What are the challenges facing youth today?

Arish Mitchell – "Mitch" Youth Outreach Counsellor



Land Acknowledgement:

As we begin, I would like to acknowledge, honor and celebrate that I am studying, playing and living within the ancestral, traditional, and unseeded territory of The Williams Lake First Nation of the Secwepemc Nation.

I would like to acknowledge that I am working on the Tŝilhqot'in Nation land in the communities of Yuneŝit'in, Xeni Gwet'in and the Dakelh First Nation community of Ulkatcho.



About me and my role

I have been in this role since October 2024 working with youth (12-24 years old) who are experiencing mental health and/or substance use challenges. I am often in schools, health centers or in community seeing clients.

I was born in Auckland, New Zealand and my father, Paul is a white New Zealander and my mother, Karleena is Singaporean. I have a twin sister. We moved to Australia, working as lawyer and in government, I had a career change and did a Masters of Social Work in Canberra, Australia and worked as a counsellor for the Salvation Army.

I moved to Canada in December 2023, worked as a hospital social worker then shifted back to counselling at Williams Lake. I love the outdoors and am always outside when possible.

Working in the Cariboo: Learning and growing

I am continuously learning from both my clients, other professionals and also from elders and community members. I cannot do my work without the support and guidance of the community whose land I work on. I want to acknowledge elders who have been invaluable in learning more about the culture and land.

I have enjoyed community events such as Red Dress event and a Wellbriety celebration. I have even participated in a 'fun run'.

I have always believed that community led initiatives work best. Wellbriety is an indigenous version of AA and it was great to see a huge turn out for speakers to talk about their stories of strength, experience and hope and showing others, you can live sober.



Adolescence

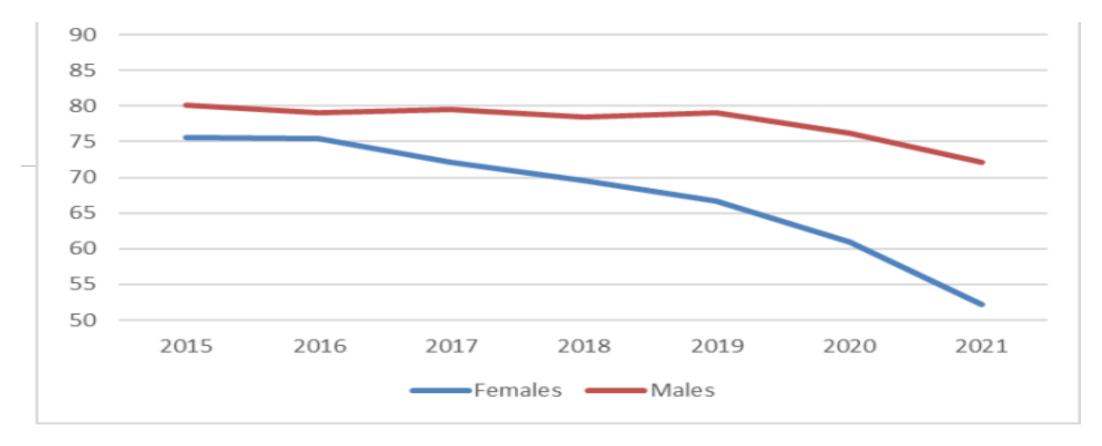
Young people going through adolescence and experiencing physical and emotional changes which can be challenging for both parents and youth.

Youth are still developing their own identity, wanting to become more independent and want more freedom and ability to make choices in their lives. However, this may involve taking risks, falling in with the 'wrong crowd' and making bad decisions.

There are new and old challenges such as peer pressure, technology, bullying, self-image, using drugs/alcohol and sexual relationships. Relationships within the family may change and young people develop friendships and sexual relationships.



Youth wellbeing 2015 -2021





Perceived Positive Mental Health (Very Good or Excellent)
 Among Youth Aged 12 to 17, by Sex, from 2015 to 2021, Expressed as a Percentage

 Note: Data for 2020 and 2021 were collected during the COVID-19 pandemic.

Source: Figure prepared by the Library of Parliament using data obtained from Statistics Canada, "Table 13-10-0096-03 Perceived mental health, by age group," Database, accessed 18 October 2022.

Youth Mental Health: a 'crisis'?

Chart 1
12-month prevalence of selected mood and anxiety disorders, by age and gender, 2022

percent 35 30 25 20 15 10 5 15 to 24 25 to 44 45 to 64 65 years 15 to 24 25 to 44 45 to 64 65 years 15 to 24 25 to 44 45 to 64 65 years 15 to 24 25 to 44 45 to 64 65 years years and over vears and over vears and over vears and over vears years years vears vears years vears vears Major depressive episode Bipolar disorders Generalized anxiety disorder Social phobia ■Women+ ■Men+

Notes: Error bars represent the 95% confidence interval of the prevalence estimates. The category "women+" includes women (and/or girls), as well as some

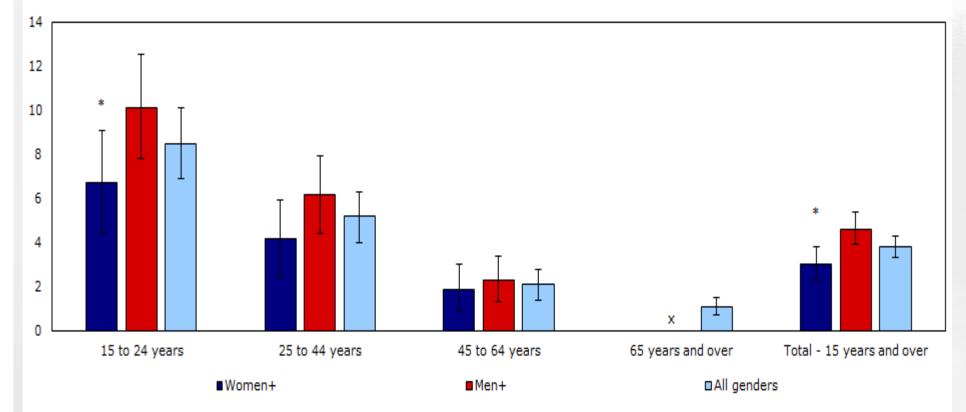
x suppressed to meet the confidentiality requirements of the Statistics Act

^{*} significant difference (p <0.05) between men and women in the same age group

Substance Use

Chart 2 12-month prevalence of substance use disorders, by age and gender, 2022

percent



x suppressed to meet the confidentiality requirements of the Statistics Act

Notes: Error bars represent the 95% confidence intervals. The category "women+" includes women (and/or girls), as well as some non-binary persons. The category "men+" includes men (and/or boys), as well as some non-binary persons.

Source: Statistics Canada, Mental Health and Access to Care Survey, 2022.

CCSUA states that the two of the most common developmental pathways to substance use disorders are characterized by a) high levels of impulsive risk taking and aggression, and b) anxiety and depression. I would also add childhood trauma.

^{*} significant difference (p <0.05) between men and women in the same age group

Cannabis and youth: abstinence is the best option

- The CCSUA has found that
- Regular cannabis use can increase the risk of developing psychosis and schizophrenia, especially among people with a family history of these illnesses.
- Using cannabis regularly prior to the age of 16 can lead to an increased risk of psychosis, cognitive issues and increased likelihood of mental health issues. One in six people who begin using cannabis regularly during adolescence will develop cannabis dependence.
- •Hospitalizations for psychotic disorder related to cannabis use accounted for one-third of mental or behavioral disorders between 2006–2015, increasing over 25% during this time
- •Across the years of the study, young people aged 15–24 accounted for half of all hospitalizations and males accounted for two-thirds of all hospitalizations.

Psychiatric Conditions and Cannabis Use



Pre-legalization trends in cannabis-related hospitalizations in Canada, 2006–2015



Cannabis use related hospitalizations for mental and behavioral disorders more than doubled



Cannabis related psychotic disorder tripled



Hospitalization among individuals aged 15–24 increased 19 times

- Two-thirds of those hospitalized were male
- About half were aged 15–24

Using cannabis increases the risk of developing psychosis and schizophrenia, even if there is no family history of these disorders.



The lasting impacts of trauma

- "The effects of trauma can reverberate through individuals, families, communities and entire populations, resulting in a legacy of physical, psychological, and economic disparities that persist across generations."
 National Collaborating Centre for Indigenous Health (NCCIH) Colonialism has been a major source of intergenerational trauma. The Residential School system is one example of current intergenerational trauma.
- Research shows that childhood trauma, alters the brain and is associated and predictive of poor life outcomes and is a serious public health challenge. In 1998, researchers found that there was a strong "relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults."

Interior

How childhood trauma severely impacts adulthood

- A landmark 1998 study found that 'In persons who had experienced four or more categories of childhood exposure, compared to those who had experienced none, had a
- 4- to 12-fold increased health risks for alcoholism, drug abuse, depression, and far more likely to attempt suicide
- a 2- to 4-fold increase in smoking, poor self-rated health,
- and 1.4- to 1.6-fold increase in physical inactivity and obesity.
- Numerous studies have found childhood trauma increases your chance of a substance use disorder.



HOW DOES THIS TRANSLATE INTO ADULT LIFE?

ACEs increase risk factors in adolescence and follow individuals into adulthood, impacting overall health, well-being, education, and job potential. Additional risk factors for adults have increased prevalence of injury, sexually transmitted infections, maternal and child health problems, sex trafficking, and chronic diseases such as cancer, diabetes, heart disease, and suicide. [5]

Adult Outcomes Affected by ACEs

- Adults with an ACE score of 4 or more are 1220% more likely to attempt suicide, 1003% more likely to use injected drugs, 460% more likely to have recent depression, and 390% more likely to have lung disease.
- Adults with an ACE score of 2 or more are 400% more likely to consider themselves an 'alcoholic.'
- At least 5 of the top 10 leading causes of death are associated with ACEs.

How to help youth with mental health or substance use challenges – my view

- Remember that youth are still growing emotionally and mentally and their brains are growing and maturing, they (like everyone) will make mistakes and make bad decisions.
- You need to listen, not judge, provide hope and provide them or link them with appropriate support of their choosing.
- Often youth have never told anyone or sought help for these issues and are frightened and scared. They will always remember the first reactions and how they were made to feel from their parents, friends and professionals such as counsellors. The difference between a positive and a negative first experience is very important.
- Provide them with a safe environment in which they can talk openly and honestly. Encourage youth to talk about their feelings, problems, hopes and goals. Talk through and help them problem solve situations with them to foster resilience. They need to feel needed, of worth, supported and loved from parents, peers and community.
- Don't say 'kids have nothing to worry about' 'when I was a teenager', 'men don't cry, toughen up' 'you'll get over it' or give them a lecture. Ask how would you treat a 12-year-old child with a badly broken leg?
- Finally, treatment means something different to everyone it could be going for a run alone, doing drumming, participating in a grief circle, taking medication or talking to a counsellor.

Final thoughts

- Many youth are doing well in the communities I visit. They are fully engaged in school and work and are happy and healthy. They are more aware of their history and culture. First Nation youth today also have more opportunities than ever before, including educational opportunities and are more aware about mental health and substance use.
- Childhood trauma is not determinative, but some children start way behind others in life, through no fault of their own and this affects their schooling, relationships and opportunities.
 Many youth are doing well in community, but some need extra help due to trauma, mental health and substance use.
- I have participated in many community events, and it is great to see a strong vibrant communities. In schools it is great to see children learning their language and culture and are proud of their language and culture and the values and traditions of their community.

How to contact me

• Phone: 250 392 0830 – I work Tuesday to Friday.

I am at Yuneŝit'in on Tuesday and am alternating between Ulkatcho and Xeni Gwet'in Wednesday and Thursday. Friday I am at Williams Lake.

In a mental health crisis dial 911.

· Email: arish.mitchell@interiorhealth.ca

