



Social Planning Council Oxford
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YOUTH VOICE REPORT

Mental Health & Suicide

SEPTEMBER 2016

BACKGROUND

In a small community such as Woodstock, Ontario, with a population of around 35,000, losing five young lives to suicide requires a call to action. This report aims to identify the voice of youth in the community who have struggled with the crisis they are currently facing. The youth have identified the resources they want and need in order to have a safe place in Woodstock to learn and thrive.

The Social Planning Council of Oxford (SPCO) strives to “bring people together to actively participate in social development to improve the quality of life for Oxford County residents” and this participation extends to young people asking for help (SPCO, 2016). The SPCO hopes to use this report as an advocacy tool for youth in Woodstock and across Oxford County to implement programming and influence policy that supports young lives.

Social media has demonstrated to be a great tool for reaching out to younger generations. Recently, a community member created a Facebook forum in the wake of the suicide crisis to reach out to students who are mourning the loss of their peers, who wish to share their own struggles, or who have suggestions for moving forward.

Using the Facebook forum, the voices of youth were collected and synthesized using a grounded theory approach. This means that all information presented in this report emerged from the data, and that data was collected with no preconceived ideas or hypotheses.

This report will thematically outline the issues that have come to the surface in the ways suicide, mental health and related topics are confronted by our youth.

STIGMA/SHAME

Many of the people who shared their stories of pain and struggle prefaced their comments by saying they felt as though they were burdening people and they did not want to be judged for what they were sharing, but to be accepted and understood.

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One post stated “I am aware people may judge me for this or assume I’m doing it for attention.” This seems to be the internalized message our youth have about asking for help. Several posts mentioned “feeling embarrassed to ask for help” or feeling they had nowhere to turn.

The first theme to be identified is the **stigma and shame** surrounding mental health, feelings of depression and sadness, and asking for help. The youth have identified that their schools have not provided enough resources and safe places to talk. As a social organization, we focus on advocating for social change and resources directed at youth as a whole. Within the community, there are differing opinions on the resources available and whether or not they are lacking. The answer coming from the youth is that while there may be resources available, there are gaps in what is needed versus what is currently offered.

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This indicates that while there are issues with mental health, and mental health resources, there may be other aspects of this crisis that are not directly related to mental health issues but more socially constructed. There are ways in which these issues can be addressed collectively rather than focusing on each individual youth that demonstrates that they are struggling.

Students on the forum also mentioned experiencing inconsistent and misguided care from family doctors and other medical professionals that may not be trained in mental health sensitivity. While there may be identifiable resources available to students, as the school board and other groups have mentioned, the youth have identified that they cannot effectively access nor do they feel comfortable reaching out and getting help. As mental health, suicide and other struggles facing youth continue to be discussed as an individualized problem, the wider community struggles to understand where the problem stems from. When looking to the social construction of many of the issues facing youth today, we can recognize that some of these struggles can be overcome by approaching them with collective solutions, rather than solutions focused on individual youth and their individual challenges.

Stigma surrounding suicide ideation, suicide attempts, and mental health issues also makes it difficult for youth to build trusting adult relationships; a key protective factor in staying resilient against thoughts of suicide. Many youth would turn to their families or people they consider family; however, they express feeling ashamed of the way they are feeling and the struggles they face making it harder to turn to the people they would generally trust in their lives.

BULLYING

Society often views bullying as a rite of passage and something all young people experience as they grow up. What has changed recently is the use of technology and social media to bully anonymously, leaving those behind the keyboard less likely to censor what they say. The youth on this forum, using social media as a productive tool, have identified **bullying as one of**

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the beginning or roots of social anxieties, depression and other mental health struggles.

Looking at the issue as a social problem, rather than as an individual person's struggle, one can recognize that many people are bullied based on their deviations from socially accepted norms.

Standards of beauty, weight, style, class, race, gender, sexual orientation and other nominal categories are socially ingrained in the young and old. Those who deviate from the norms often face social ridicule in the form of bullying. These experiences, shared by many on the Facebook forum, have lead to serious consequences.

The stigma surrounding mental health issues, as mentioned above, often falls in a category of deviation from social norms. Mental health is something that is viewed as abnormal and is difficult for others to understand. However, it does not exist in a vacuum. The underlying causes of depression and other mental health issues, aside from the biological understandings, stems from our social interactions and the ways we are perceived by others. The issues with stigma and bullying go together as when one does not understand another one's struggle, the need to point out differences prevails. The issues surrounding norm policing and bullying extends outside of the peer groups these youth are involved. Norms and values are passed on and reinforced by adults and community institutions. **In order to address this issue, community cooperation is essential.**

COMMUNITY INVOLVEMENT

The youth have identified lacking **connection and community involvement** as one of the issues related to the suicide crisis. As will be mentioned below in more detail, research shows that social connectedness has a high rate of protection and prevention against suicide attempts and ideation.

A few members of the Facebook forum mentioned the need for a community and recreation centre where youth can find a safe place to gather with their friends and engage in activities that they find enjoyable and entertaining.

Suggestions related to social activities such as cooking classes and exercise programs that cater specifically to youth were mentioned on the forum. These could be offered at existing community establishments and incorporate community involvement and support. There are examples of similar spaces in other communities within Oxford County, namely The Fusion Centre in Ingersoll. Many students felt as though something similar in Woodstock would be highly beneficial to those who feel they have no place to connect and belong. It should be noted that the meaningful community connection that youth are seeking can be fulfilled in many ways, which may or may not require a youth centre.

A related concept to community involvement and the aspects of bullying mentioned above is the idea of **intergenerational cooperation**. This would mean opportunities for youth to safely engage with older generations in an attempt to find a common ground, acceptance of the ways times have changed for youth, and how older generations can come to terms with these changes. With technology and access to information changing drastically and exponentially faster than when many parents and grandparents grew up, there is a gap in the commonality of childhood then and now. Bringing that gap closer together would assist in building a larger community network and supporting environment for youth today.

In relation to intergenerational interactions, there are issues with trust between youth and adults. On the Facebook forum many youth felt as though the adults speaking on their behalf or providing insight or opinions truly did not understand their struggles and the youth were reluctant to let the adults take control over solutions. Many youth are open to collaborating with adults, but they want the adults to be a supporter not a leader of the efforts. This is one pervasive issue that relates to a few other themes mentioned in this report. The ideas surrounding stigma and shame as well as bullying and social deviation often create a divide between generations.

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WORDS OF ENCOURAGEMENT AND SUPPORT

Many used the Facebook forum as a place to reach out to those sharing their struggles and offer support. A lending hand or a listening ear has been helpful for those who have looked outside their homes and families for someone to support them. In connection with the stigma and shame that surrounds the struggles these youth face, often the last people who are aware of the issues are those closest to the youth.

Some mentioned that there are adults in their families who shrug off the issues as things all young people deal with. Others feel as though they would be judged most strongly by their friends and family. These youth have turned to this forum for help from strangers who they may never meet face to face and feel comforted in knowing someone can listen unbiased and uninvolved in other aspects of their lives. **Supporting ways in which youth can safely engage with others outside of their close family or friend groups in a safe and meaningful way is important.**



Many other people posting on this forum have left inspirational quotes, funny stories, pictures, and words of encouragement. One particular image that has resounded through many posts is the use of the semicolon. It is said to represent the literary use of a semicolon meaning **“there is more to come.”** Some have said the semicolon represents “the rest of the story being unwritten” and this has demonstrated to be a positive reinforcement for those who need reassurance that it does get better.

RESEARCH

This section identifies academic research that has been completed on the topic of youth suicide and suicide prevention. There are examples of research that speak to the themes identified by the youth in the Facebook forum. There are also examples of research that complement the youth feedback, that says that some of our current programs and resources are ineffective and inaccessible. Both examples will be outlined below.

The first research project speaks to the need for a national suicide prevention and intervention plan. It speaks to in-school and medical professional interventions on a case by case basis.

In June 2015, a group of researchers compiled “a systematic review of reviews” that aimed to create a Youth Suicide Prevention Plan for Canada (Bennett et al, 2015). Within this report, the researchers made recommendations as to what can be done to protect youth and prevent suicide, suicide attempts and suicide ideation in Canada.

The review found that the most effective prevention intervention strategies include suicide awareness curriculum within schools; skills training, gatekeeper training, peer support and screening (Bennett et al, 2015 p. 254). The Canadian Mental Health Association has advocated for peer support in the recent past as they recognize the benefits that peer supporters provide, above and beyond professional counselling and support.

The implementation of both curriculum enhancements and peer support programs should be done on a national level to ensure consistent programming and preventive measures across the country. However, it has also been observed that small scale changes made at the local level can result in big changes for youth and their communities.

The report also stressed the importance of following up on those who have previously attempted suicide and intervening through various methods to prevent future attempts. These methods include emergency department transition programs and training of primary care providers in identifying adolescent depression (Bennett et al. 2015 p. 254).

Overall, this study takes a very individualized approach to addressing suicide ideation and attempts and ignores the social implications of suicide-related behaviour. It also fails to identify social resources that can be used to combat suicide crises.

Next, McNeely and Falci (2004) studied the correlation between school/social connectedness and lower rates of involvement in “multiple health risk behaviours such as substance abuse, sexual intercourse, violence, delinquency and suicidality” (McNeely and Falci, 2004 p. 284).

This study found that teacher support and school connectedness, namely a personal and connected relationship to faculty and staff at schools, increases resiliency against suicide attempts and ideation. Teacher support and connectedness requires a more personal connection between teachers and students that still respects boundaries but allows students to feel as though teachers have an invested interest in their lives and their futures.

One of the prominent issues facing youth today is bullying and social shaming and there are general connections between bullying and a need for social connectedness. These connected relationships extend beyond teacher-student relationships and involve reconnecting youth to their peers by working to eliminate bullying, shaming and social norm policing.

McNeely and Falci (2004) refer to “conventional connectedness” as “connection to individuals who are engaging in prosocial behaviours and who regulate prosocial behaviours in others” and identifies that this is linked to prevention and protection against multiple health risk behaviours. Prosocial behaviours could include school-sanctioned extracurriculars, sports, music and other opportunities for involvement that are age appropriate and meet the interests of the youth.

Furthermore, the youth in Woodstock identified the need for a social space and opportunities for involvement within their schools as high priorities for prevention and intervention programming in the community.

We have focused on community involvement and integration in this report, however; there is a gap in research on community involvement and suicide prevention. This is something that we feel would be an effective strategy and something to document for future research projects. The research that currently exists, as outlined above, discusses medical intervention, school involvement and familial support. Reaching outside to other agents of socialization including media and the larger community could demonstrate to be the change needed in this situation.

RESOURCES & PLANNING AHEAD

This report aimed to demonstrate that the participation and involvement of those who are directly affected by the current crisis is of utmost importance in recognizing what needs to be done moving forward. The recognition for change and willingness to participate in this change has been demonstrated strongly by the youth we have connected with through the Facebook forum and various recent community events.

Another important aspect of this report stems from the timeliness of action. Youth are facing this crisis today and pragmatic programming needs to be organized in a manner in which the youth feel they are being heard and not being put on the backburner. There is often a sense of hopelessness that comes from reaching out and asking for help and feeling as though you have not been heard. We are here to advocate for youth but also listen and respond in a quick and effective way.



The Social Planning Council of Oxford recommends the following in order to actively support the youth in our communities:

- **The promotion of social connectedness (possibly beginning in schools) that allows youth the opportunities to experience feelings of belonging and connection to a larger social circle;**
- **Opportunities for youth to speak up about issues in the community and to participate in service design and delivery; continuation of the Woodstock youth advisory committee; student positions on school and community committees and councils, board of directors;**
- **The creation of community or recreation spaces for youth; spaces for small gatherings and youth-organized activities;**
- **An awareness within schools that these issues cannot just be seen as individual issues but as social problems that can be dealt with widely through mental health initiatives and evidence-based policies;**
- **An increase in youth specific mental health resources, including accessible walk-in clinics, full-time in-school mental health professionals and social workers;**
- **Using technology to improve and enhance the way youth access services, apps, and other media to connect youth with professional help or other peer support systems;**
- **Localized emergency aid, crash beds in the community rather than the larger city centres away from the youth's largest support systems.**

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For immediate assistance:

- **Go** to hospital emergency
- **Call 911**
- **Call (519) 539-8342 or 1-877-339-8342** (Canadian Mental Health Association 24 hour mobile Crisis response line)
- **Call (519) 539-0463 or 1-877-539-0463** (Oxford Elgin Child & Youth Urgent Services for Children)

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