

# visions

Vol. 11 No. 2 **2015**

## young people: transitions



helping vulnerable youth  
navigate 'the rocky road'  
to adulthood

my journey of  
self-exploration

## visions

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

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# visions

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## letter to the editor

As a former landlord, I am grateful that you included an article by a landlord in your recent housing issue.

Over 15 years ago our family was approached by a local mental health organization to house a client. They said he was quiet and well-monitored. We agreed, however we were not told the nature of his problem. Well-monitored? Nothing could have been further from the truth. He was a hoarder—one of the worst imaginable. He filled up the apartment almost to the ceiling with large, dark bags of stuff. No one clued in to his hoarding problem until a foul odour from the apartment prompted the strata council to enter; they found a turkey left to thaw while he went away for several days. The strata council noticed his hoard, and the trouble began. It became a gargantuan task to get an arbitrator to uphold his eviction. I gave him many chances to clean up, but he couldn't. He just couldn't.

I don't hold it against him. He had a problem that he could not control. I hold the organization accountable, for lying to us. He left over \$2,000 worth of damage that the security deposit did not even come close to covering. My advice to landlords? Get references from previous landlords. Don't rely on the agency's assurances.

— David M. Johnson, Vancouver

## editor's message

Transitions are tricky—and they matter to *Visions* readers. In fact, based on your votes, this is the first of two issues focusing on transitions.

You are going to encounter some amazing stories in the pages ahead. One familiar theme to watch out for is just how many youth and families feel lost, vulnerable, and generally set adrift between late adolescence and early adulthood. Too old for one (youth) system, but emotionally not ready for the new (adult) system. Using birthday candles as the rule to be granted or denied service just doesn't make much sense anymore, if it ever did—and especially given how much growing up has changed (see next page). As another article tells us, "Youth said they were frustrated with losing the supports they had grown up with. They wanted someone who could stay involved with them regardless of their age." It seems such a simple and reasonable request. Why *can't* our systems be designed to do that better? We are so honoured that the BC Representative for Children and Youth was involved in helping *Visions* ask these difficult questions.

Fortunately, while we wait for policies to catch up, you will read ahead how supportive adults play a key role in helping a young person cross various bridges. You will also learn what youth would like that support to look like. That's the reason I loved our designer's choice of art for the cover: all the hands gently helping a seedling to thrive.

### Goodbye to a valued team member

The cover is also a good metaphor for all the people behind the scenes who help a program or resource to flourish. I want to say a huge thank you and goodbye to *Visions*' professional substantive editor, Vicki McCullough. Vicki is leaving *Visions* as she moves into semi-retirement. She has left an enormous legacy after 11 years of service and 37 issues. As an integral part of our team, she helped more than 660 contributors to tell and polish their stories. On behalf of all of us, thank you and all the best, Vicki. Perhaps we'll see you on our Letter to the Editor page one day! Your successor, Jillian, will have big shoes to fill, indeed.



Sarah Hamid-Balma

*Sarah is Visions Editor and Director of Mental Health Promotion at the Canadian Mental Health Association's BC Division*

# Falling Off a Cliff at 19

## RETHINKING HOW WE SUPPORT TRANSITIONS TO ADULTHOOD

Mary Ellen Turpel-Lafond, BC's Representative for Children and Youth

Transitions are periods of change. The change can be positive, negative or both. How a person makes a transition is often dependent upon the degree of support that is available to them. This holds true whether it's an adult making a move between jobs or an adolescent moving from being a teenager to a young adult. Transitions are often stressful because they involve letting go of the comfort of the present and stepping into the unknown.



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*Mary Ellen is BC's first Representative for Children and Youth. Her office supports young people and their families in dealing with the provincial child and youth welfare system and provides oversight to this system. Mary Ellen is a judge on leave from the Saskatchewan Provincial Court. She holds a doctorate of law from Harvard Law School and a master's degree in international law from Cambridge University, and is a member of the Muskeg Lake Cree Nation. She and her husband and four children live in Victoria, BC*

### How the world has changed

Many adults over 45 remember the transition out of adolescence as being a straightforward process. Jobs were plentiful and tuition was inexpensive, so there were a variety of transition options open to young people. A person graduated from high school, got a job, went off to college or university and/or married. You moved out of the family home and were on the path to adulthood. There were periods of angst, but also anticipation and excitement. The vast majority of young people were seen to have achieved independent adulthood by their early twenties.

This is no longer the case for many young people. If there has been a consistent message from research in this area over the last 20 years, it's that the transition to young adulthood and adulthood has become longer, more complex and much harder to define. The simple milestones of moving out and becoming an adult in the process no longer apply for many people.

It's a different world today. There has been a significant decrease in the number of highly paid unskilled and semi-skilled jobs. Many traditionally high-paying jobs in manufacturing and resources have disappeared. Since there

For some youth, turning 19 can be like falling off a cliff—too old for youth services but emotionally and otherwise too young for adult services.

are fewer options available in these areas, many more youth in Canada now expect to go to college or university after graduating from high school. And the number of well-paying part-time and summer jobs has decreased while tuition and living expenses have increased. This means people are taking longer to graduate and are often deeply in debt when they do.

The age of financial independence has increased by at least the number of years it takes to get a diploma or a degree. The previous tendency for youth to leave home, marry and become parents is happening significantly later than it did a couple of generations ago. The independence that used to be enjoyed by young people is now typically delayed by about a decade as they put off leaving the family home, or leave and return in numbers that were not seen in the past.

This transition from a being a teenager to becoming an independent adult has become so lengthy and complex that it may be a whole new developmental stage. Unfortunately, Canadian social policy has not yet caught up to these changes—they are firmly rooted in a traditional and increasingly outdated understanding of the transition.

Adulthood continues to be defined in much of our policy and legislation as beginning at 18- or 19-years-old. Under current social policy, for example,

young people are typically expected to meet the costs of going to college or university through some combination of employment income, government financial support and personal and family resources. In addition, social policy is based on the assumption that young people will have access to family support to make up any shortfalls they may experience while at school. However, many parents today have less ability to financially help their children because of their own job insecurity and high debt loads.

Current policy is also based upon the assumption that secure, well-paid employment will be available once a person finishes post-secondary education. The reality is that this is no longer the case, as the job market is less secure for even the most well-trained workers, and what is available may not pay well.

The transition to adulthood has become increasingly expensive, yet the supports that are available to many young people are based upon the experiences of previous generations rather than the needs of the current one.

### And for young people with fewer supports?

It's tough enough for healthy young people who have family support to successfully make the transition to adulthood. But it's so much harder for those who've faced struggles

throughout their childhood and adolescence or who don't have family. This is especially true because our health and education systems remain siloed and, without key supportive adults, it is often difficult, if not impossible, for youth to navigate the "transitions" from one system to another. For some youth, turning 19 can be like falling off a cliff—too old for youth services but emotionally and otherwise too young for adult services.

Services provided by the health, mental health and educational systems are often so in demand that they cannot help those who need the most support in a timely manner. This can have tragic consequences. Many reports from my office of the provincial Representative for Children and Youth clearly show what happens to young people who don't get the support they need.\*

We need to rethink what it means to become an adult in the current times rather than holding on to a romanticized view of transition that is less and less a reality for youth today. We need to provide every child with the foundation skills they need to successfully move into adulthood. This means developing well-thought-out policies and programs that meet the needs of all children and youth—as well as the key adults in their lives. This is how we help young people become productive, contributing citizens. ▾

\* For a complete listing of the reports issued by the BC Representative for Children and Youth, please visit [www.rcybc.ca/reports-and-publications](http://www.rcybc.ca/reports-and-publications)

# Youth in Transition

## CONNECTING WITH SUPPORTIVE ADULTS MAKES A DIFFERENCE

Annie Smith

Having a supportive adult can make a huge difference to youth as they go through periods of transition. This is true for all youth, as well as those who face extra challenges.



*Annie is Executive Director of the McCreary Centre Society, a non-profit organization committed to improving the health of BC youth through community based-research, evaluation and youth-participation projects. She is the lead author on many McCreary reports and has presented locally and internationally on the role of adults supporting youth through transitions*

The McCreary Centre Society conducts the BC Adolescent Health Survey (BC AHS) every five years in mainstream public schools across the province. It's a pencil-and-paper questionnaire that asks youth in grades seven through 12 about their physical and emotional health, and about factors that can influence health.

The fifth BC AHS took place in 2013, with 56 of BC's 59 school districts participating. (See *From Hastings Street to Haida Gwaii: Provincial Results of the 2013 BC Adolescent Health Survey* at [www.mcs.bc.ca/ahs](http://www.mcs.bc.ca/ahs)).

### **The youth survey said...**

Among the 29,832 students ages 12 to 19 who completed the 2013 BC Adolescent Health Survey, just over three-quarters of males and 70% of females had an adult

inside their family who they could turn to if they were having a problem. A little under a third (32%) of the students could identify an adult outside their family they could turn to for support. However, almost one in five youth (19%) had no such adults in their lives.

While males were more likely than females to have a supportive adult inside their family (76% vs. 70% females), females were more likely to have a supportive adult outside their family (34% vs. 30% males). The closer youth got to the transition out of high school, the less likely they were to be able to identify a supportive adult inside their family, but the more likely they were to have one outside.

Youth who had a supportive adult in their life reported better health outcomes. For example, they were more likely to: describe their mental health as “good” or “excellent” (89% vs. 61% with no supportive adult); feel happy, skilled and valued; and plan to graduate and continue their education beyond high school.

Having a supportive adult to turn to was less common among youth who needed it most, such as youth who had been physically or sexually abused, those with a mental health condition and those who were in government care. However, if these youth did have a supportive adult in their lives, they were less likely to engage in risky behaviours such as binge drinking. And, they were more likely to report their current mental health as “good” or “excellent,” and to have positive plans for the future.

Beyond having someone to turn to in a crisis, 61% of BC youth survey respondents reported that they had an adult in their neighbourhood or community who really cared about them, and 63% had a teacher who cared about them. Having an adult who cared was more common in rural than urban areas.

Youth who felt that an adult in their neighbourhood, community or school cared about them were less likely to miss out on mental health services when they needed them. They were also more likely to feel safe in their neighborhood during the day (69% vs. 55%) and at night (32% vs. 23%).

When youth needed help, they most commonly approached friends (73%) and family (69%), then teachers (41%),



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Young people said that when they approach adults for support, they don't want to be told what to do, but want someone who will explain their options to them and what the results of different choices might be.

school counsellors (25%), doctors (25%), sports coaches (23%) and friends' parents (18%). Males were more likely to approach teachers and sports coaches, whereas females were more likely to approach family, friends and school counsellors. When youth found the adults they approached to be helpful, they reported better outcomes than if they didn't approach someone for support or if they did ask for help but didn't find the experience a positive one.

#### Further insight from youth on the survey data

The data above and other data showing the positive role of a supportive and caring adult has been shared with over 260 youth across BC through a series of workshops and focus

groups. Most youth who reviewed the results agreed with the findings, although some participants felt that there was a difference between youth thinking they had someone to talk to and that person actually being available and approachable when they really needed them.

*“Before I had a problem I would have said I had an adult to talk to, but when it actually came to it, I didn't.”*

Responding to the data, youth also said that the percentages of youth ages 19 or older who could identify a supportive and caring adult in their lives would be much lower than the percentages seen among younger youth who completed the BC Adolescent Health Survey. This

was because transitioning out of high school resulted in young people losing adult supports in their lives, including youth workers, social workers, teachers, counsellors and other school staff.

*"I don't want to stop getting help just because I am now 18."*

*"Teachers are a huge support in high school, but [in college] there's more stress and fewer supports."*

Youth discussed what they looked for in a supportive adult during times of transitions or when they were in crisis. In these times they wanted adults who:

- are friendly and talk to youth like equals
- are aware of what's going on for youth, and don't ignore it
- show they are an ally to youth (e.g., by acting on bullying when they see it)
- try to relate to youth's experiences
- are sympathetic to youth's issues, non-judgmental and take their problems seriously
- are flexible, available and can adapt as youth change and grow  
*"It's an accessible adult, when you need it."*
- are knowledgeable about local services and resources youth might need
- keep youth's information confidential, and don't get shocked by what youth tell them  
*"Someone who is chill and you can actually tell stuff to."*
- follow through on what they say they'll do
- listen
- stick around

Youth also said that adults should be aware that often youth don't ask for help until problems reach crisis mode.

*"Adults mistake our problems as minor. If a student comes with a problem, then it's a problem."*

Young people said that when they approach adults for support, they don't want to be told what to do, but want someone who will explain their options to them and what the results of different choices might be, and then leave the youth to decide what they want to do.

*"It can be really frustrating when you just want someone to confide in, and they keep giving you all this advice."*

However, when it came to navigating systems—like the mental health system, applying to post-secondary

education and learning life skills, such as grocery shopping and doing laundry—youth preferred to be given more hands-on, concrete and ongoing support.

*"Someone who doesn't just tell you what to do, but holds your hand all the way through and shows you how and what to do."*

Whether you are looking at the survey results or talking to young people about what they need, it's clear that for youth to enjoy a successful transition from one stage or setting to another, they need supportive and caring adults in their lives.

This may not be a new idea—but can we always say that we do the things we need to do to show that we are available, we care, we are listening and we want to help? ▽

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## correction

In the previous issue of *Visions*, *Treatments: What Works?*, a table (p. 36 of that issue) about effective treatments in children and youth contained an error. In the row for attention-deficit hyperactivity disorder (ADHD), the authors mistakenly labeled atomoxetine as a stimulant medication. It is an evidence-based medication to treat ADHD but it actually belongs to an entirely different class of medication: norepinephrine reuptake inhibitors. We have corrected the online versions of the issue and article. A special thank you to Dr. Patrick Lydon, a psychiatrist from Victoria, for noticing the error and letting us know.

# Growing Up in BC

Mary Ellen Turpel-Lafond, BC's Representative for Children and Youth

When we set out to create our report, *Growing Up in BC - 2015*, we had a clear question: how are children and youth in BC doing right now? It is essential to ask. We have to know how well children and youth are doing in order to support them appropriately. This is true for each individual child, and for all children and youth in BC.

*Mary Ellen is BC's first Representative for Children and Youth and guest editor for this issue of Visions. She is a judge on leave from the Saskatchewan Provincial Court. She holds a doctorate of law from Harvard Law School and a master's degree in international law from Cambridge University, and is a member of the Muskeg Lake Cree Nation. She and her husband and four children live in Victoria, BC*



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This is the impetus for the second report on child and youth well-being in BC released jointly by the Representative for Children and Youth and the BC Provincial Health Officer. Similar to the first *Growing Up in BC (GUIBC)* report in 2010,<sup>1</sup> the current *GUIBC - 2015*<sup>2</sup> provides vital information about how children and youth in our province are doing.

The report provides information on how prepared youth are to take the next step, whether it's the transition to school, adolescence, post-secondary education or adulthood. It also updates information about two groups of children and youth who have

historically done less well: those with experience in government care, and Aboriginal children and youth.

This report defines child and youth well-being as a multifaceted concept that includes six important domains:

- physical and mental health
- learning
- safety
- behaviour
- family economic well-being
- family, peer and community connections

These domains were chosen through a review of the research on child and youth well-being in more than 120

reports from around the world and then by confirming the domains' importance with youth in BC. The six domains reflect an understanding of child development that identifies well-being as a condition that is shaped by relationships and the wider environment.

Youth input and voice is an important component of *GUIBC - 2015* and was gathered through 31 focus groups with 228 youth held in the fall of 2014. A few examples of youth input are included in this article.

*GUIBC - 2015* also includes contributions from respected academic and community experts.

What follows are just a few of the key findings of *GUIBC - 2015*.

### **Life's transitions are supported by a good start and healthy connections**

Early vulnerabilities such as physical health problems, language difficulties and lack of social competence or emotional maturity have wide-ranging effects for later years. Children who have developed a range of key skills and abilities before starting kindergarten are more likely to do well academically, graduate and enjoy success as adults.<sup>3</sup> Data reported in *GUIBC - 2015* shows there has also been an increase in the percentage of kindergarten children identified as vulnerable in one or more areas of early child development.<sup>2</sup>

Research illustrates that healthy school, community and family connections can help prevent negative life outcomes among children and adolescents. In fact, a caring and supportive relationship with at least

Research illustrates that healthy school, community and family connections can help prevent negative life outcomes among children and adolescents.

one adult is extremely important for healthy development and for promoting resilience in later life. *GUIBC - 2015* shows that while many youth who were never in government care have an adult inside or outside their family to talk to if they have a serious problem, youth who had been in government care at any time are less likely to report this (82% vs. 73%). Of youth ages 12 to 19, 78% indicated they felt a "somewhat strong" or "very strong" sense of belonging to their local community. Most youth also felt "quite a bit" or "very much" connected to their family.

Youth said:

*"[It's important] having someone to talk to about all things that make you mad, happy or sad."*

*"Be persistent in reaching out to youth. Children are better at hiding their issues than you might think."*

### **Educational outcomes suggest room for improvement**

Reading, writing and math are the basics that can help students succeed in school and later in life. Higher levels of these skills increase income, health and participation in society, while low literacy and numeracy are associated with experiences of unemployment, poverty, involvement in crime and poor health.<sup>5</sup>

The Foundation Skills Assessment (FSA) is administered by the BC Ministry of Education in all Grade 4 and 7 classes and is designed to evaluate how well children are doing in acquiring reading, writing and numeracy skills. *GUIBC - 2015* shows us that, overall, scores on these tests have improved slightly from 2007/08 to 2012/13. But some students still struggle to meet academic expectations on these tests. In fact, fewer children and youth in permanent care of the government who wrote the FSA met or exceeded academic expectations when compared to their peers.<sup>2</sup> Compared to children without a Continuing Custody Order (CCO)\*, writers with a CCO were less likely to meet or exceed academic expectations on the Grade 7 FSA reading test. The same is true of Aboriginal test takers.<sup>7</sup>

Youth said:

*"Teachers should speak to each other about students who are struggling and then make sure they tell that student 'You're not as dumb as you think you are.' "*

*"If you're constantly readjusting, going from house to house, and if you're constantly focusing on your home situation, how can you focus on your school life?"*

### Youth want life skills education and support as they try new behaviours in their teen years

Adolescence is a time when youth experience many emotional and physical changes along with key life transitions, such as entering and leaving high school, transitioning to post-secondary education and work, and so on.

Data from the 2013 BC Adolescent Health Survey tells us that many youth begin experimenting with new behaviours in their early teen years. Exploration at this age is important developmentally as youth try out new behaviours. It can, however, expose youth to risks, including those associated with alcohol and other substances and sexual activity.

Youth consulted for *GUIBC - 2015* highlighted the importance of two things: supportive connections with adults, and early practical education on topics such as drugs and sex—both of which help youth make good decisions through their teen years.

Youth said:

*“More education about sex, drugs and alcohol at an earlier age; Grade 10 is too late.”*

### Child poverty is a major concern

*GUIBC - 2015* shows us that, between 2000 and 2011, the percentage of children living in low-income households peaked in 2003, decreased from 2004 to 2008, and remained relatively stable from 2009 to 2011.<sup>2</sup> In 2011, BC and Manitoba had the highest percentage of children living in low-income households compared to other provinces. Children living in poverty are more likely to have lower

academic achievement, to not graduate from high school and to experience health, behavioural and emotional problems later in life. These risks increase with the depth and duration of family poverty.<sup>2</sup>

Youth said:

*“I feel that no child should go to bed hungry. So, that definitely should be prevented.”*

### Need to improve data collection on child well-being

Both the 2010 and the current *Growing Up in BC* reports have struggled with serious gaps in the availability of quality data. It’s particularly concerning that it has been more challenging to find relevant, reliable and accurate data for *GUIBC - 2015* than for the original *GUIBC*. In some important areas, there is less information now on how well children and youth are doing than there was five years ago. Just one example includes the serious gaps in data about families living in low income, due to the federal government’s decision to discontinue the mandatory long-form census in 2011.

As the data experts in our report noted, government and non-government organizations can and should gather, analyze and use data to inform funding, policy and service-delivery decisions. Yet relevant, reliable and accurate data is increasingly hard to come by. It is imperative that this trend be reversed so public decision-makers can make informed decisions on how to foster the well-being of children and youth in our province.

### What can you do?

A recurring message in *GUIBC - 2015* is that the well-being of children and youth is both a barometer for the current progress of our province and perhaps the greatest contributor to the future vitality of BC. The time, energy and resources we put into understanding and supporting the well-being of children and youth is the most important investment we can make for assisting youth with transitions now and in the future.

The Representative for Children and Youth and Provincial Health Officer are committed to sharing and acting on the information in *GUIBC - 2015*. The report will inform the Representative’s advocacy and recommendations for services to vulnerable children and youth, as well as the Public Health Officer’s advice to government on public health and wellness issues.

The hope is that readers will ask themselves: “What role can I play to connect with the well-being of children and youth?” and “How can I assist children and youth to successfully navigate key life transition points?”

To read the full report, visit: [www.rcybc.ca/guihc2015](http://www.rcybc.ca/guihc2015) ▼

\* A continuing custody order or (CCO) is when the Ministry of Children and Family Development becomes the permanent guardian of a child. The child will be the responsibility of a child welfare worker until the child reaches 19 years of age.

# Escaping an Abusive Home

## MY JOURNEY OF SELF-EXPLORATION

Jasmine Rakhra

Grade 12 is a pivotal year, as students have to make decisions about what to do after high school, whether it be pursuing post-secondary education, searching for a job or travelling the world. I was overwhelmed with all these questions—and the significant life decision of leaving my parents' home.



*Jasmine, 20, is a passionate mental health advocate with lived experience of depression and post-traumatic stress disorder, who is pursuing her undergraduate Psychology degree at the University of Victoria. She helps educate others about mental wellness as a volunteer with the Kelty Mental Health Resource Centre and through her blog ([jasminerakhra.wordpress.com](http://jasminerakhra.wordpress.com))*

### Childhood challenges

For as long as I can remember, I was physically and verbally abused by both my parents. My sister, seven years younger, hasn't suffered abuse—I've concluded that my lifelong disability and health issues were at the root of how my parents treated me. BC Children's Hospital has almost been a second home to me, beginning with corneal transplant operations for a congenital blindness, which only resulted in some vision in my right eye.

Being in an East-Indian family, my disability was perceived as a stigma; my parents were ashamed. My parents have told me over and over what a burden I was and that I'd never be able to survive on my own. I was to blame for everything in their lives, and was struck physically multiple times a day in earlier years. "Go kill yourself." "If we'd known you'd be disabled we'd have given you up."

My home life was highly controlled. My parents decided what, when, how

much and *whether* I ate food, and constantly invaded my privacy. I had some childhood friends next door, but otherwise was isolated at home. I felt suffocated and trapped.

When I was eight, I began to self-harm—picking at my skin, cutting myself. My parents saw this as my bid to get attention and get them in trouble. No one knew about the dissociation and suicidal thoughts that had also started.

When I was 10, I opened up about the abuse to my grade five teacher. This led to involvement by the Ministry of Children and Family Development (MCFD)—and several months of very unpleasant encounters that actually made the abuse, and my mental health, worse. The situation backlashed on me: my parents convinced MCFD that they were blameless and I was the problem. I ended up lying to get MCFD off my case, telling them the abuse had stopped when in fact it hadn't.

In East-Indian culture, there's a very strong element of 'what happens in the home should stay within the home.' Also, after that experience with MCFD intervention at age 10, I had difficulty trusting counsellors. I was convinced I'd be deemed the root of the problem if I shared my home situation with anyone else. As a result, I suffered in silence for years. With the transition from elementary to secondary school, things felt a bit more open and free. I had my own cell phone, though my dad tried to monitor all my social media and phone calls. Becoming vested in extracurricular activities at school gave me an excuse to stay out of the house.

I started to sense, however, that one day I'd be able to escape the prison I was living in and start a life of my own.

Being involved is one of my coping mechanisms. I belonged to social justice clubs and moved up the executive of Eyes of Hope, which raised funds for global humanitarian issues. Helping others made me feel good about myself.

The situation at home was still unbearable. Though the physical abuse now only happened periodically, I was like a toy car and my parents had the remote control.

I started to sense, however, that one day I'd be able to escape the prison I was living in and start a life of my own.

#### Finally getting the support I needed

When I was 15, a new physical challenge started—a condition that took a year and a half to be diagnosed as pseudotumour cerebri (PTC). As the name suggests, I have symptoms which mimic those that brain tumours cause. But there are no tumours and no evident cause for the build-up of spinal fluid that causes daily chronic headaches and requires a hospital procedure (lumbar puncture) every few months to relieve the pressure.

During a hospitalization for the still-mysterious neurological condition, I expressed that I didn't want to live and ended up spending five weeks in the psychiatric unit at BC Children's. I was diagnosed with depression and put on antidepressants.

My life was transformed, however, when I was hospitalized again at 16 and finally revealed the abuse to my health care providers. (The PTC was diagnosed this time around.) At that point, MCFD re-entered my life. Also, my neurologist connected me with two incredible psychologists—a PhD candidate on practicum and her supervisor. If it weren't for their care and continuous support—in the hospital and well beyond—I wouldn't be alive right now. They prevented me from reaching rock bottom, advocated to get me what I needed, supported me through the MCFD process and helped me find my voice.

An MCFD counsellor convened monthly meetings with my parents. They met with the counsellor, while I was able to continue working with my psychologist, who sent reports to the MCFD counsellor.

#### My breakaway to TRU

At the age of 17 I made the tough decision to leave home. In September 2013, I moved from my hometown of Vancouver to Kamloops, a small city in the interior of BC, to begin my post-secondary career at Thompson Rivers University (TRU). Why TRU? The University of Victoria (UVic) was my first choice, but I'd been accepted to TRU and Langara College in Vancouver and only wait-listed for UVic. I knew my parents would find a way to force me back home if I stayed in Vancouver, so TRU it was.

Before my move, I spent several months creating a transition plan with help from my psychologist (the practicum student was now my primary psychologist), medical team, MCFD and my supports at school. This helped me identify the changes I was going to face and what I had to do to prepare for dealing with these changes. The psychologist taught me healthy coping mechanisms that later helped me in processing my transition.

We discussed finances: tuition and living expenses; finding a job (I had held summer jobs) and balancing it with school work. We discussed my transition from the child health care system to the adult health care system, and connecting with a therapist in Kamloops to help me cope with my mental health challenges.

With that decision to go to TRU came many losses and changes. I left behind my younger sister, my friends from school and my network of support. In grade 12, I had taken part in the Kely Mental Health Resource Centre Youth Ambassador Program, which gives youth and young adults an opportunity to promote mental health and well-being. There I developed wonderful new friends and supports with other youth ambassadors and professional staff.

This transition was definitely a roller-coaster ride—nothing went according to my plan. I learned very quickly that we don't realize how tough a situation can be until we're in the midst of it, and that new barriers often arise that we were unaware of or didn't account for.

After about three weeks, repressed memories of trauma started to surface

and recur as nightmares. I had thought that by physically escaping my parents and home I would be able to escape the abuse and trauma I'd grown up with. However, I came to realize that it isn't something I can 'escape,' as it's very much a part of my identity and why I'm the person I've become.

I struggled to take care of myself, and my self-esteem plummeted. I ate very little. My parents hadn't taught me anything about feeding myself, and though I knew what I was supposed to be doing, it didn't feel right—and I realized I'd always had a struggle with food issues. Anxiety about finances was another factor. My parents had agreed, in an MCFD meeting, to pay for tuition, residence and some daily living expenses, but I lived under an ongoing threat that they'd stop sending me money. I didn't spend money on food. It took me almost two months to seek counselling help at TRU student services, and then I had difficulty connecting. I told the counsellor about the repressed memories, but not about my eating struggles. I felt very alone, as when I was 10 and MCFD sided with my parents. It was hard to start with

a new therapist, as I'd been so close to my psychologist in Vancouver.

It was just very hard to express what was going on. Even with regular contact with my friends and supports in Vancouver, often via Facetime and Skype, I said nothing. I didn't want to burden them. I discovered how ingrained that parental voice was, telling me what a burden I was.

I was so overwhelmed that I didn't want to connect with others. But I forced myself to join the residence council, which met weekly, and eventually made a connection with my roommate that continues today.

In spite of all that, I liked the school. With a maximum of 30 students in a class, I got to know all my profs, and I surprised myself academically.

### Another shift

After an academically successful year at TRU, I was able to transfer to UVic, where I've completed my second undergraduate year studying psychology. I've been working part-time and full-time in the summer, so



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If it weren't for all the caring people in my life, I wouldn't have been able to find the courage to leave my abusive and toxic home environment. It was the toughest decision I've ever made, but one of the most rewarding, as I have found myself.

am now financially independent. And I'm sharing an apartment with a roommate.

Still, one of the roughest transitions has been trying to connect with a therapist who is able to help me with the significant life changes and memories of trauma that have surfaced. In particular, I've told a psychiatrist and two counsellors accessed through UVic student health services that I want to work on my disordered eating. However, my plea for help and request for a referral have been ignored. This lack of response has discouraged me greatly. Is it due to misconceptions around eating disorders?—I'm not overly skinny and my level of awareness and strength often surprises the therapists I've worked with. Or perhaps it's a lack of education on their

part? Whatever the case, I'm now too intimidated to put in a self-referral at an eating disorders clinic, because I'm afraid of being judged and invalidated yet again. Still, I remain optimistic that there's a therapist out there for me.

#### Where 'home' is

Home is in Vancouver, where I'm fortunate to be connected to many incredible champions in the mental health community and have many wonderful friends who remind me of my strengths. In Kamloops I felt very far away from my supports, but it's easier to travel back from Victoria.

I've had a continuing connection with the Kelty Centre. I've now been an ambassador for all three of their programs and am currently a mentor.

Being involved with the Kelty Centre has opened many doors for me: I took part in panel discussions at the annual Summer Institute conference at UBC in August 2014 and the Balancing Our Minds Youth Summit at Rogers Arena earlier this year.

If it weren't for all the caring people in my life, I wouldn't have been able to find the courage to leave my abusive and toxic home environment. It was the toughest decision I've ever made, but one of the most rewarding, as I have found myself.

When I'm in Vancouver, I do stay with my family—I'm very close to my younger sister. But I think about it less and less as "home." And things have changed with my parents—they seem to have acknowledged that I've left home and now talk to me like I'm an adult. I truly believe we play a role in shaping the outcome of what happens with our lives. I knew the distress from my transition to university, new cities and living independently would be temporary, and I've coped with the changes and challenges on a day-to-day basis—have even been off antidepressants for the past two years.

I now have goals, dreams and a 'bucket list' I want to achieve, including travelling the world with friends, writing a book to inspire youth and becoming a motivational speaker to educate and empower others.

Keep smiling and continue inspiring. ▾

# My Journey From Foster Care to Social Work

Jordanna Southall, BSW

What got me through foster care and has led to my success was having a strong support system through thick and thin. I developed an amazing relationship with my foster parents, who fostered me for 14 years—until my 19<sup>th</sup> birthday, when I aged out of care. They have loved me and treated me as their own.



*Jordanna is a former youth in care. Now 22 and a recent graduate from Vancouver Island University's Bachelor of Social Work program, she is beginning her career in social work with the Ministry of Children and Family Development*

My foster siblings were amazing supports as well; we went through a lot together and became very close. This included my half-brother, who was also placed in care with me. Having biological family as part of my life has also been extremely important. And I have a best friend who has stuck out our friendship ever since kindergarten, and whose family treated me like a second daughter.

Having all these people in my life gave me stability. I think a lot of people expect poor outcomes for foster children because of their difficult backgrounds. With security,

support and love, however, we can be successful.

## **Foster care—An ongoing transition**

My mom struggled with substance abuse, and my brother and I witnessed violence between her and her partners. This became so severe that she was no longer able to safely care for us. Our biological grandmother tried to look after us, but wasn't able to. This is when we entered foster care together permanently. I was four; my brother was six.

Being so young at the time, I don't remember the transition very well.

We were in another foster home for a short time before this one. But we'd had ongoing respite care with the foster home that we moved into full-time, which made it less difficult because we already had a relationship with our foster parents.

There was a certain amount of chaos that came with living in a foster home. A lot of children came and went, and I saw first-hand how difficult it was for each kid. The children have to build relationships with their 'new' family while, often, grieving the loss of the family they've had to leave. They come with different, and often traumatic, experiences and expectations. We were blessed, however, with skilled foster parents who taught us how to function as a healthy family despite our challenges and our sometimes skewed vision of what "healthy" meant.

I had a wonderful childhood growing up on my foster parents' farm. I was involved in the local 4-H club for many years, training chickens and sheep and competing across the province with other same-aged children and youth. I also enjoyed highland dance and soccer.

### **Tough teen years and terrific social work support**

Transitioning into being a teenager was hard for me, and during my first few years at high school I had problems with friendships,

relationships and authority. I started to bully a couple of my female friends and was caught drinking at school; was suspended twice in one month in grade 10. I felt a lot of anger and resentment and found it very difficult to express myself. I think the anger was me processing my circumstances and struggling with self-discovery.

Also, when I became a teenager, I got a new social worker. Having had many social workers, all of whom asked for the intimate details of my life, I really didn't want to open up again.

This particular social worker, however, made it easy to warm up to her. She was funny, followed through on her commitments and quickly became a committed member of my support team and an important part of my life.

Social workers responsible for the guardianship of children in foster care make plans with each child that not only meet the child's daily needs, but also help him or her to achieve personal goals.

The continuing support of my social worker—and my family and friends—helped me get through this challenging time and make positive changes in my life. In grade 12, feeling inspired by my social worker, I decided I wanted to attend university and to pursue a bachelor of social work degree. I began

home-schooling courses to make up for work I had refused to do in prior years and saved money from my part-time job at the Coombs Country Market. I also began opening up to people in my life I had cut off—my friends, foster parents and social worker.

These positive changes helped me create a mindset that paved my way for success. I came to realize that although I couldn't control certain things in life, I *could* control how I responded to those things and who I was going to lean on when those things became too much to bear. I always had somebody to lean on, and no matter how much I pushed my supports away, it never changed how much they cared about me.

I decided I wasn't going to just survive; I was going to thrive! I used my experience as a strength.

### **'She was just 17' —And off to university**

My social worker's support, and the day-to-day guidance, support and reassurance from my foster parents, allowed me to move from Qualicum Beach to attend the University of Victoria (UVic) at just 17. My social worker helped me plan finances for schooling. She also shared her experiences of attending university, raising important points I hadn't considered, such as student loans, course registration and available housing. This helped me make good decisions. My foster parents provided day-to-day support in completing some of these applications and generally preparing me for this next step in my life.

This transition was difficult for me. In my first year of university I was

I came to realize that although I couldn't control certain things in life, I *could* control how I responded to those things and who I was going to lean on when those things became too much to bear.

diagnosed with an anxiety disorder, which made me physically sick. I believe it was related to the abrupt transition of being away from my family, friends and the familiarity of being in a small town.

But the relationship I have with my foster family is one that will last a lifetime—I was made aware of this as I left for university. They moved me to Victoria, gave me a huge hug and reminded me that I still had a family to go home to on weekends and holidays whenever I wanted. This was a huge relief and made it all easier.

I lived in residence on campus with a lot of other first-year university students and easily made friends. I loved living on campus, because there was always a lot to do. UVic hosted a ton of events, including small concerts and fundraisers. I lived in residence for my first two years, then moved into a rental house with two close friends.

By the end of the three years at UVic, the possibility of becoming an MCFD social worker became much more real. And my anxiety had resolved itself—I was happy, comfortable and stable, with lots of friends and family support.

### 'It felt like fate...'

After three years at UVic, I transferred to Vancouver Island University (VIU) for a new two-year online program toward a bachelor's degree in social work. I moved back into my foster parents' home for the first year—I felt really blessed to have a home to return to. I later moved back Victoria to live with my boyfriend, who I met in my second year of university.

Once I was accepted into the BSW program, I found out about a new

## youth in care tuition waiver program

Vancouver Island University (VIU) was the first university in BC to waive tuition for former youth in care, beginning September 2013. The tuition waiver program at VIU is available to residents of BC who have grown up in the care system. For additional information, visit [www.viu.ca/waiver](http://www.viu.ca/waiver).

pilot program, the Youth in Care Tuition Waiver Program (see sidebar). My former social worker (I was now aged out of youth care) told me about the program, even emailing me the paperwork. I applied immediately and was very excited when I found out that VIU would pay all my tuition and offer me bursaries for other expenses such as textbooks. It felt like fate.

By the time I received the tuition waiver assistance, I had already been in university for three years and hadn't worked during this time, so finances were really tight. Thanks to the tuition waiver program, I saved over \$20,000 in my last two years of university. This allowed me to live independently and to buy a car so I could get to and from my job and my practicum in my fifth and final year of university. I was able to complete my BSW with minimal student loans. And

it gave me that extra bit of motivation to make it to the end of my degree.

### And now?

This amazing journey continues as I have now have a position with the Ministry of Children and Family Development as an intake/assessment social worker in Campbell River. This is only a one-hour drive from 'home.'

I couldn't have done it without a team of supportive people cheering me on. As well as my best friend and foster family, I had the continuing support of my loving partner and my biological family, including my brother, grandma, aunts, uncles and my mom, who has now come into my life again. Knowing that others wanted to see me succeed, made me feel like my future was worth investing in. ▽



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# The Struggle of Transitioning

## A MOTHER'S PERSPECTIVE

Monique Lalonde

At age three my son Tyler started to have obsessive-compulsive disorder (OCD) tendencies around cleaning and organizing his toys. By 15, he had progressed to symptoms such as mood fluctuations, hearing voices and having suicidal thoughts.

*Monique, a proud parent to sons Brandon, 24, and Tyler, 21, raised her family as a single parent in Nelson, BC. Collectively, Monique and her sons have volunteered with Special Olympics, school and sport activities, and most recently with the Child and Youth Mental Health and Substance Use Collaborative*



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When Tyler was 15, he started seeing a family doctor in our area who had more experience with mental health than our regular family doctor had. This doctor referred us to the Ministry for Children and Family Development (MCFD) for a psychological evaluation. Tyler also had cognitive-behavioural therapy sessions through MCFD.

Additionally, Tyler and I tried a number of things on our own to avoid prescription drugs. Chiefly, we rated how he felt, level of anxiety and so on, charting that against what

he ate, how and when he slept, and what exercise he'd gotten. We also tracked the effectiveness of nutritional supplements and herbs.

After a couple of years of this, Tyler chose to try medication for his symptoms. It was too hard for him to endure the thoughts and voices in his head any longer.

Starting on meds was a game changer for both Tyler and for me. Whatever medication the GP first prescribed worsened symptoms, and Tyler ended

As a parent, I've had to grieve lost hopes and dreams for the son I raised. I had to honour the grief to move past it and be able to support my son on his new journey.

up in the adult psychiatric unit of the Trail regional hospital for a week. Unable to handle returning to school to finish grade 11, he was admitted to the Adolescent Psychiatric Unit (APU) in Kelowna, a four-hour drive away. The low-dose antipsychotic prescribed in the APU helped Tyler gain some normality, and he was able to return to school for grade 12 and graduate with his classmates.

Once the medication started taking effect, however, my son changed. He was still gentle and kind, still had a wonderful smile, but he gained weight, was tired even after sleeping long hours and his movements were lethargic. He didn't show great excitement or joy; instead had a more unemotional, flat demeanour. Mentally, he struggled to follow instructions, converse and solve problems. Things he'd previously known how to do had to be relearned.

As a parent, I've had to grieve lost hopes and dreams for the son I raised. I had to honour the grief to move past it and be able to support my son on his new journey.

### Transitioning on the heels of high school grad

Graduation year is a bittersweet time in most teenagers' lives. It involves parties with friends, but also stress about what comes next. It's even

scarier when you are dealing with mental health issues.

In Tyler's last year of high school, our mental health appointments consisted of:

- 15- to 20-minute appointments once a month with an MCFD psychiatrist in Castlegar, a half-hour drive away
- two appointments each month with an MCFD worker in Nelson (down from three to four in previous years)
- monthly visits to Tyler's family doctor in Nelson (down from weekly visits earlier on)

I had allowed my older son Brandon to enjoy his post-grad summer without the pressure of working, and Tyler wanted to do this too. In Tyler's case, it meant we 'took a vacation' from our appointments. I think both Tyler and wanted a break from dealing head-on with things.

When fall came, Tyler began working at a full-time job. This made it difficult for him to attend the MCFD appointments we were supposed to make for transitioning him into the adult mental health system. Tyler was now 18 and would be turning 19 in November—would be aged out of the youth health care programs. But we didn't use that MCFD gateway, where his case worker would help him shift to adult services.

Tyler would've liked to continue with his MCFD case worker, as this relationship was developed. Adult Mental Health seemed so daunting: they wanted him to make his own appointments, and it meant getting used to new care providers and telling his story again and again.

One change that did happen was once again seeing his family doctor to get his prescriptions renewed, as he was no longer eligible to see the MCFD psychiatrist.

In October 2013, Tyler and I joined the Doctors of BC initiative, the Child and Youth Mental Health and Substance Use Collaborative. This was an opportunity for Tyler and me to help change things for parents and youth going through the various systems. But just because we were part of the task force, it didn't mean we knew what was out there for Tyler as an adult.

### Breaking down a hospital stay into a learning op

When he was 20, Tyler had a breakdown. This was his first time going into hospital as a legal adult.

My older son Brandon drove Tyler to the hospital in Trail, an hour from Nelson. I was already in Trail as I'd just arrived back from vacationing with my sister, who lived there. My sons phoned me when they arrived at the hospital, and I told them I'd be there—later.

As a parent, you do your best to prepare your children for what comes next. I knew I had to use this hospital stay as a learning opportunity for Tyler—he really needed to learn how to advocate for himself, and I knew he

was safe there from harming himself. This was also a learning experience for my older son, as he too was scared and uncertain what to expect. But they handled the first visit with the doctor together.

Tyler was comforted that his brother was with him, but he wanted me there. Before this, I had been with Tyler at all his medical appointments, hospital stays and task force meetings, advocating on his behalf, though I also encouraged him to ask questions. But now that he was an adult, I had to learn to trust that he could do this on his own. This was scary because he wasn't at his peak mentally.

When I arrived at the hospital, Tyler, Brandon and I had another discussion with the attending doctor, and it was decided Tyler would be admitted.

I visited him the next day, and we talked about the things he'd need to ask the doctor—all questions I'd have asked on his behalf when he was younger. For instance: What can he do to manage his symptoms? What are the effects of the medication and how often will his blood levels need to be monitored?

Then I went back to Nelson. It was very difficult for me to leave Tyler on his own. I worried whether I was being supportive enough and really just wanted to be there with him, asking

questions and demanding more be done for him. And when Tyler was younger, I made sure he had lots of family visitors, was taken on outings and got anything he wanted—food and cigarettes, for example. But now he had to learn to take care of himself.

I made a few trips down, but Tyler was mostly at the helm with his experience. He learned, for example, that as an adult he could ask for a pass to go outside to smoke. And rather than me organizing visitors, I encouraged him to contact his cousins about coming to visit.

#### Adult mental health by trial and error

Tyler stayed in hospital less than a week. His discharge plan was for him to arrange to see the psychiatrist at Adult Mental Health in Nelson. At our first appointment, the psychiatrist was a little shocked that Tyler had asked me to come with him—Tyler wanted me at almost every appointment we had with this guy. They were usually short visits focusing on medication. At times I'd make an excuse to Tyler that I couldn't attend, so he'd go without me.

Tyler was required to call in on certain days to book his appointment directly with the doctor. I put the onus on Tyler to make his appointments, but he had a lingering reluctance, and I'd have to gently remind him.

At a task force meeting, we found out that Tyler could see a counsellor at Adult Mental Health as well as the psychiatrist—something we might have found out if we'd completed the transition with MCFD. Tyler only accessed this service a few times. He went out of town, and when he returned, the counsellor he'd seen had been replaced.

A challenge of living in a small town is there are only a few clinicians and psychiatrists in the Mental Health office. If you don't build a measure of trust with them, it's hard to want to keep going back. And whether the counsellor is a good or bad fit, there seems to be frequent turnover in counselling staff, which can be unsettling. So, you end up only accessing them when in crisis. We did try some local private counselling services, but the cost was prohibitive.

As for adult support groups, there are only a few, which we haven't accessed. They often run just once per month, and we keep forgetting which day—symptomatic of fatigue around making and keeping up with appointments!

There have been times when Tyler was well enough to work and earn some money, but when he wasn't able to, his anxiety increased around not having money. Somewhere, sometime in the past year, someone told us he would probably be eligible for a disability allowance when he wasn't able to work. Tyler and I decided disability income wasn't a sustainable future but was okay to use when he wasn't able to work, and so he applied. It would have been helpful to know this information earlier, but I'm not sure how one would've found out about it.

When Tyler was younger, I made sure he had lots of family visitors, was taken on outings and got anything he wanted. But now he had to learn to take care of himself.



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Young people are already dealing with the often intense transition out of high school. Wouldn't it be better not to disrupt their mental health support at this time?

### Advocating supported transition at an older age

Throughout this journey, I've learned to ask questions and to seek alternative approaches. I thought that when my son became a legal adult, he'd take on these tasks—we expect young people at 19 to have these skills.

I can say that at 19 my son was ready to try certain things—holding a job, maintaining his finances and travelling—but he wasn't ready to navigate the mental health system on his own. Even now that he's almost 22, he still needs an advocate. I am his 'case manager,' because there are no case managers in the adult mental health system.

This transition would be easier if the transition period started later, at least at age 21. As it is, the transition

to adult mental health comes when young people are already dealing with the often intense transition out of high school. Wouldn't it be better not to disrupt their mental health support at this time? To be able to carry on with the same MCFD mental health worker and psychiatrist that they have already built a relationship with?

Also, for those of us with extended health benefits, we could provide health care support for our children as dependants for a longer period of time.

Financial support for young people with mental illness transitioning to adulthood could be more flexible, to allow more options for them in their exploration of the world. As an adult on disability assistance, if Tyler leaves the country for more than a

few days, he loses his income assistance and prescriptions coverage. Any other Canadian can go out of the country for six months and not lose medical coverage.

Becoming a fully functioning adult doesn't happen magically on a 19<sup>th</sup> birthday. Tyler and I continue to try alternative ways for him to live that focus on learning what's good for his well-being. He's now taking charge of choosing healthier behaviours such as adequate sleep, balanced diet and practising cognitive-behavioural techniques. He's also a Youth in Residence with The FORCE, providing peer support to other young people struggling with mental health issues. Tyler is taking steps toward becoming the man he wants to be. ▾

# Adulting

Reham Cojuangco

Transitions in life are a time for self-discovery, so I'm learning. I am in a generation where phrases like: "I'm having a quarter life crisis" and "Adulting is hard" are commonplace. If you aren't familiar with the term 'adulting,' it's slang for doing something responsible and grown-up.

*Reham is a young adult with lived experience of mental health issues and she is a strong advocate for youth mental health awareness. Reham currently resides in Vancouver*



Photo credit: Patrice Cojuangco Langins

According to the writer, this is a "Candid shot of Reham casually lounging in the park by her house; she woke up like this."

At 23 years old, I am technically an adult. At this stage, I should be able to make adult decisions. But what do I know about being an adult? Did anyone actually teach me the skills to survive in the real world?

When I was in high school I thought that by now I would know what I wanted to do in life, and have a firm hold on how to get there. I'd have an amazing social life, a budding but promising career, a partner who I'm wholeheartedly committed to, and at least the makings of the shabby chic apartment of my dreams.

As it turns out, that's not really the case. Though I have great friends,

my social life consists mostly of Netflix and pizza. A few months ago I left a six year relationship and briefly moved back in with my parents. Then more recently I moved into my own suite that I can barely afford (thanks Vancouver for being so expensive) in order to focus on my mental health, and to find my place as an independent 'adult' in this world. I now have antiques haphazardly strewn around my suite while I Pinterest DIY ways to organize everything, meal plan, and budget. That's real life for you.

## **Naturalization (hint: it wasn't natural)**

My family and I came to Canada from the Philippines just after I turned five. I

suppose that counts as a transition, but I don't recall any noticeable changes. It felt like one day I was in a private Catholic school learning about Jesus and his Disciples, and the next I was in a kindergarten class having play time and naps instead—which was fine by me!

What immigrant children don't tell you is that there is a special kind of assimilation they have to go through. You have to learn how to balance the fine line between western culture and the culture from your home country. This is especially tricky when you arrive as a young child. I didn't remember what my home country was like, but I still had to live by their customs as well as adapt to the language and etiquette of my new surroundings. It was hard to decipher what was right and what was wrong for any particular situation. As I've been getting older, however, I can see now that it's ultimately my choice, but it's hard not to feel like you're being pulled apart from both sides.

### Being availed (to no avail)

I had struggled with mental health challenges for about 10 years before I seriously sought out help. I was angry and lashing out at my family, I was sad for no reason that I could place my finger on, I rarely wanted to get out of bed, I slept for extremely long periods of time and at odd hours, and I used other avenues such as TV/Internet to keep me from thinking about anything. I either cried often or not at all. It felt like I had two choices, feel everything or nothing.

I went a couple of times to see my doctor and the other doctors in her practice, only to feel let down by their action plans for me. On my first visit to the doctor, I was in grade 10 and I felt scared, embarrassed, and

“You are in Canada! You have so much to be thankful for so you shouldn't feel depressed. There are people back home who have it worse than you.” —my parents

confused by everything I was feeling. I was prescribed a book on how to feel better. I still own the book to this day and though it does have some hidden gems within it, in tenth grade all I could think of was, what the f---! Then I was asked about my grades and how perhaps not doing well in school was what was making me depressed, when in fact it was the other way around. I had no idea what to say about it so I just agreed and left.

I felt like I had little to no support and no follow-up. It was much the same the second, third, and fourth time I went back. Those experiences unfortunately shaped how I viewed clinicians and grew a seed of distrust in me. So I never wanted to go back even when times were rough.

Things got extremely difficult for me the longer I ignored my issues. Then I hit a breaking point at the age of 21 and I had to be my own advocate. I wanted change. I wasn't living a life anymore, I was merely existing. I saw a psychiatrist and was diagnosed with depression and anxiety disorder. I also started taking medication.

By this point I was too old for Child and Youth Mental Health, so I didn't have to transition from child care to adult care (see box, right). Instead I went from no care to adult care, which

in some ways was more disconcerting. I'm supposed to make mental health decisions for myself? With my track record should I even be trusted to do so? Sometimes I still feel like I'm still not getting the care I need. Truth be told, it's a rather confusing system.

### Full (family) disclosure

My family did not openly speak about mental health. If you were feeling under the weather you wouldn't mention it. Feelings like depression, anxiety, and, God forbid, going to the doctor about it, were reserved for those who are 'crazy.' I believe it's because we were born in a country where hardship is not uncommon. Where, in many cases, 'keep on keepin' on' is the only choice one has. “You are in Canada! You have so much to be thankful for so you shouldn't feel

### did you know ?

In BC, children and youth under 19 get mental health services through the Ministry of Children and Family Development. Adult mental health services are provided through regional health authorities, however, so a young person must switch where they get their care from on their 19<sup>th</sup> birthday.



depressed. There are people back home who have it worse than you.”

It wasn't that my parents didn't care about my mental health. Rather, they were in a dogma brought on by their own upbringing. I don't blame them for that. It has taken years of educating, listening, and understanding on everyone's part, but I can honestly say today my family is one of my greatest strengths and supports.

It didn't happen overnight, however. It was awkward to start talking openly about my struggles, and the denial on both our ends was long and tedious. I was paving the road for my family to make it a less taboo and more accepted topic. A lesson I had to learn was that if I wanted people to understand me then I would have to be able to

verbalize what I was going through and what I needed. It's a lesson I still learn daily.

### Higher learning (or rather, harder learning)

When my grades were tanking in high school I saw little hope of even getting into a post-secondary institution. It was drilled into us that grades were everything, so the thought of applying for school was daunting and anxiety inducing.

When I did start college I had no idea that mental health issues counted as a disability. Therefore the first few times I tried, I flunked or dropped out. Then I was embarrassed to tell people I had left school. Again. I felt there was no way for me to get past my particular set of challenges. I felt crummier with

every stop and start of school.

A good friend of mine at the time dealing with her own mental health issues later told me I was eligible for disability services. I thought, “Why didn't anybody tell me sooner? How were other people in my position supposed to find out about it?” I'm not even sure how she found out about it! In order to gain the services, however, I had to prove my illness, and hand deliver a letter to every professor each semester explaining my disability privileges. This was challenging, and made me feel ashamed and vulnerable for what I deal with. That being said, I can't offer a better solution. I didn't register for school the following semester and I haven't enrolled since. I'm hoping that one day I'll feel equipped to go back and do well.

School is still a touchy subject for me. Especially since almost all of my friends have since graduated and are now pursuing their careers. It was hard for my friends to get into school and find jobs, but I felt utterly and completely lost in the process. It was challenging enough to have to deal with my own mind telling me that I didn't deserve happiness, friends, or, in my darkest moments, life itself. So how was I supposed to figure out my future too?

### Interlacing my life with others (tying together the shoelaces of life)

With all of this happening in my life I find both solace and isolation being among my friends, who are like my chosen family. Just as my blood family has grown to support my journey, so have my friends. It turns out that my old friends always have my back, and the new ones teach me



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After much healing, there I was helping youth like me. There is great wealth in being able to tell others about your experiences and connect on an emotional level.

There is no right way or wrong way to adult. We all carve our own paths. Some, like mine, just have a few more challenges.

about life and myself. All of this was when I learned to open up.

When I talk to my friends about their experiences of growing up, it seems we are all just floating around in life. Not really knowing what we're doing but rather figuring it out as we go along. This is common with 20-somethings. At the same time, that's where the similarities end between me and them. Sometimes I think, "How lucky are all of you to not have to deal with the issues that I do?" I even feel like yelling obscenities at my friends who don't have mental health issues and saying "Walk a mile in my shoes and see how you feel!" I deserve a medal! Or a hug!

My previous position as a Youth in Residence for the FORCE Society really showed me what genuine support looks like, and I met some truly inspiring people. Last Christmas I remember sitting with my coworkers, remarking on just how far I had come. Less than a year before I'd felt so low I thought I wanted to die. I'd felt broken and unable to make any significant impact on others, but it turns out I was wrong about that. After much healing, there I was helping youth like me. There is great wealth in being able to tell others about your experiences and connect on an emotional level. I found that some of my closest friends have been made through sharing my stories and hearing theirs.

### Adulting done right (or wrong) and what that means to me

For those looking in from the outside it makes absolutely no sense how someone just can't get out of bed and put one foot in front of the other, and make life happen for themselves. I can't give you a straight answer that makes sense to everyone, but I can tell you that in my darkest moments I didn't ever want to live that way.

Even though it sounds incredibly cliché, it does get better and you don't have to live in such a dark pit of despair for your whole life. I know this because I'm living through the journey every day.

This isn't without some bumps along the road. Nobody is perfect and we can't always recognize our triggers

right away or use mindfulness to get out of a tricky situation. Setbacks are inevitable, but you learn a little more about how to deal with them every time. So when they happen, be kind to yourself. It's easier said than done, but I am learning to be my own best friend.

There is no right way or wrong way to adult. We all carve our own paths. Some, like mine, just have a few more challenges. I still struggle on a daily basis and sometimes I resent my diagnosis—but it doesn't define me. Ultimately these challenges have made me a stronger, better, and more empathetic person.

So embrace your transitions and know that there are people out there who care and will listen if you're open to it. It's okay if you don't know what the hell you're doing. Adulting is hard but we don't have to do it alone. Let's adult together. ▾

## visions

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# Connected by 25

## HELPING VULNERABLE YOUTH NAVIGATE 'THE ROCKY ROAD' TO ADULTHOOD

Mike Gawliuk, MA

The transition from youth to adulthood can be long and challenging. How young people fare as they transition has long-lasting and significant repercussions. A large percentage of youth is able to rely on family for financial assistance, a place to live and support well into adulthood. They can take comfort in knowing they have a social safety net in place.

*Mike is Director of Service Delivery and Program Innovation with the Canadian Mental Health Association's Kelowna branch. Involved in direct service delivery and leadership for 21 years, he has developed several programs and projects for vulnerable children, youth and adults. Mike holds a master's degree in Leadership through Royal Roads University*

Moving into adulthood is especially challenging for vulnerable youth in our society—those experiencing mental health and substance use challenges, with limited or no connection to family and natural supports, and finding themselves on the margins of society. These youth often rely on the government system to meet their needs. In BC, for youth under 19, the majority of system supports fall under the Ministry of Children and Family Development (MCFD). These supports include foster care, child and youth mental health, youth agreements (a program that provides financial and other supports for high-risk youth ages 16 to 19) and youth justice services.

The landscape, however, changes dramatically when these youth turn 19, the “age of majority” or legal adulthood. They are no longer able to access the MCFD supports they’ve relied on. In the case of mental health services, for example, the responsibility for service delivery shifts from MCFD to adult services through the health authorities, which have a different set of services and criteria for access.

The BC Representative for Children and Youth highlighted—in reports

*Still Waiting* (2013) and *Paige's Story* (2015)—that youth forced to rely on a fragmented social safety net, or at worst set adrift on their own, are more likely to end up homeless or in precarious housing, face substance use and mental health issues, end up in jail, have fragile social support networks and not finish school.

### Bringing community together to address an identified need

In summer 2011, a convening grant from the Community Action Initiative (CAI)<sup>1</sup> enabled the Canadian Mental Health Association, Kelowna Branch (CMHA Kelowna) to bring together young people and professionals from over 15 community and government organizations. The young people comprised those over 19 who had aged out of the youth system and others about to age out within the next year. At the heart of this process was identifying the needs of young people who are ignored, forgotten or left to fend for themselves as they age out of youth systems of care.

The youth involved said they were frustrated with losing the supports they had grown up with. They wanted someone who could stay involved with them regardless of their age.



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They also spoke about the challenges of finding and accessing the resources available to them as adults. The adult system of care they were forced to navigate was completely different than what they were used to; it has its own rules and culture.

Professionals spoke about the disconnect between youth and adult service delivery systems, saying there is a need for continuity in services. Many chose to continue working with young people past age 19, even though this was not part of their service mandate, and they couldn't provide the level of service they were accustomed to.

A proposal that grew out of the convening process led to a CAI innovation grant to develop the Connected by 25 (CB25) project. A pilot project designed to meet the needs of 16- to 24-year-olds deemed vulnerable in their transitions to adulthood was formally launched in January 2012. The CB25 pilot project was a partnership between CMHA Kelowna, The Bridge Youth and Family Services, Ministry of Children and Family Development (MCFD), Interior Health Authority (IHA), BC Housing and the University of British Columbia (UBC Okanagan).

### **Connected by 25: A 'both/and' project**

CB25 was created with a holistic perspective, considering both the "trees" (young people who require services and connections on the ground) and the "forest" (communities, systems and policies). By providing direct support to young people and capturing their experiences—including barriers to success imposed by the system—

CB25 has made, and is making, a concrete difference for vulnerable young people. It provides essential supports so they have a chance to transcend the 'obstacle course' and become connected and engaged young adults.

CMHA Kelowna was able to identify areas of focus for broader community and system change.

Partner organizations contributed in-kind resources (services rather than money), including access to free psychiatric and mental health clinical sessions, substance use clinical supports, ongoing rent supplements, staff to provide help with system navigation, and project evaluation services.

The pilot project offered the following support services:

#### **Youth Transitions Navigator**

The navigator—a full-time position during the pilot project and now expanded to two—acts like a personal GPS system, providing young people with information and tangible assistance in accessing much-needed services. The navigator works one-on-one with youth over a period of time to create a plan that looks at outstanding needs in a number of areas, such as income assistance, employment, housing and mental health care. There is regular follow-up to measure progress.

In the case of one 18-year-old male faced with aging out of foster care, the navigator worked with the young person to secure income assistance

through the Ministry of Social Development and Innovation, locate safe housing and make the transition between youth and adult mental health services.

*"When I was under 18, everything was just given to me. When I aged out, I didn't know what to do. Transitioning, when you age out, you are done. If there was no CB25, I'm not sure what I would be doing. I don't really know of any other supports out there that would do what this program does."*

—CB25 program participant, 20

Service duration is dependent on need and circumstance, and concludes when a young person reaches their identified goals and decides that services are no longer required.

#### **Supper Club**

Early on in piloting CB25, young people identified a lack of positive social activity in their lives, as well as a need to build skills around nutrition and cooking. This resulted in Supper Club, a weekly group that hosts between eight and 20 youth at CMHA Kelowna on Monday evenings. The young people plan a menu, purchase supplies and make dinner together with staff from the partner organizations.

While Supper Club develops life skills, a key outcome is the social connection

that's built between participants.

*"It was the first time I had been in a real kitchen. It helped me see what it was like to really work as a team to make a final project. The whole day we were all working together toward a final goal; in this case it was a dinner, but in the case of Supper Club, it's a group sense of good mental health and belonging."*

—CB25 Supper Club participant, 19

### Pilot project outcomes

Over the course of the CB25 pilot project (January 2012 to December 2013), 121 young people received help from a navigator. These were youth referred by existing community services or youth who had already aged out and were looking for supports. Key outcomes for the young people included:

- 80% connected to relevant community resources
- 88% reported an increase in life skills development
- 75% reported an increase in health and wellness
- 70% reported a stable income source

### CB25 now?

Since the pilot project concluded, CB25 has continued to evolve. CMHA Kelowna has been able to secure funding from multiple sources, including community foundations, service clubs, government and sponsors.

The voices of young people with lived experience have shaped, and continue to shape, the project. We have listened via targeted focus groups at Supper Club, as well as one-to-one feedback through interviews, surveys and the use of PhotoVoice (visit [www.photovoice.org](http://www.photovoice.org)) PhotoVoice which uses photography to highlight the

perspectives of participants and allows for grassroots social action.

New developments include:

- LINC, a coordinated intake and assessment hub for youth experiencing mental health and/or substance use issues
- new groups, including yoga and Ready to Rent, a skills group that provides the information and tools to become informed tenants
- expanded rent supplements and housing support (assistance with rental applications and building skills in finding and maintaining housing) with ongoing funding through BC Housing

As of June 2015, just over 400 individuals had received some form of support from Connected by 25 since it was first launched.

### Collective impact making a difference

CB25 has made, and is making, a concrete difference for vulnerable young people. It provides essential supports so they have a chance to transcend the 'obstacle course' and become connected and engaged young adults. In 2014 the program was recognized with a national award of excellence from Eva's Initiatives in Toronto ([www.evas.ca](http://www.evas.ca)) for work in preventing youth homelessness.

CMHA Kelowna plays an ongoing role in raising the issues experienced by vulnerable young people. This includes involvement provincially in the Child and Youth Mental Health and Substance Use Collaborative, a working group on youth/young adult mental health and substance use services. The collaborative also includes the Ministry of Health (MoH), MCFD, Ministry of Social Development and Social Innovation and Shared Care (a partnership between MoH and Doctors of BC). Nationally, we address issues through membership in the Learning Community on Youth Homelessness.

The CB25 project is a lived example of collective impact and the potential that partnership and collaboration holds in tackling a significant social challenge.

*"Filling the gap. The bridge between youth and adult systems. We never had that before. We continued to bring this forward as a community, but nothing was ever addressed before. CB25 addresses risk factors before there's a huge impact...when these needs are met, everything starts to fall into place."*

— Probation officer ▼

## related resources

Turpel-Lafond, M.F. (2013). *Still Waiting: First-hand Experiences with Youth Mental Health in BC*. [www.rcybc.ca/sites/default/files/documents/pdf/reports\\_publications/still\\_waiting.pdf](http://www.rcybc.ca/sites/default/files/documents/pdf/reports_publications/still_waiting.pdf)

Turpel-Lafond, M.F. (2015). *Paige's Story: Abuse, Indifference and a Young Life Discarded*. [www.rcybc.ca/sites/default/files/documents/pdf/reports\\_publications/rcy-pg-report-final.pdf](http://www.rcybc.ca/sites/default/files/documents/pdf/reports_publications/rcy-pg-report-final.pdf)

# 'I Don't Want to Go'

## UNDERSTANDING AND HELPING YOUTH WITH SEPARATION ANXIETY AND SCHOOL REFUSAL

Katherine Martinez, PsyD, RPsych

It's normal for young children, aged two to five or six, to sometimes feel worried or upset when faced with routine separations from their parents or other important caregivers. They may cry, cling or refuse to part. This is developmentally normal behaviour that usually fades as children mature, begin school and gain confidence.



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*Katherine is a Registered Psychologist at the Vancouver CBT (cognitive-behaviour therapy) Centre and co-author of the book Your Anxious Mind: A Teen's Guide to Anxiety and Panic (Magination Press, 2009)*

In school-aged children, mild to moderate levels of fear and distress can also occur, emerging during important transitions such as starting a new school, moving and other stressful situations. Such behaviours are also normal, and many children will adapt to these situations, learning to cope effectively.

Yet, for other children, their response to such transitions, situational demands and separations is far more extreme than what is evident in their peers, and/or it continues well beyond

the first few months. These children may have an anxiety disorder.

### How to identify the anxiety underlying school refusal and separation anxiety

Typical signs of anxiety in young children include physical complaints of stomach ache, nausea and feeling "bad," as well as clinging, crying and having a tantrum, among other behaviours.

While these behaviours are expected to lessen and then disappear as the child adjusts to entering school for the first

Avoidance not only prevents your child from learning how to tolerate discomfort and be brave, but it can also convey a lack of confidence in your child's abilities.

time, some children fail to adjust. They may engage in ongoing and persistent refusal to separate or go to school. This occurs most days each week, for much of the school year, or during most times when separation occurs.

Other children may experience intermittent bouts of school refusal, often coinciding with a return to school on Monday mornings or after school holidays. Although their anxiety isn't daily, it often has a consistent pattern (e.g., every September and October) that lasts for several weeks or months, and even can persist for years.

Preteens and adolescents behave differently than younger children. They no longer cry, cling and have a tantrum, and are more likely to identify their specific fears. For example, they may express fear of embarrassing themselves, making mistakes, academic failure, or something bad happening to a parent when separated from them. As a result, these young people may decline invitations to hang out with peers, preferring to stay home on weekends. They may also fail to turn in assignments, cut school to return home, or even use drugs or alcohol to cope.

### The impact of anxiety disorders on youth

Anxiety disorders can greatly interfere

with, or limit, a child or teen's normal activities. They can become isolated from peers, and have difficulty developing and maintaining friendships. They may miss opportunities to learn new things and engage in fun activities. School attendance and performance can drop, resulting in youth failing to reach their full academic potential.

The bottom line: A problem exists when your child's anxiety occurs more often than not, seems unreasonable given the situation, and interferes with their functioning. No matter when separation anxiety emerges, if you believe it's becoming a problem, it's important to seek clinical help from a mental health professional.

### Assisting a child with separation anxiety and school refusal

With a newborn, parents quickly learn that their infant's survival depends on their ability to meet his or her many needs, from feeding, soothing, changing diapers and much more. Learning to meet these needs is adaptive behaviour—the infant's life depends upon it.

For some parents of anxious children, however, this "meet the needs" approach continues unchanged despite the child growing up and becoming more capable. This occurs because the child has been anxious from an early age, and the parents continued to meet their child's

needs regardless. Or, it occurs because the child developed anxiety later in childhood, and the parent resumes the early infant-toddler system of need-meeting, as it had worked so well.

An example of need-meeting behaviour is if the child is too anxious to go on a play date or attend school, the parent will go with them. Alternatively, some parents don't make any demands of the child, believing their child cannot cope. So, play dates are never scheduled, or invitations to sleepovers are declined.

Although many parents' decision to "meet the needs" is well intentioned—they simply want to reduce their child's suffering—this goal can be achieved in ways that will benefit their child well into the future. For example, never making your child go on a play date because he or she is anxious is detrimental to your child's social development. Rather, teaching your child how to feel confident and safe, and thus to gradually work his or her way up to a full two-hour play date, is far more beneficial.

The following section outlines a variety of ideas—things to avoid and to encourage—that will best meet your anxious child's needs.

### Pitfalls and lifelines: The dos and don'ts of helping an anxious child

#### Pitfalls

Continuing to rely on the "meet the needs" approach can cause both you and your child to become stuck. It prevents your child from having the courage to try new things and discover whether his or her fears are warranted. It can also cause your child to depend on you for everything, which is unsustainable in the long term. In

some cases, this leads to parental irritation and resentment that children feel. What was once adaptive can become maladaptive. The following pitfalls exemplify how this can happen:

**Providing excessive reassurance:** “For the fifth time, I promise you you’ll be fine playing at Jon’s without me. We know Jon’s family well and have been there many times together. You always like it.” Although a few occasional supportive assurances that your child can cope are fine, repeated reassurance only feeds the anxiety and fails to convey useful information.

**Consequence:** Child hears mom’s irritation and feels dismissed by her. He thinks, “What if I’m not fine? What if I don’t like it?” He remains afraid and has little fun as he spends the time waiting for catastrophe to occur. Although nothing bad happens, nothing good happens either. He assumes it was a close call and his vigilance protected him from disaster.

**Allowing your child to avoid or escape various demands:** “I know you’re worried about the sleepover. How about you stay home with me and your baby sister.” Avoidance not only prevents your child from learning how to tolerate discomfort and be brave, but it can also convey a lack of confidence in your child’s abilities.

**Consequence:** Child misses out on a fun sleepover and her self-esteem lowers as she begins to believe, “I’m weak.”

**Lowering expectations:** “You don’t need to stay for math. I’ll get you at lunch.” Like avoidance, lowered expectations prevents learning and lowers esteem.

**Consequence:** Child never gets to see if math class is as bad as he thinks it is. He eventually falls behind in key academic concepts and his anxiety goes unaddressed.

**Accommodating the anxiety:** “I know it’s hard to switch schools, but you can text me anytime, all day. I’ll be right at the other end.” It’s reasonable to break down a large task into smaller parts with the plan to have your child eventually be able to do it all. For example, texting a few times on the first day, followed by one text the next, and then none from then on. What’s not helpful, is breaking it down but never getting past the first step.

**Consequence:** Teen spends the time texting her parent rather than making new friends. This confirms her belief that the new school would be unwelcoming.

### Lifelines

You can help your anxious child by cultivating a partnership that encourages warmth and curiosity toward understanding anxiety. Together you can acquire factual information about anxiety, learn helpful skills and convey confidence. This can be done at home—though for youth with more excessive and pervasive anxiety, support from a mental health professional is recommended.

The following strategies (not an exhaustive list) can help you and

## related resources

[www.anxietybc.com](http://www.anxietybc.com)  
[www.teenmentalhealth.org](http://www.teenmentalhealth.org)  
[www.adaa.org](http://www.adaa.org)  
[www.abct.org](http://www.abct.org)  
[www.iocdf.org](http://www.iocdf.org)

For several books that Katherine recommends, see the online version of her article at [www.heretohelp.bc.ca/visions](http://www.heretohelp.bc.ca/visions)

your child become unstuck and start moving forward:

**Knowledge:** Teach your child some important facts about anxiety (for useful sources see the links above). For example, you can let the child know that unwanted anxiety is the body’s natural “fight-flight-freeze” response to danger during a non-dangerous time. This is called a “false alarm.” Another example is that while panic attacks may feel scary at first, it’s important to let your child know they are harmless. It can help to compare a panic attack to hunger pains, something that is annoying and uncomfortable, but harmless and quick to go. Finally, many kids like to learn facts. One such fact is that in an average elementary classroom, approximately five to six children (20%) have an anxiety disorder.<sup>1</sup> This can help your child feel he or she isn’t the only kid dealing with these struggles.

Reaching a goal requires bravery. Bravery is defined as being anxious but going for it anyway.

**Bossing back the bully:** In addition to physical symptoms, anxious thoughts are common, often telling kids that bad things are likely to happen and that they can't cope. For example: "The kids will laugh at you, and you'll have the worst day ever!" Teach your child to treat these thoughts like a bully or a nosey neighbour. For younger children, simple "boss back" statements—"Go away!" or "You're not the boss of me, you're just a liar!" for example—may be enough. For older youth, encourage them to look for the evidence for and against a fear thought, and to challenge the "worry bully." This can help your child feel empowered to change the situation.

**Setting and working toward small goals:** Once your child can reduce anxiety through self-soothing and bossing back nosey, bullying thoughts, the next step is to encourage small steps toward a goal. Have your child choose a goal they are ready to work toward, and break

it down into small steps. Start with the easiest step and move up from there. For example, if your child wants to attend a play date, begin with you staying for most of the play date, but leaving for the last 15 minutes to 'run a quick errand' (you can always just sit in your car—but don't tell your child!). The next step might have you leave for the last 30 minutes, and so on, until your child can stay alone for a full play date.

**Rewarding bravery:** Reaching a goal requires bravery. Bravery is defined as being anxious but going for it anyway. Rewards can provide a child with the added incentive to approach his or her goals. A reward could include stickers, small toys, privileges and more.

**Being consistent:** Once you start encouraging your child to tackle his or her anxiety, don't stop. Be consistent with your expectations. Every. Single. Time. Anxiety thrives on inconsistency—it's always looking for ways to take back control.

### In conclusion

Transitions and changes are frequent throughout childhood and adolescence, typically resulting in some degree of stress and anxiety for most young people. Although it's tempting to want to do things for your child and to protect them from experiencing anxiety, it's not a long-term solution. It's far more adaptive for your child to learn to tolerate and cope with anxiety-provoking situations, than to try to eliminate or avoid anxiety. Using the strategies described above can assist children and teens to be more resilient to routine demands. If you find the help these ideas provides is insufficient, however, getting support from a trained mental health professional is highly recommended.

For additional resources, go to [www.anxietybc.com/parenting/parent-child](http://www.anxietybc.com/parenting/parent-child) ▼



## easy separation — for parent & child



A 3-minute short animation produced especially for parents/guardians to ease your child's transition from home to school.

[www.youtube.com/user/AnxietyBC](http://www.youtube.com/user/AnxietyBC)

# TIP—Watari’s Transitioning to Independence Program

## HELPING YOUTH FIND HOME

Barbara Forsyth

Watari Counselling & Support Services Society is guided by a belief in the individual’s innate strengths, capabilities and desire for wellness. “Watari” is a Japanese word meaning “small bridge” or “in transition.” It’s our goal to be the bridge to opportunities, options and choices for the individuals we work with.

Safe, secure, affordable housing is the foundation necessary for any person wanting a healthy, full life. Without housing, we cannot lay roots, nest for our children and feel like we belong or have predictability. Without housing, we can’t plan healthy meals, prioritize self-care or focus on any other basic need. Without housing, stability in regard to mental health and substance misuse is just not possible.

Housing in the BC Lower Mainland is difficult for most folks to secure, let alone a young person with no references and limited income. Youth are intimidated by the process of a housing search and often face scrutiny and discrimination by landlords.

The Watari Transitioning to Independence Program, or TIP, is a subsidy and support program for youth ages 16 to 24 who are struggling with substance misuse and/or mental health issues. Many come from the foster care system and have been homeless or unsafely housed, but now might be ready to live independently with support. Funded by Vancouver Coastal Health since 2005, TIP has space for 20 young people at any one time.

In 2008, funding was received under the Vancouver Foundation’s Youth

Homelessness Initiative to adapt a TIP-like approach to the pregnant and parenting population of homeless youth—and TIP 2 was created, providing space for 15 young people.

### The TIP programs—What they do

With the help of TIP, youth are given a leg up. TIP case managers offer advocacy and support to the youth during the housing search and assist in seeing that their rights are upheld.

Youth are encouraged to choose the neighbourhood they wish to reside in, instead of being forced to live in an area that may be triggering or feel unsafe. Unlike many other housing programs, youth may choose to live alone or with partners, roommates or family. The youth can determine what best suits their needs, and TIP wants to support any connectedness the youth has with others.

*“I chose my neighbourhood based not only on affordability, but because it jives with my personality; choice is freedom...”*

—Sonia, TIP youth

For TIP 2, the definition of “parenting” is broad—the program welcomes youth who are pregnant, have their children with them or are working on getting their children

*Barbara is a Case Manager for TIP 2 at Watari Counselling & Support Services Society in Vancouver.\* She is an advocate for women and children, anti-oppression and community inclusion. Barbara has been working in social services for nearly 20 years, primarily with young families and youth in Ministry of Children and Family Development care*

\* The unceded territory of the Coast Salish First People and the traditional land of the Musqueam, Squamish and Tsleil-Waututh First Nations

## thank you

Watari Transitioning to Independence Program (TIP) thanks the generous support and partnerships with Vancouver Coastal Health, Vancouver Foundation, Sanctuary for Kids Foundation (S4K), Spencer Creo Foundation and BC Housing.

back or setting up visitation with their children.

Youth are provided with a subsidy, paid directly to their landlords (up to \$400 for non-parenting youth and up to \$450 for parenting youth). This simple subsidy opens up the youth's ability to secure market housing that is not substandard. In addition, youth are offered support with transit by way of monthly bus passes or fare tickets, as well as access to a food bank and essential skills classes. Parenting youth are offered access to baby items such as new car seats, strollers and cribs.

*"The subsidy has provided me with the opportunity to focus on my mental health while being in a safe environment of my choosing. It's freedom from the financial stress in a time of transition."*

—Mya, former TIP youth

The only requirements of TIP are that, while youth are receiving the subsidy, they continue to work with their



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mental health or substance misuse counsellor and attend Watari's essential skills classes.

*"I am grateful for where I am emotionally—I feel good. Because of the subsidy, I have been able to prioritize my mental health and my sobriety. I have time for AA and time for my counsellor, because I'm not working two crummy jobs. I'm not stressing about making that time for myself..."*

—Logan, TIP youth

The essential skills classes are an opportunity for the youth to connect with each other and share their experiences. The two-hour sessions are held once a month, and parenting and non-parenting youth attend the same classes. (For TIP 2 youth, parenting is supported one-on-one and with the involvement of other agencies.) TIP case managers offer topics such as personal responsibility, money management, creating boundaries, and nutrition on a budget. Usually, an organic process happens where the youth naturally direct the group's focus to centre on whatever their greatest need is per the particular topic.

*"I like the groups. I didn't think I would [laughs], but we have great conversations and I always leave with a new way of looking at things."*

—Rob, TIP participant

Youth are connected with various community partners who support them in securing employment or education-training programs. We believe in connecting with other agencies so the youth have more support options than just Watari.

The ultimate goal of TIP is that the youth can afford market housing on

their own, or alternatively, that they can secure long-term subsidized or non-profit housing. However, each youth's plan is individual.

*"With my case manager's help, I found an apartment I can be proud to call home. She helped teach me what to say to the landlord. She helped me get my son in daycare. Now I'm looking for work; I don't want to be on welfare anymore."*

—Christine, TIP 2 participant

The process of leaving TIP is based on what's best for that youth. Currently, youth tend to stay in TIP for 18 months to two years. We start planning their exit around 12 months, so there's always a solid plan to have each youth safely housed. No one leaves the program unless they have secure housing.

### TIP fosters success

TIP is one of the few programs in which success means the youth stay in the housing and community they've worked hard to connect to.

As a case manager, I see how the TIP programs offer youth transitioning to young adulthood an opportunity to do their authentic best with dignity. Being homeless, at risk for homelessness or unsafely housed is traumatic and does not support growth, change or security. The simple gesture of a small subsidy to secure housing and a professional to assist with goals and direction—whether employment, education, health or parenting—offers youth the stability to bridge forward.

If you know a youth anywhere in the Lower Mainland who might benefit from this program, visit our website for more information: [www.watari.ca](http://www.watari.ca). ▽

# The Stay Connected Mental Health Project

## HELPING YOUNG PEOPLE IN NOVA SCOTIA

David J. Pilon, PhD, and Debbie Phillips, RN

On August 22, 2009, the world lost a talented, sensitive and enthusiastic individual when Alex Fountain took his own life. He was a 20-year-old university student at the University of King's College in Halifax, Nova Scotia, struggling with depression.



*David is a Psychologist and health care administrator in Halifax, with a particular interest in access to evidence-based care. He is Program Leader, Specialty Services, and responsible for the development and delivery of the Stay Connected Mental Health Project*

*Debbie, Coordinator of the Stay Connected Mental Health Project, is a Psychiatric Nurse committed to decreasing stigma and improving access to care*

On April 4, 2013, the Queen Elizabeth II Health Sciences Centre Foundation announced an extraordinary gift from Fred and Elizabeth Fountain in honour of their son Alex. The gift funds the Stay Connected Mental Health Project, a five-year plan (2013–2018) to integrate a process of identifying young people with mental health and addiction challenges early on, teaching youth health care self-management, and building rapport between pediatric and adult services in Halifax.

The Stay Connected Mental Health Project comes under the Mental Health

and Addictions Program Specialty Services, Nova Scotia Health Authority Central Zone (formerly Capital Health). It involves the pediatric and adult health authorities, and a number of community partners such as Laing House, a peer support organization for youth ages 16 to 29 with a diagnosis of mental illness, and Healthy Minds Cooperative, a health care co-operative that provides peer-based services to mental health consumers and their families. Local universities are also involved, with a goal to support youth with mental health and addiction problems to stay connected to the care they require.

The vision of the Stay Connected Mental Health Project is to shift the culture and practice of how youth and their families transition from pediatric to adult-based mental health and addictions services.

The Stay Connected Mental Health Project is overseen by a coordinator and supported by an advisory committee made up of staff from both the adult and pediatric Mental Health and Addictions Programs, youth and family members. A part-time system researcher helps evaluate all the outcomes of the project.

### Removing barriers, creating pathways

Seventy per cent of mental disorders have their onset before the age of 25, so it's critically important to improve how we coordinate the care of young people and their families. The vision of the Stay Connected Mental Health Project is to shift the culture and practice of how youth and their families transition from pediatric to adult-based mental health and addictions services. Far too often, young adults fall out of care when they "age out" of pediatric-based services at 19.

Through enhanced mental health literacy, strategic planning and collaboration across health care settings, the Stay Connected Mental Health Project is overcoming system issues that create barriers. One of these barriers is the fact that the pediatric and adult-based services function as two separate health authorities, even though some service locations are separated by just a few city blocks. Additionally, the adult mental health

mand addictions program is made up of more than 40 services. This makes it difficult for clinicians from pediatrics and the universities to know where to direct a young person.

These barriers are being replaced with pathways to care. Joint transition meetings with clinicians, youth and their families are helping young adults and their families stay involved in care during this life transition. Also, an easy-to-follow service landscape map is being created to aid clinicians in navigating the system.

Central to the project is the development of guidelines that outline the procedural and clinical steps involved in transitioning a youth and their family when the youth approaches adulthood. These guidelines focus on an overlap of care when a youth ages out of pediatric mental health and addiction services (at the IWK Health Centre in Halifax) and requires ongoing care through adult services at the Nova Scotia Health Authority. These guidelines and the steps involved have been shared with the many clinical service teams at both pediatric and adult settings.

### Project components

#### Youth readiness

Project staff, working closely with staff at the IWK Health Centre, are developing content for self-

management skill-building training aimed at youth receiving IWK mental health and addictions services. Helping youth get ready for being in charge of their own health care as they transition into adulthood is important for successful mental health care outcomes.

Some of the self-management content comes from [www.teenmentalhealth.org](http://www.teenmentalhealth.org), a website devoted to youth mental health literacy. The website was created by Dr. Stan Kutcher, the Sun Life Financial Chair in Adolescent Mental Health at Dalhousie University in Halifax.

#### Family mentorship

The transition to adulthood and adult services can also be challenging for families. The Stay Connected Mental Health Project has partnered with hospital and community services to develop a family mentorship program that provides support and information to families of a youth in transition from the IWK to adult services.

The mentorship program pairs trained volunteers with family members of a youth in transition. The mentor is a family member of a young adult who has already transitioned from pediatric to adult mental health and addiction care.

#### 'Service landscape' navigational map

This map of mental health and addiction services is intended to help IWK clinicians and family physicians identify the appropriate services and pathways for youth and their families as they transition to adult care. (Since a significant restructuring of the Nova Scotia Department of Health happened on April 1, 2015, the map development will be delayed until it's determined what services will be provided where.)

## Developmental resources for clinicians working in adult services

Working with teens and young adults requires particular skill. The project includes training for adult-based mental health and addiction clinicians to enhance their skills in working with teens and young adults. (The training component is still in the development stage.)

## Specific initiatives related to campus mental health

Fred Fountain, who previously served as Chancellor of Dalhousie University, proposed that the Stay Connected Mental Health Project should reach out to local universities around mental health issues. A working group representing Dalhousie, King's College, Saint Mary's, Mount Saint Vincent and Nova Scotia College of Art & Design universities has been tasked with supporting the implementation of activities related to student mental health.

One activity of note has been the distribution of *Transitions* (© 2013), a mental health literacy guidebook directed at young people starting university (see [www.teenmentalhealth.org/toolbox/transitions](http://www.teenmentalhealth.org/toolbox/transitions)). It provides information on topics including time management, relationships, sexual activity, mental illness, suicide

and addictions, as well as mental health self-help information and recommendations about when students should get help on campus. The universities have sent the *Transitions* app, as a link within an email, to thousands of first-year students during the first week of classes at the partner universities. Hundreds of copies of the *Transitions* book have been distributed around the campuses, and it can also be purchased from Amazon.

Other university activities include:

- creation of an ongoing University Health-Hospital Liaison Committee, which meets twice yearly to develop relationships that will foster better access to care for students
- a partnership with the Association of Atlantic Universities mental health working group
- delivering mental health education to university faculty and staff (scheduled for late summer and fall 2015)
- providing student peer support (in development, with intended rollout in fall 2015)

## Two years in ...

An unanticipated staffing turnover caused some delay, but the project is now solidly on track and moving

full steam ahead. We don't have meaningful statistics yet, but the Stay Connected Mental Health Project has met with great enthusiasm from all quarters, and individuals continue to step forward to join the ranks. In and of itself, this is the beginning of the cultural shift we envision. With this extraordinary gift from the Fountain Family, young people in our community will have greater access to coordinated mental health care at a time when they most need it—a meaningful legacy in memory of Alex Fountain. ▽

“The Stay Connected Mental Health Project has brought the universities and hospitals together in a brand new way. Though we have met only a few times so far, we have already formed incredible partnerships that will see our students get the care they need in a timely and effective manner. The enthusiasm and good will shared around the table has given me a renewed sense of hope in my work.”

—partner university spokesperson

# resources

## Kelty Mental Health Resource Centre

[www.keltymentalhealth.ca](http://www.keltymentalhealth.ca)

The Centre provides information and resources for children, youth, young adults and their families across BC who have mental health and substance use concerns. It offers options for support and treatment, tips for self-help, and free educational events. Navigation support is provided over the phone, by email or in person.

## Transitions [to campus]

[www.teenmentalhealth.org/toolbox/transitions](http://www.teenmentalhealth.org/toolbox/transitions)

A publication that provides first-year post-secondary students with information on topics such as time management, relationships, sexual activity, mental illness, suicide, and addictions. It also includes mental health self-help information and recommendations on where Canadian students can go to get help on their campus. Available as a book, iBook, and app.

## ON TRAC (Transitioning Responsibly to Adult Care):

BC Children's Hospital

[www.ontracbc.ca](http://www.ontracbc.ca)

This province-wide initiative aims to support youth with chronic health conditions and/or disabilities (including mental illness) as they transition from pediatric to adult health care services. It provides information and toolkits for youth, parents/families, and care providers to help youth ages 12–24 plan and prepare for adulthood and adult health care.

## Aged Out

[www.AgedOut.com](http://www.AgedOut.com)

A website for young adults who were in government care in BC. It's an up-to-date 'warehouse' of information on resources and services available to young adults, and a learning tool to help young people feel empowered as they leave care. It covers life skills relating to education, health and wellness, housing, ID needs, money and income, and personal life.

## The Federation of BC Youth in Care Networks (FBCYICN)

[www.fbcyicn.ca](http://www.fbcyicn.ca)

This youth-driven, non-profit organization is dedicated to improving the lives of young people in and from government care in BC, between the ages of 14 and 24. You'll find resources, help with the transition out of care, and information about bursaries, youth retreats, and support networks.

## Mental Health Commission of Canada: Taking the Next Step Forward

[www.mentalhealthcommission.ca/English/document/76936/taking-next-step-forward](http://www.mentalhealthcommission.ca/English/document/76936/taking-next-step-forward)

A report that considers the current state of Canadian and international policies and programs that support youth with mental health problems and illnesses transitioning into adulthood.

## *The Chief Public Health Officer's Report on the State of Public Health in Canada, 2011. Chapter 4: Creating Healthy Transitions*

[www.phac-aspc.gc.ca/cphorsphc-respcacsp/2011](http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2011)

Chapter 4 features examples of effective approaches to create healthy transitions for youth and young adults.

## Representative for Children and Youth

[www.rcybc.ca](http://www.rcybc.ca)

BC's Representative for Children and Youth (RCYBC) supports the province's young people and their families in dealing with the provincial child and youth welfare system. To access these sample reports, visit the RCYBC website and type each report title into the site search:

- *Still Waiting: First-hand Experiences with Youth Mental Health Services in BC*
- *On Their Own: Examining the needs of BC Youth as They Leave Government Care*
- *Growing up in BC - 2015*

## McCreary Centre Society

[www.mcs.bc.ca](http://www.mcs.bc.ca)

The McCreary Centre Society (MCS) is committed to improving the health of BC youth through research, education and community based projects. To access these sample reports, visit the MCS website and type each report title into the site search:

- *Negotiating the Barriers to Employment for Vulnerable Youth (2014)*
- *Promoting Positive Mental Health among Youth in Transition: A Literature Review (2011)*
- *BC Adolescent Health Survey*
- *Fostering Potential: The lives of BC youth with government care experience (2011)*

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



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