

Manitoba Advocate remarks – May 7, 2020

Special report: *“Stop Giving Me a Number and Start Giving Me a Person”*: How 22 Girls Illuminate the Cracks in the Manitoba Youth Mental Health and Addiction System

Speaking notes – Suicide aggregate report release, May 7, 2020
Daphne Penrose, Manitoba Advocate for Children and Youth

To review video of the Advocate’s speech, visit: shorturl.at/myMVO

Good morning everyone and thanks for joining me for this somewhat unconventional news conference today.

I appreciate each of you taking time today to join me here on the call and everyone watching the livestream through Facebook. While our communities and our province, along with the whole world continue to deal with the COVID-19 pandemic, many other issues also deserve our attention. The report I’m releasing today is an example of some of those issues that we cannot afford to forget.

Before I tell you about this special report, I want to take a moment to acknowledge the land that we live and work on.

The mandate of my office extends throughout the province of Manitoba and in normal times, we travel and work on a number of treaty areas. Our offices in Southern Manitoba where I am located this morning are on Treaty 1 land, which is the traditional territory of Anishnaabeg, Cree, Oji-Cree, Dakota, Ojibwe and Dene people, and it is the beautiful homeland of the Metis nation. Our Northern office is on Treaty 5 land, and the services we provide to children, youth, young

adults, and their families extend throughout the province and throughout Treaty areas 1, 2, 3, 4, 5, 6, and 10.

As an organization, we are committed to the principles of decolonization and reconciliation and we strive to contribute in meaningful ways to improve the lives of all children, youth, and young adults, but especially the lives of First Nations, Metis, and Inuit young people, who continue to be disproportionately impacted by systemic inequalities and other barriers in our communities. This is particularly true on the issue of youth mental health and addiction services.

“Stop giving me a number and start giving me a person.”

That’s the title of today’s report and the words we heard directly from one young girl on the youth ambassador advisory squad, which is the youth advisory panel for the Manitoba Advocate. The girl who spoke those words during a focus group for this special report was talking to us about her experiences trying to access mental health supports and being given phone numbers to seek out services. At the times when she was most overwhelmed and vulnerable, the systems placed the burden of what to do and who to call **on her** and sent her back out into the community. What she said she really needed was help from a person; **she needed “a person” on her side.**

What you will read in this report is that experience is too common in Manitoba’s youth mental health and addiction system. Often, children are expected to figure out for themselves how to access their own treatment and then, they can be labelled as resistant if they can’t manage the burden or are unable to follow-through.

Today's report reviews the lives of 22 Manitoba girls between the ages of 11 and 17, who lived in rural and northern areas of the province. Each of these girls died by suicide and **each of their deaths was preventable.**

In 2017, the Mental Health Commission of Canada reported suicide was the second leading cause of death for young people ages 10-24 in Canada. Alarming, in Manitoba, over the last 5 years, **suicide has become the leading manner of death for young people between the ages of 10-17.**

My office is notified every time a child or youth under the age of 21 dies. We found that since the 2010 fiscal year, 145 children and youth have died by suicide in Manitoba. That means that we are losing, on average, **more than one child or youth each and every month to suicide.**

Suicide is preventable if interventions occur early enough and the right help is available. While we have excellent clinicians and individuals working within the system, it is **the structure of the system** itself that is not child-friendly or youth-focused.

In addition to massive gaps in service availability, the services that do exist have long waitlists and restrictive entry criteria. They also report ironically high vacancy rates. As a result, many children and youth languish and it is up to their families to hold them together, sometimes for many months, before help is offered – or if help is ever forthcoming.

These suicide numbers were compiled long before the COVID-19 pandemic, back when Manitoba already had a long and well-

documented history of drastically underfunded mental health and addictions services for children and youth. The stark reality of the underfunding compared to the mental health and addiction needs of young people in Manitoba was a key finding in the government-commissioned Virgo Report, which many of you will recall the government released 2 years ago. What you will read in my report today is the extensive analysis my office conducted on a number of government reports, including:

- The Virgo Report,
- The Peachey Report
- The United Nations Convention on the Rights of the Child
- The Truth and Reconciliation Commission
- The National Inquiry into Missing and Murdered Indigenous Women and Girls
- And other reports as well

Collectively, these contain important recommendations, many of which have not yet been implemented that would improve the system for Manitoba families and which might have made a difference for some of the 22 girls you will learn about today.

The health system experts who authored the Virgo Report estimated that the province is responding to only 4.1% of the addictions service needs for youth aged 15-25 in Tiers 2 thru 5. Of the nearly 139,000 youth and young adults who have moderate to severe and complex addiction support needs, current services only cover 5,701 individuals – a massive shortfall of about 96%, or just over 132,000 young people.

In order to protect the privacy of the 22 youth whose stories inspired this report and to respect the privacy of their families, no names or other identifying information have been included. But still, a lot of their stories can read like photocopies, with similar experiences and missteps. I suspect many other Manitoba families will see their own stories reflected in the pages of today's report, which focuses primarily on the lives and experiences of families outside of Winnipeg. What links us all as Manitobans is that our children, regardless of where we live, have the right to equitable access to mental health and addiction services. And yet, this is not the reality for many families, and it was not the experience of these 22 girls.

One of things you will read about in the report is the importance of identifying risk in the lives of children and youth. While risk factors are not always predictive for death by suicide, they are important to understand so proper planning and service delivery can occur. As my office did in two earlier phases of our ongoing suicide research, which was released in 2015 and 2016, in this report we analyzed their stories for 20 known risk factors. These include things like parental substance misuse, known histories of suicidal ideation, housing and placement instability, self-injury and violence in the home, among many others. We found that on average each girl experienced six risk factors for suicide and that 100% of them experienced early childhood trauma.

And yet medical professionals, CFS workers, family members, teachers and other adults in their lives weren't able to identify their pain, or weren't able to coordinate the help these girls needed and deserved. Only three of the 22 girls received any targeted intervention in their early and middle years. By the time some of them were able to access help, they were dealing with severe and chronic mental health and

addiction issues that made any interventions which were available much less effective.

I have made seven recommendations in this report to improve government services and responsiveness in the face of an ongoing mental health and addictions crisis in this province.

First, we need a tiered model, where available services match needs.

Manitoba children and youth need a continuum of mental health and addiction services to be developed and delivered through a tiered model that is fulsome, not interrupted by barriers to accessing services, and which includes tailored support for children and youth as they transition from one tier to another along the continuum.

The Virgo report recommended a 5-tier model that would range from community-based response, looking at prevention and harm-reduction in tier 1, all the way up to highly-specialized, inpatient settings in tier 5.

Not all children and youth need access to tier 5 services. Many, if not most, would be needing services from tiers 1 and 2.

But if there are delays in our mental health responses and access to health care, young people will need more urgent and acute measures later on.

While some services exist at the different tiers, dangerous cracks in the continuum persist and children continue to fall through those cracks.

So today I'm recommending that the province conduct a gap analysis, based on the tiered model for services provided in the Virgo report. As part of that recommendation, I'm calling on the government to improve its transparency and accountability by releasing the gap analysis to the public so we can all understand where improvements are needed.

One of the most important themes common between these 22 young girls was the impact early childhood trauma had in each of their lives. Most of them carried their trauma from childhood, through adolescence and continued to carry that burden until death.

Manitoba children and youth need improved early recognition of trauma by service providers and timely intervention to combat the effects of early childhood trauma, which increases the risk for co-occurring substance misuse and mental health challenges, including the risk for suicide in children, youth, and young adults.

Today, I am making a recommendation similar to the one that I made in earlier special reports. I'm recommending the Government of Manitoba provide early childhood trauma education and training about trauma and its effects to service providers across all government departments delivering services to children and youth. Service providers need to improve their understanding of the impact of trauma and how it can manifest as children try to manage that pain.

Families need to understand where the right resources may be for their child. So, to that end, today I'm recommending the government develop, implement and publicize an annual inventory of what therapeutic trauma interventions are available to children and youth in

Manitoba. The province needs to create this inventory of resources, explain whether the resources require referrals and define any eligibility criteria (like age, location, or status in care). Then, the province should promote this annual inventory and its findings to the public so families and care providers have this information.

While services can be hard to access when you live inside Winnipeg, that challenge is greatly magnified beyond the perimeter, and when you live in rural and northern communities. Service investments are often concentrated in urban centres, which disadvantage children in other parts of the province, even though they have equal rights to equitable services.

As such, another two of my recommendations in today's report echo advice made in the Virgo report two years ago.

As previously recommended, Manitoba needs to develop more youth service hubs both inside and outside of Winnipeg, similar to the NorWest Youth Community Health Hub, which is located in Winnipeg. Currently, there are numerous examples of hub models across the country that provide robust community services, like addictions counseling, group therapy, tutoring, cultural activities and much more.

These hubs would allow for coordinated access to treatment, life skills and engagement at the community level for children youth and their families who are struggling with moderate levels of mental health and addiction issues. Access to this kind of hub could prevent escalation to more acute needs.

Every child in Manitoba deserves – and has a right to – this same level of service.

Manitoba also must develop, as recommended in Virgo, more “regional focal points” for specialized and integrated urgent and acute clinical services outside of Winnipeg.

All Manitobans need access to a core set of mental health and addictions professionals and treatment close to home. Focal points delivered through the regions in Manitoba would offer screening, assessments and treatment for mental health, access to psychiatric consults, acute assessment and treatment, links to community mental health and to the hubs to ensure continuity of service.

Instead, what too often happens today is that children who experience a mental health crisis are transported to Winnipeg for mental health and addictions assessments and treatment.

The trips are not only expensive, some costing tens of thousands of dollars, but they can lead to further distress for children who are already in emotionally-heightened and vulnerable situations. They should not need to be taken farther away from home, and away from everything familiar and everyone who loves them in order to access health services. Youth hubs and regional focal points would concentrate and coordinate more services, closer to home.

More youth hubs and more regional focal points are both key components when it comes to implementing another of my recommendations which is that the government **needs to demonstrate equitable access to services province-wide**. Families in rural and

northern Manitoba **know** they don't experience equal access to provincial services. **It's past time to fix this and improve things for families across our province.**

I have called repeatedly on the province to publicize a plan for how it will improve youth mental health and addictions services. I put out my first statement of concern on this topic in September of 2018.

The government has had a road map for how to improve mental health and addiction services, as laid out in the Virgo report, **for over two years.** That roadmap is well articulated and echoes what many system experts have been saying for many years. With the release of today's report and the stories of these 22 girls whose lives were ended far too soon, we hold yet another opportunity to move forward with that roadmap on the road to recovery.

We heard often from the government before the pandemic that Manitoba was on the path to economic recovery. The government's messaging has continued to focus on the economy and fiscal recovery required in our province. Certainly, the economy needs important attention, **but we can no longer allow other systems to be ignored.** Suicide is now the leading manner of death for our children and youth. This is unacceptable and deserves immediate and meaningful action.

We know the province will face economic hardship related to the pandemic, but the emotional toll of COVID-19 piled on top of an already challenging service landscape could make things much worse. We need to consider the level of stress and trauma children and youth are experiencing during this pandemic.

Children and youth are being pulled away from school, away from their friends, from extended family and their typical social safety network.

They are possibly bearing witness to more domestic violence at home, as we've heard rates of intimate partner violence are rising drastically in some jurisdictions.

Children and youth with disabilities cannot attend day programs, respite and other services that they require have been suspended, which is elevating their families levels of stress.

We've also heard from experts in the field that kids are being exploited online at an alarming rate.

It is an unsettling time and this stress is compounded for children and youth whose brains and coping mechanisms are still developing. While we all do our part to manage this pandemic, we must remember that some children are not safe at home and the trauma they may be experiencing can elevate their risk for mental health and addiction issues as well as self-harm and possibly suicide.

Now more than ever, it is **critical** that the government create a strategic plan for child and youth mental health and addiction services so the emotional impacts of COVID-19 aren't felt for the next decade. The province did announce some funding for Manitobans wanting to access third-party counseling services via the internet. This service wasn't intended for youth under the age of 16.

We all know it is up to us as adults to recognize the moral, legal and professional responsibilities we have to help children and youth access

the mental health and addiction services they need. **But we also need those services to exist and be available for our children.**

I'm urging the Manitoba government to remember the mental health and addiction needs that were present before the pandemic and which continue to be realities today. **The data are clear: the most pressing health issue for children and youth in our province today is mental health and addictions.** We have lost 145 children and youth to suicide in the last 10 years and that should be all the evidence we need to understand young people are hurting and what we have to offer them needs to improve.

If we've learned anything from the pandemic response, it's that governments are capable of moving quickly on pressing issues. The province must recognize the urgency for addressing the mental health and addiction needs of kids in this province. Children and youth cannot wait any longer to become a priority of the government.

We have a responsibility to hear the stories of these 22 girls who died, to listen to the lessons their lives can teach us, and to work together to ensure health services are available to children and youth. We need to make sure that when they need us, we are connecting them with people and services that can truly need.

Thank you for listening.