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If you asked people around this province what they felt was the most pervasive problem facing its young people today, the answer would probably involve the growth in youth disaffection and negative attitudes. From that concern emerges the worrisome potential for far too many young people, particularly young men, to get involved in gangs, anti-social, and occasionally violent behaviour.

There is no question that we read and hear --with a combination of sadness, anger and other emotions -- about these troubled young people. When their actions cause the death of one another, or sometimes an innocent bystander, the entire community takes sharp notice.

It is indeed a major challenge, especially in our cities. Many people including mayors and social workers, educators and law enforcement personnel are actively -- some might say desperately -- working out ways to assist with and alleviate the situation.

I think there is much to be done in immersing and educating young people in the values of citizenship and civic society. If we can motivate children in the early and especially middle years (roughly 6-12) --waiting until their teens is starting too late -- and then maintain that motivation, we have a better chance of helping most of them develop the strength of character and resilience to resist such behaviour. Rather, as a community, we must find ways to instill in our youth the capacity and the will to make healthier choices about their lives and their futures. To help them mature as they grow up. This is important work.

But everyone in this room knows of another, far less publicized -- though more pervasive and highly varied -- set of challenges facing a great many children and young adults in each and every one of our communities. By extension of course it also affects their families and friends. It is not, moreover, entirely unrelated to the previously mentioned issue of youth disengagement and its consequences.

That other challenge is a simmering crisis. It involves the area in which you all work or volunteer. In this room we are well aware of the critical need for prevention where possible, earlier and more telling assessment, diagnosis, assistance, treatment and follow up for the approximately 1 in 5 children or young people who, at any given time, have, or are suffering from, mental illness, or a mental health problem or disorder. But the extent of the problem is not well known outside of these walls.

Perhaps it is partly a lingering stigma about mental illnesses, perhaps it is for lack of information, publicity or concerted advocacy about the situation and trends, but the astounding statistics and corresponding tremendous need truly cry out for a much larger, and more suitable response than is currently the case. The extent of the challenge is simply not generally evident or understood.

Now 20% of our children is a LOT of children. Some of these have short term problems, and those would benefit greatly from quicker access to assessment and assistance as well as a system of short term or transitional guidance, informed parental or other intervention, as well as the helping hand of counselling. This way, kids, or families or teens on their own might learn to cope with and ideally work through temporary difficulties, stresses and pressures. But many other children, more as they reach adolescence, have mental health problems that are chronic and about 10% cause significant impairment.

All these children profoundly deserve help. Their cases and assessable disorders range

widely, as you know, by type and degree, but cover a broad spectrum -- from a wide variety of anxiety and oppositional defiant disorders, to ADHD, conduct, mood and pervasive development disorders such as autism, eating disorders, bullying and other aggressive behaviour, as well as the exceedingly disturbing incidence of depression and suicidal attempts and successes -- (If there was ever an odd and truly chilling meaning of the word success, then the idea of a "successful" suicide attempt surely is it.

When I met a few weeks ago with your wonderful and passionately committed executive director, Gordon Floyd, I asked him how we were doing in the assessment and treatment of serious mental illness among young people were things getting any better?...

He answered in several ways, described the situation with feeling and gave me a sense of what is and isn't being done on various fronts. The statistics that lingered most in my mind concerned the highly disturbing -- and growing -- phenomenon of suicides among young people:

He provided details like these, each one well documented and very, very troubling:

- Mental illness is the strongest risk factor for youth suicide.
- For every suicide completion, there are nearly 400 attempts.
- Suicide is the second leading cause of death among 15-19 year olds (24%, after accidents)
- 3 times more young females than males attempt suicide, but 3 times more young men than women -- are "successful".
- Over the past 30 years, the rate among 15-19 year olds has increased nearly five fold for males and three fold for females.
- The suicide rate among aboriginal youth in Canada is 6 times higher than the average among our young people.

and the final heartbreaker:

- Less than 40 % of youth who are deemed to be at risk of suicide receive treatment.

There are other serious and disturbing matters around our mental illness model. Most problems appear to begin in adolescence, but there are sometimes -- some say frequently - - earlier indicators. When a child suffers from a disorder, it almost always has important side effects for their families, social lives, school, relationships and so on.

For the majority of kids, their problems will persist into adulthood. It is difficult to quantify the loss of the usual childhood experiences --the internalized values and skills that come from playing, learning, relating and developing in a healthy way alone and with others. Each takes its toll.

We do know there is a tremendous loss to society as a whole: Young people with mental health disorders are at greater risk of dropping out of school, ending up in jail and not being fully functional members of society.

And this is where the worlds or experiences of all our children, the healthy, the disaffected and those with mental disorders, begin to intersect.

There is an overlap among adolescents with mental problems and those who in their teens become angry, defiant, socially excluded or exclusionary and in other ways marginalized and disengaged. Both feel isolated ...even alienated from the rest of us in their individual

separateness or separate societies and both veer dramatically away from the more common late teen trajectory -- with its familiar developing interest in areas such as jobs, friends, higher education, good relationships and so on.

My husband and I have a daughter living and working for a year or so in Paris. She has described the barren, stark conditions of the suburban banlieus--extensive poor and racially distinct neighbourhoods outside the beautiful central areas of the city. They are concrete jungles lacking virtually any of the usual Parisian pleasures -- parks, cafes, wide boulevards, and beautiful architecture. The living conditions are alienating...no wonder the (residents suffer in so many incalculable ways, both personally and collectively. The people living in these areas are known as "les exclus" -- As we all know, the misery bubbled over and erupted in the defiant, seemingly senseless rebellions last fall. The world watched as large number of young people who seem to share a group conduct disorder almost as debilitating as any individual's depressive or defiant condition. Their violent "acting out" may have stemmed from years of frustration, anger and pain. Others have simply given up. We are not immune here in Toronto. We too have isolated neighbourhoods, poor enclaves, overcrowded apartments, areas lacking in amenities, services and parks. There are clusters of people here and in other cities that feel...and often are...marginalized. It is critical that young people be given the education and the tools that will allow them to remain hopeful and engaged....also, proudly part of and participant in the Canadian mosaic and Canadian dream.

Think of the open optimistic faces of most younger children. Compare that with the world weary expressions of so many teens, especially those in deprived neighbourhoods. These are the faces of young people who have begun to realize and despair of how difficult it will be for each one of them to break out of and away from their situation and its challenges -- to make their mark and participate happily and successfully in the world.

For virtually all young people with mental problems, especially if left un (or under) treated, the problems will persist into adulthood and frequently get worse. Early identification is key. When early id leads to early intervention, then, quite often, this leads to positive results and significant improvements. There are unique difficulties in assessing the young and very young, but it seems totally obvious that "the earlier the better" would be a good recipe for efficient and effective assessments and the start of treatment. Most young adults with mental disorders showed important clues of those disorders years earlier. In some the signs were missed, in others, attributed to "bad behaviour" or "growing pains"--the familiar strains and stresses of relating with parents, siblings, teachers and other children. If only parents, grandparents, child care workers and elementary school teachers could more effectively initially determine if something is more than a little bit wrong.

But parents, teachers, -- and even grandparents -- are not trained in recognizing the early signs of childhood or adolescent mental illnesses. The result is, many of these kids get punished instead of helped. Parents, quite naturally, hope and expect kids will "grow out of it" -whatever "it "may be. But it doesn't work that way . One does not, cannot, "grow out" of the vast majority of mental disorders.

Parents do not automatically know the so-called "normal parameters" of e.g.. fear or anger or anxiety, but they DO notice worrisome emotional extremes and disturbing behaviour. Even if some recognize the need for assessment and assistance, the critical question of where and how to get help is not always clear. Despite this, cases abound and your agencies are strained to capacity. We must do a better job as a society to help educate parents and caregivers. They are the eyes and ears ---the front line diagnosticians...who if aided or trained, will be the first to identify, report and describe disturbances.

As you know, timely access to children's mental health services leads to more positive outcomes because young children are flexible and adapt more readily to treatment as their symptoms are not yet well entrenched. Also, because their children are involved and they care deeply and personally about the outcomes, parents are necessary and vital players in the treatments. We must join forces, rather than compete with one another, to not only maintain the level of service available across the province today, but to share learnings with other provinces and countries, to expand when possible and required, and to provide sustainable and reasonable levels of funding for programs and staff.

This is all by way of a build up to making the case regarding the need -- the tremendous need -- to advocate for more investment by both government and the community -- in mental health prevention, training and treatment.

The goal of advocacy is not only that the subject of that advocacy be better informed, fully understand or even care more deeply about the issue at hand -- although those are all useful and important elements. The real goal goes farther, and is tougher to achieve. It is identification. In other words that the real crux of the matter be accepted or integrated -- truly internalized as one's own.

I believe in evidence based argument. So job one -- if the mental health network is to make its case more widely accepted, is to amass verifiable and impressive evidence. To a large extent you have done that, and the evidence collected is powerful indeed.

Missing from the mix, I think, is a comprehensive analysis or profile of the current mental health of the young people in this province. This has not been thoroughly undertaken since the 1980s. Perhaps it is time it was attempted again. There have, however, been other useful studies, as well as some changes over the past thirty years.

We have moved from an institutional to a de-institutional -- or community based -- model. The reasons for this are persuasive, and when properly supported, it has worked well.

Its best characteristic is that it has facilitated treatment for most children while allowing them to continue to live at home. Its worst, and you feel this, I am certain, every day, is that agencies have smaller voices than large institutions, each is a little (or a lot) different from one another, and they are divided geographically.

That makes you more vulnerable to freezes and to cuts. Community agencies, in many cases your agencies, have lost about 25% of their capacity to serve their clients -- our children and families -- even as the needs of a growing population and stressed communities have increased the demand. It is tempting to make a partisan comment, but I will refrain, and simply note that there have been years of cutbacks....most since about 1995 when there was a dramatic change in government. The first small financial infusion: an increase of 3%, came last year. It is not enough. But, to be fair the problems and challenges affecting your ability to do your work are not all about government support or neglect. There are not nearly enough child psychiatrists. Cognitive behaviour therapy...I am told by some that it can be very effective-- has, apparently, not been well integrated into the system. Some interventions are not always evidence based. There is reason to believe that from time to time valuable resources go towards the treatment of children who may not have mental health problems at all. This must all be sorted out.

It is important if you are to advocate effectively, that you have your facts straight and clearly articulated. You are already becoming known far and wide as the reliable source for

all matter, data and argument regarding children's mental health. CMHO's role -- as the primary source and consultant of record concerning any and all information in the field must continue and expand. But I submit too that you'd best prioritize your causes and messages....pick a few areas to emphasize, describe the situation as simply and as honestly as possible, and take it to the media, the government, the schools and the general public. It isn't easy, but multiple -- or worse, conflicting -- messages or demands will not help the cause at all. Unity works.

The best arguments fit on a page or two. Keep contentious areas or disagreements far away...Find the areas in which you all agree...sing from the same songbook and your voices will be heard.

You are the experts in the field, but, with due respect, the crisis in the mental health of the children of Ontario is too big to leave to the experts alone. I had the privilege to be both a friend and admirer of the work of the late Dr. Dan Offord, an eminent child psychiatrist and director of McMaster's Centre for the Study of Children at Risk, now named the Offord Centre in his honour. Two of our daughters worked for years at Christie Lake, a wonderful summer camp near Perth, Ontario for poor kids -- a camp that helps kids build physical and social skills, self-esteem and resilience.

Dr Dan --as he was widely known--argued that the size of the problem is now too great to be solved by those who work or are otherwise directly involved in the field alone.

It is time the whole community accept responsibility for the plight of all its children and youth. Dr. Dan believed, and I strongly agree, that it is unfair and ultimately unwise to conduct this advocacy alone. The clinics are already stretched beyond reason. There are too few child psychiatrists, and the many other good people who work or volunteer in the realm of children's mental health themselves need and deserve outside assistance and support of all kinds including moral and financial.

So I have come --finally-- to my main point: Only by working together as a community, by making the welfare of ALL our children of paramount importance and everyone's responsibility will we find solutions that will reach and help the largest numbers. This is the way to make a real difference in the quality and extent of improvements in our children's mental health. If advocacy for children's mental health is conducted, say, even by all you, but only by the people in this room, then you are effectively absolving everyone else.

Letting the rest of us off the hook.

But if you widen the circle, form a broad coalition, including perhaps such stakeholders as medical associations, educators, parents groups, law enforcement, student societies, and so on, then the goal and will to succeed becomes everyone's responsibility. But first, you need to build both a case and a coalition that will make it all the more difficult, even impossible, for funders and government to refuse.

The message I hope both this group and the wider community will accept and internalize is that the future of my children is the same as and also depends upon the future of your children. The terrible boxing day shooting of Jane Creba--an innocent 15 year old bystander, shopping with her sister on Toronto's Yonge St -- is a tragedy that demonstrates all too clearly the collision of two seemingly separate and very different worlds. But our worlds are NOT that far apart, and the boundaries are shrinking rapidly. The self referenced conduct and reckless behaviour of a dangerously disaffected group of young men suddenly intersected with Jane's optimistic and hopeful young life. The consequences in this case

were fatal. The reverberations affect us all.

Along with her senseless death, the gang and drug slayings, the young men --frequently black teens and young adults who die all too frequently in alleys and schoolyards -- are our children as well. Many have been deprived psychologically and emotionally. Some emerge angry and rebellious. Their problems erupt from time to time in explosive antisocial reactive behaviour. They are the raw edges and the victims of an aching stressed and hurting community. I am reminded of Dr. Dan once commenting that the most frequent problem that mothers -- often single mothers - complained about to him was the frustrating inability to control their young and later adolescent sons. We certainly have a lot more work to do to connect with and assist in solving this particular pathology or failure of our communal family.

Similarly, the orbits of young individuals who face mental health challenges continually intersect with the world of the healthy, every day in our schools, homes and neighbourhoods. Let us get together and make the case that all children matter equally, that children with mental health problems are everyone's children, that my well being depends on theirs and theirs on mine.

Civil society is not a pyramid, or even a grid, but more like a plate of spaghetti....the strands are all mixed together, touching each other and intertwined. It is -- or should be -- impossible to see where one person's challenges end and another's begins...

I cant tell you what areas to emphasize.... the need for early detection and diagnosis by parents, doctors and teachers, the growing phenomenon of group conduct disorders, childhood depression and the suicide rates, funding, prevention, the need for more professionals in the field.... or many other possibilities. Your wish list is a long one. Perhaps it will include the areas of violence reduction, bullying or skills development. That will all be up to you.

I also don't know the degree to which poverty contributes to or delays treatment of childhood mental illness. It is certainly a factor that exacerbates stress, affects nutrition and makes it all the more difficult for an individual or a family to adequately respond.

Right now the general public is not unconcerned. But its competitive out there. Other issues are front of mind. Unless they are directly impacted, so far the public has not absorbed or identified with the crisis affecting the mental health of so many young people. They believe, I think, that you are essentially involved in assessing and assisting troubled kids, or cases, one at a time...and, to be fair, frequently you are. It is the core of your admirable and necessary work.

But 'one by one' is insufficient in an epidemic. Epidemics are not solved that way. I suggest that any advocacy work undertaken be done in the context of increasing and improving the mental health of our whole population. The hope and plan is that the wider or extended community absorb and accept its full responsibility as well as share in the challenge to help and to act.

To quote Dr. Offord: "Canadians may not agree on very much. But there isn't anybody in Canada that doesn't want the kids they love and their own kids to experience a healthy childhood and to grow up to be healthy children, adolescents and adults."

In conclusion, the well-being and future of our entire community, begins with and depends upon our children. I submit that means ALL our children. Each one of them depend upon us

and each one deserves the best, from each and every one of us.

Thank you very much.