CCCYA

Canadian Council of
Child & Youth Advocates

# A NATIONAL PAPER ON YOUTH SUICIDE

September 2019

# CCCYA

## CANADIAN COUNCIL OF CHILD & YOUTH ADVOCATES

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The Canadian Council of Child and Youth Advocates is an association of government-appointed children's advocates from the ten provinces and two territories of Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Nova Scotia, Nunavut, Ontario, Prince Edward Island, Québec, Saskatchewan and Yukon.

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"Give us a chance and listen to us!
We have perspectives and good ideas.

We are the leaders of TODAY, and we can be the generation that gets it right!"

–Youth Summit, Nova Scotia

# 1.0 INTRODUCTION

The Canadian Council of Child and Youth Advocates (Council) is an alliance of Advocates, Representatives, and Ombudsman[1] across ten provinces and two territories, who hold explicit mandates to ensure the rights of children and youth in Canada are respected. In general, the Council members advocate on behalf of children and youth receiving provincial or territorial government services, conduct individual and systemic reviews and provide public education on children's rights. This work is guided by the framework of the *United Nations Convention on the Rights of the Child* (UNCRC)[2], which consist of 54 articles and key principles of non-discrimination, best interests of the child, right to life, survival and development, and lastly, participation. The Council aims to work collaboratively towards identifying specific or systemic issues impacting the well-being of children and youth that are common to all jurisdictions, and to collectively advocate at the provincial, federal and international levels.

Suicide amongst our young people in Canada is preventable. We can no longer tolerate the inaction of federal, provincial or territorial governments. As the second leading cause of death for young people ages 10-24 in Canada,[3] we should be raising alarm bells to call for a proper and meaningful response. As part of its work, the Council has been actively monitoring what the provincial, territorial and federal governments are doing to address the issue of child and youth suicide in Canada. While much work has been done by the Advocates to better understand this issue, they have also called for government to take concrete action to address it. The human cost of losing so many young people to suicide is an issue of grave concern for the Council. This concern is the impetus for this report.

Globally, Canada has been ranked in the top five for youth suicide rates.[4] Within Canada, the suicide rates are substantially higher for Indigenous youth compared to their non-Indigenous counterparts.[5] The mental wellness of Indigenous children, youth and their families has not been, yet must become, a top priority for government. This priority must align with their inherent and fundamental rights as laid out in the UNCRC and the *United Declaration on the Rights of Indigenous Peoples*.[6] In addition, the Council has created a Declaration of Reconciliation to acknowledge the work of the Truth and Reconciliation Commission of Canada and the potential impact of their Calls to Action which may lead Indigenous young people on a pathway to healing.

Each Advocate has been engaging with Indigenous communities, leaders, Elders, children and youth in the dialogue on the barriers and solutions to mental illness. The Council also presented at The Inter-American Commission on Human Rights - Situation of Human Rights of Indigenous Peoples in Canada Hearing in Bogota, Columbia this past year to discuss this critical issue and the impact on Indigenous children and youth. While the suicide rate is disproportionately high among Indigenous youth, the Council recognizes the impact of suicide and suicidal behaviours amongst all youth, including LGBTQ2S+[7] and other racialized youth.

[1] For brevity, at times, the report will reference the Advocates, Representative, and Ombudsman as the 'Advocates' or 'Council' unless referencing specific reports of each jurisdiction.

[2] United Nations General Assembly (UNGA) (1989) United Nations Convention on the Rights of the Child. New York, NY. Author.

[3] Mental Health Commission of Canada. (2017). Suicide Prevention. Ottawa, ON: Author. Retrieved from: https:/www.mentalhealthcommission.ca/English/focus-areas/suicide-prevention

[4] Children First Canada. (2018). The Canadian Children's Charter: A Call to Action to Respect, Protect and Fulfil the Rights of Canada's Children. Retrieved from: https://www.childrenfirstcanada.com/canadian-childrens-charter/

[5] Statistics Canada. (2017). Aboriginal identity population by both sexes, total-age, 2016 counts, Canada, provinces and territories, 2016 Census – 25% Sample data. (Statistics Canada Catalogue no. 98-402-X2016009.) Aboriginal Peoples Highlight Tables, 2016 Census. Ottawa

[6] United Nations General Assembly (UNGA) (2007). United Nations Declaration on the Rights of Indigenous Peoples. New York, NY. Author.

[7] LGBTQ2S+ references lesbian, gay, bisexual, transgendered, queer, two-spirit, questioning, intersex, and asexual people. Retrieved June 3, 2019 from: https://www.mmiwg-ffada.ca/

## 2.0 PURPOSE

Major work has been accomplished by the Advocates, Representatives, and Ombudsman across Canada in their provinces and territories on the issue of youth suicide and mental health. An examination of this vast body of work allows for an identification of collective findings to provide a road map for the Council to advocate in international and national contexts, and in their provinces and territories.

The purpose of this report is to maintain a national spotlight on the issue of youth suicide from the Council's collective work and the urgent need for governments to eradicate the barriers in achieving their obligations under the UNCRC. There is no doubt that governments at both the federal and provincial levels have made efforts to address this crisis amongst our children, however increased investment and sustainable action is required. The most recent Angus Reid Institute poll conducted in 2016 on the well-being of children revealed the following:

*[…] three-quarters of Canadians (73 per cent of adults and 77 per cent of children) say that young people in Canada need more support to safeguard their wellbeing and fulfill their potential. Not only do Canadians believe we have a moral imperative to act, they also believe it makes economic sense; nearly 9 in 10 Canadians say that investing in children will pay off and save the need for additional expenditures in the future.*[8]

In 2016, the House of Commons Standing Committee on Indigenous and Northern Affairs committed to the study of suicide amongst Indigenous peoples and communities, and subsequently released their report in 2017, entitled *Breaking Point: The Suicide Crisis in Indigenous Communities.*[9] Recommendations made within this report represent a commitment by the Government of Canada to do better for Indigenous children. However, it does not clearly lay out a mandated path to the provinces and territories to deal with the suicide crisis in Indigenous communities. Nor does it offer a clear commitment to resources or a clear commitment to the rights of Indigenous children and youth that can be actualized by concretely investing in them and their communities. As the New Brunswick Advocate has previously reported, rights must be translated into reality.[10]

[8] Angus Reid Institute. (2016). Kids in Canada: falling behind? Poll indicates concern youth aren't getting the support they need. Retrieved from: http://angusreid.org/wp-content/uploads/2016/11/2016.11.16-Children.CFCfinal.pdf
[9] Canada, Parliament, House of Commons. (June 2017)., Breaking Point: The Suicide Crisis in Indigenous Communities – Report of the Standing Committee on Indigenous and Northern Affairs. 42 Parl., 2nd sess. Ottawa, ON: Author Retrieved from: http://www.ourcommons.ca/Content/Committee/421/INAN/Reports/RP8977643/inanrp09/inanrp09-e.pdf
[10] New Brunswick Office of the Child and Youth Advocate. (2016). State of the Child Report. pp. 9. ISBN: 978-1-4605-1160-2

# 3.0 METHODOLOGY

The method used for this report focused on integrating or combining the diverse work on youth suicide and mental health that has been completed by members of the Council in their provincial or territorial jurisdictions. This type of 'integrative method' was considered appropriate as its purpose is to broaden our understanding of this phenomenon[11] and allow for the development of recommendations or calls to action that the Council can embrace for strategic advocacy. These efforts may expand and include a range of stakeholders, nationally and provincially, such as coroners, medical examiners, health professionals, public health agencies and others who have similar objectives to achieve optimal health and well-being of children and youth in Canada.

Each Advocate, Representative and Ombudsman office were requested to submit works from their provinces on the topic of youth suicide. The websites of each office were also reviewed to locate public reports on youth suicide and mental health. When no reports were found, an expanded search of press releases or annual reports was conducted in order to identify statements on these issues by the Advocate. Public reports released between 2012 to the present were included in the sample to ensure the systemic issues are relevant and applicable to the current context.

A total of 21 public reports, and four Advocate statements (Appendix A) were included in this review. The public reports are diverse across approaches and include aggregate, group and individual investigative reviews. Additional reviews involve partnerships with young people and examinations of mental health systems. The systemic issues or findings were extracted from all the reports and analyzed using an integrated methodological approach to analysis. The Saskatchewan Legislative Library was utilized to obtain the latest research to broaden our understanding of the systemic issues found in the Council's work.

The integrated findings of this paper were also tested with various youth advisory groups as the Council wanted to ensure that the collective findings found from the vast body of work aligned with the experiences of young people. Young people in three provinces were given the opportunity to respond to set questions related to the findings and their information was incorporated into this report. Creating these types of forums and opportunities for young people to express their opinion is in accordance with Article 12 of the UNCRC and demonstrates the significant commitment of the Council to ensure children have a voice and freedom of expression in matters that affect them.

What has clearly emerged from the summation of this work is that the integrity and vigorous effort by the Council, which is based on quality evidence. In some reports, the Advocates incorporated feedback by teams with subject matter expertise. However, this paper acknowledges that limitations may be present due to each province's legislative mandates or other impeding factors which are unknown. As a result, there was no critique or assessment of each stand-alone report, as this was not the purpose of this paper.

[11] Schick-Makaroff, K., MacDonald, M., Plummer, M., Burgess, J., and Neander, W. (2016). "What Synthesis Methodology Should I Use? A Review and Analysis of Approaches to Research Synthesis." AIMS Public Health 3(1): 172-215. [10.3934/publichealth.2016.1.172]

## 4.0 INTEGRATED FINDINGS

The review of this diverse collection of work by the Council led to the identification of three broad findings: Traumatic Childhood Experiences, Integration of Service, and the Right to be Heard. Inadequate data collection and coordination, and incapacity issues of the youth mental health system are secondary findings. The following sections of this report addresses each of these themes which underscores the complex nature of youth suicide.

### The Consequences of Trauma in Childhood

Trauma as part of childhood is not new,and can be defined as a consequence of a distressing or emotionally disturbing experience.[12] The young people of today lead extremely complex lives with multiple experiences that can be characterized as traumatic. Violence in the form of physical abuse, sexual abuse and exploitation is a reality for many youth, especially those involved in the child welfare system. LGBTQ2S+ young people still face abuse, stigma and social exclusion. Immigrant and refugee youth may be escaping potential violence or ill-treatment in their country of origin, yet may find the culture shock of coming to a new country in addition to language and cultural barriers in Canada overwhelming. Youth with disabilities may be particularly vulnerable to rights violations based on discrimination and denial of educational and vocational opportunities. For these youth groups, their traumatic experiences can and often lead to poor mental health and feeling a lack of hope and optimism for the future.

Previous generations of Indigenous people experienced compounding trauma due to cultural genocide and physical, emotional, and sexual abuse derived from residential schools and the 60s scoop. The trauma that parents, grandparents and even great grandparents have been exposed to has been transferred to today's generation of Indigenous youth, which is often referred to as 'intergenerational trauma.' Crawford and Hicks suggest that the trauma experienced in early childhood – caused by colonization - is a risk factor for suicidal behaviour in later life stages.[13] The Federation of Sovereign Indigenous Nations noted in the *Saskatchewan First Nations Suicide Prevention Strategy* (2018) that the First Nations suicide rate is highest among children and youth.[14] While Indigenous youth have comparable experiences with their non-Indigenous peers in relation to trauma, the disproportionately high suicide rates of Indigenous youth appear to indicate that their trauma is more deep-seated.

The reviews conducted by the British Columbia and Manitoba offices were aggregate, while the reviews conducted by the Alberta office were group and individual investigative reviews. Although the type of reviews varied slightly, a common thread found within this work is the overwhelming presence of Adverse Childhood Experiences (ACES). Among the work of the three offices, a total of 253 cases were reviewed, all of which were child welfare files. The reviews by British Columbia and Alberta were complemented with information from health files, vital statistics, and interviews with family members and professionals.

**The Adverse Childhood Experiences (ACES)[15] study examined the life histories of 17,000 people to determine the types of abuse, neglect, and other traumatic experiences that occurred in childhood compared to the negative consequences to health and well-being in subsequent stages in life.**

"The trauma increases because you are buried under it, like a heavy wet blanket of snow."

[12] The Concise Oxford Dictionary, Ninth Edition.

[13] Crawford, Allison, and Hicks, Jack. (April 2018) "Early Childhood Adversity as a Key Mechanism by Which Colonialism is Mediated into Suicidal Behaviour," Journal of Northern Public Affairs 65, no. 3:18-22.

[14] Federation of Sovereign Indigenous Nations, Saskatchewan First Nations Suicide Prevention Strategy. (2018) (Saskatoon, SK) Retrieved from: https://www.fsin.com/wp-content/uploads/2018/05/SFNSPS-FINAL-2018-May-24.pdf.

[15] Poole, N. and Greaves, L. (2012). Becoming Trauma Informed. Toronto, ON: pp. xii.

"It builds on issues you already have, school, families [...]"

"We don't always want to die. We just want the trauma to stop."

Of the 253 cases, 78 youth died by suicide, 74 youth had self-harm injuries and one youth died in a motor vehicle accident.[16] For comparative purposes, a control group from Manitoba, comprised of an additional 100 youth, is also included in the findings. The 253 youth are between the ages of 12 and 19-years-old; 52 out of 78 youth or 67 per cent that passed away were female; and, a disproportionate number of the cases from British Columbia and Alberta were Indigenous youth.[17] All of these youth had received services from the child and family service system in their respective provinces.

The reviews found evidence of significant adversities in early childhood, mainly due to parental substance use, domestic violence and neglect.[18] Involvement in the service system also began early for many of these children due to these traumatic circumstances. Parental mental illness, parental separation, poverty, physical and sexual abuse and multiple moves also emerged as additional stressors impacting the development of the children and reducing their chances to form healthy attachments with adults.

For several youth, this early trauma is compounded by the suicidal behaviour or loss of family members and loved ones due to suicide which can result in unresolved grief. The accumulation of trauma in childhood manifests later in adolescence by way of substance abuse, self-harm, suicide ideation, suicide attempts, poor school attendance, and involvement in health and criminal justice systems. British Columbia's aggregate review found no major childhood trauma for a small group of youth and their families; however, a major traumatic event was experienced in adolescence, which likely increased their vulnerability.

The Manitoba Advocate examined a randomized control group who had received child welfare services. This important work allows for further insight into the role of trauma and ACES which often leads to suicidal behaviour and youth suicide. Manitoba's report revealed that suicide behaviour, physical abuse, sexual abuse, and history of hospitalization were not major risk factors for the control group in comparison to the accumulation of trauma experienced by the suicide group.[19] While many of the youth who died by suicide likely experienced short periods of stability and interacted with supportive adults, these protective factors were not enough to overcome the many adversities they experienced throughout their young lives.

"Suicide was an option for me at a very young age because of my mom but I didn't think of this as abusive at the time. I thought that it was "normal." When I came into care at 8 there was a lot of what I call "trauma" as well. Moving from placement to placement. Never knowing why I was moved. Thinking something was wrong with me. Being treated differently than the bio kids. Having to beg for food. I think trauma can come in many forms and is sometimes the unexpectant result of good intentions or a system trying to help."

[16] While the focus of this report is youth suicide, the cases of self-harm injuries and MVA were included by default as they could not be separated from the cases of youth who died by suicide.
[17] Information on ethnicity of the youth from Manitoba was not found in their reports likely due to lack of reliable data.
[18] The exception is that domestic violence did not emerge significantly in Manitoba's examination of 50 youth who died by suicide, however, did emerge as a key theme in the control group of 100 youth.
[19] Manitoba Office of the Children's Advocate. (2016). The Changing Face of Youth Suicide in Manitoba and the Narrow Window for Intervention. Phase Two Report. Edmonton, AB: Author, pp. 14.

## The Value of Trauma Informed Practice

The Advocates across Canada have commented on the failure of the child welfare system to strategically and effectively address early childhood trauma that youth who are involved in their system are carrying. As the Representative from British Columbia, explained, "*Following standards, while important, is not enough, because services were not geared to addressing the trauma in the lives of these youth or their parents, and inter-generational trauma was prominent in their lives.*"[20] Trauma informed response and practice has the potential for child serving systems to mitigate the effects of trauma and adverse experiences.

The Council's work indicates that young people make choices to access a range of mental health services that are available. However, as Alberta's Advocate observed, these are mainly conventional counselling and therapies whereas culturally based services that focus on holistic health and wellness are lacking.[21] Gaps in services that are based on Indigenous worldviews and knowledge is referenced in other Advocate reports, and most importantly, by young people themselves.

"I think that systems should consult Indigenous communities. I think that the more consulting that there is the better. It is impossible to create a system that will work for everyone but the more voices that are heard and opinions that are integrated the better the system will be for everyone. Non-Indigenous people can't fully understand their beliefs or practices and so Indigenous people need to be consulted so that the programs can fit their needs."

Highlighting this problem, research from Nova Scotia revealed that in spite of their high suicide rates and mental health problems, the number of First Nations youth with a mental health diagnosis is low.[22] The researchers surmised that Indigenous youth are not accessing health-care institutions because "*[…] they may not feel we're ready or able to understand the depth of those issues or help them in a way that's meaningful or reflects their cultural beliefs and understandings.*"[23] A system that incorporates trauma informed care and works in partnership with the surrounding Indigenous communities, will likely enhance their ability to effectively serve their Indigenous youth population.

The impact of trauma can be extremely difficult for children and youth involved in the child welfare system, as highlighted by Murphy, K. et al., who reported that "*[…]children's reaction to trauma can serve as barriers to placement stability and permanency – two key predictors of well-being among children in out-of-home placements.*"[24] The Council's work illustrates that child welfare services are characterized by instability, when children and youth experience multiple moves and when their challenging behaviours are used as rationale to deny services when they reach out for help. Evidence in support of a child welfare system that is 'trauma informed' has emerged in research that supports the positive effects on placement stability and child well-being over time.[25]

"Kids need to be protected more for sure. They aren't belongings. They need to be listened to and believed so they can be safer. Kids act out and the kids gets labelled but really, they were victims at some point and now they are angry at the world. People can't handle anger. They blame the kid for being angry. We need to let kids be honest and feel what they feel and know it's okay."

[20] British Columbia Representative for Children and Youth. (2012). Trauma, Turmoil and Tragedy: Understanding the Needs of Children and Youth at Risk of Suicide and Self-Harm. Victoria, BC: Author, pp. 35.
[21] Alberta Child and Youth Advocate. (2016). Toward A Better Tomorrow: Addressing the Challenge of Aboriginal Youth Suicide. Edmonton, AB: Author, pp. 56.
[22] McMillan, E. (23 December 2018). "First Nations Kids more likely to experience pain, less likely to get treatment." CBC News. Retrieved from: https://www.cbc.ca/news/canada/nova-scotia/first-nations-children-pain-study-1.4944300
[23] McMillan, E. CBC News. (2018).
[24] Murphy, K., Anderson Moore, K., Redd, Z., and Malm, K. (2017). "Trauma-informed child welfare systems and children's well-being: A longitudinal evaluation of KVC's bridging the way home initiative." Children and Youth Services Review 75. pp. 22-34. Retrieved from: http://dx.doi.org/10.1016/j.childyouth.2017.02.008
[25] Murphy, K. et. al, 2017.

"Have health checks on children when they are young. Change the system so social workers aren't just there when parents are having trouble but make it an everyday thing like they do when babies are first born. My sister just had a baby and there is a nurse there every day making sure the baby is healthy."

Two key points in the continuum of services were identified by the Advocates as critical for targeting trauma informed responses. The first relates to their finding that many of the children experienced trauma early in their childhoods, which resulted in their involvement in the system at an early age. In one of their reports, the British Columbia office uncovered evidence of intergenerational trauma for 24 young people where their parents had been placed in care of the child welfare system as children.

Research by Schickedanz, A. et al. reveals an association between parents (mostly mothers) with high counts of adverse experiences in childhood and the behavioural health problems of their children.[26] Parent's traumatic childhoods could be used by clinicians to identify the children at an elevated risk of behavioural health problems early in childhood and introduce preventative interventions.[27] As a result, risk factors such as poor school attendance, substance use, suicidal behaviour and involvement in the criminal justice system may be reduced or avoided altogether.

The United Nations Committee on the Rights of the Child has stressed the importance of knowing the "*[…] impact that each period of life has on subsequent stages.*"[28] This relates to the second point on the continuum that adolescents burdened with unresolved childhood trauma typically do not receive the quality and quantity of support they need to facilitate their transition to adulthood. The Committee further stated that "*[…] positive and supportive opportunities during adolescence can be used to offset some of the consequences caused by harm suffered during early childhood, and build resilience to mitigate future damage.*"[29] The Alberta Advocate described the significant role of protective factors in diverting the negative health consequences of childhood trauma and nurturing good physical and mental health and coping skills.

The Council examined the services children and youth have received while in care of the child welfare system and have observed their exposure to trauma, commenting on the negative health and behaviour outcomes when not effectively addressed. Given this, the Council is deeply concerned regarding issues of safety and protection of children and youth, knowing their right to be free from all forms of abuse has been denied under the UNCRC. Female youth and Indigenous youth are disproportionately represented in the cases examined by the Advocate offices, which appears to be a function of their traumatic childhoods impacting them more deeply than other youth with a tragic outcome. Further exploration is warranted into trauma informed practice in child welfare and its potential to promote health and well-being for young people. This means that children have the necessary and recommended mental health resources regardless of location or cost.

[26] Schickedanz, A., Halfon, N., Sastry, N., et al. (2018). Parents' Adverse Childhood Experiences and Their Children's Behavioral Health Problems. Pediatrics.142(2): e20180023. www.aappublications.org/news

[27] Schickedanz, A. et al. (2018).

[28] Committee on the Rights of the Child. (2016). General Comment No. 20 on the implementation of the rights of the child during adolescence, Geneva: United Nations CRC/C/GC/20

[29] Committee on the Rights of the Child. (2016).

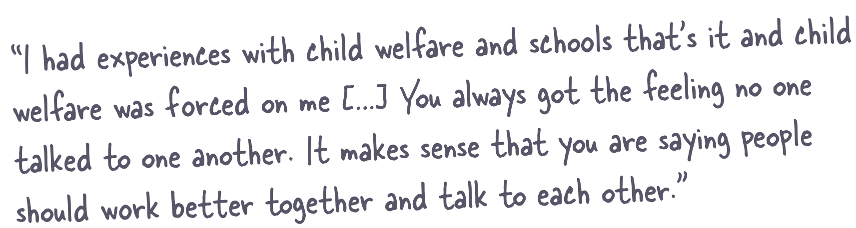
## Integrating Services for Better Outcomes

The lack of service integration and solutions to address this problem was highlighted in several Advocate reports in British Columbia, Alberta, Ontario[30] and New Brunswick. In her last three annual reports, the Representative from Nunavut has consistently raised the lack of government service coordination as a key concern and noted the serious impact this was having on young Nunavummiut. In her 2017-18 Annual Report, the Representative stated that young people's needs are often multi-faceted and complex, thereby requiring a holistic and well-coordinated response from government.[31] This type of response is noted as being non-existent within the Government of Nunavut.

The Ontario Advocate highlighted that governments and service providers operating in silos have recognized changes are needed to improve service coordination and collaboration. Expressing their views on mental health, young people in that province told the Advocate that "*[…] they do not divide their lives into silos… [and] see everything from the food they eat to the addictions treatment services they use as contributing to their mental health.*"[32]

Lack of service integration is a longstanding issue in Canada that acutely impacts children and youth with complex mental health needs.[33] The Alberta Advocate and British Columbia Representative completed several individual investigative reviews of youth dying by suicide. Six of these youth had complex needs, and findings of inadequate coordination and collaboration among the systems providing care is a common thread connecting these reports.

Despite major efforts by youth and their families to access an array of mental health, justice, child welfare and education services, the Advocates found these child serving systems tend to operate independently of each other. When there are multiple service providers, the number of intersections increase rapidly, making the ability to coordinate services difficult.[34] The Advocate's reports revealed there was little direct communication between child serving systems, and the coordination efforts were insufficient to meet the needs of the youth. In one case in Alberta, information on models of care that were effective and beneficial for a youth with a neurodevelopmental disorder was not shared between service providers prior to his transition to another placement.[35]




[30] The Ontario Provincial Advocate for Children and Youth Office was dissolved in 2019.
[31] Representative for Children and Youth. (2015-2016). Annual Report: The Launch of Nunavut's Child and Youth Advocacy Office. pp. 1. ISBN: 978-1-55325-328-0
[32] Ontario Advocate for Children and Youth. (2013). Putting Youth in the Picture: A Mental Health Community Snapshot. Toronto, ON: Author, pp. 33.
[33] Boydell, Bullock, & Goering, 2009: Waddell, 2007; Waddell, McEwan, Shepherd, Offord, David, & Hua, 2005. As cited in CYCC. (2014). Promising Practices for Violence Prevention to Help Children in Disasters and Complex Emergencies. Retrieved from: http://cyccnetwork.org/en/violenceprevention
[34] Tobon, J. I., Reid, G. J., and Brown, J. B. (2015). Continuity of Care in Children's Mental Health: Parent, Youth and Provider Perspectives. Community Mental Health Journal. 51:921-930. doi: 10.1007/s10597-015-9873-5.
[35] Alberta Child and Youth Advocate. (2014). 15-Year-Old Tony: An Investigative Review. Edmonton, AB: Author, pp. 23.

"[...] don't act silently."

In other instances, the Advocates found that child welfare mandates represent a barrier for systems to work in a collaborative manner. Decisions to refuse services on the basis that the child's circumstances do not align with child protection mandates can be detrimental to children and adolescents needing additional support. In their investigative review, the British Columbia Representative found no structure for health and child welfare sectors to work cooperatively to support families. These decisions can exacerbate the stress that youth, parents and caregivers often experience in navigating the mental health system.

When systems are not collaborating and working together young people fall through the cracks. This is found in a case in British Columbia where a youth with complex needs withdrew from school. When the education system reached out for assistance, child welfare refused stating lack of school attendance is not a protection concern. The education system in that province, however, considers lack of school attendance *"[…] as one of the primary markers of concern for mental health, for addiction, for family dynamics."*[36] Further, in their aggregate review, the Manitoba Advocate found that poor school attendance was identified as a primary risk factor for 62 per cent of youth who died by suicide. Youth who withdraw from school are "*[…] disconnected from peers and the support system that the school environment offers, therefore placing them at increased risk."*[37]

The Representative's review of youth mental health services in British Columbia identified fragmentation operating in multiple ways within that system. Drawing from the perspectives of youth, their families and providers, stressing that, *"Mental health services are fragmented, difficult to navigate, and too often do not support and involve families in caring for youth who are experiencing mental health problems."*[38] Contributing to this fragmentation is the lack of information sharing and coordination that often occurs in the process of transitioning youth between different services. Any gaps in mental health treatment and care that arise during transitions, can potentially exacerbate the mental health problems of the youth.

"Systems not talking hurts kids."

"Need to get the bigger picture of young people."

[36] British Columbia Representative for Children and Youth. (2017). Missing Pieces: Joshua's Story. Victoria, BC: Author, pp. 45.
[37] Manitoba Office of the Children's Advocate. (2015). The Changing Face of Youth Suicide in Manitoba and the Narrow Window for Intervention. Phase I Report. Edmonton, AB: Author, pp. 10.
[38] British Columbia Representative for Children and Youth. (2013). Still Waiting: First-hand Experiences with Youth Mental Health Services in B.C. Victoria, BC: Author, pp. 43.

## The Case for Integrated Service Delivery

"Can we start with the common ground that each of these systems cares about kids and wants them to be safe and healthy?"

Some common findings from the Advocates' reports indicate that youth at an elevated risk for suicide can become even more vulnerable when systems of care for children and youth are not well-integrated. In 2016, the New Brunswick Advocate placed significant emphasis on child and youth mental health in his State of the Child Report. A review of the issue of child and adolescent mental health within the rights framework of the UNCRC is embedded in the report. The Advocate points out this topic has received considerable attention in now four General Comments of the UN Committee on the Rights of the Child.[39]

Under Article 24 of the UNCRC, children and youth have the right to the highest attainable standard of health, and the New Brunswick Government has implemented a model of Integrated Service Delivery (ISD) that represents a progressive step towards fulfilling this right. ISD evolved from investigative reports completed by the New Brunswick Advocate such as Connecting the Dots and Ashley Smith, which signalled the need for system changes in child and youth mental health.

The ISD model integrates "*[…] all child and youth services across four provincial ministries, and the delivery of services in the school, home and community contexts.*"[40] Available province-wide within the school system, ISD reflects a cultural shift from a focus on systems to empowering youth and their families. Addressing issues of privacy and confidentiality was integral at the onset to allow professionals from health, education, child welfare, and justice to participate fully on one of several child and youth teams. One file is created for each youth instead of multiple plans and files of the service providers involved.

Some outcomes of ISD, such as reducing wait lists for mental health services and attrition rates, indicate this holistic approach is headed in the direction of improving the development of children and youth in New Brunswick. Other jurisdictions in Canada, such as British Columbia and Ontario, have integrated services in settings such as youth wellness hubs, community-based hubs, or school hubs. These settings are expected to support thousands of young people. In addition to an array of mental health and addiction services, "*Primary care, education, employment and housing services are also available, all under one youth-friendly roof.*"[41]

"In order to support youth who have complex needs, it is imperative to provide access to qualified nurses and counselors in a school setting. These can prove extremely helpful to youth struggling with trauma; however, they are not always accessible to all youth."

[39] General comment No. 20 on the implementation of the rights of the child during adolescence was released in December 2016, after the release of the State of the Child Report by the New Brunswick Advocate.

[40] Morrison, Bill, and Peterson, Patricia. (2017). Story of Transformation in Youth Mental Health in the Province of New Brunswick. Government of New Brunswick. Retrieved from: https://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/en/MentalHealth/our-story.pdf

[41] Archived News Release. (2018). Ontario Expanding Mental Health and Addictions Support for Youth. Ministry of Children, Community and Social Services. Retrieved from: http://news.ontario.ca/mcys/en/2018/05/ontario-expanding-mental-health-and-addictions-support-for-youth-html

The lack of service integration is a re-occurring theme often found in the advocacy and investigative work by Council members where the risks of injuries and deaths of children and youth are elevated due to these gaps in integration. Some provinces have embraced the ISD model in various degrees and are devoted to transforming the mental health system to better serve children and youth. In jurisdictions without any ISD or comparable model, a broad understanding of the barriers impeding the implementation would be a good starting point. Integrating services and programs requires advocacy by the Council on a systemic level and is necessary to reduce the discrimination marginalized children and youth often experience when they require assistance from multiple service systems.

"We need to be honest about what doesn't work, admit our mistakes and work better together. And some people just need to be told, you shouldn't work with children, you suck at it."

## The Right for Children to be Heard

According to Article 12 of the UNCRC, the opinions of young citizens in Canada should be at the fore of all matters and decisions affecting them. This means that Canada must adhere to the Convention not only in spirit but also in action. Having youth participate in discussions about their well-being and future must not be token, but action must come from their participation. As a unified body, a primary responsibility of the Council is to listen carefully to the individual and collective wisdom of young people, *"[…] wherever their perspective can enhance the quality of solutions."*[42]

Every Advocate, Representative and Ombudsman across Canada hears concerns regularly from children, youth and their families on their struggles with mental health and suicide. This is reflected in the various reports publicized on the issue of suicide in the Council members' respective jurisdictions, and in other ways of which the Advocates across the country have raised attention to this issue. Young people have unique insights and should be given a platform to express what they need to address the issue of suicide. As a country that is a signatory of the UNCRC, we are obligated to prioritize the perspectives of youth to ensure adequate and accessible services are well-situated to improve their health and well-being.

"Youth know best what should happen to them. You need to have their cooperation too and if I wasn't asked, I would be less likely to go along with the plan. Youth want some control and they want to start making decisions. They are capable of way more then everyone gives them credit."

Recognizing the value of Article 12 and putting it into action was accomplished by the British Columbia, Saskatchewan, Ontario and Nova Scotia offices. Engaging in meaningful dialogue with young people on the issues of mental health and the mental health system was spearheaded by the British Columbia Representative and Ontario Advocate. The Advocates in Saskatchewan and Ontario advanced the perspectives of Indigenous youth on the issue of suicide, and the associated critical issues impacting their lives. In Nova Scotia, the Ombudsman hosted a youth summit with the goal of elevating the voices of young people on mental health.

[42] Committee on the Rights of the Child. (2009). General Comment No. 12 The Right of the Child to be Heard, Geneva: United Nations CRC/C/GC/12

## Indigenous Youth Perspectives from Northern Saskatchewan and Ontario

In General Comment #12, the UN Committee on the Rights of the Child recognized that barriers to fulfilling Article 12 may exist for "[…] children belonging to marginalized and disadvantaged groups […]"[43] The Advocate from Ontario highlights the potential for social change when barriers to participation by Indigenous youth are broken down:

> *"First Nations children and youth carry a wisdom that comes with lived experience. As with other children in the mandate of my office, First Nations children and youth want an opportunity to make things better, not just for themselves, but for the generations of children and youth who will come after them…The Feathers of Hope forum is a demonstration that change can happen and that in making that change history and the legacies of oppression and injustice faced by First Nations peoples must be addressed."*[44]

The Advocate from Saskatchewan illustrated the importance of hearing from Indigenous youth stating, *"I'm supposed to be your voice. And if I can't talk to you guys and hear what you're saying, then I can't be that proper voice. So, for me, the most important thing is that the solutions will come from you. Right?"*[45]

Indigenous youth from Saskatchewan and Ontario who spoke out on the topic of youth suicide totaled 264 and 187 respectively. Youth from Ontario identified 14 themes or issues affecting their well-being, and Saskatchewan youth identified six themes to explain youth suicide and the solutions needed to prevent these tragedies from happening. While these two groups of Indigenous youth came from different regions in Canada and their perspectives differed on some issues, they had similar experiences that may be attributed to their colonial backgrounds.

Ontario youth explicitly described the negative consequences of residential schools in their lives. These youth and their counterparts in Saskatchewan demonstrated remarkable empathy for the hurtful experiences of previous generations and understood how this trauma has been transferred to their young lives in complex ways, including *"[…] sky-high rates of suicide and damage to our relationships with our Elders."*[46] In the wake of Canada's residential school system, this generation of Indigenous youth living in the North are lacking the protective factors needed for optimal development in childhood and adolescence.

Emotional support is a significant factor that Saskatchewan Indigenous youth cited is absent due to parental substance use, parental neglect and lack of peer and school support. As indicated by the Indigenous youth in Ontario, a safety net is needed within their families to mitigate the risk factors that lead to poor mental health and suicide among their peers.

> ***"What does it cost for our families to give us the love, affection, safety and security that we need when we are overwhelmed or lost and feeling hopeless? This is not about money, it's about creating safety, love, support and starting where it counts the most, in our own homes and with our own families".***
>
> **Feathers of Hope: A First Nations Youth Action Plan**

Another contributing factor for suicide identified by Ontario and Saskatchewan youth is substance use by young people as a way, *"[…] to escape the boredom, the sense of hopelessness and the painful reality of their lives."*[47] Youth were adamant that drug and alcohol use in their communities must stop. The issue of substance misuse was identified in many of the reports reviewed, particularly those where adverse experiences such as the impact of parental substance abuse was found to be prevalent in the lives of the child or youth. The youth suggested improving access to effective treatment and rehabilitative services for youth and their families, including restorative and culturally-based approaches as options.

[43] Committee on the Rights of the Child. (2009). General Comment No. 12.

[44] Ontario Provincial Advocate for Children & Youth. (2014). Feathers of Hope: A First Nations Youth Action Plan. Toronto, ON: Author, pp. 9.

[45] Saskatchewan Advocate for Children & Youth. (2017). Shhh…LISTEN! We Have Something To Say! Saskatoon, SK: Author, pp. 7.

[46] Ontario Provincial Advocate for Children & Youth. (2014). pp. 31.

[47] Ontario Provincial Advocate for Children & Youth. (2014). pp. 45.

The lack of sport and recreational activities targeted to children and youth of all ages was also identified by these young people as a risk for suicide. Young people recognize the benefits of being active especially the potential to develop positive peer relationships, skills and overall physical and emotional health. Some communities have limited spaces designated for youth and offer few activities, while others focus heavily on school-based sports. However, youth who are not athletic or interested in sports may be denied opportunities for growth in areas such as art, drama, dance and music. Youth in Saskatchewan indicated that having 'something to do' was the most frequently cited action that communities should undertake to help prevent suicide.

> ***"While ratification of the Convention is nearly universal, commitments must be renewed and translated into concrete action to promote their effective enjoyment by every child. Every policy decision has an impact on children entitled to care, support and protection from neglect, abuse and exploitation, and to develop capacities and talents to reach their full potential. The best way to leave no child behind is to put children first to ensure that no child grows up in a world of fear, violence and hopelessness…"***
>
> **Statement by UN Child Rights Experts on Universal Children's Day**

Youth from Ontario and Saskatchewan stated that the burdens young people carry due to multiple hardships and unresolved trauma can lead to "*[…] depression, anxiety and other forms of mental illness.*"[48] Saskatchewan youth stated that insecurities and lack of confidence can plague some youth who struggle to overcome self-hate and confusion in figuring out their sexuality and identity.[49] Both groups of youth underscored the need to re-connect with Elders in their communities to work hand-in-hand and learn their language and culture to promote growth in their identity and pride in who they are as Cree, Ojibway, or Dené young people. Young people in Ontario stressed that re-building youth-Elder relationships that were severed by residential schools, can function as a protective factor against youth suicide.

Youth from both Ontario and Saskatchewan expressed wanting opportunities to participate more fully in their communities and see themselves as central in the process of implementing solutions. As one youth from Saskatchewan stated, "*I think we are the solutions. Without us, there would be no change even possible.*"[50] The youth calls to action in Saskatchewan has led to a number of youth-driven initiatives in the North with the goal of improving child and youth safety. The youth in northern Ontario developed a First Nations Youth Action Plan and in doing so, believe that "*[…] active participation of First Nations youth at every step of the process is necessary for its success.*"[51] Coinciding with the 'steps to hope' in the Action Plan, a number of youth forums have been developed on issues related to child welfare, culture, identity and belonging, and justice and juries.

While the perspectives of these two groups of youth converge on several critical issues, some differences emerged. Indigenous youth in Ontario recognized that Canada has not adequately fulfilled its obligations on the right to education under the UNCRC[52] and described the lack of quality education provided as a barrier, and in effect, is discriminatory.

Young people in Saskatchewan highlighted that increasing meaningful support in school would play an important role in student success. Bullying and cyberbullying was identified most frequently to explain why youth are thinking about suicide.[53] Bullying behaviour undermines the right of children to be free from violence, and their rights to education and health. For the Saskatchewan and Ontario Advocates, their engagement with children and youth from diverse cultural and linguistic backgrounds was substantial and their participation provided significant insight on the issues related to youth suicide in Indigenous communities.

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[48] Ontario Provincial Advocate for Children & Youth. (2014). pp. 63.
[49] Saskatchewan Advocate for Children & Youth. (2017). pp. 30.
[50] Saskatchewan Advocate for Children & Youth. (2017). pp. 36.
[51] Ontario Provincial Advocate for Children & Youth. (2014). pp. 118.
[52] Ontario Provincial Advocate for Children & Youth. (2014). pp. 74.
[53] Saskatchewan Advocate for Children & Youth. (2017). pp. 12.

## Youth Perspectives from Nova Scotia, British Columbia and Ontario on the Mental Health System

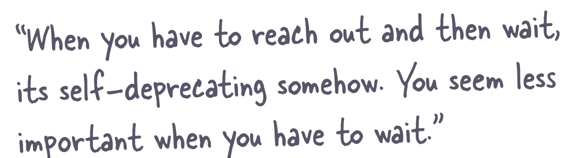
Of equal value and importance is hearing from non-Indigenous youth who identified several critical issues impacting youth mental health. Nova Scotia's youth summit was an opportunity to engage with 40 diverse youth. When asked what the biggest issue facing young people today, youth identified "*…mental health and limited supports and services.*"[54]

The British Columbia Representative heard from 89 youth and the Ontario Advocate facilitated discussions with 46 young people on mental health and the mental health system. Like their Indigenous peers in the North, Ontario youth living in an urban setting provided a holistic framework that prioritize the social determinants of health – income, housing and food – as a prerequisite for achieving good mental health. These youth envisioned a pyramid with interconnected levels with living situations at the base, followed by awareness of mental health, supportive peers, identifying problems, and getting help at the top.[55] Services become more intensive as youth move up the structure where the demand for services decreases.[56]

Providing their perspective on the mental health system in British Columbia, these youth had accessed the system to help address mental health problems. Both groups of youth identified a key barrier to accessing services resulted from a lack of awareness and understanding by youth, family members and service providers of mental health.

Whether it's the spaces young people frequent or the services they access, both groups of youth stated spaces and services must be accepting of youth from diverse backgrounds and free of stigma and discrimination. British Columbia youth indicated the fear of stigma and labelling, "*[…] often kept them from seeking services.*"[57] School personnel and service providers who lack education on mental health may respond inappropriately and dismiss the symptoms based on their misconceptions.[58] British Columbia youth identified additional barriers to accessing services such as lengthy waitlists for assessments by psychiatrists, and some had a negative experience in the transition from the hospital or residential treatment services to their communities.

The Ontario Advocate asserted that services which aid in addressing mental health problems should regard schools and services in the community as the first point of entry.[59] The Advocate called for removing the barriers to effective collaboration and to situate mental health services within the school system. Ontario youth were fully aware that "*[…] separating mental health services from their daily environments meant that they were less likely to get them when they wanted them.*"[60]




The limited access to meet the mental health needs of children has long been recognized as problematic, especially in the 1980s in the United States when school-based health centers began to emerge.[61] The provision of mental health in schools is gaining traction in several jurisdictions in Canada such as British Columbia, Alberta, Saskatchewan, Ontario and New Brunswick. The service enhancements in this area is a promising development considering the significant findings of several advocate reports highlighting limitations in addressing the complex needs of children and youth when services are not integrated.

[54] Office of the Ombudsman, Youth Services. Nova Scotia Annual Report. (2017-2018). pp. 32.
[55] Ontario Provincial Advocate for Children & Youth. (2013). Putting Youth in the Picture: A Mental Health Community Snapshot. Toronto, ON: Author, pp. 27.
[56] Ontario Provincial Advocate for Children & Youth. (2013). pp. 27.
[57] British Columbia Representative for Children and Youth. (2013). pp. 39.
[58] British Columbia Representative for Children and Youth. (2013). pp. 40.
[59] Ontario Provincial Advocate for Children & Youth. (2013). pp. 33.
[60] Ontario Provincial Advocate for Children & Youth. (2013). pp. 34.
[61] Orlando, C.M., Bradley, W., Collier, T.A. Ulie-Wells, J., Miller, E., and Weist, M. D. (2018). What Works in School-Based Mental Health Service Delivery? In A.W. Leischied et al. Handbook of School-Based Mental Health Promotion, The Springer Series on Human Exceptionality, pp. 33-63. http://doi.org/10.007/978-3-319-89842-1_3

Whether young people reside in Canada's northern regions, urban or rural areas, the Council is dedicated to the process of engaging and encouraging youth to express their opinions which can lead to youth empowerment. All the young people expressed the need for belonging, to connect with their peers and take on leadership roles in their communities. This aligns with the Committee on the Rights of the Child and their call for a focus on adolescents stating, *"Adolescents experience greater expectations surrounding their role in society and more significant peer relationships as they transition from a situation of dependency to one of greater autonomy."*[62] The Council recognizes the important contribution made by all young people who shared their expertise to enrich our understanding on the issue of youth suicide.

"100% school and it shouldn't be some special program. It needs to be in every classroom in every school. Kids are more messed up these days than people will ever know. We need this to be our normal."

[62] Committee on the Rights of the Child. (2016). General Comment No. 20. pp. 4.

# 5.0 YOUTH VOICE AND FREEDOM OF EXPRESSION ON THE FINDINGS OF THIS PAPER

The perspectives of young people validated the themes identified in this paper. Many of these young people have been, or currently are, involved in the child welfare system. Their perspectives on the major themes of childhood trauma, service integration and the right of children to be heard, comes from their lived experiences and place of knowing. The Council recognizes that significant attention must be given to these young voices on the issues related to youth suicide, and that action must occur from their participation.

There was unanimous agreement by these young people that, *"Traumatic events or experiences can have a very large impact on all people, but especially our youngest and most vulnerable citizens: children."* These youth stressed that the risk of trauma going unnoticed was real. Therefore, listening to children and arming them with coping skills to effectively manage traumatic experiences was identified as important. Early identification and awareness initiatives to prevent trauma was highlighted with some youth stating,

"In order to prevent this trauma from occurring, we must ensure access for all youth to support systems and programs to help children to cope with trauma and provide accessible education to parents and others who work with children in order to stop trauma before it occurs."

"Governments need to get more involved with young children, before they enter school. By the time they are in school a lot of damage has been done and those kids have been isolated. Need to also teach us in school how to take care of ourselves physically and mentally. School was sometimes my only safe place. That's where this stuff needs to happen."

"I believe that a public service campaign on the effects of trauma in children and in the broader population would be an effective way to educate families. The key is to provide education in a way that is readily accessible in order to raise awareness among families and individuals and to provide them with ways to seek out more information."

> **"Article 12, as a general principle, is linked to the other general principles of the Convention, such as article 2 (the right to non-discrimination), article 6 (the right to life, survival and development) and, in particular, is interdependent with article 3 (primary consideration of the best interests of the child). The article is also closely linked with the articles related to civil rights and freedoms, particularly article 13 (the right to freedom of expression) and article 17 (the right to information). Furthermore, article 12 is connected to all other articles of the Convention, which cannot be fully implemented if the child is not respected as a subject with her or his own views on the rights enshrined in the respective articles and their implementation."**
>
> **Committee on the Rights of the Child. (2009). General Comment No. 12.**

Clearly, the child welfare system must consider its role in addressing the trauma occurring in families with young children, because its sole purpose is to protect children from abuse and neglect and to not contribute to further trauma. As one youth stressed,

"Kids learn about the world when they are young, and trauma can greatly affect how they see that world in the future."

The young people we spoke to also agreed with the importance of integrating services asserting that, *"[…] the lack of integrated services, barriers and access are major issues in [youth] getting help."* The education system was identified as the ideal centralized place for other systems to operate from such as health and child welfare. Young people envisioned systems to operate in certain ways that respect children's rights stating,

"Keeping services consistent with the kid from when they start is important. Kids don't want to keep telling their story, they are building trust."

"Follow up is important and part of that I think. Once we see a counsellor, then they need to stay in touch with us too. I think it's called outreach, the name for when they come if they haven't heard from you."

"As for complex needs, I believe that by having someone they can trust and someone who understands the system better than they do that can advocate for them would help a lot. The systems should listen carefully to what the youth wants before proceeding."

Integration of services is correlated with creating more supportive environments in the schools, and within families. Both are viewed as places where youth are more comfortable with one youth stating,
"Having a safe family home is crucial but if a child doesn't have one, they need another place they can go and receive support, such as at school or at the doctor's, anywhere they can."

Breaking down the barriers for youth with complex needs, and those who have experienced trauma, is key to ensuring access to support and assistance in a natural setting. As one youth described,
"Kids are more messed up these days than people will ever know. We need this [supports] to be our normal."

The importance of youth voice and freedom of expression was identified as key for our youth consultation groups and aligned with the theme on the right to be heard. The act of engaging children and youth and giving them a platform to be heard on such a critical issue as youth suicide, was considered by these young people as a prerequisite to our understanding of this issue. Consultation with young people should occur before developing any programs or services, as one youth stressed,
"It should be a rule that this happens. Adults look at young people like aliens. How can they honestly think they know best? Setting the rules and organizing everything is such a small part of the problem. Getting youth to show up and make a difference, that's something you can't take away. I guarantee if young people are asked to do even more than give their opinion they will step up."

Barriers to youth engagement and participation include not listening or believing what youth are saying or that they have anything of value to offer in the process. The importance of following a youth-driven 'protocol' was highlighted by these youth who stated,
"Yes, they should be talking to youth from all kinds of backgrounds. If you don't get kids to buy in, you have no program. That takes relationship and relationship started with asking someone about what they want not telling them "this is how it is." You have to truly listen though. Worst thing was always being asked what I want or think and no one doing it. That's why our system is so messed up."
"Adults might think it's a good idea, but youth have to like the program. Getting the opinions of other youth definitely helps."

"Acknowledge that youth do have mental health issues. Ask us about it and what we need."

"They have to start listening. Or bottom line is the help won't work or won't be accepted. Youth do not want things done for them."

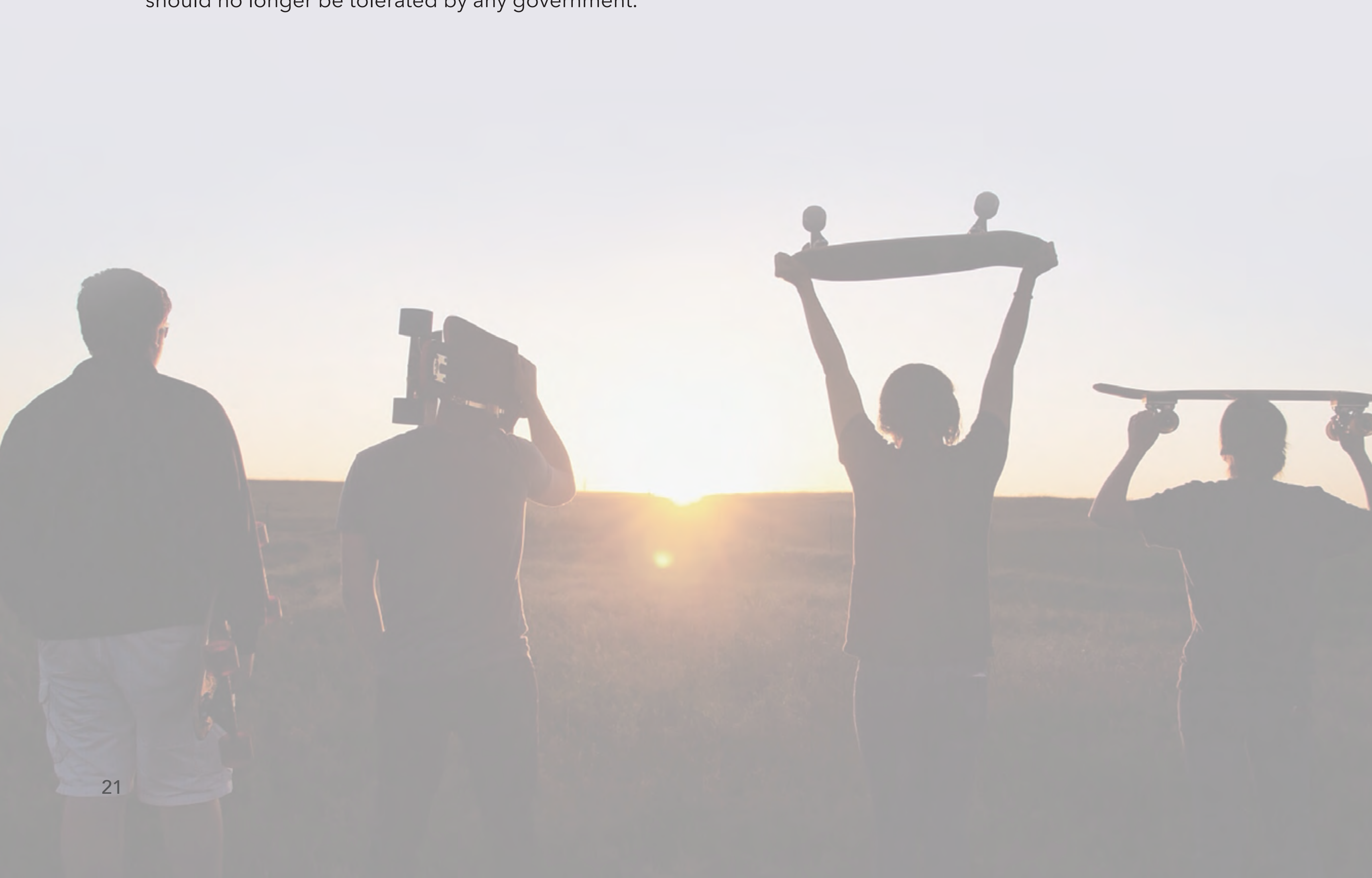
The outcomes of our youth consultation groups are a stark reminder that while adults may have considerable empathy and good intentions to resolve the problems facing today's youth, keeping their voices silent is a major barrier and denial of Article 12, and several other articles, under the UNCRC. The Council has sought the opinions of young people knowing their contribution would enrich our understanding and provoke further conversations with a broad range of government, stakeholders, and communities about the issue of youth suicide.

# 6.0 DOING WHAT IS RIGHT TO PROTECT CANADA'S CHILDREN

This report illustrates that suicide by young Canadians is multi-faceted. The recommendations that follow are broad calls to action to the federal government to address the key findings of this report. Their obligations to implement the full spectrum of child rights is critical to enhance the opportunities of Canadian children and youth to discover their unique gifts and abilities and to support them in achieving their full potential. It is their right to be supported and protected, and our children deserve nothing less. It is incumbent on the federal government to adopt whatever mechanism is required to effectively reduce the drivers of youth suicide, particularly childhood trauma.

The Council was compelled to examine this issue collectively and to speak out because there is no national entity that can provide independent oversight on the critical issues facing Canadian children and youth such as suicide. The mandate of the Canadian Human Rights Commission is limited to complaints of discrimination and cannot address all complaints of rights violations under the UNCRC.

Most provinces and territories have Advocates, Representatives and Ombudsman independent of their human rights commissions. The issues that impact children at the federal level fall outside the jurisdiction of these bodies. Indigenous children often fall through the cracks between provincial, territorial and federal jurisdiction and without question, they deserve the same human rights protections as all other children. In fact, due to their vulnerability, Indigenous children and youth deserve special measures to allow them to fully enjoy their human rights. Therefore, the Council has the expectation that the federal government must provide accountability, consultation, research, and evaluation on matters that all children and youth face in this country. Ignoring the perspectives of young people from a broad demographic on legislative and policy questions that impact them should no longer be tolerated by any government.



## CALLS TO ACTION

**The Government of Canada develop and implement a fully resourced National Suicide Strategy with designated funding to the provinces and territories to create their own, or to support existing strategies where applicable. Whether at the federal, provincial or territorial level, young people must be included in all stages of development and implementation.**

The crisis of suicide amongst Canadian children and youth has not been a priority by all levels of government, and this is particularly true when it comes to Indigenous young people. While it appears that the Government of Canada has recently turned serious attention to the rights of children and youth in this country, suicide continues to be the second leading cause of death amongst young people and is a violation of their rights under the *United Nations Convention on the Rights of the Child*.

Evidence-based research, reviews and technical reports amongst the many reports on the topic have laid the path for action toward a National Strategy. *The House of Commons report – Breaking Point* and its recommendations position the government to move on a national suicide strategy that is fully resourced, puts emphasis on Indigenous young people, and compels the provinces toward meaningful action in partnership with young people. Federal government support in the form of special designated funding toward provincial strategies would align with the calls for increased, coordinated and integrated services which would meet the needs of young people and their right to health services.

A nationally led and provincially and territorially delivered suicide prevention strategy would address many of the recommendations made by the Council, but also answer many recommendations made by the plethora of work from previous decades. It would promote and compel a system to integrate services in a manner that addresses childhood trauma and other risk factors that lead to suicide. If the system is left as is, it will lead our young people to harming themselves in the most egregious manner. Through the collective work of the Council, it is evident of what is needed. Until Canada takes concrete action on the moral and economic imperative of investing in children through a National Suicide Strategy, our children will continue to die while waiting.

**The Government of Canada develop and implement a cross-jurisdictional, standardized, data system and to compel provinces in the mandatory reporting of attempted and completed suicide.**

The current landscape on suicide statistics in Canada is fraught with underreporting and inconsistency across jurisdictions. The Council has been vehemently outspoken as an entity as well as in respective jurisdictions on the need for a coordinated national system of data collection for attempted and completed suicide. Useful and reliable data on Indigenous child and youth health in Canada is limited by the quality and scope of data, a lack of culturally relevant health indicators, and jurisdictional barriers associated with Indigenous status and geography.[63] Without a method to collect this data, governments, systems, and communities are misinformed and misguided when it comes to intervention and prevention and this will no doubt also have serious implications for policy development, monitoring and evaluation.

This is especially true when it comes to data collection on Indigenous youth suicide. The statistics that are commonly used are dated – close to 25 years old. Even national youth suicide data overall is challenging. For some provinces, the most recent data available is from several years ago, and there are some differences in age groupings used.

[63] National Collaborating Centre for Aboriginal Health (2009), Considerations for Indigenous child and youth population mental health promotion in Canada. Retrieved from: http://nccph.ca/images/uploads/general/07_Indigenous_MentalHealth_NCCPH_2017_EN.pdf

The Canadian Vital Statistics Death Database collects demographics and cause of death information annually from all provincial and territorial vital statistics registries on all deaths in Canada. Suicide data from this source are somewhat under-reported due to the difficult nature of classifying suicide and the time lag in determining this as the cause of death, which may vary from year to year and from one region to another.[64]

This is compounded when trying to get a picture of young people who attempt as there is no system that captures this data in a meaningful way. Accurate statistics relevant to suicide are fundamental to the development of effective provincial/regional and national suicide prevention, intervention and postvention strategies.

**The Government of Canada shall engage in meaningful partnerships with First Nations, Métis, and Inuit communities experiencing elevated rates of suicidal behaviour of young people and develop interventions to eliminate these health disparities. This work should draw on the leadership and expertise of Indigenous youth and Elders whenever possible.**

The Council recognizes that youth suicidal behaviour may not be problematic in all First Nations, Métis, and Inuit communities across Canada. The current federal government also recognizes it cannot assume the sole responsibility for eradicating youth suicide in Indigenous communities. As Prime Minister Trudeau stated in his House of Commons speech, "*Let us be clear: no matter how responsible, well-intentioned, or thoughtful it is, a solution coming just straight out of Ottawa will not do much good. We understand that Indigenous peoples are looking forward to beginning the considerable work themselves to rebuild their nations and their institutions [...].*"[65] As the quote by the Prime Minister indicates, self-determination for First Nations, Métis, and Inuit peoples must be viewed as a viable solution to achieve the right to survival, life and development that Indigenous children and youth have under Article 6 of the UNCRC.[66] Moreover, the right to self-determination – "*to freely pursue their economic, social, and cultural development*" - is enshrined in the *United Nations Declaration on the Rights of Indigenous Peoples.*[67]

The Council is aware that the federal government has provided the financial resources to cover a broad range of services to children and youth under Jordan's Principle. This call to action is an extension of Jordan's Principle to nurture and build on the strengths that exist within First Nations, Métis, and Inuit communities. To this point, Indigenous scholars in Saskatchewan have developed the Indigenous Cultural Responsiveness Theory to advance "*…the agenda of recovering First Nations health and education systems, establishing a culturally responsive community of care, and fostering a middle ground for reciprocity where two systems can support one another in the common efforts to enhance the health and wellness of First Nations peoples.*"[68]

Similar theories could potentially lay a foundation of recovery from historical traumas and lead to an increase in protective factors at the individual, relational, social/community and socio-political levels.[69] Research by Chandler and Lalonde has revealed that cultural continuity prevalent in some communities in British Columbia – including achieving some level of self-government, institutions and preservation of their culture – experienced no youth suicide.[70] The Council is looking to the federal government to demonstrate leadership and accountability to the children and youth living on reserve that they serve. The partnerships mentioned above need to extend to Indigenous young people and consider them as a formidable force that can change the landscape of youth suicide in some communities.

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[64] Edwards N, Alaghehbandan R, MacDonald D, Sikdar K, Collins K, Avis S. (2008), Suicide in Newfoundland and Labrador: a linkage study using medical examiner and vital statistics data. Can J Psychiatry. (4):252-9.

[65] Retrieved from: https://pm.gc.ca/eng/news/2018/02/14/remarks-prime-minister-house-commons-recognition-and-implementation-rights-framework

[66] UNGA. United Nations Convention on the Rights of the Child (Article 6)

[67] UNGA. United Nations Declaration on the Rights of Indigenous Peoples (Article 3)

[68] Saskakamoose, J., Bellegarde, T., Sutherland, W., Pete, S. McKay-NcNabb, K. (2017). Miyo-pimatisiwin Developing Indigenous Cultural Responsiveness Theory (ICRT): Improving Indigenous Health and Well-Being," The International Indigenous Policy Journal 8(4). Retrieved from: https://ir.lib.uwo.ca/iipj/vol8/iss4/1

[69] Alberta Child and Youth Advocate. (2016). pp. 54.

[70] Chandler, M. J. & Lalonde, C. E. (2008). Cultural Continuity as a Protective Factor against Suicide in First Nations Youth. *Horizons --A Special Issue on Aboriginal Youth, Hope or Heartbreak: Aboriginal Youth and Canada's Future. 10(1), 68-72.*

# 7.0 CONCLUDING COMMENTS

Over the past decade, every member of the Council has expressed concern publicly over the loss of young people to suicide and the inadequacies of youth mental health services to ensure their well-being. These statements can be found in press releases, annual reports and public reports. In 2016, the Council presented a unified voice lamenting the action plans and strategies by federal, provincial and territorial governments that were unable to address the fragmented and uncoordinated mental health services for children and youth across this country and particularly in our northern, rural, and remote communities.[71]

Integrating the findings from these varied and diverse reports serves as a powerful method and illustrates the depth of the issue of youth suicide and mental health. The struggles with mental health and young people dying by suicide is one of the top priorities the Advocates are dealing with in their provinces and territories. While this work supports and validates existing literature, it is also unique in that it demonstrates the power of youth engagement and the strength of their voice.

This paper also embodies the Advocates collective efforts to hold the governments accountable for all children and youth. It is imperative that government works in equal partnership with Indigenous communities to address the consequences of past harms. Evidence has shown that from the birth of a child and into adolescence trauma can accumulate with devastating consequences, if not recognized and treated. The Manitoba Advocate recently stated what the Council knows well, "*[…] Indigenous communities and families experience the weight of the trauma and grief more acutely.*"[72] Research linking parental childhood trauma with their children's behavioural challenges indicates a vital need for child welfare and health systems that work with Indigenous populations to become trauma informed and to intervene early. Additional rationale for this is hearing how Indigenous youth in Ontario and Saskatchewan describe intergenerational trauma and other rights violations that can elevate their risk of suicide.

This integrated work has revealed the frequency by which young people face significant barriers when government services are not integrated, especially if they have complex mental health needs. Some provinces have implemented various levels of the ISD model for better collaboration among systems of care with the real potential for mental health improvement when children are placed at the centre. The highlight of this report reflects the critical importance of hearing from young people who graciously enhanced our awareness about the issues affecting their lives, the mental health system and how to improve it. The Council takes the voices of children and youth very seriously and recognizes the potential contribution of young people as rights holders and strives to adopt innovative ways to broaden their participation.

The secondary themes found across reports are highlighted in the Council's submission to the Inter-American Commission on Human Rights in Bogota, Columbia. In this document, the Council expresses grave concern regarding the lack of reliable data on youth suicide, as well as Indigenous youth suicide data that is most likely reflected across Canada. Similar concerns about data were raised by the Advocates in British Columbia and New Brunswick. At the provincial level, the British Columba Representative found fragmented data systems with limited capacity to obtain a global view of the mental health services as they pertain to youth, the outcomes, and how decisions are made. The New Brunswick Advocate has made significant progress in implementing the Child Rights and Wellbeing Framework, which is a best practice globally in monitoring children's rights.[73] This Advocate has taken the lead on monitoring the indicators in the Framework that allows for comparisons within the province and nationally, in addition to identifying areas that require improvements.[74]

[71] Press Release. Canadian Council of Child and Youth Advocates. (2016). Statement on Child and Youth Mental Health.
[72] Manitoba Advocate's Statement of Concern. (2018). A Call to Action: A Mental Health and Addictions System to Meet the Needs of Children and Youth.
[73] New Brunswick Office of the Child and Youth Advocate. (2016). pp. 9.
[74] New Brunswick Office of the Child and Youth Advocate. (2016). pp. 10.

Some Advocate reports had findings on the need for risk assessments for youth that are evidence-based and are "*[…] collaborative and inclusive of collateral information from community partners.*"[75] These findings reinforce the need for integrating systems of care for youth. Other issues deal with the denial of services to adolescents based on their presenting behaviours and not recognizing the possible role of trauma in their histories. Lastly, some findings reflect concerns with the capacity of the mental health system to assist young people in crisis, gaps in services in the continuum of care, and lack of youth-centred services.

This work has led the Council to conclude that too many children and youth in Canada have mental health needs that are unaddressed and unmet. The Council is in a unique position to champion the findings in this paper to keep the issue of youth suicide in the public consciousness. Canada has no National Suicide Strategy, no National Children's Commissioner, nor has Canada signed the 3rd Optional Protocol to the UNCRC which "[…] establishes a complaints mechanism for violations of children's rights."[76] Due to these critical gaps, the expectations are high that the Canadian Council of Child and Youth Advocates will continue to place the issues of youth suicide and mental health as one of the top priorities in the months and years to come.

"[…] you are not going to change youth, without talking to the youth about it"

–Northern Saskatchewan Youth–

[75] Alberta Advocate for Children and Youth. (2015). 17-Year-Old Catherine: An Integrative Review. Edmonton, AB: Author, pp. 21.

[76] Canadian Council of Child and Youth Advocates correspondence to The Honourable John Baird, Minister of Foreign Affairs and International Trade Canada, Government of Canada. (2012).

# APPENDIX A

**British Columbia – Representative for Children and Youth**
*Trauma, Turmoil and Tragedy: Understanding the Needs of Children and Youth at Risk of Suicide and Self-Harm. 2012*
*Still Waiting: First-Hand Experiences with Youth Mental Health Services in B.C. 2013*
*Lost in the Shadows: How a Lack of Help Meant a Loss of Hope for One First Nations Girl. 2014*
*A Tragedy in Waiting: How B.C.'s mental health system failed one First Nations youth. 2016*
*Missing Pieces: Joshua's Story. 2017*

**Alberta – Office of the Child and Youth Advocate**
*15-Year-Old Tony: An Investigative Review. 2014*
*17-Year-Old Catherine: An Investigative Review. 2015*
*Toward a Better Tomorrow: Addressing the Challenge of Aboriginal Youth Suicide. 2016*
*17-Year-Old Donovan: An Investigative Review. 2017*
*15-Year-Old Jimmy: An Investigative Review. 2017*
*Beyond Trauma: Disrupting Cycles, Effecting Change. 2017*
*17-Year-Old Susan: An Investigative Review. 2017*

**Saskatchewan – Advocate for Children & Youth**
*Shhh…LISTEN!! We Have Something To Say! Youth Voices From The North. 2017*

**Manitoba – Office of the Children's Advocate**
*The Changing Face of Youth Suicide in Manitoba and the Narrow Window for Intervention. Phase One Report. 2015*
*The Changing Face of Youth Suicide in Manitoba and the Narrow Window for Intervention. Phase Two Report. 2016*
*The Manitoba Advocate's Statement of Concern. A Call to Action: A Mental Health and Addictions System to Meet the Needs of Children and Youth. 2018*

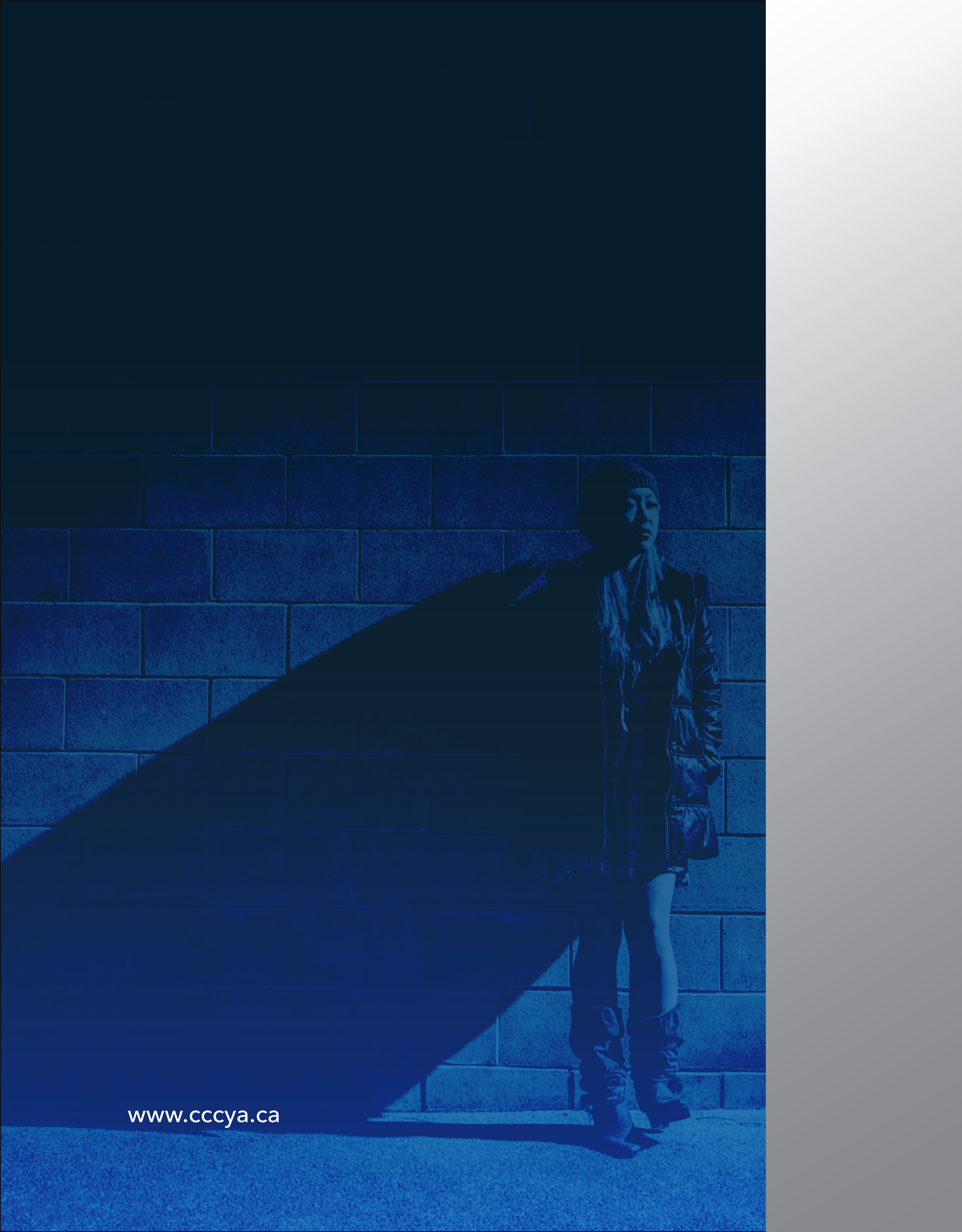
**Ontario – Provincial Advocate for Children & Youth**
*Putting Youth in the Picture: A Mental Health Community Snapshot. 2013*
*Feathers of Hope: A First Nations Youth Action Plan. 2014*
*Quebec – Commission des droits de la personne et des droits de la jeunesse*
*Enfants signalés au DPJ Saguenay-Lac St-Jean. 2017*

**Newfoundland and Labrador – Advocate for Children and Youth**
*Press Release. The Child and Youth Advocate on Challenges Facing Young People in Indigenous Communities. 2017*

**Nova Scotia – Office of the Ombudsman, Youth Services**
*Nova Scotia Annual Report. 2017-2018*
*New Brunswick – Child & Youth Advocate*
*State of the Child Report (8th): Respecting the Right to Child and Youth Mental Health Services. 2016*

**Yukon – Child & Youth Advocate**
*Yukon Child & Youth Advocate Office. Annual Report. 2015/2016*
*Yukon Child & Youth Advocate Office. Annual Report. 2016/2017*
*Yukon Child & Youth Advocate Office. Annual Report. 2017/2018*
*First 5 Years Annual Report. 2015*

**Nunavut – Representative for Children and Youth**
*The Launch of Nunavut's Child and Youth Advocacy Office. Annual Report. 2015-2016*
*Representative for Children and Youth. 2016-2017 Annual Report*
*Representative for Children and Youth. 2017-2018 Annual Report*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