

Global Ideas Institute 2019-2020

Youth Suicide Prevention for the Hard-to-Reach in Canada

“Every single life lost to suicide is one too many. The way forward is to act together, and the time to act is now. I call upon all stakeholders to make suicide prevention an imperative.”

Dr. Margaret Cho, Director-General
World Health Organization

2019-2020 Challenge Overview

This year the Global Ideas Institute (GII) challenge focuses on the issue of ***Mental Health & Well-Being: Youth Suicide Prevention for the Hard-to-Reach in Canada***. For health care practitioners, policy makers, institutions and community organizations, the importance of mental health towards individual well-being has increased in recent years. In Canada, 1 in 5 individuals is expected to experience challenges with mental health or mental illness.¹ In order to holistically understand the issue of youth suicide prevention in Canada, it is also important to understand the global context of this challenge. Globally, the number of people dealing with mental health challenges is 970 million.² This has led to policy responses both domestically and internationally. The World Health Organization has developed its Mental Health Gap Action Programme Toolkit to provide policy makers with strategies for promoting mental health and wellness in their respective communities. In 2018, the Canadian government co-founded the Alliance of Champions for Mental Health and Wellbeing with other national governments to coordinate on the advancement of global mental health.

One of the major challenges related to mental health and wellness is suicide prevention. Internationally, close to 800 000 people die by suicide every year.³ In both Canada and around the globe, suicide is also a major challenge affecting young people, as it is the leading health-related cause of death for people aged 15-29.⁴ It is also one of the leading causes of preventable death globally. As such, it becomes important to ask how leaders and change-makers in local and global communities can act to prevent suicide and improve the safety and well-being of those around them.

The GII challenges participants to develop innovative approaches to this challenge. GII students are encouraged to look at what governments, businesses and individuals can achieve in order to

¹ CHMA. “Fast Facts about Mental Illness.” <https://cmha.ca/fast-facts-about-mental-illness>, 2013

² WHO, “mhGAP Community Toolkit”, 2019, p. 3

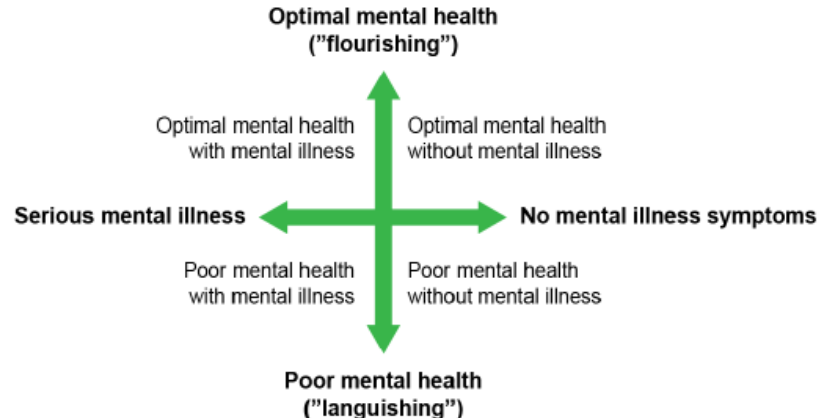
³ WHO, “National suicide prevention strategies: Progress, examples and indicators.” 2018, p. 1

⁴ Ibid

help prevent suicide and improve community mental health and well-being. Students are encouraged to develop innovative technical, policy, education and/or socioeconomic interventions to tackle issues related to suicide prevention and mental health and well being. A range of experts, world-leading research, and detailed case studies will be provided to inform participants' thinking about this topic throughout the GII program year.

Youth Mental Health and Suicide Prevention: Global Perspectives and Canadian Realities

The World Health Organization has defined mental health as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”⁵ However, mental health is not a binary state of “well” and “unwell”. Corey Keyes argues that mental health exists on a continuum rather than a strict binary; a person may be “languishing” or “flourishing” in their daily activities, and individuals in both situations may or may not present symptoms of mental illness.⁶ This shows the importance of avoiding stereotypes or stigmas related to what mental illness looks like. It also shows that mental illness is not always visible, and that we must take an open minded and constructive approach when engaging in discussions on mental health and the way it impacts daily life.



The challenge of addressing mental health is heightened by the fact that suicide is heavily correlated with an individual's incidence of mental illness.⁷ Suicide is not a mental disorder, but it is often correlated with Depression, Bipolar Disorder, and Schizophrenia.⁸ It has also been theorised that an inability to properly identify and treat mental illnesses can increase the chance

⁵ University of Toronto. “Report of the Provostial Advisory Committee on Student Mental Health”, October 2014, p. 12

⁶ University of Toronto, p. 12

⁷ Jack.org. “Suicide: What You Need to Know” <https://jack.org/Resources/Learn/Suicide-What-You-Need-to-Know>, 2019.

⁸ Teenmentalhealth.org. “Suicide” teenmentalhealth.org/learn/suicide/, 2019.

that individual with a mental illness may die by suicide as a result of negative mental health outcomes.⁹ This challenge is compounded by the fact that 70% of mental health problems have their onset during childhood or adolescence.¹⁰ Failure to detect and help treat these challenges at young age can lead to them developing further as an individual matures, making them harder to treat in the long run. This makes programs and supports targeted at young people especially important.

Being able to properly reach out to and support individuals with mental illness is a vital aspect of preventing suicide and improving overall mental health and wellbeing. However, it is often challenging to link individuals struggling with mental health challenges to the proper support systems and resources. This challenge is heightened when these individuals belong to “hard-to-reach” communities that are unable to fully take advantage of these resources.

Defining “Hard-to-Reach” in the Context of Mental Health and Well-Being

What is meant by “hard-to-reach”, and how do we define hard-to-reach communities in Canada in terms of suicide prevention and access to mental health services? The concept of “reach” is meant to capture the fact that important resources and programs are not always equally accessible for everyone.¹¹ While national data may show improvements in social outcomes, such as improved literacy, mortality rates or youth nutrition for the country as a whole, looking closely at the data may reveal that certain “hard-to-reach” communities have not improved. Communities may be hard to reach for a number of reasons: geographically far from urban centres, not visible to state institutions because of a lack of identification, or an intentional ignorance on the part of state institutions because of their belonging to a minority or persecuted group. Research shows on a consistent basis that international development programs and government services often do not reach everyone, leading to increased inequality in society.¹²

In terms of suicide prevention, an inability to reach those who need support most presents a serious concern for health, safety and a person’s life as a whole. Unfortunately, accessing this support is already a challenge for most Canadians for a number of reasons. Under the Canada Health Act, many mental health services, such as counselling or non-emergency visits with psychiatrists, are considered not “medically necessary”, and are therefore not covered by public health insurance programs like OHIP.¹³ Because of this, these services must be paid for by private insurance or, often, out of pocket. This makes these services highly inaccessible for many Canadians who cannot afford regular trips to see mental health professionals. In addition to high

⁹ Friesen, Erik. “The landscape of mental health services in rural Canada.” *UTMJ* 96, no. 2, March 2019, p. 48

¹⁰ CAMH. “Mental Illness and Addiction: Facts and Statistics.” <https://www.camh.ca/en/driving-change/the-crisis-is-real/mental-health-statistics>, 2019.

¹¹ Custer, Samantha et al. “Beyond the Tyranny of Averages: Development Progress from the Bottom Up.” AIDDATA, p. 1-2

¹² Ibid. For more information on Reach, see the case studies at <http://reachprojectuoft.com/>

¹³ CCLA. “The Current State of Mental Health in Canada.” <https://ccla.org/current-state-mental-health-canada/>, 2019.

costs, wait times for mental health services are extremely long in many cases; individuals in Canada have often had to wait months to receive treatment, and many do not receive adequate care when they do finally receive treatment.¹⁴ The Government of Canada has recently signed bilateral agreements with every province and territory to provide federal funding specifically for mental health and addictions services in order to try and rectify these challenges, though it will take several years for these programs to be fully implemented.¹⁵ This bilateral relationship is due to the fact that Canadian provinces have policy jurisdiction over healthcare services.

These issues with access are compounded further when individuals belong to marginalized or hard to reach communities. Therefore, it becomes important to understand which communities in Canada may be “hard-to-reach” regarding mental health resources and suicide prevention support in order to target equitable programs that will impact these communities in a positive way and help reduce even more pronounced disparities regarding access to mental health resources and support systems. The following is a non-exhaustive list of groups that may be harder to reach in the context of mental health services and suicide prevention.

Rural Communities

Rates of suicide are significantly higher in rural communities in Canada.¹⁶ This may be caused by a number of issues. First, rural communities have a lower number of psychiatrists and other mental health care practitioners per capita than urban areas.¹⁷ Because of this, resources are not as accessible in rural Canada as they are in more densely populated centres. In addition, the close ties of rural communities means some individuals seeking help may know those who are in a position to help them; as such, stigma surrounding mental illness may lead them to avoid seeking help, as they may not want people within their social milieu to know that they are currently dealing with a mental illness or mental health challenges. Because of these factors, it has been theorised that individuals in rural communities may report mental illness less than people in rural communities, leading to a lack of treatment options and a higher chance of suicide.¹⁸

Individuals Living in Poverty

Living in poverty is correlated with negative health outcomes, including an increased prevalence of anxiety and overall challenges with well-being.¹⁹ Furthermore, individuals who are dealing with serious mental health challenges may have an increased chance of struggling with poverty, as they face increased challenges accessing support services such as affordable housing or medical

¹⁴ CMHA. “Wait Times.” <https://cmha.ca/wait-times-2>, 2017

¹⁵ Government of Canada. “Shared Health Priorities.” <https://www.canada.ca/en/health-canada/corporate/transparency/health-agreements/shared-health-priorities.html>, 2019 and CMHA, “Wait Times.” <https://cmha.ca/wait-times-2>

¹⁶ Friesen, p. 47

¹⁷ Ibid, p. 49

¹⁸ Ibid, p. 48

¹⁹ CMHA. “Poverty and Mental Illness.” <https://ontario.cmha.ca/documents/poverty-and-mental-illness/>, 2007

services. As a result, mental illness and poverty can act as a self-reinforcing feedback loop whereby an increased need for support is unable to be met due to these barriers.

Marginalized Groups

Individuals belonging to marginalized groups are more likely to experience challenges with mental health.²⁰ This is due in part to the fact that individuals from marginalized groups who are navigating the healthcare system are may face inequities such as racialization or homophobia that negatively impact their level of care.²¹ This is known as **intersectionality**, the idea that an individual may face multiple forms of marginalization at the same; LGBTQ individuals and those belonging to visible minority groups may face additional challenges when attempting to access mental health resources.²² Due to societal inequities and marginalization, individuals from these groups are also less likely to have access to “social determinants of health”, such as social support networks and higher income, which negatively impacts overall health and well-being.²³

Indigenous Communities

In Canada, these issues especially impact Indigenous communities and Indigenous youth, as institutional racism against Indigenous peoples in Canada has resulted in inadequate care and a lack of consultation and research regarding mental health and well-being in Indigenous communities.²⁴ As a result, Indigenous perspectives on mental health are often not considered, leading to “culturally inappropriate” service that does not always meet the needs of the community.²⁵ **As such, solutions targeting this segment need to be Indigenous led and focus on Indigenous perspectives. Because of this, while it is an important issue, it is not within the scope of the Global Ideas Institute Challenge this year.**

Individuals Dealing with Stigma

Another major barrier to accessing mental health resources is the social stigma that exists regarding mental health and mental illness. Myths and misconceptions regarding people who are dealing with mental health challenges or suicidal ideation has led to harmful stereotypes that increase stigma and reduce an individual’s willingness to come forward and seek help.²⁶ In one 2016 survey, 40% of participants stated that they had experienced feelings of anxiety or depression but did not seek medical help.²⁷ In another survey, 64% of workers in Ontario said they would be concerned that their work would be affected by a colleague with mental illness,

²⁰ CMHA. “Equity” <https://ontario.cmha.ca/equity/>

²¹ Ibid

²² CMHA. “Lesbian, Gay, Bisexual, Trans & Queer identified People and Mental Health.”

<https://ontario.cmha.ca/documents/lesbian-gay-bisexual-trans-queer-identified-people-and-mental-health/>

²³ CMHA. “Equity” <https://ontario.cmha.ca/equity/> and CBPP. “Social Determinants of Health” Government of Canada <https://cbpp-pcpe.phac-aspc.gc.ca/public-health-topics/social-determinants-of-health/>, 2016

²⁴ Friesen, p. 48

²⁵ Ibid

²⁶ Teenmentalhealth.org. “Suicide” teenmentalhealth.org/learn/suicide/, 2019.

²⁷ CAMH. “Mental Illness and Addiction: Facts and Statistics.” <https://www.camh.ca/en/driving-change/the-crisis-is-real/mental-health-statistics>, 2019.

showing that this stigma still exists and has the potential to make it harder for people with mental health challenges to come forward.²⁸ As such, many individuals may be “hard to reach” because they do not want to make themselves known. This challenge may be increased by the fact that youth may face additional stigma in other parts of their lives; for example, LGBTQ individuals may face stigma based on their personal identity, as well as a mental illness.²⁹ The presence of stigma makes it harder to provide those who need support to find the resources that they need.

Conclusions: The Big Picture Regarding Mental Health, Well-Being, and Youth Suicide Prevention in Canada

Mental health and well-being are crucial for ensuring that all Canadians, and people around the world, are able to achieve their full potential and live fulfilling lives. The under-funding of mental health resources can have devastating effects on personal lives, communities, and Canada as a whole. As discussed above, a lack of awareness regarding mental health challenges and resources, or an absence of these vital resources, can lead to negative health outcomes and possibly suicide for those who are dealing with such challenges. In addition to the personal emotional and health impact of this, suicide and mental illness also affects those close to people dealing with these challenges, such as family and friends. On top of the emotional toll on society, CAMH estimates that the economic burden of mental illness is around \$51 billion per year due to lost productivity, healthcare costs, and reductions in quality of life.³⁰ From a quality of life and social benefit standpoint, preventing suicide and improving mental health and well-being is a challenge worth pursuing.

However, social stigma, barriers to access, inequitable program design and a lack of dedicated resources are all major barriers impacting the ability for people to get support and improve their lives. Understanding these challenges, policy makers and community leaders must problem solve and think outside the box to develop programs, policies, initiatives and systems to help overcome these challenges and make a difference. As a student participant in the Global Ideas Institute, you have the opportunity to develop a solution that can make a positive difference in your community – how will you tackle this issue?

²⁸ Ibid

²⁹ CMHA. “Lesbian, Gay, Bisexual, Trans & Queer identified People and Mental Health.”
<https://ontario.cmha.ca/documents/lesbian-gay-bisexual-trans-queer-identified-people-and-mental-health/>

³⁰ Ibid



Questions to Consider:

1. How would you define hard to reach individuals in this situation?
2. Who are the key stakeholders that can work to address this question? What role can they play in successful problem solving?
3. What are some current programs tackling this challenge? How have they approached the challenge to develop their solution?
4. What is your initial idea about a potential solution?
5. How would you measure success in this solution? How would you determine its ability to scale up?
6. Who is acutely impacted by challenges around Mental Health & Well-Being in hard-to-reach contexts?
7. What can we learn from existing interventions and solutions? What is working? Where are the gaps?
8. As you develop a solution for the Canadian context, what considerations/conditions are required to scale or share this solution as an inspiring example into other contexts globally?