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CONSULTATION DOCUMENT



PREPARED AND PRESENTED BY THE

OFFICE OF THE NEW BRUNSWICK CHILD AND YOUTH ADVOCATE

New Brunswick
Child & Youth
Advocate



Défenseur des
enfants et des jeunes
du Nouveau-Brunswick

Child and Youth Advocate (Office)

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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Une détresse trop grande peut conduire au suicide, même si le suicide n'est au fond réellement qu'un appel au secours, entendu trop tard...

Bruno Samson

The first wealth is health.

Ralph Waldo Emerson

Native mind is, therefore, a mind-in-relational activity, a mind-in-community

Dr. Joseph Couture, native psychotherapist

Losing a loved one to suicide is a tragedy at any age, but youth suicide hurts the entire community because it defeats all hope. If it is true that it takes a village to raise a child, then it stands to reason that youth suicide will almost invariably be experienced as a collective failure. Canada has among the highest rates of youth suicide in the developed world. As a nation we can and we must do better. New Brunswick does not publish reliable data on provincial youth suicide rates, or suicide attempts, or reported suicidal ideation. Until we begin to better collect, share and analyze this data we will not be able to address the problem or its underlying causes effectively.

The problem of youth suicide cannot be separated from the provision of youth mental health supports. As the World Health Organization has said, there is no health without mental health. All mental health systems tend towards the search for wellness, the preservation of life, and the avoidance of the worst possible outcome, which is suicide. The responsibility of governments to preserve life and improve quality of life is imbedded in our Constitution in the guarantee of the right to life, liberty and security of the person in section 7 of the *Charter of Rights and Freedoms*. It is reflected also in the international human rights instruments which Canada has ratified and is obliged to uphold for all Canadians. The right to life and liberty is intrinsically tied to our right to health and our right to full inclusion in society, with due regard to the equal human dignity of all members of the human family.

Paradoxically, the very system of guarantees of individual liberties and freedoms that we hold so dear, can sometimes stall our efforts to meaningfully protect young lives. In western liberal democracies, we often insist that the only path to human progress is the one lit by Dame Liberty and her promise of traditional western values and fundamental freedoms. Social, economic and cultural rights, such as the right to health, or the rights to social security and an adequate standard of living, are often considered as second generation, or second-class rights. As

individuals we are expected to be supremely capable of solving all of our own problems, if only government would stop interfering. But that is no more true today than in any previous time in history, despite all the tropes that Hollywood can produce to the contrary.

Child-rights based approaches can help us point up that fallacy. The *Convention on the Rights of the Child*, when it came time to assert and adapt the child's fundamental right to life, liberty and security of the person to the child's lived reality and stage of human development, recast it as a right to life, survival and maximum development. Through this foundational human rights instrument, the most universally ratified human rights treaty in the world, governments and people everywhere have recognized that none of us are actually born free, autonomous and self-actualizing. Instead we are all born into conditions of abject vulnerability, more so than any other living creature. Our gestation and maturation outside the womb is more protracted than all other species, and yet this allows us to go further and take responsibility and become good stewards of life on this tiny blue planet, or at least it should.

In non-western cultures this human frailty and need for relational supports is often much better understood. African jurists and thought leaders such as Desmond Tutu refer to this fundamental human experience as *ubuntu*, an African legal concept which recognizes that the individual takes their place in the world not as a single individual in relation to the State, as Hobbes, Locke, or Kierkegaard may have thought, but as an individual in community in relation to others. As Archbishop Tutu says: "I am me, through you". In this way our relationships with one another in community can replicate the relationships through which spouses come to understand one another, or the relationship that exists between a mother or father and their child.

In New Brunswick, Wabanaki traditions, whether among Mi'gmaq, Woolastookwiyik or Passamaquoddy peoples, also reflect this fundamental truth. As with most other Indigenous communities in North America, in many of the gatherings in these communities, wherever formal or ceremonial occasions require it, the gathering is closed with a circle, where all the members close with a parting offering to their neighbour: "all my relations". What stronger words could express the sincerity or the depth of a desire for healthy relationship than to offer each other the spirit of our relations with our elders or the bond that ties us to our child or grandchild? Again, "I am me, through you". Here, the obligations that tie us to generations that have preceded us or those which follow are not just legal, but social and moral obligations as well. They therefore take on the value of a foundational norm. There is a power in the words, "all my relations" that should make the founders of modern human rights theory think again.

Taking a child-rights based approach to these questions, we understand better that foundational social and cultural rights such as the right to access health care, within the criteria of availability, accessibility, acceptability and quality outlined by the UN Committee on the Rights of the Child, need full protection in our Province. As we mourn the passing of another promising young life in

our Province, and as we embark upon this ***Youth Suicide Prevention and Mental Health Services Review***, we want to commit ourselves to asking all the tough questions and not shying away from fundamental change. We know that the demands for a public inquiry into this matter reflect the frustrations within community and the demand for meaningful and sustainable change. We want our process to meet the expectations of community and to channel the collective desire for change to secure better outcomes for all our children and youth.

* * *

Our Process and Methodology

This consultation document seeks to set out the broad parameters of our review and to invite all New Brunswickers into the process and the search for solutions. We are launching it today along with the launch of our website and we will follow up in the coming weeks with an online community survey. Through the website we are inviting all New Brunswickers, as well as service organizations, public bodies, businesses and professional associations to make their voices heard, whether through online feedback via the website, by attaching a detailed submission in response to this consultation document, or by reaching out to us by phone to speak with one of our delegates. We want to hear from New Brunswickers directly about their experience of youth suicide prevention and mental health services. We want you to identify the solutions that would be most helpful to your family. We are inviting youth in particular to share their stories and lived experiences and to participate in the search for solutions. Submissions of creative content in relation to the themes of this review is also very welcome. We are actively soliciting this feedback and will continue to receive submissions from the public until June 7th, 2021.

The Advocate is also very appreciative of the strong expression of interest and community support received to date in relation to this review. Many professionals, family members and youth with lived experience of mental health services have reached out and have been in touch with us already. Many of them have offered to help in any way they can. The outpouring of concern and support is unprecedented in the 15 years' experience of the Advocate's Office.

We are very pleased to announce that our Review will be supported by an Advisory Board constituted of both a Youth Advisory Council and a Stakeholder Advisory Council. We acknowledge with thanks the participation of Stacie Smith and Sue Duguay as Co-Chairs of our Youth Advisory Council and of Leo-Paul Pinet and Graydon Nicholas as co-chairs of our Stakeholder Advisory Council. The full membership of the Advisory Board and both Councils is set out on our website and in Appendix A to this document. This Advisory Board will guide the Advocate's process at every stage of our Review.

The Board has met a first time to validate and provide feedback in relation to the overall scope of the Review, the Review Plan, this Consultation Document, the website and online survey tool. It will meet a second time in late April for dialogue sessions with Canadian and Global experts in Youth Suicide Prevention and Mental Health Service delivery. The third meeting of the Advisory Board will be held in late May to discuss and inform the interim recommendations to government in relation to this review. It will meet a final time in early July to inform and give guidance in relation to the final report and recommendations.

The interim recommendations to government will seek to identify some early recommendations stemming from the review of past studies and recommendations that have been left pending, and the identification and collection of best practices that have already been implemented and proven effective in some parts of the Province. The final report will be informed by a series of background papers and studies carried out by the Review's research team and will put forward recommendations for foundational and systemic change to help ensure that the investments made this year and next in response to this Review will not be easily undone or abandoned by future administrations.

In addition to the two Advisory Councils, this Review, is carried out by a team comprised of seven members of the Advocate's staff under the direction of Christian Whalen, Deputy Advocate and Senior Legal Counsel, and assisted by an additional four staff persons including Ken Ross and Claude Allard, both former New Brunswick Assistant Deputy Ministers of Health with experience managing Mental Health and Addictions Services, two research assistants and three Bachelor of Social Work students. The full membership of the Review team and our contact information is available on the Review website. In addition to carrying out our investigation into government services, managing the public consultation process, and hearing from New Brunswickers directly, the Review team's research unit will be carrying out a jurisdictional scan and literature review and producing relevant background papers to inform the Review. Our expectation is also to provide, in a separate annex to the report, clear guidance to government in relation to the adoption and rapid implementation of a Youth Suicide Prevention Strategy for New Brunswick.

On March 18, 2021 the Advocate provided formal notice of review to both health authorities, the Coroner's Office and the Departments of Health, Social Development, Justice and Public Safety and Education and Early Childhood Development. More recently we have also given notice to the Department of Post-Secondary Education, Training and Labour and sought their involvement in the Review. We have sought disclosure of all relevant records to this review. Since March 5 we have begun meeting with service providers and youth and family members interested in this Review. While our review methods are private and confidential and allow service providers, family members, youth and allies to come forward and speak their truth in

conditions of anonymity, the Advocate is committed to full transparency in relation to this review process and will provide media briefings on the progress of our review at regular intervals and around project milestones. Moreover, the Advocate is committed to hearing from New Brunswickers directly and to that end a series of community town halls on the topic of youth suicide prevention and mental health services will be held during the month of May, in different regions of the province, both as online events and in large venues to respect social distancing and gathering guidelines.

Scope of the Review

This review was prompted by the passing of Lexi Daken in Fredericton and we will leave no stone unturned with respect to that incident, what led to her death and how it might have been prevented. At the same time, this family tragedy must serve as a cautionary tale and allow us to take a deeper look into all aspects of youth suicide prevention and mental health service provision in the province. No aspect of public or community service, private family dynamic or social or private enterprise, including the regulation of digital environments, impacting upon youth mental health is beyond the scope of this review. Taking a life-cycle approach we have adopted a definition of youth which includes 0 to 30 year-olds, including the peri-natal period.

Issues and questions for investigation and consultation

While it is still very early to shape the contours of the conversation we need to have in New Brunswick to properly address these issues, and while our review of the records and interviews with the people involved with Lexi and those closest to her, as well as the testimony of so many more New Brunswick families will undoubtedly refine and reshape the questions we now have, our experience as Child and Youth Advocates and our review of past recommendations has allowed us to identify several broad areas of investigation as follow in the pages below. We invite New Brunswickers, and other Canadian youth, families and experts, to reflect upon the questions and issues which follow, and to share with us their advice and experiences.

Ground Rules

As outlined above, youth suicide is a pressing problem in Canada. While the fundamental rights of all Canadian children are indivisible, innate and inalienable, the fact that suicide is the second most prevalent cause of death among Canadian youth and that Canada is among the top five countries in the world in terms of the number of youth suicides per capita should give us all pause. Perhaps the right to health care is not more important than freedom of expression, or the right to a separate system of criminal justice administration, but given the challenge of youth suicide, we need to question whether we in New Brunswick are truly committed to guaranteeing every child's right to life and to accessible health care. Is it time for New Brunswick

to stand by our international commitments to child rights and incorporate into our domestic law the fundamental rights guarantees that we have committed to uphold for children everywhere? Could New Brunswick children and youth be better supported by stronger guarantees of their rights in our domestic laws? Would provincial government services be made more accountable if our local laws aligned better with our international commitments? Is there any reason to oppose this kind of change to our ground rules in relation to services to children? We would like to hear from New Brunswickers and from children and youth on this issue.

Governance

New Brunswick has gone through a number of rationalizations in health care services since the 1990s. We now have a system of health care governance that is directed by two geographically distinct health authorities and overseen by a provincial Health Department and a provincial health council. One of the central questions in this review is how can our health care systems be made more accountable for quality health care provision and health services to vulnerable populations, and to children and youth in particular? How do we ensure that the criteria of availability, accessibility, acceptability and quality required under the Convention on the Rights of the Child are adequately met by our health care teams? How do we ensure service quality across multiple government departments and agencies knowing that child and youth mental health services require inherently multidisciplinary approaches? How do we insist upon meeting patient needs and being youth centric and not refuse services because of a given mandate or job description? How can we ensure a seamless transition between youth and adult mental health services? How can end-users have a say in the governance of interventions that occur in very formal institutional settings as well as very informal community and family-based settings? Can we improve any of these mechanisms through a renewed commitment to child-rights based approaches and child rights implementation?

Access to quality care

As we have said, the child's right to the highest attainable standard of health protects a right to health care that is available, accessible, acceptable and of quality. Availability requires government to ensure that health services, professionals, clinics and hospitals are present in sufficient quantity to serve all children having particular regard to "underserved and hard to reach populations". Accessibility requires these same services to be available without discrimination, within adequate physical proximity and accessibility, through affordable means and with appropriate information supports to allow everyone who needs services to easily find them.

On the basis of this understanding of our obligations to child and youth patients, we are seeking to verify through this review whether youth suicide prevention and mental health services in

New Brunswick sufficiently meet the standards required to uphold every child's right to the highest attainable standard of health. Particularly, in relation to this review we want to hear from New Brunswickers whether in their experience, youth mental health supports are sufficiently available. What should be a reasonable wait-time for accessing such services in a developed country like ours? Are these services appropriately accessible for all New Brunswick youth without discrimination? Should these services mainly be accessed through hospital services? Through community walk-in clinics? Through school-based services? Or through a combination of all of these means? What is the appropriate mix? Where are new investments most critically needed? We especially want to hear from young people with lived experience of mental health services and their peers about how would they like to access health services. What would an accessible, youth-friendly health clinic look like to you? Should it even be a health clinic? Could it be a gym or a yoga studio? How would you want to hear about it? What would make you feel safe or comfortable going there?

Accessibility and Peer Support

One critically important aspect of accessibility in youth mental health service delivery is peer support. We know that young people faced for a first time with the onset of mental illness are much more likely to turn to a friend for support than to any other individual. How can the Province best equip young people to be the peer supports that their friends may need them to be? How can we tap into the lived experience of young people who have faced mental illness and recovered to guide other young people on their paths to recovery? What institutional supports and investments are needed to ramp up these kinds of peer supports across the province? Where can young people most easily and best access these expert peer navigators? How can we measure our success in making such changes?

Service Integration

One of the critical differences between today and 2008 when the Advocate's *Connecting the Dots* report was published, or the year following when Judge McKee undertook his review in this sector is the fact that we now have a province wide roll-out of Integrated Service Delivery (ISD). ISD has been recognized as a national best practice in this field and is being replicated in many other parts of the country. ISD insists upon multidisciplinary teams to wrap services from all government departments around the child with a view towards reducing service wait-times and ensuring that children and youth do not fall through the cracks of our support systems. ISD also aims to connect children and youth with the right intervention, at the right intensity at the right time. Within ISD, every door is meant to be the right door, so that no matter who young people turn to they can always be connected with the right level of care. Lexi's passing seems at first blush to suggest that, at least in her case, all the failsafes failed at once. We will take a deep look at lessons that can be learned from what happened in this particular case, but we want to

hear from all New Brunswickers about their experiences with the ISD model. What are the ISD success stories? Why have we not been able to replicate the success from the initial pilots in drastically reducing wait-times for mental health services in the province's largest centres? How can ISD be improved? Should parents be able to withdraw consent and opt out of ISD as a school-based intervention? How can ISD child and Youth teams seamlessly engage with clients who are receiving services from private mental health service providers? Have all employees who work with children and youth in child welfare, education and health care received adequate training in relation to ISD, to ensure that the model is working optimally? When will we be able to achieve the ultimate goal of *One Child One File*, where school cumulative files, child protection records and medical mental health records are seamlessly integrated to support common planning and multidisciplinary team practice for these youth? Is this even an achievable or desirable goal?

Acceptability and Cultural Safety

Acceptability is about ensuring that all health services, facilities and goods are designed and delivered taking into account all medical ethics as well as children's actual needs, expectations, cultures, views and language, having regard in particular to vulnerable groups. Acceptability is a key criteria when making decisions about the allocation of scarce resources, as government must do regularly in health care administration. How do our investments in mental health services measure up in relation to our spending on primary health care, cancer treatment, back pain, worker rehabilitation and other health care priorities? Are New Brunswickers sufficiently insured against the impacts of poor mental health? Is the burden of mental illness born fairly between families and the broader community? Looking to other aspects of acceptability the Review will also inquire into whether mental health supports are equally distributed within both official language communities and whether services are acceptable to newcomers and immigrants as well as within our First nations communities. All indigenous peoples and community members in our Province should receive equal access to mental health services that are respectful of their rights under Treaties, Canadian law and the UN Declaration on the Rights of Indigenous Peoples. In Canada the rate of youth suicide is much higher in several indigenous communities than in the general youth population. We want to encourage the federal and provincial governments and all New Brunswick stakeholders to work with First Nations Band Councils and other indigenous leaders to solve this problem. We want to do more than that and help ensure that mental health service provision in New Brunswick is culturally safe and acceptable for all patients. What must we do as a Province to eradicate racism and provide indigenous youth with equal opportunities in accessing health care? What teachings are available within indigenous communities that can help solve this issue and may offer new ways of healing and service delivery across all our systems?

Quality control and service standards

The criteria for full implementation of the child's right to health also speak of quality. Quality is about ensuring that health services are scientifically and medically appropriate and of good quality: i) are diagnoses, interventions and treatments based upon the best available evidence and practices? ii) are all staff professionally qualified and trained to deal appropriately with children and youth patients? iii) are hospital and clinic settings adequately adapted for children and youth health care provision? iv) are drug therapies adequately dosed for children? v) are adequate quality assurance programs in place in relation to child and youth care?

Based upon our preliminary interviews and observations we are also wondering whether youth mental health services in New Brunswick consistently meet the standards of acceptability and quality required to meet our obligations to children and youth. Are we diagnosing children with certain mental health conditions at too young an age? Are we sufficiently supporting children and in a timely fashion following a mental health diagnosis? How do we ensure that children with significant diagnoses and at risk of suicide are given the needed priority to connect rapidly with care? Health care professionals are always alert to what they refer to as iatrogenic effects. This means that a given health diagnosis, intervention or treatment may itself lead to harmful effects and these need to be avoided and addressed as best possible. The mental health field may be particularly susceptible to iatrogenic effects; we want to hear from experts and families about the level of such risks in New Brunswick and how to avoid related negative outcomes.

We are also wondering about how to improve quality assurance mechanisms in relation to community-based care. We have heard that fidelity standards were developed for Integrated Service Delivery but that they have not yet been adopted. We are asking why not? How can we ensure that ISD will work province-wide in the manner it was intended, and help achieve rapid access to mental health care for all children and youth?

Investing in professional and qualified resources

One of the key components of quality is to ensure that health professionals are adequately trained, but also benefit from continuing professional development to keep abreast of emerging best practices. Having sufficient staff to serve all child and youth patient needs is also a core aspect of maintaining available health services, a critical function of government in relation to any child or youth's right to life and right to health. We will be looking to national and global norms to ensure that New Brunswick has enough specially trained psychiatrists and psychologists to meet the needs of our youth population. We will also be looking at the availability and working conditions of all other service providers, from family practitioners, to nurses, to methods and resource teachers, to classroom teachers, to family counsellors, to school and hospital social workers and school intervention workers to make sure that all staff

know how to address suicidal ideation and mental health challenges when they present. We want to hear from New Brunswickers and from youth in particular with respect to these issues. What level of support is critically lacking? Where should scarce resources be directed in priority? What role can teachers or social workers or counsellors play in better supporting children and youth with mental health needs? How can health care professionals, particularly pediatricians, psychologists and psychiatrists best intervene with ISD teams and community-based service providers to ensure quality clinical care in every setting?

Prevention and Public Education

Another core issue that our Review would like to focus upon, particularly as we emerge from the global COVID-19 pandemic, is what would actually constitute prevention work in relation to youth mental health services and suicide prevention? What are the social determinants of positive mental health or wellness? How do we support that? We would like to hear from young people about their lived experience into these matters as well, from toxic stress, to cyberbullying, to drug and addictions, to adverse childhood experiences, to family dynamics, to harm or trauma in institutional settings, to family history, or sleeplessness, or nutritional habits and so on. What are risk factors or resiliency factors that can be targeted and worked upon to better support your wellness? What would those supports look like? How daunting is the stigma surrounding mental health matters? How can it most effectively be defused or addressed? What should be the focus of public education efforts in relation to youth suicide prevention and mental health services? How would you like to hear about it and what would be the best way to engage youth? What priority should be given to this aspect of government's response?

The Role of Research

A functional and highly performing health system is one that is constantly evolving and improving. How do we make sure as a Province that our youth are always benefitting from the best practices in mental health service delivery? How do we, as a Province, become early adopters of emerging best practices? In the recent past the Province has invested in at least one university research chair in youth mental health services, how can we replicate that investment at the Université de Moncton in other post-secondary research institutions? What should be the link between research chairs like the CRISMEJ at the Université de Moncton and the Centre of excellence for complex needs youth and the governance table for Integrated Service Delivery? How do we ensure that any such research capacity benefits service provision in the near term? How can we support the knowledge translation from the research lab to medical clinics and community service teams? Who should be tasked in New Brunswick with this critically important work?

Addressing the recurrent nature of this problem

In recent years, the Province has produced several Mental Health Action Plans, reports from our office and others have been published with many recommendations on how to improve the system. Many improvements have been made, but many root challenges remain unaddressed. And yet with each young life lost the concern in community flares. New Brunswickers want to know why is this problem so intractable? Why are the necessary changes not made? What will it take to provide our youth with the supports they need? We have seen over the years a number of helpful recommendations accepted by government but not acted upon. Or they are actioned but then abandoned before they are completed? Or they are actioned but delayed seemingly forever? Sometimes they are fully implemented with success, but then abandoned again to divert funds to another new crisis. Is there a mechanism to ensure that government will implement and follow through on its commitments in this field? Would there be a way of ensuring that new investments in this sector could be tracked or earmarked to ensure that they are not easily abandoned or reallocated a few months or years later? We would like to hear from government thought leaders, and from all New Brunswickers, how our investments in this sector could be given greater priority and accountability.

Conclusion

Youth suicide, and suicide in general will no doubt never be completely eradicated. What we *can* do is put in place the supports and systems that will minimize the risk of these preventable deaths to the maximum extent possible. Having targeted solutions to improve youth mental health services will not only help us address youth suicide, it will help avoid the many chronic health conditions and poor mental health outcomes that follow from a lack of early intervention. We know the return on investment from prioritized spending in this area is significant. We know also that providing families with the financial, therapeutic and relational supports they need to help increase mental wellness and deescalate the onset of mental illness among young people yields human and social benefits that far outweigh their economic impacts. We invite all New Brunswickers to engage meaningfully with this Review and the opportunity for change that it presents, and we look forward to exploring solutions together.

Appendix A

Review Team

CYA Staff

- Norman Bossé, Child and Youth Advocate
- Christian Whalen, Deputy Advocate and Lead Investigator
- Gavin Kotze, Director of Systemic Advocacy, Research Lead
- Mélanie Leblanc, Clinical Director, Lead Respondent
- Wendy Catwright, Systemic Investigator, Lead Investigator for the Review
- Jessica Forbes, Individual Case Delegate, Co-lead Public Consultation
- Amélie Brutinel, Education and Outreach Coordinator, Co-lead Public Consultation
- Heidi Cyr, Communication Director

Additional Staff Members

- Ken Ross, Project Consultant
- Claude Allard, Research Consultant
- Dana Richardson, BSW Students in practice placement
- Brittany Stewart, BSW Students in practice placement
- Kelsi Pellerin, BSW Students in practice placement
- Two Additional Research Assistants

Advisory Board

Youth Advisory Council

We acknowledge with thanks the participation of Stacie Smith and Sue Duguay as Co-Chairs of our Youth Advisory Council.

The Youth Advisory Council is composed by the following members :

- Gracie Lemoine
- John Aidemouni
- Nadia Woodward
- Cassandra Eisner
- Dust Murphy
- Marilou Landry
- Carlovsky Bellefleur
- Mariah Deleavey
- Neila Selouani
- Maude Sonier
- Maude Levesque
- Sarah Dana
- Myriam Cormier
- Zoé Bourgeois

Stakeholders Advisory Council

We acknowledge with thanks the participation of Graydon Nicholas and Léo-Paul Pinet as Co-Chairs of our Stakeholder Advisory Council.

The Stakeholders Advisory Council is composed by the following members :

- John Sharpe
- Hilary Cartwright
- Mark Wies
- Barbara Whitenect

- Michael Johnston
- Jeffrey LeBlanc
- Bruce MacPherson
- Robert Eckstein
- Vickie Plourde
- Carole Gallant
- Eva Sock
- Roxanne Sappier
- Katina Russell (Feggos)
- Brigitte Dandenault