

# visions

the vibes  
are off

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young people, anxiety  
and depression

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creating safe and  
open spaces for youth

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## visions

Published triannually, *Visions* is a national award-winning journal that provides a forum for the voices of people experiencing a mental health or substance use problem, their family and friends, and service providers in BC. It creates a place where many perspectives on mental health and substance use issues can be heard. *Visions* is produced by the BC Partners for Mental Health and Substance Use Information and funded by BC Mental Health and Substance Use Services, a program of the Provincial Health Services Authority.

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# visions



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## get involved

Dear *Visions* Readers,

As we begin releasing the 21st volume of *Visions* this year, we would like to invite our readers to continue being involved in the process and help guide the future of *Visions*. We would like to draw your attention to the following *Visions*-related poll, survey and form for your input!

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Sincerely,

*Visions* Editorial Board

## editor's message

Growing up isn't easy. The journey from childhood to young adulthood can be complex, confusing, and lonely as young people try to figure out who they are, how they relate to others, and where they fit in the world. On top of that, there's pressure to do well in school, make big decisions about the future, and stay connected on social media. It's no surprise that anxiety and depression are becoming increasingly common among today's youth.

These mental health challenges often appear together, but they show up in different ways. Depression might feel like deep sadness or a loss of interest in things that once brought joy. Getting out of bed can feel like a battle. Hanging out with friends may no longer be fun. Anxiety, on the other hand, involves persistent worry and fear about everyday situations. The mind might constantly replay "what if" scenarios, making it hard to focus or relax. For some young people, these feelings can become so overwhelming that they turn to substance use, not as an act of rebellion, but in an attempt to cope or find relief from emotional pain.

You'll notice a common theme throughout this issue of *Visions*: anxiety and depression don't just affect the individual. Their impact ripples outward, shaping relationships, shifting family dynamics, and influencing academic and professional outcomes.

When support is missing or delayed, the effects can continue into adulthood. But when care is timely, thoughtful, and rooted in understanding, it can make a real difference. Supporting youth means more than responding in moments of crisis. It also means recognizing early warning signs, building mental health literacy in schools and communities, and creating space for honest, stigma-free conversations about mental health and substance use at home.

This issue explores youth anxiety and depression through stories, insights, and artwork from young people, caregivers, researchers, educators, and mental health professionals. Together, they offer a vivid picture of what it's like to navigate these challenges and what it takes to show up with empathy, create safer spaces, and provide support that truly helps. A heartfelt thank you to guest advisor Christine Yu and all the contributors who shared their experiences and expertise. Your voices bring these pages to life.

Whether you're a parent, teacher, policymaker, or someone navigating your own experience, I hope you find something in these pages that resonates with you. **V**

Pargol Lesueur  
Managing Editor

# Family Matters

## THE REACH OF ANXIETY AND DEPRESSION IN YOUNG PEOPLE

CHRISTINE YU, PHD, RCC

Your child wakes up complaining they don't want to go to school, again. Some days, tears may follow. Other days, a rude comment or slamming doors.



Christine Yu

*Christine has worked extensively in the field of anxiety as a researcher and clinician, and served on the Anxiety Canada Scientific Advisor Committee. She is now in private practice at Cornerstone Child and Family Psychology Clinic, providing evidence-based treatment to children and youth, and also offers public workshops promoting mental health literacy*

You can feel yourself tensing, anticipating the battle to get ready and out the door on time. You try cajoling, soothing and reassuring, even ordering them to get ready, but no approach seems to work. Your heart starts to pound. You think of all the other things you need to get to before you leave and wonder how you will explain, yet again, why you are late for work. You feel the frustration building quickly and the mixture of helplessness and guilt settling in.

If you have experienced something like this scenario, you may have a child struggling with anxiety.

### More than feeling blue

We all have moments of stress or anxiety, or times of feeling down and demotivated. I remember my early days at conferences as a graduate student. The idea of presenting to more experienced and knowledgeable academics and answering their questions was enough to give me the nervous sweats, that vomit-y feeling, and several variations of the “what if I mess this up” thought. Any young person who struggles with anxiety or depression can tell you it's more than a passing moment of the jitters, having worries, feeling blue or moody, or wanting time alone.



## During the COVID-19 pandemic, more parents of children living at home reported a decline in their mental health compared to adults without children living at home. If the parents are not alright, how can they support their children who are struggling?



In recent years, evidence has shown rates of mental health conditions in children and youth, including anxiety and depression, are on the rise.<sup>1</sup> Many family members of a child struggling with anxiety or depression understand that the reach of these mental health concerns stretches far beyond the child.

### A family concern

Many parents and educators ask: what can I do to help my child or student? Decades of research have given us some answers. We understand the science of anxiety and depression better and have improved guidelines about which types of treatment work well. Resources, attitudes towards mental health and the availability of services for children and youth have also improved.

But there is still much more work to be done. One piece involves expanding our focus from supporting the child to supporting the family. I've had the honour of working with many families in different contexts. They've shared their experiences of living with a child with anxiety or depression, as well as their experience of seeking help.

In addition to the distress their child experiences, I have heard of how these mental health concerns have co-opted

the family. Many of the following dynamics may come into play:

- Families have to determine what's part of typical child development and what needs formal support
- Parents change their work and/or sleep schedules to help their child get through the day (or night)
- Family plans and vacations are placed on hold or cancelled
- Siblings learn unhelpful coping behaviours
- Parents judge themselves and their parenting
- Siblings feel ignored because the child experiencing distress understandably gets more parental attention
- Extended family or friends share their (sometimes unsolicited) opinion about how to parent

This is not to mention parents' own well-being. During the COVID-19 pandemic, more parents of children living at home reported a decline in their mental health compared to adults without children living at home.<sup>2</sup> If the parents are not alright, how can they support their children who are struggling?

### Family-level solutions

Focusing on the family is not a new idea, and there are wonderful

organizations that provide resources and support to parents advocating for their child's mental health needs (see Related Resources). However, many parents have also described, in both professional and research settings, how difficult it's been for them to receive mental health services for their children, often at times when they felt they were in crisis.

They've faced many challenges, including:

- An overwhelming amount of information (e.g. books, online material) to sort through
- Figuring out how to talk to their child or youth about what's going on
- Professionals who dismiss their concerns
- Confusion about how and where to get mental health services
- Decisions about what type of treatment approach is best and most helpful for their child
- Lengthy wait times
- A child refusing to attend therapy
- Financial stress related to paying for services, or taking time away from work to attend sessions
- Being referred on or redirected (more than once) to other mental health services

The list goes on. Some parents have spoken about the impact on their own mental and physical health, how they felt alone and overwhelmed, and how they ignored their own needs as they focused on helping their child.

Statistics may show engagement in mental health service use is improving in our province,<sup>3</sup> but it's important to also consider families' experiences. How confident are parents and

caregivers in their ability to recognize the need for professional mental health services? What's it like for them to seek out and access the right supports for their children in a timely manner?

Anxiety and depression don't always show up in clear-cut ways. There are many factors and contexts that can complicate what parents and caregivers see in front of them. This issue of *Visions* highlights and discusses some of the aspects that can make recognizing and supporting a young person with anxiety or depression challenging: anxiety and comorbid disorders, cultural contexts, stigma, gender, experiencing a pandemic and living in a digital world.

Making streamlined, consistent, evidence-based information easily accessible to all caregivers, and helping families navigate the multiple entry points into the mental health system may help ease the help-seeking process.

As we move towards further improving access to services, I am reminded of the many stories parents have shared with me. I take this opportunity to echo their call to consider more deeply the needs of parents and caregivers to better support their children and youth with anxiety and depression. ▼



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## related resources

- Kelty Mental Health Resource Centre: [keltymentalhealth.ca](https://keltymentalhealth.ca)
- FamilySmart parent peer support: [familysmart.ca](https://familysmart.ca)
- Foundry BC: [foundrybc.ca](https://foundrybc.ca)

# Not Always Linear

## TREATMENT FOR CO-OCCURRING MENTAL AND PHYSICAL HEALTH DISORDERS IN YOUNG PEOPLE

SEONWOO HONG, TAYLYN JAMESON, YASH JOSHI AND JOELLE LEMOULT

In our research and practice, we often see young people who experience more than one difficulty. For example, they might experience depression that co-occurs with other mental or physical health challenges. If you (or your child) experience co-occurring difficulties, you're not alone. When this happens, it can alter the way symptoms present and how those symptoms are treated.

*Joelle and her graduate students, Seon, Taylyn and Yash, run UBC's Depression, Anxiety, and Stress Lab. Their research examines the onset and maintenance of depression and related disorders to improve prevention and treatment. Joelle also has a private practice focused on adolescents and adults with depression and anxiety*



Photo credit: charinporn thayot at ©iStockphoto.com

The steps below can maximize the effectiveness of treatment and lead to better outcomes.

### Step 1: Understand the facts

Anxiety and depression are becoming more common among youth. About 30% of teens will experience strong symptoms.<sup>1</sup> Often, anxiety and depression appear together. Some studies even show they might appear together more often than they do apart.<sup>2</sup>

Anxiety and depression also commonly appear alongside other challenges, like difficulty paying attention. Anxiety and depression can even be associated with physical health challenges. For example, hormonal

changes can impact how youth respond to stress.

Mental health difficulties can look different depending on a youth's cultural background. In some cultures, bodily symptoms, like headaches, stomachaches or feeling dizzy, can appear instead of feelings of sadness or worry. Cultural differences can make mental health concerns harder to notice and treat in the existing Canadian healthcare system.

Given these factors, parents play an important role in their child's mental health. Parents can support their child by being curious, asking questions and helping them notice changes in their



behaviour. Working together can help youth get the right assessment and effective treatment to improve their mental health.

## Step 2: Get a good assessment

You can't treat what you don't fully understand. A complete assessment is a key step in making therapy effective. A strong assessment considers all the important areas in a youth's life, including their social world, school experience and behaviour, plus challenges like ADHD, learning difficulties or other mental health struggles.

Even if these issues aren't what brings a youth to therapy, they can still affect how that person feels. Sometimes what looks like anxiety or depression turns out to be a response to deeper challenges, like struggling to keep up at school due to untreated ADHD. Focusing only on anxiety or depression could mean missing an important part of the picture.

It can be helpful for the therapist to gather input from multiple perspectives, including parents and teachers. These perspectives paint a fuller understanding of the challenges, shape realistic goals and a better treatment plan, and give therapy the best chance of making a difference.

Begin by researching therapists. Don't hesitate to ask questions. For example:

- Do you specialize in working with kids, teens or families?
- What training do you have in psychological and neuropsychological assessments?
- What tools do you use?
- How do you approach complex or overlapping concerns?

- After the assessment, will we have time to talk about results and next steps?

Some therapists specialize in both assessment and treatment. Others will recommend a treatment provider after the assessment.

If something doesn't feel right, it's important to speak up. Asking questions or voicing concerns is a sign that you're engaged and advocating for yourself and your child. A good therapist will welcome feedback, stay open and work with you as a team to figure things out together.

## Step 3: Find the right treatment

When youth have multiple co-occurring conditions, a comprehensive treatment plan can maximize success. Here are some things to keep in mind:

**Evidence-based treatment.** A treatment provider should offer evidence-based treatment, meaning they use approaches backed by research. Cognitive-behavioural therapy (CBT) is one approach research shows is helpful for anxiety, depression and other mental health challenges.

### Sequential versus simultaneous.

Talk to your treatment provider about the order of treatment. In a sequential approach, you target one challenge at a time (e.g., substance use before anxiety). In a simultaneous (or transdiagnostic) approach, treatment targets symptoms (e.g., difficulty regulating emotions) common to multiple disorders.

Each approach can be effective. Deciding which to use depends on the clinician, what's being treated and your child's preferences and needs. If one condition

is at the heart of several difficulties, that may take priority (e.g., ADHD interfering with school performance and friendships, which in turn contribute to depression and anxiety). Do not hesitate to ask your provider questions.

**Multidisciplinary team.** Depending on the other challenges your child is facing, it can be helpful to consider a multidisciplinary team approach. That's where multiple people work together. A team could include a psychiatrist, therapist, physician, teacher or school counsellor. Communication and note-sharing among experts can improve treatment success.

**Support system.** Treatment outcomes are best when youth have a strong support system from family, friends, community members or teachers. Talk to your child about what support they would find helpful from you.

**Lifestyle factors.** Lifestyle factors like sleep, diet and exercise can help youths' mental and physical health. They're particularly relevant when multiple concerns are present. Fortunately, lifestyle changes can start today!

**Reassessment.** Sometimes, benefits in one area of mental health can improve, or amplify, concerns in another. Checking in with your child and their therapist throughout treatment helps manage changes in primary concerns.

Although treatment progress is not always linear and often needs teamwork from many different fronts, youth are resilient. It's wonderful that they're seeking help early in life. The skills they learn in treatment can help them develop positive coping strategies they'll use for years to come. ▽

# Not Won't, But Can't

## ONE FAMILY'S STORY OF SCHOOL NON-ATTENDANCE

LEILA, MA

My youngest child was anxious from a young age, but we never recognized from her behaviour that she was experiencing anxiety. She made friends easily, loved to play and loved going to preschool, then school.

*Leila is a parent with lived experience. Her children, her greatest teachers, have struggled with their mental health*



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The problem was that getting to the places she loved was difficult, sometimes impossible. Right before leaving the house, something would shift. She'd be uncomfortable in her clothes or feared she'd be late. If she thought we'd be even one second late, she literally couldn't leave the house. But if we were able to get her to the activity, she almost always enjoyed herself and often didn't want to leave.

Other signs of anxiety we never recognized were her perfectionism and her fear of being singled out. So much of her experience was internal, and we only learned about it later.

Fast forward to Grade 8. Elementary school had been a breeze. My daughter

had a good group of friends and never struggled academically. The transition to high school seemed OK at first. She'd been adamant about attending an accelerated academic program. Initially, she loved it and was diligent with doing her homework. But we could see her stress increasing to an unhealthy level.

Non-attendance started halfway through the year. Her stress from trying to keep up with all the tasks became too much. I remember watching my kid painstakingly colour a socials assignment for hours, then not attend class the following day because she hadn't finished. No amount of logical reasoning made a difference.

My partner and I reassured our child that learning was the most important thing, not grades. I even convinced her to go to a counsellor, but after a few sessions, that person was no longer available. This caused a rupture in their developing rapport and a general distrust of counselling.

I watched my once-happy child sink deeper and deeper, unable to do anything other than school. She refused invitations to do fun things with her friends because she felt she had no time.

### A painful change

In January 2020 my child missed school because she was panicked about not finishing an assignment. She spent the day at home working on it and returned the following day planning to hand in her finished work. My sensitive, conscientious student was confronted by her teacher and called out of another class, accused of not having completed the work.

This might have been upsetting to some students, but it was traumatizing for my daughter. She did not attend high school for the rest of the year.

For weeks we had no idea what had happened. She fell further and further behind. My stress was off the charts as I tried to get her to go back. She couldn't articulate why she found it so hard, and we began focusing on things she could do: walking the dog, participating in her extracurricular activities of sport and music.

I was a mess. I remember bumping into a neighbourhood acquaintance

who asked how I was. In my fragile state I burst into tears. I was embarrassed by my vulnerability and oversharing. There seemed to be no middle ground. I either created a facade that everything was OK or I shared so much I probably made people uncomfortable.

I felt responsible and powerless. What was wrong? Why wouldn't or couldn't she go? We spoke regularly to the school counsellor and even arranged for him to visit the house. My child refused to join us. School staff told us they'd never experienced such resistance from a student.

But wasn't this their job? Surely my kid wasn't the only one? Now what could we do? She even refused to interact with our pediatrician.

I sought counselling for myself. I became more aware of my own anxiety and how it was fuelling our interactions. I saw that my child's mental health was the most important issue to focus on. Attending school would only be possible once she reached a healthier place.

As a result, I brought less pressure to our interactions. I didn't try to use every opportunity we had together to talk about getting her back to school. I was able to enjoy our time together more because I wasn't always calculating when I could work in a problem-solving conversation.

With practice, I started to broach uncomfortable topics. Learning how to validate my daughter's experiences and emotions without jumping to problem solving was new and continues to be a challenge for me.

### New strategies

The COVID pandemic was positive for my child. When she eventually returned to school, everyone else had also been away. Of course, other challenges emerged. We initially thought our daughter was attending remotely. It wasn't until several months later that we learned she didn't attend most of her classes.

Not one teacher let us know. Our child was so ashamed, she pretended to be doing the work. We subsequently found out she also has inattentive ADHD, which makes virtual learning incredibly challenging.

She began to feel better that summer. School was her major trigger, so it was a natural time to feel more relaxed. She began anti-anxiety medication and made a plan with her pediatrician to return to school.

Fall of 2020 was a gradual return, with some virtual and some in-person classes. We set up extra support to make the transition successful. This included regular check-ins with her and her teachers, tutoring and executive function coaching. Even with that support, it was not easy.

Many factors helped our child's reintegration to school. We deepened our communication skills as parents and began to:

- Practise deep listening and learning when not to push too much
- Accept that there would be good days and bad days; on the bad days we'd support her the best we could
- Remind ourselves of our own tendency to get anxious and

## Living with mental illness in your family?

### What would you like your child to know?

BCSS Youth programs provide children and teens with age-appropriate educational resources and information about mental illness and substance use disorders.

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Learn more at: [www.bcssyouth.org](http://www.bcssyouth.org)



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catastrophize when she missed a day of school

Understanding that she couldn't go—not something she was actively choosing—helped us to remember to offer support and not always push for solutions. I learned to say things like, "I am sorry things are so hard right now. I know how hard you are trying."

#### Acceptance and advocacy

Anxiety never disappears, and if it reaches a tipping point, coping won't work in that moment. The only thing to do is wait for it to pass. With time, practice and growth, my child attended more consistently and bounced back more quickly after an absence or difficult interaction.

School and teacher support was instrumental. Yet knowledge,

skills and accommodations were uneven. Because my child is bright, high-achieving, quiet and hides her struggles, some teachers challenged her need for accommodation and my requests to be involved. I've had to navigate constant advocacy within the school.

I'm grateful my child has come through many of her challenges and has found areas of interest to pursue. Our discovery that she is autistic, with ADHD, has helped us all create a supportive environment to help her thrive.▼

# Mental Health in Young Newcomers

## NAVIGATING TROUBLES AND SUPERPOWERS

HALI KIL, PHD

Being a young immigrant is not a smooth journey. You have to adapt to new cultural norms, different social values and an unfamiliar language. This is on top of the usual tasks of trying to find your unique identity while also fitting in with friends at school.



Photo credit: Juanmonino at ©iStockphoto.com

*Hali is a faculty member at SFU with expertise in immigrant families, mindfulness and child and youth mental health. She holds affiliate roles at BC Children's Hospital, Toronto's Centre for Addiction and Mental Health and the Fraser Health Authority, and is an associate editor for the journal Mindfulness*

Because of these special experiences, a lot of clinicians and psychologists say newcomer young people experience disproportionately high mental health issues. Fortunately, I find that many of my younger clinical psychologist colleagues make extra time to become aware of the unique experiences of immigrant young people in Canada.

### Unique ways of expressing

How do newcomer young people show mental health symptoms and talk about their anxiety and depression? Research shows that somatic (bodily) symptoms, like headaches or body aches, are often linked to anxiety and depression.<sup>1</sup> This might be due to norms of not discussing emotions in many cultures, leading to more physical, rather than psychological, descriptions of stress.

Mental health is not openly discussed in many cultures and may be easier communicated through physical symptoms. Colleagues have told me that, in some cultural contexts, it can even be inappropriate to ask whether a friend is sad. This can make it hard for newcomer young people to talk to clinicians about their symptoms.

### Language challenges

Another deterrent to getting the right kind of help among immigrant youth is a language barrier. A great majority of clinicians in Canada are Canadian-born, European-descent women. If you can't find a clinician who can help you in the language you're most comfortable in, chances are you won't seek help or be able to get help even when you really need it.



Language barriers also affect open conversations around mental health in families, especially with parents, who would ideally provide informal support, or help young people get clinical support. I've heard from many immigrant friends that it's hard to describe the feeling of anxiety in their native language with their parents because the literal translation of the word anxiety will suggest that there's something "not right" or "unstable" that needs to be fixed medically.

Through my research lab's recent work with Punjabi communities, I've also learned that the direct translation of the word *psychologist* is most often understood as the medical practice of psychiatry and medical treatment for serious psychological disorders. These language issues can make it hard for a newcomer young person to seek help, even within the safety of family.

### Stigma

Language issues aren't limited to the nuances of words, of course. There is stigma around mental health discussions in many cultural groups. Some immigrant youth may be reluctant to talk to parents about mental health. Young people may instead rely on friends or peers from similar ethnic and linguistic backgrounds for support—those who understand both the difficulties in navigating communication gaps with parents and the very real anxiety or depression they may experience.<sup>2</sup>

All of this said, cultural gaps in the family aren't always bad, based on my own research. When family members are generally open and receptive despite cultural gaps, young people may still be willing to talk about

mental health issues with their families and get the social support they need to feel better.<sup>3</sup>

### Gender

Tied into these cultural discussions is how gendered mental health discussions are in general, and particularly in more patriarchal cultures. Even in Canada, considered by many to have decent gender equity, men's mental health difficulties are less discussed due to stigma, and symptoms are frequently ignored.<sup>4</sup>

In cultures that have rigid and socially reinforced standards around masculinity—what it means to be a man—mental health issues can be downplayed among boys and young men. Boys and young men from some immigrant backgrounds may feel even more discouraged from speaking about mental health with their families, who may dismiss such discussions when they do arise.

### Surprising resilience

I want to emphasize that if you're a newcomer youth, not everything is going to be bad. In fact, research contradicts the general stigma about heightened mental health issues among newcomers.<sup>5</sup> Immigrant youth have shown an "immigrant paradox" in research, meaning that despite losing social networks and resources, many are quite healthy compared with non-immigrant youth. As a developmental researcher, I find this balanced perspective so important to curb the mental health stigmas surrounding being a newcomer in Canada.

What are these strengths newcomer youth seem to show?

- **Resilience:** Newcomer young people report having more resilience than non-immigrants.<sup>6</sup> This may result from overcoming difficulties during their big move and learning to balance cultural backgrounds
- **New identities:** Many newcomer youth experience positive emotions, psychological health and general mental well-being when they embrace their multicultural identity. Even if you're a newcomer, embracing all of your old and new cultural identities can help you feel less stressed
- **Language flexibility:** Having multiple languages in your toolbox can set you up for positive mental health and good social skills. While it can be stressful to be the main English speaker for the family, multilingual kids have been shown to be more cognitively flexible and better at understanding other people's emotional states, setting them up for social and emotional success<sup>7</sup>

Despite the mental health stigmas and difficulties you might experience as a young immigrant person in Canada, don't forget: you have strengths—or as I like to call them, superpowers—that make you a tough, resilient person in the face of stress. ▼

### related resources

SUCCESS is a support organization that promotes belonging, wellness and independence in newcomers. Call the SUCCESS BC Help Line at 1-888-721-0596.

# Why I Don't Wake Up at 5:30am

## A REJECTION OF A HUSTLE CULTURE

JOEY P. LAGUIO

The alarm rings. It's 5:30 a.m. My heart beats rapidly as the items on my endless to-do list materialize in my head. I resign myself to the reality that I have to wake up. Begrudgingly, I face the day, dreading every single moment ahead. I wonder, "Will this ever end?" then shove that thought to the back of my mind.



*Joey (he/him) is a web designer passionate about working on social impact projects. He has contributed designs to anxiety management resources, government software and mission-driven businesses and organizations. In his spare time, you'll find him playing video games or Dungeons & Dragons, or singing and playing the piano*

I head to the bathroom and splash water on my face. I reluctantly put my gym clothes on and walk out the door. I tell myself, "You're weak. You're fat. You're ugly. You're not worth anything. Go do something today that proves why you deserve to exist."

Depression urges me to return to my bed. I know how to hide in my covers until the night arrives. If it doesn't matter either way, why even leave the house?

But anxiety fights back. The guilt and shame of not being enough urges me forward. Doesn't matter which way I go, though. I won't feel great about myself. I walk out the door and play a podcast from some guy about the

power of cold showers and waking up early until I convince myself all this pain is good. I deserve to not feel good about myself. My life is simply suffering and the pursuit of a state of non-suffering.

### Living outside-in

For the first 30ish years of my life, these thoughts crushed my existence every time I woke up. The push and pull of doing too much, yet not doing enough. Spinning my wheels to get stuff done, fuelled by a toxic mix of guilt and fear. Always in limbo, going through the motions like a well-oiled production line.

Growing up, I was a closeted, nerdy, musically inclined, anxiety-ridden,



Photo credit: Ralf Geithe ©iStockphoto.com

**Hustle culture gave me ways to optimize my life and become a people-pleasing productivity machine. In some ways, it was comforting. It told me I could hustle my way out of my fears of being judged.** ”

bigger-sized kid. I felt like I never truly ever fit in anywhere, but learned I could adapt by compensating. I could accomplish a bunch of things, show people how smart I was and distract people—including myself—from what I lacked. You don't have to deal with your insecurities if you're climbing. How can you? If you're always occupied striving for more, how can you believe you're less than?

In my teenage and young adult years, I got really good at jumping through the hoops laid out for me. I knew what the teachers wanted—what my parents and society wanted. I knew how to get the right reactions. Those reactions

were like a drug that helped me escape acknowledging my low self-worth.

Over time, it started to eat at me, gnawing at my will to live. Anxiety transitioned into an ever-present depression. I was no longer in control of my own actions, merely a soulless instrument to replicate the parameters society laid out for me. I completed an engineering degree I felt absolutely no passion for, worked in corporate environments and tried to act in a conventional, straight way.

#### Bro-ing down

I also consumed copious hustle culture and self-help content. I idolized influencers with six-pack

abs and loads of money. They spoke to my insecurities, sometimes even yelling at me, reinforcing that I wasn't enough if I didn't spend all my time losing weight, making money, working 10 side hustles and playing the stocks.

Hustle culture gave me ways to optimize my life and become a people-pleasing productivity machine. In some ways, it was comforting. It told me I could hustle my way out of my fears of being judged.

But when you let the world define you, you lose who you are. You don't know what to enjoy or even how to enjoy anything at all. You push that metaphorical boulder up and down the hill every day. The days feel soul-crushingly dark, drowned out by the noise of content creator bros.

Eventually, I was an emotionless husk—barely human. Panic attacks and anxiety abounded, rising from nowhere. When you ignore your fundamental self, your body and your mind keep the score.

#### related resources

For more on how trauma impacts the body, discover works by Bessel van der Kolk, including *The Body Keeps the Score* at: [besselvanderkolk.com/resources/the-body-keeps-the-score](https://besselvanderkolk.com/resources/the-body-keeps-the-score)

For more on the joy of creating and valuing the present over accomplishments, see *Flow: The Psychology of Optimal Experience*, by Mihaly Csikszentmihalyi (Harper Collins, 2008).

## Joey's advice for challenging hustle culture:

"Whenever you take an action, take a moment to ask yourself: why? Are you doing it to please others, meet expectations or run away? What might it look like to take action that pushes you to own your identity and encourages you to love yourself, just as you are?"

I had no choice but to shut down, falling in and out of depression. I was imprisoned by my own mind in my bedroom for weeks at a time, leaving only for occasional takeout.

### Light through the cracks

I started to try new things and make mistakes. I jumped careers multiple times, from engineering, to teaching music, to early childhood care, to nonprofits, to design. I figured out what I liked and what I didn't. It wasn't easy. It felt strange to get off the escalator of accomplishment—exposed and vulnerable.

I hated the sensation of not knowing where I was going. But I also felt something new—the feeling of being alive, in control of my own ship, regardless of what people said about me.

I slowly replaced the toxic habits of hustle culture with activities I enjoyed for their own sake. I started a vocal group with my friends, designed small games for fun, took piano, started writing more and took dance classes—something once unimaginable!

I got better at ignoring the voice in my head that told me I wasn't enough. I didn't have to be perfect. I got better at laughing at myself and finding joy in imperfection. I worked with my cognitive behavioural

therapist, using situations as growth experiences, everything from parallel parking to taking a new class. I got better at doing things I wasn't good at. Not because I felt like I had to, but because I wanted to. They brought me genuine joy.

No alarm rings. It's 9:47 a.m. I slowly open my eyes, feeling well-rested (stellar, in fact). I take a relaxed look at the sun rays through my window, pour myself a bowl of cereal and make sure to take my medication before I start my design work. I move slowly, letting myself adjust to the day.

I arrive at my desk excited for the work, hobbies and activities I've lined up. I think about the next dance class and the creative design projects I feel privileged to work on.

A small grin spreads across my face as I realize that my mind—once dark and clouded—now feels stunningly bright, relaxed and crystal clear. I'm no longer running from anything, just living. I exist and I am enough—regardless of what I do today. ▼

# Academics and Anxiety

## PATTERNS THAT NEED BREAKING

ALEX WYATT

I threw up the morning I moved into my university dorm.

*Alex (she/her) has a Master's in Journalism and almost a decade of experience in digital content creation and writing. She now uses her training and experience to support the causes she believes in. In her free time, she likes to read, try new recipes and explore video game worlds*



Alex Wyatt

It wasn't an uncommon occurrence. With my inherited anxiety and severe gluten intolerance, I probably spend more time crouched in front of a toilet than the average person.

We got to campus an hour late and I did my best to act like nothing had happened. Once everyone's parents had left, I forced out my prepared speech about how I'm a little quiet at first, but not because I'm cold or distant—I just struggle sometimes socially.

That first day would set the pattern, of trying to power through my anxiety, that I would keep returning to throughout university—one I never fully learned how to break.

### Student life

I was anxious all the time. It got easier for a while: I made friends and adapted to living on my own. But there were days when I just wanted to hide under the covers of my twin-XL bed, and one offhand comment could bring me near tears.

It's hard to pinpoint when things got worse. During a student exchange to the UK I found myself alone again in an unfamiliar place. I wandered the campus feeling empty and hopeless. When I wasn't doing that, I spent most of my time in my room, watching everyone else make plans in the exchange students' group chat.



Everything worked out in the end. I made friends and had the time of my life. When I returned to Canada, I thought this pattern would hold.

It did not.

I struggled to complete school work, turning things in at the last minute. Some nights I couldn't sleep at all; some days all I did was sleep. My friends were concerned, so I went to my doctor, who started me on antianxiety medication and therapy. I threw up again that night. Then, halfway through the next day, a calm settled into my bones.

For the first time, it felt like I had things together. I got accepted into my dream postgrad school and was set to graduate with honours.

### Pandemic stress

Then COVID hit. I struggled to focus during remote learning. Getting myself to study for finals or cobble together essays when the world was falling apart seemed impossible. I dragged myself over the finish line and thought that was it. I'd done it again. I was still capable. While I delayed my master's degree by a year and was still anxious, after lockdown I was excited to move across the country and start my new life.

The first few months of grad school were great. I was living in my favourite city and attending my dream journalism program. My roommates were my best friends. I remember several mornings waking up bathed in sun and thinking, this feels like a movie.

But that winter I found myself in bed more and more, sleeping weekends

away and spending weeknights staring at the ceiling. The longer I spent in my program, the less sure of myself I became. My cup has never exactly runneth over with confidence, but I'd always been good at school and writing. It was a part of my list: Alex, glasses, curly hair, good grades, writer. But my grades were slipping, and I hadn't written anything outside of school in half a decade.

Who was I if I wasn't those things anymore?

### Losses and pressure

I lost a close family friend that spring. Not long afterwards, I lost two more loved ones: my last surviving grandparent and my beloved childhood dog. Each loss knocked the wind out of me.

Even with accommodations from my program heads, I was struggling to keep up. I thought it was my medication, so in May, I made the executive decision to quit my antidepressants cold turkey. This went about as well as you could expect. I spent a whole night sick with SSRI withdrawal.

My roommates later told me that my actions had terrified them. And I worried them a couple more times after that, but I also restarted therapy and promised I wouldn't do it again.

Yet by October of my second year, I was turning in assignments late and refusing to ask for extensions as some weird way to punish myself for not meeting deadlines.

I returned to the doctor, who upped my dosage. If anything, that made things worse. "My most common emotion right now is existential

dread," I texted my best friend in February. I was in pure survival mode, counting the days until my program was over.

I graduated by what felt like the skin of my teeth. When I walked the stage a month later, I wasn't happy or excited or proud. Just relieved.

### Anxious cycles

Almost two years later, I'm a lot less anxious. I switched meds a year ago, and they work better for me. I don't throw up as often, but my baseline heart rate is probably still above 85 on a good day.

When I look back on my university experiences now, I grieve what could have been. Where would I be if I didn't have to deal with anxiety? Who would I be?

But I do know if I'd reached out for help earlier, or advocated for myself a little more firmly, things might have been easier. I was stuck in a recurring pattern. But some patterns need to be broken, and I was the only one who could do it. I just wish I'd learned how sooner. ▼

# One Story, Two Sides

## NAVIGATING STUDENT WELL-BEING SUPPORTS

GABRIELLE FOO

Nobody really expects it to happen to them. I certainly didn't. I thought the gradual decline of my mood and increasing lethargy were just that—natural but occasional consequences of being in a high-pressure educational system. The Singaporean educational system is admired and infamous for being challenging. I thought I would eventually emerge from my funk.

*Gabrielle holds a bachelor's in psychology from UBC and recently wrapped up a term as a health communications assistant with Healthy Minds | Healthy Campuses, a community of practice in BC. Her experiences navigating the healing process from mental health issues has led to a deep passion for working with others and helping them thrive and self-actualize*



Spoiler alert: I didn't.

What initially started as having trouble getting out of bed, taking longer naps during the day and feeling irritable and emotionally volatile spiralled into something much bigger that would ultimately change the course of my (young) life. After missing several weeks of school, I received a diagnosis of major depressive disorder.

### Coping without supportive structures

I started on a treatment plan but still struggled to meet the demands of school. I ended up withdrawing completely with only one year left to graduate, which was a huge blow.

I'd always prided myself on being a dedicated student while maintaining a fulfilling social life and extra-curricular activities. Over the next two years, I was hospitalized several times for suicide attempts, cycled through various medications and attended countless counselling sessions.

To this day, I can't pinpoint exactly what triggered my depression. I suspect it was a complex combination of childhood, family, biology and, of course, school issues. Growing pains and general anxieties, like thinking about the future, relationship issues, academic stress and questions of identity are perfectly normal and almost expected in youth. This doesn't mean

we can ignore them and wait them out. Sometimes they resolve with time and patience, but in cases like mine (and others), they deserve extra attention.

My junior college never offered counselling services, a mental health curriculum or any mental wellness awareness programs that I knew of. That wasn't abnormal. And any absences required a doctor's note. I distinctly remember taking a day off school when I was 16 because I was feeling particularly emotionally unwell—I regretted it later while sitting in the doctor's office, then paying their consultation fee. The only supports I received after my diagnosis were offers to extend assignment deadlines or take a year's leave.

Mental health was and is a taboo topic back home. People echo that "it's OK to not be OK," but it's hard to say whether that translates into school or work culture.

### Testing out a new environment

I have the utmost gratitude for my support system: my family, team of psychiatrists and psychologists, and friends. Their patience is why I'm able to write this now, almost seven years after my diagnosis, and from a completely different perspective. After the roller coaster of working towards recovery, I boarded a plane to Vancouver in 2021 and resumed my educational journey.

I still wondered: what more could have been done to support me when I was struggling in school? Could so much anguish have been avoided if more support had been in place? Would there ever be a place where stories like mine matter to school administrators, faculty and staff?

Students need to know they are so much more than their grades, involvement in student clubs or number of internships. They also need to know:

- It's OK to take additional years to graduate
- Their lives aren't over because of a misstep they made in school
- They don't have to wait until things get absolutely unbearable to seek support; they need to be reminded of this constantly, until they're able to feel it on an emotional level
- They won't be penalized for seeking help
- Exactly where and who to approach if they want support

Young people also need to feel like the higher-ups in administration are aware and genuinely dedicated to their well-being.

### Knowing support is there

I've had the fortune to attend UBC without needing to use wellness support systems, such as Early Alert, the Centre for Accommodations or academic concessions. But I have friends who've benefited from them. Thankfully, I can access a student insurance plan that covers counselling appointments.

In almost all my psychology courses, I've found the professors to be wonderfully empathetic and understanding of student struggles. Just being aware that these resources exist, should I ever need them or want to suggest them to friends, is a great relief.

### Action for campus well-being

My time as a health communications assistant with the Healthy Minds |

Healthy Campuses (HM|HC) team has been a wonderful opportunity to be involved on the other side of student mental wellness. One of my biggest takeaways is to have witnessed such experienced and competent professionals collaborating on ways to improve mental well-being in educational institutions.

HM|HC's programs and biennial summit offer Canadian professionals a chance to trade and discuss ideas of what has worked, or not worked, at their institutions. From peer listening programs to tailored mental health campaigns targeted at trades students, I've been reassured that faculty and staff are noticing and addressing these stories.

Mental health support should not be performative. It is the backbone of student wellness. While students may not always have the solutions or capacity to implement large-scale change, their voices need to be heard and listened to. Their stories matter. Our stories matter.

If anything in my story resonates with you, or if you feel not quite like yourself, please remember: you, as a person, are so much more than your struggles, and you have allies out there waiting to meet you. ▼

### related resources

To learn about the Healthy Minds | Healthy Campuses community of practices, visit: [healthycampuses.ca/about-us](https://healthycampuses.ca/about-us)

# Falling Through the Cracks

## NAVIGATING MENTAL HEALTH SUPPORT FOR YOUTH WITHIN A BROKEN SYSTEM

SAKURA

It's 3:30 a.m. on a Tuesday morning. We've just returned from a long-awaited family adventure over spring break. I want to believe it's jet lag, but the tears coming down my face cannot be dismissed as time zone adjustments.

*Sakura is a neurodiverse parent who works as an educational assistant within the public education system and currently resides on the ancestral and unceded lands of the Coast Salish people, which include (among others) the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh Úxwumixw (Squamish Nation) and səlilwətal (Tsleil-Waututh) nations*



Photo credit: Moore Media ©iStockphoto.com

I feel helpless, let down, frustrated and angry. So incredibly angry.

I'm ruminating on a recent warning from my son's clinician, who said my son might never be admitted to a specialized in-patient psychiatric unit—a last resort after years of failed attempts to figure out what's going on for him.

I'm angry at the mental health and education systems that have failed my child for five years. Despite counseling and medication, my once very social, physically active and academically gifted 15-year-old spends most

days bedridden due to severe anxiety and depression.

### Invisible suffering

No one from my son's school ever asks why my kid's been absent for weeks and months at a time. No one from Child & Youth Mental Health seems to understand that the longer time goes on, the greater the risk of losing him entirely. And I mean that literally—he has attempted to take his own life at least once.

Despite multiple therapists, plus educational accommodations and medication reviews, my son continues to struggle, with no timeline for when



he'll get targeted help. He's missing out on critical developmental experiences due to his inability to attend school and get out of the house regularly.

I'm very worried. Will he finish high school? Catch up? Get a job? How is the isolation from his peers impacting his brain development? His self-esteem? Is he ever going to be truly happy? How is the stress of this situation affecting my own relationships? With him, my other child, my partner and friends?

The overwhelm is never-ending.

### **A stretched school system**

Even though the red flags have been documented since elementary school, I'm constantly reminding everyone about how long my son's been struggling. The elementary school counsellor did what she could, but her time was split between three different schools.

As a seasoned parent advocate, I understood that one-on-one support from the school was rare, but I held onto hope that, with a bit of focused support, my son would develop the coping skills he needed. I was hopeful this was just a phase.

Then COVID happened. Then, a year later, the transition to high school.

I did my best to set up supports because I knew high school would be a challenge. His attendance had already been declining, and he was apprehensive about an unfamiliar learning environment.

However, due to a lack of understanding and communication among

**I have found a lot of strength in community. Most recently, I accessed a peer support worker through Family Smart. This has helped me maintain a sense of hope and validation. It's a free and easy-to-access resource I wish I'd known about years ago.**

”

staff at my son's school, the support that could have made a difference wasn't offered—like a unique program targeted at youth transitioning to high school and at risk of dropping out (we learned about it too late) and school-based outreach (off-site student support was terminated just weeks after my son started accessing it).

No doubt the pandemic demand for mental health support outweighed the capacity of the public system. It doesn't take a bunch of research to conclude this is why my son has not been a priority. It's all triage now. I still cannot count on him receiving adequate support unless he's physically harming himself or others. Even then, resources are temporary and limited.

### **Doing what's possible**

Given that context, it's not surprising my kid is falling through the cracks. He doesn't come from an abusive home, he doesn't use substances or participate in risky behaviour and he doesn't struggle academically. He misses his friends, misses learning and wants to get better. Most poignantly, he has a loving, fiercely determined parent who will never stop advocating for him. So he'll "probably" be fine, right?

Well, he hasn't been fine and neither have I. However, a few weeks after

returning from our trip, my son was finally admitted to the in-patient program. Following seven weeks of professional interventions and assessments, he was diagnosed with autism.

To say I have conflicting feelings about this is an understatement. It's a relief to finally have a reason for why things have been so hard. But I'm furious it took so long. This is my second child diagnosed with autism at age 15. No wonder it's been so difficult! I've raised two autistic children on my own, without support, for nearly two decades.

This experience has left scars that will likely never heal. It's unsurprising so many adults struggle with their mental health considering the failure to support them as children. I often think about how it could be worse, that it is worse for many other kids. And that mine are the lucky ones only because they happen to have me as a parent.

I have found a lot of strength in community. Most recently, I accessed a peer support worker through Family Smart. This has helped me maintain a sense of hope and validation. It's a free and easy-to-access resource I wish I'd known



about years ago. Having one-to-one support for me reminds me I'm not alone, and that others share my frustration in navigating an underfunded education system disconnected from an underfunded mental health system.

As for this new diagnosis, I hope we can now access appropriate, meaningful support before my son ages out of the system. We have less than three years to figure out the best path forward for him into adulthood. And the world really needs this kid. He's a bright and compassionate human being who has the potential to contribute to society in remarkable ways. It would be an absolute shame to continue to deny him the support that would allow him to thrive in a world that needs people like him now more than ever. ▼



# INTERESTED IN LEARNING MORE?



  
heretohelp

 University of Victoria | Canadian Institute for Substance Use Research

Mental health and substance use information you can trust.  
**heretohelp.bc.ca**

## related resources

To learn about peer support, visit Family Smart: [familysmart.ca/parent-peer-support/bc-parent-peer-support](https://familysmart.ca/parent-peer-support/bc-parent-peer-support)

To learn about compassionate support for young people, visit Lives in the Balance: [livesinthebalance.org/parents-and-families](https://livesinthebalance.org/parents-and-families)

# Inviting In Caring Conversations

## USING GUIDELINES CO-CREATED FOR YOUTH, BY YOUTH TO LOWER THE RISKS OF CANNABIS USE

ANDREA MELLOR AND CECILIA BENOIT

Cannabis use is legal in British Columbia for adults over the age of 19 and illegal for underage youth. Despite efforts to encourage youth to avoid using cannabis, Canadian data shows youth under the age of 25 use it the most.<sup>1,2</sup>



Andrea Mellor



Cecilia Benoit

*Andrea is a post-doctoral fellow at the Canadian Institute of Substance Use Research (CISUR), University of Victoria (UVic). Her research aims to better understand what caring, safe and non-judgmental health and social services look like from the perspectives of youth who seek to access them*

*Cecilia is a sociologist and scientist at CISUR, UVic. Her research advances health care and social rights for Canadians who are structurally marginalized due to factors beyond their control, including youth in transition to adulthood*

While cannabis use is increasingly accepted among adults in our country, youth cannabis use remains taboo. Parents and caregivers often struggle with how to talk to the young people in their lives about this substance.

We hope to support caregivers with a new zine that might help adults initiate conversations around cannabis with young people. The zine was created for youth, by youth as part of an ongoing research project aimed at providing youth who choose to use cannabis with strategies for safe use.<sup>3</sup> We extend this new tool to parents and caregivers as

an invitation to begin a caring conversation about youth cannabis use.

### Creating a caring resource for youth, by youth

In 2021 our research team at the Canadian Institute for Substance Use Research responded to the need for more accessible, youth-oriented cannabis harm reduction resources. To better understand what key components should be in an accessible guide, we worked with a Cannabis Youth Working Group (CYWG).

The CYWG included seven young people in BC aged 16 to 25 who'd

**Overall, youths’ experiences fluctuated along a spectrum of “good, bad, and it depends”—it was never black and white. The young people we surveyed were aware of the individual effects of their cannabis use, especially when they noticed it was becoming harmful or was no longer useful to them.**

”

previously used cannabis. The youth came from different walks of life. Five identified as cis women, four identified as belonging to a sexual minority (i.e., non-heterosexual) and five had current or past mental health challenges. Due to COVID-19 restrictions, meetings were held online.

Together, we undertook a review of the research literature and in 2022 conducted a survey of 230 Canadian youth ages 16 to 24 to learn about their experiences with cannabis. The research team also interviewed the CYWG about their reasons for using cannabis, how the substance related to challenges in their lives and the connections between cannabis and their mental health.

We found that youth had both positive and negative things to say about how cannabis influenced their mental health. Some youth felt cannabis shaped their mental health in a good way—for instance, helping to deal with their underlying mental health concerns, such as anxiety and depression. Other positive connections included that cannabis helped some youth cope with trauma or prevented them from using or relying on other substances.

Still, some youth shared negative experiences, including how cannabis

made their anxiety and depression worse. Some additionally shared how cannabis negatively affected their social connections. Youth explained how their relationship to cannabis ebbed and flowed depending on where they were, who they were with and their life stage.

Overall, youths’ experiences fluctuated along a spectrum of “good, bad, and it depends”—it was never black and white. The young people we surveyed were aware of the individual effects of their cannabis use, especially when they noticed it was becoming harmful or was no longer useful to them.

### Lowering the risks of using cannabis

Based on these findings, we worked with the CYWG to co-create six guidelines for how youth can lower the risks and maximize the benefits of cannabis use. The Guidelines are:

- Get educated before you use and continue to educate yourself
- Reflect on why you’re using cannabis and pay attention to how it affects you
- It’s OK to wait until you’re older or to not use cannabis at all
- Start low, go slow
- Consider where you are and who you’re with

- Consider what you’re using and how you’re using it

In 2024 our research team began the project’s second phase, this time focusing on creating a resource that would make the draft guidelines more accessible to youth. We gathered a second CYWG to advise us on how to increase accessibility.

They suggested that we first make some adjustments to the original guidelines—specifically, we needed to use more affirmative language and encourage more self-reflection. Once the CYWG was satisfied with these refinements, we brought in a user experience designer to transform the guidelines into two posters and a zine that encourage young people to become more knowledgeable about cannabis, whether for themselves or others in their community.

### Recommendations for parents and caregivers

The second CYWG shared some recommendations for parents, caregivers and other adults in their communities to consider when they decide to initiate conversations about cannabis with youth in their lives. Parents and caregivers can:

- Meet young people where they are at with consideration and friendliness
- Listen to and empower youth—it’s not about youth NOT using cannabis or behaving in a specific way
- Understand that youth deserve to be well supported even when they aren’t acting in the ways you think they should be
- Be part of breaking the stigma around youth using cannabis

## did you know?

Did you know young people have the highest rates of mental health and substance use challenges compared to any other age group? Despite this, they tell us:

- There are not enough youth-oriented health and social services
- They sometimes avoid services altogether for fear of being judged or stigmatized
- They sometimes avoid accessing mental health services to prevent their parents or caregivers from finding out

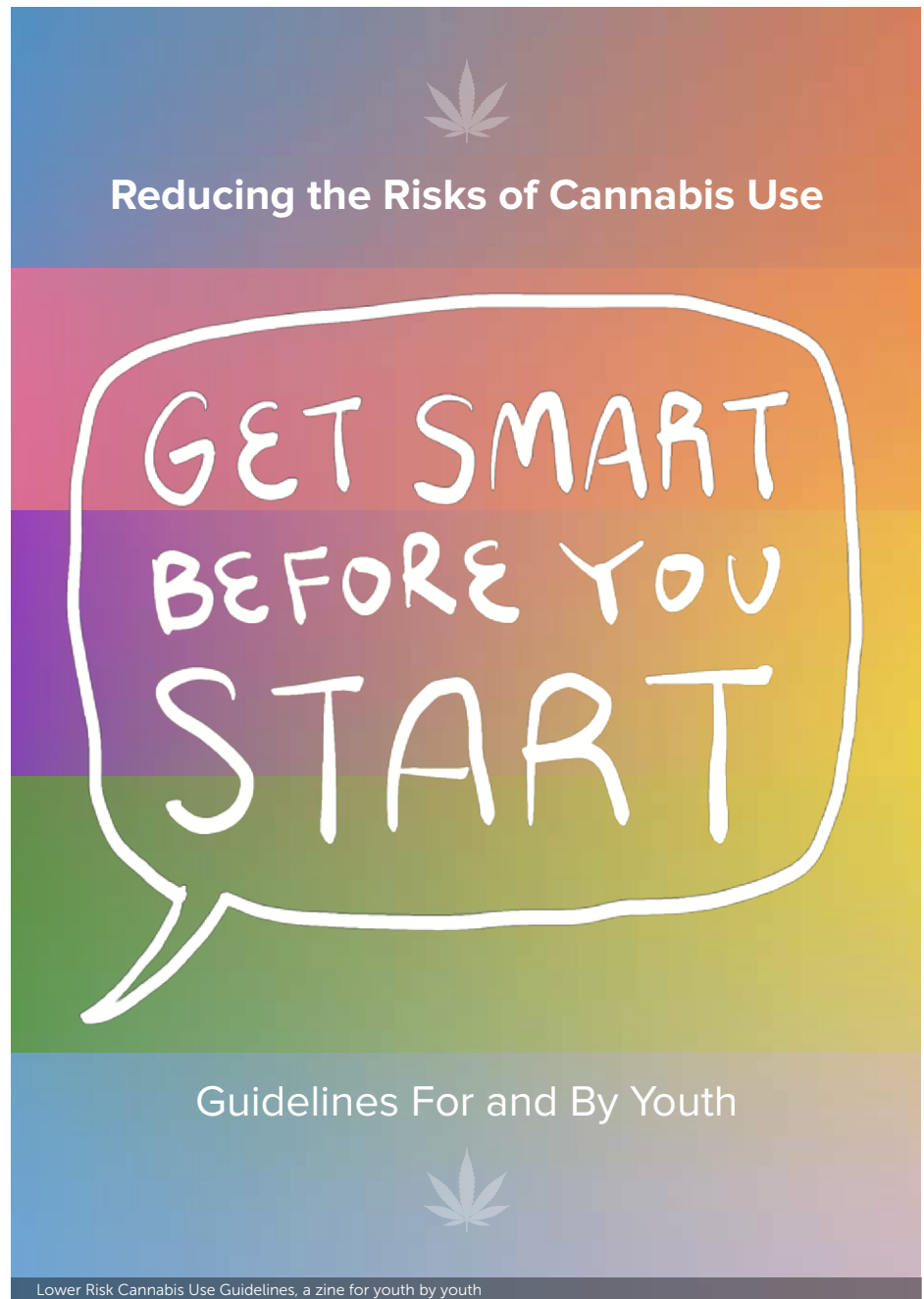
*(Facts drawn from: McGorry, P. D., et al. (2022); Gulliver, A., et al. (2010); and Smith, A., et al. (2024))*

- Recognize that youth can still be hard workers even if they're using cannabis
- Make it safer to have challenging conversations

We hope the Cannabis Zine will help parents and caregivers incorporate words of affirmation into their toolbox when cultivating spaces for caring conversations with the young people in their lives.

Caregivers can think of the zine as an invitation to see the world from young people's perspectives and to reflect on the words they choose to express empathy and non-judgment towards other youth in their communities.

Access the zine and learn more about youth-led work to reduce risks of cannabis use at our project website: [chirp.uvic.ca/lrcug](http://chirp.uvic.ca/lrcug). ▼



# Creating Safe and Open Spaces for Youth

## A GUIDE FOR FAMILIES, PEERS AND EDUCATORS

MAHBOUBEH ASGARI, PHD

Think about a time when you felt anxious or overwhelmed. Maybe you needed to talk to someone—someone who didn't try to fix everything right away, but made you feel safe to share your thoughts, fears or uncertainties. What made that space feel safe? Was it the kindness of the other person? The way they listened and let you express yourself freely? Or a combination of all these and other things?

*Mahboubeh (she/her) is passionate about using dialogue to create resources for people who want to promote mental health. She is a Co-Lead for Healthy Minds | Healthy Campuses at CMHA BC and previously led the iMinds project at CISUR, where she developed health literacy resources.\* Mahboubeh offers workshops on health literacy for children, youth and adults (mahboubeh.asgari@cmha.bc.ca)*



Mahboubeh Asgari

Now, think about the role you play in a young person's life. Whether you are a parent, teacher or friend, you have the power to create that safe space for them. Young people need to feel heard and supported when dealing with mental health challenges. Here are some ideas on how to create open and welcoming spaces where youth may feel more comfortable sharing their thoughts and emotions.

### The importance of safe spaces

Anxiety and depression are among the most common mental health challenges faced by youth. Many young

people want support that's understanding, validating and empowering. But without open conversations and safe spaces, these complex conditions can become overwhelming. Youth may feel alone and afraid to speak up. Safe spaces can help young people feel valued and heard, reducing feelings of fear or shame.

### Dialogue: The foundation of understanding

Dialogue is a two-way conversation where both sides seek to understand and relate to each other<sup>1,2</sup> While talking is part of the conversation, listening and asking good questions



are even more important. The goal isn't to find the "right" answers or reach agreement. It's not about proving a point or convincing someone they're wrong.

Instead, dialogue is about understanding someone else's perspective and accepting each other. Engaging in dialogue about mental health can be difficult, and discomfort is often a part of it. However, the goal of dialogue is not to avoid discomfort. It's about creating an environment where young people feel safe enough to share their experiences. Below are some steps towards a safe and open space.

### 1. Create a supportive container

Dialogue happens in a physical or virtual space where people come together. It's also about a set of non-physical conditions where everyone feels safe, respected and recognized for who one is. This whole space can be called the container for dialogue.<sup>3</sup> The container includes:

- **Physical space:** A welcoming and comfortable setting reduces anxiety and encourages dialogue. Sitting in a circle or ensuring everyone is at the same eye level fosters a sense of equality and mutual respect
- **Sacred space:** Conversations should be built on trust, understanding and shared meaning. Rather than reacting to each other or judging, holding and connecting to each other through thinking is key. In dialogue, people focus on listening and respecting each other's experiences without trying to fix them

### 2. Listen attentively

Listening is one of the most powerful ways to support young people. It's natural to want to give advice or try to make things better right away, but real dialogue happens when young people feel heard.

- Let the youth do most of the talking
- Try not to label emotions as "bad"
- Offer guidance without rushing to give instructions or commands

### 3. Suspend assumptions

We all have personal assumptions about mental health, but these can prevent real understanding. It's important to pause, put our assumptions on hold and take time to reflect on them.

- Avoid phrases like "It's just a phase" or "You'll get over it"

- Ask questions to understand their feelings instead of making assumptions
- Keep an open mind and be willing to learn

### 4. Be empathetic

Empathy is at the core of human relationships. It is the attempt to imagine ourselves in someone else's shoes and to try to see and feel the world from their perspective.

- Take time to listen and understand their emotions rather than being too quick to say, "I know how you feel"
- Share your own emotions to show it's OK to talk about feelings
- Encourage creative outlets like journaling, drawing or music to help express emotions

**MDA**  
MOOD DISORDERS ASSOCIATION  
OF BRITISH COLUMBIA  
A BRANCH OF **Lookout**  
Mental Health Services

- Psychiatric Assessments/Consultations
- Counselling
- Free Peer-Led Support Groups
- Repetitive Transcranial Magnetic Stimulation (rTMS)

*Other Medical Mental Health Treatments Available.  
For further information, please visit [mdabc.net](http://mdabc.net).*

**Dialogue cannot exist...in the absence of a profound love for the world and for people. — Paulo Freire<sup>4</sup>**



### 5. Be open and curious

In dialogue, everyone is open to new ideas and truly curious about how others see the world. Curiosity creates deeper conversations through thoughtful questions.

- Use open-ended questions like “How do you feel about...?” instead of “Don’t you think...?”
- Show genuine curiosity and use questions like “What if?” or “What could be?” to encourage them to imagine new ways of thinking
- Accept that you don’t have to have the answers

### 6. Build connection, even in silence

Sometimes, young people may shut down or avoid talking. This withdrawal is often a defence mechanism, as youth may fear that expressing

their feelings will lead to judgment or misunderstanding. It’s important for adults to remain patient and available without pushing young people too hard.

- Spend time together doing activities like watching a movie or taking a walk
- Send a simple message like, “I’m here for you whenever you’re ready to talk”
- Be patient—sometimes, just being present is enough to offer comfort

### Closing thoughts

In a world filled with digital conversations, taking the time for real, face-to-face discussions can help youth feel seen and supported. Your willingness to listen can be the key to helping them navigate their emotions and challenges. ▼

### related resources

\* Visit iMinds at the Canadian Institute for Substance Use Research (CISUR) website for resources related to substance use and gambling: [uvic.ca/research/centres/cisur/publications/helping-schools/iminds/index.php](http://uvic.ca/research/centres/cisur/publications/helping-schools/iminds/index.php)

The CISUR Helping Schools webpage has expanding menus where visitors can locate many more resources for youth mental health: [uvic.ca/research/centres/cisur/publications/helping-schools/index.php](http://uvic.ca/research/centres/cisur/publications/helping-schools/index.php)

“[My anxiety] came out the most in extreme perfectionism and an extreme fear of failure.”  
— Ayla Tesler-Mabé  
**#OurAnxietyStories**

**Real stories from real people.**  
Tune into Anxiety Canada's podcast to hear first-hand experiences and learn more about anxiety.

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Anxiety CANADA

# Where Anxiety Ends and I Begin

KAT KENNEDY

I grew up feeling different. Though I was curious and talkative, I was also sensitive and an over-thinker. I felt things deeply; my father told me I once sobbed so hard over a report card I couldn't breathe. I picked up on unspoken tensions, which my parents jokingly called "psychic." I loved to tell stories and scrapbook, and my teachers nourished my creativity by placing me in a gifted writing program.



*Kat lives and works in the greater Vancouver area*

Photo credit: FG Trade Latin ©iStockphoto.com

I often felt different from my peers and looked different too, as a chubby child with imperfect teeth, though my classmates didn't seem to notice. I remember feeling brave and bursting with energy, surrounded by friends.

By age nine, not only did I get braces that dominated my tiny teeth, but I started getting early, painful acne. I felt the world shift around me. Classmates who once embraced me started to pull away. I became the girl kids avoided. I hid in the washroom at recess and tried to shrink myself through home workouts, hoping to be accepted again.

My parents also got a divorce, and I was expected to carry emotional

weight I was too young for. My mental health declined, but the adults in my life didn't identify it. Teachers seemed like they wanted to help but didn't know how. To cope, I tried hard to get everything "right," from appearance to grades.

Going into high school, I'd lost weight, was on Accutane and was slowly gaining confidence. Friends from elementary school came back around. I felt relieved but still battled self-doubt, perfectionism and even self-loathing.

## **Naming the feeling**

By 17, my confidence had grown immensely, but so had my feelings of overwhelm, stress and pressure.

**If you're living with anxiety, know that managing it and finding the right treatment takes time, patience, trial and error. You may need to pivot and grow alongside your anxiety, but doing the work to understand yourself is worth it.**



One night, a dream revealed the word ANXIETY flashing in the air. It was not a common word back then, so I Googled anxiety; I saw myself in the description of symptoms. When I told my mother, who is typically an empathetic person, she didn't believe me and rolled her eyes, dismissing it.

By my second year of university, I was exuding more confidence than ever, but internally, my anxiety was at its worst. I was working two part-time jobs plus my full-time courseload and attended every social event I could. The pressure broke me. I hyperventilated and spun out of control over essay deadlines.

I saw on-campus counsellors and doctors and was finally diagnosed with generalized anxiety disorder. While the diagnosis felt obvious, I was also confused: was I really “worried most of the time,” per the criteria? Had I exaggerated my symptoms or lied to get the diagnosis? Of course, I worried a lot, but I didn't worry every second of every day.

### Adulthood

Despite my flimsy understanding of my anxiety disorder, I found ways to cope—some healthy, some not. It wasn't enough. I dropped out of univer-

sity after three years as depression had crept in. Anxiety was like an old friend, but depression scared me. My spark faded. I didn't want to die, but I didn't want to be awake to experience more stress. Something had to change.

I moved to a small resort town in the Rockies. I worked, made friends and felt joy again. Despite one panic attack after a customer meltdown that left me hyperventilating and unable to speak (co-workers assumed I was having an allergic reaction), my mental health felt manageable.

Eventually, I came home and began regular therapy. I started speaking openly about my mental health, even with my mom. I returned to school and graduated top of my class. I felt in touch with my brave inner child—creative, curious and confident. My coping mechanisms were finally healthy. But once the program ended, reality hit: school debt, job rejections and looming uncertainty.

That drive I'd felt in school, the crackling electricity of anxiety and the excitement of learning, fizzled. Depression was back.

I started medication. Several weeks later, walking home, I looked up and

noticed how beautiful the trees were along my usual route. I realized I'd been so stuck inside my head, I hadn't been noticing the world around me. I thought, there she is. We are so back. I'd been scared to try medication my whole life, but all it did was return me to myself.

### Becoming who I needed

I've continued with medication and counselling; I've learned how to take care of myself and be who I needed when I was young. I wonder if I could have thrived with earlier diagnosis and support, but I'm proud that I advocated for myself.

A friend recently asked what my younger self would think of me. I joked that she'd be annoyed that we still have acne (that, unfortunately, hasn't changed much). But I think she'd be amazed. We don't try so hard to be perfect anymore. We know who we are.

If you're living with anxiety, know that managing it and finding the right treatment takes time, patience, trial and error. You may need to pivot and grow alongside your anxiety, but doing the work to understand yourself is worth it.

Because I've accepted my anxiety as part of me for so long, sometimes it feels like I don't know where anxiety ends and I begin. But anxiety is defined by fear, and I am not. I'm brave. I always have been. ▼



# Responding to Youth in Crisis

## FINDING SAFETY, SUPPORT AND HOPE

MARK SHEEHAN, MSC

I began my journey with the Crisis Centre of BC as a volunteer crisis service responder. Like many others who step into this work, I was drawn by a desire to be present for people during difficult moments. What stood out to me early on was how young those reaching out often were.



Mark Sheehan

*Mark is Program Director, Community Learning Engagement, at the Crisis Centre of BC. He's also a certified safeTALK instructor and lifelong mindfulness advocate. Mark has a passion for positive mental health practices and building community capacity, suicide awareness and safety. He hopes one day everyone will have access to the support they need*

Sometimes it was about stress at school or a family conflict. Other times, it was something deeper: feelings of isolation, anxiety or thoughts of suicide. These conversations stayed with me and now help to shape the direction of our youth crisis and suicide prevention programs.

Today, as Director of the Centre's Community Learning and Engagement program, I continue to see the impact that stress and disconnection have on youth. The need for accessible, youth-friendly mental health support has only grown. According to the 2023 BC Adolescent Health Survey, 63% of youth reported experiencing despair,

and 18% said they had seriously considered suicide in the past year.<sup>1</sup> Suicide remains the second leading cause of death for youth aged 15–24 in Canada.<sup>2</sup>

In the face of these numbers, it's easy to feel overwhelmed. But I've learned that small moments of support can make a huge difference. You don't have to be a mental health professional to help. Showing care, staying present and connecting with a young person can make all the difference.

### Recognizing a crisis

A mental health crisis doesn't always look the way we expect. Sometimes, it





Photo credit: bymuratdeniz ©iStockphoto.com

**Even vague comments like, “I don’t want to be here anymore,” or “No one would miss me” should be taken seriously. For some youth, a crisis builds over time; for others, it happens quickly in response to things like bullying, trauma, relationship stress or grief.**

”

shows up as intense sadness, anger or hopelessness. Other times, it’s more subtle, like a young person who:

- Pulls away from friends
- Loses interest in activities they once loved
- Suddenly struggles at school
- Takes more risks
- Talks about feeling like a burden

Even vague comments like, “I don’t want to be here anymore,” or “No one would miss me” should be taken seriously. For some youth, a crisis builds over time; for others, it happens quickly in response to things like

bullying, trauma, relationship stress or grief. What’s most important is to trust your gut. If something feels off, even if they say they’re OK, it’s always worth checking in.

### How to respond

One of the most powerful things you can do is to be present and non-judgmental. You don’t need to have all the answers.

Start by creating a private, calm and supportive space. Let the young person share at their own pace. Use open questions like, “What’s been hard for you lately?” or “How have you

been feeling inside?” Avoid dismissing or minimizing their feelings. Statements like “You’re just stressed” or “It will pass” can make a young person feel unheard.

Instead, reassure them by saying, “I’m here for you” or “Thank you for trusting me.” Avoid trying to fix it right away or offering quick solutions. Instead, focus on making the young person feel heard and supported. Don’t dismiss or downplay their pain.

### Reaching out for help

If a young person shares that they are in crisis or thinking about suicide or self-harm, it’s important to stay calm and present. Most of the time, you don’t need to involve emergency services right away. Instead, you can help by inviting them to connect with immediate, youth-friendly supports.

Accompanying this article is a list of services that are free, available 24/7 and can help youth and their supporters talk through the situation, assess safety and make a plan. Trained crisis workers can also help determine whether additional steps, such as involving a caregiver or other trusted adult, are needed.

### When emergency help is needed

Call 911 or go to the hospital if the young person has already taken steps to harm themselves, is at immediate risk of suicide or if you cannot ensure their safety. For most situations, a crisis line or youth-specific service is the best first step. These services are less intimidating and the support is tailored to youth.

### What comes after the crisis?

Crisis support is just one piece. Youth also need ongoing opportunities to

# Connect & Learn With Us!



## Free Online Events for Families

FamilySmart supports parents who have children or youth with mental health and/or substance use challenges. Join us to connect and learn with other parents

LEARN MORE  
AND REGISTER:

[familysmart.ca/events](https://familysmart.ca/events)

CHECK OUT OUR FREE,  
ONLINE VIDEO LIBRARY:  
[familysmart.ca/videos](https://familysmart.ca/videos)



## related resources

In BC, young people in crisis can reach out directly for immediate help:

- National Suicide Crisis Helpline: 9-8-8 (Call or text)
- BC Suicide Prevention and Intervention Line: 1-800-SUICIDE / 1-800-784-2433
- 310 Mental Health Support: 310-6789 (no area code needed)
- Kids Help Phone: 1-800-668-6868 or text CONNECT to 686868

build resilience, connection and coping skills. At the Crisis Centre of BC, we offer two school-based workshops for young people, called Self-Care For Mental Health and It's Okay to NOT be OK.<sup>3</sup>

We also offer crisis and suicide awareness and prevention training for adults who support youth. Research shows that when youth feel more hopeful, connected and emotionally regulated, their risk of suicide drops significantly.<sup>4</sup> Programs that build emotional literacy, reduce shame and provide real tools for managing distress are key to preventing mental health crises and suicide before they happen.

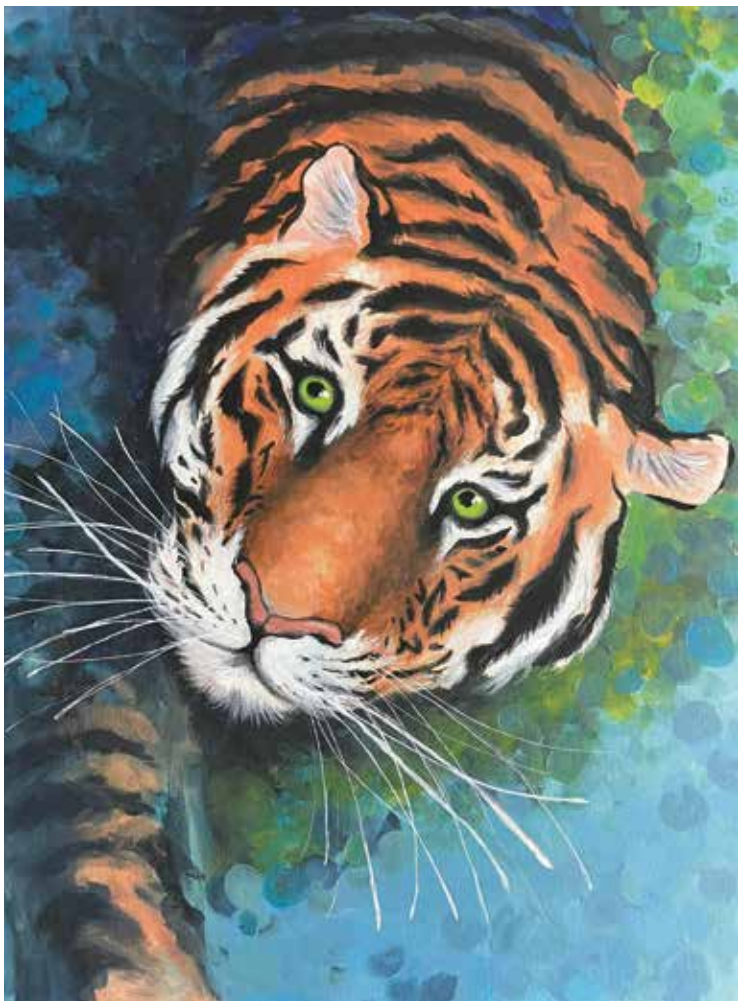
### Hope is contagious

You don't need to be a counsellor to support a young person in crisis. A text, a check-in, a pause to listen—these moments matter. They let youth know they're not alone. They open doors to healing and support.

If you're a parent, teacher, peer or just someone who cares, your role is essential. Together, we can create communities where youth feel seen, heard and safe enough to ask for help when they need it.

Learn more about youth programs and resources at: [crisiscentre.bc.ca/get-support/programs-for-youth](https://crisiscentre.bc.ca/get-support/programs-for-youth). ▽

## Youth Artwork



This piece, titled *Treading Water*, was painted by 15-year-old **Petra Balázs**. It symbolizes the daily effort to stay afloat through life's challenges, reflecting persistence, resilience, and the strength needed to overcome obstacles.

This piece, titled *Self-Care is Medicine* was created by 24-year-old **Dorothy Stirling**. It reflects the importance of nurturing all parts of yourself, spirit, mind, and body, especially during challenging times like college. The artwork speaks to the need for balance and self-compassion, reminding us not to overload ourselves and to care for every aspect of our well-being.





# Holding Tension

## THE ETHICS AND IMPACT OF TREATMENT IN MENTAL HEALTH CARE

MICHELLE C. DANDA, PHD, RN, CPMHN(C)

Forced treatment is a big and often controversial part of mental health care. In most areas of health care, consent is a requirement. That means we cannot do medical treatments unless we have permission. Mental health care is different. It gives doctors and nurses the legal power to detain and treat people against their will.



*Michelle is a mental health Clinical Nurse Specialist. They are the Secretary of the BC History of Nursing Society and Secretary/Treasurer of the Nurses and Nursing Practitioners of BC. Their PhD focused on the history of psychiatric nursing education in BC. They live on Qayqayt territory and work on Musqueam, Squamish and Tsleil-Waututh territory*

In BC, the *Mental Health Act* allows a doctor to give forced treatment if they believe a person with a mental disorder is likely to seriously harm themselves or others, and if they think the person would not choose to stay in hospital. The laws aim to protect someone with severe mental illness from harming themselves and/or others, but the *Mental Health Act* forces people to get help for their mental health issues, even if they do not want it.

I've been a nurse for over 17 years. I have given involuntary treatment

to many people. I've also supported them in their recovery—sometimes right after very upsetting hospital experiences. I carry these experiences with me. They are ethically complex, emotionally exhausting and often morally distressing.

### A legal tool unique to psychiatry

We cannot legally force someone with diabetes to take insulin or someone with cancer to do chemotherapy. But individuals receiving involuntary psychiatric care can have their ability to make decisions overridden by a

medical doctor. Their judgment is assessed based on a medical doctor's decision about the potential for future harm. These laws disproportionately affect people who are:

- Indigenous
- Racialized
- Experiencing poverty
- Living with complex trauma

The point of involuntary treatment is to ensure safety, but it is important to recognize that these laws exist within a broader context of systemic challenges and social inequities. They

are not simply responses to immediate medical emergencies.

### Moral distress as a nurse

The ethical burden of involuntary treatment doesn't fall equally across professions. Nurses, particularly in in-patient settings, are often the ones who carry it out. We give the injection. We apply the restraint. We are with the patient. The tension between legal authority and relational care is lived in our bodies.

I have felt this moral distress. I've cared for a person who pleaded

## related resources

Health Justice BC is an advocacy and education organization. Visit: [healthjustice.ca](https://healthjustice.ca).

The Independent Rights Advice service supports people detained or experiencing involuntary treatment. See: [irasbc.ca](https://irasbc.ca)

with me not to give an injection, and I did it anyway—because the law allows me to. I've locked someone in a seclusion room and stood outside the door while they shouted to be let out. I've felt conflicted when someone was discharged quickly after being certified, knowing they were still unwell, but also that the hospital could no longer justify detaining them. I have supported individuals who were readmitted multiple times under the *Mental Health Act*, and each time, the trauma appeared deeper, their trust further eroded.

In these moments, I question not only the intervention, but the system that makes it seem like the only option. When community resources are underfunded, housing is unstable and culturally safe and trauma-informed supports are lacking, involuntary treatment becomes a substitute for care—not an extension of it.

### Working in community and in-patient settings

In community work, I've seen people avoid help not because they didn't need it, but because they'd been hurt by the system before. For many Indigenous and racialized people especially, being certified under the *Mental Health Act* feels more like



Photo credit: NickyLloyd ©iStockphoto.com

**The ethical burden of involuntary treatment doesn't fall equally across professions. Nurses, particularly in in-patient settings, are often the ones who carry it out... We are with the patient. The tension between legal authority and relational care is lived in our bodies.** ”



## a call for systemic change

Based on my experience, I see ways to reduce our reliance on coercive care. We need more:

- voluntary, culturally grounded, community-based services
- mobile crisis teams without police
- access to safe housing
- peer-led supports
- Indigenous-led healing programs
- legislative reform centring human rights and safeguards against indefinite detention or overuse of forced treatment

Nurses need supports that would build time and space for ethical reflection, including:

- debriefing
- ethics consultations
- clinical supervision

punishment than care. I've also cared for people whose mental illness made it hard for them to stay safe or take care of themselves. In some of those cases, a short hospital stay under the *Mental Health Act* helped.

But it still raised hard questions:

- What happens when the person leaves the hospital?
- Will they get the support they need?
- How do we rebuild trust after treatment they didn't choose?

I've worked with people from many different backgrounds—culturally, and in gender, immigration and income. The more someone is pushed to the margins of society, the more likely they are to be treated with force. Using the *Mental Health Act* isn't just about medical care. It also shows the deeper problems of systemic racism and unfairness.

### Consequences to coercion

Research and advocacy groups like Health Justice emphasize that coercive treatment is not neutral—it's often harmful. People describe the experience as humiliating, frightening and disempowering. It can lead individuals to avoid the mental health system altogether. I've seen this first-hand. Clients discharged after involuntary admission often decline follow-up, and some refuse to return to hospital even when they are deeply unwell.

Involuntary treatment is one of the most serious parts of mental health care—and one of the hardest to feel good about. It exists not because it always helps, but because there aren't enough other options. As a nurse, I've seen both the harm it can cause and the times when it's been needed.

I've followed the rules and still asked myself if it was right. The question isn't just whether we should have

involuntary treatment. It's about how we use it, when we use it and what we're doing to build a system where we don't need to use it so often.

Being ethical means more than just following the law. It means thinking carefully, taking responsibility and, most of all, showing compassion. ▼

# resources

## Talk to someone now

- National Suicide Crisis Helpline: Call or text 9-8-8
- BC Mental Health Support Line: Call 310-6789 (no area code)
- Kids Help Line: Call 1-800-668-6868, text 686868, or message at [kidshelpphone.ca/urgent-help](https://kidshelpphone.ca/urgent-help)
- Trans Lifeline (Canada): Call 1-877-330-6366
- KUU-US Crisis Line: Call 1-800-588-8717

## Foundry

[foundrybc.ca](https://foundrybc.ca)

One-stop in-person clinics in 17 communities around BC as well as and virtual clinic. Foundry provides mental health and physical health care, social services, peer support, and other programs to help young people dealing with challenges. Foundry is available to people ages 12-24.

## CRCL: Crisis Response, Community Led [crcl.ca](https://crcl.ca)

Crisis responders meet someone in crisis, provide support and help connect with other services, and follow up after the crisis. CRCL is available in six communities: North Shore, New Westminster, Victoria, Prince George, Comox Valley, and Kamloops. CRCL can help people ages 13 and up. You can call CRCL for yourself or someone else.

## Kelty Mental Health

[keltymentalhealth.ca](https://keltymentalhealth.ca)

Support for parents and families navigating BC child and youth mental health systems. Learn more about finding mental health care, find resources guides, and take care of your own mental health. Kelty Mental Health offers FamilySmart Family Peer Support Workers, who help you find services and resources and offer support.

## EmbodyBC

[embodybc.com](https://embodybc.com)

Information, tools, and resources to help prevent eating disorders and promote healthy relationships with food, exercise, body image, and self-compassion. EmbodyBC offers information for parents and caregivers supporting a young person, professionals, and anyone struggling with eating, exercise, body image, or self-esteem.

## FamilySmart


[familysmart.ca](https://familysmart.ca)

FamilySmart supports parents and caregivers of a young person with a mental illness to help the entire family thrive. Parents and caregivers can find Family Peer Support, which connects parents to peers who can help them navigate services and systems and provide support and take part in education events like In The Know. The Help for the Hard Times workshops support families when a young person is a patient in a psychiatric unit or visited an emergency room due to their mental health.

## Healthy Minds | Healthy Campuses

[healthycampuses.ca](https://healthycampuses.ca)

A community of practice focused on well-being, mental health, and substance use on BC post-secondary campuses. Students, faculty, administrators, and service staff work together to share experiences, ideas, and initiatives that support healthy campuses.

 This list is not comprehensive and does not necessarily imply endorsement of all the content available in these resources.



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