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Being Seen, Being Heard, Being Helped

*A report on youth experiences with
Ontario's mental health services.*

Findings from the Pan-Canadian Roundtable Series for Youth Mental Health.



ABOUT

This report summarizes the findings of our second conference exploring the nature of mental health services for youth around Canada. This series of Pan-Canadian Roundtables for Youth Mental Health aims to highlight the lived-experiences of young people with the mental healthcare system. Through these discussions, we hope to gain better insight into what works and what doesn't about the current system and how we can provide better support to those who need it.

These pages discuss our Ontario roundtable from November 2021. A summary of previous findings from youth in Atlantic Canada can be found [here](#).

SOME KEY FINDINGS

- Despite increasing attention and awareness about mental health, services are difficult to access - especially for rural youth, immigrant families, or those in need of specialized care.
- Systemic change is needed to build services and systems that treat patients like people and not caseloads.
- Young people find solidarity and reflection through connecting with each other and sharing experiences as they push for positive change in youth mental health.

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ONTARIO YOUTH COME TOGETHER

Government officials, schools, hospitals ... all seem to finally be waking up to the mental health question. And that means we need to hear from young people.

For the second time since the summer, Canadian youth convened for a roundtable discussion about youth mental health services. This event saw the coming together of Ontario students, healthcare professionals, and mental health advocates in the second instalment of the roundtable series that is making its way across the country.

The event represented a collaboration of various stakeholders, including advocates from the National Youth Advisory Council (NYAC) of the Mood Disorders Society of Canada and Executive Chairman of Mental Health International Bill Wilkerson (L.L.D hon). NYAC co-chair and 24-year-old Public Health Masters student, Jill Stringer, facilitated.

Those working in the field, despite their best efforts, often find themselves feeling like they have to be the bearers of bad news.

“It’s really hard to say ‘this is what we have, I’m sorry... I know it’s not good enough’”, reflects Isabelle Legault, who works in Toronto providing support to people with eating disorders.

Isabelle herself was fortunate to access services over half a decade ago that were helpful for her own mental health journey, but like others with lived experience and from her professional role, she knows the numerous challenges facing those who seek support.

“Eating disorders [in particular] are kind of in their own wheelhouse. They require unique knowledge that not all professionals have. And the system itself is really disjointed and hard to navigate.” said Isabelle.

Specialized services aren’t the only ones that are difficult to access - With some cities having psychiatry waitlists over a year long, and rural residents often having to drive at least 45 minutes to find any kind of support.

Reflecting this need, students like Lakehead graduate Melanie Rosie, have had to come up with their own solutions. Melanie led her university’s Mental Health Outreach Team during her social work studies to bring students together in supportive conversations about mental health. Incidentally, the school’s student wellness center was so busy that they were only able to prioritize folks in crisis and ended up often referring patients to Melanie’s group.

“The fact that off-campus supports are expensive, disjointed, and challenging to navigate, discourages students from leaving the campus care altogether - Which just further clogs the system” – pointed out a roundtable attendee from Queen’s University.

On top of that, if it isn’t hard enough to get help close to home, in a city you know, and a language you’ve spoken since birth, participants also spoke to the need for specialized knowledge for young people with unique barriers like exchange students and immigrant families.

As an international student herself, Kate Cheung came to Canada four years ago to study at the University of Toronto. On top of adjusting to life in a foreign country, she was also looking for mental health support, only to realize that many options were not covered by her University Health Insurance Plan (UHIP) for international students.

“Overall, attitudes and perspectives may be changing for the better, but immigrant communities have been left a few steps behind” says Shaeta Ahmed, a second-year psychology student at the University of Ottawa.

“When it comes to accessibility - services, education, and awareness all tend to come from a Western perspective. Ontario has such a large immigrant population that is largely overlooked in outreach and advocacy – mental health should be something that all groups can identify with”. – Shaeta

A couple of attendees, including Shaeta, shared that they had encountered assumptions from healthcare professionals that their cultural upbringing or ‘strict parenting’ had led to their mental health concerns.

“As a patient, it feels really dismissive to hear these things” she said.

Generally, the group agreed that even if providers’ general textbook knowledge is sufficient, professionals may not always explore its impacts more deeply.

There still seems to be a disconnect going from paper to people.

Ideally, compassion should be taught. Which is something Melanie talked about a lot with counsellors as a social work student herself.

The problem is that our system isn’t always conducive to compassionate care or deeper, culturally sensitive learning.

“People can only be as compassionate or empathetic as they have the time and energy to be. There needs to be systemic change to support the practice of patient-centered care. Being overworked or run off your feet is not conducive to empathetic care”. - Jill Stringer

Whether it's lack of knowledge or lack of time, many patients’ mental health needs remain unmet.

Jill and Kate both shared memories of providers who were puzzled when they described their concerns.

“It doesn’t really instill a sense of confidence in you when a doctor turns to their nurse outside the exam room and whispers ‘how do you spell that again?’ as they google local support resources for you. That doesn’t feel like evidence-informed practice” said Jill.

She reflected that as a patient, having your needs remain unmet, despite attempts to reach out, can contribute to internalized stigma or self-blame - leaving patients feeling invalidated and discouraged about the recovery process altogether.

“Some doctors or counsellors seemed to be unaware of what I was going through as a patient, but I really do think most of them are trying their very best to help,” said Kate.

But perhaps it’s time to challenge the status quo.

Should patients still be shepherded in a line, down hospital hallways in their night clothes to have their medication dispensed through a window?

Our practices might be engrained because they’re efficient, but are they empathetic? Are folks being treated as individuals or a caseload?

Positively, many patient advisory groups pop up to address gaps that have been identified through personal experience, not entirely dissimilar to Melanie’s Mental Health Outreach Team. Unfortunately, it’s often hard for folks who are already vulnerable to voice their concerns.

That’s where these conversations come in.

“Being able to discuss and listen to the experiences of others allowed me to reflect on my own experiences and find solidarity with others and to be excited for positive changes to mental health resource accessibility that can come from conversations such as this one.”

– BC, (Age 23, Masters student at Queen’s University)

Stigma and inaccessibility aren’t always blatant violence. Often, they’re surreptitious things like fear, subtle invalidation, or feeling like a burden in a system that doesn’t meet your needs.



ABOUT

Shaeta Ahmed (19, She/Her) - is a second year Psychology student at the University of Ottawa. Shaeta is a member of YouthNet/RéseauAdo's (YNRA) Youth Advisory Committee (YAC) in Ottawa and is passionate about intersectional mental health and combating stigma in marginalized communities.

Kate Cheung (22, She/Her) - recently graduated from the University of Toronto with a BA in Anthropology and Human Geography. Kate also volunteers as an emotional support chatter in her role volunteering with Certified Listeners Society.

Isabelle Legault (23, She/Her) - is a Psychology graduate from Trent University and recently completed her graduate certificate in Addictions and Mental Health at Durham College. She is one of the founders of the Mood Disorders Society of Canada's Youth Council and is currently a client support worker for people with eating disorders.

Melanie Rosie (22, She/Her) - Melanie holds a degree in social work (BSW) from Lakehead University where she also led the Mental Health Outreach Team on their Orillia campus.

Jillian Stringer (24, She/Her) - Jill co-chairs the Mood Disorders Society of Canada's Youth Council and is currently completing her Master's in Public Health at the University of Guelph. She holds a Bachelor of Science in biology and psychology from McMaster University.

The National Youth Advisory Council (NYAC) - is a Canada-wide group of youth and students affiliated with the Mood Disorders Society of Canada. The team advocates for improved mental health services for youth through advocacy, education, research, and fundraising initiatives.

Refer: Jillian Stringer, Co-Chair, Youth Advisory Council, Mood Disorders Society of Canada
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