



Guiding Youth through COVID-19: A Webinar for Youth Allies (transcript)

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[Nina:] ...joining us today for the Guiding Youth through COVID-19: A Webinar for Youth Allies. Today we're going to hear from two speakers, who I will be introducing shortly, who will give us some insights into what youth have been experiencing during pandemic, how this may have affected their substance use and mental health, and how you can provide support for them right now and in the future.

First, some housekeeping items: all lines will be muted during this call to ensure sound quality, and also please make sure to turn off your videos during this time. We will be recording this video and will be posting it to our website at a later date. You will have approximately 10 minutes for Q&A at the end of the meeting. Now ping the [main?] questions directly to me during this time, and we will take as many questions as submitted as time permits. Any questions we can't address will be forwarded to the presenters directly for reply.

Now for our introduction. Our first speaker is Anna Goodman, a research and policy analyst at the Canadian Centre on Substance Use and Addiction, with a background in sociology. Anna is a qualitative researcher with expertise in cannabis use, substance use and prevention and harm reduction. Now for almost six years, she has consulted with youth and youth allies, including parents, teachers, health care providers and enforcement about having effective and open conversations with youth about substance use.

Secondly, we have Andrew Baxter, lead for the Alberta Mental Health Literacy Project, who has worked in school-based and community mental health for over 18 years. Currently, Andrew is leading the development of mental health literacy resources for elementary students in conjunction with educational partners from across Canada. His educational background is in social work and psychology. Now, I'll just turn it over to Anna to get started.

[2:00]

[Anna Goodman:] Great. Thank you so much, Nina. And thank you everyone for joining us today. We were super excited to see we had such a great interest in this webinar, and we are extra appreciative because we understand that a lot of people's scheduling and kind of work days have been flipped upside-down lately, so we very much appreciate your participation. So, as Nina mentioned, both Andrew and I are going to be providing an overview with some experiences that youth have been having since COVID, and currently, specifically related to substance use and mental health. So, I'll be covering off the substance use piece, and then I'm going to be turning it over to Andrew for the mental health piece. I'll start my timer here.

So, these are just some notes about CCSA as an organization. I won't get too deep into this in the interest of time, but we are a not-for-profit organization with a legislated mandate to reduce harms



related to substance use. So we do that in a number of ways: we collect our own primary data, we collect evidence that we see nationally and internationally, but most importantly, we do a lot with our partnerships, and we work with every kind of sector that this issue might touch upon, including enforcement, health care providers, education, and specifically today, you're seeing a relationship that we've developed with Alberta health services with both Andrew and I presenting. So these are just a couple of our strategic areas, and again, these are available on the website.

So today I'm going to be talking with you about some qualitative data we've collected, which is covering off the experiences of youth in COVID right now. We also have some statistics on how they are perceiving the condition and their substance use. And then finally, I'll be providing some guidance as to how to help youth at this time. So, as you'll see in the title of our webinar, we speak about youth allies. So, I'll give a quick definition of that in case anyone isn't familiar.

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But it's really just anyone that's in a position to support or nurture an open discussion with youth. And specifically for us today, we're talking about substance use and mental health, so this can cover anyone from parents to family members, to teachers, coaches, health care providers. We really just want to provide the tools necessary to engage with youth in an effective way that we know is how they prefer to be communicated with, and ensure that you're able to share any kind of harm reduction tips or any kind of support that they need right now.

So, quickly I'll provide some statistics. These are from a survey that was conducted nationally by Leger, and it was done at the beginning of May, so a little further back into the pandemic. And this is for 18- to 34-year-olds, so it's kind of hard sometimes to get data for youth that are a little bit younger, but for the purposes of just giving you a snapshot of what's going on, we're talking about youth 18 to 34 for these particular statistics. So, not surprisingly, youth have been affected detrimentally in terms of their education and their income and their jobs. So if you think of all the jobs that youth generally hold, they're often with the public—whether it's retail, hair salons, bars—and these are a lot of the jobs that are not able to operate currently, or haven't been operating for some time. So, unsurprisingly, this is the age group that's been most affected by their income being reduced or completely taken away. Same with their schooling has also been interrupted. They're also most likely to apply to CERB, so the Canada Emergency Response Benefit, which supplements income. They're also most likely to know someone who's tested positive for COVID, and they are also more likely to visit friends and family. So, we know they're still having those interactions, and they're being exposed to people that have been testing positive.

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And we also know that they are the least likely to follow public health recommendations. So, I think because of all the media we see around how this particular condition is most harmful for the elderly population, it might be the case that youth aren't fearing contraction, and thus, they're not necessarily taking those precautions. So, I think that's a really kind of important context to consider as we dive into the presentation here.

So, this is a graph that we created from some statistics that was [sic] collected by Statistics Canada. It's basically just showing the increase in substance use since the beginning of the pandemic. So we know that youths—so in this case it's 15 to 34—have increased their substance use more than the other age groups. So specifically, with this data we see they've increased all substance use more than those aged 55 and older, and we also know that they've actually increased their cannabis use specifically more than the age group of 35 to 54. So, this is obviously a little concerning. We know that youth are at an increased risk for harm related to substance use. We aren't going to dive into



that much today, but in terms of their brain development and their physical and mental health. So we want to really be keeping an eye on how their substance use is changing related to the pandemic.

So now I'm going to provide a bit of an overview of all the different experiences that we've been hearing from the youth that we have been lucky enough to speak with and work with. These are kind of first-hand anecdotes of what they've been going through, and we've summarized them in terms of, kind of, the main themes and what we've been hearing a lot. And these youth are potentially youth who have had cannabis use disorders or substance use disorders or are maybe in treatment for mental health or substance use, so they're that part of the population that are directly dealing with those two circumstances.

[8:00]

So first off, I'm going to touch on that really abrupt switch to online learning. So, as we know, the world was flipped upside-down in March. And a lot of us had to start working from home, and all of the youth were no longer able to attend school and go to class and see their friends and see their teachers. And not every youth, you know, could transition to this as smoothly as some might think. This was very quick. A lot of youth, especially who deal with these conditions we're talking about, they really like the accountability of going to school. They really enjoy the healthy social interactions of friends and having, kind of, a teacher to say, you know, here's class, you're accountable to these particular tests or exams, you know, you should be doing your homework. All of these things kind of give some youth a purpose and are a very useful part of their day to get out of the house. So, surprisingly, not a lot of youth were really speaking positively of online learning. And this might actually affect their decisions in the future. So, some youth shared with us that they may not want to continue on to university or college if it means they're going to have to continue that online learning, as opposed to going to class or making a big move to a new campus. So, this whole thing has really affected, potentially, their future decisions.

And a lot of the youth had a very abrupt switch from being on campus, and maybe living far away from their families, and coming back home very quickly and having that kind of cut-off from their social interactions, and it's causing some feelings of isolation.

We also heard from the youth that there's been a drastic change in how their mental health and substance use services are provided. So, not surprisingly, a lot of youth aren't able to go to their counselling sessions in person anymore. Those treatment centres that youth go and stay at for possibly days at a time aren't operating in the same way.

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And that can negatively affect, sort of, the improvements they've been making, or, kind of, the progress they've been making. And I think one really important thing that we heard from one of our youth was that they've lost that safe space. So, if you're now taking your counselling sessions at home, on the phone or in a Zoom call or whatever it might be, you don't have that privacy, because you have your family or whoever else you live with. They're able to listen in on the conversation, and they kind of really liked having a safe space to go to. So that's one potential sort of negative effect we also want to think about.

And the home environment. So, I'm sure a lot of you have heard in the media that youth are now at home in potentially negative environments, whether it's, sort of, negative family dynamics, it could be any type of abuse, unfortunately. But we also heard that this might be exposing them to a lot more substance use or, kind of, other mental health issues that might be triggering. So, for example, one youth was saying that, you know, she's trying very hard to manage her substance use at this time, and she has a brother who drinks every day, and because of that, it could be triggering for her too.



So, we have to kind of keep in mind what they're going through at home, and they don't really have anywhere to go to find that safe space again. And unsurprisingly there's that loss of social interaction and feelings of community. So, again, maybe those that are in treatment, they are seeing other people going through similar things that they're experiencing, and they've lost that with the COVID changes.

A couple of other themes that came up: the big fear of the unknown. You know, what is going to happen come September when I thought I was going to be starting school, and now I don't know if I will be? I can't control these major changes, and that's really scary.

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So, you can only imagine how that feels to the general population, but the youth that have substance use issues or they are dealing with some mental health, this can be very, very challenging for them.

We also heard about the increase in social media use. So, obviously, to kind of have that connection with your friends, you're going to be going online more and chatting more. And this was actually having a detrimental effect for some people because it also brings up a lot of self-judgment. You know, you see all these people online, they're baking, they're learning how to sew, or they're going—they're working out three times a day, and of course we only reveal the more positive things in our lives on social media. And this actually is putting a lot of pressure on youth who are feeling very overwhelmed and might even just have trouble, kind of, getting through their normal schedule during the day. And it's kind of hard to hear that everyone else is doing so well, and so we need to make sure they're being kind to themselves and being realistic about what they're seeing online.

And finally, again this isolation and this boredom, we have heard some first-hand accounts about substance use increasing among this age group.

So, what sort of long-term impacts do we want to consider now that we've heard these first-hand accounts from youth? So, as I've mentioned, the pursuit of certain forms of education might be drastically altered, and this is such a crucial transition period for youth. You know, they're graduating from high school possibly, and going to university or college, or maybe they want to start employment somewhere, or maybe they were going to partake in some sort of sporting team, or whatever it might be. That's kind of all been lost in some cases, and this might have more than just a short-term, you know, one-year, two-year effect, this could have long-term effects for the years to come for youth, because this is a really pivotal time for them.

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As I mentioned, there's certain sports and hobbies that youth have been working really hard on for maybe quite some time, maybe they're training and, you know, improving their skills in certain ways, and having all that shut down and having all that stop could affect, kind of, the path they do want to take moving forward.

And finally, the progress in treatment and mental health. So, we did hear through youth that they had a significant increase in— sorry, significant decrease in the services that they could access for mental health and substance use. And, you know, we also heard some accounts of relapse, unfortunately, and, you know, having to feel like they didn't have access to that support. So, this is causing considerable stress and anxiety.

So, we are now going to go over quickly a bit on stress. So I won't dive too deeply into this, as this is something that Andrew is going to be covering off. But I think it's just important to note, to kind of frame how we can support youth, and that's understanding the three kinds of stress. So, there is some positive-type stress, which are [sic] kind of motivating or can kind of push us to want to



achieve a goal or push us to do well in a certain test or exam. Those are good. We have tolerable stress, which, you know, for example something like COVID, it's very hard on all of us, but if we have that support from our friends and our family and our employment providers, you know, it's something we can tolerate. But what we do want to note is that potential for toxic stress. And this is stress where youth don't have that positive support, and they don't have the coping skills to help them through a very tough time. And that is where we see our youth allies coming in and hopefully being able to give that support so youth can make it through such a strange environment and strange context, and come out on the other end as healthy as possible.

[16:00]

So at this point, I really want to go into how we understand substance use as a spectrum. So, some people feel it's a very black and white thing: either you use substances or you don't. And that isn't always the case. And especially for youth, this is the time where they are experimenting and kind of moving to and from the different levels of the spectrum. So, thinking of the spectrum, it begins with abstinence, so those who aren't using substances. It can move into kind of a curiosity stage where, you know, you hear about your friends using substances, you hear about people going to parties. And, you know, that's when a decision might be made to maybe try substances out, maybe in a safe environment or maybe not. Then there's that kind of social person who's using substances in, just, very, interactions related to friends and parties. And maybe they're only partaking in the activity on the weekend. It's not very frequent at that point. Then we have our more regular substance use, where it might be something happening daily or maybe weekly, but it hasn't become an integral part of that person's life yet. And then we have the heavier use, where it's becoming more of a habit, where we feel we need it, you know, kind of just to get through daily activities. And that's kind of the crucial point where we might switch into a substance use disorder, where there is that craving, that need to seek out the substance and where treatment might actually be required. And that's kind of what we really want our youth allies to note during this time, so we are seeing that the place in which youth are in the spectrum of substance use is moving. Doesn't necessarily mean they're going to move into a substance use disorder. But we want to try our best to kind of keep them at the lower end of that spectrum, where it's that safe and controlled use or, if possible, no use.

[18:00]

So how do we do that? So first we need to understand why youth may be taking these substances, and obviously a big one is stress and that boredom and that isolation. And as a youth ally, the first thing you can do, and it's not always the easiest, is not talk but listen. So, it's common in a certain dynamic, we all want to share our knowledge, and we want to share our understanding, and tell youth kind of what decisions they should make. But that's actually kind of going to cause them to shut down in some cases. We want to listen to them; we want to give them that silence and that space to share.

Another big thing that's come up is privacy. So, with these circumstances with youth—being at home all day and having their siblings around and parents around—you know, when are they getting that privacy that they really need at this age? And, you know, we can kind of think about maybe being a little more lenient with youth at this time, and I've heard stories of youth that, you know, they sleep until four p.m., and they get up and do their homework as late as, you know, 12 o'clock or one in the morning. And, you know, commonly, that's not really the timeframe we want youth operating on, but with such a strange circumstance, maybe that's the healthiest thing for them because they get that privacy that they're craving.

So, let them know when you are speaking with them that you're here for them. You're supporting them; you want to help them. But a big one for us that I think Andrew is going to touch on is that it's



okay not to be okay. It's very understandable that they're struggling at this time or they're scared. And that's okay. You know, we can work on that with them and help them through this. Having the kind of talk of them being kind to themselves, you know, you're not necessarily going to accomplish as much in a day as you might've before all of this happened. And, you know, as long as you're doing your best, you can't beat yourself up. And, again, that's where the comparisons on social media are huge, because we want them to have a realistic understanding of what can be accomplished in this circumstance.

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And encourage them to talk, and encourage them to reach out. So, sometimes as a youth ally, you might not necessarily be the right person for them to speak with or reach out to, but maybe you can put them in contact with that right person. Or even better, put them in contact with a peer or someone who's a little bit closer to their age. That can help them through this right now. So we know that's very effective as well.

So, we're going to be providing a follow-up email to this webinar with a number of different resources. And some really big ones I want to point out right now that we have at CCSA are on harm reduction measures. So, ways that we can communicate with youth that's not necessarily the "just say no to drugs" approach. We know that that isn't effective. But how can we help them make some choices that will protect them and possibly reduce their harm. So I just have a few examples up here, but we have a lot more than this. But, you know, telling them to plan for days where they won't be using substances. So, okay, you know, you're chatting with your friends, and you might be using substances on a Saturday night through maybe a group chat or something like that. And that's fine, but maybe Sunday we choose to, instead, you know, make some healthy meals or go for a walk or do something different than substance use.

Helping youth monitor their use is a big one. And I think that's even an important lesson for all of us, is, okay, you know, we're home a lot now. Are we really acknowledging and noticing any increase in our substance use? And it goes back to that spectrum. It's, you know, how can we make sure we're not moving too far along that spectrum into an area that's a little bit harder to deal with?

And then we also have some harm reduction messages we've created that are more tailored to the fact that we have COVID happening. So, you know, they seem obvious, but don't share drinks with other people.

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If you're smoking a joint or using a bong or a vaporizer, you know, don't pass it around with people in your home, or don't pass it around with people around you if you are socializing. If you're feeling sick or you have a cough or you have a fever, you know, that's when you should probably pause your substance use for some time so you can make sure you're getting your health back to normal.

So, we do have— and, again, that's just your real quick snapshot of some of the things we have in terms of harm reduction messaging, but we have several infographics and other informational pamphlets and resources that not only provide some harm reduction messaging but can also show the facts around substance use in COVID, and how COVID can detrimentally affect our health when we are using substances.

So just quickly, I'm just going to kind of do a shameless plug for something that's happening at CCSA. We do have a youth-specific social media campaign map we're going to be running in July. And this is also based on the great information that the youth have been sharing with us. And it's actually just sort of to get them engaged in more of a positive interaction online. So, not only do we hear



about, sort of, the self-judgment coming from the online interactions, we also heard that youth are very overloaded with information right now, and I don't think that's surprising to any of us. There's so much online that's telling us sort of what we can and can't do, and instead we want to have youth engaging with what they can do, and doing things for themselves that feel good, and hearing from other youth how they're also doing that in a positive way, as opposed to, you know, putting that pressure on. So, we are going to have a promotional package available that we can share for any organizations or any youth allies that want to take part in this online.

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So again, like I mentioned, we are going to be providing several harm reduction resources to you. And we just decided that the best way to probably provide those links would be in a follow-up email because we don't want them to get lost in the chat box or to kind of not make it to you specifically. So, there are a ton of resources out there right now. And the Wellness Together Canada website, it's a government website, you can see a lot of them collected on there. There's a lot about coping, and we've been working a lot with the Mental Health Commission of Canada to develop some messages around how to manage that stress and, in turn, manage your substance use.

So that is it for me now. I thank you guys for listening, and you can certainly save any questions for me for the question period, but I am now turning it over to Andrew.

[Andrew Baxter:] Great, find the unmute button there, quickly, and away we go. So, thanks Anna, that was great. And thanks so much to the Centre for having me here. I'm going to try and share my screen now and get my slides up here. Okay, can somebody confirm that they're seeing those right now?

Person offscreen: We can-

[AG:] Yes. You're good.

[AB:] Great. Okay. Good stuff, thanks. Alright, well, welcome everybody. Thank you again for having me. I'm going to touch upon a lot of the things that Anna's already mentioned. She did a great picture of painting some of the challenges that youth face during this. Really briefly, I'm going to talk a bit about COVID-19 in the media. Some of the confusion that stems up around mental health and mental illness, and how that actually in turn has impacts of how we view COVID-19, and mental health impacts on youth. And then I'm going to give you a quick model for understanding mental health and mental illness. And I'm going to- If I go too fast, or if we're not going into enough detail, I'm going to try and supply some video links for you that go over some of these key concepts a little bit later, and I'll put those into the chat box.

[26:00]

And then I was trying to think about what would this group want. This is tricky because I don't know who's attending, and I don't know the audience out there. But I thought, you know, returning to school is something that all youth are going to be facing fairly soon in September, and we're not exactly sure what that's going to look like, depending on where you're at. So what are some of those considerations? So I'll just touch on those quickly. And the challenge is always, you know, keeping this general enough that it's applicable to everybody, but also specific enough that it's useful.

So, one of the things I've been watching is a lot of the media that comes out around COVID-19. And of course, we know our youth are saturated with media, and they get it from different sources here and there. But some of the messaging out there is certainly coming through loud and clear to youth. This is a story that was taken from The Star, and the headline being "Youths report feeling sad, afraid of novel coronavirus during pandemic," right. And this coming from some of the surveys out of



the Vanier Institute. And they go on to say, you know, the study found X number amount of girls reported feeling, I can't see it because it's blocked by my photo there, but whatever number it is, reporting feeling stressed or sad. And then down here at the bottom, nearly half of adults age 18 in Canada report feeling anxious or nervous very often or often since the beginning. And then feelings of anxiety and uncertainty, even though there is a mixed range of emotions, they're still very high and very prevalent. I'm going to challenge everybody's thinking here and just sort of say that this might be going around at a funeral and asked who's cried recently, okay? So we have to put this in perspective. When you read the article down to the bottom, there is also "But feelings of joy were also reported, with 86% saying they have 'often and sometimes' felt happy since COVID crisis began." Okay, so, my preferred headline in this one would be "Canadian youth actually have a really healthy and appropriate response to COVID-19 challenges."

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What I want to make sure that we're doing is avoiding pathologizing. There is no doubt that there are youth that are out there that are struggling with many of the impacts that Anna listed as well. But I also want to note that this is a very tumultuous time, and youth are actually struggling with facing the challenge, but they're doing it. They're actually getting through this okay.

So, we have to be careful in how we look at the data. And we really don't have enough data to know exactly where all the chips are going to land at this point. So, we know that the impacts on mental health may be delayed. We have seen from other crises that sometimes this can come up as a later effect, but how big that effect still remains to be seen.

So we have to be cautious with self-reports. Generally, what we found in our work is that people tend to pathologize themselves, especially when it comes to their own mental health in self-reports. So what we want to do is make sure that we're taking very careful assessments with registered professionals that can very carefully sift through and look for pathology or diagnosis if it's there.

But most youth are resilient: 75% are feeling the same or better at home. And that comes out of the Vanier Institute. We don't have enough data for a clear picture right now. So a lot of this is going to have to be, "let's wait, take a breath and see how this shakes out." This is unprecedented, and we haven't seen it before, so it's going to take a little while for our data to catch up and to get a good clear picture.

But one of the challenges that we constantly face—and for those of you who've heard me speak before, you know that I've been carrying this slide around for quite a while—is the semantic confusion about what do we actually mean when we're talking about mental illness or mental health or mental health problem, my personal favourite being the "mental wellness illness" over in the bottom-right-hand corner there. These represent words that we've pulled out of reports, out of scientific literature, out of white papers, out of a whole bunch of different sources that are supposed to be addressing the same concept.

[30:00]

And so often, we say mental health when we mean mental illness, and vice versa. It becomes extremely challenging. So, what are we talking about with this semantic confusion? And no doubt COVID has added to this even more, as demonstrated by this.

This was something that went around on YouTube out of the B- out of the UK. This is a psychologist talking about toxic productivity. So, her take is that toxic productivity happens when you're put into isolation, and you think you're going to write the next amazing novel, and instead you can't even get the cupboard in your basement cleared up. And then you feel guilt. And you either respond by doing



lots of work or doing nothing at all and then feeling bad about it. And either way, it's toxic. So she's got treatments for this. So, this is concerning to me because, look at the symptoms over there: symptoms may include restlessness or feelings of failure or the pressure to be available. My concern is that this is pathologizing for everybody what is actually a pretty normal experience. So I want to caution everybody to back off coming up with labels and things like this, and note that this is going to take a big period of adjustment because we haven't faced, like, something like this before. For some, it may be a big period, and for others, it may be a more rapid adjustment.

So how do we make sense of all of this? Again, this is where we come into a mental health literacy understanding or model. This is something that you can check, and like I said, I'll put some further links in the chat box a bit later. This is a heuristic, this model basically gives us a way to have a shared literacy and understanding about what's a disorder, what's an illness, what's a mental health problem. So I'm going to walk you through this here. So, the idea's that everybody in the population falls somewhere on this pyramid, with more people at the bottom and less at the top. And at the bottom, you've got "No distress, no problem or disorder," everything is going great.

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That rarely happens, but sometimes when you're asleep or you're having an amazing day or you're hanging out with friends, this comes to fruition.

But more commonly, we're in a state, you know, we have mental distress, and another word for this is just stress. And you heard Anna mention this at the beginning. It turns out that there's—most stress actually is either positive—it's a motivator, it alerts us to challenges to be faced—or it's tolerable, and we can get through it. And there is some toxic stress, but the vast majority of mental distress is either in that—those two categories of positive or tolerable. Stress is actually good for us. You can't have learning without stress, and school's a systematic set of stressors set up to challenge youth. And they have to adapt and resolve the stress to learn. It's just like lifting a weight: if you don't have anything to resist against, you're not going to get stronger. So, stress is actually good for us. It gets a bit of a bad rap in our media.

The next level up is "Mental problem." And a mental problem happens simply when your stress response or your ability to handle that stress is just temporarily outstripped. So these are environmental problems that are caused—death of a loved one would be a good example—where it doesn't, you know, you're not going to simply adapt and problem solve your way through. Those feelings can impact you for weeks, for months, for years. But we understand why the brain is responding that way. We understand why we have those feelings of sadness as a product of grief, rather than as a symptom of a mental illness.

"Mental disorder," the final pyramid, reserved for the— the final triangle at the top there, reserved for the fewest number of people. A mental disorder or illness—and we use those two words interchangeably in our work—this is when there's something different about the brain, or a perturbation in usual brain function. So, this may be caused by a whole host of reasons. It may be a lack of a neural transmitter, or a concussion, or bacterial infection, or a whole bunch of other reasons.

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And we may never know the why for any given specific individual. But this is where we would put a clinical depression, or we would put post-traumatic stress disorder, or we would put a clinical anxiety disorder.



Now the challenge to the model is that you can fit into all of these categories at the same time. So, starting at the top there, the mental disorder, you can have a youth with ADHD, that's a disorder. And they can be suffering the ill effects of COVID isolation, which is the mental problem. And then at other times, they can be worried about getting their homework assignment due for the end of the school year. And then sometimes they can forget all about it when they're chatting online with friends.

COVID, for the vast majority of Canadian youth, will sit as a mental problem or just even a distress, but we don't know where. Now, mental health is a concept that is present in all of these different states. A person with a mental disorder does not lose their mental health. Okay, that's really important. And in fact, somebody with a mental illness or disorder may actually have better mental health than somebody without one. If you're receiving proper treatments and care and managing your anxiety disorder, you may have positive mental health. So it doesn't go away. And you don't lose it. COVID, like I said, would tend to sit in the middle two categories, unless we're talking about something like PTSD developed from trauma experienced from the disorder.

Why are we talking about this with youth? You know, our initial concern prior to the pandemic, post the pandemic, during the pandemic, is youth is actually the age of onset for most psychiatric disorders. Okay, so we've mapped out some major ones there. And you can see that that window of onset—this is when things typically develop in the human lifespan—is between 70%—it's around 70% for all mental disorders. So, again, we see ADHD, which we believe starts at birth, but we don't see it and identify it until a youth goes to school.

[36:00]

Anxiety disorder with our earliest form being separation anxiety, but spanning into, say, 25, 26. Now, just to clarify, it is possible to develop an anxiety disorder at age 32, but far more likely that if you're going to develop it, it happens during that window of onset. So, we need to know that youth are already the most at risk for the development of major psychiatric disorders. That's one of the concerns.

So, how do we address this, and how do we start to respond both to COVID, both to mental illness. It starts with mental health literacy, and that's that block at the bottom. And unless you have that block in place, the rest crumbles. We have to understand what the difference is between feeling sad about COVID isolation and what a clinical depression is, because we have very different responses for those two impacts. One is to be patient and supportive and provide the youth with as much access to socialization as possible given the safety precautions we currently need to take, and the other might require medication and talk therapy, so psychiatric care. Knowing the difference between those things is critical at this point and juncture. If we don't have good mental health literacy, we do the wrong health promotion, we do the wrong prevention, we do the wrong treatments and care. And this is analogous to physical literacy, with physical health. You know, right now, I'm guessing that most of the people on the line can tell us the key symptoms around COVID-19. We've all rapidly become literate in that illness so that we know when we need to either go get tested or get treatment. So that's a good example of a physical health literacy that we've developed rather quickly. The same could be said of an approach to, say, smoking cessation, which, of course, this mental health literacy approach is very much based on. We teach people the risks and harms, and they make better choices, okay.

[38:00]

But [it's] critical to have that basic level of understanding in place first. If you're worried about financial viability going into the crisis, you need financial supports, not psychiatric care. And this is



essential in a public system like ours, because we're going to send the wrong people forward for care, and the people that really need it are going to be blocked from getting access to treatment.

One of the big things that we talk about, and coming back to COVID, understanding that as the foundation of mental health literacy. You know, Anna's already said substance use is a big one. We're very concerned about that population.

Pre-existing mental disorders, and I could list any of them. And I want you to think expansively in that, and Anna mentioned this as well. If you're a youth with ADHD and you had an educational assistant at school, and now you're stuck with, I don't know, this guy here for your homeschooling teacher, I'm not as well equipped to deal with a youth struggling with that disorder. The youth may be missing the contextual cues in the classroom and may have a really hard time focusing. We can run into a whole bunch of different stressors. So, any kind of pre-existing mental disorders—depression, anxiety, ADHD, the list can go on.

People with access to care. Access to care was a challenge before, it may be even more of a challenge now. In our school-based mental health program here in Calgary, we've had varying success. The most part, it's actually been pretty good. Most youth have taken to their digital clinical meetings pretty easily, but there are challenges. As Anna mentioned, privacy from parents is one. Just sharing bandwidth, this is a challenge in terms of getting people in. Some clients have been even more engaged with their clinical services, others have opted out because of the online environment.

Family violence. We're very concerned, essentially when we've gone into this period of isolation and shut down, we have less eyes on youth, and that's concerning.

[40:00]

They're not in school, and what the research tells us is that youth are going to seek help. First, they go to parents, and second, they go to trusted adults in the school setting. When we've distanced them from that support system, there are literally less eyes on youth, so less points onto the pathway of caring that becomes concerning.

Self-harm behaviours. We're worried about that as well. I think the general way to think about this is that youth that were vulnerable before the pandemic are going to be the ones during and after, okay. So those are the ones that we need to keep extra close tabs on.

Those impacts of isolation, I think I've mentioned a lot of these, school serves as that major entry point to pathway to care. Most Canadian youth are in school, so it does serve as that well. But we do know about marginalized youth and marginalized populations that don't even have that entry point, and I'm very concerned about that. Any disorder could have symptom exacerbation through these impacts of isolation. And family relationship stressors in all sorts of ways we didn't see coming, like fighting over iPads to get online for classes and things like that. Loneliness, and I think Anna mentioned that before, and that is being reported by youth boredom, et cetera. I'm really concerned about digital resources and digital literacy. If you're in a family right now that either doesn't have as much connectivity, or you're in a rural spot that doesn't have the connectivity, or you don't have enough finances to buy enough devices for people, we're going to run into a shortfall. I think one of my favourite quotes—and I wish I could claim responsibility for it, but I can't, I don't even know who to credit for it, but I've heard it going around—"we are all in the same storm, but we are not in the same boat." So, really important to know that there are a lot of Canadian youth that are adapting very well to the impacts of COVID-19, and there are groups that we are very concerned about.

[42:00]



And we need to start to look at which— those groups that need the most help, and how can we access them better. This is going to be a very different experience for all youth involved, so we kind of have to look for where the problem spots are and create access to those youth.

Just my quick points on returning to school, and again, this is just some things that I thought up, so there's not a lot of, you know, we haven't had a chance to do the research. I know that this is being measured as youth return. But acknowledge everybody's going to have a unique experience. For some, this was the best thing to happen, was to go into a homeschooling situation, and for others, this was a horribly difficult experience for them. And for some, it's going to be the return to school that's actually a challenge and not the isolation from school. So, be supportive and open about those challenges. Try to have those conversations proactively with youth. Prepare them for what changes are coming. And also acknowledge that we don't know exactly what's coming. We're currently facing, I'm going to speak to Alberta here, we're currently facing three plans of coming back normally, coming back with significant modifications or staying in a homeschool setting. So, we have to make and be open with youth about what those potentials are. What we do know is we can go safely and focus back on universal interventions that work. They are not really exciting, but they're the old taught, tried, tested and true ones: exercise, diet, sleep, art, music, dance, movement, social connection, structure, expectation. All of those things that we can go into with youth and we know we're going to help them universally, whether they have a mental disorder or whether they don't. These are the focal points we need to focus on, keeping that structure, don't let sleep schedules get reversed, help them with reintegration, make sure they're eating right.

[44:00]

We can all be helpful and be supportive of that, and let's model it as adults as well. Remember all of these tips for returning to school go for the youth, but also for the adults, and we know about co-regulation piece. Expect a period of adjustments. Don't start the clock when isolation happened and expect everything to go back to normal. Expect it when we return to school. And for me, I'm going to roughly say look at a four- to six-week period, and engage in that watchful waiting, where we talked about those pre-existing youth with vulnerabilities. Keep your eyes out for them. Watch for them, and make sure that we make a referral for those that are still displaying those symptoms after a period of adjustment.

I'm going to skip this slide and this one, and I'm going to get to resources here; I know we're just going to run out of time. Just for resources, Anna listed a few, these are a few more. You can find them on the links there below. The one on the right there is for discussing potential risks of domestic violence with youth. It was put out by the UBC. The ones on the middle are tips for just dealing with COVID, talking to youth. And then we've tried to put a little bit of a toolkit together, free resources that may be helpful for kids going through it and youth as well. So, you can check that out, it's all at teenmentalhealth.org, or links to it are there. And the UBC website as well. Just to put people into good positions that listen to youth and find out what their experience is without assuming that it's been negative or positive, we just need to open our ears for those youth.

My shameless plug, and then I'm out, I think, is that we have four integrated approaches to building a mental health literacy. We developed go-to educators with school staff so that kids have a place to go, youth can report to those trusted adults, and they have a little bit better idea of where to put them. We have training for teachers on how to learn about mental health literacy.

[46:00]

And then we have resources for students where we actually teach them lessons in class. And we have the same approach for parents. I'm just going to remind people that mental health was a big



concern before COVID, during COVID, and it will be after. So, rather than jump on the stuff in response to COVID, I'd like to see this be a permanent part of this school experience for youth and have a better mental health literacy built for everybody.

So I'm going to stop there. If you have any questions or resources that you want to get, here's all of our contact information. I'll turn it over to Nina, who I think is going to do some questions now. Thanks.

[Nina:] Thank you Andrew. Perfect! So, I'll now read out some of the questions submitted during the presentation. I guess, first thing's first, this coming from [Brittany Gavin?]. The information about how COVID is affecting youth— oh, it just got removed, let me just go back there. Sorry about that everybody. Okay. Alright, there it is. So the information about how COVID is affecting youth, was it a survey? And would it be possible to share the information?

[AG:] So, that was actually through some informal consultations that we have through youth that are already part of the other activities we do at CCSA. So, unfortunately, it's not going to be released as a study because it's just, sort of, more so just anecdotal. But certainly that's a perspective we are trying to capture as we work on the, kind of, post-COVID types of projects that we're doing. So, we will probably be following up with youth in a more formal way over time.

[Nina:] Perfect. Another question here is from Sam.

[48:00]

The question is: substance use and abuse policy on campuses are often based on risk prevention from a university's liability standpoint. What steps can be taken to shift conversations about alcohol use and abuse on campuses?

[AG:] So that's a great question. We do a lot of work with universities, and we actually have PEP-AH, which is the post-, pre-s-, pre- I can't think of the full name of the title, but it's a group of about 50 universities that work on doing harm reduction and prevention for alcohol on campuses. And I've actually had the opportunity to speak to a lot of youth in campuses. We think that the best way to really get that conversation going is actually to have peer-to-peer discussions. So, creating a safe space where, you know, they can come together as students and, you know, maybe with a bit of a prompter of some of the harms and some of the approaches that we talked about in the presentation, to get them discussing it with each other, because they really like to hear about it themselves. But I can provide a link to PEP-AH in the chat if that's going to be helpful for Sam.

[Nina:] Perfect. We have one more question, and the question was: can we get a copy of the presentation?

[AG:] Yes. So we're going to be making that available online as a PDF. And I think, are we also— you doing yours Andrew?

[AB:] Yeah. Both mine— I submitted mine as a PDF as well. So people are welcome to it. Again, most of our information that I covered is available on our website as well: teenmentalhealth.org.

[AG:] Yeah, and I'm going to put some up, just a few quick links in the chat, and then we're, like I said, we're going to have that follow-up email. So, Sam, I just sent the PEP-AH link. Is there any other questions while you guys have me and Andrew here?

[50:00]

[Nina:] Just taking a look here. Looks like we don't have any more questions.

[AG:] Okay, so I'm also posting the link for CCSA's COVID resources in the chat.



[Nina:] Oh, perfect, we have one more question. So the question is: are there surveys prepared we can get our students to participate in?

[AG:] Sorry, are there surveys...

[Nina:] Prepared.

[AG:] ...like, for COVID? I'm not sure if we have any specific surveys already drafted, but I know that Stats Canada has been doing a lot to collect that data, so you might be able to access some of the things that they've been asking online. And we've been doing some quantitative surveys specifically, but they aren't directed at youth. [pause] Andrew, are you aware of any surveys?

[AB:] Yeah, I'm aware of a couple of pockets that are going on that people are using. For example, there's quite a bit of grant money right now to look at the impacts as youth return. And those surveys are, like, literally currently being developed because they're getting ready for September with youth going back. So where you can access them publicly, I'm not entirely sure. If that's your interest, if you want to email independently, I can put you in touch with people that are developing research into that field as youth return. So, if somebody wants— and I'll put my email down there at the bottom, and people can follow up with me, and I'll see if I can connect you.

[Nina:] We have a couple more questions. One of them is for Andrew: how does he think it would be the best way to approach social distancing as a topic with youth? Many youth struggle to understand the importance of social distancing and want to be social with their friends.

[AB:] Yeah, and, you know, when Anna was reporting on the data, it doesn't surprise me at all that this is the period of time in human development where we're taking more risks.

[52:00]

Because that's one of the features of the adolescent brain, is the risk-reward system. And what they do is they tend to have a primacy of emotion over cognition—ergo, if it feels good, it must be good—rather than engaging the safety response that some of us have. And that's actually in place for a really good reason. Adolescence is a period of developing who we are. And so, we're actually, you know, we're walking dopamine receptors. And to take those risks is really important in shaping how we develop. So, how do you address? I think pre-planning, being proactive, not trying to come in as part of the lecture. Also, set things up for youth. If you can arrange a backyard meet and host it, you know, you know where they are and you know how much distance is between them. Set those stages like that. Have— Try and appeal to them in calmer periods where you're not arguing over it. Get in front of it as much as possible and then cross your fingers because it is going to be challenging for them to implement those safety procedures in the midst. Make sure they're equipped. They've got the hand sanitizers and the masks ready to go. And then, like I said, cross your fingers, so.

[AG:] Yeah, I think, I imagine that is a tough thing to accomplish. And something that you could consider doing is kind of relating the situation back to something that's important to them. So maybe it's the health of their grandparents. Or it's— maybe they have a significant other or a sibling who has, like a, already has some sort of disorder or some other issue that would be affected. Maybe they're really into, like, basketball, and you're, like, “well, if you get COVID, your lungs aren't going to help for basketball.” So, you kind of have to relate it to things that are important to them, because just the general population's safety as a whole probably isn't that relevant to youth, unfortunately.

[AB:] Yeah, that's it. That's an important add, there, Anna. Thank you.

[54:00]



[Nina:] We have another question, and the question is: may I know more information about the survey that indicated 75% of kids are the same or happy with staying home?

[AB:] Yeah, that comes from the Vanier Institute survey, so you can just search it online. It should be up there.

[Nina:] Perfect. I think– Oh, here we have another one. For Andrew again. What is the general uptake you've seen for online counselling services, like the Wellness Canada website, among young people?

[AB:] I can't speak to the Wellness Canada website. I can talk about some of the services that are offered in Alberta Health Services. We've actually seen a pretty good uptake of those clinical services when delivered online. Telehealth has been pretty successful in our experience. Like I said, we do get some people that don't like it at all. But for many, there's actually a lot of hidden advantages. No parking fees as you come in, no transportation and easy commute from the home, you can participate as groups or as individuals, family can be in the session or not in the session. Clinicians are finding it a bit awkward, but generally, there's also some passive things that we can, you know, track: text conversations, or we have a log of the contact or session. So, there are some silver linings to delivering that way. And I'm curious to see how it's going to shape services in the future as we move forward out of the pandemic.

[Nina:] I think that might be it for all of our questions. And we're now at noon. Anna, Andrew, did you want to wait a little bit more if anybody had any other questions, or what we can also do is– Oh, here we go, here's another one. Have [sic] any special attention been given to the Indigenous populations?

[AB:] That's a really good question.

[56:00]

I'll speak for my part right now, I'm currently working with a group of Indigenous leaders from across Canada, and we're currently trying to develop a mental health literacy resource for Indigenous populations. And we know how much diversity there is amongst, and we don't want to call that one group, but in that population. We were starting that before, pre-pandemic, actually. And it's been a really important process to go slow on. So we still don't have a resource ready to go, but we're starting to meet with those communities and talk about how do they address mental health literacy in their unique settings. So we're hoping to pull that together into a usable resource that can be distributed across Canada. We are, like I said, early stages of that work. That's the one I know of. In terms of, I also know that there are several proposals that have been put forward for grant money that specifically address that, especially looking at substance use and access to care. And I think we'll see those projects emerge in the next few months. Anna, I don't know if you had anything to add.

[AG:] Yeah, I've seen similar kind of CIHR grants [incomprehensible]...

[AB:] Yes.

[AG:] ...that are covering off. I know for us specifically, we are going back to the virtual care piece. We're going to be doing a qualitative study of the rural and remote populations and some other populations, but we will be covering off Indigenous at that time to really understand what sort of barriers exist to accessing virtual care, or how it might be a positive way of delivering care in this community. So, I imagine it'll be a continuous thing that is captured with this COVID research moving forward.



[Nina:] Okay. So, at the moment we don't have any more questions, and so, what we'll do is, if you do have any questions, feel free to email me, and I'll be able to forward those questions to either Andrew or Anna.

[58:00]

Again, thank you so much for the presentations. It's been fantastic. Again, thank everybody for their participation today. And also, have a great afternoon!

[AB:] Thank you very much.

[AG:] Thank you Nina. Thank you everyone.

[AB:] Thanks, bye.

[END OF TRANSCRIPT 58:21]



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