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Mental health and substance use information you can trust

visions

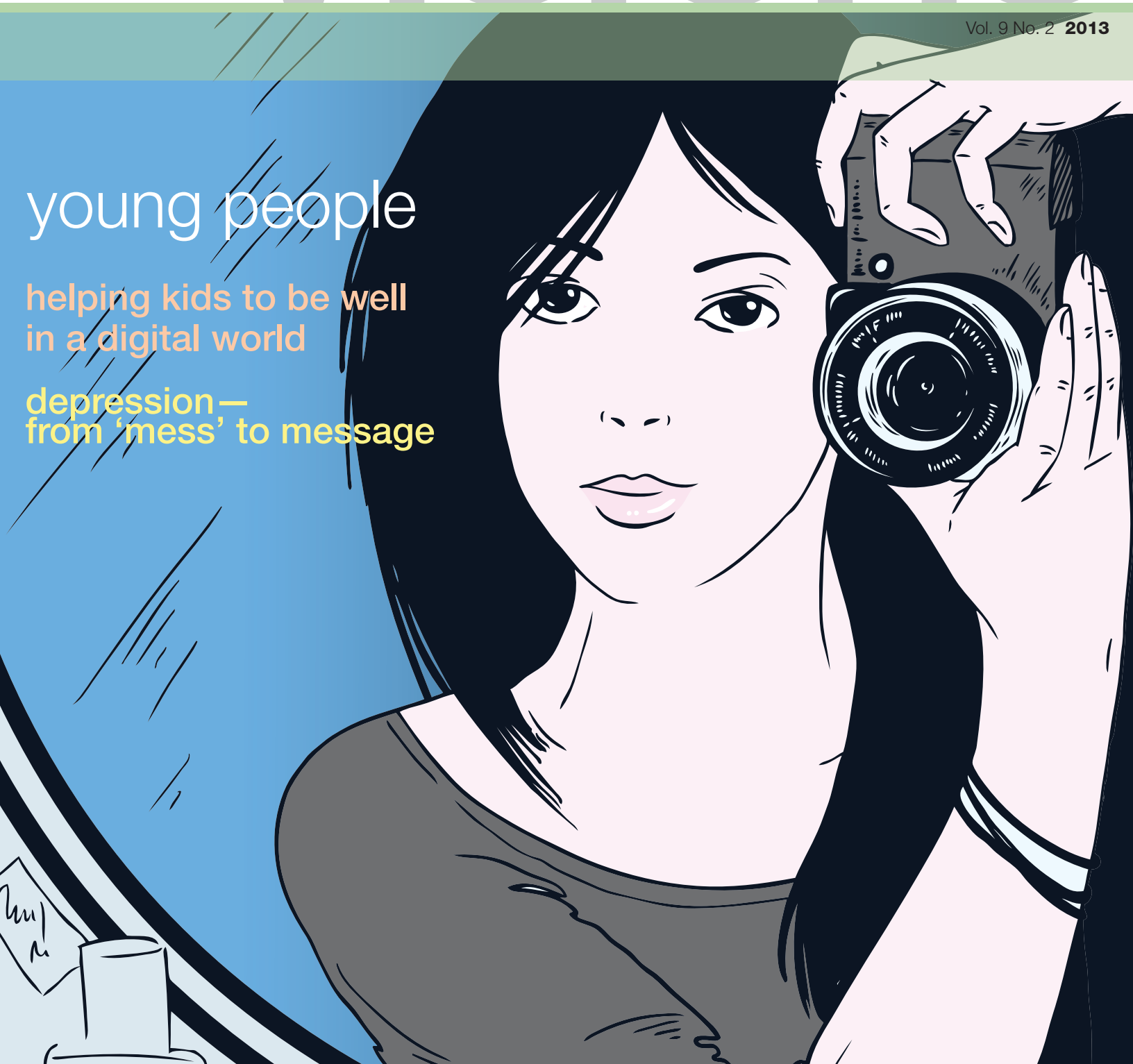
BC's Mental Health and Addictions Journal

Vol. 9 No. 2 **2013**

young people

helping kids to be well in a digital world

depression— from 'mess' to message



visions

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

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Heretohelp is a project of the BC Partners for Mental Health and Addictions Information. The BC Partners are a group of seven non-profit agencies working together to empower people to improve their quality of life by providing useful, accurate and good quality information on mental health, mental illness, substance use and addictions. We represent AnxietyBC, British Columbia Schizophrenia Society, Canadian Mental Health Association's BC Division, Centre for Addictions Research of BC, FORCE Society for Kids' Mental Health, Family Services of the North Shore's Jessie's Legacy Program and the Mood Disorders Association of BC. BC Partners work is funded by BC Mental Health and Addiction Services, an agency of the Provincial Health Services Authority. Visit us at **www.heretohelp.bc.ca**.

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background

experiences and perspectives

alternatives and approaches

letters to the editor

I'm an affective disorder patient (and doing ok). Having just recently picked up a *Visions* from my local library I thought something I wrote in my collection/diary might help others with this mental health stuff: "It is not the actual event that is so troublesome, it is the recurring memory of the event...The event is either an action, a word, a look, a perception, or a combination of them. The memory cannot be erased and the memory of this continues."

—B. Strong, Penticton

In December 2012, I moved to my present address. It is subsidized and supportive. I like it. I have just been reading *Visions* Vol. 8 No. 1 on Housing. It is my first time reading your magazine. It is enlightening and very serious. In case you ever print anything in a lighter vein I am sending you one of my verses:

Appointment time
My doctor knows me through and through,
Knows when I'm happy, when I'm blue.
He doesn't think I'm very bright—which is true,
But it feels like a bit of a slight.
I like to think I'm pretty smart,
But Doc knows better, Bless his heart!

—C.L. Linley, Nelson

Thank you for your recent publication. I sit on the board of CMHA Vancouver/Burnaby, and I am subscribed to the BC Schizophrenia Society, so it was no surprise to have received the magazine. What surprised me was how informative and useful it was as an advocacy and storytelling tool. It was also a pleasure to read! Thank you.

—Christina Panagio, Vancouver

editor's message

This is the first exploration of "Young People" since it was chosen as a recurring *Visions*' theme. It's a huge and diverse age group, so we decided to look broadly at teens and young adults this time. Teens and young adults have a lot in common but they're not mentioned in the same breath as often as you'd think, for a lot of legal and institutional reasons. We hear reference to "child and youth" far more often (I wonder if teens ever resent that?). It's definitely worth regularly asking younger users of our services what they think about how and for whom services are designed—and really listening to the answers.

Two firsts in this issue I'd like to briefly point out. First, you won't find any in-depth program articles in this issue. We have so many to choose from in BC that we thought it would be more helpful to give you a menu of some of the excellent work around youth/young adult mental health education provincially and nationally. Second, this is the first time we've explored a young person theme and had a younger adult as guest editor. Thank you, Aidan, and all our contributors for your courage, eloquence and fresh thinking.

I have the kind of face that can sometimes pass for a 20-something—but I'm not and I haven't been for awhile. The fact that I was a young person with mental illness once doesn't give me a special pass. It's something, of course, but it's not enough. Being a young person today is different. For one, my high school years were internet-, smart-phone- and social-media-free. But bigger than any generational difference is that today, I have 20 years of hindsight. I know with the right help at the right time, things can and do get better. But knowing in your head and believing in your heart are very different things. I still remember a very apt quote someone told me when I was a teenager experiencing the early signs of mental illness: "Depression is like being in a dark tunnel with a light at the end…except you're facing the other way." You have to leave that tunnel to understand that quote. And youth need hope and the right support to get there.

Sarah Hamid-Balma

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

footnotes reminder

If you see a superscripted number in an article, that means there is a footnote attached to that point. In most cases, this is a bibliographic reference. For complete footnotes, see the online version of each article at www.heretohelp.bc.ca/visions. If you don't have access to the internet, please contact us for the footnotes by phone, fax or mail using the contact information on page 2.

Youth Lead Solutions

Guest Editor Aidan Scott

Twenty per cent of Canadians will personally experience mental illness[1]—and I am one of them. Unlike most disabling physical illness, mental illness begins very early in life.

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Aidan, 26, is the founder of SpeakBOX, an organization dedicated to bringing awareness and innovation to mental health. Aidan has experienced recovery in both the youth and adult mental health systems. His experience fuels his passion as a public speaker who is a survivor of sexual abuse and mental illness. A society in development, SpeakBOX will use web and social media tools, as well as an in-school program that encourages youth to lead the conversation on mental health as they develop leadership and communication skills

Half of all lifetime cases begin by age 14; three quarters have begun by age 24.[2] My story of mental illness began at age six and I only found help, by accident, at age 17.

Youth in BC face challenges in accessing mental health services. There is great inconsistency across the province in what is available to youth in their home communities. Even the definition of youth varies from program to program; sometimes youth 'age out' at 18, other times at 29. This inconsistency is made worse by a lack of focused and well-thought-out funding. Often, there are competing agencies that provide the same services in the same geographic area, and there are entrenched organizations that eat up the funding and there is no room for innovation.

The truth is that mental health care in Canada is in critical condition. We can't simply build enough beds to solve British Columbia's youth mental health crisis. Hospitals cost millions to build, and specialists take years to train. As we continue to develop a richer base of professionals and specialists, we also need to develop community-based early intervention and support programs. For youth, community-based services in the schools makes eminent sense.

Peer support can be part of the solution to the shortage of professionals. But it's important to make this distinction: lived experience without training, in a majority of situations, is often inadequate. We wouldn't assume an ability to perform surgery simply from experiencing surgery. Someone

Helping shouldn't be limited to doing the work on behalf of youth, but rather should include youth in the process. We need to support and mentor youth as they become leaders in their own solutions.

with lived experience can become an excellent spokesperson and encourager, but they're soon limited in crisis intervention or direct support roles.

A second distinction is that helping shouldn't be limited to doing the work on behalf of youth, but rather should include youth in the process. It's too common in our society that solutions are more focused on adult intervention and less focused on including youth in the process. Although, as adults we may have experienced the situation earlier in life, that doesn't mean we are the experts on contemporary youth. We need to support and mentor youth as they become leaders in their own solution.

"Research indicates that when children and youth are involved in their plans of care and decision-making that affects them, they are more motivated to achieve successful outcomes for themselves and their families."[3]

Research and statistics can create convincing arguments, but it's what I've lived that creates my passion to work with youth.

My lived experience

As a young child, I was described as outgoing, friendly, creative and caring. However, none of these attributes prepared me for life after my parents' divorce when I was six years old.

At first I thought I was just having bad dreams, nightmares made up in my head, where shadow monsters would enter my room late at night and touch me in places I knew was wrong. The actions that haunted my sleep began to infect my day. In our "special time," my mother dictated her daily fears and frustrations, hitting me as she vented, then confusing the situation by adding love and affection to the point of sexual abuse. She controlled me through fear. Her words were simple: "Tell anyone about what happens at home and I will kill you."

By grade 12 I didn't even feel human any more. I was so battered and bruised I didn't see any way out of what I was going through. But ironically, what helped set me free was the fact that I had become completely desensitized to the actions of my mother because the abuse was so routine. One morning before school, when my peers were talking about their punishments for not doing prior homework, without thinking I uttered the words, "My mom hits me." As a result, I was supported by these friends to tell school staff, which quickly helped me get free from the routine of physical and sexual abuse and begin my road to recovery.

When I spoke those four words, "My mom hits me," I wasn't thinking of how long I'd have to wait for a specialist, the stress-inducing facilities I'd need to access, or the immense cost of private therapy. All I wanted at that point was to not feel alone, to know I wasn't the only one, to know what happened was wrong and that it wasn't my fault.

What I needed was a community.

SpeakBOX: creating community; promoting health literacy

Community comes in many forms: one-on-one, groups, face-to-face and online. I believe community is all about fostering relationships; it gives a feeling of companionship, and hope.

SpeakBOX is a society in development that uses digital tools and in-person programs to promote physical and sexual health on top of mental health and suicide prevention. These tools and programs are designed to operate in schools, with the goal of building community. Our vision is that every young person will become equipped to know what to do and who to go to if someone they know is struggling with mental health issues.

SpeakBOX is working to bring a program similar to The Youth as Gatekeepers (YAG) program to Vancouver and surrounding cities. YAG is described by its program coordinator Fred Chou as a mental health literacy and suicide prevention program. It's currently offered in the Chilliwack School District, is sponsored by the

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FORCE Society for Kids' Mental Health and supported by the Chilliwack Ministry for Children and Family Development.

The goal of the project is to prepare students to deal with difficult conversations spontaneously, as they arise. YAG works with small groups of interested students within each school, supporting, educating and fostering their leadership skills. The students become informed about mental health matters, assist in reducing stigma related to mental illness, and know who to talk to when there are concerns. They also use their knowledge to collaboratively create presentations for the other students in their schools and for peers in the surrounding community.

In my role speaking publicly about mental health over the past five years, at high schools across the Fraser Valley, the BC Quality Forum Health Talks and the Building A Mindful Community youth summit, I've had many opportunities to speak with young people. What I've found is that no matter what their situation is, these young people share the same desires I had when I started my journey of recovery. They want to feel they belong and are heard; they want to gain understanding about themselves.

My vision is to make SpeakBOX a provincial organization, taking our team of speakers to schools across the province. The speakers will share their story of lived experience and will invite students to get involved with our website through blogging and through our online forum (in development). Students can collaborate online with other students across the province to implement health literacy events in their schools and be supported by mentors within the SpeakBOX team.

The World Health Organization identifies several protective factors in reducing youth risk for mental health challenges. These include self-esteem, social support of family and friends, social and gender equality, and scholastic achievement.[4] To create a sustainable health system for tomorrow, we need to look beyond hospital walls. We need to include young people in the discussion as we develop these important, community-based resources to support young people—and those who support them—through every stage of recovery. V

‘What Were You Thinking?’
RETHINKING THE TEEN BRAIN...

Stanley Kutcher, MD, FRCPC

What parent of a teenager has not asked their offspring that question? And not received an irrational or defensive answer? So what is it about adolescence that raises so much adult incomprehension?

Stan is a leading authority on child and adolescent psychiatry. He holds the Sun Life Financial Chair in Adolescent Mental Health at Dalhousie University and the IWK Health Centre in Nova Scotia

What is it that prompted Shakespeare, in *The Winter’s Tale*, to write:

“I would there were no age between ten and three-and-twenty, or that youth would sleep out the rest; for there is nothing in the between but getting wenches with child, wronging the ancestry, stealing, fighting.”

What is it about adolescence that sometimes leads adults to the question: “Do you really have a brain, or are you just not using it?”

The answer is “yes” to the first question, and “it depends on what you mean” to the second one. Not only does the adolescent have a brain, but she or he is likely using it—as it was designed to be used. The challenge is both in the use and in the design!

Indeed, thank goodness for the adolescent brain. This rapidly developing brain that makes the years from 12 to 25 such an ‘exciting’ time—for everyone! It doesn’t take a long look back through history to realize that most of the great discoveries, explorations and huge leaps in civilization were the result of the teenage brain. It wasn’t middle-aged men and women that discovered the Americas. Steve Jobs and Bill Gates weren’t in their 40s when they revolutionized technology. And Einstein was barely post-acne when he came up with the theory of relativity.

The teen years are characterized by the third phase of rapid and extensive brain development and remodelling (prenatal and early childhood being the first two phases). During this time, the brain

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develops substantially and quickly, and the so-called "teen behaviour" is a reflection of that biological fact.

One of the first domains to undergo rapid expansion is the easily aroused *incentive processing systems* of the middle brain. These systems generally depend on dopamine (a brain chemical that transmits messages from one brain cell to another) signalling for their activation, and they drive behaviour that feels good. They also enhance the attention given to rewards, preferring immediate rather than delayed reward. These systems are linked to complementary systems that drive sensation and novelty seeking, which results in easier and greater emotionality when switched to their "on" position. This switch goes on as a result of genetically programmed brain development at the time of life we call adolescence.

This collection of brain systems matures early in the teen years and coincides with sexual maturity (the biological ability to procreate). So it's not the increases or changes in "hormones" that drive teen behaviours, but the changes in the brain systems that create and push out the hormones. Our common belief that adolescent behaviour is due to their hormones confuses correlation with cause.

While the teenage incentive processing systems are involved in evaluating and predicting potential rewards and punishments, they are also involved in processing social and emotional information. This helps explain why teens respond with enhanced and more rapid emotional changes to social stimuli that is both negative (such as gossip) and positive (such as praise).

And—you guessed it—these emotional responses are much more robust and less constrained in the presence of their peers. That is, during the teen years, peers actually have a greater influence on teen behaviour than peers do earlier or later in life. Why, we don't know, but speculation includes the idea that it may have to do with learning how to "fit in" socially.

These reward and stimuli systems encourage innovation and exploration. They are the neural basis of why young people are not content to accept the status quo, but rather seek out new situations and see old problems in a new light.

The *cognitive control system*, located in a part of the brain called the dorsolateral prefrontal cortex, is slower to mature, however. This system is responsible for working memory, logical reasoning, planning, impulse regulation and so on—basically, it is where 'civilization lives.' So, this part of the brain can be considered to be, in part, a complex brake, working to help mould and modulate the activity of the reward and stimuli systems.

Along with the maturation of this biological "brake" (the cognitive control system), there is rapid enhancement of the connection between the incentive processing and cognitive control systems. So, as young people grow older and 'civilization' develops, so does the superhighway that allows 'civilization' to rein in the runaway novelty- and sensation-seeking parts and the incentives-processing parts.

So there we have it. The well-known risk-taking behaviours of adolescents are not simply about them "finding their identity" or "acting out of spite," and they're not a "sign of immaturity."

continued on page 31

During the teen years, peers actually have a greater influence on teen behaviour than peers do earlier or later in life. It may have to do with learning how to "fit in" socially.

Depression—From 'Mess' to Message

Celine Diaz

I didn't notice it at first; depression just crept up on me. After seven months had gone by without a dark cloud lifting from my head I realized something was wrong.

Celine is pursuing a BA in Communications at Simon Fraser University. Her mission is to reignite a culture of self-acceptance in a world that is far too obsessed with perfection, advocating authenticity above all else. For empowering, honest and inspiring stuff, check out her blog at www.RealTalkBlogs.com

In the past I'd been passionate and ambitious, on fire with life, but depression had struck me numb. I felt like I was just going through the motions, losing all sense of myself. I couldn't enjoy the things I used to. I was lethargic, physically exhausted and constantly drained—like a wraith, I sleepwalked through life. I lapsed into inactivity, becoming reclusive. I stopped seeing my friends as often as I used to, unable to keep up with their joyful dispositions and feeling like I was only burdening them with my low mood and low energy. I doubted whether my presence even mattered.

One night I searched online for symptoms of depression, took a few quizzes and found that I matched the symptoms almost perfectly. I cried that night—partly out of sadness that this was what had become of my 19 years of life, but also out of relief that there was an explanation for my emptiness. My mom caught me crying, so I told her I felt like I had depression. She connected me to our family doctor and accompanied me to appointments until I was comfortable going on my own.

I was officially diagnosed in April 2012. Surprisingly, I reacted well to the diagnosis. I thought that being labelled "clinically depressed" would only deepen the situation further, but instead it freed me. I was able to view depression as a circumstance I was going through, rather than who I innately was. It was a disorder that could be treated, not an irreversible character flaw of mine. This freed me from self-blame.

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The doctor didn't give me medications. Instead, he gave me tools to manage my mood, so that I could handle future bouts of depression without dependence on drugs. (Every case is different, however, so be sure to consult your doctor.) I'm thankful he took this approach, because it helped me realize I had what it took to heal from this.

I started a gratitude list, writing down three things I was thankful for each day, realizing that even the smallest things counted.

The first thing I did to cope with the depression was to get more exercise. There were several benefits to this. First, it gave me a sense of accomplishment by completing a goal that could be tangibly measured for improvement. Second, endorphins (i.e., brain hormones) produced by physical activity boosted my mood and stabilized it. Third, it combated my symptoms of fatigue by increasing my energy levels and alertness. And fourth, it improved my self-confidence by creating a healthy body image.

The second thing I did was to change my thought patterns. The doctor gave me thought-replacement exercises that involved reassessing negative thoughts and replacing them with positive alternatives. For instance, I used to feel worthless and forgotten whenever my friends couldn't hang out with me, but after reassessing these thoughts, I realized that my friends were just genuinely busy. That was all. They still valued our friendship, and they still valued me. I realized that my negative perceptions weren't even accurate to begin with. At first this exercise felt artificial, but eventually it became habitual. It has helped me ever since.

The third thing I did was commit to finding enjoyment in simple things. I started playing the ukulele, taking walks in my neighbourhood, doing yoga and painting. I forced myself to be around friends more often, even if I didn't always feel like it, because being alone too much was definitely not good.

I started a gratitude list, writing down three things I was thankful for each day, realizing that even the smallest things counted. I tried to laugh more, watch movies and get back to reading more leisurely, rather than being so caught up with school work. I adopted the mindset of taking things one step at a time, not rushing, and not worrying too much if I fell down, knowing that I could always get up again.

I also started blogging. I figured that I might as well use my experience to help others who were also struggling with depression. So that's what I did: I struggled, but from these struggles came new insights, and I shared them. Although I wasn't completely healed at that point, I decided I'd squeeze as much 'juice' from my experience as I could. I wanted my 'mess' to become my "message."

The final thing I did, and perhaps the most important, was to strengthen my faith. Initially, I thought that times of suffering were evidence that God didn't exist, but it was in my suffering that I found God. Joy and suffering coexisted. I felt depressed, but a deeper hope surpassed it. I clung to the hope that these hardships would improve my endurance, strengthen my character and increase my faith—which they did. I was overwhelmed with gratitude; what originally felt like a curse had become a blessing.

So if there's anything I hope you'll remember, it's this: there is beauty in our struggles. Don't be afraid to reach out for help, whether it's from your friends, family, doctor or God, because there are certain things that can't be done alone. Whatever happens, don't let yourself feel ashamed. Remember that hardships teach us that we are strong enough to overcome them, and that there are some people in our lives who will never give up on us...even when we give up on ourselves.
Be strong. V

Recovery
ESCAPING A BAD DREAM

Jarrod W

I am sitting in a university dorm room. It's 2011. I'm surrounded by whirring machines, computers that are my portal to life outside this room. I can no longer physically leave this space; I'm trapped in a self-imposed isolation.

Jarrod, 24, lives in New Westminster. He is focused on a publishing or writing career after he finishes his degree. Currently four months clean, Jarrod works as a freelance creative writer and photographer in his spare time...when he's not bringing the message to Narcotics Anonymous newcomers

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I have been very busy attempting to control the things I cannot change—and failing to stop this three-year-long panic attack that is my every indecision. Even though at age 22 I should be in the prime of my life, I wake up every morning in this dorm room with one glaringly obvious flaw: I am utterly alone. I push this thought out of my head as quickly as I might push through a crowded train station desperately seeking a train to take me anywhere but here.

I am emotionally absent in this moment. My thoughts begin to blur and intertwine into a dream that I hope is only a dream...I am the epitome of a few bad decisions turned inside out and hung on a wall as if Picasso painted an alcoholic for the world to witness and judge.

Deep breath and a flashback to the beginning, shall we?

The panic that arrived

I am 14 years old and watching television, alone, on a Wednesday evening during a school week. Suddenly, I am dying. The world is ending and there is nothing I can do about it. I am sweating iceberg runoff and my heart is no longer beating, it's vibrating. My living room becomes a crypt, the walls turning from white to black.

That was my first anxiety attack, and I didn't understand what was happening at the time. My mother, who was a nurse in mental health, recommended a psychiatrist and counsellor help. I was pretty freaked out, but about six months after that first attack I did see a

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psychiatrist a few times. He diagnosed generalized anxiety disorder, prescribed medication and taught me a breathing technique that helped when an attack threatened.

But I still had anxiety strike about once every two days. There was no direct trigger or root. Alone in the outside world, I felt the most fear—there were other people, with closed minds, who didn't understand. Home alone, however, I revelled in feeling safe.

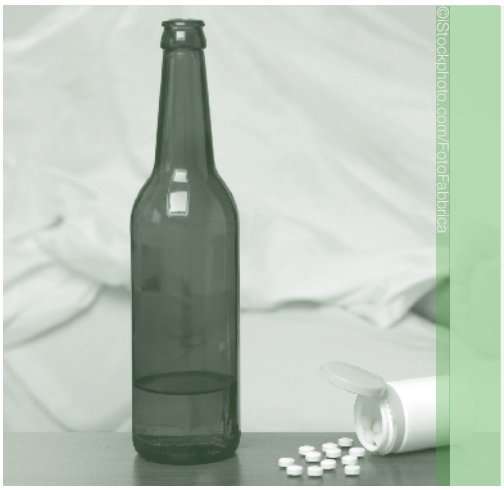
My parents supported me in doing whatever I felt would keep me safe. So I missed a lot of school and wasn't able to have a job. I had friends, but I missed out on a lot of social exploration experiences that would have made us grow closer.

From terror to the catatonia of addiction

The anxiety attacks plagued me until I turned 18. Then things changed. I graduated from high school. I started cognitive-behavioural therapy (CBT) with a mental health counsellor, so acquired new skills for dealing with my stress and fear. I worked a couple of jobs and did a year at a small university college in Calgary.

However, I felt I needed to play catch-up on what I'd missed in high school. The legal drinking age in Alberta is 18—and I discovered that alcohol was the most therapeutic thing I could consume to relieve my racing thoughts.

I also began abusing pills to curb my anxiety. After starting CBT, I tapered off my meds without medical supervision, so was still filling my prescriptions. I only used the pills when I felt I needed to. And when I felt I 'needed to,' I'd take them recreationally, often along with alcohol. On my 19th birthday I experienced my first blackout from mixing booze and pharmaceuticals.



I wasn't honest with the doctors when I denied using alcohol in combination with my prescribed medication.

This spiralled into my return to post-secondary education in 2009, at a university in BC near where my parents had moved; where I knew no one. While I did achieve good marks, I still drank, during good times and increasing bad times. And the depression that walks hand-in-hand with generalized anxiety disorder escalated.

I fell deeper into my head—that seeming 'Wonderland' that drugs and alcohol lured me into. I was chasing a dream state I wanted to feel all the time...but there was no rabbit with a pocketwatch waiting for me down the rabbit hole. There was simply the next bar, the next pill, and eventually I sank so low I was stealing from my loving family.

My substance use affected my ability to cope with the daily demands of student life, and after five semesters I had to leave school. It turned my personal relationships with self and others into a constant meltdown of emotions.

I've struggled with suicidal ideations and many trips to hospitals because of overdoses and suicide attempts because of my substance use. And I wasn't honest with the doctors when I denied using alcohol in combination with my prescribed medication.

Addiction transforms you from a fully alive human being, to one in a catatonic state. I switched on to autopilot for five years. But the choice to recover is always available to the addict who still suffers.

Steps in the right direction

I knew I needed a new way of living. I was tired of my unhealthy, out-of-control life, and always being sick from binge drinking. In June of this year I found help at a residential treatment centre here in BC that a family member had recommended.

When I entered the treatment centre, I didn't know what to expect, although I had some terribly false assumptions. I thought it would change the person I was and had always been, which at core was not such a terrible person. I figured it would be a solitary confinement, sacrificing pleasures of life for something I hadn't fully bought into yet.

I've now been in the program for four months—three to six months is recommended. The centre provides structure that I'd otherwise be without. Living in addiction is a daily struggle of impulsiveness and terrible consequences, but here I wake up at a set time each day and have regular chores to do. This is helping me develop a habit of routine responsibility.

The "Twelve Steps" of Narcotics Anonymous (NA)—and living them while having fun—are the most important aspects of program life. While NA is not affiliated with my treatment centre, the Twelve Steps are stressed heavily because the program consistently works for those who commit to it.

I'm currently more than halfway finished the Steps. Through written work and answering questions with sponsors, we slow down and analyze our ways of thinking and our defective behaviours and attitudes. This work is helping me build a solid foundation of morals and values to replace the ones I erased or compromised in my addiction.

I attend group each day, bringing an attitude of being teachable. I'm beginning to find freedom and, dare I say it, *enjoyment* in being me again.

This freedom stems from the ability to choose a more fulfilling way of treating yourself and people around you. This comes when you admit you're powerlessness in situations, take responsibility for your actions, and open yourself to helping others do the same.

It takes objective perspective and input from others to initially help one recognize many of the leaps you make in early recovery. This is because any newcomer enters the program wildly aware of everyone but themselves. As long as your willingness to change grows and you take suggestions that you can put into action, recovery is entirely possible.

In both treatment and the NA program, friendship and trust are rebuilt into our lives in healthy, productive ways. All your actions and important decisions are considered "up for review," and you're encouraged to be open to suggestions and objective input from your peers. We also work together to complete tasks such as making meals, walking to meetings, and making a newcomer feel at home. The concept of making this place your home instills a sense of belonging.

The idea of having fun is stressed on a regular basis. Without taking time to make friends, go out for coffee and a conversation, or do real-life activities (yes this is real life and not jail!), we can miss some important aspects of recovery that are crucial to staying clean the rest of our lives. Nobody can do this process alone.

When people finish their Steps and practise spiritual principles such as honesty, respect and kindness in their lives, they are welcomed back as alumni. These alumni come to give back and to show their gratitude for the care that was once shown them. They prove to the newcomer that anything is possible when you remain focused on the important things in life.

Today, I have spiritual and mental growth in my life again. Returning to university to finish what I started is in the cards for me. I see the relationships in my life with more clarity, and taking responsibility is a concept that I'm finally admitting works for me. Simply put, I'm no longer panicking.

Recovery is never just about abstinence; it's also about adopting a new way of thinking. Your individuality remains, while the damage you caused to yourself and others ceases. I know now that I'm not defined by what I've done in the past, but rather by what I'm changing about myself today. Although I still have fears and doubts about the future, I accept this as part of the process of reconstructing my life. And I'm looking forward to helping others stop chasing shadows of themselves down the rabbit hole into Wonderland. v

Recovery is never just about abstinence; it's also about adopting a new way of thinking. I know now that I'm not defined by what I've done in the past, but rather by what I'm changing about myself today.

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How My Daughter's OCD Tore Our Lives and Our Family Apart

Michelle Evans

Kassy was born on Christmas Eve, 1994—she was our angel. Everything was great until about one month before her 11th birthday in 2005. Almost overnight, obsessive-compulsive disorder (OCD) became the ruler of Kassy's every waking minute. She went from being the smart, funny, fun-loving, most popular kid in elementary school, to living a kind of torture on a daily basis.

Michelle lives with her family in Cranbrook, BC. She wrote this article in honour and memory of her daughter, Kassy Margaret May Evans. Michelle recently told her family's story at the Child and Youth Mental Health and Substance Use Collaborative meeting. See the video Kassy's Struggle with OCD *on YouTube.*

On March 11 of this year, my beautiful daughter took her life. She didn't see a way out of the tornado she'd been living in for almost eight years.

Kassy's story

We were a typical 'average family.' My husband and I had two children, a son, and 14 months later, a daughter. We took family holidays, camped every summer, and both kids were active in sports, happy, healthy and outgoing.

Before her 11th birthday, Kassy had the lead role in every school Christmas play, at age nine had saved money from a paper route to buy a motor bike, and had swum with sharks in Hawaii. Suddenly, come November 2005, she was cancelling sleepovers, wouldn't wear her coat (in our Rocky Mountain winter) and couldn't open Christmas presents if they'd been under the tree. By January, doing one load of laundry could take her six hours in order to satisfy the rituals demanded by the OCD.

So began her nightmare ride through a world where 'contamination' from bugs and fungus and dogs—and even hugging me—was unfathomably frightening. Things escalated so that by the time Kassy was 16, she also had anorexia.

Over the years, in addition to weekly appointments with her local counsellor (in Cranbrook), Kassy had weekly appointments with a psychologist

Resources for children and adolescents with mental illnesses are very limited where we live. Because of this, we spent a lot of time, money and energy travelling to larger cities for help.

at the Alberta Children's Hospital in Calgary, where she was later admitted for respite care. She was also an outpatient at BC Children's Hospital in Vancouver, and at 16 was admitted to the provincial eating disorders inpatient program at BC Children's. From there Kassy was bounced to Kelowna's adolescent psychiatric ward and the Cranbrook adult psychiatric ward.

From the age of 16, Kassy attempted suicide approximately six times, and was involuntarily admitted to hospitals under the Mental Health Act about five times.

And in spite of all this—and prolonged school absences and detours to alternate programs—Kassy graduated from mainstream high school with the Governor General's Academic Medal for the highest average (99.3%) in her graduating class. (I later learned she had to, in her mind, stay above 99% in all subjects or she felt her core fear was coming true.)

In November 2011, Kassy was admitted to Rogers Memorial Hospital, a world-renowned facility in Wisconsin with an inpatient OCD program for children and adolescents. The length of stay was determined by the patient; Kassy was there five weeks. Staff built a trusting relationship with Kassy and let her take the lead. They asked: What do you need? Ready to join in? Not yet? Well, when you're ready. And when Kassy was ready, she confronted her "core fear" and much more.

We learned that her core fear centred on catching mental illnesses and disabilities from other people. Since I was exposed to and touched people with mental illness and disability through my work and personal relationships, I was a big source of contamination.

For the first time, Kassy felt free of the OCD. Before being discharged, Kassy wrote: "This was the catalyst that finally defeated the tyrant of my disorder." She hugged me when she got home and hugged me every day after that...priceless!

But about seven months after being discharged, OCD and anorexia consumed her life again. Maybe it was the demands of the transition to post-secondary life. A period of independent living was undermined because she could not spend money, and a start at university in Kelowna had to be aborted, though she did attend community college in Cranbrook. Perhaps it was due to the pressure she put on herself to succeed. But it most definitely was due to the power OCD had over her.

At age 18, Kassy ended her fight. In her suicide note she wrote: "My anxiety and distress seem to be spiralling out of control again...I've experienced this roller-coaster far too often...periods of happiness may be lovely...but they by no means make up for the misery that comes from watching my life deteriorate around me or the panic that comes from being unable even to sleep or function as my obsessions become more powerful."

The strain of it all

Resources for children and adolescents with mental illnesses are very limited where we live—Cranbrook, in southeastern BC. Because of this, we spent a lot of time, money and energy travelling to larger cities for help. The weekly return trip to Calgary, which we usually did in one day, entailed eight hours of just driving.

The financial burden is huge. We spent over $25,000 in just the first year of Kassy's illness: staying in hotels, buying meals and gas, and both my husband and myself taking time off work. Luckily, in 2011, a psychiatrist at BC Children's advocated for Kassy's treatment at Rogers Memorial, so BC Medical covered the program costs. But over the years, I can safely say we've spent more than $60,000 trying to help Kassy get well.

There are the questions one asks oneself: Why is this happening? Why can't the doctors and psychiatrists do anything? Why can't she just go back to being 'normal'?

Getting a diagnosis is tricky, and there is no cut-and-dried approach to treating an illness. Over the years Kassy had various diagnoses: borderline personality disorder, secondary gain

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(indirectly gaining interpersonal or social advantage from illness) and mother-daughter issues were proposed, as well as OCD and anorexia. This made it very difficult to know how to best help Kassy.

And then there are the people, including close family members, who said Kassy wasn't really sick, that there were too many discrepancies in things she did or didn't do. For example, she couldn't go into her dad's house because someone had stepped on a mushroom (fungus) and gone into the house, but she could come into my house even though I always had mushrooms in the fridge. In the face of what Kassy was going through, this dismissal was very hard to take.

The situation magnified already existing 'good cop bad cop' parenting differences between my husband and me—I was the 'tough love' parent. Just a year in, during the family counselling session when the psychiatrist suggested a mother-daughter problem, I knew from the look of disgust and blame on my husband's face that my marriage was over.

OCD and anorexia are difficult illnesses to comprehend. Sometimes I felt so helpless. One time, Kassy couldn't open the fridge door, and I yelled at her to stop acting like that and open the darn door. Kassy did tell me earlier this year that she forgave me for the way I behaved toward her years ago. She knew I didn't understand then that it wasn't her, that it was the OCD. I am so thankful Kassy forgave me.

And guilt—I've come to realize, through Kassy's illness and paying more attention to my own behaviour, that I may have mild OCD. It doesn't cripple me, but I probably spend an hour a day habitually doing things like checking and rechecking that I've locked the doors. I count things like ceiling tiles and they need to add up to an even number or it doesn't feel right. So I can't help but wonder if I gave OCD to my daughter. Is it my fault that her life is so locked down and turbulent?

And there's the guilt I feel for not having paid as much attention to my son as he deserved. He wasn't the kid on fire so he got pushed to the back burner. (My son is now 20 years old. He and his girlfriend have a beautiful one-year-old daughter. I am extremely proud of him.)

Then there is the idea that one shouldn't talk about the OCD to people outside the family. Stigma, pride, protecting Kassy, protecting her brother—'she was going to be over it soon anyway, so why mention it'? It was very emotionally draining to always be skirting around the issue.

As Kassy became more and more isolated, she lost friends, and I too lost friends. Near as I can tell, it was just too hard for people to maintain a friendship with either of us. We were fighting for Kassy's life . . . the life she once had . . . the safe, calm, worry-free life full of laughter and friends.

And then there was the day this past spring when my neighbour came to get me from work. It was every parent's worst nightmare.

Kassy's suicide, although heartbreaking for me, wasn't surprising. She was in so much turmoil for so long. I miss her dearly and would give anything to have her back, but I'm not mad at her. She was tired and felt alone in her fight.

In the aftermath... a need to shed light

For eight years my purpose in life was to help Kassy get better. After she died I didn't know what I'd do. Then I read a paper Kassy had written for her college psychology class in which she wrote, "Further education aimed at increasing public awareness about OCD is essential in promoting more positive prognoses among people with OCD."

My daughter has inspired me to reach out to people and professionals in our community and educate them more on OCD. My dream now is to:

- bring awareness to the need for more supports for adolescents in our southeastern corner of the province
- advocate for a full-time child and youth psychiatrist in Cranbrook
- bring an OCD specialist to our area to lead a seminar for both the public and East Kootenay professionals

There has to be better access to good treatment, education and support. At present, a child psychiatrist visits Cranbrook for just over a day, about once every six weeks—to serve all the communities in the East Kootenay region.

My hope is that in the near future our adolescents and their families will have a much smoother path to travel. In the meantime, keep talking things out, keep reaching out to friends and family, keep searching for professionals who 'get it'...keep on fighting. v

Hunger Pains

Sophie Heizer

There are many misconceptions about anorexia, an eating disorder characterized by severe food restriction, irrational fear of weight gain, and a distorted self-image. It is often linked with models in the fashion industry, and thus is often seen as a glamorous affliction, even though it has many uncomfortable symptoms and a high mortality rate.

Sophie is 18 and has lived in Yellowpoint (on Vancouver Island) all her life. She will study writing at the University of Victoria for a year, then plans on moving to Australia to pursue fashion journalism. Sophie is a perfectionist, worships coffee and finds people and old cities enthralling

Let me bust that myth right now—there is nothing glamorous about ice-cold hands and feet, head rush, fatigue, panic attacks, an embarrassing but inescapable preoccupation with food, and killer stomach aches, 365 days of the year.

Even less glamorous are the blood tests, ECGs, doctor and psychiatrist appointments, therapy sessions and dietary consultant appointments. In any given week I get stabbed, fondled, analyzed, treated and monitored.

Some of the physical symptoms are fairly manageable—it's easy to put on a sweater (or four) to keep warm, or remember to not cross your legs to avoid a dead leg. But it's impossible to escape from your own thoughts. Anorexia is a mental disorder that is completely ruled, regulated and encouraged by the mind.

The mental aspect of eating disorders is completely devoid of logic. I ferociously believe there is no one 'perfect' body type and think everyone has beauty and value if you look for it. But I cannot for the life of me apply my own ideology to myself. Perfectionists like me need an ideal to compare themselves to, and even though obesity has run rampant through North America over the past decade, the "skinny girl" is still the one put on a pedestal.

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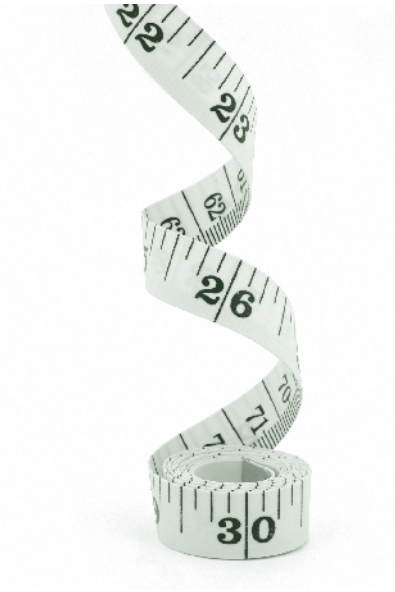
I hate the word skinny, but that doesn't stop me from compulsively pursuing skinniness. Did you know that skinny means "to be lacking flesh"? This has a very negative connotation—think war prisoners during the Second World War—yet so many people I know, both male and female, actively pursue skinniness.



The mental aspect of eating disorders is completely devoid of logic. I hate the word skinny, but that doesn't stop me from compulsively pursuing skinniness.

When it all started

I have a theory that halfway through grade 11 everyone loses their minds. That's when school gets 200% more stressful: there's a heavy emphasis on getting good grades and being involved in extracurricular activities, all in preparation for university and graduation transition. Stress makes people do things that feel rational, but objectively are not.

And that's when I realized I literally hated everything about myself and I wanted to make a change. I tortured myself mercilessly, comparing myself to everyone around me: friends, strangers, models, celebrities. I didn't want to be my average self (average weight, average height, brown hair, brown eyes, fair skin) for a second longer.

I self-harmed for the first time, tying bloody reminders like bows on my fingers with a blade. The reminders worked—I began to eat very healthily and exercise almost daily. April 2012 was the last time that I took a blade to my skin, because I didn't need reminders anymore.

I had trained myself to do more and eat less. By the summer of that year, I was the strongest and fittest I had ever been in my life. The problem was that I didn't know when to stop the process of restricting my food intake.

In the summer of 2012 I went to Quebec to do a five-week French immersion program. We lived in dorms and ate in a cafeteria. The food was very unappetizing—bland, watery and overcooked. The vegetarian options were slightly less vomit-inducing (yes, I actually puked on my first morning there). Encouraged by a new friend, I became a vegetarian—the first step toward cutting things (meat) out of my diet. I ate three smaller-than-'normal' meals a day only, and wouldn't snack on anything, even though all of my friends did.

One day, feeling uninspired by tasteless chunks of tofu and under-seasoned vegetables, I skipped a meal for the first time. It felt like I had accomplished something, like when I pushed myself harder when going for a run.

Limiting myself became an easy practice that only got easier when I returned to BC and faced compliments (which I refused to accept because of my distorted self-perception) and the 'death' of the summer season. BC weather is grisly at best in winter; it's like the sun disappears for six months and takes everyone's will to live with it. Discontent and seasonal sadness made it even easier for me to be cruel to myself.

I started grade 12 that fall and was feeling the pressure. By some godly stroke of luck I had achieved straight As in my grade 11 year, and I was hell-bent on doing the same in grade 12. Stress became my 'best friend.' Not the kind of best friend you have cute inside jokes with and who loves you unconditionally, but the kind that calls you rude names and steals your love interest.

Even though I had already lost about 25 pounds, I still hated the way I looked. The psychobabble in my head kept getting louder, and my diet even more restricted. I existed mostly on coffee and salad. I kept thinking, "I've come this far. I can lose five more pounds." Slowly, without noticing, things slipped out of my control...and then I was stuck.

At Christmastime, when my mother and I went to visit her family in Australia, I had to acknowledge

that something was wrong with my circulation. I was cold, in Australia, during their summer—if that's not a warning sign, I don't know what is.

I was so plagued by mental and physical pain that I couldn't fully enjoy Australia, even though it's my favourite place on this planet. That's what anorexia does to you. It takes the enjoyment out of life. It makes you apathetic, tired and melancholy.

By the time we got home in January, I was getting really sick. I was convinced I'd gained weight during my absence, but the ever-blunt scale actually revealed I'd lost seven pounds. Comments on my physique became more common—one friend cried when I took off my shirt so I could show her my grad dress. I guess seeing all my ribs so harshly was too much for her to handle. By March my body looked like a warped mix between a seven-year-old and a 70-year-old.

I no longer cared about anything but my grades and staying thin. My life became unbearably monotonous. I wanted to disappear without anyone noticing, and to never be conscious again. I wanted to starve myself into oblivion.

The worst day ever

On Easter Sunday 2013, I remember sitting on the edge of a hot tub, willing myself not to pass out. I had never felt that physically weak. It was like being in one of those nightmares where you're trying to run from a monster, but you can't make your legs move no matter how hard you wish you could.

I'd had an ECG earlier that month, and my heart rate was somewhere around 45 beats per minute; the minimum rate for someone in good health is 60. I couldn't even sit without bruising my seat bones. I had a hard time sleeping because my knees dug into each other and pinched nerves. Going numb every time I crossed my legs made it awkward to wear skirts, which made me sad because I love skirts.

My mother is a smart woman who works in health care, so I'd be a fool to believe she didn't realize what was happening long before "The Worst Day." She did confront me about it a few weeks before, but hadn't forced the conversation sooner because she believed I wouldn't have accepted help. She was right. Every show of concern or cathartic conversation made me feel guilty. It was like I had to make myself even sicker before I could accept help.

Really, the only thing you can do for someone in this situation is to offer support. Understand that however hard it may be for you to watch them self-destruct, it's nothing compared to how much every cell in their body aches.

You can't save us. You can be there for encouragement and comfort, but you have to wait for us to figure out that we're ready for change; it's not something you can force on someone else. We can only save ourselves.

I'm extremely lucky, because I had friends and family who understood that. My mum knew that I had to hit rock bottom—The Worst Day—to really accept that change was not an 'option.' It was a necessity if I wanted to live to see my dreams of university realized.

Learning how to live anew

My mum put together a wonderful support team comprised of a doctor (to monitor physical health), a therapist (to help me unravel my emotions), a dietitian (to coach me on how to reintroduce proper nutrition into my life) and a psychiatrist (who ran the whole show).

I'm now learning how to live again—in baby steps. I was able to finish my grade 12 year, and I'm allowed to exercise now.

I'm relatively sure, however, that I will be in recovery for the rest of my life. I feel like violently shaking the people who say things like "Well, why don't you just eat?" Thank you for that brilliant insight. Why don't you try curing cancer next? It's so much more complicated than that.

If there's one good thing I could pick out of the awfulness, it would be the realization that I can literally do anything I set my mind to. I brought myself very close to death and still survived. While it's a sick kind of learning and something you can't unlearn, it has shown me how powerful my sense of determination can be, if I apply it in appropriate settings and ways.

Knowledge may be power, but power has to be used responsibly. There's nothing inherently wrong with wanting things, but there is something wrong, I think, with constantly wanting other people's approval. We spend so much time begging for approval and looking for justification that we don't put effort into loving ourselves. Is that any way to live? Is that even living, or is it just being alive? Please, I implore you, choose Love and Life. v

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Helping Kids to Be Well in a Digital World

Matthew Johnson

Like previous generations, today's kids often seem like they're glued to their phones. The difference today, however, is that they can take their phones with them wherever they go, use them to play video games and access the Internet, and even sleep with them under their pillows.

Matthew is the Director of Education for MediaSmarts, a Canadian non-profit charitable organization for digital and media literacy. MediaSmarts (www.mediasmarts.ca) is dedicated to ensuring that youth have the critical thinking skills to engage with media as active and informed digital citizens

Digital devices like smartphones, tablets and laptops are so deeply integrated into kids' social lives today that it's not really accurate to talk about "online relationships." This is because nearly all of kids' relationships are at least partly online.

While a lot of the worry about kids meeting strangers online has faded since it's become clear how uncommon that actually is, there are still issues that we need to be aware of. One is that online relationships, whether they're friendships or romantic relationships, happen in "Internet time"—faster and more intense. Fights, arguments and misunderstandings can get more serious very quickly, as people send posts and messages back and forth and friends pick one side or another.

This is what kids call "drama." And while the drama most often burns itself out, it can sometimes lead to long feuds, broken friendships, online harassment, and sharing things like pictures that were meant to be kept private.

The nature of 'drama' in kids' online worlds

There are three reasons why online relationships are so likely to involve drama. One is this fact that teens' social lives are "always on," which creates an audience for anything juicy and exciting. The second reason, which is related to that, is that kids' online socializing mostly happens in public, on platforms like Facebook and Twitter. The third reason is that, when kids interact with each other through screens, there is a *distancing effect* that

how does social media help or harm your mental well-being?

Young people chime in.

Savanah (@savanahwatters):
"Social media builds support groups, but being in close contact to people you may not trust can cause easily cause hurt"

Tim (@TimmehPMA):
"Social media can be addicting and damage relationships if you get sucked in. The disconnect hurts mental health."

makes them less likely to feel empathy for other people.

Some of this distancing effect is because of the technology. Many of the cues we use to understand how someone is feeling, as well as the ones we use to tell someone we're not being serious—body language, tone of voice, facial expression—either aren't there or are less clear when we're communicating through digital devices.

Another aspect of distancing is the *bystander effect*: when we're watching something happen in a group, we're actually less likely to take action and get involved than if we're the only one there. There are several reasons this may happen: we feel less personal responsibility when we're in a group; we often follow the lead of the other people in the group; and we worry about how other people will see us if we act differently from everyone else.

The young people that MediaSmarts interviewed for its Young Canadians in a Wired World research project have come up with some solutions for limiting drama. For instance, some said they would always take time—whether it was five minutes, an hour or more—before answering something that made them angry. Others said that if they had a conflict with someone online, they would always talk to them in person before doing anything else.

Adults have a role to play here too. Setting clear expectations about the right way to treat people online, whether it's through rules at home or policies at school, is an important way to get kids to think twice before they act. It's important to stress that we have to treat people who aren't our friends the same way we treat our friends. Otherwise, when there's drama, our kids will just side with their friends and make things worse.

Self-esteem at risk

More severe forms of drama can fall into the realm of *cyberbullying*. Online harassment or online relationship violence, for example, can have a major effect on young people's self-esteem and even their long-term mental and physical health. These are cases where youth need to be able to talk to their friends, parents and other trusted adults to help them deal with the issues they're experiencing to do with these online interactions.

There are also less obvious things that can affect kids' self-esteem, like the pressure to post "selfies"—photos of yourself. These photos may not be sexual or revealing—though that is, of course, an issue too—but they are expected to be glamorous and attractive. Selfies are posted to sites such as Facebook, Instagram, Twitter and so on in hopes of attracting "shares" and "likes," which are seen as signs of popularity.


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There are also less obvious things that can affect kids' self-esteem, like the pressure to post "selfies"—photos of yourself—online in hopes of attracting "likes," which are seen as signs of popularity.

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resources to help adults talk to youth about cyberbullying

MediaSmarts has resources on cyberbullying to help parents and other adults get ready for conversations with youth who are facing challenges online:

- Parents' Guide to Cyberbullying
  www.mediasmarts.ca/backgrounder/parents-guide-cyberbullying
- Parenting the Digital Generation [tutorial]
  www.mediasmarts.ca/tutorial/parenting-digital-generation

PREVNet, an umbrella network of 69 leading Canadian research scientists and 55 national youth-serving organizations, also has resources on bullying:

- What Parents Need to Know
  www.prevnet.ca/bullying/parents
- What Educators Need to Know
  www.prevnet.ca/bullying/educators

So, there is strong pressure to get the selfie 'just right,' without making it look like you're trying too hard. Some of the tricks are low-tech—holding the camera just above your eye line, for example, so that it points slightly down at you. But kids, especially girls, also make heavy use of Photoshop, Instagram filters and other technological tools to give themselves the desired look.

Connie Morrison, in her book *Who Do They Think They Are? Teenage Girls & Their Avatars in Spaces of Social Online Communication*, says "girls understand that the images on television and in magazines are manipulated, and for some this understanding seems to lead to an expectation that they can (or should) be doing the same." As one of the girls she interviews puts it, "It makes me more comfortable...when my profile picture is something that looks flawless and 'pretty' even though I know it's fake."

So what can we do?

The best way adults can help kids deal with self-esteem issues is to teach them to ask critical questions about the media they consume—and about the media they create. If we prompt kids to question the kinds of media portrayals they're imitating online, we help them understand the messages they're sending.

We can also encourage them in interests like music, sports and arts, to help remind them that there's more to life than popularity. Taking a regular "tech break" or "digital sabbath" can also help to relieve the pressure to compete and to put things in perspective—but don't make this a rule, or a punishment, or it will backfire.

Finally, the most important thing adults can do is to keep an open line of communication with kids, and to be there to listen when they need us.

For our kids, and for all of us, the way we live online has raised a lot of challenging issues—and there are many more to come. The good news is that fostering empathy and teaching kids to be thoughtful and mindful users of digital media will go a long way toward helping them handle whatever challenges the online world has to throw at them. v

A 'One-Stop' Synopsis

YOUTH'S THOUGHTS ON MENTAL HEALTH AND SUBSTANCE USE SERVICES IN BC

Annie Smith, MA

The McCreary Centre Society* recently published two reports. One looked at young people's experiences with the mental health system and the other looked at their experiences with BC's substance use services (see related resources). Each project looked at different health challenges, services, supports and systems, but many of the findings and youth's observations were similar across both projects.

Annie has been the Executive Director of the McCreary Centre Society since 2006. She began her career as a psychiatric nurse in England before working with homeless and inadequately housed youth. Annie directed programs for people with developmental disabilities and mental health needs in Boston, Massachussetts, before coming to Canada

Nearly 150 youth from across BC took part in the two projects, with 74 taking part in the discussions about mental health services and the rest in discussion about substance use services. The youth were diverse in terms of gender, age, ethnicity, geography and sexual orientation. However, they shared many similar experiences, such as homelessness, a history of government care, problems at school and challenges with their mental health and substance use.

Barriers to service

Young people talked about not approaching services they needed because they were frightened about what would happen to them. They also didn't know where to go or how to ask for help. Many, especially those from small communities, were afraid they might be taken into hospital and lose their home and friends.

Youth who had accessed services felt they were often not given the health information they needed to manage their symptoms, or weren't given the most appropriate help for their specific needs. They were often confused by the different information they were given from different professionals. They were also upset when they had to repeatedly retell their story to new professionals in different services, or when a single

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service had a change in staff support. For these reasons, a number of youth stopped accessing services.

First impressions were very important to these young people. Many didn't go back to a service if their first contact was negative. This included not only meeting an unfriendly or unhelpful staff member, but also arriving to find the service was closed, or getting an answering machine when calling.

Youth identified the services that made them feel safe and welcome. These were places they wanted to go back to and that were most helpful to them. They included services that advertised clearly what they offered and how to access them. They were also services that were easy to access (e.g., were close to transportation and were located in places youth already accessed), were separated from adult services, and were open evenings and weekends.

They also liked services where they could get one-on-one support, that were welcoming for all youth, were located in safe neighbourhoods, and that they knew would be around for a while. Services that also offered physical and leisure activities were very helpful in improving mental health and motivation to be substance free.

mental health is a **HUGE THING** and should be addressed with young people

Mental health should be addressed while you're still developing, and education is key to removing the stigma associated with mental health.

Put a youth shelter on the good side of town, in a nice neighborhood, maybe on the west side [of Vancouver].

Adults have their own opinion on what is best, but they didn't move out at 16. It's rough. They don't know the reality of it. Being a youth now is different.

Services like Big Brothers, and teacher support makes a huge difference. If I had that kind of support when I was younger, I probably would be graduating university by now.

Steps need to be clearer because there's nobody really to talk to, you have to figure it out yourself the hard way.

IT'S HARD TO GO FROM SYSTEM TO SYSTEM

A lot has happened and it's too much to fill people in. What are you supposed to say, 'Well it all started in 1994 when I was born!' You need to carry a file on you or something.

There should be a transition period from 18 to 25 with services to help youth figure out what to do next.

Psychiatry and psychology should be accessible to everyone...

After 19 is when you need it most.

Some quotes from the McCreary Centre Society reports.

Youth recommendations

Youth had many ideas about how mental health and substance use services could more successfully reach young people before they hit a crisis point. These included greater use of social media and advertising in schools.

They felt that there were many lost opportunities to help younger youth who are starting to struggle with their mental health or substance use. For example, they suggested reaching out to students in elementary school and giving them tools and resources to help them cope with what they're experiencing. If families and schools talked about these topics from an early age, it would be easier for youth to recognize they were having problems and to know how to seek help.

Another idea was to create a "one-stop-shop" youth centre in each community. The space would offer mental health and substance use supports as well as welfare benefits advice, job training and life skills supports. This would allow young people to access all the help they needed in one place and stop them from having to retell their story to different people.

This community youth centre would also be open to young people who didn't need any support. This way, youth could make friends with different types of young people. It might also reduce the shame young people feel when accessing services, because it wouldn't be obvious why they were there.

In both projects, youth spoke about their ideal support workers. These included staff who treated each youth as an individual, were a good role model, were honest, didn't judge and were trained and skilled at their job. These were also staff who took the time to develop a relationship with each youth and were friendly but, as one youth said, "*don't try to be your best friend*."

Youth in both projects suggested that young people who asked for any sort of help (including in the ER) should be given a trained worker who would help them to navigate community and hospital systems. This worker would also stay involved with them as they transitioned to adult services.

Youth also wanted trained and well-supported peer mentors to talk to. They felt that having someone their age who "*had been there, done that and come out the other side*" would be really helpful. They thought it would also help give them hope for the future.

Finally, young people spoke about how mental health and substance use services could include youth more in the program or policy decisions that affect them. For example, they wanted to help develop new programs, be part of a program's youth advisory group, and help to train psychiatrists to better understand youth issues.

If opportunities to be more involved came up in service planning and delivery, or in policy development, youth asked that they get support to attend a first meeting and information about what their roles would be. Support could include being allowed to bring a friend along, getting a ride to the meeting, or having an adult support worker they were familiar with waiting outside the room. They also felt that meetings should be held in comfortable, safe spaces, scheduled at times and places that make it easier for youth to attend. Food and hot drinks should be offered because, as one youth said, "*It is hard to concentrate when you are hungry*."

In summary, young people who took part in both projects identified key areas where mental health and substance use services could be strengthened, and where youth's needs could be better supported. They were also keen to be more involved in the decisions that affect them and had many ideas for how we can better engage young people. v

related resources

Cox, K., Smith, A., Peled, M. & McCreary Centre Society. (2013). *Becoming whole: Youth voices informing substance use system planning*. Vancouver, BC: McCreary Centre Society. www.mcs.bc.ca/pdf/becoming_whole.pdf.

Cox, K., Smith, A., Poon, C., Peled, M. & McCreary Centre Society. (2013). *Take me by the hand: Youth's experiences with mental health services in BC*. Vancouver, BC: McCreary Centre Society. www.mcs.bc.ca/pdf/take_me_by_the_hand.pdf.

*mccreary centre society

The McCreary Centre Society is a non-governmental, not-for-profit agency committed to improving the health of BC youth through research and community-based and youth-engagement projects. Founded in 1977, the society sponsors and promotes a wide range of activities and research to identify and address the health needs of young people in the province.

For more information, visit www.mcs.bc.ca.

for footnotes go to www.heretohelp.bc.ca/visions

Youth Mental Health—Exploring the Education Program Landscape

Paula Vaisey, MSc

Having only worked at CMHA's BC Division for six months, I have been familiarizing myself with the youth mental health landscape here in BC and across Canada. I've encountered many exciting, original and meaningful youth mental health education programs, and thought I'd share some of the provincial and national programs that are accessible to young people in BC.

Paula is Youth Engagement Coordinator with the Blue Wave Youth Mental Health Program at the Canadian Mental Health Association's BC Division. She has worked extensively with youth and families in the UK on projects related to youth voice, emotional resilience, cognitive-behavioural therapy and kinship care

BC Partners for Mental Health and Addictions Information programs

AnxietyBC

www.youth.anxietybc.com

AnxietyBC programs are focused on increasing awareness of anxiety disorders and promoting education and evidence-based treatments. Trained clinicians present full-day workshops to teachers and parents on how to recognize anxiety disorders and apply tools that help manage anxiety. An annual "Info-Nite" in Vancouver has evolved into mini-sessions held throughout the year. The AnxietyBC website provides a self-help-based resource for youth that addresses all the major anxiety disorders and teaches management strategies. It features an "Anxiety 101" quiz and sections on facing fears, thinking right, ways to chill, healthy habits and common problems.

"Our youth website is designed to be engaging and interactive, giving youth real tools to learn about and manage this human condition called anxiety. It's been great to not only build a great website for young people, but to also have a mobile App to bring the tools out into the world."
—Arto Tienaho, Executive Director

Beyond the Blues: Depression Anxiety Education and Screening Day

A program of the Canadian Mental Health Association, BC Division

www.heretohelp.bc.ca/beyond-the-blues

Every October this mental health awareness campaign provides a day

of community events held across BC, many of which target young people. Participants can learn more about well-being, depression, anxiety and risky drinking by filling out screening self-tests and then meeting briefly with a clinician to have a conversation about the results and next steps. Events are free, anonymous and drop-in. The program has helped 66,000 people since 1995 and two-thirds of those screened now are under 25. Beyond the Blues is free to implement and there are a range of tools available to support local agencies wanting to run successful, engaging events for young people.

"The opportunity to validate what a youth is experiencing, recognize their skills and strengths, inform them of other resources, and connect them to further help if needed is priceless."
—Youth event participant

FORCE Society for Kids Mental Health, Youth in Residence

www.forcesociety.com

The FORCE Society supports and empowers families, and works collaboratively with professionals and systems that service youth mental health toward understanding and meeting the mental health needs of families. The FORCE provides families with an opportunity to speak with other families who understand and may be able to offer support or advice on what has worked for them. It also provides families and professionals with information, tools and tips on how to support and assist children with mental health difficulties. Two Youth in Residence (YiR) act as navigators, provide support for young people and share mental health information with families and youth.

"The essence of the FORCE's Youth in Residence (YiR) role is to provide support to youth living with mental health challenges in a way that builds capacity and resiliency, and inspires hope and a 'way forward.' They offer peer support with compassion, understanding, powerful listening and, at times, a sharing of their own lived experience."
—Christie Durnin, Program Manager

iMinds

At the Centre for Addictions Research of BC (CARBC) at the University of Victoria
www.carbc.ca/KnowledgetoAction/HelpingSchools.aspx

iMinds is a drug-related health literacy program designed for students in grades four to 10. Each module of the program features easy-to-implement lesson plans that help students develop the knowledge and skills they need to survive and thrive in our drug-using world. Rather than overloading youth with health information or trying to scare them away from using drugs, the lessons encourage students to both express their thoughts and think critically about their current drug-related beliefs, attitudes and behaviours. They also learn about and discuss ways to address problems related to health and drug use that may arise in themselves, their families or their communities.

"The success of health literacy programs such as iMinds rests on the fact that they help young people understand the world around them and take control of their own lives."
—Dan Reist, Assistant Director, Knowledge Exchange

Jessie's Legacy Eating Disorders Prevention Program

At Family Services of the North Shore
www.jessieslegacy.com

Named after Jessie Alexander, a North Shore girl who took her life due to complications surrounding her eating disorder, Jessie's Legacy provides eating disorders prevention education, resources and support for BC youth, families, educators and professionals. Services and resources are primarily web-based. The program facilitates an Eating Disorder Support Group for parents, partners and friends of those struggling with an eating disorder; group members can participate either in person or via teleconference. In addition, Jessie's Legacy provides media watch, online and telephone support, and psychoeducation groups for parents.

"In a society that is so often silent and judgmental of eating disorders, depression and other mental conditions, I will dedicate much of my future to spreading the word: there is help, there is hope, and there will always be people who care and understand. I cannot thank you enough."
—Appreciative participant in the Jessie's Legacy program

ReachOut Psychosis

A program of the BC Schizophrenia Society
www.reachoutpsychosis.com

ReachOut uses music, slam poetry and fun to break down barriers that exist around psychosis and to increase the chances of early intervention. ReachOut is a brain-science-based 'edutainment' program using professional music and comedy performers to engage students in how to spot early signs of psychosis and get effective help early. It's offered free of charge to audiences of 300 or

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more throughout BC, primarily in school assemblies during the school year. This program and its evaluation evidence was featured in a presentation at the 2012 International Early Psychosis Association conference.

"ReachOut's youth and teacher interventions shorten the time between a young person first experiencing psychosis symptoms and when they get effective help. This drastically improves outcomes for people with psychosis, so that their life is disrupted as little as possible by this brain condition."
—Sophia Kelly, Manager, Reaching Families and ReachOut Psychosis projects

Other BC-wide programs serving youth

Blue Wave

A program of the Canadian Mental Health Association, BC Division
www.ok2bblue.com

Blue Wave's mission is to increase awareness, encourage solutions, foster hope and end the stigma of mental illness. Its main focus is Living Life to the Full, a mental health promotion skills course for use with teenagers that will be adapted from the existing program for adults and then taught by young adult facilitators in youth settings. Its aim is to prevent mental health problems such as anxiety and depression. Blue Wave also offers a new bursary for youth who have experienced a mental health or substance use problem and are going on to higher education.

"There's so much resilience in youth that we're just not talking about or nurturing. We want to create a future where we have fewer worst-case scenarios—where young people have skills to feel good about themselves, bounce back from stress, and know where to turn for help."
—Bev Gutray, Chief Executive Officer

Kelty Mental Health Resource Centre

www.keltymentalhealth.ca

The Kelty Mental Health Resource Centre provides information and resources for children, youth and families across BC who have mental health and substance use concerns. The centre offers help from professionals, an eating disorders peer support worker, and parent and youth support workers from the FORCE Society for Kids' Mental Health. There are options for support and treatment, tips for self-help, and free educational events. Support is provided over the phone, by email or in person.

"In addition to offering peer support to youth, we try to think of innovative ways to connect with and engage youth in an authentic way. We value the perspective of youth and provide opportunities for them to get involved though initiatives like our Youth Ambassador Program, Youth Summit, videos and events throughout the year."
—Brent Seal, Youth in Residence based at Kelty Mental Health

Mind Check

A partnership between Fraser Health and BC Mental Health and Addiction Services
www.mindcheck.ca

The mindcheck.ca website is designed to assist young people in identifying and understanding mental distress they may be experiencing. The site provides tools and strategies to manage these problems and access to helping resources. On the "Speak Up" page, young people can add their 'voice' on mental health and can learn from other young people. Since January 2012, over 178,000 people have visited the website and 73,000 people have taken a quiz to see how they're doing.

"I thought I might be depressed, but I was so embarrassed and ashamed to admit it and look for help. This is the first time I've felt like it's okay to be depressed. I am not alone, and there are ways to get over it. Because of mindcheck.ca, I feel like there is hope and lots of help."
—Mindcheck participant

SpeakBOX

www.speakbox.ca

SpeakBOX primarily uses Facebook and Twitter to build a community where new ideas on mental health education and promotion can be shared and developed. The fall 2013 pilot for the Amped Voice program plans to empower youth to lead the discussion of mental health in their schools. Students also have the opportunity to connect with other students across BC and collaborate on ideas beyond their school. The goal is to create employment opportunities for young people with lived experience.

"What makes SpeakBOX unique is the involvement of people with lived mental health experience in all levels of the organization. SpeakBOX is built from youth voices, led by youth voices, and continues to learn from youth voices."
—Aidan Scott, Founder

Youth in BC

A program of the Crisis Intervention and Suicide Prevention Centre of BC (Crisis Centre)
www.youthinbc.com

YouthInBC.com provides an online crisis service where youth can chat one-on-one with a trained volunteer

from the Crisis Centre. Youth are invited to discuss many different issues without judgment: suicide, sexuality, depression and stress, relationship conflicts and much more. There is a website with information about a number of youth-related issues, which also includes resources such as a list of organizations and websites where young people can get help.

"Our YouthInBC.com online distress chat is available noon to 1a.m., seven days a week. It gives young people (ages 12 to 24) the opportunity to talk one-on-one with a Crisis Centre volunteer about their complex lives and to learn aboute resources for support in their local community. In 2013, more than 175,000 people in our province will directly, and indirectly, benefit from this innovative program."
—Stephanie Cardwell, Development and Communications Coordinator

National programs serving youth

Kids Help Phone

Helpline: 1-800-668-6868
www.kidshelpphone.ca

Kids Help Phone provides kids, teens and young adults with anonymous and confidential professional counselling, referrals and information in English and French, through various media. Canadian youth can call or go online 24/7 to reach a Kids Help Phone professional counsellor. Counsellors have access to a database of over 37,000 local resources, so no matter where a young person is calling from the counsellor can connect them to a service right in their community.

"At Kids Help Phone, we often hear kids saying 'I'm scared' or 'I don't have any control over what's happening to me.' If we focus on helping young people gain a sense of power in their lives, it can be the first step in changing their mental health."
—Alain Johnson, Clinical Director, French Language Services

Mental Health First Aid

A program of the Mental Health Commission of Canada
www.mentalhealthfirstaid.ca

The Mental Health First Aid Canada for Adults Who Interact with Youth course trains adults to recognize and understand the signs and symptoms of mental health problems in youth, provide initial help, and guide a young person toward appropriate help. It focuses on mental health problems such as mood disorders, anxiety disorders, psychosis, substance use disorders, eating disorders and deliberate self-injury. Crises can potentially be avoided by administering 'first aid' until treatment is found or the crisis is resolved.

"We've seen a significant increase in the number of people taking the MHFA youth-focused course over the past two years, a sign that the challenge of youth mental health can no longer be ignored. Our hope for the future is that every young person experiencing a mental health problem is within reach of mental health first aid."
—Meaghon Reid, Director

mindyourmind

A program of Family Service Thames Valley in London, Ontario
www.mindyourmind.ca

Mindyourmind.ca is an award winning site for youth and young adults to get information, resources and tools to help them manage stress, crises and mental health problems. The site includes web apps, interactive coping tools, self-management tools and stress busters. Their new mood-tracking app 'mindyourmood' enables a young person to record how they're feeling for display in a way that both they and their therapist, doctor, parent or peer can understand.

"Mindyourmind engages youth to 'reach out, get help and give help.' It is a non-profit program, nationally accessible online, that engages and involves youth and emerging adults to co-develop relevant resources and partnerships. The goal is to reduce the stigma associated with mental illnesses, increase coping and increase the access to, and use of, formal and informal supports."
—Christine Garinger, Research and Evaluation Lead

Teen Mental Health

A program of the Sun Life Financial Chair in Adolescent Mental Health in Halifax, Nova Scotia
www.teenmentalhealth.org

Teen Mental Health aims to improve the mental health of youth by effectively translating and sharing scientific knowledge to improve the understanding of adolescent mental health and mental disorders. The Sun Life team uses the best evidence available to develop application-ready training programs, publications and resources. Materials include animations, face-to-face training programs, web-based training programs, and easy-to-understand guides and books designed specifically for youth, parents, educators and health providers.

"We demonstrate results in improving knowledge, reducing stigma and

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enhancing help-seeking behaviour. We believe that collaboration with like-minded organizations will bring lasting benefit to youth and families living with mental disorders."
—Dr. Stan Kutcher, Chair Holder

The Jack Project

www.thejackproject.ca

The Jack Project supports and informs youth to help ease their transition from high school into higher education or independent living. Their schools-based mental health outreach program held over 100 workshops and presentations during its pilot year. They also provided over $350,000 to Kids Help Phone for the development of 'Live Chat,' so youth can instantly message a counsellor, and for the 'Always There' mobile app, so youth can access Kids Help Phone on their mobile device.

"There is so much work to be done on the mental health awareness front. At The Jack Project we're very focused on true youth engagement and an approach that encourages young people to become comfortable with, and take ownership of, their mental health."
—Eric Windeler, Founder

CONTINUED FROM PAGE 12

No, these behaviours are the result of genetically programmed brain development that has benefited the continuation and success of our species for countless generations. Remember Einstein, Gates and countless others!

But what about the negative fallout? The higher rates of accidents, social failures (e.g., criminal misadventure, and academic and vocational problems), early death, substance misuse and the like? Do we just have to accept this carnage and write it off to "that's biology"?

Not at all.

We know that the brain develops not only in response to its genetic blueprint, but also in relationship to its environment. That amazingly complicated interaction between genes and environment is what drives the brain to adapt to its circumstance. It's the reason we are here today.

Thus, it doesn't take a rocket scientist or a brain surgeon or even a psychiatrist to figure out that the type of environment a teen is in will have a huge impact on how those risks are taken and how those incentives are experienced and achieved.

We can work to create environments that allow for enriched and challenging exploration that results in positive social and personal outcomes for young people. Or, we can allow teens to muddle along in environments that increase the likelihood that outcomes will be less than optimal. For them and for the rest of society.

This realization has profound implications for parenting and for social policy. It means that active, involved and caring parenting doesn't end in childhood. It means our communities must invest in creating optimizing environments for youth and with youth. We need to rethink what roles our schools should be playing.

And we need to start providing all teens with the opportunity to effectively direct their risk-taking and exploration, so they are more likely to experience positive rather than negative outcomes.

Hey, they do have a brain after all, and a good one! So it's time for us to start seeing more of the positives that this exciting period of life can bring to young people, their families and their communities. It's time for us to embrace the adolescent years, enjoy them and help provide the kind of challenges to our youth that, in hindsight, we wish we had experienced.

resources

Child and Youth Mental Health, BC Ministry of Children and Family Development

For youth in BC under the age of 19. Child and Youth Mental Health provides direct services and connections to community service providers and other organizations. Learn more at www.mcf.gov.bc.ca/mental_health, or visit www.mcf.gov.bc.ca/contact_us.htm for a phone directory.

Your local health authority

In addition to the Ministry of Children and Family Development, you can also connect with services and programs through your local Health Authority. To find your health authority, visit www.health.gov.bc.ca/socsec

Still Waiting: First-hand Experiences with Youth Mental Health Services in B.C.

Visit www.rcybc.ca and click on 'Resources' for the April 2013 report from Mary Ellen Turpel-Lafond, BC's Representative for Children and Youth. This report focuses on the experiences of youth aged 16 to 18 and draws attention to experiences from youth and families who use formal and informal mental health services.

Children's Health Policy Centre at Simon Fraser University

Visit www.childhealthpolicy.ca for The Quarterly publication, which discusses child and youth mental health in BC, examines research around interventions to improve children's mental health, and discusses strategies and services.

Collaborative Mental Health Care Toolkits

Visit www.shared-care.ca for Child & Youth Mental Health Toolkits. The Toolkits are a user-friendly approach to screening, assessment, and treatment for mental illnesses as well as factors of wellness such as trauma and healthy child development. You'll also find a large collection of resources, including websites, interactive games, and phone apps.

This list is not comprehensive and does not imply endorsement of resources.

Institute of Families for Child and Youth Mental Health

Visit www.instituteoffamilies.ca for the Institute of Families for Child and Youth, a national network that supports child and youth mental health through family/caregiver engagement. You'll find resources and information, and more information about their Family Smart Initiative.

Mental Health Commission of Canada: Child and Youth

Visit www.mentalhealthcommission.ca and click on 'Issues' to learn more about the Mental Health Commission of Canada's child and youth mental health strategies and initiatives. You'll find background information, study findings, and other useful documents.

Strengthening Family and Youth Voices Project

Visit www.cmha.bc.ca/get-informed/public-issues for resources developed through the Strengthening Family and Youth Voices Project. You'll find a report of research around peer support for youth, a peer support guide for youth, and a guide for parents or caregivers of youth who experience mental health problems.

Headspace

Visit www.headspace.org.au for Headpsace, an Australian organization for youth mental health. You'll find their Evidence Maps. Evidence Maps help you search through current research around mental illness treatments specifically for young people, including many different therapy approaches and many different classes of medications. Parents and caregivers can also learn more about finding help and taking care of their own health.

Healthy Schools BC

Visit www.healthyschoolsbc.ca for Healthy Schools BC, a partnership between DASH BC and the Ministries of Health and Education, to support health-promoting schools. You'll find teaching and learning resources, frameworks, and standards, as well as stories from around the province. Learn more about promoting positive mental health at school, supporting diverse and connected school communities, and reducing the harms around substance use.

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