment and treatment yields a potential benefit to the Ontario taxpayer of over $9 billion.

Children's Mental Health Ontario website: www.cmho.org

[1] Schweinhardt, L.J., et al. (1993) *Significant Benefits: the high/scope perry preschool study through age 27.* Ypsilanti, MI, High/Scope Press.

Executive Director of CMHA, Ontario Division receives Lieutenant Governor's Medal

On April 26, 2000, Glenn Thompson, MSW, Executive Director of the Canadian Mental Health Association, Ontario Division, was honoured with the presentation of the 1999 Lieutenant Governor's Medal of Distinction in Public Administration, in recognition of his distinguished career in public service in Ontario. This Award, established by the Ontario Groups of the Institute of Public Administration of Canada (IPAC) recognizes excellence in public administration in Ontario. The medal was presented by The Honourable Hilary Weston, Lieutenant Governor of Ontario, at a ceremony and reception at Queen's Park.

Glenn Thompson has served in leading public sector roles for over forty years, including appointments as Deputy Minister of six Provincial Government Departments between 1975 and 1991. After thirty years in the Ontario Public Service, Glenn Thompson became the Executive Director of the CMHA, Ontario Division, where he has played a role in accelerating the development of community mental health programs across Ontario, restructured the provincial office and chaired and sat on several leading health and mental health reform committees.

Perhaps most significant, and on a personal level, his colleagues and nominators for the Medal noted his personal qualities of "devotion, integrity, caring, compassion, loyalty and quiet, effective leadership."

CALENDAR

OCTOBER 2-8, 2000

Mental Illness Awareness Week (MIAW). This ninth annual MIAW public education program is led by the Canadian Psychiatric Association and the provincial psychiatric associations with the support of a host of allied mental health care organizations and volunteers. This year's theme is: Working With Mental Illness.

OCTOBER 5, 2000

World Mental Health Day. Theme "Mental Health and Work". Info: World Mental Health Day Coordinator, World Federation For Mental Health, 1021 Prince St, Alexandria, VA, 22314-297, ph: (703) 838-7543, website: http://www.wfmh.com/

Note: Some countries are celebrating World Mental Health Day on Oct. 10.

OCTOBER 5, 2000

National Depression Screening Day (North America). Info: Screening for Mental Health, 1 Washington St, Suite 304, Wellesley Hills, MA, 0248, ph: (781) 239-0071, website: http://www.nmisp.org/

OCTOBER 16-17, 2000

OCSA Conference "Outside the Box": The Ontario Community Support Association. Sheraton Parkway Toronto North Hotel in Richmond Hill, Ontario. Info: Shannon Stevens, Director of Membership Services, (416) 256-3010 ext. 226.

NOVEMBER 6-8, 2000

Caring Today & Tomorrow. Ontario Hospital Association's 2000 Convention & Exhibition. Metro Toronto Convention Centre. Info: website: http://www.oha.com. e-mail: convention@oha.com, ph: (416) 205-1362, 1 800 598 8002, fax: (416) 205-1340.

DECEMBER 5-8, 2000

Promotion of Mental Health and Prevention of Behavioural Disorders. Inaugural World Conference, sponsored by the World Federation for Mental Health, in collaboration with the Clifford Beers Foundation. Atlanta, Georgia. $400. Info, fax: (703) 519-7648, email: prevent_mtg@yahoo.com

Creative Artwork Wins Poster Contest

During Mental Health Week, 25 CMHA Branches across Ontario conducted poster competitions in their local communities. The winner of each local competition was entered into the province-wide contest and a panel of distinguished judges ranked the submissions. Simon Mark, Waterloo, Ontario took First Place; Bekki Draper, Victoria County and Jessica Marshall, Hamilton-Wentworth, both received Honourable Mention. Copies of the winning poster have been reproduced and distributed throughout the Province to aid in public awareness about mental health. Simon Mark is a 19 year old student who says he has had a life-long fascination with art, design and writing. He says he is a compulsive scribbler who fills any white space with drawings. Simon is currently taking art courses and, although he is not sure of his future career path, he thinks it may involve web page design, freelance graphic design work, illustration or publishing comic books.

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CANADIAN MENTAL HEALTH ASSOCIATION
L'ASSOCIATION CANADIENNE POUR LA SANTÉ MENTALE

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