A MATTER OF LIFE AND DEATH:

Interim Report and Recommendations from the Child and Youth Advocate's Youth Suicide Prevention and Mental Health Services Review

New Brunswick
Child & Youth
Advocate

Défenseur des
enfants et des jeunes
du Nouveau-Brunswick

Office of the Child and Youth Advocate

The Child and Youth Advocate has a mandate to:

- ensure that the rights and interests of children and youth are protected;
- ensure that the views of children and youth are heard and considered in appropriate forums where those views might not otherwise be advanced;
- ensure that children and youth have access to services and that complaints that children and youth might have about those services receive appropriate attention;
- provide information and advice to the government, government agencies and communities about the availability, effectiveness, responsiveness, and relevance of services to children and youth; and act as an advocate for the rights and interests of children and youth generally.

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A MATTER OF LIFE AND DEATH:

INTERIM REPORT AND RECOMMENDATIONS FROM THE CHILD AND YOUTH ADVOCATE'S YOUTH SUICIDE PREVENTION AND MENTAL HEALTH SERVICES REVIEW

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"Great Spirit...teach me and I will send whispers in the wind,
tears in the rain, and warmth in the day
Allow me to comfort all those who seek your strength and wisdom
Show me how to become a star in the spirit world
and the physical world so that I may watch
over my family and friends and especially my communities
Woliwon eli koseltomuyin ntuwikin 'kikuwak Kehcitposit!"

Song for a Spirit Walk, by Elder David Perley of Neqotkuk, Wolastoqey First Nation, 2005
In memory of his son Gabe who passed away February 7, 2005 at 20 years of age

The Child and Youth Advocate's *Youth Suicide Prevention and Mental Health Service's* Review has reached its midway point. Much of our information gathering is complete and the challenging task of identifying solutions and bringing recommendations forward to government must begin. As indicated to the Minister of Health earlier in March we will be submitting our final report this summer but are pleased to bring forward some interim recommendations to government based on what we have already learned.

At this stage we have constituted a Review Team comprising ten members of the Advocate's permanent staff, six social work and law students, two First Nations consultants and two retired Assistant Deputy Ministers from the Department of Health. Together we have received over 500 distinct records from various government sources as part of the Review's request for documentary disclosure. We have had over 4100 completed online surveys by individual New Brunswickers, adults and youth combined. Starting with Lexi Daken's own family, and those involved in her care, we have completed nearly 40 key informant interviews. We have also heard from 10 Canadian and Global Experts in the field of youth mental health and suicide prevention, during six hours of exchange with the Advocate and our Advisory Board. As well more than 260 citizens registered for our Public Consultation and Listening Tour. Dozens of individuals took part in two hour dialogue sessions with the Advocate and the Review Team in Wolastogiyik and Mi'gmaq sessions as well as in Moncton, Edmundston, Campbellton, Bathurst, Miramichi, Acadian Peninsula, Upper River Valley, Charlotte County, Fredericton, and Saint John regions. We also received a half-dozen briefs from professional associations, youth organizations community agencies and others by our June 7th deadline. Because of the quality of this feedback and our desire to hear the advice from all New Brunswick stakeholders, we have extended the deadline for the filing of formal submissions to June 25. Dozens of youth, families and professionals have also reached out to us through our website and email accounts to share their advice and stories with the Advocate and the Review Team. All of this information will help inform our Review findings, final report and recommendations.

We want to gratefully acknowledge the assistance we have had from our Advisory Board, of over 60 expert participants made up of our Stakeholder, Youth and First Nations Advisory Councils. The Advisory Board has shaped each aspect of the Review to date. They first met to validate the proposed process and scope of the review including the consultation document, website, survey tool and launch details. They then met a second time with the Youth Mental Health experts convened from across Canada and around the world. They then met a third time to review

the interim recommendations. The last meeting of the full Advisory Board will be on July 9th and will focus on reshaping and validating the final report and recommendations stemming from this review.

In addition to these four meetings of the Advisory Board, the Youth Advisory Council and the First Nations Advisory Council have had their own meetings and our Advisory board Co-chairs have participated actively in the Consultation and Listening Tour. We are especially grateful for the wisdom, guidance and prayers provided by First Nations Elders at various stages of our review. Imelda Perley, Ed Perley, Noel Milliea and Miigam'agan have all assisted very meaningfully in our process. With their guidance Advisory Board members have reviewed earlier versions of the interim recommendations set out below, whittled them down, added to them and improved them in important ways. We are confident therefore that there is a broad New Brunswick consensus on the need for swift action on these priority action items.

The first main deliverable, following the outline proposed for our Review in our Consultation Document, was to provide to Government, prior to June 15th, some interim recommendations stemming from our review. This commitment to provide interim recommendations stems from the urgency with which Government itself is approaching this task of reform. The Minister of Health has already announced this month 21 recommendations from her Department and the two Health Authorities that she intends to implement in order to improve youth mental health crisis care in hospital settings. Our commitment to identify early recommendations for Government to act upon stems from this same desire to strike while the iron is hot. So many improvements could have been made had government only followed advice that has previously been tendered. Many of the challenges young New Brunswickers face in relation to improved youth mental health outcomes stem from a lack of political will and follow through on earlier reviews and recommendations. Now the political will and determination to act are present and genuine and we want to bring forward tangible solutions that are easily within reach that will make rapid improvements possible.

We have collected the draft recommendations below by looking to previous reports and recommendations to identify the work unfinished and by hearing from New Brunswickers about the process improvements that have sprung up in practice already in different parts of the Province, often times as a result of advancing research in this field, and that have a proven transformative potential.

It is not our intention in these few pages to anticipate the broader task of the final report and engage in a deep analysis of what has been shared and how we can forge a path forward. Our plan at this stage is only to provide a progress report as outlined above on the work under way and to quickly point out a few early recommendations which from our perspective could be helpfully addressed immediately to rapidly improve outcomes. Each recommendation outlined below will be accompanied by a brief problem statement and argument for the proposed recommendation.

At the same time, some general trends and observations our clear from the evidence gathered to date and will inform and help shape our final report. The Advocate recommends that government follow through on prior commitments and that it brings forward new investments to fully implement the right of children and young people to enjoy the highest attainable standard of health. At the very least, the following five guiding principles should inform our reform: i) new reforms must be predicated upon the recognition of the child's right to life and to health in New Brunswick law; ii) strategic, progressive quality improvements in keeping with prior reforms,

rather than wholesale change, is the path forward; iii) increased investment is critically needed in community-based approaches to care and mental health supports to children youth and families; iv) cultural acceptability requires strategic and differentiated approaches to improve mental health services for First Nations children and youth recognizing the health inequities present in New Brunswick due to colonialism and its historical and present day impacts; and v) children and young people must own their own paths to recovery and this requires their active participation in every aspect of reform and a new commitment to better support the families and carers of young people challenged by the onset of mental illness.

Too often we hear questions from individual New Brunswickers and often from the media themselves asking, "why another report?", "why do these issues keep recurring?" "will this result in change, or merely get shelved like other reports?". We encourage government and all New Brunswickers to take a longer view. We find looking back on previous reports from our office and from other external experts, such as Judge Michael McKee, that much progress has been made in recent years. Clearly not enough has been done and yet the start New Brunswick has made with Integrated Service Delivery (ISD) is promising and is regarded across the country as a leading best practice. Spending on youth mental health services is now a recognized provincial and national priority, unlike previous years when it languished as the orphan of the health care system. Mobile mental health crisis units are increasingly used as first responders when mental health crises occur. Laws have evolved to allow the sharing of information in a multidisciplinary search for best interest solutions for child and youth mental health patients. We have drastically reduced and avoided the prior response of arresting and sending youth to jail for behaviours that stem from poor health rather than a criminogenic intent. All of these things were recommended. All of these things have been accomplished to a certain degree. And yet problems remain.

The COVID-19 pandemic and the public health measures required to contain it have placed a heavy burden on children, youth and families. Anxiety and depression were already on the rise among younger and younger children owing to a complex array of factors from changing family dynamics, to increased screen time usage, decreased sleep, increased sedentariness, and a host of other factors. This year the Advocate has noticed that all acute care facilities for child and youth mental health are operating beyond their maximum capacity and the COVID rules in place in such institutional care has made it more challenging for patients to stabilize and improve their health conditions during their step-up care in these placements.

In this "perfect storm" facing the youth mental health system we have to increase our resourcing of these necessary health supports. We have to stay calm and improve upon the things that we have been doing well. We also have to be creative and resourceful in accessing and enabling new supports so that every child and young person can find the lifeline they need in a timely way, close at hand, in their own community. We look forward to working with all New Brunswickers, Government and private philanthropy in identifying the best solutions to help us weather this next storm together in the immediate post-pandemic period. We will outline in the coming weeks a detailed plan to help us navigate the rough waters ahead. Our plan will speak specifically to the need to implement guarantees of accessibility, acceptability of health services, appropriateness of care and quality of care in all youth suicide prevention and mental health services. Immediately, we are asking government to demonstrate its good faith in the pursuit of these goals by acting swiftly to implement the following ten interim recommendations.

INTERIM RECOMMENDATIONS

Improving the Availability of Mental Health and Suicide Intervention Services

1. Maintain and expand ACCESS Open Minds

We heard from experts in the field such as Dr. Patrick McGorry and Dr. Srividya Iyer that across Canada and around the globe models of community-based walk-in clinics administered by youth for youth, with peer-based supports, and rapid access to clinical supports without referral, are growing. These care models build upon the recovery model of care implemented through New Brunswick's first Mental Health Action Plan, as well as the service integration achieved within public service providers through ISD. The model addresses the fundamental problem in mental health service provision which is that while the peak onset of mental illness occurs between 17 and 25 years of age, that age cohort is the patient group least likely to seek care and most likely to be refused care when they do seek it from formal systems. The classic problem of youth mental health case presentations is therefore that people who need care the most are also the most likely to go without. But mental illness is unforgiving and each episode of mental ill health aggravates and deepens the illness and its challenges. It is therefore urgent to intervene early and effectively.

Our review also heard from the global team of experts that one of the most valuable person in society in terms of human and social capital is the suicidal 21-year-old who may present at the emergency ward. In other words, everything in that young person's life to that point has typically been a social investment. A wonderful young promise of life. They have been educated, cared for, often provided with every opportunity, but they haven't yet had a chance to pay it back. The loss of that life is the most costly loss to society not only because of the lost investment but because of the lost potential. No price can ever be placed on any human life, and yet we need to recognize the magnitude of our error is supporting every child to the best of our abilities, but then failing them critically in their moment of greatest need. The failure to provide reliable health supports for youth mental health patients has a tremendous economic and social cost beyond the enormous human tragedy carried by so many families individually. We simply cannot afford to go on this way. New investments, new approaches and better outcomes are urgently needed today.

Much of the growth of the movement towards community-based youth mental health care is empowered by a global conversation among child and adolescent psychiatry experts and young people with lived experienced through the International Association for Youth Mental Health (IAYMH). The rapid growth of the model may be outstripping at times the evaluation of science but the demand and rapid uptake for this youth-friendly form of service provision is proof in itself of its ability to connect youth with care. This model can narrow the chasms between onset of illness and connection to care which researchers have often referred to as "valleys of death". We also heard from many stakeholders in New Brunswick, including members of our Advisory Board that the thrust of reform has to be decidedly in favour of community-based supports which have proven their cost-effectiveness and success time over time. In New Brunswick the ACCESS Open Minds pilot sites in the Acadian

Peninsula, in Elsipogtog and PEER SJ in Saint-John have demonstrated very attractive cost benefit impacts. Similar community-based programs have sprung up such as KV Oasis and Moncton U-turns. The Moncton U-turns project was approved as an ACCESS expansion site in 2018, along with additional sites in Neqotkuk (Tobique) and Fredericton. Despite their clear success in meeting the needs of youth in the community, the ACCESS sites have had to wind down this year and lay off staff as their federal research grant funding lapsed in March 2021. The Province has committed to provide bridge funding to the Caraquet and Elsipogtog sites to continue their service provision over the short term. We believe the Province can and must do more. Indeed, the bilateral Agreement signed between Ottawa and the Province in 2017 promising an injection of $40 million over four years in mental health services specifically prioritized investments in these models of care. It is well past time for the Province to catch up to the rest of the country and get behind this emergent model of community-based care.

It is recommended that the Province invest the necessary annualized funding to maintain the ACCESS Open Minds network in New Brunswick inclusive of all three original ACCESS sites and the three expansion sites approved in 2018, in Fredericton, Moncton and Neqotkuk and that the Province work with community partners and global philanthropy to leverage this investment with private, federal and municipal funding partners, to ensure acceptable and accessible community-based care to all children and youth who need it.

2. Caring Crisis Care

One of the main challenges that we have heard from Lexi's own family, but also from several other youth, parents and health professionals who have come forward in our review already is the need to intervene appropriately with suicidal youth. We have heard from psychologists who have chosen to leave hospital-based care, because of the poor consideration given to mental health patients by other health professionals in hospital settings. We have heard from youth who were refused access to their loved ones for hours without end, following an emergency room admission for suicidal ideation. They were made to feel immature, insensitive to the burden they were placing on the health care system and worthless and were then discharged without any parental supports or professional supports in place while remaining suicidal. One such young person was adamant that she would never seek hospital-based care again in a similar situation of crisis. She reached out to us individually to share her story and plead for better, more competent and compassionate care to be put in place in hospital settings.

In the Advocate's view we need an urgent investment in training to bring all crisis care work environments into line with the quality standards that appropriate child and youth mental health interventions require. We are pleased to learn about the changes that have been made in recent weeks at the emergency department at the Dr. Everett Chalmers Hospital in Fredericton in response to the quality assurance review following Lexi Daken's death and the Minister's recent recommendations. Triage of mental health patients is now being done by psychiatric nurses themselves. They have been provided billing numbers so that they, just like emergency room physicians can determine when to call in psychiatrists for emergency consults. The emergency room itself has been reconfigured to create a separate waiting area for mental health patients with separate clinical observation rooms. All of these are positive changes which we hope will be replicated in other hospitals across the Province. Much more, however, will need to be done to change the culture of emergency rooms in relation to mental health services. Basic health care standards in this field will have to be enforced through shared behaviours,

principles of care, and patient centric services that are informed by a respect for child rights and the rights of mental health patients in general and their equal human dignity. Providing that same quality of care to all mental health patients regardless of their social condition, disability, race, origin, creed, Indigenous status, age, gender or sexual identity or orientation or other such ground of distinction will also require training, enforcement and strict monitoring. Operationalizing this necessary culture shift is a topic to which we will return in our final report. Training and education are the foundation of this culture shift and we urge government to start upon this task immediately.

It is recommended that the Department of Health and both Health Authorities immediately implement ongoing training and professional development programs to ensure that all emergency room staff are equipped to provide competent and compassionate care to youth who present with suicidal ideation or following suicide attempts.

Improving Accessibility

3. Upstream Investments

In addition to what is suggested in the 21 recommendations released by the Minister of Health this spring to improve crisis care, it is critically important that investments should be made in a range of child, youth and family initiatives such as peer support work in the school setting (e.g. Shirley Joubert initiative in Moncton High and other similar possibilities), and family support groups to better understand and help their child or youth dealing with mental health and addiction issues. There should also be in place mechanisms to track whether child, youth and family voices and concerns are being heard and addressed by the service delivery system. The Department of Health, Health Authorities, Public Health and their allied health partners must work collaboratively to support and build capacity within the non-profit and community sector to make community groups, organizations and clubs able and available to direct and serve children and youth with mental health issues.

Several years ago, the government instituted a provincial wellness strategy that aimed to improve the overall wellness of New Brunswickers as an overarching social policy goal for all government services. In the current fiscal climate, and given what we have heard about the looming impacts of the COVID-19 pandemic in terms of predicted wellness impacts, we believe it would be prudent to dedicate a similar all-of-government effort to better support families, children and young people experiencing the onset of mental illness. As we recover and move forward from the pandemic, we may not be able to afford being all things to all people, but we should make certain that children and young people are a critical priority and that the mental health impacts of the pandemic, that their generation will have to bear longer than any of us, are remedied and mitigated as early and as effectively as possible.

In the Advocate's view this means taking immediate measures to increase our collective abilities to be there for one another. School children and young people have asked us themselves to be better equipped to be allies for their classmates struggling with mental ill health. Families have written to us repeatedly asking for better supports for parents and siblings who want nothing more than to be a better support for their child, brother or sister, but who need navigational supports, training and respite care to be able to do so. Professionals from

every walk of life are also interested in being part of the solution. All of us would stand to gain from more mental health literacy training and capacitation. Having more community connectors and allies for youth mental health patients is among the very top priority investment that government could make to rapidly turn the page and provide the right intervention, at the right time, and at right intensity for every child and young person. For Integrated Service Delivery to work meaningfully it has to work not only in individual case planning, it has to work as well at the level of public health and through coordinated educational efforts across departmental lines.

It is recommended that the Province jointly with the Departments of Health, Education and Early Childhood Development, Public Health and Health Authorities constitute a provincial fund and strategy to support mental health awareness and education activities through schools and communities aimed at equipping more community partners and public service providers to better support and direct children and youth with mental health issues, as well as their families and carers.

4. Getting help as you find your way

As a more specific example of this general recommendation for improved engagement of community connectors, we heard repeatedly of the need to maintain existing community resources that have proven their worth over many years. We heard from youth, parents, persons of support as well as professionals that it is very challenging for them to navigate through current systems of care and support for children and youth. When the will to seek help and access services is present, the lack of information and resources often refrain people from knowing how to connect with care. The public does not know where to get support when dealing with mental illness, nor do they know which supports exist, or how to access them. The Link Program was mentioned several times during our public consultation process as a helpful resource. There are also telephone services and web-based services, such as 211 recently set up in NB. But are these lines empowered to direct the public with specific mental health needs? Navicare was a promising model developed and tested by Dr. Shelley Doucet at UNBSJ which demonstrated the importance of investing in such specialized navigational supports. Strongest Families is a network of counselling supports made available to youth experiencing the onset of mental illness and their families that can provide immediate crisis intervention counselling supports and life skills coaching supports. The 811 system developed nationally will also fill a much needed gap in connecting young people and their families with much-needed supports in a timely way. All such online supports can provide critical navigational and counselling supports to fill the gaps in care occasioned by formal systems of care with long wait-times.

Young people themselves have, however, emphasized that the best connections are human connections and local connections of trust. This is why The Link Program, which has been in place in dozens of communities across the province over many years, and has twice been awarded the Province's suicide prevention prize is such a needed investment. Earlier this year the Province unfortunately eliminated the long-time core funding that has allowed The Link to stay afloat and keep its service navigation tools current and responsive. The Advocate urges the immediate restoration of this funding and the development of a strategy to create new synergies between this long-standing human connectors program and emerging technological navigation tools that are youth friendly.

It is recommended that in addition to the continued support and development of the Link Program outlined above, that the Province develop a dedicated system of telephony, phone app, text and web-based supports. Information should be made available to help youth, parents, professionals and the public in finding their way into the system, while supporting them along the way.

5. Curricular Supports

Beyond the need to support broad based public education in relation to mental health fitness and to support critical navigational supports for children youth and families, we have also heard that more attention needs to be focused on educating children in school about mental wellness and allyship in relation to mental health challenges. We heard repeatedly from parents and youth that they have not received adequate or sufficient basic education in wellness, mental health awareness and knowing how to address mental illness when it manifests in one's own family circle. We have also heard from many experts that in the post-pandemic period increased investment in teaching coping strategies, resiliency training and physical health and well-being will be critically needed. While we will be returning to this topic as well in our final report, the urgent need for improved curricular supports in preparation for the 2021-22 school year, in the early post-pandemic period, has prompted us to include this key recommendation at this early stage.

It is recommended that the Departments of Health and Education and Early Childhood Development collaboratively develop a new post-COVID recovery wellness curriculum for all grade levels and that core elements of this curriculum be in place for September 2021, with further programming to be introduced in the winter and fall of 2022.

Making Services Acceptable and Culturally Safe

6. Taking the time to do it right

Our Consultation Document has placed significant importance on the notion of Appropriate Care. Appropriate Care as a service standard means that health services need to be provided in keeping with the best possible medical ethics and professional standards, but also that they are linguistically and culturally safe and appropriate for all persons, including the Indigenous peoples living in New Brunswick in their traditional, unceded lands.

Since our Review launch and on the advice of Advisory Board members and First Nations community members and allies we have established an independent First Nations Advisory Council for the review. We have also heard from Canadian mental health experts in the field of Indigenous health services, such as Brenda Restoule, Carole Hopkins and Caroline Tait. We are looking forward to ways in which service provision in New Brunswick can be improved on the basis of this knowledge and advice. The most important interim recommendation Indigenous leaders and experts have brought to our table for government is a request for more time to give this review. This sensitive topic must protect the unique needs of Indigenous youth, their families, and communities.

The re-traumatization of Indigenous peoples with the recent news from Kamloops, highlights the need for government to respect the **Nation-to-Nation relationship**, and listen to the Indigenous leaders about the needs of their community members. First Nations Communities have an inherent Aboriginal and Treaty right to develop the processes that affect their members and the time required to approach community engagement in a way that is safe and non-triggering, given the extensive loss of life to suicide and youth mental health and addiction challenges that several communities have faced.

This inherent right to develop their own solutions requires that Indigenous Leaders have an equal seat at the table when health funding is being discussed between Canada and New Brunswick. In this instance, the ***Canada-New Brunswick Home and Community Care and Mental Health and Addictions Services Funding Agreemen***t includes the Indigenous population living in NB, and contemplates the unique culturally relevant and safe services that should be co-developed, but have not been.

In Annex 1 to this Agreement, the Common Statement of Principles on Shared Health Priorities includes:

> "Indigenous health
>
> Recognizing the significant disparities in Indigenous health outcomes compared to the Canadian population, the federal, provincial and territorial governments are committed to working with First Nations, Inuit and Métis to improve access to health services and health outcomes of Indigenous peoples and discuss progress. At the national level, the federal government is committed to working with national First Nations, Inuit and Métis leadership in response to their identified health priorities (developed through the First Nations Health Transformation Agenda, an Inuit –Specific Approach to the Canadian Health Accord and the Métis National Health Shared Agenda). At the regional level, federal, provincial and territorial Health Ministers commit to meaningfully engage and to working together with regional Indigenous organizations and governments.
>
> FPT Health Ministers commit to approaching health decisions in their respective jurisdictions through a lens that promotes respect and reconciliation with Indigenous peoples."

Specifically in the following clauses in Annex 2 the New Brunswick Action Plan states:

> "Develop and implement a culturally appropriate and competent framework for the delivery of mental health services to First Nations people, both youth and adults, within New Brunswick's 15 [sic] First Nations communities. The goal will be to co-develop with First Nations partners and successfully implement multi-level, First Nations community-led, collaborative, strengths-based mental wellness teams; [p. 23]"
>
> "Fund integrated service delivery teams customized to the varying needs of each of the First Nation communities throughout New Brunswick regions that require specific multidisciplinary youth teams in addition to those currently established within the public school system; and
>
> Ensure that the planned provincial treatment centre will be adequately staffed based on the determined service requirements. This facility will provide court-requested assessments in addition to treatment planning and provision for youth with complex needs. [p. 24]"

While the above appears good on paper, the reality on the ground and in the relationships between the provincial government and the 16 (including the Peskotonuhkati) First Nations in New Brunswick is very different. A thorough review of the implementation of this Agreement is needed to address the inadequate inclusion of Indigenous leadership in the discussions surrounding the planning and services provided under this Agreement and to ensure that Indigenous communities are equal partners to any future Agreements.

We are alert to the very real disparities between Indigenous youth and their Canadian peers, with suicide rates that are six times higher among Indigenous youth than their age peers in Canada. We know that this problem is not limited to western provinces or northern territories but is present in our First Nations communities as well. In fact, it is with great sadness that we learned through the short period of time this review has taken place, that two more Indigenous youth have taken their own lives in this province. It is no longer acceptable for this Province to group Indigenous Youths' challenges in with other youth, as the unique history that has affected them and continues to do so, requires a unique approach.

We are committed to working with our First Nations Advisory Council to bring forward the best recommendations we can for First Nations youth within the time frame we have given ourselves to report to Government by July 2021. At the same time, we support the recommendation for further study and review of the situation of indigenous youth suicide prevention and mental health services, by the Advocate's Office with an extended timeline and special appropriation.

It is recommended that further to the recommendations stemming from this Review, and respecting the Nation to Nation principles governing relations between the Province and First Nations governments. The Department of Health and Province of New Brunswick fund an independent review by New Brunswick First Nations experts, working under the auspices of the Advocate's Office, of Youth Suicide Prevention and Mental Health Services for Indigenous Children and Youth both on and off reserve.

Assuring Quality of Services

7. Getting it done

As stated above, New Brunswickers can take some comfort in the efforts that have been made in recent years to improve child and youth mental health. However, our review of the record convinces us that for every step forward and progress made there are several missteps and failures to move forward with the clear path and guidance provided. Overwhelmingly, there is a sense that many lives could have been saved, if Government had simply done more of what it set out to do or simply completed the tasks it gave itself.

When a key recommendation is accepted by successive governments of every political stripe to address the needs of the very most vulnerable youth in the province, but effective action and implementation of that recommendation is delayed time after time for fourteen years, youth and families will understandably have a crisis of confidence in Government. In the 2008 Connecting the Dots report the Advocate made 48 recommendations. All of which were accepted by government. Within two years government focused in on recommendation 14, one of the central recommendations in the Advocate's report to establish a Centre of

excellence for complex needs youth and it asked the Advocate for further recommendations on where to situate this centre of excellence, what governance model to establish, what its service menu should be and how it should be funded. The Advocate produced a second report Staying Connected in 2011 as a blueprint for government's promised reform. Government went to a public tender process in 2012, but none of the tenders submitted were approved. In 2014 there was a change of government and the new government announced plans to build the centre as promised, but after more consultation on the building design government decided to move ahead with plans to build the centre in Campbellton over significant protests from key stakeholders. The building construction was nearing completion in 2018 when following a further change in government it was decided to heed the Advocate's initial advice and build a new centre in Moncton. This year in its Mental Health Action plan government has committed to opening a new centre for youth with complex needs in New Brunswick in 2024, 16 years after the original recommendation. Given all that we have heard, the Advocate believes that this timeline is not timely and out of sync with the urgent demands of the present situation and it will be difficult to endure patiently for four more years for an acute care facility for the most vulnerable youth in our province.

It is recommended that the Government take swift measures to improve interim psychological and psychiatric treatment options in regionalized hospital care settings and in the Pierre Caissie Centre and Restigouche Hospital Centre (RHC) Youth unit pending the opening of the new Provincial Treatment Centre for complex needs youth and expedite the development and opening of this facility in keeping with the key recommendations from the *Advocate's Staying Connected* Report: independent governance, clinical direction through a stepped model of care, strong ties to academic research through dedicated research centres to promote timely knowledge transfer and integration of best in class practices, limited residential treatment capacity in neighborhood settings, and step-down capacity to regionalized models of hospital and community-based care.

8. Data collection as a key to Quality Services

Our review also allowed us to identify promising practices already in place in the field of suicide prevention and monitoring in parts of the Province that could benefit children elsewhere if more broadly applied. A recent initiative of this kind is an innovative collaboration for suicidal ideation and intervention data collection and information sharing between the Miramichi Hospital and the local School District, with other community partners. This program was developed in collaboration with the Sun Life Research Chair in Youth Mental Health at Dalhousie University and is one of four pilot sites across the country. The program invites school-based staff and hospital base staff to share into a common database information reports in relation to suicidal ideation, suicide attempts and suicides and to produce reports for key stakeholders in the region alerting them to possible suicide risks in the community and providing links to helpful resources.

It is recommended that the Departments of Health and Education and Early Childhood Development collaboratively develop a plan to maintain and support the Miramichi Suicide Prevention initiative and support its development across the province.

9. Child rights evaluation and monitoring

Throughout our investigation to date we have been concerned about the lack of reliable publicly available data in relation to youth suicidal ideation, suicide attempts and youth suicide in New Brunswick. We are also working with researchers at UNBSJ and global experts in child rights and child health to determine what are the core indicators of child rights and well-being, particularly in relation to health outcomes and social determinants of health that we need to be monitoring as a province in order to be accountable in terms of our promises to children. Effective structural, process and outcomes measures are needed to determine how effective the system is in improving the mental health of children and youth. Outcomes should be concrete and specific with a mechanism in place to monitor results and provide ongoing feedback to the service delivery system to ensure continuous improvement. Evaluation and monitoring should also assess how effective the system is in improving the mental health of children and youth. Measures should include qualitative subjective feedback of children and youth and family satisfaction with services, quantitative measures looking at clinical and epidemiological data, and functionality measures that examine health and symptoms. Measures should also determine if service usage before and after participation in mental health interventions is being tracked.

GlobalChild is a child rights monitoring tool developed with experts in child health and child rights with the support of the Canadian Institute for Health Research (CIHR) by Dr. Ziba Vaghri at UNBSJ. It offers New Brunswick the opportunity to become an early adopter of this global platform for child rights and child health data monitoring and state accountability. The pilot of GlobalChild in New Brunswick this year constitutes a Canadian and a global first that can serve to improve and standardize our data monitoring functions in accordance with an emerging global standard.

It is recommended that the Department of Health work with its GNB partners and the Child and Youth Advocate's Office to support the NB pilot of GlobalChild and derive a reliable set of indicators for child rights enforcement informed by the social determinants of health, including standardized indicators for monitoring suicidal ideation, suicide attempts and deaths as well as child and youth mental health indicators generally, in an effort to improve child and youth well-being and reduce the onset, social costs and deepening of mental health challenges upon presentation.

10. Recommitting to Integrated Service Delivery

We have heard from many youth and families that they are grateful for the support that ISD child and youth teams have been able to provide their families, within schools and in community settings. We have also heard the concerns expressed by families who have had to wait for weeks or months before even being able to access ISD supports in schools, the challenges faced by families who cannot access these supports because their children are not even in school, and about a disconnect between ISD child and youth teams and formal systems of care and private psychology supports. Most tellingly, Dr. Bill Morrison, the originator of the Integrated Service Delivery model in New Brunswick informs us that he was asked by the Province to develop Fidelity Standards and Practice Standards for the ISD model in New Brunswick in 2017, but that those standards remain unadopted and unenforced by the Province. We believe that the immediate adoption and implementation of these standards

is one of the best ways of improving the ISD model and ensuring its success in reducing wait-times for psychology and counselling supports and seeing more youth receive not just the diagnostic supports but the treatment and therapeutic supports that they need.

In 2017-18 the Child and Youth Advocate's Office developed a child rights training module to be integrated within the ISD online training module for all ISD staff and child and youth team members. Unfortunately, the video support and digitization of the training module was never completed and it has not been integrated into the ISD training program. Many front-line workers in health, education, justice and child protection also report having a poor or little understanding of how ISD works or when or how to access its supports for their clients.

It is recommended that the province implement the Fidelity Standards and Practice Standards that have been developed for ISD, that the rights-based training module be integrated as an introductory module to the online ISD training program and that all front-line staff in child and youth serving Government Departments be required to complete the online training.

CONCLUSION

The Youth Suicide Prevention and Mental Health Services Review, has been a major undertaking by the Advocate's staff on top of a busy pandemic year where advocacy requests have been increasingly complex and rising. Hearing from so many concerned professionals, young people and families has, however, been a rewarding reminder of how important it is to make the necessary changes to put children and young people first as we emerge from this pandemic experience. The 10 recommendations outlined above in this Interim Report are all simple steps that can be taken immediately and that will continue to move the thrust of our reforms in the right direction. We look forward to the work ahead, to the release of our report later this summer and to new directions in respecting the rights and interests of young people like Lexi Daken to restore hope and help them find the supports in family and in the community to place their faith in life and leave death aside.

ANNEX I

Table of recommendations

1. It is recommended that the Province invest the necessary annualized funding to maintain the ACCESS Open Minds network in New Brunswick inclusive of all three original ACCESS sites and the three expansion sites approved in 2018, in Fredericton, Moncton and Neqotkuk and that the Province work with community partners and global philanthropy to leverage this investment with private, federal and municipal funding partners, to ensure acceptable and accessible community-based care to all children and youth who need it.

2. It is recommended that the Department of Health and both Health Authorities immediately implement ongoing training and professional development programs to ensure that all emergency room staff are equipped to provide competent and compassionate care to youth who present with suicidal ideation or following suicide attempts.

3. It is recommended that the Province jointly with the Departments of Health, EECD, Public Health and Health Authorities constitute a provincial fund and strategy to support mental health awareness and education activities through schools and communities aimed at equipping more community partners and public service providers to better support and direct children and youth with mental health issues, as well as their families and carers.

4. It is recommended that in addition to the continued support and development of the Link Program outlined above, that the Province develop a dedicated system of telephony, phone app, text and web-based supports. Information should be made available to help youth, parents, professionals and the public in finding their way into the system, while supporting them along the way.

5. It is recommended that the Departments of Health and Education and Early Childhood Development develop a new post-COVID recovery wellness curriculum for all grade levels and that core elements of this curriculum be in place for September 2021, with further programming to be introduced in the winter and fall of 2022.

6. It is recommended that further to the recommendations stemming from this Review, and respecting the nation to nation principles governing relations between the Province and First Nations governments, the Department of Health and Province of New Brunswick fund an independent review by New Brunswick First Nations experts, working under the auspices of the Advocate's Office, of Youth Suicide Prevention and Mental Health Services for Indigenous Children and Youth both on and off reserve.

7. It is recommended that the Government take swift measures to improve interim treatment options in regionalized hospital care settings and in the Pierre Caissie Centre and RPH Youth unit pending the opening of the new Provincial Treatment Centre for complex needs youth and expedite the development and opening of this facility in keeping with the key recommendations from the *Advocate's Staying Connected* Report: independent governance, clinical direction through stepped downs in a stepped model of care, strong ties to academic research through dedicated research centres to promote timely knowledge transfer and integration of best in class practices, limited residential treatment capacity in neighborhood settings, with step-down to regionalized models of hospital and community-based care.

8. It is recommended that the Departments of Health and Education and Early Childhood Development develop a plan to maintain and support the Miramichi Suicide Prevention initiative and support its development across the province.

9. It is recommended that the Department of Health work with its GNB partners and the Child and Youth Advocate's Office to support the NB pilot of GlobalChild and derive a reliable set of indicators for child rights enforcement informed by the social determinants of health, including standardized indicators for monitoring suicidal ideation, suicide attempts and deaths as well as child and youth mental health indicators generally, in an effort to improve child and youth well-being and reduce the onset, social costs and deepening of mental health challenges upon presentation.

10. It is recommended that the province implement the fidelity standards and practice standards that have been developed for ISD, that the rights-based training module be integrated as an introductory module to the online ISD training program and that all front-line staff in child and youth serving departments be required to complete the online training.

ANNEX II

Advisory Board Members

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- Hilary Cartwright
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ANNEX III

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