BEING PROACTIVE II

LOOKING AFTER THE MENTAL HEALTH AND WELL-BEING OF CHILDREN AND YOUTH IN OUR COMMUNITIES

York Centre for Education and Community (YCEC)
Toronto District School Board (TDSB)
Department of Justice Canada/Ministère de la Justice Canada (DOJ)
Ontario Ministry of Children and Youth Services (MCYS)
Youth Association for Academics, Athletics, and Character Education (YAAACE)

Final report from the conference held at Montecassino Hotel, Toronto, Ontario, March 22, 2013

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Finally, we express a sincere note of appreciation to writer Vidal Chavannes for compiling this report.

EXECUTIVE SUMMARY

"Every society has a story it tells about itself. Change that story and you change the society."

- Dr. Edward-Grace Galabuzzi

This report is based on insights gathered from participants and presenters at the *Being Proactive II: Looking After the Mental Health and Well-Being of Children and Youth in Our Communities* conference, held March 22, 2013 at Montecassino Hotel. This second conference in the Being Proactive series was jointly organized by the Department of Justice Canada, the Ontario Ministry of Children and Youth Services, the York Centre for Education and Community at York University, the Toronto District School Board and the Youth Association for Academics, Athletics and Character Education.

Approximately 200 people representing a cross-section of social workers, child and youth workers, teachers, administrators, justice workers, government officials and members of the general public gathered at the Montecassino Hotel for Being Proactive II. Dr. Grace-Edward Galabuzzi opened the conference by calling for the need to address the social political context of racialization, violence, trauma, children and youth mental health and the education and justice systems. He implored participants to begin the process of changing the story that exists in our society around youth violence and undiagnosed mental health issues. Dr. Galabuzzi suggested that particularly in impoverished communities and among marginalized populations, mental health challenges are impacting educational attainment, financial well-being, social interactions, and interaction with the criminal justice system.

The Being Proactive II conference was a follow-up to the first Being Proactive conference, and explored in greater depth the intersections between racialization, violence, trauma, children and youth mental health, and the education and justice systems. The conference also took as its focus, a shift from a reactive, punitive approach to youth violence to proactive strategies. Presenters looked at the impact of racialization and trauma on youth, youth violence and the criminal justice system, and the experience of youth in the education system—all through the lens of mental health.

Being Proactive II sharpened the focus on mental health issues, exploring the roots of child and youth mental health challenges and identifying concrete solutions. Participants spent the day hearing four keynote presentations and attending breakout sessions of their choice. The keynote speakers were:

- Dr. Alvin Curling (Strategic Advisor on Youth Opportunities to the Minister of Children and Youth Services)
- Dr. Kwame McKenzie (Senior Scientist - Health Services and Health Equity Research at CAMH)
- Dr. Michael Ungar (Resilience Research Centre at Dalhousie University)
- Dr. Judy Finlay (Associate Professor, Faculty of Community Services at Ryerson University)

For access to keynote presentations

Breakout sessions covered a variety of topics:

- **Mental Health Issues in Youth Court in Ontario**: The Honourable Justice Brian Weagant (Ontario Court of Justice)
- **Newcomer Youth Mental Health: Needs, Barriers & Best Practices**: Sheeba Narikuzhy (Clinical Supervisor at East Metro Youth Services)
- **The North American School to Prison Pipeline**: Victor Beausoleil and Kofi Morris (Redemption Reintegration Services)
- **How to Build a Criminal: Psychosocial Implications for Prevention**: Dr. Glendon Rayworth (Psychologist Toronto District School Board)
- **Resilience Building Instead of Problem Treatment: A Social Ecological Approach to School-based Interventions with Children, Adolescents, and their Families**: Dr. Michael Ungar (Resilience Research Centre at Dalhousie University)
- **TAKE BACK YOUR WORLD NAVigate YOUR LIFE**: Farley Flex, Roderick Brererton and Diane Hill (Urban Rez Solutions)
- **Mental Health and Well-Being for Children & Youth**: Irwin Elman (Provincial Advocate for Children and Youth) and Cheyanne Ratnam (Youth Amplifier - Office of the Provincial Advocate for Children and Youth)

For access to breakout sessions

INTRODUCTION

In his keynote address, Dr. Kwame McKenzie made the case for Canada's need to foster and protect her mental capital. Mental capital is comprised of a combination of IQ (intelligence quotient), EQ (emotional quotient). While our schools do a great job of boosting and nurturing IQ, they do not nurture EQ and mental health, which are integral components of mental capital. EQ is often a better predictor of future success than IQ. Dr. McKenzie cited the example of the telecommunications giant, Apple, suggesting that the technology they use (IQ) is similar to that of other companies, but their ability to understand what consumers want (EQ) is what sets them apart from their competitors. For Canada to be a viable and robust nation, we need to be focused on developing IQ, EQ *and* mental health in the immediacy.

Dr. Alvin Curling, Strategic Advisor on Youth Opportunities to the Minister of Children and Youth Services, also highlighted the importance of swift action on the issue of children and youth mental health. He suggested that the *Being Proactive* conference should be an event that wanes with time, as it ideally will lead to systemic change that can address the issues facing children and youth. Both Dr. Curling and Sheeba Narikhuzy, Clinical Supervisor at East Metro Youth Services, highlighted the importance of addressing the mental health needs of children and youth from newcomer communities, some of whom have experienced pain and trauma in their countries of origin. They both reminded participants of the need to be proactive in providing these children the resources they need, so as not to allow their past experiences to foment and manifest in painful, disruptive ways in Canada.

In his workshop titled, “How to Build a Criminal: Psychosocial Implications for Prevention,” Dr. Glendon Rayworth warned of the dangers of inaction, particularly among racialized youth. He compared the annual homicide rate in Toronto in 2012 (54) with Chicago, a city with a similar population (512). In order to ensure that Toronto does not end up like Chicago; it is imperative that “we immediately and systematically address the root causes of mental health challenges in children and youth.”

Across the presentations and discussions of the conference, a number of key themes emerged that brought the seemingly disparate dialogues together. Keynote presenters and workshop facilitators alike spent time addressing: the social determinants of mental health; the cultural determinants of mental health; marginalization; coping strategies towards fostering resilience in children and youth; and organizational and societal change and transformation.

THE SOCIAL DETERMINANTS OF MENTAL HEALTH

"The social determinants of health" is a phrase that is increasingly used to refer to the conditions into which people are born and how these conditions are shaped by economics and power at global, national and local levels. The World Health Organization suggests that the social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries. It would follow then that there are social determinants of mental health, and these social inequities lead to unfair and avoidable differences in mental health status between countries and communities.

Social Inequities

In her keynote presentation, Dr. Judy Finlay, Associate Professor, Faculty of Community Services at Ryerson University, spoke of her involvement in *Mamow Sha-way-gi-kay-win: The North South Partnership for Children in Remote Northern Communities*. In these communities, young people make up 68% of the population. Dr. Finlay suggested that the age at which most youth attempt suicide in First Nations communities is 13-14 years old, when they are about to enter into high school and believe that there is no future for them in either staying on the reservation, or leaving. It is within this context that Dr. Finlay laid out the factors that have a particular impact on wellness among First Nations children and youth. Colonialism, loss of language and culture, dislocation, reserve living, and forced dependency have resulted in deficiencies in water, housing, food security, health care and employment in First Nations communities. These social determinants of health necessarily impact the mental health of these communities.

Ways of living for many First Nations peoples were nearly abolished in Canada, through the process of colonization, which included legislation and policies aimed at assimilation. Forced attendance and documented abuse at Indian Residential Schools and sweeping apprehensions and adoptions (which came to be known as the '60s scoop') shaped the mental health landscape for many First Nations people (Blackstock, 2009). In 2008, the Office of the Auditor General reported that 5 % of all children living on reserve were in the child welfare system; eight times the proportion of the general population of children in Canada (Office of the Auditor General, 2008). The impact of this experience across generations has contributed to high rates of substance abuse and mental health problems, suicide, incarceration and family violence. Many First Nations communities also experience high rates of poverty, shortages of adequate housing, unsafe drinking water, and a lack of educational, employment and economic opportunities, all of which undermine health and well-being.

Dr. Finlay made the case that the historical injustices visited upon First Nations communities in Canada, coupled with contemporary injustices and social inequalities, have real implications on current realities for First Nations children and youth, as they have had direct impact on the social context into which these young people are born. Without addressing these inequities, children and youth in First Nations communities will continue to be impacted disproportionately by mental health challenges.

The effects of historical and contemporary injustices on social inequities, and in turn mental health, were further problematized during Dr. McKenzie's keynote address, during which he suggested that not just contemporary injustices, but even the *threat* of contemporary injustice and

social inequality have significant impact on mental health. The traumatic implications of racism on the mental health of racialized communities is well documented. In 2001, the U.S. Surgeon General released the results of a study titled, "Mental Health: Culture, Race, and Ethnicity," which looked at the influence of culture and society on mental health, specifically the adverse health effects of internalizing racism and stereotypes. The study concluded that chronic racism, made up of micro-aggressions, actually changes people's physiology. In other words, we are biologically primed for fight or flight in the face of aggression, and though we are quite adept at this when such incidents are occasional, we are not as good at dealing with everyday trauma. The body gets confused and cannot stop the adrenaline release to get back to normal. Consequently, racialized people die younger of every malady.

Dr. McKenzie noted that one can't run away from racism or release the stress related to it. There is a growing body of evidence to suggest that immigrants have an increased risk of schizophrenia; the risk is twice as high if you are Black. This is not a result of biology or genes, but a response to stress. Stress is a trigger for schizophrenia. Being a victim of racism increases the chances of developing psychosis and mental health issues by 300%, while immigrants of colour migrating to a predominantly White space have a 500% increased chance of developing schizophrenia. Perception alone of racism is enough to raise mental health risk by 50%, thus stressing the salience of just the spectre of race. Dr. McKenzie also discussed the methodology of his study, which looked at the mental health of 5,000 participants. Controlling for those that were physically fit and already victims of racism, and who perceived themselves as fine, the study found that just the perception of racism increased their risk for psychosis and schizophrenia. Indeed, ethnic minorities are more likely to suffer from psychosis. Dr. McKenzie

cited J. David Hulchanski's study of income polarization, *The Three Cities within Toronto*, which showed that within neighbourhoods the buffering effect of community can help; as the concentration of minorities goes up, rates of psychosis go down. The study showed that many visible minorities do indeed live in concentrated areas and so benefit from this buffering effect. On the other hand, to have any hope of upward mobility, they are forced to leave these areas to seek out work and earning opportunities, which tend to be located outside of their communities. The lesson inherent in these studies suggests that the best predictor of developing psychosis is not belonging to an ethnic minority but rather experiencing discrimination. Both Dr. Finlay and Dr. McKenzie made it clear that not race, but racism, not being poor, but being confronted by societal indifference to poverty, significantly impact the mental health and well-being of children and youth.

CULTURAL DETERMINANTS OF MENTAL HEALTH

Aside from the social inequities that can have an impact on the mental health and wellness of children and youth, there are cultural components of a society that can have impact as well. A 2010 study titled, *New Canadian Children and Youth*, conducted by Beiser et al., compared immigrant children living in Toronto to those living in other cities. The study found that living in Toronto means newcomer youth are at a higher risk for emotional problems, possibly due to poor home-school relationships and marginalization. In her workshop titled, "Newcomer Youth Mental Health: Needs, Barriers & Best Practices," Sheeba Narikhuzy reported that newcomer youth are three times more likely to commit suicide. Adapting to Toronto culture seems to contribute to newcomer youth mental health challenges. Contributing factors may include: post-traumatic symptoms related to violence, war and trauma; socio-economic status (which can be entirely different than in source country); parental psycho-pathology; family discord, including ineffective parenting and harsh discipline; children prematurely assuming adult roles; and adjusting to the Canadian education system, including stigma related to ESL classes.

Stigma

Stigma around mental health and mental health challenges is prevalent across cultures. In Canada only about 30% of people experiencing mental health difficulties seek help. This can result from lack of diagnosis or understanding of symptoms, but can also result from the stigma associated with mental health challenges which discourages people from accessing services or programs even when they are available. This refusal to name and confront mental health is embodied not only in the cultural behaviours exhibited in Canada, but also in the political rhetoric. In 2012, a report entitled "Improving Mental Health Services in the Jane and Finch Community" described

research conducted with the Afro-Caribbean, Latin American, Somali, Tamil and Vietnamese communities in this Toronto neighbourhood. The report included the perspectives of service providers who reported significant challenges to access posed by the social stigmatization of mental health issues, arguing that many of their clients do not like to talk about mental health issues and therefore rely on other ways of coping (e.g., substance use) that do not require them to address the issue. Ms. Narikhuzy suggested that, "…in newcomer communities the stigma around mental health leads to undiagnosed and unidentified mental health problems." She told the story of a 15 year old female whose family came to Toronto as refugees from Sri Lanka. She faced a language barrier and financial problems and was referred to East Metro Youth Services for individual and family work after multiple admissions for psychotic episodes. The young lady's symptoms stabilized with medication, but her parents stopped the medication, and found her a faith healer. She was instructed to follow a sugar free diet and recite special prayers for a few days. The young lady relapsed and was admitted back to hospital. When called back for future sessions, only her father came to the appointment, arguing that someone had *cast an eye* on his daughter. It took a long time to convince her parents that she had a condition, and to get them on board with an appropriate treatment plan. This stigma around mental health within Canada and within some newcomer communities, coupled with long waitlists for services, limited linguistically appropriate services, and a lack of understanding about, and trust for available resources, acts as a roadblock towards effective interventions for children and youth living with mental health challenges.

In his workshop titled, "Mental Health Issues in Youth Court in Ontario," Honourable Justice Brian Weagant from the Ontario Court of Justice suggested that, "approximately 50-75% of

adolescents currently in the throes of the justice system have undiagnosed mental health problems" due in part to the stigma associated with mental health as well as availability of resources; the nature of the programs that the juvenile justice system provides; and the lack of coordination across child service sectors. Dealing with the stigma around mental health in all communities is a paramount cultural consideration for those determined to improve the lives of children and youth dealing with these challenges.

Social and Cultural Marginalization

There are aspects of Canadian culture that make it difficult for newcomers and other racialized communities to identify as "Canadian." Identity is about establishing a connection with others and feeling part of a whole. In other words, identifying as "Canadian" requires an understanding that one is rooted in the geography, culture, history, and social and political context of Canada. This is often established based on comparisons of perceived similarities and differences, both within the confines of the newcomer or racialized group culture and the dominant culture in the country. In this way, boundaries are established that demarcate groups as "Canadian" or the "other," which expand or limit access to resources and status. The identity development of children and youth takes place within this context of inclusion, marginalization, or exclusion through the lens of their cultural, racial, religious, linguistic, national, age, sex/gender, socio-economic status, territorial and other identification criteria. These identity criteria function both as self-affirming and self-alienating, demarcating "I – you" and "we – they" boundaries (Dei & Rummens, 2013). What further complicates this process, particularly for newcomer and racialized groups is when "I-you" and "we-they" are defined by the prevailing media and the dominant political and historical rhetoric. This can lead to these groups not feeling "Canadian"

and not being treated as Canadian, marginalized both socially and systemically. In his workshop titled, **"**Mental Health and Well-Being for Children & Youth," Irwin Elman, Provincial Advocate for Children and Youth, highlighted the crippling effects of marginalization, quoting a youth he recently worked with as saying, "You don't know the ways that marginalization eats at your soul." The debilitating nature of marginalization necessarily impacts the mental well-being of children and youth. It is incumbent upon those charged with the care of children and youth to develop an understanding of how macro (i.e., gender, political-economy, race, poverty) and micro (i.e., individual factors within the context of people's daily lives) forces intersect to produce both marginality and particular mental health issues/experiences for those who are relegated to, or find themselves on, the margins of society.

Victor Beausoleil and Kofi Morris of Redemption Reintegration Services in their workshop, "The North American School to Prison Pipeline," described the isolation that is a common reality for first and second generation Canadians, particularly those whose parents hail from the Caribbean. "When one says they are 'going home', even though they may consider themselves Canadians, and/or have been born in Canada, they tend to make reference to their ancestral heritage in the Caribbean." This rhetoric often results from a feeling of not culturally identifying with the norm. When children feel a sense of isolation from the group, they are often forced to search for their identity on their own. This is further problematized for Black children and youth in particular, when this cultural identity is defined by a media, bent on racializing violence and other criminal activity. The fallout of this means a group of disenfranchised and depressed souls with little expectation for themselves both internally and from others. The systemic and planned nature of the social isolation of racialized communities is evidenced not just in media images, but

in urban planning. Both the location of racialized communities and the resources therein contribute to keeping racialized communities "in their place". Mr. Beausoliel noted that in the community he grew up in, in Scarborough, "there are 9 liquor stores, 24 massage parlours, 3 strip clubs, over 50 fast food restaurants, and a lack of services for youth." This isolation, both in geography and identity, makes it easier for the government to "be tough on crime but not tough on poverty and miseducation" and contributes to a culture of loneliness and depression among children and youth from these racialized and marginalized communities.

Marginalization in Education

The personal and social identities that children and youth adopt and/or create are critically important in the learning process. Not only is their self-perception affected, but also the expectations of the students themselves as well as the expectations for those students within their receiving institutions. Further impacts include how these young people engage with schooling, and how they themselves produce knowledge about everyday experiences. Dr. Rayworth focused his comments on the experiences of Black and other racialized youth in the education system. "When [the media] paints a fatalistic picture of the chances of Black youth to make it in education, this manifests itself in the micro as a self-fulfilling prophecy for Black students and in the macro as fewer services directed at Black students within the institution." This is pragmatically manifested in the system when Black children are inadvertently expelled for behaviour that is potentially the result of a learning disability. In this way, a "disadvantage is made more of a disadvantage" and students eventually resign themselves to the notion that they have nothing to lose. There are a variety of learning disabilities that if left undiagnosed can result

in marginalization, suspensions and expulsions for students in school, including: non-verbal, language-based, disruptive behaviour and oppositional defiant disorders.

Examples:

Scenario: A student arrives late to class with disheveled school materials. When he is asked for a signed permission slip, the student is unable to find the form. The teacher gives the student 30 seconds to get himself organized "or else" he needs to deal with the VP. Feeling cognitively and emotionally overwhelmed, the student "loses it" and makes some inappropriate comments to and about the teacher.

Explanation: The student suffers from a deficit in perception which limits his capacity to organize himself in time and space. What looks like non-compliance is non-ability. It's not that he won't do it- he can't do it. He's still responsible for "losing it", but less responsible.

Scenario: A student is seen 'wandering' the halls during class time. A teacher confronts the student. The student stares back blankly saying nothing. The teacher escalates the level of confrontation, insisting on an explanation. The student is trying to think of the name of the place where she was (e.g. Resource Room) but she can't because of a problem with word finding. She rolls her eyes and kisses her teeth in frustration. The teacher raises his voice leading to an escalation of the conflict.

Explanation: The student suffers from a deficit in oral expression. It's not that she won't answer- she can't answer. She is still responsible for her conduct, but less responsible.

The reality, then, for many students is that they are marginalized by intersections of circumstances, by geography, poverty, race, culture and then further marginalized by undiagnosed learning disabilities.

COPING STRATEGIES TOWARDS FOSTERING RESILIENCE IN CHILDREN AND YOUTH

In light of the tremendous challenges associated with addressing the social and cultural determinants of mental health, it is important to consider strategies for fostering resilience in children and youth. In the context of exposure to significant adversity, resilience is both the capacity of individuals to *navigate* their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to *negotiate* for these resources to be provided and experienced in culturally meaningful ways. Dr. Michael Ungar, in his keynote address, outlined seven key resources related to resilience.

Tension	**Explanation**
1. Access to supportive relationships	• Relationships with significant others, peers and adults within one's family and community
2. Development of a desirable personal identity	• Desirable sense of one's self as having a personal and collective sense of purpose, ability for self-appraisal of strengths and weaknesses, aspirations, beliefs and values, including spiritual and religious identification

3. Experiences of power and control	• Experiences of caring for one's self and others, the ability to affect change in one's social and physical environment in order to access health resources
4. Experiences of social justice	• Experiences related to finding a meaningful role in one's community that brings with it acceptance and social equality
5. Access to material resources	• Availability of financial, educational, medical and employment assistance and/or opportunities, as well as access to food, clothing and shelter
6. Experiences of a sense of cohesion with others	• Balancing one's personal interests with a sense of responsibility to the greater good; feeling a part of something larger than one's self socially and spiritually
7. Adherence to cultural traditions	• Adherence to, or knowledge of, one's local and/or global cultural practices, values and beliefs

(Adapted from: Ungar, M., Brown, M., Liebenberg, L., Othman, R., Kwong, W.M., Armstrong, M. & Gilgun, J. [2007]. Unique pathways to resilience across cultures. *Adolescence, 42*(166), 287-310)

When these seven resources are considered in relation to the realities that contribute to the social and cultural determinants of mental health, it is clear that the process of fostering resilience in children and youth is a difficult one. The first step is engagement, both on a macro (community) and a micro (personal) scale.

Engagement – Collaboration – Partnership

It is important to note that engagement does not necessarily mean collaboration and it is therefore incumbent upon those reaching out to children and youth to ensure that they truly include the voices and perspectives of these children and youth in their plans to foment resilience. Sometimes even collaboration is not enough, instead true partnerships with these marginalized communities is what is needed most. "True partnership," as Dr. Finlay suggested, "means joining in relationship and sometimes not knowing what the outcome will be, but all working hard, nonetheless to get there." In this vein, services alone, for marginalized groups, is not necessarily better as there is no feedback loop and the follow through is often not there. Only by creating strong engagement and then linking it to good services gives kids the access to the factors that contribute to positive mental health.

This notion of the importance of incorporating the youth voice within the framework of fostering resilience was evidenced by a narrative Dr. Ungar shared about an African Nova Scotian youth that had moved to a predominantly White middle-class neighbourhood. His parents had worked very hard to get him into a perceived "better" neighbourhood. While there, the youth experienced great racial intolerance (being called the N-word) and began to misbehave and react by taking on a "gangster" persona. His other Black peers were often silent (which he saw as weak) and he nominated himself as the hero of the group. He often felt out of place in suburban Nova Scotia,

and when the parents brought the child to see Dr. Ungar, he revealed that he wanted to go to an inner city school, with his rationale being that he could negotiate that space more readily as the student body was more relatable. By going back to the school in the urban neighbourhood, he was able to navigate and negotiate his location and find a way to be able to experience schooling in a space where he felt more comfortable; one that would not isolate or stigmatize him, or force him into a different identity. By providing this young man with the autonomy and tools to navigate and negotiate, rather than dictating an outcome and solution for him, made it possible for him to overcome his obstacles.

In fostering resilience, heavy emphasis must be placed on the terms *navigate* and *negotiate* and the concept of *autonomy*, in that the individual does not need to have things done for him/her, but needs the infrastructure and scaffolding to develop the tools to navigate and negotiate. The ability to navigate and negotiate therefore becomes the essence of resilience. In this regard, contextual factors matter much more than individual factors. In his own study, Dr. Ungar asked participants: Are you proud of your heritage? Are you engaged in your community? Do you feel that you are treated fairly? What he found was that positive responses were linked with higher levels of resilience. This highlighted the myth of resilience that asserts that it is something that is *internally* driven; instead putting forward that resilience is largely defined by the *context* in which a person finds him/herself. Resilience is developed through nurture and not nature; is cumulative; is fundamentally influenced by context and cultural influences; is something that develops long-term; and not all adaptations are advantageous.

Community Accountability

In this vein of fostering resilience, Farley Flex, Roderick Brererton and Diane Hill from Urban Rez Solutions, in their workshop, "TAKE BACK YOUR WORLD NAVigate YOUR LIFE," described the importance of holding communities accountable for change that helps to foster and nurture resilience. Marginalized communities themselves can start this process of change, utilizing the Five A's: assessment, awareness, acceptance, action, and accountability.

Assessment – an honest evaluation or analysis of where we stand on mental health and wellness. Where do we stand – individually or institutionally, in relation to the existing issue?

Awareness – who have we become? Are we a product of our environments, knowingly or not? What effects has our socialization had on us? We must acknowledge the personal traits that we have developed, both beneficial and detrimental.

Acceptance – an honest realization that we have a part to play in who we've become. There are some things that we are born with but we are also faced with choices that we need to understand and be accountable for.

Action – honest realization after conducting an assessment, developing awareness and accepting our position; how and what are we going to change about the ways that we conduct ourselves?

Accountability – what are the consequences of not being ethically responsible?

The inherent challenge in this process is in determining readiness for change, or convincing marginalized communities that the need for change exists, because that rests on an understanding that opportunities beyond what seems possible based on the current societal structures, exist.

ORGANIZATIONAL AND SOCIETAL CHANGE AND TRANSFORMATION

Fundamental change is required, both within organizations and in the larger society, in order to address the realities that contribute to the challenges in mental health and well-being for children and youth. Consequently, it is incumbent upon those who seek to address these challenges to advocate for change within their respective institutions and organizations. These change processes will require goal setting, transparency, inclusivity, and a willingness to evaluate and adapt, and most importantly, will require "buy-in" both from the 'powers that be' and from those who stand to benefit most from the change. A significant amount of research has been done on individual differences in readiness for organizational change, particularly with respect to changes in workplace processes and its impact on the health and emotional well-being of employees. These studies have suggested that readiness for change requires a demonstrable need for change; a sense of one's ability to successfully accomplish change (self-efficacy) and an opportunity to participate in the change process (Armenakis, Harris, & Mossholder, 1993).

Education

Schools play a tremendously important role in fostering growth and development in children and youth. In the "How to Build a Human" portion of his workshop, Dr. Rayworth implored those who work in education to "treat every child as if they are your own; set limits when they fail, reward them when they succeed; accommodate their deficits, correct their defiance (i.e. recognize the difference between 'can't do and won't do'); and repeat as necessary." School personnel need to be given professional learning opportunities to develop better strategies to support students with learning disabilities. In this regard, Dr. Rayworth provided detailed checklists of behaviours that can be exhibited by students with learning disabilities along with

strategies to deal with these behaviours. This speaks to not only the necessity of training for existing school personnel, but also the addition of mental health experts in order to avoid missed diagnoses and improper disciplinary measures.

The physical environment of a school also impacts the mental health and well-being of children and youth. A study published in the *Journal of Health and Social Behavior*, based on interviews with the parents and teachers of about 10,700 first-graders in the United States, found that students in classrooms with fewer resources, in terms of inadequate teaching materials and teachers who didn't feel supported by colleagues, were more likely to experience mental health issues. The areas considered in the study included attentiveness, fighting, anxiety and sadness, and the formation of friendships. While the study does not prove that classrooms that face more challenges directly *cause* mental health problems in kids, it does demonstrate that being in a classroom with a lack of resources might adversely impact children's mental health because children are frustrated or disheartened by their surroundings. Lack of resources can also increase teacher stress and thereby contribute to more hostile classroom environments. Consequently, ensuring that adequate resources are provided to schools, particularly in economically-depressed communities is of paramount importance towards addressing the mental health needs of children and youth.

Youth Court

Having established that the majority of young people who end up in contact with the criminal justice system suffer from some form of mental health issue, the need for change within the court system is paramount. Since the 1980s, the current system readily utilizes *therapeutic jurisprudence* in which young people are charged in an effort to get them help. The reality

however, as described by Justice Weagant is that "the system is ill equipped to deal with mental health issues." In response, Justice Weagant started the Community Youth Court (CYC) in Toronto. This model has youth referred to the CYC where all of the resources (community agencies) he/she needs are in the same room; this addresses the lack of coordination of child service agencies. The program consists of two meetings per month, and by the end of the program, usually 95% of the charges are withdrawn. The CYC is currently servicing 40 youth; 8 females and 32 males, experiencing problems with drug abuse, fetal alcohol syndrome (7 individuals), ADHD (11 individuals), and mood disorders – mostly anxiety. The CYC creates individual plans for each young person dependent upon their needs. The CYC mental health worker manages most of the cases; however, probation officers can also manage as well. Addiction treatment plans involve more case management than other plans. This coordination of services has proven to be successful, but is a model that is largely dependent upon resources. Other jurisdictions can seek to adapt this model in order to address the mental health challenges of children and youth who find themselves in criminal court.

Government

In his keynote address, Dr. Curling suggested that "government intervention can work and has worked to address many of the factors that contribute to the mental health challenges experienced by our children and youth." Ontario policy, he suggested, has lifted 40,000 children and families out of poverty since the publication of the *Roots of Violence* report. Further, as a result of the recommendations in the report, there are more mental health workers on the ground, in schools, communities and courts to help young people who require assistance. As well, the strategies of the Youth Action Plan – Peer Social Context; Youth policy framework;

Neighbourhood Capacity and Empowerment, and Integrated Governance – all include some consideration of mental health and wellness. Dr. Finlay also called for government intervention, but only in cases in which intervention has been requested and negotiated, and is facilitated in partnership with the community. The vast majority of presenters and participants also challenged the government to tackle the issue of racism. While it is clear that the government cannot eradicate racism, recognition of its crippling effects and a comprehensive plan of action to address some of these impacts would help to lessen its prevalence. Further, government action can contribute to reducing racism

Family Dynamics

The dynamics of family and the developmental role that family plays in identity, self-perception and the fostering of resilience in children and youth is important to consider. Some of the changing dynamics of family make it difficult for this nurturing to take place. Dr. McKenzie discussed the process of brain development with the environment and noted the iterative nature of this process. The brain is built by making connections and consequently children need face time with their parent(s) to develop the skills they need to cope with life. Brain "exercise" requires increased opportunities for family interaction, including the establishment of more family spaces. Without this interaction, a child's brain development is slowed and/or stunted, resulting in increased risk of developing mental health issues. The importance of family time is multifold: the child feels important and loved; he or she has an opportunity to model parent's behavior; the parent can observe and learn about the child's strengths and weaknesses in order to better guide them; the child has a chance to voice their thoughts and feelings; and the parent and child develop a stronger bond.

Further, supportive family networks buffer against the effects of stress. The quality of family interactions and frequency of family visits, coupled with the improved socio economic status that usually results from a healthy family environment, all can have positive impact on the mental health and well-being of children and youth.

Physical Environment

The impact of environment on mental health was addressed by both Dr. Ungar and Dr. McKenzie. Dr. Ungar reported that "a city in Colombia decreased the homicide rate by 90% by changing their infrastructure and improving access to public transportation." These changes included adding state of the art libraries in poorer neighbourhoods, which sent the message that the people in those communities mattered. This speaks to the burgeoning debates around environmental racism – a phenomenon in which racial minorities are found to live in closer proximity to environmental toxins, such as polluting industries and waste disposal sites. Since 1982, following the case of PCB-contaminated soils in a predominantly Black community of Warren County, North Carolina, environmental racism has been recognized by scholars in the United States as a legitimate concept and is now included in the U.S. Environmental Protection Agency (EPA) mandate. This was an interesting juxtaposition to Victor Beausoleil's comments about the neighbourhood in which he grew up where finding healthy food and appropriate programs for youth was challenging. In addition to being close to potentially illness-causing environmental stimuli, often urban neighbourhoods and marginalized communities have little access to green space.

People living in urban areas with nearby green spaces are more likely to have better mental health and an improved overall sense of well-being compared to urbanites that do not have parks or gardens nearby. Dr. McKenzie suggested that increases in green space in a particular environment are correlated with higher levels of well-being. More green space can also mean more active lifestyles. These factors, coupled with access to nutritious foods are essential towards the development of mental capital, as they discourage anxiety, aggression and violence, and facilitate learning and health.

CONCLUSION

The Being Proactive II conference challenged participants to become active agents of change in their respective settings. While there was broad recognition that change would be difficult, the prevailing message of the day was that proactive action is needed now toward looking after the mental health and well-being of children and youth in our communities.

Out of the various presentations and discussions that took place over the day, the following recommendations were teased:

- That schools implement screening in order to identify potential mental health issues early;
- That school personnel receive professional learning opportunities in order to become better prepared to identify and deal with the behavioural manifestations of learning disabilities
- That schools incorporate practices and strategies to foster resilience

- That school boards recruit teachers and administrators that better reflect the cultural diversity of the student population
- That agencies servicing children and youth become better coordinated to ensure comprehensive care when necessary
- That priority is placed on servicing newcomer, marginalized and racialized communities where the incidence of suicide and homicide are prevalent
- That language-appropriate information about mental health issues and the services available are made accessible to various communities
- That leadership in a variety of institutions, organizations and communities work to end the stigma associated with mental health
- That marginalized and racialized communities see investment in infrastructure and planning that fosters growth and health
- That the Community Youth Court model is appropriately adopted in other jurisdictions to ensure that youth experiencing mental health challenges who find themselves in the throes of the justice system, receive proper care
- That parents understand the necessity of exercise, healthy diet and proper sleep patterns for children
- That prevailing media sources are used to promote positive images of ethnic minorities
- That stories of crime and violence are not racialized
- That we can have frank discussions about racism in Canada and deal with the institutional barriers that exist as well as its spectre

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