

visions

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youth facing
health inequities

stigma, resilience
and health care for
marginalized youth

tips for engaging
young people in service
design and delivery



visions

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

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footnotes reminder

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we want your feedback!

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letter to the editor

I was favourably impressed with Gale Rutledge's article, "Got Boundaries?" in *Visions* 15.1 until I was slammed up against the words, "No one can make another person upset; we choose to feel this emotion." The first time I heard words to this effect was from a verbal abuser over 30 years ago. He took it as *carte blanche* to assail me with blame, threats, and lies about myself—but the most abusive part for me was the thought of him acquiring this weapon from some self-help source, of this ammunition being out there in popular psychology. Because he presented well, people in the system enabled his abuse. Obviously we can hurt others by how we treat them. I suspect that the writer, and others, mean the idea as a way for people to empower themselves: "I don't have to feel what you are trying to make me feel." (Or, if the other person didn't intend to be hurtful, it gives them the benefit of the doubt.) However, I still don't find the premise valid. We don't have a choice about how we feel, only how we react to our feelings—to insist we always have a choice is absurd. Abusers will turn it around and blame the victim.

—Anne Miles, Gibsons BC

correction

In Hazel Meredith's article "WRAP and Roll" in *Visions* 15(2), "Blips and Dips in the Recovery Journey," the author said that Wellness Recovery Action Plan program was developed by Dr. Mary Ellen Copeland to help her mother cope with serious mental health challenges. The sentence should have read that Dr. Copeland developed the program with a group in Vermont in the 1990s to help her cope with mental health challenges. Our apologies for the factual error.

editor's message

Whether youth and young adults are Indigenous, racialized, LGBTQ2S+, homeless, living with a disability, in government care, involved with the justice system, or one or more of these, it's clear many young people face health inequities: unequal access to appropriate help and the social conditions that could help them get a stable foundation. This issue could have been titled a lot of things: "vulnerable youth," "marginalized youth," "at-risk youth," "underserved youth," "disadvantaged youth," "youth facing additional barriers"... Each of these terms is problematic though. At risk of what? Vulnerable to what? Aren't we all vulnerable in different ways to mental health and substance use problems? Isn't expressing vulnerability also an asset? "Additional barriers" implies that the mental health and substance use service systems, by default, have barriers built in for everyone—so that doesn't quite feel right either. The problem is all these terms tend to put the focus on young people instead of on the systems and supports that have let them down or discriminated against them.

This is one of the hardest issues we've ever had to produce, but not because of a shortage of stories or a shortage of courage—far from it. Young people of any persuasion are, well, busy and have lots on the go; many are in school, working, volunteering—"adulting" as they say—and with active social and recreational lives. ("Goody! Another written assignment!" *said no young person ever.*) But when you have more complex layers to your identity, more trauma and anxiety, and often even fewer supports, it also means sharing your story with a mental health magazine is, frankly, even less of a priority. Young people we have pushed to the margins are also naturally more wary. They've been hurt before. Why should they trust us? Often we had to go through agencies who work directly with youth; those agencies are also busy, without much time and urgency to get to know us very well. And why should they? They don't owe us anything.

A huge and humble thank you to those who tried to solicit or submit even if it didn't quite work out. We know it was a hard ask. And we are also grateful to all the young people featured in the pages ahead (and their supporters) for giving us a chance and sharing their stories with such power and eloquence. Your passion, resilience, leadership and activism are truly inspiring. (#humbled) ▼



Sarah Hamid-Balma

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

Stigma, Resilience and Health Care for Marginalized Youth

Elizabeth Saewyc, PhD, RN, FSAHM, FCAHS, FAAN

More than 20 years ago, I had the privilege of working in what I still consider to be one of the best jobs in my career in nursing: I was a public health and maternity nurse, supporting pregnant and parenting teens who were experiencing homelessness or incarceration in Seattle. Some people might raise their eyebrows when I say that was one of my best nursing jobs, but I stand by my claim.



Dr. Saewyc is a professor and the Director of the School of Nursing at the University of British Columbia in Vancouver. She also leads the multidisciplinary Stigma and Resilience Among Vulnerable Youth Centre at UBC. For more than 20 years, her research has focused on how stigma, violence and trauma influence adolescents' health and coping behaviours, and what protective factors can foster resilience and improve health equity for marginalized young people, particularly LGBTQ2S+ youth

So much of what I have learned about how stigma, violence and trauma affect people's health, and the relationships and environments that can help foster resilience, I learned from the fabulous young people who let me, warily, into their lives.

I learned they had reason to be wary of me, or any health care provider, or really, any adult. Some of the adults in their lives—those who were supposed to protect them and care for them—abused them, exploited them or abandoned them. Without knowing or caring about the violence that these youth had experienced, people now judged them, calling them “youth at risk,” or

“vulnerable youth”—as if, somehow, the risk or vulnerability resided in the youth themselves, as if they were solely responsible for the “choices” they made and the trauma they experienced.

My public health nursing education had taught me about the social determinants of health—how people's health is influenced by where they work, live and play, and also by society's attitudes about their gender, sexual orientation, religion or cultural background.

In working with these young people, I saw clearly how these social determinants influenced their lives and their health.

I learned that social determinants—like good education, adequate income and safe housing—aren't distributed fairly across communities. Young people from some cultural groups were more likely to face challenges accessing those resources because of systemic racism, for example.

Some of the social determinants influence survival: having enough food and a place to stay are important for health, but both of these require having enough income, and that usually means having someone in the family with regular employment that pays enough, which requires having enough education. For youth who don't have family or caregivers who can provide that support, surviving to a better future is a challenge. It's difficult to learn in school when you're hungry, or when you haven't had enough sleep because you don't have a home and need to ride the buses all night to stay safe, or when you have a hard time concentrating because you're dealing with trauma symptoms. It's hard to land that well-paid job when you don't have a permanent address to put on the application form and you don't have clean clothes for the job interview.

I also learned that social determinants—like good education, adequate income and safe housing—aren't distributed fairly across communities. Young people from some cultural groups were more likely to face challenges accessing those resources because of systemic racism, for example. I noticed Indigenous youth and youth of colour I worked with were more likely to

be kicked out of school, arrested or denied access to services; they were less likely to find employment than the white youth who were also homeless. Lesbian, gay and bisexual youth I worked with faced rejection from families, condemnation from some of the religious service organizations in the community, and harassment and homophobia from peers. Trans youth had difficulty finding safe shelters that supported their gender identity and expression, since most shelters in Seattle were segregated by gender but included only two categories (male and female), and only accepted people based on their sex assigned at birth.

All of the youth I worked with who were pregnant, and all of those who were homeless, heard regular negative judgements, often from total strangers, with massive assumptions about their lives and the motives behind their behaviours. (One of our thirty-something adolescent medicine physicians who was pregnant and looked young for her age got eye-opening negative comments from strangers on the bus to work, from people who thought she was a pregnant teen and felt entitled to judge her life—and she realized just how much her privilege as a doctor and an adult usually protected her

from intrusive comments about her personal life from others).

All of this boils down to stigma and discrimination, key social determinants of health that affect access to other very important determinants for survival. The young people I worked with in Seattle weren't "at risk" or vulnerable because of their own choices, bad luck, accident or family situations. They were marginalized, pushed to the edges of society and to the back of the queue because of stigma. They struggled to find acceptance, and to have someone in their lives who cared about them. All young people need to matter to someone; love helps them grow and thrive.

Stigma and discrimination often lead to violence. "Enacted stigma" is what we call the violence from a society that targets you and tells you that you're not wanted or not accepted, that you don't deserve the resources other people have a right to. This enacted stigma, or violence, is also a determinant of people's health; that trauma affects mental health and well-being and leads to chronic stress reactions that can have long-term physical health effects such as heart disease. I learned from the young people I worked with that their lives contained more trauma and rejection and danger than I thought anyone could survive. But these youth had survived, and I deeply respect their determination in the face of the barriers that were stacked against them.

What I learned so vividly in working with those young people 20 years ago has been shown over and over again in my research and work with other

CONTINUED ON PAGE 35

Life in Transition

I ALWAYS KNEW I WASN'T GAY

Anden Lee

I was born a girl, but from a very young age, I presented myself as male. I wore boys' clothing, had short hair and acted like a typical boy child. My mom could not convince me to wear a dress for the life of her, and I would cut my own hair short if she didn't. My parents supported my look, labeling me a "tomboy."



Anden is the second-born of two children in the Interior of British Columbia. Though he was born female, it didn't take Anden or his parents long to realize there was something different about him. His parents chalked it up to Anden being a "tomboy," but as time went on, Anden realized there was more to his story

Photo credit: Kiera Elise Photography

Anden Lee with his dog, Zu

When I first learned there was a physical difference between the sexes, I was three, maybe four years old, standing in the kitchen with my mom and grandma. They were talking about my dad. He was a member of the RCMP, K-9 Unit and I'd always looked up to him. I piped up and told them, "I want to be like my dad when I grow up." My mom giggled and asked, "What are you going to do when you grow breasts?" I told her I was going to have them removed, like my grandma, who had just won her battle with breast cancer.

Sixteen years later, I did just that: I had my breasts removed.

Throughout my life, as I presented my physical self in a way that matched

how I felt internally, I confused a lot of people. This caused a lot of awkward, uncomfortable and anxiety-provoking situations—for me and for other people. For example, when my parents and others introduced me as a "daughter," or if people heard my given name, I was immediately aware of their bewilderment. In the past, people have kicked me out of women's bathrooms because I looked like a boy. Teenage boys have tried to pick fights with me. Girls have asked me out on dates, thinking I was a young man. When I played school sports, I always heard comments like, "Why do they get to have a boy on their team?" In the girls' locker rooms, I would always keep my head down and get in and out as quickly as possible. I was worried



Photo credit: Kiera Elise Photography

Anden Lee

It's extremely unnerving to share who you truly are with the people in your world when you are transgender. Over time, society has created "norms" that not everyone fits.

the other girls might be creeped out by me—even the girls I knew well.

I was even worried I would be labeled a lesbian. I didn't feel there was anything wrong with being a lesbian; I just knew it wasn't the right fit for me.

I didn't hear the term "transgender" until I was 19. "Transgender" is an umbrella term that covers a variety of gender identities and may be used by anyone who is not wholly satisfied to identify themselves as just "male" or "female." Gender is considered to be a spectrum. Many people identify or express themselves more masculine or feminine, male or female and some people identify as neither and others identify themselves as both or "gender fluid" regardless of their biological sex at birth. Gender is very different from sexuality. Although also considered to be a spectrum, sexuality is more about sexual preference, which can change

and shift throughout one's lifetime, depending on mindset, openness and life experiences. Both gender and sexuality differ from one individual to the next.

It's extremely unnerving to share who you truly are with the people in your world when you are transgender. Over time, society has created "norms" that not everyone fits. I overthought things—worried about the friends and family I might lose because of the lack of understanding and the lack of information available at that point, especially in a small town. I worried about my safety because I had read horror stories on the Internet about transgender people getting beat up and even murdered. Can you imagine walking around and worrying about being verbally or even physically attacked because of who you are? Or maybe even denied services or jobs because you are being your true self?

These are issues that transgender people still face today.

It took me about a year after learning what the term "transgender" meant to finally decide to see a doctor about the possibility of transitioning from female to male. In 2012, I moved four hours away from home to start my transition. I don't know if resources would have been available for me to transition in my small hometown, but I was worried about what people would say and think. I wanted to go through the process with a bit of distance between me and the people I saw every day. I wanted to choose how and when I shared my decisions.

I released a "coming out" video on Facebook, explaining how I felt and that I was going to be making some big changes. Luckily, I had an overwhelming amount of support from the people in my hometown, so I eventually returned. The first few months I was home, I suffered major social anxiety. Even though my Facebook video had received good feedback, I was sure there would be someone who disagreed with my choices. I had an extremely hard time just going into a grocery store. I would sit in the parking lot in my car, trying to calm myself down and build the courage to go in. I would breathe, talk myself down, and eventually it got easier. As time passed, and even complete strangers who had heard my story showed me they respected my decision, I became comfortable.

Working life as a transgender individual

I have worked industrial jobs since I graduated from high school. Heavy industry is known for its more rough

and edgy workers, and doesn't always have the reputation for being the most open-minded vocational field. I have been lucky enough to have mostly positive experiences. I've worked construction, from logging to oil and gas, and now I work in mining.

While in the logging industry, I worked with many of my friends—people who already knew me. No one had an issue with how I presented myself or my choice to come out as transgender. In the oil and gas camp, I didn't know a soul. I decided to live in stealth—I didn't tell anyone that I had been born female.

When I entered mining, I knew it wouldn't be long before word got out. Many of the employees already knew me outside of work and in the mine, I was in the milling department—known by the employees as “the rumour mill.” I fully expected to be outed.

One of my colleagues was pretty uncomfortable with my situation, especially because we shared a locker isle in the dry (where we would get changed into and out of our coveralls

to start or finish our shift). He's 6'4" with a shaved head and is often portrayed as intimidating.

As we got to know each other, he took it upon himself to learn a little online about what being transgender meant. As we became more comfortable with each other, we eventually started carpooling to work. Over time, we had many in-depth talks about gender and sexual orientation and how it fits in this world. It always makes me proud to be able to tell people about my experience and help shape their views. I've always felt that people should get to know someone and give them a chance before discriminating against their gender identity or sexual orientation. When we do that, we avoid making mistakes out of ignorance and we might just find how much we have in common with the people around us, despite our differences.

Maintaining a healthy mental state and educating community

Diet and physical activity have a major impact on my mental health. I have always found that if I am feeling anxious, the best way to channel that is by doing something physical,

demanding and distracting. If I am not always doing something physical, that can make me anxious, too. Sometimes it takes some convincing for me to get moving but I always know the effects of physical activity will be rewarding. These days I channel my anxiety into functional fitness classes, biking, hiking with my dog and adventuring the land with my friends. Although my experience of anxiety is not the same as some people who suffer from severe symptoms, and certainly not on the same level as what many trans people experience, what I've gone through has given me an increased appreciation for mental health research and resources.

Thanks to the journey I am on, and to the community support I've received and that continues to grow, I have taken it upon myself to become an LGBTQ educator. I've put on workshops on gender identity and sexual orientation for parents and kids, social workers and even my district's Crown counsel. I look forward to expanding my reach, helping more youth, communities and the influencers around them by sharing my experience, understanding and knowledge. ▾

visions

what should we explore next?

Have your say in what kinds of stories get told in *Visions*. Let us know what subtheme you want to read about in our upcoming issues.

environment
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Vote in our poll by May 31, 2020 at www.heretohelp.bc.ca/visions

Crossing the Bridge

IMPROVING MENTAL WELL-BEING AND FOSTERING CHANGE FOR YOUTH IN THE BC CARE SYSTEM

Anita Shen

Yesterday I wanted to jump off the Granville Street Bridge.

An immigrant to these lands, Anita is blessed to call the Coast Salish territories home. They are a student, activist and educator with a passion for learning through play. They do foster youth advocacy with Fostering Change, which accepts donations through its parent organization, First Call: BC Child and Youth Advocacy Coalition



Photo credit: @esinedphotos

Anita Shen

I was having a panic attack, my heart racing in my ribcage, my breath lost in shallow gulps. I was trapped on an island of toxic thoughts. Waves of self-doubt rushed around me. I couldn't think clearly. The world was a dangerous, scary place. Nothing felt right.

I forgot how to breathe and how to think. I forgot how much I love my cat's pink nose in the mornings, the smell of a warm kitchen full of food, and the magic of a great book or a long car ride with some good tunes.

It's been like this my whole life. Without warning, I am overwhelmed

by moments of dizzying panic. I get lost; in those moments, I don't know where "me" goes.

The end of the year is a hard time for everyone I know. Even people who are "normal," well-adjusted, healthy and close to their families are struck with feelings of being overwhelmed, inadequate, powerless and imperfect. They feel insecure about their bodies, their abilities, their accomplishments and sometimes their lives. They feel lonely.

This is doubly true when you have a complicated relationship with the holidays. I am a youth from the govern-

ment care system, and I was first taken into care one December. I was 13, and my family's home was no longer a safe place for me. I spent that Christmas in a safe house, feeling like I was miles away from anything that felt like home or family. A friend's mom called me on the safe house's landline. She spoke quietly, like she had just seen a deer in the woods. I felt like I had died. I felt such a mix of grief, shame, guilt and teenage embarrassment.

Turns out, I didn't die. I just lost the old me. I lost the life I was used to, the life where I navigated the ups and downs of my mother's health and spoke Chinese on the phone with overseas relatives. I lost the quiet, introspective kid who lived in dozens of rental suites that were full of love and anger.

My new life involved a group home, then a foster home, new siblings, and learning to censor my life at school. Some people couldn't know anything; some people could know some stuff, but not everything.

Then I came out as queer, and some people could know that, but some people couldn't be trusted. Trust is a difficult beast.

Eventually, I dropped out of school. It's common among foster kids: less than half of us graduate.¹ I moved out on my own, struggled to pay the bills, fell in and out of love and battled depression. I had a nervous breakdown and became homeless for a year. I hitchhiked, couch-surfed and slept on the streets. I lived with various family members. I didn't talk about mental illness; trust is a difficult beast.

Back then, I saw mental health as a battle. I hated that I couldn't get out of bed some days. I felt so angry at my brain. I felt like I could be okay again if I just fought the brain fog and pushed through the pain. It was my fault that I didn't just feel better—or so I thought.

I was scared, too. I was scared of my brain, scared of other people and scared to ask for help. Help was for people who were sicker than me; help was for people who deserved it.

And what if getting help made things worse? What if I was forever branded as "sick"? What if I got locked up? What if they told me my situation was hopeless?

We live in a system that categorizes things in binaries. People are good

or bad, healthy or unhealthy, villains or victims. Mental illness is an evil monster, and you are its victim. It's a bully and you need to fight back. You do this alone, wielding a sword, and one day you cut off the dragon's head.

Bullshit.

Mental health isn't black or white. Being human is a spectrum of emotions and experiences that are good, bad, healthy, unhealthy and everything in between. There are no clear enemies and you can never "defeat" the things that make you different. You can hide them, or you can transform them. But they will always be a part of you.

Maybe I'll have a wonky brain my whole life, but that doesn't mean I'm



Photo credit: Wand_Prapan at ©iStockphoto.com

I don't fight my brain anymore. I try to slow down, give it love, and care for my body and soul. I listen to what my brain is telling me. I don't blame it for being a little bit wonky. It's doing its best.

Nineteen is too young to have it all figured out. In my work at Fostering Change, we want all BC youth to have wrap-around support until they can stand on their own two feet.

not allowed to identify as “healthy.” I am a mostly healthy person who has unhealthy moments. I am not just “good”: I am strong, kind, empathetic, generous and genuine. I am not “bad”: I make mistakes, and I learn from them. I am not a victim, and my mind is not a monster. My mind is just really prone to panic attacks and freaking out on bridges, especially in December.

Spoiler alert: I didn’t jump off the Granville Street Bridge yesterday. I called a friend and I tried to breathe and I got through the rest of my day. And lucky me, I woke up feeling happy today. I am at home beside my cat writing this article and thinking about all the amazing things I’ve been able to do, like swimming in the ocean, teaching mindfulness workshops in high schools, growing kale and sunflowers, kayaking, protesting pipelines, seeing thousand-year-old trees and meeting lots of brilliant youth as a student and as a workshop facilitator.

Some of these things I did despite my illness, but some of these things I was led to because of it. My relationship to life is complicated and not at all binary.

We need to stop seeing our illnesses as our enemies. Our mental health challenges are a part of us. They aren’t easy to live with, and being sick sucks. But illness is part of a larger whole—a

society where people are complex, diverse and sometimes sick.

I don’t fight my brain anymore. I try to slow down, give it love, and care for my body and soul. I listen to what my brain is telling me. I don’t blame it for being a little bit wonky. It’s doing its best. It’s helped me to understand other people with wonky brains, to write beautiful poetry and to see where the cracks in the system are.

So I fight injustice now. I fight for a better world. With my brothers and sisters from foster care, I tell the provincial ministers that we need better mental health supports, and more support for youth when they age out of care at 19 years old. We need to give youth not only access to affordable housing, education and health care, but access to community, mentorship and empowerment.

Nineteen is too young to have it all figured out. In my work at Fostering Change, we want all BC youth to have wrap-around support until they can stand on their own two feet. This will make a huge difference to our health. The government and the entire BC community are our parents, and they need to start acting like it.

I fight the idea that mental health has to be a battle. It is a dance: a painful and sometimes wildly ungraceful

dance—but one that can be beautiful when we have love, community and a sense of meaning. And when my friends think they are failures, I fight the stupid idea that our value as living beings can be measured by our productivity, our lot in life, how we look or what we own.

I’m grateful to be here on this planet. To whoever is reading this, I’m grateful that you are here, too. You are my friend and my relative in this crazy world. I’m sure you believe in a better world. Let’s keep fighting together. ▽

Mental Health Care and Youth

BARRIERS, SUPPORTS AND TREATING THE WHOLE PERSON

Ryan*

As early as I can remember, I always loved being “mistaken” for a boy. As a kid, I felt a certain giddiness before the perception was “corrected.” Somewhere along the line, the thrill of being “misgendered” turned into a kind of sadness when the person was told that actually, no, I was a girl. My biggest wish in life was to just disappear, or to have somehow been born a boy.



Ryan is from the Lower Mainland of British Columbia. Besides his own experience and hearing about his friends' struggles, he has also seen the barriers that impact people's everyday care at his work within the hospital system

**pseudonym*

Photo credit: franckreporter at ©iStockphoto.com

It felt like a silly thing to wish for, but at the same time, somehow, I felt that if I'd been born a boy, I would feel better. This feeling of I-would-have-been-happier-if became more intense as I got older. I was depressed, I was anxious, and I felt worse and worse as I became a teenager.

Then, at some point in my early teens, I found out what “transgender” means. The concept made sense to me. I began to realize I was transgender.

But even though I had the most supportive parents I could possibly have, and I knew they would support me no matter what, I was terrified to tell them. They are naturally accepting people, but it is challenging to be open about something so deeply personal—even with naturally accepting people.

When I worked up the courage, I told my mother first, and she immediately reassured me and was so grateful that I came to her for help. She helped

let my father know, and he, too, was supportive, just as I knew in my heart he would be. After that, as I just did my best to keep myself going (I still struggled with depression and suicidal ideation), my mother set out to find help. She had trouble finding the right supports for me to start the transitioning process. Even though many service workers genuinely wanted to help, they didn't know what resources were available either. Getting an appointment with a specialist required a referral from a family doctor, which I didn't have. My mother had no idea where to start looking for a practitioner who knew the transitioning process.

To learn more, we ended up crossing the border to attend a transgender conference in the United States. By the strangest stroke of luck, we met there a family doctor from our area who agreed to take me on as a patient. I got a referral to see a psychologist, who confirmed I had gender dysphoria. I then saw an amazing endocrinologist, who put in an urgent referral for psychiatric assessment for my depression and anxiety. I started hormones (for the transitioning process) and medication (for depression and anxiety). I got put on a waiting list for surgery. I came out to my high school counsellors, who accepted my name change and made accommodations in the school for me. Even when I came out to extended family, the overwhelming response was "Oh, that makes sense."

Throughout this entire experience, I consider myself extremely lucky. I wish everyone could have the kind of experience I had—and that it wasn't just "luck." I had supportive family, and I had someone help me with resources. Especially important was the support

my mother gave me. I lived in an area that was accepting enough that I could transition, and I lived somewhere I could access services when we figured out how to access them. If I didn't have all that, I highly doubt I would have reached the point I am today.

I wanted to die before I knew my diagnosis, but I didn't want to hurt my family. Being constantly misgendered and referred to as "she" is a very strange experience that is difficult to put into words. Even before I knew anything about being transgender or the condition of gender dysphoria, something about constantly hearing my feminine name and being called "she" wore me down. I did not want to keep living thinking I always had to be female. I just had a very passive feeling of not wanting to be alive. I am not sure if I would have got to a point that I would have acted on my suicidal feelings, but the passive feeling of wanting to be dead is awful for the mood. Whenever I reflect on it, I know that if I'd received less help at that critical time, then I would have more seriously considered suicide instead of forcing myself to stay alive for everyone else.

Without support, the challenges are even greater

In my work in health care communications, and in my friendships with youth facing mental health challenges, I've seen again and again that the barriers to receiving mental health care are myriad and complex—and that if we simply treat the symptoms rather than looking at the big picture of a youth's life circumstances, we miss opportunities to provide support.

A lot of my friendships started online. For many of my online friends,

depression and anxiety are common themes. Having gone through a challenging mental health care process myself—coming out as transgender and then transitioning—I have a really good view of the barriers that people face, barriers that I had the support to overcome. But none of my friends has been as lucky as me.

For example, one of my friends is regularly shamed by her parents about her fixations on various things and her lack of focus on others. Her family criticizes her for not being able to focus on what's "important." When she is depressed, her family tells her she is "lazy" and that she should just "get over" her anxieties. Even after a visit to the hospital emergency room for a huge panic attack in which her whole arm went completely numb and she couldn't breathe, she still didn't get further help and support from her parents.

She knew she had some form of anxiety and probably depression, and she wondered if her inability to focus on tasks was a symptom of ADHD. But she didn't feel comfortable approaching her family about needing medical help. She is from a strict family that always needed to know what she was doing—where and when and with whom. She felt like she had to "sneak out" to have a psychiatric appointment and even saved up her own money for counselling sessions.

Once she got the medical help she needed, she felt relief that she wasn't just making excuses and she found healthier ways to cope, but she's never felt she could tell her parents. The stigma of mental illness and her parents' outright refusal to consider her mental health care made it hard for my

friend to get any sort of treatment until her mid-20s.

Knowing firsthand how hard it is dealing with even one challenge, it breaks my heart to see another best friend of mine dealing with multiple compounding factors. After years of being referred to as “she” by family and others, he finally put his foot down and insisted on being referred to in a way that respected who he is as an individual. Since doing so, however, he’s faced many challenges. Family members whom he thought were supportive have now withdrawn their support or have provided their support conditionally. For example, when he wanted to wear gender-appropriate clothing, including something to compress his chest to appear more masculine, his mother refused to take him to see his great aunt, with whom he is close. His mother also retracted her initial offer to help him move his belongings during an unexpected home move—one that was already placing a difficult financial burden on him.

His mental and physical health have since deteriorated, and he’s had to miss so much work that even part-time employment is a struggle. Late welfare checks and other unexpected financial hardships sometimes force him to choose between medication and food. His gender dysphoria and current unstable housing situation are exacerbating his depression and causing him increased anxiety.

He feels like he’s in a horrible, never-ending cycle, getting to a slightly better place only to fall back to the bottom. Even though he wants so desperately to live a happy, healthy life, and reaches out for support again and

again, the guilt he feels when he falls back down only makes him feel worse. He has called the suicide help line multiple times, but feels talked down to; he’s been to the hospital emergency room repeatedly but doesn’t have the money to always get his meds or find proper follow-up. And although he’s been treated for some of his symptoms, the treatment he’s received hasn’t addressed the root cause of his mental illness. And it’s hard to explain to people why he has attempted suicide when he’s so afraid to die.

I know that what would make a big difference for him (and for many of us) is for someone to see the whole situation—the whole personal health care landscape. Not just one symptom. Not just one challenge. Not just one

diagnosis. One whole person and experience—the big picture of what is stopping someone from getting the help they need.

Family support is the best first step to getting over barriers to good mental health care. But it’s important to keep in mind that family looks different to different people. Not everyone is lucky enough to find the love and support they need in their immediate family. When our immediate families are not able to provide us with what we need, we can turn elsewhere. Related or found family—relatives, friends, counsellors, online communities, colleagues, classmates, faith groups and other social relationships—can give us the strength, love, support and resources we need to access care. ▾

visions

we want to hear your story

The next issue we will be soliciting articles about **rural and remote communities**.

If you have a personal story about mental health and substance use challenges while living in rural or isolated regions of BC please contact us with your story idea at visions@heretohelp.bc.ca by March 31, 2020.



The Happiest Person You Know

Seren Friskie

“You are the happiest person I know.”

“Why are you always smiling?”

“Don’t your cheeks ever hurt?”

Seren is a student in the psychology program at Thompson Rivers University. She holds various research positions, including roles with the Impacts Project, CMHA’s BounceBack® Youth Advisory Council and the University of British Columbia’s Stigma and Resilience Among Vulnerable Youth Centre (SARAVYC). Connect with her at impactsdc@douglascollege.ca



Photo credit: Wildon Buckley

Seren Friskie

Throughout my elementary and high-school days, I was bombarded with these words, by teachers and peers alike. I was even voted “always smiling” in my senior yearbook. I made friends easily, was involved in many extracurricular activities and was friendly with my teachers. Yet I spent most nights crying alone, hushing my pain with a pillow. I wished to wake up a different person, someone who was smarter, kinder, more accomplished. Someone with a new life and an adjusted family. I thought of running away and starting

a new identity, like in the film *Catch Me If You Can*.

I have spent over half my life living with depression. I was diagnosed with clinical depression and generalized anxiety disorder at age 12. My mom thought I might have bipolar disorder, and I wondered if I did as well. I was confused, incredibly lonely and isolated. I didn’t know how to communicate how I was feeling to my family and they didn’t know how to help me. There were arguments, slammed doors, tears and panic attacks.

I can think of various reasons for my depression. My mom had me at a young age, and I didn't know anything about my dad. We were poor, sometimes unable to afford heating. And my family was, and still is, plagued by substance use and alcoholism.

One of my symptoms was self-loathing. I am mixed race, including European and Indigenous ancestry. My mother's family is Cree, German and French. My father is Sto:lo. I have a medium skin tone that becomes quite dark when I spend time outside, which is something I did frequently as a kid. Yet my mother's family is very fair-skinned. Many people made comments about how I looked adopted. If you saw photos of me as a child at weddings, reunions or birthdays, you'd see that I stuck out like a sore thumb. I was always the "pretty Indian girl," "Pocahontas" or the "hula girl." I hated my own Indigeneity.

I would never dance at ceremony, sing or drum, unlike my grandfather, who embraced our culture, carving, drumming, creating art and gathering in the sweat lodge. I disliked anything that would draw attention to my Indigenous heritage. But at the same time, I craved a stronger Indigenous identity and a relationship with my Indigenous culture because I felt like I didn't know who I was. I believed that by participating in my cultural practices (without the knowledge of anyone at my elementary or high school), I would somehow find my place. These feelings were in conflict with the casual and more obvious racism that I and my family experienced.

Whenever I tried to embrace my culture, I would experience racism.

Once, I brought a video from the Museum of Anthropology—one that my grandpa and I had picked out—to my Grade 5 class. The story was of how the Raven stole the sun. After sharing the tale with my class, I was asked things like, "Why do they speak like that?" and "Why do native people drink so much?"—most often when the teacher wasn't around to provide an appropriate response. I was embarrassed, ashamed and hurt: my classmates—supposedly my friends—were putting down a part of me and my family.

The following year, my class had an International Day, where we would pick a culture or country to share, typically our own, create a poster and bring food to the class. I was adamant that I did not want to bring bannock. Instead, I picked Ukraine and shared the project with a friend. My mom would later ask me why I chose Ukraine; I couldn't tell her that it was because I was embarrassed of our culture. By then, I had internalized my own Indigenous culture as "less than" other cultures.

At the time, I didn't put the pieces together: my loss of identity and my disconnection from my culture was a large component of my depression. It was only when I started attending university classes that I came across the term "intergenerational trauma," and began to learn what it meant and how it might apply to me. I was suddenly awakened to how residential schools and colonization had impacted generation after generation of Indigenous peoples in Canada. The goal of colonization was institutionalized assimilation, which stripped Indigenous peoples of their language, culture and connection with family.¹

Although I still encounter racist views about Indigenous people, including my own partner's grandfather saying that "Native people have a genetic propensity to be alcoholic," I have reconnected with my Indigenous Identity. And now I fight for Indigenous peoples with extreme pride and a fierce sense of protectiveness.

A few years ago, I decided to take action in terms of my mental health. I quit my waitressing job and started seeing an Indigenous counsellor and a psychologist regularly.

With their help, I used "*the four Rs*" in my journey of healing, a common theme in Indigenous counselling. I **reflected** on my life, began to understand the motivations of my family members and chose to live a land-connected life of forgiveness from then on. I **remembered** and began to ask important questions about my family history. I **resolved** my feelings of anger, guilt and frustration over things I cannot control. This step began with my starting to attend ceremony. The first ceremony I witnessed was a traditional naming ceremony, where a group of Indigenous youth received names that reflected their standing within their community and recognized their commitment to their nation, culture and themselves. This event had a profound effect on me. My eyes flooded with tears, and I felt joyful to bear witness to such an important moment in a young person's life, but I also was saddened by the fact that I had missed that opportunity for myself. After this event I felt embraced by my community, which strengthened my commitment to improving the lives of Indigenous youth and adults needing to reconnect with our culture.

Finally, I **reconnected** with my Indigenous family and was able to regain what I had lost and discover what I was missing. I found identity and purpose. These had always been there deep within me, but now I had the strength to speak them—and nurture them—into healthy existence.²

With my new-found goals, I began searching for opportunities to grow and learn. I am now nearing the end of my undergraduate degree in psychology. I was outspoken in class, always raising my hand and participating in class discussion. I applied for jobs that I thought I would not get. Overcoming my fear of applying for these sorts of jobs might seem like a small feat, but for me this was everything. I got that first “impossible” job and then another, and I started volunteering again—something that previously brought me joy. I found support and friendship through the Canadian Mental Health Association, which continuously fostered my growth by providing me with new opportunities. I felt valued and my voice was heard.

If I were to give any advice to those seeking to engage youth, it would be to listen to their ideas, engage them in the things they are passionate about and honour their commitment and time. Volunteering has given me a new-found confidence, and I cannot be more grateful. I currently work with the Canadian Mental Health Association’s BounceBack® program as a member of the Youth Advisory Council. I have a few more volunteer roles in other mental health initiatives as well.

During my lowest of lows, I couldn’t think about tomorrow, or even the



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moment ahead. My mind was clouded with immense sadness and loss of hope. I felt I would never amount to anything and that I couldn’t make a difference in this world. Now I wish I could go back and tell my younger self that life is worth living, and even when it feels like everything is crumbling beneath you, things will get better. I now gather strength from the trials and tribulations I have endured, the memory of my ancestors and the thought of the future to come. ▼



tips for engaging young people in service design and delivery

Kristy Allen, Canadian Mental Health Association, BC Division

The Canadian Mental Health Association's BounceBack® program helps individuals manage symptoms of mild to moderate depression and anxiety. Originally for adults, the program now also offers services for youth ages 15 to 18. Since 2018, BounceBack® Youth has worked with young people across British Columbia to update the program and find ways to improve its accessibility for young people.

In order to engage youth across the province, we work together virtually using digital platforms. We are currently working with the fourth Youth Advisory Committee (YAC) cohort. Members of the YAC act as youth advisors and peer educators, spreading the word about BounceBack® in their communities. With their insight and advice, we have co-developed several practices for engaging with young people.

These practices are not just applicable to the BounceBack® program. They are useful for any organization hoping to engage with youth on a meaningful level. Here are some key lessons learned from our youth advisors:

- 1. Meet youth where they are at.** As a group, discuss meeting times—this likely will be evenings or weekends. Some youth may require additional support, such as calling cards to phone in to meetings or help navigating new digital platforms. Begin this discussion early and leave lines of communication open for future questions. Be flexible and consider new approaches.
- 2. Work to build authentic youth-adult partnerships from the beginning.** This can be done formally (such as co-creating a Charter for working well as

a group) and informally (such as hosting a dialogue with youth about their interests and goals). There should be opportunities for youth to work towards a skill or goal they are interested in. Ask about this early and seek to provide ways for youth to develop these skills.

- 3. Provide opportunities to disengage.** Youth schedules can be busy and taxing. Keep this in mind, especially during busier seasons of the school year like exam periods, winter break and March break. Let youth know early on that they are able to miss a meeting or ask for a break if they need it.
- 4. Honour youth for their expertise and involvement.** Compensate youth for their contributions, through a wage or honorarium. Ideally, compensation should reflect a living wage. Seek other opportunities to recognize youth for their contributions. This can include listing them as co-authors, having youth write blog posts or inviting youth to attend events as representatives of the organization.

Youth offer unique perspectives and have the capacity to enhance programs that impact them.

Working with young people from the beginning of the BounceBack® program has been a valuable and necessary addition to our practice. We hope these best practices will help others to engage with youth to share their expertise, insight and creative energies in current and future projects.

To learn more about our youth engagement practices, contact us at bounceback@cmha.bc.ca. ▾

I'm Riding This Thing, It's Not Riding Me

HOW I STOPPED USING DRUGS AND CHANGED MY LIFE

Troy

I grew up in a small town. I ran into the wrong crowd hard. I was 16 or 17 when I got arrested. It was my first time. We were detained because [the offence] was so serious.

Troy grew up in Port Hardy, on Vancouver Island. Currently he lives in Kamloops

Based on an interview with Sarah Hamid-Balma

**pseudonym*



Photo credit: serdjophoto at ©iStockphoto.com

At the time, I had a friend who was younger than me. He was being harassed by a kid [who] kept messaging him, saying, *I'm going to come to your house, me and your sister are going to do this and that.* And I just said, Hey, we're going to make him shut up one day.

We went to where I was supposed to fight him. It turns out, my friend had a pellet gun that he stole. He unloads the pellet gun into [the bully], [the bullets go] through his cheek, into his legs. As we're walking away, 15 cop cars pull up, guns drawn and everything, and that was the most eventful day of my life.

I was not expecting it to go like that. I went to fight the person. I had my skateboard by my side and I'm guessing he thought I was going to beat him up with my skateboard, you know. But I was [planning] to put it down and ask him, Why are you doing this? Do we have to fight? As soon as I [put the skateboard down], he pulled out a big metal pole and my friend just freaked out, I guess, and shot him up.

I was detained for a day and half. But me being stupid and so angry about everything, as soon as I got home, I got connected to the same group of people.

[Next,] we went out and robbed a liquor store for beer. There was like four [of us] kids that ran into the liquor store and then ran away. The next day, we tried it again. [The other kids] kicked the security guard in the face so hard he bled all over me. Then they grabbed the booze and ran, [leaving me behind]. When I got arrested, they didn't think about me or anything, they thought about the booze I had stolen for them. If that was my friend about to be arrested on assault charges, I would've gotten him out of that situation.

Since I was young, my dad always had dope around the house. He was a really hard-working man. Roofing: he had his own business going. It was just a fact that where we were from, there was not a lot of work so, really, you're sitting around half the month with a bunch of drugs around you. What the hell are you going to do when you're already in the hole?

He was using and selling marijuana. Me being me, I thought it would be cool to be like my dad and sell drugs. I'd sell an ounce of dope at a time. [That] gave me power. It would influence all my friends, it would influence the older kids. I really fed off of that [power] for some reason. I don't know why.

My dad has always been against [my using drugs] but [when I was] 13 or 14, he realized it wasn't really [his] choice. My mom was infuriated [when she found out I was using] because on both sides of my family, I have people who are terribly, disgustingly abusive [of drugs].

The [main] reason I did drugs was because [someone I really looked up to

did drugs]. This person was a family friend. He's probably 10 years older than me. When I was 13, I went over to his house and I knew I was going to smoke weed all night so I brought my dad's weed. The only difference was, when I smoked with him, instantly I knew I was on something else. That was when cocaine came into my life. [I didn't come home until] the next morning. My mom flipped right out.

That, honestly, was where it really [began]. [I started getting invited] to parties. [People] would introduce me to their drug dealers. They would get older people to come and jump me. None of them got me on the ground or anything. None of them ever [landed] a good hit on me. They just gave up.

That's when I ran into the problem [with the pellet gun]. That's why I wanted to defend my younger friend, to show I could do everything for myself. I went to a party a few months before [the pellet-gun incident]. We did a lot of cocaine and drank a lot. I think we drank a lot of cough syrup, too. Everyone was telling me, "It will be great!" But I guess my brain is wired differently, as soon as I started doing drugs and drinking, I started beating the crap out of my friends. They thought it was cool: "Oh, this kid's such a great fighter." I wanted to prove that I was normal. But it didn't feel like me. So I started trying other things, like mushrooms and acid. I'm not going to lie. It was probably three or four months of just doing acid and mushrooms every weekend.

I dropped out of school. When I left school originally, I was in Grade 10, 15 turning 16. [By this time, my family lived in Dawson Creek, another small

town.] At this point, I met Tyler,* my best friend still to this day. I can call him up anytime, discuss life problems and that's really what I've always needed. No one else has ever given me advice I can actually take.

But Tyler got me into drinking really badly. He had a really abusive family. I'd come over, his mom and dad would be pissed drunk, yelling at each other, then they'd look over at us [and say,] "Get the hell out of the house." [His parents are] clean now but [at the time] it pushed me down.

He was another person who got me into partying. It was really weird because it was a small town. There'd be people on meth, anything; it was the norm there. Why I quit school: it was the drinking and a really freaky f\$#*ed-up relationship—[there was a pregnancy scare and] I dropped out of school and said I'm going to work. Also at the time, her dad was a drug dealer, so I could go to him and say, I need to make this much money. He gave me bags and I'd go and sell them, then sit around the house smoking weed waiting for Tyler to get out of school.

I went back to school, but then I dropped out again. [By this time my family had moved] to a much bigger city. In [my hometown], our high school had as many kids as the elementary schools in this city. It was crazy seeing so many people and none of them wanted to be my friend, no matter how hard I tried. So I said, "Screw you guys, I'm going to go work."

I started out labouring for a forest products company. The job consisted of sitting at a table all day, or stacking

Just as soon as you let go and say, I'm riding this thing, it's not riding me, it gets a million times easier. I listen to myself now and my own stories so that they're all going to end right.

stuff all night. Eventually I moved up to a saw operator. But around that time, I was getting into drugs. It made me really emotional. Eventually, I got fired.

I thought it would be cool to move back up to Dawson Creek [where my best friend was] so I called up Tyler, and said, "Hey man, can I have \$500 for a bus pass?" He said, "No problem." And I was stunned. So [after I got fired], I go up there.

After it's all done and said, I go to Four Directions High School and graduate with flying colours. The thing is, I've always wanted to have my own kids and I knew I had to have a really good job for that.

I graduated early, I started at the veneer plant, moved up as fast as possible. With a lot of issues of course. I started doing research into mental health and the insane amount of rage I had at the time, and I realized that when you're coming off of drugs like

cocaine or crack, even if you smoke a cigarette, you're prolonging the effect.

And I just said, No, I'm not going to be stuck here forever. So I quit everything. All the drugs. I really straightened out. I made sure I was in a mental state where I could actually handle a trade. And now I'm going towards my first-year carpentry certificate.

Kyle was my probation officer. He helped make sure I stuck on the right path, even when I messed up. He just told me, This is what you can do to change it but they're going to look at you this way forever unless you correct it.

Kyle connected me with Bruce [, a counsellor] at youth justice and set it up so that I'd be meeting with him and talking to him every day. And as I talk to him more, I realized me and him were a lot alike.

Bruce and Kyle. They still blow me away with the things they can help

me with. Not too long ago, Bruce got me into a program for my protective wear and equipment so I can get my lanyard training so I can go high up on cranes and stuff. Kyle pushed me through every program I could've went through. I went to a healthy relationship program for friendships and stuff like that. That really helped me stop being mad at everybody. Everybody has some animal instinct on the inside. And I just realized that if I can't accept that, I can't be friends with a lot of people.

My baby boy was born October 25, 2019. It was definitely the most crazy thing I've ever seen. His name is Xavier William. Other than my son, I'm most proud of my work ethic and my ability to convince people that I'm doing things for the right cause. One day I hope to run my own company.

Just as soon as you let go and say, I'm riding this thing, it's not riding me, it gets a million times easier. I listen to myself now and my own stories so that they're all going to end right.

Sometimes the challenges are what make you beautiful in the end. ▾

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Dance Therapy

HEALING THROUGH MUSIC AND MOVEMENT

Arjun Panesar

I was born and raised in Surrey, British Columbia. I am a student, a dancer, a dance teacher and an activist for mental health. Like many others, I struggle with a constant fear of not living up to expectations—my own expectations and the expectations of my family and others in my life. I experience a continuous internal battle between my anxieties and my everyday actions. And though the nature of my anxiety changes, I am always shrouded in dread. I know that others face similar struggles.



Photo credit: Chris Randle

Arjun Panesar in MISCELLANEOUS Productions' AWAY with HOME, 2019

Arjun is 22 years old and has been dancing for 12 years. He works part-time at Vancity Dance and studies psychology at Kwantlen Polytechnic University. He is also an actor in theatre and commercials, supported by his agent at Prestige Talent

Over the years, I've been grateful to have had the opportunity to work with MISCELLANEOUS Productions, a non-profit dance and theatre company that reaches out to marginalized youth. MISCELLANEOUS encourages young, anxious artists who face cultural or social barriers to use their abilities to make heart-inspiring art. The values held by MISCELLANEOUS are taught throughout the company, and the organization is a model for my own teaching and dancing practice.

For me, growing up in a traditional South Asian family, it was difficult to

deal with my mental health issues. Some of my earliest memories are of hiding from my parents because I was afraid that I had done something to upset them. My parents weren't abusive, but my anxiety would lead me to fear the consequences of something I had done—or, often, something I hadn't done.

In the South Asian community, discussions and perceptions about mental health and well-being are hampered by stigma. In my community, terms like "crazy," "idiot" and "dumb" get thrown around in conversations frequently. I

found myself having to deal with the view that I was a nilaak (the Punjabi word for “idiot”) for many years—a description I heard from family, friends, even teachers at school. The idea that I was an idiot was embedded in me from a very young age.

When I was eight years old, my mother—in an attempt to get me to exercise more—introduced me to bhangra (southeast Indian folk dance). I’ll be honest: the introduction did not go well. I was placed in a group of disruptive teens who bullied me. I left the class and went to another bhangra academy, and I also tried everything from martial arts to other forms of dance. But I didn’t have a real passion for anything. My eventual love of bhangra developed slowly over time.

In my new bhangra academy, which was much larger than the first one, I began making friends. This motivated me to become a better dancer so I could continue to be with them. For the next five years, I climbed the ranks, until I was on the brink of becoming a member of the competitive teams. One by one, all of my friends earned spots on those teams. I began to question if my turn would ever come. My fire to dance was strong at that point, although my relationships with friends was still what really drove me.

Finally, I got my chance. In 2013, I competed in my first bhangra competition in Seattle, Washington, in the Junior category. Although I loved being able to compete, I found that the team dynamics took away from my positive experience. The teams were

clique-y and would spend a lot of time talking down about the other teams. I searched for common ground but ultimately found myself in the middle, not really making deep connections with anyone. That didn’t stop my love of dance, however, and I strived to hone my craft.

After high-school graduation, I was eager to work in a field that felt rewarding. I decided to apply to theatre and film school with the eventual goal of working full-time as an actor. My first step was auditioning; by sheer luck, I stumbled upon the call for auditions for MISCELLANEOUS Productions’ Haunted House.

The entire audition turned out to be a group showing of our skill set and a mix of different dance forms. Quickly, I felt very comfortable and was pleased when I was cast in the production, a site-specific live performance at the Barclay Manor in West Vancouver.

It was a transformative experience—much more than simply learning choreography. It was my first introduction to hip hop and contemporary dance styles, a complete shift from my South Asian dance experience. I learned how to put my emotions, my troubles and whatever else I had bottled up inside of myself into my dance. This is still something I do today.

During the first weeks of rehearsals, I would arrive early. I spent time making impromptu choreography, going off in whatever direction my spirit took me at that moment. Music became a gateway through which I could channel my soul into my craft; it was no longer just the background to



Photo credit: Chris Randle

Arjun Panesar (centre) with “AWAY with HOME” cast members

I thought about the issues I faced as a child and teen and asked myself how I could help to ensure that no one else goes through the bullying and isolation that I went through. My love of dance and my desire to help young people eventually led me to become a dance teacher.

my everyday life. I thank the production team and staff at MISCELLANEOUS for these sorts of impromptu choreography sessions, which are still one of my favourite forms of therapy.

As I grew older, I thought about how my experiences could help serve future generations. I thought about the issues I faced as a child and teen and asked myself how I could help to ensure that no one else goes through the bullying and isolation that I went through. My love of dance and my desire to help young people eventually led me to become a dance teacher. I have taught at Vancity Dance, a studio owned by my brother and two of his friends, for the past year. Being surrounded by dance and encouraging young people to find their passion and nurture their own love of dance has taught me that there is much more to dance than performance and competition.

In my many classes for adults, teens and children, I find constant reminders of how stigmatized mental health and mental illness are in the South Asian community — and in the dance community. In the South Asian community, I see the same sort of parenting methods, isolation and harmful behaviours that I experienced growing up. In the dance community, I see students experiencing separation and isolation in almost every class, workshop or production.

I feel strongly that dance offers us an opportunity to change how we deal with mental health issues. I see so many of my brothers and sisters in the dance community dealing with the crippling emotional pain of their deteriorating mental well-being. Members of the dance community have all dealt

with the pain of rejection, demotivation and dissatisfaction with their achievement. We have the opportunity to hold each other up, keep our morale strong and be welcoming and encouraging to all who hope to enter the dance community.

When I was growing up, I had dance instructors who were tyrannical and left no room for student creativity. Today, I make sure that my dance classes are never a source of fear. My classes are a space for growth, learning and playfulness, with enough leadership to allow for learning the curriculum I've set out. In my classes, I do my best to promote and ensure positive behaviour. I show empathy, compassion and a passion for my craft. I find my students are drawn to that; they see that I get happiness from my dancing and teaching, and that inspires them to enjoy what they are doing.

I'm the youngest in my family but I always try to be an older-brother mentor for my students, one who understands the struggles they face. It's always humorous when I get the "You're a lot younger than I thought" comment from my students.

During competition season, I still have to maintain a healthy mental state to teach. I continue to use dance as my therapy. I take steps to reconnect with music and my body, to re-align and re-balance my mental well-being, and give myself plenty of forgiveness. For myself and for my students, I focus on the importance of dancing with passion rather than comparing my dancing or my students' dancing with the dancing of others. I've noticed that, as the competitive teams get younger,

caring for the mental health of teammates is ever more important. When students of mine look at each other as competitors rather than teammates, that hurts me. I remind them of the old saying "There's no "I" in team." I point out that the real value of competition is that it encourages us as individuals to do better than we did last time, not to show us who is "better" or "worse" than someone else.

In early 2019, I went back to MISCELLANEOUS Productions, this time with a particular goal in mind. My father's mental health is failing. He has yet to receive a diagnosis, but it seems that he is battling the early stages of dementia. I wanted to undertake a project that explored the pain we all experience when we stay silent about mental health. The company welcomed me back in this new role, and I became involved in the remarkable production and process techniques that the company is known for, working with other dancers and production team members to help imagine, develop and create pieces to relay our message. The show explores the meaning of home and belonging, and addresses issues of racism, mental health, isolation and bullying. In September 2019, *Away With Home* ran for a weekend and received rave reviews. I am grateful to director Elaine Carol and to all of our remarkable cast and crew.

I hope I can continue to instil in my students the values and beliefs that I have developed for many years to come. I find my personal battles with anxiety never cease, but when I am open about my challenges, I can live and breathe more easily. If everyone danced, there would truly be one universal language. ▼

Light at the End of the Tunnel

MY EXPERIENCE WITH GENDER IDENTITY AND DRUGS

Cole H.

Growing up, I never felt like a girl. I couldn't understand why I didn't fit in, or why I was so depressed all the time. When I was 14, it all began to make sense. I realized that I was transgender—I had been born in the wrong body. The way I felt inside did not align with what was on my birth certificate.

Cole is a social work student who lives in New Westminster, BC. He loves travelling, volunteering and doing advocacy work



Photo credit: ajr_images at ©iStockphoto.com

At 15, I began transitioning from female to male. And for the first time, when I looked in the mirror, I felt like I recognized myself. Transitioning was the biggest blessing in my life, but it was also stressful because friends, family and the community aren't always supportive, and it's a major life change to experience.

I started partying a lot to cope with the stress of transitioning as well as to cope with the severe depression and anxiety that I had been dealing with my whole life. I never felt like I belonged when I was growing up, but getting drunk and high changed that. I was the life of

the party, and I finally felt like I fit in. I was happy while high, and I felt like I belonged for the first time in my life.

My gender identity, mental health issues and drug use caused a lot of conflict with my family. My parents took it really hard. My mom felt like she lost her daughter, and like she didn't know who I was anymore. At the age of 16, I ended up couch surfing a lot. Sometimes I left my parents' home because of the conflict, and sometimes they kicked me out. I slept at the homes of my friends. I even had my own room at my best friend's parents' house.

The partying started to really escalate from every weekend to every day. I dropped out of high school to work construction so I could afford to drink and do drugs every day. By the time I was 17, I was doing methamphetamines daily.

But after doing meth for a while, I wasn't partying anymore. I was sitting in fast-food bathroom stalls shooting up alone: the party was over. I was unable to work because of my drug use, which had become chronic and out of control. I became distant and isolated from my friends, and I ran out of couches to sleep on. I began living on the streets.

That was at the lowest point of my life. Starting testosterone and beginning the process of transitioning had given me hope, but at the same time, it's hormones, which causes mood changes. I actually experienced a lot of anger issues when I first started testosterone. And then my addictions built on each other. I started doing heroin and fentanyl because they seemed to make the cold, hard ground softer and warmer so I could get some sleep. I remember countless cold mornings, waking up on the city concrete. I would instantly regret waking up to the reality. I would say to myself, "Here we go again. You're f#\$ing kidding me, right?" I felt like I had nothing to live for.

My life was out of control. I overdosed five times. Each time, strangers found me and called 911. Each time, the ambulance arrived in time. I'm blessed to be alive. At 18, I knew I had run out of chances; I knew I needed to get help.

I got myself into a treatment centre for youth. Because I was considered

Today in British Columbia—and all of North America—we are in the midst of the overdose crisis. We need more treatment centres for both youth and adults. We also need treatment centres for LGBTQ2S and Indigenous youth and adults in order to effectively address the unique needs of those populations struggling with substance use.

high-risk, my counsellor was able to fast-track the process. I spent two weeks in a detox centre and was then able to enter the treatment facility within a month or two. I didn't successfully fight off addiction the first time, or even the second time. But after a lot of trial and error, the third time was the charm. I finally got clean and began to see a glimmer of hope in my life. I slowly started to repair my relationship with my family and I got onto the path towards healing and recovery.

Treatment saved my life. In addiction, I spent all day, every day, either seeking or doing drugs. Treatment taught me a new way to live. We did individual counselling, group counselling, school work, chores, cooking and workshops on a variety of topics such as healthy relationships. We went to Narcotics Anonymous meetings twice a week. We learned coping strategies for managing triggers, anxiety and anger, and we made plans for what to do when we had cravings. We went to the gym or pool twice a week, and we also talked to people who had completed the treatment program—found out about their life outside of treatment and got advice

from them. We had a very structured schedule.

Some really amazing youth workers and counsellors helped me see my strengths.

In hindsight, I'm really glad that when I was in Grade 9, my school connected me with a drug and alcohol counsellor. I had the same counsellor from the ages of 14 to 19. Signing up for treatment in my late teens involved a lot of paperwork. I don't think I would have been able to complete all the paperwork without my counsellor's support because my life was so chaotic when I was trying to get clean. When you don't have a stable place to live, and you're trying to stay warm and get enough food to eat, filling out paperwork is not the first thing on your mind.

Today in British Columbia—and all of North America—we are in the midst of the overdose crisis. We need more treatment centres for both youth and adults. We also need treatment centres for LGBTQ2S and Indigenous youth and adults in order to effectively address the unique needs of those populations struggling with substance use. We also



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I know that when someone struggles with addiction, gender identity and homelessness, those challenges are intertwined and interdependent. When I was young, if there had been a treatment program that addressed that complexity—the interdependence of many problems at once—I bet it would’ve been really helpful.

need more programs meant for youth at risk because early intervention can have a major positive impact. Lastly, we need to find a way to address the root causes of substance use: trauma, abuse, isolation, poverty, bullying, mental and physical health issues, marginalization and oppression.

From personal experience, I know that when someone struggles with addiction, gender identity and homelessness, those challenges are intertwined and interdependent. When I was young, if there had been a treatment program that addressed that complexity—the interdependence of many problems at once—I bet it would’ve been really helpful.

After treatment, I worked in construction for a while. While I was working, I kept thinking about the youth workers and social workers who had been so helpful while I was in treatment. I realized it would be really fulfilling to be able to work with young people who were struggling with substance use.

Today I am 20 years old, and I am so grateful to be happy, healthy and sober. I am a full-time post-secondary student on the path towards becoming a social worker, and it feels great to have found my passion in life. I am an empathetic person, and I am passionate about social justice. I would like to work with youth and adults

who are struggling with addictions, mental health challenges, poverty and the criminal justice system. I am also interested in working with the LGBTQ2S population. I volunteer at an LGBTQ2S advocacy youth group and I’ve had a steady job for a while. I really enjoy school and I can’t wait to become a social worker. I think that all the experiences I’ve had in my life will really help me when I’m out in the field. And that, for me, is the light at the end of the tunnel. ▼

heART space

A COMMUNITY ART SHOW ABOUT OVERDOSE

Marion Selfridge, MSW, PhD

This is the story of heART space, a pop-up art show intended to help youth and others deal with the loss associated with overdose.



Photo credit: Marion Selfridge

Colm Knight excited by our finished awning mural

Marion is a post-doctoral fellow at the Canadian Institute for Substance Use Research (CISUR). She is also a research coordinator at the Cool Aid Community Health Centre. Her dissertation research focused on street-involved youths' use of social media to deal with grief and loss. To stay sane, she teaches dance

For the three weeks in October 2017 that heART space occupied the ground-level floor of its downtown Victoria venue—and in the preparations leading up to the show's opening and the discussions the show generated—heART space offered a place to grieve, to heal and celebrate life. It also offered a space to educate ourselves and others about health care and community resources, to gain valuable employment and research experience, to feed the body (with food and drink) and the soul (with art and conversation) and to make enriching connections with people we may never have connected with otherwise.

Many youth in BC have been affected by overdose through the loss of someone they know. The introduction of fentanyl into the drug supply has dramatically increased drug-related overdoses and deaths in Canada and the US.^{1,2} From January 2016 to March 2018, nearly 10 people died each day of an illicit drug overdose in Canada.³ In British Columbia, unintentional illicit drug overdose deaths increased from 211 deaths in 2010 to a staggering 1,489 deaths in 2018.⁴ Twenty percent of those who died were under the age of 30.⁴

This increase in overdoses has affected smaller communities in BC as well as

communities in Victoria, Vancouver and the Lower Mainland.⁴ In 2017, CISUR researchers went into several smaller communities in BC and asked 450 youth (many of whom used drugs regularly) about their concerns; 76.5% were concerned about overdose, either for themselves or others in their lives.⁵

I have worked with youth as an outreach worker for over 15 years and for many different agencies. One of these is the Victoria Youth Clinic, a drop-in medical clinic for youth ages 12 to 24. While I was there, several youth I knew well and cared about died of overdose. Some youth have lost 10 or even 20 or more people in their life to overdose.

I approached several young people I had contact with and asked if they would form an advisory group to help guide my PhD research about grief. Naomi Kennedy, an advisory group member and local artist, suggested that we do an art show “with art [by] people who had lived on the streets [and] who [had] died.” From there, the idea grew.

At the time, the BC Ministry of Public Safety and Solicitor General was providing funding to support community dialogues in response to the opioid crisis. When I put forward a proposal to the advisory group, the group was excited to try to get provincial funding.

We wanted people to come to dialogue, to explore grief and to learn more about the ways we could support each other, our friends, families and communities, around issues of drug use. We decided to call the show “heART space,” an

invitation from young people who intimately know about drugs, death and grief to the community, to share their experiences of overdose. We reached out to community groups and people who had been directly affected by overdose deaths. Their ideas and support helped us to receive provincial funding of \$7,500.

We started a Facebook group and sent out posters to community agencies where we knew both staff and clients had lost loved ones—like AIDS Vancouver Island (AVI) and SOLID (Society of Living Illicit Drug Users)—as well as shelters and service providers. We also asked friends and family members of those affected by overdose to contribute art—either works by those who had died of overdose or works memorializing friends or family members. Local news media picked up the story, and word spread.

We secured the storefront of a building on Fort Street in downtown Victoria, which had been used for collaborative projects before. The front entrance is protected from the rain and is one of many on Fort Street where youth and others have slept at night. The Victoria Cool Aid Society (a local emergency and supportive housing service provider) lent furniture. Soothing lighting enabled us to hold various healing sessions (including hand drumming, guided visualization, art therapy and prayer circles) and provide a comfortable place to chill out.

The Art Gallery of Greater Victoria let us borrow frames and plinths so the artwork could be shown well, hung with care—even protected with plexiglass! The owner of the building

offered to pay to create a mural to improve the entryway. Victoria artist Kay Gallivan, who has created many mural projects in Canada and Mexico, collaborated with local artists Colm Knight and Lindsay to paint camas lilies, Garry oak and lavender to honour the land and local landscapes.

Naomi Kennedy and Michael Roos created an altar inside the space, including various sacred objects and a mixed-media installation of a tree to honour those who had died (see photo, next page). Kage, one of the youth volunteers, cut out a series of small paper birds; if guests felt inspired, they could write or draw their thoughts on one of the birds and then hang the bird in the tree.

Volunteer curators Bradley Clements and Jennifer Robinson, Naomi and I met with the folks who came to drop off art works. We heard the stories of the pieces and those who had died—daughters and sons, nieces and nephews, brothers and sisters, clients, co-workers and friends from all walks of life. We wrote up the narratives and printed placards on card stock for each piece so that everyone could read the stories behind the art works.

The art was incredible: paintings in oil and acrylic, pastels, photographs and videos, carvings, sculptures, hand-made puppets, an exquisite blanket box. All in all, we were able to display more than 40 pieces of amazing work.

We were grateful and honoured to have the Unity Drummers and Joan Morris, a local Songhees Elder, provide a traditional welcome to the Songhees and Esquimalt territory for the guests

who attended the opening of heART space. An Indigenous pipe ceremony blessed the space, and candles were lit whenever people were present. In many ways, the space became sacred, a special place to reflect and talk, grieve and heal.

Cedar brushing sessions with Gerry Ambers (a Kwakwaka'wakw Elder) and Wayne Seward (from the Snuneymuxw First Nation) and creative art and healing workshops were also held. Lindsay Delaronde, the City of Victoria's Indigenous Artist in Residence at the time, co-facilitated a three-week mask-making art therapy exploration with Naomi. The workshop focused on transformation through creative activity. Local teacher and spoken-word artist Marie Specht hosted "Performing Our Grief: Spoken Word and Mask Perfor-

mance," an opportunity for youth and others to sing and play music, dance, do spoken word poetry and share performance with the masks.

Throughout the show's preparation and run, many people volunteered their time and skills—students from social work, child and youth care, Burning Man rangers and organizers, my PhD supervisor Lisa (with her big truck), various friends and community workers, including folks from AVI. Caring volunteers acted as "space-holders," ensuring that the heART space remained a safe and quiet sanctuary for those viewing the art and sharing their experience.

Thanks to the hard work of curator-and-very-worried-mom-of-a-struggling-teen Lorilee Wastasecoot, and other volunteers who also gave

tirelessly of their heart and their energies, we received many donations from businesses and individuals (of food, drink, art and cleaning supplies). It was also amazing to have provincial funds to pay the youth involved in the project. This honoured their time and helped legitimize their work experience, which they were able to add to their resumé's.

For the duration of the show's run, people of all shapes and sizes, backgrounds and knowledge about drugs and overdose wandered in, stayed and looked at the art and read the placards. Some returned more than once to view the works, engage in conversation, get some food or a coffee or work on an art piece they'd started another day.

Advisory group member Meagan Gabriel made posters for over 20 events, including workshops on how to use naloxone, and open art studios with free art supplies. An alternative girls' school that had lost a classmate to overdose came for a tour and discussion about grief and loss. AVI held one of its staff meetings in the space, and a University of Victoria research team hosted palliative care doctor Naheed Dosani, who spoke about social justice and end-of-life care for the homeless.

The Ministry of Mental Health and Addictions and Island Health hosted a day of consultation that saw close to 20 people with lived experience participate in a dialogue about relevant issues. Later, ministry coordinators commented that the cozy and comfortable, humanizing environment of heART space was exactly the model that people with lived experience of substance use pointed to when asked



Photo credit: Trudi Smith

Yggdrasil, the tree of life, was the centre of the space, made of branches, pillows, blankets and fabric scraps to be especially soft and gentle, so that you could hug it or rest underneath the limbs at any time

what they were looking for in terms of a place that could provide safe consumption and other services.

We also hosted a stakeholder meeting of people who work for youth agencies and people in government to talk about safe consumption sites (SCS) for youth under 19. Currently, there are only a handful of SCS in the province

for adults who use drugs; there are even fewer places where youth can receive the same sort of care.

When the art show came to a close, families, friends and youth connected again as the art pieces started to leave heART space. Many shared hugs and tears as they re-told stories and shared memories, gave each other hope, said

goodbye. People who had been feeling too vulnerable to come in person posted on social media to say how much they appreciated the pictures and stories posted almost every day on Facebook.

When the space was finally cleared, Naomi carefully took down the tree and all the paper birds in its branches. That night, several of us participated in a Hallowe'en community bonfire to burn the paper birds and the tree limbs and release into the night sky the lives we had celebrated and mourned and the wishes we have for them.

Since heART space, there have been more dialogues about opioid use, advocacy and support. To find out more, see www.uvic.ca/research/centres/cisur/projects/opioid-dialogues/index.php and www.moms-stoptheharm.com. To see more photos and videos of the heART space project, please join us at www.facebook.com/groups/Heartspacevic/.

I know that for me and for many others, heART space will have a special space in our hearts forever. ▽

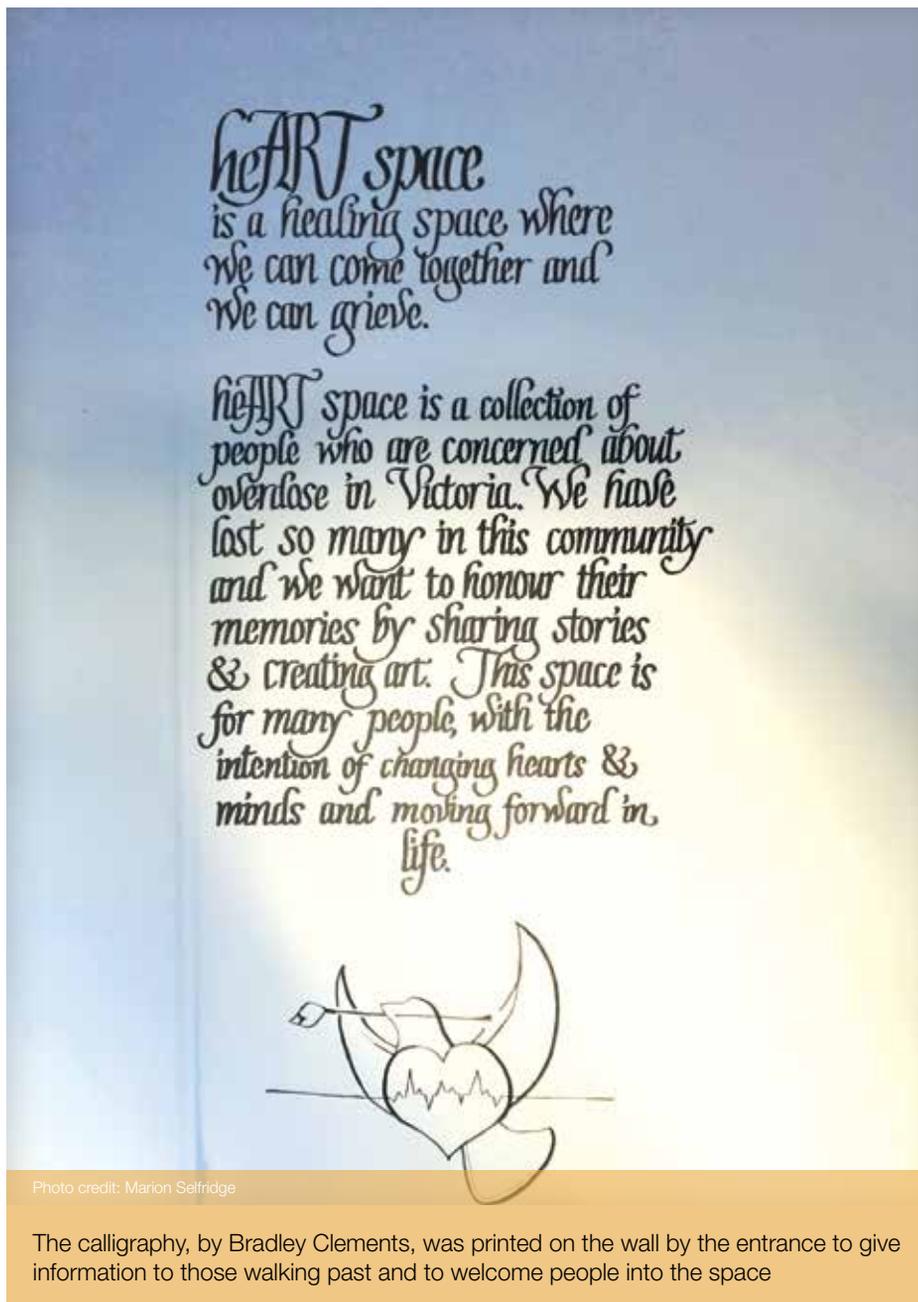


Photo credit: Marion Selfridge

The calligraphy, by Bradley Clements, was printed on the wall by the entrance to give information to those walking past and to welcome people into the space

The Value of Youth-Led Research and Engagement

REFLECTIONS FROM MCCREARY'S YOUTH RESEARCH ACADEMY

Members of the fourth cohort of the Youth Research Academy

The Youth Research Academy (YRA) is a group of youth aged 16 to 24, with experience living in government care (including foster care). Members are hired as youth researchers for the McCreary Centre Society, a not-for-profit research organization based in Vancouver, which conducts research on youth health issues.



Photo credit: FatCamera at ©Stockphoto.com

The role of the YRA is to assist with research projects of interest to youth in and from government care, and the agencies that serve them. We are trained in community-based research methods, and we learn general workplace skills. The YRA is a cohort-based model, with each cohort consisting of between six and eight youth, and we are typically hired for about nine months. So far, there have been four cohorts of the YRA. The authors are members of the fourth and current cohort.

“Research is a field typically populated by university students and graduates. For youth facing multiple barriers,

there are very few opportunities to be included. But youth are experts in their own lives and their lived experience is invaluable to researchers. Without youth perspectives, researchers may not know what they should be researching.”

The YRA has worked on a number of projects over the past seven months. For example, a naturalistic observation day looked at the recycling habits of people at a popular summer event, and members have learned how to use software to analyze data from over 38,000 surveys completed by high-school students in BC.

“I love research so much and always have, but I never, ever thought I’d get to do it as a job. For the first time in my life, I feel like I’m actually living—and all I had to commit was my time. I have been shown that I have a voice, and that my voice matters. Moreover, I now feel that not only should I speak up but I also owe it to all my fellow youth from care to do the best I can for us.”

The YRA has used the data to look at helmet use, dating violence among LGBTQ2S+ youth, substance use and the effect that having a pet has on youth. They also conducted a literature review focused on engaging youth who use substances and experience multiple barriers in meaningful decision making. This literature review is now being used to inform their current data analysis on supporting youth who use opioids.

“I think that genuinely inclusive, low-to-no-barrier jobs are imperative for marginalized youth in order for them to obtain and maintain meaningful employment. I know that for me, I can now see a future for myself, where I couldn’t before. It’s amazing to be able to say that I come in to work because I want to, out of my own motivation and passion for what we’re doing.”

“Giving youth the opportunity to conduct research about youth not only provides those youth with more career opportunities and important skills and knowledge but it can also get other youth more interested in studies and research. In my experience, being employed as a researcher gives me a feeling of real responsibility and purpose—knowing that what I’m doing matters, that I’m involved in creating real change. I think that’s

something that youth desperately need, especially in the current social and political climate.”

This cohort has also worked hard to collaboratively create a series of workshops to teach healthy relationship skills for LGBTQ2S+ youth. Informed by YRA research and knowledge of what LGBTQ2S+ youth don’t often get from mainstream sex education, this curriculum is designed to address the unique needs and difficulties that LGBTQ2S+ youth face today. YRA members’ contributions and consultation are shaping the curriculum into something that Genders and Sexualities Alliance (GSA) groups and LGBTQ2S+ groups across the province will be able to access.

“Youth-led research teams provide key insights into the lives of other youth, especially youth facing [social and educational] barriers. A youth researcher can provide context for an issue that an adult, especially a more (or differently) privileged adult, may not be able to provide. Knowing that a study about a marginalized group of youth was conducted by people who have had similar experiences makes the study more authentic, relevant and trustworthy to me. As a transgender youth, I tend not to trust studies on transgender/non-binary/gender-variant youth if they are conducted by cisgender adults.”

Overall, youth are able to provide a clearer perspective on what other youth will understand, and know which areas are better to focus on. A youth-led project about youth is more likely to be a move in the right direction and focus on relevant issues. When the content and the context are better



Photo credit: nulplus at ©iStockphoto.com

I think that genuinely inclusive, low-to-no-barrier jobs are imperative for marginalized youth in order for them to obtain and maintain meaningful employment.

understood, the findings are more accurate. Youth are also more likely to be open and honest with other youth researchers; adults can be intimidating at times. Being involved in the research process can also give youth skills they need for future jobs or post-secondary opportunities.

Tips for engaging youth

The Youth Research Academy has several recommendations for organizations that would like to engage youth who face barriers:

- Set meetings at times that are convenient for youth, such as in the afternoon or evening
- A more casual work environment would make youth more comfortable. Often, office-appropriate attire is expensive and uncomfortable for many youth
- Washrooms can be difficult places for youth, especially LGBTQ2S+ youth. Having private, single-stall washrooms is ideal. When this is not possible, having gender-neutral washrooms helps
- Consider providing an honorarium for the time and work you're asking youth to give
- Providing food and bus tickets would also make it easier for youth to participate
- Marginalized youth are often excluded from opportunities like youth councils. If you want them to participate, make sure they know they are welcome and that their opinions matter to the organization
- Youth who face multiple barriers may not always have access to a computer or a phone. Consider advertising the opportunity by putting up posters in the

community and in places where youth gather, such as parks, libraries, youth centres, youth clinics, counsellors' offices and alternative schools

For more information on the Youth Research Academy and the McCreary

Centre Society, visit us at www.mcs.bc.ca. You can also contact Katie Horton at katie@mcs.bc.ca or at 604-291-1996 ext. 236. ▼

STIGMA, RESILIENCE AND HEALTH CARE—CONTINUED FROM PAGE 6

marginalized groups of youth since. Stigma, discrimination, violence and trauma are some of the most potent predictors of health, and they influence health outcomes in complex ways. For example, substances are sometimes used by youth as a way to cope with the mental health effects of stigma, but substance use itself can lead to further stigma. Young people learn that alcohol, or stimulants like nicotine and crystal meth, can suppress their hunger pangs, or blunt their traumatic memories. But then people turn them away from services that require sobriety, or judge them negatively for their mental health challenges.

Ultimately, if we're not addressing the stigma and trauma faced by marginalized youth, and offering inclusive and non-judgemental care, then we're not helping them escape the negative feedback loops in the social determinants that keep them marginalized.

These sobering reflections about the inequities our society creates for some youth weren't all I learned. Happily, my relationships with young people back then and since have taught

me something else that is just as important, and truly hopeful.

I learned that if you can get past their fear and mistrust of health professionals and other adults who have let them down, if you persist in providing caring, respectful, inclusive, non-judgemental engagement, and demonstrate they matter to someone, then young people not only survive, they thrive. Positive connections with healthy, caring adults, whether family members, teachers, health care providers or outreach workers, gives youth important social support that helps them in the moment, and builds hope for their future. We all need to matter to someone, somewhere. When we can help marginalized young people find and build circles of support, when we reach out to bring young people in, rather than turn them away, we create life-sustaining conditions for healing and growth.

All our young people deserve to belong within the circle of community, not pushed to the margins. We all have a role in challenging the attitudes that perpetuate stigma, the structures that foster discrimination and the processes that keep youth from the supports they need. ▼

Bringing the Community Together

THE SOUTH ASIAN YOUTH MENTAL HEALTH (SAYMH) TEAM

Kulpreet Singh

South Asians have been a part of Canadian society for over 100 years. Within that time, the community has grown and contributed to all public and private sectors, establishing itself as a vital and vibrant part of the Canadian cultural landscape. Yet like many others in British Columbia and across the country, those in the South Asian community who are struggling with mental illness are often unwilling or unable to access safe and appropriate services.

Born and raised in British Columbia, Kulpreet is an educator, public speaker and the founder and director of South Asian Mental Health Alliance (SAMHAA)



Photo credit: South Asian Mental Health Alliance

SAYMH youth ambassadors

In the case of many first-generation South Asian Canadians and immigrant families, language barriers and cultural differences, experiences of systemic racism and discrimination and the struggles that are part of settlement have historically made it difficult for those seeking help to navigate what is often, unfortunately, a complex system.

Sofia Walia is the Project Coordinator for South Asian Mental Health Alli-

ance (SAMHAA), a non-profit society founded in 2010. In Walia's words, SAMHAA's aim is to "bridge the gap between services and the community, as well as empowering individuals themselves to become advocates and ambassadors for mental health and well-being."

Raman Khaira is an advocate and frontline worker with homeless individuals in Surrey, a director of Guru Nanak's Free Kitchen and a

founding member of SAMHAA. Khaira points out that when SAMHAA was founded in 2010, many in the South Asian community weren't even prepared to have a conversation about mental health issues. Since then, "the stigma [has] decreased, the awareness increased, to an extent that now people are ready to push the conversation forward."

In June 2019, SAMHAA was awarded a grant of \$112,000 by the BC Ministry of Mental Health and Addictions to deliver culturally safe, language-specific mental health and addictions training to youth across the province. In the South Asian Youth Mental Health (SAYMH) program, young people become mental health ambassadors and are given training and mentoring in cultural safety, overdose crisis education, health-care system navigation skills and learning how to use the arts to promote dialogue about mental health.

SAYMH brings together community organizations, advocates, individuals with lived experience and professionals from various disciplines to share their knowledge, skills, advice and experience. Together they facilitate workshops that provide young people with the opportunity to develop the skills they need to create health promotion and stigma education and reduction programs for various community contexts. These innovative programs are then planned, produced and delivered by the SAYMH ambassadors themselves.

For the first part of the SAYMH program, SAMHAA received significant support from Gurdwara Dasmesh Darbar, which may be the

first gurdwara (Sikh temple and community centre) in North America to establish an in-house wellness centre with counselling and mental health services. In partnership with Moving Forward Family Services (an innovative non-profit agency that provides counselling to anyone who needs it in Surrey, BC, and the surrounding areas), the Dasmesh Wellness Centre offers a unique model of community engagement and healing.

An elementary school teacher and a cofounder of SONG (Seeking Oneness for the Next Generation), a collaborating partner in the first phase, Harman S. Pandher explains that the SAYMH program empowers youth with the skills to respond effectively to mental health crises and in situations of addiction and overdose. The program aims to "create a positive ripple effect in homes, families and throughout the community."

The second phase of the SAYMH training focused on international students. One Voice Canada founder Dupinder K. Saran, a community leader and nurse for over 21 years, points out that "far away from their home countries and cultures, international students deal with a multitude of settlement, education and employment-related hurdles and may also face exploitation, which makes them more susceptible to mental health challenges."

They say it takes a village to raise a child. In much the same way, it takes a village to build a movement. South Asian Mental Health Alliance is working in collaboration with the Government of BC and Fraser Health Authority on the StopOverdoseBC

and Take Home Naloxone awareness campaigns, as well as the Surrey Community Action Team and the South Asian Opioid Crisis Response workgroup.

The stigma reduction and education movement spearheaded by SAMHAA has brought together pioneering organizations from various fields—all of which do incredible work in their respective areas. The third phase of the SAYMH project will focus on local Fijian and Caribbean communities, in collaboration with the 3E Organization, SPARK Foundation and the Canadian Federation of Fiji Organizations.

SAMHAA is determined to continue shining a light on mental health issues, fighting stigma, providing education and advocating for better access to services on a systemic level. The organization will be celebrating its 10th anniversary in 2020 and hopes to train 100 Lower Mainland youth in the SAYMH program by 2021. SAMHAA invites the entire community to participate.

For more information on SAMHAA, visit www.samhaa.org or check us out on social media as @SouthAsianMH and "South Asian Mental Health." ▼

PERSPECTIVES FROM TWO YOUTH AMBASSADORS



mental illness in my community

Jasleen Sangha, SAYMH youth ambassador

Throughout my life, I have seen many people suffer from mental health challenges, whether it was someone in my family, or someone in my friend group or one of my peers at school or in the community. As a normal, typical teenager, I never knew that I could help anyone suffering from a mental illness. This was the result of me not being well educated on the concept of mental health.

I am a part of the South Asian community. Over the past year or two, I observed that people in my community, including family, completely overlooked mental health. They didn't even think it existed. I, too, was slow in recognizing this health issue. I wanted to make a difference in my family, I wanted to start small. I came across the South Asian Mental Health Alliance. It seemed the perfect opportunity to educate myself.

I successfully did my training to become a South Asian Youth Mental Health ambassador. During this training, I received certification in Mental Health First Aid for Youth, along with naloxone training by Fraser Health. I met some inspiring individuals who changed my understanding of mental health.

I also made many new friends and, most importantly, I ate the best food ever! It felt great to see that people from the South Asian community were curious to learn about something as significant as mental health.

As an ambassador, my objective is to go into my community and make a change, to educate people about mental health and, most importantly, raise awareness on behalf of people with mental illness. In the South Asian

community, mental health is seen as a weakness, and I just want to feel that I have made at least a small change.

As I reflected on Mental Illness Awareness Week (October 6–12, 2019), I couldn't help but wonder how we could do more. How can we make our services more inclusive? How can we get other members in the community to join our efforts?

It can be hard to raise community awareness. In the communities around me I've seen how mental health is stigmatized. Many parents don't think this is something they should educate their children about; they believe it's not relevant or important to someone's life.

Having a mental illness is one of the hardest and most difficult things an individual can go through; it constantly lingers in your brain. You feel isolated from the world around you and you face stigma no matter what community you are living in. This results in individuals being scared to share their feelings, their experiences, their hopes and dreams. They fear that they will be discriminated against and attacked by those around them. They don't want to be seen as weak.

We need to make it safe to educate family and friends about mental health. We need to teach the importance of understanding mental health issues. Show people that mental illness isn't an imaginary condition, it's a real thing! We need to help those suffering around us, to make a difference in this world.

Trust me, it feels good! ▼



you're stronger than your problems

Ajeet Gill, SAYMH youth ambassador

So there I was, sitting on the footpath crying my heart out, hoping that at least one soul would ask me what was wrong.

No one. No one asked.

Most of the people around me didn't know what to do, how to help. If anything, they made the situation worse, offering me the modern version of good old advice, which has its roots in stigma.

No one I knew had any clue how to help me.

"He just needs some time," they said.

"Get a job, keep yourself busy, it'll make you stop thinking about what happened," they said.

"There are people who lose *family members!* You've just been ... well ... dumped."

Who are "they"? They're a few of the closest friends I've made since coming to Canada in August 2015. I am thankful that I have their shoulders to lean on whenever I need, but thanks to the stigma around mental health issues, most good souls also don't really know how to help.

I do want to acknowledge that yes, there was one friend who suggested counselling. And that would be one of the reasons why, after that, I started focusing on

mental health issues, how to deal with them, mostly for myself.

And when I heard about the South Asian Youth Mental Health (SAYMH) ambassadors training retreat, I was excited to have the opportunity to learn how to better help others. Taking part in that training, one thing led to another, like a snowball effect. I gained new perspectives on a range of mental health issues.

For example, I learned that drug overdose cases aren't just limited to people who are homeless, which is a common but slightly ignorant view. Overdose can occur in homes, at parties—bad batches of drugs can be anywhere. I gained new perspectives and learned new information about sexual harassment, mental disorders, eating disorders, and a lot of other issues that should be talked about more openly. Open discussions can decrease the number of victims and help those who are struggling now. A lot of people suffer because of the stigma around these topics.

The SAYMH training wasn't all textbook learning—at least, not the kind of learning we all dread. We had open conversations about our experiences, we shared stories, we did *antakshari* (Indian group karaoke) over bonfires, we had late-night UNO games ... it was just an awesome experience. I started missing the whole environment right after I reached home. ▼

Representative for Children and Youth

rcybc.ca

Advocacy and support for vulnerable children and youth, including children and youth in care and youth in custody, as well as young adults transitioning out of care or transitioning into adult services. The Office of the Representative for Children and Youth can help young people understand and advocate for their rights, connect with services, transition out of care, and take part in larger policy discussions. Adults who support young people can also find resources like the Champions for Change advocacy guidebook and reports.

Fostering Change

fosteringchange.ca

Fostering Change, an initiative from First Call: BC Child and Youth Advocacy Coalition aims to change public policy for youth who “age out” of care in BC. Learn more about experiences of youth leaving care, find advocacy resources, and learn how you can get involved or support their campaigns.

McCreary Centre Society

mcs.bc.ca

McCreary Centre Society support youth through research, engagement, and community-based projects. Find BC Adolescent Health Survey reports and download research that highlights experiences of youth around mental health and well-being, physical health, substance use, homelessness, and many other topics.

Foundry

foundrybc.ca

Health and wellness services and supports for youth ages 12-24 in communities across BC or online. Foundry is a one-stop-shop where people can access physical and mental health care, connect

with community resources, and find peer support. Foundry centres are located in Abbotsford, Campbell River, Kelowna, North Vancouver, Penticton, Prince George, Vancouver, and Victoria.

Kelty Mental Health Resource Centre

keltymentalhealth.ca

Information and resources about mental health, substance use, and well-being for youth and young adults, and well as information for parents and caregivers, schools, and health professionals. Young people can talk with a Youth in Residence and parents or caregivers can talk with a Parent in Residence at 1-800-665-1822 (604-875-2084 in the Lower Mainland) for information, support, and help navigating health care systems.

Stigma and Resilience Among Vulnerable Youth Centre

saravyc.ubc.ca

The Stigma and Resilience Among Vulnerable Youth Centre based at the University of BC explores stigma, discrimination, and health inequalities among marginalized youth. Find current and completed research projects, the Out at Home family guide, reports and academic publications, and resources for youth.

Trans Care BC

transcarebc.ca

Trans Care BC helps people access and coordinate gender-affirming health care and supports in BC. Use the service directory to find health care providers (including mental health care providers) and support groups, learn more gender and gender-affirming care, and learn what you can do if you can't find help in your community.

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

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