



Healthy Child Manitoba
Putting children and families first

Teen Clinic Mental Health Toolkit



Healthy Child Manitoba Office

3rd Floor – 332 Bannatyne Avenue

Winnipeg, Manitoba R3A 0E2

204-945-2266 or 1-888-848-0140

Email: healthychild@gov.mb.ca

www.manitoba.ca/healthychild

Available in alternate formats upon request.

Aussi disponible en français.

Contents

Introduction	1
Therapeutic Engagement.....	3
Consent.....	4
Provider Scales/Tools.....	10
Resources.....	10
Other Mental Health Toolkits	11
Crisis Response.....	12
Crisis Services in Manitoba.....	13
Suicidal Ideation.....	15
Addictions – Process and Substance	19
Anxiety.....	25
Depression.....	37
Disordered Eating	47
Working with Specific Populations.....	55
Supporting LGBT2SQ+ youth.....	55
Supports for Indigenous youth.....	57
Supports for refugee youth.....	58
Relationship Concerns	59
Self-harm.....	61
Sleep.....	71
Stress and Self-care.....	73
Trauma.....	81
Appendix A: Counselling Resources.....	83
Winnipeg Free/Low-cost Counselling.....	83
Family Therapy	85
Domestic Violence	85
Sexual Abuse/Exploitation	86
Psychosis Evaluation	86
Appendix B: Websites With Mental Health Resource Lists	87
Notes and Other Referral Services.....	88
Bibliography	89

Introduction

Healthy Child Manitoba has developed this toolkit to provide relevant, stakeholder-driven, accessible resources for first-contact providers working with youth who have common mental health concerns.

The toolkit is divided into frequently noted concerns that youth bring to teen clinics. The topic areas were identified based on responses from a series of youth focus groups conducted throughout Winnipeg during June 2016, and practitioner input. Materials have been gathered from several local, national and international sources.

The toolkit is constructed with segments meant for easy navigation, but the content and delivery is never a straight path. All areas are interrelated and require an understanding of intersectional oppression, intergenerational trauma, historic and current events, the impacts of media, developmental capacities, culture, school environment, and the varying nature of mental health presentation within gender, class, and other constructs.

We consider the following as important aspects when using the toolkit with clients:

- the age of the client and their capacity to consent to treatment (see the Mature Minor Assessment Tool in the Therapeutic Engagement section),
- use of a harm reduction approach (see the Addictions section),
- use of a culturally safe approach (see 'Therapeutic Engagement' section).
- providing services to young people which are pro-choice, LGBT2SQ positive and low barrier

Each resource included for consideration has been deemed useful and relevant, evidence based and/or peer-developed, broadly based, preferably Canadian or Manitoban, and applicable to a youth audience.

Resources, tools and services listed in this toolkit are not intended to be an exhaustive list or an endorsement over other resources or services not listed. A notes page has been added (p. 88) and providers are encouraged to add a list of services or resources that are found to be useful and relevant.

A literature scan was conducted and bibliography compiled to support content development.

The toolkit is intended to be an addition to the knowledge that practitioners already possess, and provide deeper insight into concerns that may be less common, but no less important. It is not meant to take the place of counselling or therapy. From all sectors, we heard that one of the most important factors in mental health recovery is relationships and rapport with care providers. Therefore, these tools would be less effective without a positive and respectful relationship preceding their recommendation or use.

Every reasonable effort has been made to ensure that the information presented is current and accurate. At any time, some details may not yet reflect recent changes.

In addition to tools and content collected from outside sources, the toolkit provides:

- notes on therapeutic engagement
- Manitoba documents related to the rights of youth under 18 to consent to their own mental health care
- a Mature Minor Assessment Tool
- a sample macro for use with the electronic medical record (EMR).

Topics are listed alphabetically and follow the following format:

TOPIC

Topic area covered in this section

BACKGROUNDER

General definition on the topic as it relates to working with youth

FAQs

Links to resources which provide information in a FAQ format – for sharing with youth or as background for providers

PROVIDER RESOURCES

Resources and tools that providers can use for assessment or early intervention support for youth

TAKE-HOME MATERIALS

Handouts, workbooks, apps to share with youth for self-directed support

HEALTH PROMOTION TOOLS

Information that can be used to support education or health promotion

LOCAL RESOURCES

Manitoba-based resources either phone based, or online

Therapeutic Engagement

When working with young people, the need for timely, early intervention services for mental health problems is critical. Services which are low-barrier, accessible to youth where they live or go to school, and available at predictable times, play an important role in preventing more serious mental health problems and providing support at the time it is needed.

A number of tools are included in this section to support these conversations, including:

- a framework for identifying priorities
- the rights of minors to mental health treatment in Manitoba
- assessing for capacity
- practice considerations

Identifying Client Priorities

This framework for identifying client priorities can be used with any problem or concern:

- What's your biggest concern right now about this issue?
- What's worked in the past to help?
- What's one thing you could do right now?
- What's the next step to feeling well?
- How will you know things are changing for the better?

Notes on Effective Listening: The Foundation for Effective Helping (EH)

One of the most important skills we can learn is effective listening. It may sound strange at first to think that a health care provider needs to learn how to listen. After all, we all know how to listen – or we think we do. But the listening that is done as an effective helper is based on a set of listening skills that is different than the kind of listening we do every day with our friends, family or colleagues.

Effective listening begins with respecting the patient/client and truly wanting to help them live and function better. Here are eight core components of effective listening:

1. Let the person who is seeking help do most of the talking. For example, if the helper is talking and the person seeking help is mostly listening, how can the helper understand what the patient/client needs help with?
2. Give the person enough time to say what is on their mind
3. Give permission for the person to talk about what is on their mind. For example, frowns or negative comments from the health provider about something that the patient/client says may shut the door to EH.

4. Try hard to understand what the person is really saying. Sometimes, the person seeking help will be embarrassed or uncertain as to how to ask for help. For example, a young person may say: “my friend thinks....,” when he or she really means, “I think.”
5. Let the person know they are being heard. For example: pay attention to what the patient/client is saying by looking at the person, not making notes or being distracted by what is happening outside. You can nod your head and say neutral comments, such as: “tell me more about that,” or “how did that make you feel,” or “can you help me understand that better?”
6. Listen without judging. This can be difficult if the person that is being helped has different values or beliefs than the helper has, the helper must be aware of their own feelings about the patient/client and not let negative and judgemental feelings get in the way of helping
7. Not telling the person what they have to do. Don’t give advice too quickly. Your task is to help the person figure out what they think that they should do, not do what you think they should do.
8. Not putting your values onto the person or their situation. The purpose of EH is to help the patient/client figure out how to help themselves, not to change the beliefs and values of the person seeking help.

From Effective Helping © Stan Kutcher (2014)

<http://teenmentalhealth.org/wp-content/uploads/2014/10/Mental-Health-Effective-Helping-for-Health-Care-Providers-final.pdf>)

Consent

The rights of youth to consent to mental health community-based support in Manitoba falls under the mature minor doctrine. The Mental Health Act of Manitoba sets out in law the admission and treatment requirements for patients in psychiatric facilities. The act also applies to individuals on leave from a facility as well as individuals under Orders of Committeeship, who are living in the community.

The following two documents provide an explanation for those working with young people seeking support for mental health problems in the community:

- a statement issued by Manitoba Health on minors’ rights to mental health treatment
- a mature minor assessment tool developed by the Teen Services Network a network of service providers working in teen clinics in Manitoba and in youth health promotion. The assessment tool provides guidance on what providers should consider in the mature minor assessment process.

Minor Rights: Access and Consent to Mental Health Treatment

This document was developed to provide clarification and guidance in the establishment of processes that facilitate a minor's access to mental health treatment across hospital and community settings.

A minor's entitlement to make mental health care decisions should be based on capacity and competence rather than age.

Manitoba recognizes the rights of minors to make their own health care decisions via the common law "mature minor" doctrine, summarized as "a general recognition that children are entitled to a degree of decision-making autonomy that is reflective of their evolving intelligence and understanding." (A.C. v. Manitoba [Director of Child and Family Services], 2009 SCC 30, [2009] 2 S.C.R. 181). The law in respect to mature minors addresses the concern that minors should not automatically be deprived of the right to make decisions affecting their medical treatment.

A mature minor is defined as a child under 18 years old, who has the capacity to fully appreciate the nature and consequences of a proposed health treatment and is capable of giving informed consent. The degree to which maturity is scrutinized increases with the severity of the potential consequences of the treatment or its refusal. In those most serious of cases, where a refusal of treatment carries a significant risk of death or permanent physical or mental impairment, a careful and comprehensive evaluation of the maturity of the adolescent will necessarily have to be undertaken to determine whether his or her decision is a genuinely independent one, reflecting a real understanding and appreciation of the decision and its potential consequences (A.C. v. Manitoba). If the minor has this capacity, the minor's consent is both necessary and sufficient. Consent of the parent is not required, nor can it override the minor's decision.

In Manitoba, a youth of age 16 and 17 is generally considered to be a mature minor unless there is evidence to the contrary, whereas a youth under 16 years of age is not considered to be a mature minor, unless there is evidence to the contrary. This reflects the fact that adolescents are not identical in their maturation levels. In some situations a 14 year old can be a mature minor while a 16 year old may not be. The emphasis is placed on the "evidence to the contrary."

The *Mental Health Act* sets out a rebuttable presumption regarding the age that a minor has the capacity to consent to treatment. Under the Act mental competence is presumed at age 16 and mental incompetence is presumed under age 16, unless there is evidence to the contrary in either instance. Therefore under the *Mental Health Act*, it may be determined that a minor, under 16, is mentally competent to make treatment decisions and to consent for the purposes of the Act.

Age alone is not a reliable indicator of one's capacity to provide consent.

Actions to undertake in support of this statement may include:

- Provide staff training on the mature minor rule and the *Mental Health Act*, with respect to consent to treatment.
- Develop a process to assess a minor's capacity and competence, including staff training.
- Establish a process to inform youth and their families of the right of a mature minor to seek and consent to treatment on their own.

For more information:

Legislative Unit, Manitoba Health, Seniors and Active Living
1051-300 Carlton St. Winnipeg, MB R3B 3M9
Tel: 204-788-6612 Fax: 204-945-1020
PHIAinfo@gov.mb.ca

Mature Minor Assessment Tool

(Developed by the Teen Services Network for use in Manitoba Teen Clinics – February 2016)

The decision to provide services to a minor on the merit of her/his own informed consent will be made on a case-by-case basis as per the mature minor doctrine.

Under this doctrine, a **mature minor** is a child under 18 who has the capacity to fully appreciate the nature and consequences of a proposed health treatment, and is capable of giving informed consent. It is not based primarily on age, but on capacity to understand and make decisions.

Factors to consider in assessing **capacity** should include the age and maturity of a youth, their ability to understand the health issue and the nature and complexity of the treatment and the consequences of consenting or refusing to give consent. Generally, a child under 12 is considered to not have capacity to give consent. The capacity of a youth over 12 must be assessed by the health care provider. A youth 16 and over is generally considered to have capacity, unless there are factors that indicate otherwise.

If the child has this capacity, the child's consent is both necessary and sufficient. The parent's consent is not required, nor can the parent override the child's decision.

Core assessment questions:

- What is the nature and purpose of the treatment?
- What are the risks and benefits?
- Does the young person have the intellectual capacity to understand the information relevant to the health decision and the potential risks and benefits?
- Are there any emotional, cognitive or psychiatric vulnerabilities, broader lifestyle or social affiliations (influence of religious, cultural, or other group affiliation) that might impact a young person's ability to provide informed consent?
- Despite any assessed vulnerabilities, does the young person understand the implications of treatment or non-treatment?
- Is there any evidence of coercion or undue influence on the young person's ability to exercise independent decision-making?
- Are the young person's views stable, and do they appear to be a true reflection of their core values?

Other questions to consider in medical decision making:

- Have they made medical decisions before?
- Do they need more time to think about the information?
- Have they been offered the opportunity to discuss the decision with a parent/guardian?

*A harm reduction approach to delivering health care to youth means offering services based on where they are at, explaining the risks and harms and respecting their rights to make their own choices to reduce harms.

MACRO for use in the Electronic Medical Record

August 2016

MENTAL HEALTH FIRST AID

1. Assess suicide risk and/or harm

Suicide:

- Are you feeling hopeless or helpless?
- Have you withdrawn from usual activities?
- Have you done any risky behaviour recently?
- Assess for future thinking: What do you see yourself doing with your life in the near future?
- Ask about suicide: Are you thinking of killing or hurting yourself?

If answers are NO, then:

- Listen non-judgmentally
- Give reassurance + information
- Encourage patient to get appropriate professional help
- Encourage other supports

If answers are YES, then:

- Reasons for wanting to die vs wanting to live
- Feeling of unbearable pain or desperation
- What changed to make them think about suicide now?
- Plan for suicide? How, when, where? Collected items needed for plan? Arrangements for when they are dead?
- Prior suicidal behaviour
- Feeling alone? Who/what do you have to support you? Where could they turn to for help?
- Make a plan for safety

Focus = reflective listening. Patient should answer the following questions on their own.

- How long has this been a concern?
- What have you done to deal with the concern?
- Did this help?
- What else has been helpful?
- What hasn't helped?
- Have you received past or current help for this concern?
- Who do you turn to for support?
- Have you talked to your parents, school counselor or friends?
- Do you have any specific questions?

- Is there anything that you forgot to say?
- What do you need right now?
- Do you have a health care provider?

(**Note:** age approp “DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure” in resource accordion to flag current concerns)

Specific resource links. Consider as part of plan you develop with the teen.

- Kids Help Phone website <https://www.kidshelpphone.ca/Teens/Home.aspx>
- Shared Care Toolkit <http://www.shared-care.ca/toolkits>
- Kelty Mental Health Resource Centre (BC based) <http://keltymentalhealth.ca/>
- Mental Health First Aid Canada <http://www.mentalhealthfirstaid.ca/en/faqs-resources/resources>

O: Affect:

Eye contact:

Withdrawn:

Speech pattern:

Tearful:

Hygiene:

Dress (make-up, piercings, tattoos):

Self-injury scars:

P:

1. Specific resources

- Sleep disturbance
 - <http://www.kidshelpphone.ca/Teens/InfoBooth/Physical-Health/Sleep.aspx>
- Depression
 - <http://www.kidshelpphone.ca/Teens/InfoBooth/Emotional-Health/Feeling-Sad.aspx>
 - <http://www.kidshelpphone.ca/Teens/InfoBooth/Emotional-Health/Depression.aspx>
- Anger
 - <http://www.kidshelpphone.ca/Teens/InfoBooth/Emotional-Health/Feeling-Angry.aspx>
- Anxiety
 - <http://www.shared-care.ca/toolkits>
 - <http://www.kidshelpphone.ca/Teens/InfoBooth/Emotional-Health/Anxiety.aspx>
 - <http://youth.anxietybc.com/>

- Psychosis
 - Send to ER, they may refer to EPPIS (Early Psychosis Prevention & Intervention Service)
 - <http://www.shared-care.ca/toolkits>
 - <http://www.kidshelpphone.ca/Teens/InfoBooth/Emotional-Health/Psychosis.aspx>
- Substances
 - <http://www.shared-care.ca/toolkits>
 - <http://www.kidshelpphone.ca/Teens/InfoBooth/Emotional-Health/Alcohol-And-Drugs.aspx>
- Suicidal ideation/suicide attempts
 - <http://www.kidshelpphone.ca/Teens/InfoBooth/Emotional-Health/Suicide.aspx>
- Self-harm
 - <http://www.kidshelpphone.ca/Teens/InfoBooth/Emotional-Health/Self-injury.aspx>
- Miscellaneous
 - www.teentalk.ca (Klinik website)
 - www.stresshacks.ca (MATC website)
- Eating Disorders
 - <http://www.kidshelpphone.ca/Teens/InfoBooth/Emotional-Health/Eating-Disorders.aspx>
 - <http://www.shared-care.ca/toolkits>

2. Other suggestions

- discuss with/refer to mental health clinician
- give patient community resources
- refer MATC: self-referral or provider referral (if <16, need parental consent)

3. Consider encouraging the teen to return for f/u visit but undertake with caution to avoid Teen Clinic becoming the therapist. It is important to emphasize to the teen that other work needs to be done (ie other supports accessed).

Provider Scales/Tools

Kessler 10 and Kessler 6 Questionnaires

The Kessler questionnaires are self-administered and interviewer-administered, to determine mental health concerns and increases of occurrence. The questionnaires are available in multiple languages.

http://www.hcp.med.harvard.edu/ncs/k6_scales.php

General Self-Efficacy Scale (GSES)

The General Self-Efficacy Scale is a 10-item psychometric scale designed to assess optimistic self-beliefs to cope with a variety of difficult demands in life. GSES is available in multiple languages.

<http://userpage.fu-berlin.de/~health/selfscal.htm>

Resources

The Highly Sensitive Person

This website provides information, resources and self-tests for highly sensitive people or their children.

<http://hsperson.com/test/>

What is Cultural Safety – and Why Should I Care About it?

Cultural safety means understanding how colonizing narratives can influence our practice with Indigenous peoples and may cause harm.

<http://www.heretohelp.bc.ca/visions/indigenous-people-vol11/what-is-indigenous-cultural-safety-and-why-should-i-care-about-it>

Sexting and Online Bullying

This website provides help and technical support for teens impacted by sexting, sextortion and online bullying.

<https://needhelpnow.ca/app/en/>

Cybertip.ca

Cybertip.ca is Canada's tipline for reporting the online sexual exploitation of children. It also provides information, support and referral services to help Canadians keep themselves and their families safe while using the Internet.

https://www.cybertip.ca/app/en/internet_safety

Exploring Spirituality: A personal journey of discovery

Exploring Spirituality is a consumer-created workbook (printable) focusing on exploring healthy spirituality and mental health recovery practices.

http://spiritofrecovery.ca/wp-content/uploads/2013/09/Exploring-Spirituality-Workbook_final-1.pdf

Wellness Recover Action Plan (WRAP)

WRAP can be used by people who are experiencing psychiatric symptoms to develop their own guide, or by health care professionals who are helping others to develop wellness recovery action plans. No permissions are needed and minimal supplies are required. WRAP is adaptable for all challenges and levels of distress, as well as daily wellness maintenance.

<http://psychcentral.com/library/id239.html>

Supports for Parents

This is a downloadable guide for parents and caregivers on supporting youth who struggle with mental health and thoughts of suicide. It includes myth-buster videos with perspectives from experts, parents and youth on mental health and suicide.

<http://rightbyyou.ca/>

Other Mental Health Toolkits

Cognitive Behavioural Interpersonal Skills Manual (CBIS)

Created by the British Columbia Ministry of Health, the CBIS manual includes tools, assessment flow charts and information to support assessment, cognitive strategies and relaxation techniques to support mental health care. All parts may be reproduced without permission.

http://www.gpsc.bc.ca/sites/default/files/uploads/AMH_004.0_CBIS_Manual_v3.0_PR.pdf

Headspace

This toolkit is for professionals who work with young people, and anyone else looking for details of existing research in youth mental health. It includes research and information summaries about the burden and onset of mental health issues, risk factors and assessment and treatment, as well as a link to clinical practice guidelines for common mental health issues in young people.

<https://headspace.org.au/health-professionals/>

Teen Talk

The service provider page has several youth handouts, information and peer-developed zines which can be re-printed without permission. The Hot Topics sections provide youth friendly information and FAQs.

<http://teentalk.ca/service-providers/>

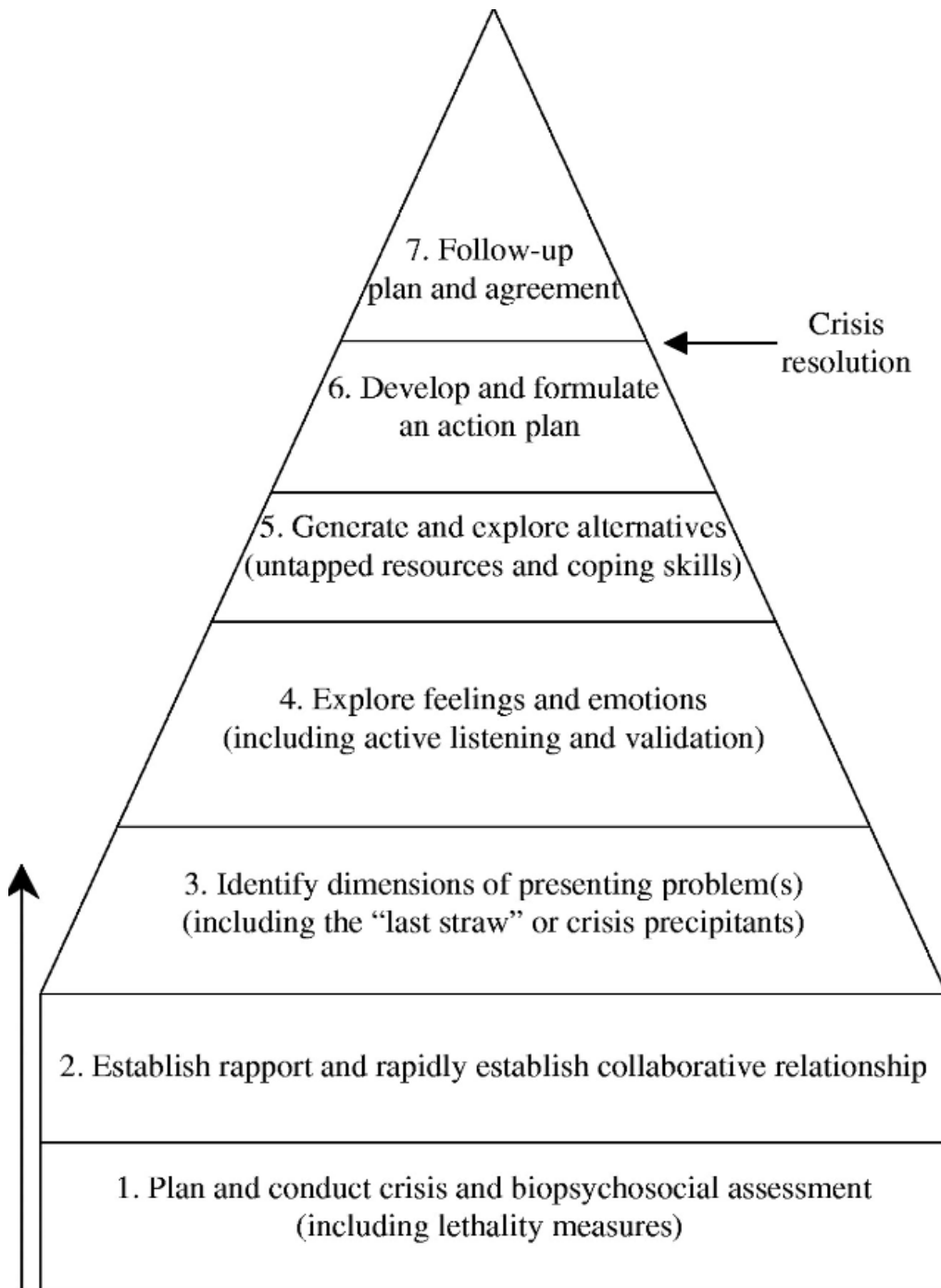
Refugee Mental Health Toolkit

This toolkit is a repository of resources compiled to help service providers respond appropriately to the mental health needs of refugees. It is meant to be an online resource with information, ideas, tools and materials that social service and health care providers can use to help clients develop awareness of mental health issues, to encourage clients to seek help when needed, and to deal with stigma.

<https://www.porticonetwork.ca/web/rmhp/toolkit>

Crisis Response

When a client is in crisis...things to remember



Borrowed with permission from http://btci.edina.clockss.org/content/vol5/issue4/images/large/btcintmhi030f01_lw.jpeg

Crisis Services in Manitoba

Winnipeg and toll free in Manitoba

Youth Crisis Stabilization (Winnipeg)

Range of crisis support services including mobile crisis team and consultation

www.mys.ca/services/youth-crisis-services

1-888-383-2776 or 204-949-4777

Klinic Crisis Services: <http://klinik.mb.ca/crisis-support/>

24 Crisis Line: 204-786-8686 or 1-888-322-3019

Sexual Assault Crisis Line: 204-786-8631 or 1-888-292-7565

Human Trafficking Hotline: 1-844-333-2211

Manitoba Farm and Rural Support Services: 1-866-367-3267 and live chat service at

<http://www.supportline.ca>

Manitoba Suicide Prevention and Support Line

A confidential, 24/7, toll free, suicide prevention and support line, for people who are struggling with suicidal thoughts or feelings; people who are concerned about a friend, family member of co-worker; or people who are impacted by a suicide loss or suicide attempt.

1-877-435-7170

www.reasonstolive.ca

Prairie Mountain Health

Child and Adolescent Treatment Centre and Crisis Line

204-578-2700 or 1-866-403-5459

Southern Health-Santé Sud

Crisis stabilization 1-888-617-7715

Northern Health Authority

Mobile Crisis Unit For Youth

204-778-1472 or 1-866-242-1571

Hope North Recovery Centre for Youth

204-778-9977

Interlake-Eastern Regional Health Authority

Mobile Crisis Unit – Adult and Youth Team

204-482-5376 or 1-877-499-8770

Crisis Stabilization (age 15+)

204-482-5361 or 1-888-482-5361

24-hour Crisis Line

204-482-5419 or 1-866-427-8628

Canada-wide Services

First Nation and Inuit – Hope for Wellness Helpline

Provides immediate, culturally competent crisis intervention and counselling services 24 hours a day, seven days a week in English, French, Cree, Ojibway and Inuktitut.

1-855-242-3310

Kids Help Phone

1-800-668-6868

When to consider a referral out for more extensive follow up:

- if the young person is suicidal
- if the young person is describing side effects from a medication that are troubling and persistent
- if the young person is not getting well as expected
- if the young person is describing symptoms that may be signs of a psychosis*
- if there are significant and substantial family or legal problems
- if you are concerned that substance misuse is having a negative impact on the young person

Reference: www.teenmentalhealth.org

*Refer to an early intervention program for psychosis evaluation (see p. 60)

Additional Printed Resources

Youth Workers Crisis Response Guide

This Toronto-based guide has been developed for and by youth workers. It provides suggestions (and examples) for developing policies and protocols for crisis response, including communication procedures, follow-up, youth care and self-care.

[http://fpyn.ca/sites/default/files/YouthWorkersResponseGuide_REVIEW%20\(1\).pdf](http://fpyn.ca/sites/default/files/YouthWorkersResponseGuide_REVIEW%20(1).pdf)

Suicidal Ideation

TOPIC

Suicide/Suicidal ideation

BACKGROUNDER > RISK AND PROTECTIVE FACTORS

Suicide is found in every culture and is influenced by complex social, cultural, religious and socio-economic factors, in addition to mental health problems and illnesses.

Many young people have thoughts of suicide. These thoughts can come and go at different times in their lives and may be triggered by trauma, an underlying mental health problem or illness, contagion, or other factors.

Suicide and suicide-related behaviours (attempts, plans and thoughts) in youth are influenced by many interacting risk and protective factors. Risk factors are the conditions that relate to high risk for suicide among youth. Protective factors are the experiences that reduce the likelihood of suicide, despite exposure to risk. Protective factors do not necessarily cancel out risk factors.

There is no specific profile of a typical youth who has thoughts of suicide. Each person has their own unique story, which influences how they are impacted by factors in their life. However, evidence suggests that recognizing, supporting and promoting protective factors are important to reducing suicide risk.

Risk Factors

- mental health disorders, mood disorders, anxiety disorders, substance use disorders, eating disorders and disruptive disorders
- previous suicidal behaviour or prior suicide attempts
- feeling hopeless, showing signs of aggression or being reckless or impulsive
- family factors, like parent-child conflict, parental mental illness and a family history of suicidal behaviour
- a history of childhood abuse
- stressful life events that commonly include: interpersonal conflict, rejection, failure, humiliation and loss
- exposure to peer suicide
- sensationalized media reports about suicide
- having access to the means for suicide

Protective Factors

- strong coping and problem-solving skills
- experience with success and feelings of effectiveness
- strong sense of belonging and connection
- interpersonal competence
- warm, supportive family relationships
- support and acceptance at school and from peers
- success in school
- strong cultural identity
- community self-determination

Reference <<http://www2.gov.bc.ca/gov/content/health/managing-your-health/mental-health-substance-use/child-teen-mental-health/child-teen-suicide-prevention>

FAQs

Everyone Matters Manitoba: Supporting Youth Suicide Prevention in Manitoba FAQs

www.everyonemattersmanitoba.ca/on-suicide/faq/

Youth Suicide Frequently Asked Questions

www.yspp.org/about_suicide/youth_suicide_FAQ.htm

IMMEDIATE NEEDS> CLIENT IDENTIFIED PRIORITIES

You should assess for suicide when:

- a youth is talking about ongoing feelings of depression or anxiety
- self-harming behaviour is present
- a suicide has occurred in the community (suicide contagion)
- a young person has a significant change in behaviour
- they talk about giving away belongings or giving up; or saying ‘everyone would be better off without me’; or having no orientation to the future, etc.
- a young person isn’t caring about self (a decline in personal appearance/hygiene/grades/connecting to others)
- there is a significant history of abuse (sexual abuse, family abuse)
- a young person answers yes after being asked ‘Have you ever had thoughts of suicide? If yes, ask more questions about current thoughts, such as when was the last time the person had these thoughts, and how often do they have them?’

Who can act as supports?

- natural supports: friends, trusted relatives, elders, etc.
- formal supports: school and community staff

Other considerations:

- Does the community have capacity?
- If assessed risk is high/high, what's the plan? What are the factors?

Future planning:

- Build a wrap around plan for supports.
- Contract for 24 hours of safety and staying alive.
- Do timely follow up. Who will follow-up?

Tool for Assessment of Suicide Risk – Adolescent

The TASR-A is a semi-structured instrument developed for use by clinicians to ensure the most common risk factors associated with suicide for young people have been assessed.

<http://teenmentalhealth.org/product/tasr/>

Working With the Suicidal Patient: A Guide for Health Care Professionals

This guide offers a stepped approach to working with people exhibiting suicidality. It includes screens, tips for conversation, and a flow chart for assessment and advising.

<http://www.sfu.ca/content/dam/sfu/carmha/resources/wwsp/WWSP.pdf>

Safety Plan

This is a short worksheet for clients. It is a British Columbia-based resource that serves as a good immediate planning document.

<http://www.sfu.ca/carmha/publications/coping-with-suicidal-thoughts.html>

TAKE HOME MATERIALS > POCKET GUIDE YOUTH BASED INFORMATION | GAMES | GRIEVING | INDIGENOUS RESOURCES | BEST PRACTICES

Be Safe Pocket Guide

This fold-up pocket guide (Ontario-based) supports youth in making decisions in a crisis. It is meant to be created with a supportive person, when not in crisis. A copy of this can be given to an emergency contact.

<https://mindyourmind.ca/sites/default/files/images/interactives/pdf/BeSafe-PocketGuide.pdf>

Coping with Suicidal Thoughts

<http://reasontolive.ca/wp-content/uploads/2016/05/Coping-with-Suicidal-Thoughts.pdf>

Teen Talk Hot Topics: Mental Health – Suicide

This is Manitoba-based, youth-friendly information on mental health and suicide.

<http://teentalk.ca/hot-topics/mental-health-2/>

Tree of Life Game

<https://mindyourmind.ca/interactives/tree-life>

Working With People Who Are Grieving After a Suicide

<http://trauma-informed.ca/traumatic-grief/suicide-bereavement/>

Inuit Led and Nunavut Based Anti-suicide Campaign for Inuit Youth

<http://inuusiq.com/>

Suicide Prevention Resource Centre: List of programs and resources

<http://www.sprc.org/bpr/section-i-evidence-based-programs>

HEALTH PROMOTION TOOLS

The Language of Suicide

This video was created in English, Cree, Ojibway and Oji-Cree and provides information about the importance of how we talk about suicide.

English: https://www.youtube.com/watch?v=n4jYcUHtu_g

OJIBWE: <https://www.youtube.com/watch?v=5Q5K-pubti8&t=66s>

CREE: <https://www.youtube.com/watch?v=dEk6Gqy7DKo>

OJI-CREE: <https://www.youtube.com/watch?v=pPYeT-azUpw&t=5s>

LOCAL RESOURCES

Manitoba Suicide Prevention and Support Line (24 hours): 1-877-435-7170

Offers suicide assessment, intervention, safety planning and provider consultation.

www.reasonstolive.ca/

Calm in the Storm App: <http://calminthestormapp.com/>

Addictions – Process and Substance

TOPIC

Substance use and process addictions (gambling, gaming, pornography, etc).

BACKGROUNDER

Canadian Report on Students Alcohol and Drug Use (2011)

Canadian Centre on Substance Abuse

www.ccsa.ca/Resource%20Library/2011_CCSA_Cross-Canada_Report_on_Student_Alcohol_and_Drug_Use_Report_in_Short_en.pdf

Co-morbidity: Addiction and Mental Health Disorders

National Institute on Drug Abuse

<http://www.fromgriefftoaction.com/wp-content/uploads/2015/06/Comorbidity-Addiction-and-Other-Mental-Disorders-NIDA.pdf>

Continuum of Addiction and Mental Health

Crisis and Trauma Resource Institute

<https://ca.ctrinstitute.com/wp-content/uploads/2017/03/Continuums-of-Addiction-and-Mental-Health.pdf>

PROVIDER RESOURCES> QUICK FACTS, ASSESSMENTS AND STRATEGIES

Canadian Centre on Substance Abuse

Youth and substance abuse general information

<http://www.ccsa.ca/Eng/topics/Children-and-Youth/Pages/default.aspx>

The CRAFFT screening tool is a behavioural health screening tool used with children under the age of 21. It is recommended by the American Academy of Pediatrics' Committee on Substance Abuse for use with adolescents. It consists of a series of six questions developed to screen adolescents for high risk alcohol and other drug-use disorders simultaneously. It is a short, effective screening tool meant to assess whether a longer conversation about the context of use, frequency, and other risks and consequences of alcohol and other drug use is warranted.

There is a version for clinicians and a self-administered tool. These can be found at

<http://www.ceasar.org/CRAFFT/index.php>

Alcohol Assessment Questions

Youth Addictions Centralized Intake (2016)

1. Have you noticed needing to drink more to get the same drunk feeling?
2. When you drink do you have a couple of drinks or do you drink to get drunk?
3. Have you ever blacked out, thrown up or passed out from drinking?
4. Do your friends drink? Do they drink about the same amount as you? More? Less?

THC (Marijuana) Assessment Questions

Youth Addiction Centralized Intake (2016)

1. How often are you using?
2. How much are you using?
3. How long does your high last?
4. Can you get as high now as you used to?
5. Do you ever use first thing in the morning (wake and bake), or just before bed?
6. Do you ever use alone?
7. Have you ever felt anxious, paranoid or uptight after using?
8. Why don't you use more?

Provider Strategies for Alcohol or Drug Use Prevention, Using a Harm Reduction Approach

Youth Addiction Centralized Intake (2016)

1. Recognize the signs, symptoms or involvement.
2. Talk about the connection to other high risk behaviours.
3. Talk about (educate them on) the typical cycle of use – the desire to use will return. How can you prepare?
4. Encourage self-monitoring.
5. Assist with safety planning and reducing harms.
6. Encourage the use of support groups.
7. Normalize the relapse/recycle process.
8. Name what you are seeing (be careful not to enable).
9. Help identify community partners who can assist.
10. Include abstinence in the conversation about the continuum.
11. Create best/worst lists – What is the best or worst thing about quitting, cutting down or continuing?

Opioid Overdose

For a link to a list of pharmacies in Manitoba that are selling naloxone kits, please visit www.streetconnections.ca and click on OVERDOSE.

For more information and videos check out www.towardtheheart.com

Handout | **Quick Tips for Reducing Harm**

- **Buy less so you use less.** Buying large amounts of a drug may be cheaper, but you could end up using more than you want to, simply because it's there.
- **Set a time limit before you start.** If you choose, say, to stop drinking at 10 p.m., watch the time, remind yourself of your time plan and stick to it. Have some juice ready.
- **Eat a meal before you start,** and avoid snacking on salty foods, especially if you're drinking. You may drink more out of thirst.
- **Lower your dosage and frequency.** In other words, drink, smoke or inject in smaller amounts—and less often—than you do now. When it comes to alcohol, this could mean choosing light beer or other low-alcohol drinks, or alternating drinks with water or pop.
- **Choose the least harmful method of use.** Injecting a drug carries more risk than smoking, snorting or swallowing it. If you do inject drugs, avoid the neck area. When it comes to cannabis, using a vaporizer or smoking a joint (with a rolled up cardboard filter) is safer than using a bong and some pipes.
- **Plan out some drug-free days.** The fewer days in a row you use a drug, the better. If you use the drug every day, try cutting back your use to every other day, and try not using it at all for two to three days. Make sure you have in mind other ways to spend your time and energy so you don't end up sitting around thinking about how you miss getting buzzed.
- **Use at your own speed** and don't feel pressured by others to pick up the pace.
- **Find someone caring and understanding** to talk to when you're struggling to stick to your reduced-use plan.
- **Read self-help books** that feature stories about people who have successfully cut down on or quit using a drug.
- **Put condoms in your pocket** before you start using a drug, even if you're not planning to have sex. You might change your mind.

Reproduced from: <<http://www.heretohelp.bc.ca/workbook/you-and-substance-use-harm-reduction-strategies>>

You and Substance Use...Stuff to Think About and Ways to Make Changes

This is a downloadable **workbook** for supporting changes in substance use, developed by Center for Addictions Research of BC @ University of Victoria (the website translates into multiple languages)

<http://www.heretohelp.bc.ca/sites/default/files/you-and-substance-use-stuff-to-think-about-and-ways-to-make-changes.pdf>

Saying When

This is a printable PDF for tracking drinking and urges, to be used in conjunction with the Saying When app or as a stand alone tool. App available for IOS or android

<https://www.porticonetwork.ca/documents/203745/0/Goal+setting+and+drinking+diary+PDF/bb4a04e1-e074-4caa-a120-a9355bab0ee0>

Rethinking Your Drinking

This website offers online apps and tools, including a Saying When app and a video that explains Canada's low-risk alcohol drinking guidelines.

<http://www.rethinkyourdrinking.ca/apps/>

Getting High?

This is an interactive game/tool focused on making decisions about drug use

<http://mindyourmind.ca/interactives/getting-high>

Video Gaming: How to Make Healthy Choices Tip Sheet

http://www.problemgambling.ca/EN/ResourcesForProfessionals/Documents/video_game_tipsheet.pdf

Gaming

Soul Crush Story is an interactive parody game highlighting impacts of online gaming.

<http://www.problemgambling.ca/EN/ResourcesForProfessionals/Pages/Soul-Crush-Story.aspx>

Porn Addiction

Fortify is a web-based, self-directed program of short video lessons and activities designed to educate and empower individuals seeking freedom from pornography.

<http://fightthenewdrug.org/get-help/>

PROVIDER RESOURCES

Here to Help

Understanding substance use: A health promotion perspective fact sheet

<http://www.heretohelp.bc.ca/factsheet/understanding-substance-use-a-health-promotion-perspective#people>

Alcohol, Pregnancy and Birth Control

This website offers one-page information sheets for service providers on alcohol use, contraception and pregnancy.

<http://www.gov.mb.ca/healthychild/fasd/resources.html>

Prevention tips for parents:

- Promote communication regarding alcohol and drugs; create an open environment for talking.
- Talk about your own values.
- Don't normalize problem use.
- Actively parent – use meaningful, logical consequences.
- Build on kids' resiliency.
- Be aware of risk factors; ask questions.
- Be aware of addictions/problem use in your home (spouse, siblings).

NOTES ON HEALTH PROMOTION AND HARM REDUCTION

Harm reduction philosophy rests on several basic assumptions:

- There has never been and never will be a drug-free society.
- Substance use is a health issue, not a moral or criminal one.
- Harm reduction seeks pragmatic solutions to the harms that can be connected with substance use, but also attempts to address the more significant harms that are caused by prohibitionist drug policies.
- Harm reduction philosophy acknowledges that there is no single way to address drug related harms, and many different strategies may work.
- Any strategies to address harm should be based on evidence-based research, public health and human rights.

Reference: Erikson, P., Riley, D., Cheung, Y., & O'Hare, P. (1997) Harm Reduction: A New Direction for Drug Policies and Programs, Toronto: University of Toronto Press from <http://www.canadianharmreduction.com/>

General Application of Harm Reduction

Harm reduction is an approach that can be applied to any range of health policies and interventions. Applying harm reduction means:

- designing policies or interventions to reduce harmful consequences of human behaviour, even if the behaviour is illegal
- starting where the client is
- aiming to improve health and quality of life
- not demanding abstinence as a condition for getting help

Harm Reduction in Youth

This is a report on challenges and statistics, using harm reduction approaches.

<http://www.ccsa.ca/Resource%20Library/ccsa-11340-2006.pdf>

LOCAL RESOURCES

Addiction Foundation of Manitoba

<http://afm.mb.ca/programs-and-services/for-youth/>

Community based treatment – AFM Youth Services: 204-944-6274

Manitoba Addictions Helpline 1-855-662-6605

24 hours Problem Gambling Helpline 1-800-463-1554

Youth Addictions Centralized Intake 1-877-710-3999

Manitoba Harm Reduction Network

<http://www.the595.ca/>

Anxiety

TOPIC

Anxiety

BACKGROUND

What is Anxiety?

Everyone experiences symptoms of anxiety, but they are generally occasional and short-lived, and do not cause problems. But when the cognitive, physical and behavioural symptoms of anxiety are persistent and severe, and anxiety causes distress in a person's life to the point that it negatively affects his or her ability to work or study, socialize and manage daily tasks, it may be beyond the normal range.

The main categories of anxiety disorders are:

- phobias
- panic disorder (with or without agoraphobia)
- generalized anxiety disorder
- social anxiety disorder
- obsessive compulsive disorder
- acute stress disorder
- posttraumatic stress disorder

Signs and Symptoms of Anxiety Disorders

Each of these anxiety disorders is distinct in some ways, but they all share the same hallmark features:

- irrational and excessive fear
- apprehensive and tense feelings
- difficulty managing daily tasks and/or distress related to these tasks
- Cognitive, behavioural and physical symptoms include:
 - anxious thoughts (e.g., I'm losing control)
 - anxious predictions (e.g., I'm going to fumble my words and humiliate myself)
 - anxious beliefs (e.g., Only weak people get anxious.)
 - avoidance of feared situations (e.g., driving)
 - avoidance of activities that elicit sensations similar to those experienced when anxious (e.g., exercise)
 - subtle avoidances (to distract the person, e.g., talking more during periods of anxiety)
 - safety behaviours (habits to minimize anxiety and feel safer, e.g., always having a cell phone on hand to call for help)

- excessive physical reactions relative to the context (e.g., heart racing and feeling short of breath in response to being at the mall)

Several factors determine whether the anxiety warrants the attention of mental health professionals, including:

- the degree of distress caused by the anxiety symptoms
- the extent to which the anxiety symptoms affect the person's ability to work, study, socialize and manage daily tasks
- the context in which the anxiety occurs

People with anxiety disorders may feel anxious most of the time or for brief intense episodes, which may occur for no apparent reason. They may have anxious feelings that are so uncomfortable they avoid daily routines and activities that might cause these feelings. Some people have occasional anxiety attacks so intense that they are terrified or immobilized.

People with anxiety disorders are usually aware of the irrational and excessive nature of their fears. When they come for treatment, many say, "I know my fears are unreasonable, but I just can't seem to stop them."

Causes and Risk Factors of Anxiety Disorders

Like most mental health problems, anxiety disorders appear to be caused by a combination of biological factors, psychological factors and challenging life experiences, including:

- a stressful or traumatic life event
- a family history of anxiety disorders
- childhood development issues
- alcohol, medications or illicit substances
- other medical or psychiatric problems

From: <http://www.camh.ca/en/hospital/health_information/a_z_mental_health_and_addiction_information/anxiety_disorders/Pages/anxiety_disorders.aspx>

Mental Health and Addiction 101

Anxiety: A tutorial for providers

http://www.camhx.ca/education/online_courses_webinars/mha101/anxietydisorder/Anxiety_Disorders_.htm

FAQs

Anxiety Centre

Comprehensive frequently asked questions about anxiety

<http://www.anxietycentre.com/anxiety-FAQ.shtml>

PROVIDER RESOURCES

Child and Youth Mental Health Tools and Resources (General Practice Services Committee – BC)

This is a list of clinical tools for screening for anxiety, including child/teen versions of Screen for Child Anxiety Related Disorders (SCARED) and the Kutcher Generalized Social Anxiety Disorders Scale for Adolescents (K-GSADS-A)

<http://www.gpscbc.ca/what-we-do/professional-development/psp/modules/child-and-youth-mental-health/tools-resources>

Treatment for Anxiety

The National Institute of Mental Health website discusses treatment modalities (CBT-based and exposure-based therapies).

<https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml>

TAKE HOME MATERIALS > APPS | BOOKLET | MINDFULNESS BREATHING EXERCISES | PROGRESSIVE MUSCLE RELAXATION | QUIZ

Mindshift App

This is a free app, designed to help young people deal with anxiety, learn how to relax, develop more helpful ways of thinking and take charge of their anxiety.

<https://www.anxietybc.com/resources/mindshift-app>

Calm in the Storm App

<http://calminthestormapp.com/>

Stop, Breathe and Think App

This is a friendly resource for IOS Android and the web, that helps to create a personal forcefield of calm and peace.

<http://www.stopbreathethink.com>

Anatomy of a Panic Attack

What does a panic attack look or feel like? This interactive web page provides information on what a panic attack looks like and coping techniques.

<http://mindyourmind.ca/interactives/anatomy-panic-attack>

Supporting a Loved One Through PTSD or Panic Attacks

<https://sometimesmagical.wordpress.com/2013/10/26/supporting-a-loved-one-through-ptsd-or-panic-attacks/>

Test/Exam Anxiety

This booklet provides information on thinking traps, coping with test anxiety and tips for test success.

https://www.anxietybc.com/sites/default/files/Test_Anxiety_Booklet.pdf

Handout | **Fight Anxiety by Finding Your Groove!**

- by Dave Kydd www.mindyourmind.ca

An excerpt from *Fight Anxiety by Finding Your Groove!*

Okay, so being able to keep your mind in the present when you need to is important. Let's look at some strategies that will make this easier to do. Probably the most effective tools in your staying in the present toolkit are your senses. If you think about it, you can't sense things that aren't in the present. You can't hear sounds, see sights or touch objects that aren't in the here and now. This means that if you are focusing on the things you can hear, see, touch, smell, and taste you are 100 per cent in the present. And we know when your mind is in the present you reduce your anxiety.

Here's an easy activity you can do any time any place to help you stay in the present and focus on your senses.

For each sense pick out five sensations and describe these sensations in detail. So for example you could start with your seeing sense. Look around you and pick out five things you see. Describe each thing in as much detail as you can. If it's a picture, what are the colours in the picture? What are its dimensions? Is it in a frame? If there's a flock of seagulls in the picture, count how many seagulls there are. Describe the movement and shape of each seagull. Then you can move onto another object that you see in your environment and describe it in as much detail as possible.

Once you've described five things that you see you can do the same for five things that you hear, then five things that you feel, taste and smell. In some places you may not be able to come up with five sensations for your taste and smell senses, but find as many as you can. What this activity does is give you 15 to 30 minutes of anxiety free time. It can act as a reset button, allowing your emotions to return to their normal state. And it's not something you need to do all the time, only when your feelings of anxiety start to get in the way.

Anxiety is something that affects everyone to varying degrees. What we've learned is that anxiety is a future thing. The better we get at controlling our minds, the easier it is to pull our minds out of the future and into the present when we feel that anxiety is becoming a problem. Through this practice, we create a new habit or new groove, and over time it will become easier to put our minds where and when we want them. So...go find your groove!

Reference: <https://mindyourmind.ca/expression/blog/fight-anxiety-finding-your-groove>

Handout | **Being Mindful Anytime**

- Do one thing at a time: Make the moment about that activity – focus all your attention on the activity.
- Mindfulness with music: Play a piece of music and with your headphones on really listen to it. Close your eyes and listen to the sounds and the words. When your mind wanders, acknowledge the other thoughts, but come back to the music.
- Mindfulness with food: when eating, pay attention to the food as it enters your mouth. Note its texture and taste. Chew each bite a few more times than usual. Engage all of your senses. How does this change your eating experience?
- Mindfulness in the shower: Get under the spray of water and bring your full attention to the experience of the shower. Be aware of the warmth of the water, your muscles relaxing and the smell of the soap. If you begin to think about what will happen after the shower, let those thoughts go and come back to the experience of the shower.

Adapted from: Crisis & Trauma Resource Institute Inc. (2017)

Handout | **Easy Breathing Exercises**

Mindful breathing exercises can help to reduce stress and promote calm feelings, especially when practised regularly. These can be done anywhere and can help those who have difficulty regulating their emotions.

Counting breathing:

- breathe in...breathe out (deeply from the abdomen) say one
- breathe in...breathe out, say two
- repeat up to ten

Cycle breathing:

- inhale (count to four), hold (count to two)
- exhale (count to four), hold (count to two)
- repeat

Becoming calm breathing:

- breathe in, think or say I am
- breathe out, think or say becoming calm or letting go

Raised arm breathing:

- sit with a forearm resting on each leg, palm down or stand with arms stretched out in front
- breathe in (bend elbows and raise back of hands to shoulders)
- breathe out (return arms to lap or if standing return arms to front)

Walking breathing:

Walk very slowly, synchronizing your breath with your steps: one inhale for two steps, one exhale for two steps

Adapted from: Crisis & Trauma Resource Institute Inc. (2017)

Handout | Calming Breath Exercise

Your breathing directly reflects the level of tension you carry in your body. When we are tense, our breathing is usually shallow and rapid and occurs high in the chest. When we are relaxed, we breathe more fully, from our abdomens. It's hard to be tense and breathe from your abdomen at the same time.

Benefits

- It provides increased oxygen supply to your brain and muscles.
 - It stimulates the parasympathetic nervous system. This is the part of your body that makes you feel calm.
 - It gives you greater feelings of connection between your mind and body. Anxiety and worry tend to keep you in your head.
 - It's a good way to get toxins out of your body, as some of them are excreted through your lungs.
 - It leads to better concentration.
1. Note the level of tension or anxiety you're feeling. Place one hand on your abdomen beneath your rib cage.
 2. Inhale slowly and deeply through your nose from the bottom of your lungs. If you are breathing from your abdomen, your hand should rise and your chest should rise only slightly, while your abdomen expands.
 3. When you've taken a full breath, pause for a moment and then exhale slowly through your nose or mouth, depending on your preference. Be sure to exhale fully and as you exhale, allow your whole body to let go (you might visualize your arms and legs going loose and limp like a rag doll).
 4. Do 10 slow, full abdominal breaths. Try to keep your breathing smooth and regular without gulping in a big breath or letting your breath out all at once. It will help to slow down your breathing if you slowly count to four on the inhale (1-2-3-4) and on the exhale. Count down from 10 at each exhale. The process would look like this: slow inhale.....pause....slow exhale (count 10) – slow inhale.....pause...slow exhale (count nine).
 5. Extend the exercise if you wish by doing two or three sets of abdominal breaths, remembering to count down from 10 to one to keep track of how many breaths you did. If you get dizzy, take a short break. **Five full minutes** of abdominal breathing will have a pronounced effect in reducing anxiety. Try to practise for five minutes every day for at least two weeks. It might be easiest to try doing the breathing at the same time everyday (for example, while in the shower).

Handout | **Progressive Muscle Relaxation Technique**

This exercise involves tensing and relaxing, in succession, sixteen different muscle groups of the body. The idea is to tense each muscle group hard for about 10 seconds, then let go suddenly. You then give yourself 15 to 20 seconds to relax, noticing how each muscle group feels when relaxed, in contrast to how it felt when tensed. You might also say to yourself, “I am relaxing,” “Letting go,” “Let the tension float away,” or another relaxing phrase. Throughout the exercise, maintain focus on your muscles. When your mind wanders, bring it back to the particular group you are working on. The entire exercise should take you 20 to 30 minutes the first couple times that you do it. With practice, you may decrease the time needed to 15 to 20 minutes. In addition, some people prefer to use a video/recording of progressive muscle relaxation while others prefer to do it mentally. Remember that regular practice of progressive muscle relaxation, once a day, will produce a significant reduction in your overall level of anxiety and the frequency and intensity of panic attacks.

- Make sure you are in a setting that’s quiet and comfortable.
- When you tense a muscle group, do so vigorously for seven to 10 seconds. You may want to count, one-thousand-one, one-thousand-two, etc.
- Concentrate on what is happening. Feel the buildup of tension in each particular muscle group. It is often helpful to visualize the particular group being tensed.
- When you release the muscles, do so abruptly and then relax and enjoy the sudden feeling of limpness. Allow the relaxation to develop for 15 to 20 seconds.
- Allow all the other muscles in your body to remain relaxed, as far as possible, while working on a particular muscle group.
- Tense and relax each muscle group once. But if a particular area feels especially tight, you can tense and relax it two or three times, waiting about 20 seconds between each cycle.

To begin:

- Take three deep abdominal breaths, exhaling slowly each time. As you exhale, imagine that tension throughout your body begins to flow away.
- Clench your fists. Hold for seven to 10 seconds and then release for 15 to 20 seconds.
- Tighten your biceps by drawing your forearms up towards your shoulders and making a muscle with both arms. Hold, then relax.
- Tighten your triceps, which are the muscles on the underside of your upper arms, by extending your arms out straight and locking your elbows. Hold, then relax.
- Tense the muscles in your forehead by raising your eyebrows as far as you can. Hold, then relax. Imagine your forehead muscles becoming smooth and limp as they relax.
- Tense the muscles around your eyes by clenching your eyelids tightly shut. Hold, then relax. Imagine a sensation of deep relaxation spreading all through the area around your eyes.

- Tighten your jaws by opening your mouth so widely that you stretch the muscles around the hinges of your jaw. Hold, then relax. Let your lips part and allow your jaw to hang loose.
- Tighten the muscles in the back of your neck by pulling your head way back, as if you were going to touch your head to your back (be careful not to injure yourself). Focus only on tensing the muscles in your neck. Hold, then relax.
- Take a few deep breaths and tune in to the weight of your head sinking into whatever surface it is resting on.
- Tighten your shoulders by raising them up as if you were going to touch your ears. Hold, then relax.
- Tighten the muscles around your shoulder blades by pushing your shoulder blades back as if you were going to touch them together. Hold the tension in your shoulder blades, then relax. Since this area is often especially tense, you might repeat the sequence again.
- Tighten the muscles of your chest by taking in a deep breath. Hold for up to 10 seconds and then release slowly. Imagine any excess tension in your chest flowing away with the exhalation.
- Tighten your stomach muscles by sucking in your stomach. Hold, then release. Imagine a wave of relaxation spreading through your abdomen.
- Tighten your lower back by arching it up. Hold, then relax.
- Tighten your buttocks by pulling them together. Hold, then relax. Imagine the muscles in your hips going loose and limp.
- Squeeze the muscles in your thighs all the way down to your knees. You will probably have to tighten up your hips along with your thighs, since the thigh muscles attach there. Hold, then relax. Feel your thigh muscles smoothing out and relaxing completely.
- Tighten your calf muscles by pulling your toes toward you (do this carefully to avoid cramps). Hold, then relax.
- Tighten your feet by curling your toes downward. Hold, then relax.
- Mentally scan your body for any residual tension. If a particular area remains tense, repeat one or two tense-relax cycles for that group of muscles.
- Now imagine a wave of relaxation slowly spreading throughout your body, starting at your head and gradually penetrating every muscle group all the way down to your toes.

LOCAL RESOURCES

See *Crisis Services in Manitoba* p. 13

Child and Youth Mental Health Centralized Intake (Winnipeg)

204-958-9660

Mood Disorders of Manitoba 204-786-0987

Mood Disorders Manitoba offers diverse workshops on mental health related topics, mainly free or by donation.

<http://www.mooddisordersmanitoba.ca/presentations-and-workshops/>

Canadian Mental Health Association – Winnipeg and Manitoba

The Mental Health Resource Guide provides a comprehensive list of mental health resources for adults, children and youth in Manitoba – online and in print.

<http://mbwpg.cmha.ca/resources/mental-health-resource-guide-for-winnipeg/>

Anxiety Disorders Association of Manitoba (ADAM)

ADAM offers facts about anxiety, videos, audio relaxation, help and resources.

204-925-0600

<http://www.adam.mb.ca/>

Are you anxious?

Please read each statement and circle a number, 0, 1, 2, or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers.

The rating scale is as follows:

- 0 – Did not apply to me at all
- 1 – Applied to me to some degree, or some of the time
- 2 – Applied to me a considerable degree, or a good part of the time
- 3 – Applied to me very much, or most of the time

- | | |
|---|----------------|
| 1. I was aware of dryness in my mouth | 0 1 2 3 |
| 2. I experienced breathing difficulty (eg. Excessively rapid breathing, breathlessness in the absence of physical exertion) | 0 1 2 3 |
| 3. I had a feeling of shakiness (eg. Legs going to give way) | 0 1 2 3 |
| 4. I found myself in situations that made me so anxious I was most relieved when they ended | 0 1 2 3 |
| 5. I had a feeling of faintness | 0 1 2 3 |
| 6. I perspired noticeably (eg. Hands sweaty) in the absence of high temperatures or physical exertion | 0 1 2 3 |
| 7. I felt scared without any good reason | 0 1 2 3 |
| 8. I had difficulty in swallowing | 0 1 2 3 |
| 9. I was aware of the action of my heart in the absence of physical exertion (eg. A sense of heart rate increase, heart missing a beat) | 0 1 2 3 |
| 10. I felt I was close to panic | 0 1 2 3 |
| 11. I feared that I would be “thrown” by some trivial but unfamiliar task | 0 1 2 3 |
| 12. I felt terrified | 0 1 2 3 |
| 13. I was worried about situations in which I might panic and make a fool of myself | 0 1 2 3 |
| 14. I experienced trembling (eg. In the hands) | <u>0 1 2 3</u> |

Flip over to see what your score means! Grand Total _____



Reference: Lovibond, S.H. & Lovibond, P.F. (1995).
Manual for the Depression Anxiety Stress Scales.
(2nd Ed) Sydney: Psychology Foundation.

Adapted from: Prairie Mountain Health
DASS scales should be administered by a trained clinician and only used with adults and youth 14+

What does your score mean?

0 – 7 – This is a normal level of anxiety. Continue to monitor your stress levels to make sure you can manage everything life throws your way.

8 – 9 – This is a mild level of anxiety. Monitor your stress level to make sure it doesn't go higher. Try to minimize your stress using relaxation techniques (see Teen Health Clinic handout "decreasing your stress") or by doing something you enjoy.

10 – 14 – You have a moderate level of anxiety. It may be helpful to talk with someone about these feelings. High levels of anxiety can lead to other mental health problems such as depression.

15 – 19 – You have a severe level of anxiety. You have probably noticed an interference in different areas of your life such as school, home, relationships and work. Use the resources below to talk to someone that can help. You can always stop by the Teen Health Clinic while they are in your school.

20 + – This is an extremely severe level of anxiety. Talk to someone you trust right away to help you. There are people who can help, and you do not have to go through this alone. The resources listed below are a good place to start. You can also talk to your doctor or nurse practitioner, parent, guidance counsellor – or stop by the Teen Health Clinic. Take your health seriously and talk to a professional right away.

Depression

TOPIC

Depression

BACKGROUNDER

Facts on Depression and Adolescents

Depression is also sometimes called major depressive disorder (MDD) and is a mood disorder that causes persistent negative thoughts to occur.

Depression affects approximately six to eight per cent of adolescents. Most people who have developed MDD later in life report experiencing their first episode between the ages of 14 to 24 years of age. For these reasons, early identification and intervention with youth is important and will improve longer term outcomes.

FAQs

Depression FAQs

<http://teenmentalhealth.org/learn/mental-disorders/depression/>

Depression Myths

<https://ca.ctrinstitute.com/wp-content/uploads/2017/03/Depression-Myths.pdf>

Heads up Guys

Information on depression for men (cis-male or male identified)

<http://headsupguys.org/mens-depression/>

PROVIDER RESOURCES

Kutcher Adolescent Depression Scale (KADS) – short depression screen

<http://teenmentalhealth.org/wp-content/uploads/2014/09/6-KADS.pdf>

Psychotherapeutic Support for Teens (PST)

Practical Pointers for Primary Care Health Providers Treating Adolescent Depression – Supportive Rapport

[www.shared-care.ca/files/Psychotherapeutic_Support_for_Teens_\(PST\).pdf](http://www.shared-care.ca/files/Psychotherapeutic_Support_for_Teens_(PST).pdf)

Reality Testing: Challenging Negative Thoughts

- Are you exaggerating?
- Are you sure this is really going to happen?
- Is this really true?
- How much does it matter what other people think?
- Are you forgetting the positives?
- Can you really expect to be perfect at everything you do?
- What is the worst thing that could possibly happen?

Motivational Interviewing Strategies (Altman, 2014)

1. Ask permission to talk about the problem.
Can we talk a little about (the problem/behaviour)?
2. Ask evocative questions/eliciting change questions.
What makes you think this needs to change?
What do you think will happen if you don't change?
3. Explore decisional balance.
What are some of the good things about the problem/behaviour? Now on the flipside, what are some of the not so good things about it?
4. Good things and not so good things.
What would be the good things about changing your (insert problem, behaviour)?
What would be the not so good things about changing your (insert problem/behaviour)?
5. Explore extremes.
What is the worst thing that might happen if you don't change?
What is the best thing you could imagine happening if things changed?
6. Look back.
How are things the same or different from what things were like one year ago, two years ago?
7. Look forward.
If you make changes, how would things be different from where they are today?
8. Use change rulers.
On a scale of one to 10, with one being definitely ready to change the behaviour and 10 being definitely not ready to change it, where would you say you are at today?
9. Explore goals and values.

Help with Problem Solving

Remember that when a person is depressed, it can be very difficult for them to figure out how best to solve problems or challenges in their lives. Effective Helping (EH) can help with that. One important thing you can do is to help your patient/client determine what the major problems or challenges in their lives are at the time they are coming to you for help. Once that's done, they'll need your help in selecting which one or two problems or challenges they want to try to address first. This is important because it is impossible to address all of a person's problems or challenges at the same time. One of your first steps is to help them prioritize what problem they will try to solve.

1. Ask your patient/client to make a list of the most pressing problems or challenges they are facing in their lives at this point (you can have them stop the list at five or so, if there are many).
2. Review the list with them and ask them if they've left out any challenges that are important now.
3. Once they are relatively sure they have a list of their most pressing problems, ask them to choose the one or two problems or challenges that are most important to them.
4. Confirm with them that the problems or challenges they have chosen are most important to them.
5. Ask them to complete the following table with your help.

Problem Solving Table

What is the first problem I have identified?	What does this problem stop me from doing?	What things have I thought about doing or done to try and address this problem?	What other things could I have thought about or done to address this problem?
What is the second problem I have identified?	What does this problem stop me from doing?	What things have I thought about doing or done to try and address this problem?	What other things could I have thought about or done to address this problem?

After the patient has completed the table, review columns one and two together to ensure you have a good understanding of the issue. Then, focus on column three and discuss with the patient why they think their solutions to the problem were not successful. Ask gentle and supportive questions, such as:

- Why do you think your strategy didn't work as well as you had hoped?
- What, if anything, got in the way of your idea working out?
- Could you have employed your strategy in a different way than you did?
- In hindsight, could you have chosen a different strategy?

Next, move onto the last column and gently and supportively ask them to problem solve some other strategies that they could consider applying. Because people with depression often have negative thinking patterns, do not be discouraged if your client/patient seems to be helpless, overwhelmed or cannot come up with any ideas. Ask questions such as:

- What do you think a friend of yours may consider doing?
- Do you know of anyone who faced a similar challenge? How did that person address the challenge?
- Are there things that have worked for other problems you have faced that you could use to help solve this one?

During this phase of the helping process, it may be useful to brainstorm a list of possible strategies. Write down the various strategies that result from your joint brainstorming. Avoid trying to decide whether a strategy will not work or if it is too difficult. First, make a brainstorming list. After the list is done, discuss the pros and cons of each alternative and help your patient/client come to a decision about which strategy they will try next. Remember, both you and your patient/client must not expect that the first strategy chosen will be successful.

Do not promise that the first attempt will be successful. You are both trying out an alternative. If it doesn't work, there are other choices to try. Often, the simple process of brainstorming is a big help to the patient/client and they will come up with another solution they can then try to employ.

Reproduced from ©Dr. Stan Kutcher 2014

TAKE HOME MATERIALS > APPS | GAMES | HANDOUTS | QUIZ

Dealing with Depression

Learn effective self-help skills to understand and deal with depression.

<http://dwdonline.ca/>

Depression Hurts

Doctor discussion guide, symptom checklist, information and resources.

<http://depressionhurts.ca/>

Beyond Blue

Beyond Blue, the national depression initiative, offers advice on healthy eating for people with depression, anxiety and related disorders.

<https://www.bspg.com.au/dam/bsg/product?client=BEYONDBLUE&prodid=BL/0353&type=file>

Smiling Mind

The Smiling Mind website offers an accessible mindfulness app with different programs for different age groups.

<http://smilingmind.com.au/>

Mind Your Mood App

Mind Your Mood is a Canadian-based, easy-to-use interactive daily mood monitor that allows youth and young adults to track their moods securely on their phone. It can also connect users with professional supports.

<https://mindyourmind.ca/interactives/mind-your-mood>

Booster Buddy

On this interactive web app (free download for iOS and Android), users can manage their personal wellness journey and earn achievements as they are guided through a series of daily quests designed to establish and sustain positive habits.

http://www.viha.ca/cyf_mental_health/boosterbuddy

Emotion Regulation Handout 10

This self-help handout is based on the Dialectical Behavioural Therapy approach.

http://dbtselfhelp.com/html/er_handout_10.html

Make Your Own Recovery Cup Game

This game is about understanding recovery and care through a health promotion and vulnerability lens.

<http://www.heretohelp.bc.ca/factsheet/make-your-own-recovery-cup-game>

Handout | **Opposite Action Strategy**

Here is an effective way to start fighting back against depression. Catch yourself acting or thinking the way depression wants you to – then do or think the opposite. By doing so, you DEFY depression and take back some control, even if only for a short while.

ACTIONS OR THOUGHTS THAT STRENGTHEN DEPRESSION

Stay in bed when you feel too miserable to get up. Don't attend to hygiene. Don't get dressed.

Punish yourself by calling yourself names every time you make a mistake (stupid, loser, useless).

Worry about all your past mistakes, how bad things are now and how things could go wrong in the future.

Talk excessively about depressing topics or how bad you feel to anyone who will listen.

Withdraw (e.g., don't go out, refuse invitations, ignore the phone).

Tell yourself that everything you do must be done really well, if not perfectly, or it's not worth doing at all.

Take on all your usual tasks and expect to do them as well as usual.

Pretend that nothing is wrong and get exhausted by the effort to keep up a good front.

ACTIONS OR THOUGHTS THAT WEAKEN DEPRESSION

Make yourself get up, even for a short while. Attend to hygiene and get dressed each day.

Encourage yourself to learn from the mistake and try again. You will do better in life if you focus on what you do right instead of what you do wrong.

Set aside a small amount of time per day to worry and distract yourself from worry thoughts at other times. Use problem solving skills on real problems.

Deliberately choose lighter topics. Focus on others. Take timeout from depression – talk or limit it to a few minutes at a time.

See or talk to someone for a short time each day, even when you don't feel like it.

Tell yourself that you just need to muddle through. Not everything needs to be done perfectly. Dare to be average!

Remind yourself that depression seriously limits your energy. Set realistic expectations that take into consideration your depression.

Tell others that your energy is low (or whatever you feel okay sharing) and that this limits what you can do. Say No!

NOTES AND HEALTH PROMOTION TOOLS

Depression Quest

This interactive, first person story game helps players to understand depression from the depressed person's point of view. It is intended for practitioners, support workers, parents/caregivers.

<http://www.depressionquest.com/dqfinal.html#>

LOCAL RESOURCES

See *Crisis Services in Manitoba* p. 13

See *Local Resources Section under Anxiety* p. 33

Child and Youth Mental Health Centralized Intake (Winnipeg)

204-958-9660

Are you depressed?

Please read each statement and circle a number, 0, 1, 2, or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on each statement.

The rating scale is as follows:

- 0 – Did not apply to me at all
- 1 – Applied to me to some degree, or some of the time
- 2 – Applied to me a considerable degree, or a good part of the time
- 3 – Applied to me very much, or most of the time

1. I couldn't seem to experience any positive feeling at all	0	1	2	3
2. I just couldn't seem to get going	0	1	2	3
3. I felt I had nothing to look forward to	0	1	2	3
4. I felt sad and depressed	0	1	2	3
5. I felt that I had lost interest in just about everything	0	1	2	3
6. I felt I wasn't worth much as a person	0	1	2	3
7. I felt that life wasn't worthwhile	0	1	2	3
8. I couldn't seem to get any enjoyment out of the things I did	0	1	2	3
9. I felt down-hearted and blue	0	1	2	3
10. I was unable to become enthusiastic about anything	0	1	2	3
11. I felt I was pretty worthless	0	1	2	3
12. I could see nothing in the future to be hopeful for	0	1	2	3
13. I felt that life was meaningless	0	1	2	3
14. I found it difficult to work up the initiative to do things	0	1	2	3

Flip over to see what your score means! Grand Total _____



Reference: Lovibond, S.H. & Lovibond, P.F. (1995).
Manual for the Depression Anxiety Stress Scales.
(2nd Ed) Sydney: Psychology Foundation.

Adapted from: Prairie Mountain Health
DASS scales should be administered by a trained clinician and only used with adults and youth 14+

What does your score mean?

0 – 9 – This is a normal level of depression. Continue to monitor your stress levels to make sure you can manage everything life throws your way.

10 – 13 – This is a mild level of depression. Monitor your stress level to make sure it doesn't go higher. Try to minimize your stress using relaxation techniques (see Teen Health Clinic handout "decreasing your stress") or by doing something you enjoy.

14 – 20 – You have a moderate level of depression. It may be helpful to talk with someone about these feelings. High levels of depression can lead to other mental health problems such as anxiety.

21 – 27 – You have a severe level of depression. You have probably noticed an interference in different areas of your life such as school, home, relationships and work. Use the resources below to talk to someone that can help. You can always stop by the Teen Health Clinic while they are in your school.

28 + – This is an extremely severe level of depression. Talk to someone you trust right away to help you. There are people who can help, and you do not have to go through this alone. The resources listed below are a good place to start. You can also talk to your doctor or nurse practitioner, parent, guidance counsellor – or stop by the Teen Health Clinic. Take your health seriously and talk to a professional right away.

Disordered Eating

TOPIC

Disordered eating

BACKGROUNDER

A person has an eating disorder when their attitudes to food, weight, body size or shape lead to marked changes in their eating or exercise behaviours, which interfere with their life and relationships.

Full recovery from an eating disorder is possible, regardless of age and severity of the disorder.

There are four main types of eating disorders:

- anorexia nervosa
- bulimia nervosa
- binge eating disorder
- other specified feeding or eating disorders

Anorexia Nervosa

People with anorexia nervosa are obsessed with thinness and are often intensely afraid of gaining weight. They may be very underweight, but not always. They eat very little and will resist eating when they are hungry. They often feel like their bodies are much larger than they are. Often they have ritualistic ways of eating or exercising.

Bulimia Nervosa

People with bulimia nervosa may try to restrict their food intake in some way. They then eat and feel extremely guilty, often eating much more than they intended to. Out-of-control eating is called binge eating. After a binge, people with bulimia try to get rid of the calories by vomiting, using laxatives or exercising excessively.

Binge Eating Disorder

Almost all people with binge eating disorder have a history of dieting. They may have grown up in a bigger body than is considered desirable and felt pressure to be smaller. After dieting for some time, the body's natural response is to want food. For some people, this leads to binge eating. Dieting is not a solution, and in fact, can make the problem worse. It also reinforces the shame people have about their bodies.

Other Specified Feeding or Eating Disorders

This category may apply when someone has symptoms that do not quite fit the criteria for another eating disorder, but that are causing intense distress or interfering in their day-to-day life, work, school or relationships.

An example would be when someone has symptoms of bulimia nervosa or binge eating disorder, but the frequency or duration of the binge eating episodes is too low to meet the usual criteria. Another example might be a person who displays all the symptoms of anorexia nervosa, where there has been weight loss but their weight is within the normal range.

FAQs

Disordered Eating: Mythbusters

<https://headspace.org.au/assets/Uploads/Resource-library/Health-professionals/Mythbuster-Eating-Disorders-WEB-PDF.pdf>

Eating Disorders Manitoba

Eating Disorders Manitoba offers FAQs about eating disorders and treatment.

<http://eatingdisordersmanitoba.ca/faq/>

Teen Talk HOT Topics: Body Image

Teen Talk offers a comprehensive list of questions, answers and resources on body image.

<http://teentalk.ca/hot-topics/body-image-2/>

PROVIDER RESOURCES > ASSESSMENT TIPS | CONTINUUM | SCREENING TOOL | FOOD FOR THOUGHT INFOGRAPHIC

Assessment Tips

(Teen Services Network Professional Development, 2016)

1. Include questions about eating/body in your general assessment:
 - How do you feel about your body?
 - Tell me about your eating patterns?
 - Do you sometimes feel guilty about your eating?
 - Have you ever done anything to make up for calories that you have eaten?
 - When it comes to food, diet and exercise, what have you been talking about in health class?
2. Be mindful that low weight or weight loss are not the only indicators of an eating disorder or its severity. Other behaviour to watch for:
 - dieting
 - overeating or binge eating
 - purging through vomiting
 - purging through exercise
 - laxatives or other herbal remedies
 - food rules and rituals
 - phobic foods
 - avoidance of food-related situations
 - social withdrawal (related to body image or other food fears)

- over-exercising
 - changes in eating habits and portion size
 - rigid concern about healthy foods, organic foods, or vegetarianism
3. Be aware of your own health biases and beliefs about weight and healthy dieting.
 4. Be aware of what is happening in the school (health or physical education class). Take opportunities to educate school staff on the harms associated with calorie counting, label reading, BMI assessments, food records and skin fold tests.
 5. Be thoughtful about who to refer a patient to. Not all dietitians, psychologists, physicians, etc. are knowledgeable about eating disorders.
 6. Be curious about the function of the eating disorder for the individual, keeping in mind core issues of self-worth and identity.
 7. When navigating difficult decisions, ask yourself whether something is being done to help the person **feel better** or help them **get better**. Consider short and long term effects. Things that help the young person feel better in the short term, may be exacerbating the disordered eating.
 8. All evidence around the care and prevention of adolescent eating disorders support the involvement of family and caregivers for best outcomes.

Eating Issues and Body Image Continuum

This continuum represents the range of eating behaviors and attitudes toward food and body image. Most healthy people function in the two categories on the far left that reflect high self-esteem and physical health: "Concerned Well," and "Not An Issue." However, individuals can move from one category to another depending on changes that occur in their self-esteem and attitudes toward food and body image. An individual can be in one category for food and another for body image. Also, an individual can exhibit some, but not all, characteristics within a category.



The Eating Issues and Body Continuum was adapted from an original provided by the University of Arizona Campus Health Services (Smiley/King/Avey, 1997).

National Eating Disorders Association

<https://www.nationaleatingdisorders.org/screening-tool>

Food for Thought Pyramid

The Food for Thought Pyramid offers an alternative approach to enhancing health. It is available for order.

<http://www.food-for-thought-pyramid.com/articles/pyramidsample.pdf>

TAKE HOME MATERIALS > ONLINE LEARNING | HANDOUTS | APP | FACIAL DIFFERENCES | WEIGHT ACTIVISM

Centre for Clinical Interventions: Overcoming Disordered Eating

This is a comprehensive, two-part program designed for self-help in overcoming disordered eating

http://www.cci.health.wa.gov.au/resources/infopax.cfm?Info_ID=48

http://www.cci.health.wa.gov.au/resources/infopax.cfm?Info_ID=49

Teen Talk Body Image Handout

<http://teentalk.ca/wp-content/uploads/2016/09/BI-handout-sept-16.pdf>

The Kissy Project

This is a pro-recovery app for teenagers with an eating disorder. It is designed to create a positive mindset, believe in yourself and discover your inner strength. Available for IOS and Android.

<https://play.google.com/store/apps/details?id=com.bestappcompany.kissy&hl=en>

Adios Barbie

Anti-oppressive body positive resources and analyses.

www.adiosbarbie.com/

National Eating Disorders Information Centre

<http://www.nedic.ca/>

The Body Positive

Blog where all body types are welcome, questions can be asked and body positive messages posted.

<http://halt-the-body-hate.tumblr.com/>

About Face

About Face offers support for children/youth with facial differences.

<http://www.aboutface.ca/>

Fat!so?

Fat!so? is a weight and body activism website, based on the zine and book of the same name.

www.fatso.com

10 STEPS TO POSITIVE BODY IMAGE

1. Appreciate all that your body can do.
2. Keep a top-10 list of things you like about yourself -- things that aren't related to how much you weigh or what you look like.
3. Remind yourself that "true beauty" is not simply skin-deep... Beauty is a state of mind, not a state of your body.
4. Look at yourself as a whole person...choose not to focus on specific body parts.
5. Surround yourself with positive people.
6. Shut down those voices in your head that tell you your body is not "right" or that you are a "bad" person.
7. Wear clothes that are comfortable and that make you feel good about your body.
8. Become a critical viewer of social and media messages.
9. Do something nice for yourself -- something that lets your body know you appreciate it.
10. Use the time and energy that you might have spent worrying about food, calories, and your weight to do something to help others.

7 Mindful Eating Tips

Contributed by Susan Albers, PsyD

When you are mindful you are fully present, in-the-moment without judgment. When it comes to eating, mindfulness helps amplify the volume of your body's cues so you can hear loud and clear when you are hungry and full. Many social and environmental factors can stand in the way of being able to accurately decode your body's feedback. Mindfulness helps you break free from routine eating habits by examining the thoughts, feelings and internal pressures that affect how and why you eat (or don't eat).

1. Shift out of Autopilot Eating

What did you have for breakfast? Be honest. Many people eat the same thing day in and day out. Notice whether you are stuck in any kind of rut or routine.

2. Take Mindful Bites

Did you ever eat an entire plate of food and not taste one single bite? Bring all of your senses to the dinner table. Breathe in the aroma of a fresh loaf of bread. Notice the texture of yogurt on your tongue. Truly taste your meal. Experience each bite from start to finish.

3. Attentive Eating

Sure, you're busy and have a lot "on your plate." It's hard to make eating a priority rather than an option or side task. If you get the urge for a snack while doing your homework or studying, stop and take a break so that you can give eating 100% of your attention. Try to avoid multitasking while you eat. When you eat, just eat.

4. Mindfully Check In

How hungry am I on a scale of one to ten? Gauging your hunger level is a little like taking your temperature. Each time you eat, ask yourself, "Am I physically hungry?" Aim to eat until you are satisfied, leaving yourself neither stuffed nor starving.

5. Thinking Mindfully

Observe how critical thoughts like "I don't want to gain the Freshman Fifteen." or "I'm so stupid, how could I do that!" can creep into your consciousness. Just because you think these thoughts doesn't mean you have to act on them or let them sway your emotions. Negative thoughts can trigger overeating or stop you from adequately feeding your hunger.

Remember: A thought is just a thought, not a fact.

6. Mindful Speech

Chit chatting about dieting and fat is so commonplace that we often aren't truly aware of the impact it might have on our self-esteem. When you are with friends and family, be mindful of your gut reaction to "fat talk" (e.g. "I'm so fat!" or the "I'm so fat; No you're not" debate). Keep in mind how the words might affect someone struggling with food issues.

7. Mindful Eating Support

Friends provide an enormous amount of support, but often it's helpful to obtain assistance or a second opinion from a trained professional. If you would like to learn more about mindful eating, or if you have concerns about your eating habits, call your college counseling center, student health center or consult the NEDA website www.NationalEatingDisorders.org for information and treatment referrals.



© 2004 National Eating Disorders Association. Permission is granted to copy and reprint materials for educational purposes only. National Eating Disorders Association must be cited and web address listed. www.NationalEatingDisorders.org ! Information and Referral Helpline: 800.931.2237



My Positive Qualities Record

To help you make a list of your positive qualities, ask yourself the following questions:

- What do I like about who I am?
- What characteristics do I have that are positive?
- What are some of my achievements?
- What are some challenges I have overcome?
- What are some skills or talents that I have?
- What do others say they like about me?
- What are some attributes I like in others that I also have in common with?
- If someone shared my identical characteristics, what would I admire in them?
- How might someone who cared about me describe me?
- What do I think are bad qualities that do I not have?



*Remember to include everything no matter how small, insignificant, modest, or unimportant you think they are

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____
25. _____

NOTES ON HEALTH PROMOTION

Health at Every Size is an approach that can be applied at a broader policy level, as well as an individual level. It is a frame that was created by healthcare professionals, consumers and activists that rejects the use of weight, size or BMI as proxies for health and the idea that weight is a choice. Principles and tools for promoting a HAES approach can be found at:

<https://www.sizediversityandhealth.org/content.asp?id=152>

Ellyn Satter Institute

The Ellyn Satter Institute offers research and webinars on healthy eating, assessment and treatment of eating disorders.

<http://www.ellynsatterinstitute.org/>

Fat Talk Free Week: Change the Conversation

Change the Conversation is a video by Tri Delta, with facts about dieting, fat-talk and how to change the conversation.

<https://www.youtube.com/watch?v=bTbhsjekitU>

LOCAL RESOURCES

Manitoba Eating Disorder Program and Referral Information (all ages)

www.eatingdisordersmanitoba.ca

Provincial Eating Disorder Prevention and Recovery Program (for anyone 18+) 204-947-2422 ext. 137 or toll free 1-866-947-1517 ext. 137

<http://womenshealthclinic.org/what-we-do/pedprp/>

Working with Specific Populations

TOPIC

Supporting LGBT2SQ+ youth

BACKGROUNDER

LGBT2SQ (Lesbian, Gay, Bisexual, Transgender, 2-Spirit, Queer) Youth and Mental Health

LGBT2SQ young people in Canada are as diverse as the general population in terms of their experiences of mental health. However, they may be at higher risk for some mental health problems and illnesses, due to discrimination and social determinants of health. Three factors which have a significant impact on mental health and wellbeing are:

- social inclusion
- freedom from discrimination and violence
- access to resources

For many youth, coming out can be very difficult in terms of experiencing homophobia, both direct and indirect, and concerns about whether family, friends and their community will be accepting. Youth may have feelings of social isolation or internalized oppression. These feelings can have a significant impact on mental health in the short and long term.

LGBT2SQ people face higher rates of depression, suicide, substance abuse, self-harm and anxiety.

FAQs

Working with same-sex attracted young people – Inclusive practice

This website explores risk factors for mental health problems among same-sex attracted young people.

<http://headspace.org.au/assets/Uploads/Resource-library/Health-professionals/working-with-ssayp.pdf>

What you Should know about LGBTQ youth and Suicide in Canada

<https://egale.ca/backgrounder-lgbtq-youth-suicide/>

OTHER RESOURCES

The Trevor Project

The Trevor Project provides suicide support site for queer youth, allies, and supporters.

<http://www.thetrevorproject.org/>

Trans Lifeline 1-877-330-6366

Trans Lifeline is a non-profit crisis line specifically for trans people in crisis.

<http://www.translifeline.org/>

Trans Folx Fighting Eating Disorders (T-Feed)

T-Feed is a peer support site for trans people and eating disorders (offers training for health care providers, potentially free!).

<http://www.transfolxfightingeds.org/>

Canadian Transgender Youth Health Study

<http://www.saravyc.ubc.ca/2013/12/04/trans-youth-survey/>

LOCAL RESOURCES

Rainbow Resource Centre

Rainbow Resource Centre is a Winnipeg-based, Manitoba-inclusive resource centre for queer youth, adults and allies. Youth programs include the **Peer Project for Youth** and **Camp Aurora**.

<http://www.rainbowresourcecentre.org/>

Reaching OUT Winnipeg

Reaching OUT Winnipeg works with refugees who are LGBTQ identified (not youth specific but relevant).

<https://reachingoutwinnipeg.com/>

“Like That”

A drop-in program of Sunshine House for LGBT2SQ+ identified individuals or those exploring identity on Monday evenings 6:30-8:30.

www.sunshinehousewpg.org/programs/

TOPIC

Support for Indigenous youth

LOCAL RESOURCES

Aboriginal Health and Wellness Centre

204-925-3700

- Social support staff on site daily provide up to three sessions for individuals of Aboriginal descent (any age) to help with basic health resources, including food, housing and referrals.
- A psychologist is on staff for internal referrals.

Health Canada First Nations & Inuit Health

Sarah McKinley at 204-984-7660

- This agency provides mental health funding for crisis situations in which no other counselling services are available (for example, if you live somewhere where no community-based counselling services are available).
- Services include a two-hour assessment and development of a treatment plan (up to 10 sessions)
- Prior approval is needed to access funds (service provider to obtain approval)
- For information on approved service providers, contact regional or local First Nations & Inuit Health Authority.
- For more information, visit: <http://www.canada.ca/en/health-canada/services/first-nations-inuit-health/non-insured-health-benefits/benefits-information/mental-health-counselling-benefits.html>

Native Addictions Council of Manitoba

204-586-8395 ext. 207

- The Native Addictions Council offers free, culturally-based individual therapy for youth (ages 13-25) of Aboriginal descent, who are struggling with problem substance use
- A counsellor is available who specializes in work with youth

Wahbung Abinoonjiiag

204-925-4610

- Free group programs and counselling are available for children (ages 0-6), and youth (ages 6-17) exposed to family violence
- Aboriginal healing and cultural traditions are integrated into counselling
- Programs are mostly group-based

Ndinawe Safe House

204-586-2588

- Ndinawe offers short-term emergency shelter and basic needs for youth (ages 11-17) who are living on the streets or at risk of abuse/exploitation.
- They also provide culturally appropriate counselling and recreation opportunities.
- Youth can self-refer.
- Ndinawe is located at 372 Flora Avenue and is open 24 hours a day.

TOPIC

Supports for refugee youth

TAKE HOME MATERIALS

Information in Languages Other Than English

This website provides mental health resources in languages other than English

http://www.camh.ca/en/hospital/health_information/Pages/information_in_other_languages.aspx

PROVIDER RESOURCES

The Centre for Addictions and Mental Health has an online refugee mental health course and webinar series that is available to front line workers in the health, settlement and social service sectors.

<https://www.porticonetwork.ca/web/rmhp/home>

Refugee Mental Health and Addictions Fact Sheet for Service Providers

This fact sheet provides general information on well-being and responding to distress using a developmental framework.

http://www.gov.mb.ca/health/primarycare/providers/docs/triageguide_cy.pdf

For general information on health supports for refugees in Manitoba visit <http://www.manitoba.ca/health/primarycare/providers/srh.html#mh>

Caring for Kids New to Canada

This website provides information and resources for health professionals working with immigrant or refugee children. There is a section on mental health and assessing substance abuse in youth.

www.kidsnewtocanada.ca

LOCAL RESOURCES

Refugee Mental Health and Addiction Fact Sheet for Service Providers

Listing of crisis and non-crisis mental health resources categorized by children/youth and for adults 18+

http://www.gov.mb.ca/health/primarycare/providers/docs/triageguide_resource_list.pdf

Relationship Concerns

TOPIC

Romantic relationship stress, relationships with parents and other adults

BACKGROUNDER

Relationship problems for youth can often be a trigger for other mental health problems, both in the short and long term.

Understanding consent, what healthy relationships look like, creating healthy boundaries, and having equality and respect, are all important to feeling safe and cared about in a relationship. Any kind of abuse, such as possessiveness, insults, yelling, humiliation, pulling hair, pushing and other negative behaviours, are about power and control. Abuse of any kind is always a choice.

When discussing partner relationships, it is important to check whether a person feels they are being pressured or coerced into sexual activity. More on the age of consent to sexual activity is in the FAQs below.

FAQs

Keeping Romantic Relationships in Mind

<http://headspace.org.au/assets/Uploads/Working-With-Adolescents-Keeping-romantic-relationships-in-mind.pdf>

Dating FAQs

<http://www.loveisrespect.org/dating-basics/dating-faq/>

Age of Consent to Sexual Activity in Canada: FAQs

<http://www.justice.gc.ca/eng/rp-pr/other-autre/clp/faq.html>

TAKE HOME MATERIALS > WEBSITES | APPS | GAMES

Loveisrespect

The Love is Respect website offers information on relationships 101, quizzes, the relationship spectrum interactive game, resources for youth, parents, educators and downloadable resources.
<http://www.loveisrespect.org/>

Teen Dating Violence Fact Sheet

<https://www.cdc.gov/violenceprevention/pdf/teen-dating-violence-factsheet-a.pdf>

What's a Healthy Dating Relationship Anyway?

Kids Help Phone covers topics including starting to date, long-distance dating, dating someone older, breaking up, hooking up using info sheets, tools and quizzes.
<https://www.kidshelpphone.ca/Teens/InfoBooth/Dating/healthy-relationships.aspx>

Equality Wheel for Teens

Infographic: <http://www.ncdsv.org/images/teenequalitywheelnoshading-ncdsv.pdf>

Teen Power and Control Wheel

Infographic: <http://www.ncdsv.org/images/teen%20p&c%20wheel%20no%20shading.pdf>

Talking to Your Parents or Other Adults

This website offers advice on talking about difficult subjects, youth videos, ways to respectfully disagree and understanding conflict.

<http://kidshealth.org/en/teens/talk-to-parents.html?WT.ac=t-ra>

Healthy Youth Relationships

This is a FREE online course to help teens gain the knowledge and skills to develop healthy relationships and prevent dating violence. Animated characters guide participants through the course's content, interactive games and quizzes.

<http://redcrosselearning.ca/HYR.php>

That's Not Cool

This website focuses on digital relationships, safety and health, including a video on deleting digital dating abuse.

www.thatsnotcool.com

Cool, not Cool Game

The Cool, not Cool game features interactive stories with user voting on appropriate actions.

<http://www.coolnotcoolquiz.org/>

Love: The Good, the Bad and the Ugly

This website offers advice and stories for all kinds of relationships, with quizzes and resources.

<http://lovegoodbadugly.com/>

NOTES ON HEALTH PROMOTION

RespectED – Canadian Red Cross

Healthy Youth Relationship program and training

<http://www.redcross.ca/how-we-help/violence--bullying-and-abuse-prevention/educators/healthy-youth-dating-relationships>

LOCAL RESOURCES

See counselling resources in Appendix A p. 81

Klinic Sexual Assault Crisis Program

Intake: 204-784-4090 or crisis: 204-786-8631 or 1-888-292-7565

- 24-hour sexual assault crisis phone line and hospital accompaniment
- free in-person, short-term counselling (up to 12 sessions) for people that have experienced current/past sexual assault (ages 12 +) and their families, friends and supporters
- parental referral not required

Note: This is not counselling for childhood sexual abuse.

Self-harm

TOPIC

Self-harm, self-injury

BACKGROUNDER

Self-injury is deliberate, self-effected bodily harm of a socially unacceptable nature, done without suicide intent and carried out to reduce or communicate psychological distress.

Terminology can be stigmatizing. Common terms that can be used include self-harm, self-injury, non-suicidal self-injury (NSSI) or cutting, which is the most common type of self-harming behaviour. Terms that are not recommended to use are self-mutilation (overly negative), suicidal gesture and para-suicide behaviour. Terms that relate the behaviour to suicide are not an accurate representation of the behaviour and may cause a person who is engaged in the behaviour to disengage from help.

Self-injury is rarely about taking one's own life, however, it can be a risk factor for suicide. When a person is self-harming, an assessment for suicide should be done.

FAQs

General Information on Self-Injury

<http://insync-group.ca/general-information/>

S.A.F.E (Self-Abuse Finally Ends) Alternatives

<http://www.selfinjury.com/resources/faqs/>

PROVIDER RESOURCES

Responding to Self-injury

The way someone responds to a person about their self-injury can have an impact on whether the person will feel comfortable seeking help. Consider the following:

- Avoid judgment, recoil or shock.
- Avoid outpourings of concern – for someone who doesn't have strong attachments, this can feel very uncomfortable.
- Do not dismiss or minimize the injury.
- Be matter of fact, calm and compassionate.
- Validate the intense emotions or experiences that have led up to the self-injury.
- Calmly provide medical attention or assist in connecting them to medical attention.
- Do not insist on abstinence from self-injury.
- Let them know that many people can overcome self-injury and they can too.
- Keep in mind that a strong therapeutic relationship is a powerful venue for change.
- Be aware of the person's readiness for change.
- Ask questions directly, avoid blaming statements and ensure there is follow-up.

Adapted from CTRI Crisis & Trauma Resource Institute (2017)

Handout | **Rating Readiness for Change**

The following scale can help care providers and those who self-injure to become aware of where they are in terms of behaviour change. The scale can be completed periodically to increase self-awareness and talk about the score. The higher the score, the greater the motivation to change.

Rate statements on a scale from 1 to 10, where 1 = I strongly agree and 10 = I strongly disagree.

- _____ I want to stop hurting myself.
- _____ I want to treat my body better.
- _____ I want to develop healthy coping skills.
- _____ I want to learn to talk to people honestly when I need help.
- _____ I want to make new friends.
- _____ I want to feel proud of my accomplishments.
- _____ I want to have positive things in my life that make me happy.
- _____ I want to improve my relationship with my parents/guardians.
- _____ I want a positive plan for the future.
- _____ I want to have more positive thoughts in my life.

Adapted from Shapiro (2008)

Handout | ABC Log

An ABC Log can be used to help a youth to better understand the connections between one's thoughts and self-injury.

Date	A: Activating Event Write down the details	B: Beliefs Self-talk, thoughts, opinions about the event	C: Consequences Write down your resulting emotions

What is Emotional Regulation and Why Do We Do It?

Some emotions can be very overwhelming. The desire to reduce strong feelings is one of the most common motivations for self-injury. This sheet provides information about emotional regulation and dysregulation and tips for regulating emotions.

<http://www.selfinjury.bctr.cornell.edu/perch/resources/what-is-emotion-regulationsinfo-brief.pdf>

Distraction Techniques and Alternative Coping Strategies

Finding new ways of coping with difficult feelings can help to suppress the urges that lead to self-injury and may help in the recovery process.

<http://www.selfinjury.bctr.cornell.edu/perch/resources/distraction-techniques-pm-5.pdf>

Handout | The Bill of Rights for Those Who Self-Harm

1. The right to caring, humane medical treatment. Procedures should be done as gently as they would be for anyone presenting with an accidental injury.
2. The right to participate fully in decisions about emergency psychiatric treatment (as long as there is no life-threatening danger). The person's opinion regarding the need for a psychological assessment should be considered, particularly if he or she is not in obvious distress or suicidal.
3. The right to body privacy. Visual examinations to determine the extent of the self-injury should be done only when absolutely necessary.
4. The right to have the feelings behind the self-injury validated. Care providers and others recognize and validate that self-injury has occurred in response to distressing feelings.
5. The right to disclose to whom they choose, what they choose. Permission should be obtained from the individual before a care-provider discloses to others that injuries are self-inflicted.
6. The right to choose what coping mechanisms they will use. No-one should be forced to sign a no-harm contract. Plans should be developed for dealing with impulses so no one feels they need to lie about their self-injury.
7. The right to have care-providers who do not allow their feelings, fears or anxieties about self-injury to distort the therapy.
8. The right to have the role self-injury has played as a coping mechanism validated. No one should be shamed or reproached for using self-injury as a coping mechanism.
9. The right not to be automatically considered a dangerous person because of self-harming behaviour. No one should be restrained or held in a locked facility solely due to self-harming behaviour.
10. The right to have self-injury seen as communication instead of manipulation or attention-seeking. Self-injury should be seen as a means of expressing feelings.

Adapted from Deb Martinson, (1998-2001)

How to Cope with Different Feelings

Feeling Angry

- Slash an empty plastic soda bottle or a piece of heavy cardboard or an old shirt or sock.
- Squeeze ice.
- Do something that will give you a sharp sensation, like eating lemon.
- Make a soft cloth doll to represent the things you are angry at. Cut and tear it instead of yourself.
- Flatten aluminum cans for recycling, seeing how fast you can go.
- Hit a punching bag.
- Pick up a stick and hit a tree.
- Use a pillow to hit a wall, pillow-fight style.
- Rip up an old newspaper or phone book.
- On a sketch or photo of yourself, mark in red ink what you want to do. Cut and tear the picture.
- Make clay models and cut or smash them.
- Throw ice into the bathtub or against a brick wall hard enough to shatter it.
- Dance.
- Clean.
- Exercise.
- Bang pots and pans.
- Stomp around in heavy shoes.
- Play handball or tennis.

Feeling Sad or Depressed

- Do something slow and soothing.
- Take a hot bath with bath oil or bubbles.
- Curl up under a comforter with hot cocoa and a good book.
- Baby yourself somehow.
- Give yourself a present.
- Hug a loved one or a stuffed animal.
- Play with a pet.
- Make a list of things that make you happy.
- Do something nice for someone else.
- Light sweet-smelling incense.
- Listen to soothing music.
- Smooth nice body lotion into the parts of yourself you want to hurt.

- Call a friend and just talk about things that you like.
- Make a tray of special treats.
- Watch TV or read.
- Visit a friend.

Craving Sensation/Feeling Empty or Unreal

- Squeeze ice.
- List the many uses for a random object. (For example, what are all the things you can do with a twist-tie?)
- Interact with other people.
- Put a finger into a frozen food (like ice cream).
- Bite into a hot pepper or chew a piece of ginger root.
- Rub liniment under your nose.
- Slap a tabletop hard.
- Take a cold bath.
- Stomp your feet on the ground.
- Focus on how it feels to breathe. Notice the way your chest and stomach move with each breath.

Wanting Focus

- Do a task that is exacting and requires focus and concentration.
- Eat a raisin mindfully. Notice how it looks and feels.
- Try to describe the texture. How does a raisin smell?
- Chew slowly, noticing how the texture and even the taste of the raisin change as you chew it.
- Choose an object in the room. Examine it carefully and then write as detailed a description of it as you can.
- Choose a random object, like a twist-tie, and try to list 30 different uses for it.
- Pick a subject and research it on the web.

Feeling Guilty or Like a Bad Person

- List as many good things about yourself as you can.
- Read something good that someone has written about you.
- Talk to someone that cares about you.
- Do something nice for someone else.
- Remember when you've done something good.
- Think about why you feel guilty and how you might be able to change it.

General Techniques

Reach Out to Others

- Phone a friend.
- Go out and be around people.
- Call Klinik Crisis Line at 786-8686.

Express Yourself

- Write down your feelings in a diary.
- Cry – crying is a healthy and normal way to express your sadness or frustration.
- Draw or colour.

Keep Busy

- Play a game.
- Listen to music.
- Read.
- Take a shower.
- Open a dictionary and learn new words.
- Do homework.
- Cook.
- Dig in the garden.
- Clean.
- Watch a feel-good movie.

Do Something Mindful

- Count down slowly from 10 to zero.
- Breathe slowly, in through the nose and out through the mouth.
- Focus on objects around you, thinking about how they look, sound, smell, taste and feel.
- Do yoga.
- Meditate.
- Learn some breathing exercises to aid relaxation.
- Concentrate on something that makes you happy: good friends, good times, laughter, etc.

Release Your Frustrations

- Break old dishes.
- Rip apart an old cassette tape, smash the casing.
- Throw ice cubes at a brick wall.
- Throw eggs in the shower.

- Rip apart an old phone book.
- Smash fruit with a bat or hammer.
- Throw darts.
- Punch pillows.
- Scream into a pillow.
- Slam doors.
- Yell or sing at the top of your lungs.
- Exercise.

Other General Distraction and Substitution Techniques

If you STILL feel the urge to injure you might try:

- Putting stickers on the parts of your body you want to injure.
- Drawing slashing lines on paper.
- Drawing on yourself with a red felt-tip pen.
- Taking a small bottle of liquid red food colouring and warm it slightly by dropping it into a cup of hot water for a few minutes. Uncap the bottle and press its tip against the place you want to cut. Draw the bottle in a cutting motion while squeezing it slightly to let the food color trickle out.
- Drawing on the areas you want to cut using ice that you've made by dropping six or seven drops of red food color into each of the ice-cube tray wells.
- Painting yourself with red tempera paint.

Forums or Blogs for Self-Injurers

<https://twloha.com/>

<http://www.recoveryourlife.com/>

Calm Harm App

Provides tasks that help resist or manage the urge to self-harm. Available on IOS and Android.

www.stem4.org.uk/calmharm/

HEALTH PROMOTION

Self-injury and Recovery Research and Resources

<http://www.selfinjury.bctr.cornell.edu/index.html>

LOCAL RESOURCES

See counselling resources in Appendix A

Sleep

TOPIC

Sleep hygiene, sleep disturbances

BACKGROUNDER

For many young people, sleep can be a serious problem. On average, most teens require nine and a half hours of sleep. However, as young people enter adolescence, their brains naturally start to work on later schedules. Further, the adolescent's circadian rhythms tell the body and the brain to go to sleep later at night and wake up later in the morning. This seems to be linked to the brain's melatonin production, which happens later at night for teens than for children and adults.

Other factors can influence sleep patterns, like stress, exposure to excessive light and stimulating activities like mobile phones, computers and TV.

School Start Time and Sleep

This National Sleep Foundation article focuses on biological and developmental sleep changes and needs in adolescence.

<https://sleepfoundation.org/sleep-news/background-er-later-school-start-times>

FAQs

How Much Sleep Do I Need?

This website has several one-page resources on sleep issues aimed at teens.

<http://m.kidshealth.org/en/teens/how-much-sleep.html?WT.ac=m-p-ra>

PROVIDER RESOURCES

Sleep Problems and Insomnia

This website offers CBT tools and downloadable worksheets for addressing a variety of sleep issues. It also offers a checklist and guidelines for better sleep, sleep diary, nightmare rescripting and progressive muscle relaxation, as well as audio therapy resources.

<http://psychologytools.com//Sleep-and-Insomnia.html>

Adolescents and Sleep: A Guide to the Sleep-deprived World of Teenagers

This Canadian Sleep Society brochure includes a quick self-diagnosing score sheet to indicate sleep deprivation, as well as the abbreviated **Eppworth Sleepiness Scale**.

<https://css-scs.ca/resources/brochures>

TAKE HOME MATERIALS > HANDOUTS | APPS

Getting a Good Night's Sleep

This website offers information on how sleep can affect mental health and tips on sleep hygiene.

<http://www.heretohelp.bc.ca/wellness-module/wellness-module-6-getting-a-good-nights-sleep>

Healthy Sleeping

This website offers a handout on sleep for adolescents, focusing on things that are in your control and additional resources.

http://teenmentalhealth.org/wp-content/uploads/2014/08/Healthy_Sleeping.pdf

Recharge Sleep App (for IOS)

<http://au.reachout.com/recharge-sleep-app>

Best Sleep Hygiene (Android)

Best Sleep Hygiene is a self-help sleep app.

<https://play.google.com/store/apps/details?id=org.and.dev.sleep hygiene&hl=en>

CBT-i Coach

CBT-i is for people who are engaged in Cognitive Behavioural Therapy for Insomnia with a health provider, or who have experienced symptoms of insomnia and would like to improve their sleep habits.”<https://play.google.com/store/apps/details?id=com.t2.cbti&hl=en>

Stress and Self-care

TOPIC

Stress and self-care

BACKGROUNDERS

Teens Health

Teens Health offers information on stress, flight or fight stress response, coping with stressful situations and cutting.

<http://kidshealth.org/en/teens/stress.html>

Adolescent Stress and Coping Strategies

This Ontario Education Research Exchange study focuses on the main causes of stress and ways of coping.

<https://oere.oise.utoronto.ca/document/adolescent-stress-and-coping-strategies/>

FAQs

Kelty Mental Health – Stress

Check this website for information and resources on stress in children and youth.

<http://keltymentalhealth.ca/healthy-living/stress>

PROVIDER RESOURCES> QUICK QUIZ | HANDOUT

What's Your Stress Index?

What's Your Stress Index offers a scored quick quiz to assess global stress factors. It can be used as a self-test or with a provider.

http://www.cmha.ca/mental_health/whats-your-stress-index/

Handout | Identify, Observe and Describe Emotions

Identifying our emotions and how we deal with them is important to believing one's feelings are valid and choosing coping strategies that better meet our needs.

1. What is the name of your primary emotion?

Surprise _____ Anger _____ Shame _____ Curiosity _____ Fear _____
Disgust _____ Sadness _____ Happy _____ Other _____

2. What was going on in the environment when you began to have this feeling?

3. What are you telling yourself about the situation and the emotion (what are your beliefs, assumptions)?

4. What sensations did you notice in your body?

5. What is your body language with this emotion (posture, facial expression, arms, legs)? What would others say was happening for you if they saw you now?

6. What do you have the urge to do with this emotion (what do you feel like doing)? What do you think would happen if you acted on this urge?

7. Is there another behaviour that would work better (not as many negative consequences) than what you identified in # 6? If so, what is it?

Adapted from Linehan, 1993

Handout | **Everything is Awful and I'm Not OK: Questions to ask before giving up**

This is a step-by-step interactive support for self-care practices.

Are you hydrated?

If not, have a glass of water.

Have you eaten in the past three hours?

If not, get some food — something with protein, not just simple carbs. Perhaps some nuts or hummus?

Have you showered in the past day?

If not, take a shower right now.

Have you stretched your legs in the past day?

If not, do so right now. If you don't have the spoons for a run or trip to the gym, just walk around the block, then keep walking as long as you please. If the weather's crap, drive to a big box store (e.g. Target) and go on a brisk walk through the aisles you normally skip.

Have you said something nice to someone in the past day?

Do so, whether online or in person. Make it genuine; wait until you see something really wonderful about someone, and tell them about it.

Have you moved your body to music in the past day?

If not, do so — jog for the length of an EDM song at your favorite BPM, or just dance around the room for the length of an upbeat song.

Have you cuddled a living being in the past two days?

If not, do so. Don't be afraid to ask for hugs from friends or friends' pets. Most of them will enjoy the cuddles too; you're not imposing on them.

Have you seen a therapist in the past few days?

If not, hang on until your next therapy visit and talk through things then.

Have you changed any of your medications in the past couple of weeks, including skipped doses or a change in generic prescription brand?

That may be screwing with your head. Give things a few days, then talk to your doctor if it doesn't settle down.

If daytime: are you dressed?

If not, put on clean clothes that aren't pajamas.

Give yourself permission to wear something special, whether it's a funny t-shirt or a pretty dress.

If nighttime: are you sleepy and fatigued but resisting going to sleep?

Put on pajamas, make yourself cozy in bed with a teddy bear and the sound of falling rain, and close your eyes for fifteen minutes — no electronic screens allowed. If you're still awake after that, you can get up again; no pressure.

Do you feel ineffective?

Pause right now and get something small completed, whether it's responding to an e-mail, loading up the dishwasher, or packing your gym bag for your next trip. Good job!

Do you feel unattractive?

Take a goddamn selfie. Your friends will remind you how great you look, and you'll fight society's restrictions on what beauty can look like.

Do you feel paralyzed by indecision?

Give yourself ten minutes to sit back and figure out a game plan for the day. If a particular decision or problem is still being a roadblock, simply set it aside for now, and pick something else that seems doable. Right now, the important part is to break through that stasis, even if it means doing something trivial.

Have you been over-exerting yourself lately — physically, emotionally, socially, or intellectually?

That can take a toll that lingers for days. Give yourself a break in that area, whether it's physical rest, taking time alone, or relaxing with some silly entertainment.

Have you waited a week?

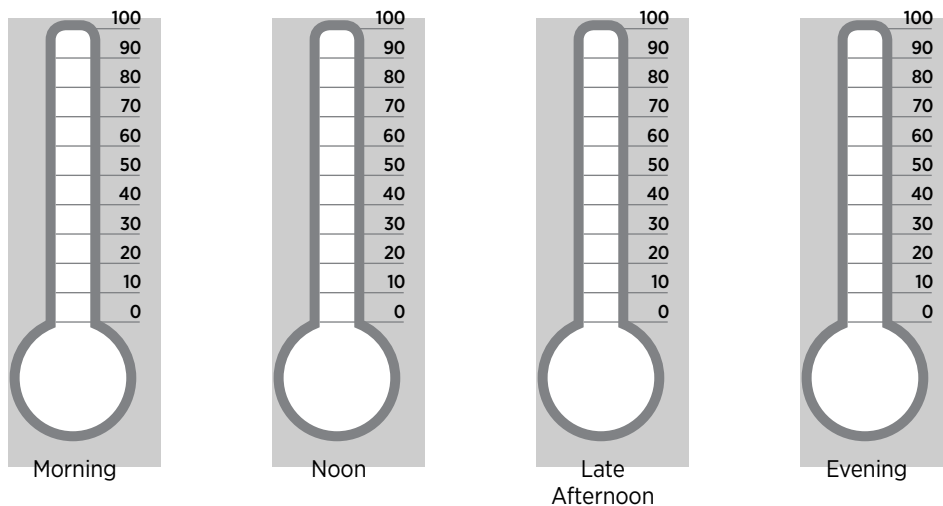
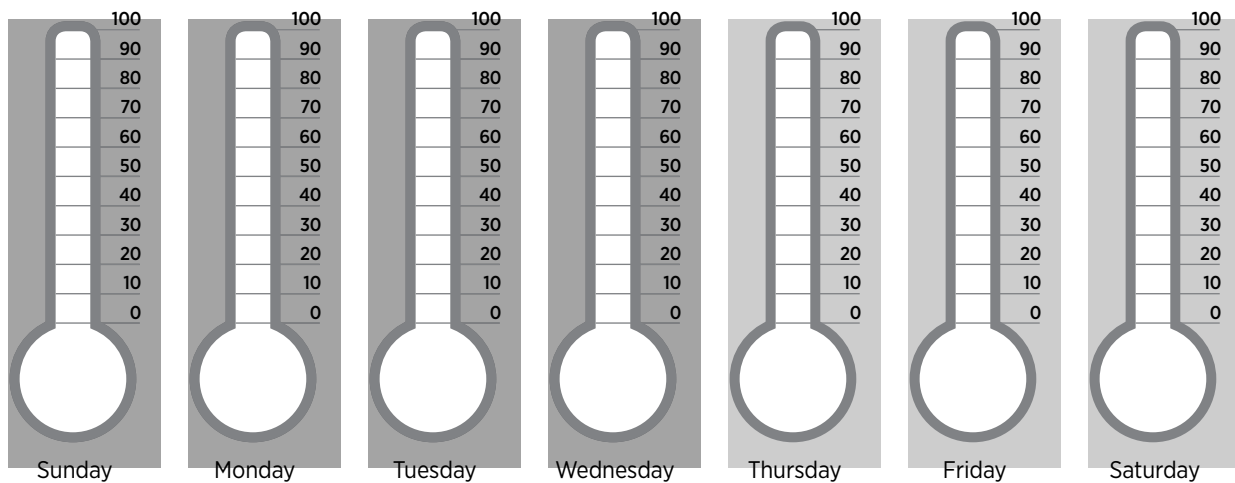
Sometimes our perception of life is skewed, and we can't even tell that we're not thinking clearly, and there's no obvious external cause. It happens. Keep yourself going for a full week, whatever it takes, and see if you still feel the same way then.

You've made it this far, and you will make it through. You are stronger than you think.

Handout | Taking Your Stress Temperature

Use the thermometers below to take your stress temperature. For example, if today is Tuesday and you feel a medium level of stress, you might colour in the Tuesday thermometer about half-way. Try taking your temperature at the end of each day for a week. What do you notice at the end of the week? You might also try taking your stress temperature at different times of day. What do you notice then? The goal of this exercise is to give you information, not to judge that a high temperature of stress is bad or that a low temperature is good. Knowing when your stress level climbs and decreases may enable you to adjust your schedule.

Stress Level



Adapted from What about You? A Workbook for Those who Work with Others

<http://homelesshub.ca/resource/what-about-you-workbook-those-who-work-others>

Are you stressed?

Please read each statement and circle a number, 0, 1, 2, or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers.

The rating scale is as follows:

- 0 – Did not apply to me at all
- 1 – Applied to me to some degree, or some of the time
- 2 – Applied to me a considerable degree, or a good part of the time
- 3 – Applied to me very much, or most of the time

1. I found myself getting upset by quite trivial things	0 1 2 3
2. I tended to over-react to situations	0 1 2 3
3. I found it difficult to relax	0 1 2 3
4. I found myself getting upset rather easily	0 1 2 3
5. I felt that I was using a lot of nervous energy	0 1 2 3
6. I found myself getting impatient when I was delayed in any way (eg. Being left waiting)	0 1 2 3
7. I felt that I was rather touchy	0 1 2 3
8. I found it hard to wind down	0 1 2 3
9. I found that I was very irritable	0 1 2 3
10. I found it hard to calm down after something upset me	0 1 2 3
11. I found it difficult to tolerate interruptions to what I was doing	0 1 2 3
12. I felt I was in a state of nervous tension	0 1 2 3
13. I was intolerant of anything that kept me from getting on with what I was doing	0 1 2 3
14. I found myself getting agitated	<u>0 1 2 3</u>

Flip over to see what your score means!

Grand Total



Reference: Lovibond, S.H. & Lovibond, P.F. (1995).
Manual for the Depression Anxiety Stress Scales.
(2nd Ed) Sydney: Psychology Foundation.

Adapted from: Prairie Mountain Health

DASS scales should be administered by a trained clinician and only used with adults and youth 14+

What does your score mean?

0 – 14 – This is a normal level of stress. Continue to monitor your stress levels to make sure you can manage everything life throws your way.

15 – 18 – This is a mild level of stress. Monitor your stress level to make sure it doesn't go higher. Try to minimize your stress using relaxation techniques (see Teen Health Clinic handout "decreasing your stress") or doing something you enjoy.

19 – 25 – You have a moderate level of stress. It may be helpful to talk with someone about ways to decrease your stress. High levels of stress can lead to other mental health problems such as anxiety or depression.

26 – 33 – You have a severe level of stress in your life. You have probably noticed that your stress level is interfering with different areas of your life such as school, home, relationships and work. Use the resources below to talk to someone that can help. You can always stop by the Teen Health Clinic while they are in your school.

34 + – This is an extremely severe level of stress. Talk to someone you trust right away to help you. There are people who can help, and you do not have to go through this alone. The resources listed below are a good place to start. You can also talk to your doctor or nurse practitioner, parent, guidance counsellor – or stop by the Teen Health Clinic. Take your health seriously and talk to a professional right away.

Handout | **How to Problem Solve**

This is an interactive, printable, problem-solving resource.

http://keltymentalhealth.ca/sites/default/files/Problem%20Solving_Editable%20Resource.pdf

'You Feel Like Shit'

This is an interactive online self-care flow chart that goes through a series of questions. The process can take up to an hour to work through the steps and can be used by youth or adults.

http://philome.la/jace_harr/you-feel-like-shit-an-interactive-self-care-guide/play

Stresslr

Aimed at kids 9-11, this website can be fun and engaging for youth. It will help to understand what causes stress, how youth react to it, and how to develop healthy ways of coping.

<http://www.stresslr.ca/#/>

Mindfulness for Teens

This is a website specifically oriented to teens and the benefits of mindfulness.

<http://mindfulnessforteens.com/>

Bite Back

This website uses positive psychology to improve resilience for young people 12-18.

<https://www.biteback.org.au/>

Thinking Healthy Thoughts

This website offers skills training for reframing thoughts in a healthy way.

<http://keltymentalhealth.ca/healthy-living/stress>

Beating Exam Stress: Fact Sheet

<http://au.reachout.com/beating-exam-stress>

I'm Always Stressed Fact Sheet

<http://au.reachout.com/im-always-stressed>

LOCAL RESOURCES

Stress Hacks

A Manitoba-based website with resources, tips, quizzes and map based regional supports for youth, service providers and educators.

www.stresshacks.ca

Trauma

TOPIC

Trauma and PTSD

BACKGROUNDER

Trauma is part of the human experience. Everyone experiences trauma and it is usually unavoidable. Trauma happens to us, it does not mean that there is something wrong with us or that we are bad. It means that something bad happened or was done to us.

Each person experiences traumatic events differently. Many people who have experienced trauma may not yet fully realize what has happened to them or how it has affected them. Some may want help, but are not ready to ask for it. Others may have problems with getting access to help. Providing short-term support can help to identify needs and provide a bridge to planning for more longer term support.

Adapted from <http://trauma-recovery.ca/>

FAQs

Info-Trauma

<http://www.info-trauma.org/en/victim/faq>

TAKE HOME MATERIALS

Do you come from a country affected by war, political conflict or disaster?

This is a printable PDF about post traumatic stress disorder (PTSD).

http://www.camh.ca/en/hospital/Documents/www.camh.net/About_Addiction_Mental_Health/Mental_Health_Information/ptsd_brochure.pdf

Ten Things I've Learned About Trauma

This is a self-help blogpost on trauma and recovery.

<https://monsteracademymtl.wordpress.com/2014/11/27/a-new-normal-ten-things-ive-learned-about-trauma/>

PROVIDER RESOURCES

Trauma-informed Toolkit (2013)

http://trauma-informed.ca/wp-content/uploads/2013/10/Trauma-informed_Toolkit.pdf

PTSD Coach Canada

This website is developed by Veterans Canada, but it is broadly applicable to PTSD.

<https://play.google.com/store/apps/details?id=ca.gc.veterans.ptsd.ptsdcoach&hl=en> –
<https://itunes.apple.com/ca/app/ptsd-coach-canada/id616851357?mt=8> –

Klinic – Trauma training

<http://klinik.mb.ca/education-training/training-opportunities/trauma-informed/>

Appendix A: Counselling Resources

Winnipeg Free/Low-cost Counselling

Jewish Child and Family Services 204-477-7430

- individual counselling, family therapy, and play-based therapy for children and youth (ages 3+)
- open to all faiths and cultural groups
- sliding fee scale, based on income

Klinic Community Health Drop-In Counselling 204-784-4067

- free drop-in or short-term counselling available for youth (ages 13+)
- short-term counselling (up to 10 sessions)
- drop-in counselling that clients can attend as often as they like
- drop-in counselling that does not require a parent's permission

Men's Resource Centre 204-415-6797 ext. 250

- free drop-in, short-term (up to eight sessions) and long-term (up to one year) counselling for men ages 16 + (participants must attend drop-in counselling first to access long-term counselling)
- occasional group counselling (may not be appropriate for younger men)
- drop-in counselling on Mondays 1-9 p.m.

North Point Douglas Women's Centre 204-947-0321

- drop-in, and counselling by appointment, three days a week for individuals, families and children/youth
- drop-in appointments: Monday 3-5 p.m. and Wednesday 1-4 p.m.
- booked appointments: Thursdays all day – book through Recovery of Hope (204-477-4673)

Pluri-elles 204-233-1735 ext. 210

- French language peer counselling and workshops available for youth

Red River College (RRC) Counselling Services 204-632-3966

- Free individual counselling is available for Red River College students
- An intake form is available online or at the RRC office

Resource Assistance for Youth (RAY) 204-783-5617

- Informal counselling is available on Wednesdays from noon-4p.m. for homeless and street entrenched youth (ages 29 and under).
- Addictions support worker and mental health outreach worker for co-occurring disorders

University of Manitoba Student Counselling and Career Centre

204-474-8592

- Free individual, couple or family counselling is available for U of M students.
- Individual and group sessions are available.
- Drop-in counselling is offered five days a week (Monday, Tuesday, Thursday and Friday 9:30-11 a.m. and 1:30-3 p.m., Wednesday 1:30-3 p.m. only).

University of Winnipeg Career Services Centre

204-786-9231

- Free individual, couple, family and group counselling is available to students registered at the University of Winnipeg, the University Collegiate, Continuing Ed Program and Winnipeg Education Centre.

Winnipeg Military Family Resource Centre

204-833-2500 ext. 4500

- Free short term individual and family counselling is available for youth who have a family member in the military

Women's Health Clinic

204-947-1517

- Free individual counselling is available for female youth (ages 12-19) on any issue.
- Free nutrition counselling is also available by appointment.
- Anyone can refer a youth to counselling, including self-referral.
- Short or long-term counselling is available. Nutrition counselling is generally short term.
- Youth may meet with a general counsellor through drop-in appointments during teen clinic, on Thursdays from 3-8 p.m.

Youville Community Health Centre – Dakota location

204-255-4840

- Free short-term (up to 8 sessions) individual counselling are available for men and women (ages 13+).
- Participants must see a nurse first – The service is available five days a week (Monday through Thursday 9a.m.-9 p.m., Friday 9 a.m.- 5 p.m.)

Family Therapy

Aulneau Renewal Centre

204-987-7090

- Family therapy is available. Parents/caregivers are expected to be involved
- Parents, teachers, social workers or health care providers can refer children and youth for free counselling on separation/divorce, anger/behavioural issues, abuse/trauma and anxiety.

Families Affected by Sexual Assault (FASA) New Directions

204-786-7051 ext. 5262

- Free counselling is available for youth (ages 18 and under) and families affected by third party sexual assault.
- The disclosure must be recent and the offender must be someone other than a parent, caregiver or sibling

Domestic Violence

NorWest Co-op Community Health

IWCP 204-940-2172 or WDVP 204-940-6624

- Free individual and group counselling is available to children and youth who have witnessed domestic violence, or have been in an abusive relationship.
- Access is through adult programs: Immigrant Women's Counselling Program or Women's Domestic Violence Program.

Fort Garry Women's Resource Centre

204-477-1123

- Free play/music/art counselling is available for children (ages 2-12) who have witnessed or experienced domestic violence
- The service is open to community referral; it runs in Winnipeg North and South

Sexual Abuse/Exploitation

The Laurel Centre

204-783-5460

- Free individual and group counselling is available for women (ages 16+) who have been sexually abused/exploited.
- Short-term therapy and group therapy is available for women on a waitlist.
- The waitlist is usually more than one year. Therapy is provided for three years maximum.
- The centre offers a “Whose got your back” group for sexually exploited teens.

Knowles Centre Sexual Abuse Treatment Program

204-339-1951 ext. 151

- Free counselling is available for children and youth (ages 4-21) who have been sexually abused
- Support for non-offending parents, caregivers and siblings

Marymount Sexual Abuse Treatment Program

204-944-7400

- Free counselling is available for youth (ages 4-16) who have experienced sexual abuse.
- Criteria includes no contact with offender during treatment (unless it is part of a planned and supervised reunification process) and no outstanding custody or access issues.
- The parent or primary caregiver must be willing to be involved in treatment.

Psychosis Evaluation

Winnipeg

Early Psychosis Prevention and Intervention Service (EPPIS) is available for youth age 13+ as well as young adults. Contact Child and Adolescent Mental Health Centralized Intake at 204-958-9660 or for 18+, contact Community Mental Health at 204-940-1663.

Brandon

Early Intervention Program 204-578-2436

Appendix B: Websites With Mental Health Resource Lists

<http://www.stresshacks.ca/>

<http://teenmentalhealth.org/wp-content/uploads/2014/10/Mental-Health-Effective-Helping-for-Health-Care-Providers-final.pdf>

www.teentalk.ca

www.mindyourmind.ca

<http://headspace.org.au/>

<http://www.conductmanagement.com/>

<http://www.hmhc.ca>

<https://www.headstrong.ie/>

<http://ie.reachout.com>

http://www.who.int/mental_health/resources/Child_ado_atlas.pdf

<http://teenmentalhealth.org/care/health-professionals/>

www.teenclinic.ca

<http://www.kidsnewtocanada.ca/>

<http://www.excellenceforchildand youth.ca/>

<http://www.excellenceforchildand youth.ca/sites/default/files/olm/mha/7/player.html>

<http://www.shared-care.ca/toolkits>

<http://zerosuicide.sprc.org>

<https://kidshelpphone.ca>

Bibliography

- Afifi, T. O., MacMillan, H. L., Boyle, M., Taillieu, T., Cheung, K., & Sareen, J. (2014, June 10). Child abuse and mental disorders in Canada. *CMAJ: Canadian Medical Association Journal*, 186(9), E324+.
- Bennett, K., Rhodes, A. E., Duda, S., Cheung, A. H., Manassis, K., Links, P., ... & Bridge, J. A. (2015). A youth suicide prevention plan for Canada: a systematic review of reviews. *The Canadian Journal of Psychiatry*, 60(6), 245-257.
- Blisker, D., PhD., Goldner, Elliot M, MD,M.H.Sc, F.R.C.P., & Anderson, Ellen,M.D., M.H.Sc. (2012). Supported self-management: A simple, effective way to improve depression care. *Canadian Journal of Psychiatry*, 57(4), 203-9. Retrieved from
- Dej, E. (2011). What once was sick is now bad: the shift from victim to deviant identity for those diagnosed with fetal alcohol spectrum disorder. *Canadian Journal of Sociology*, 36(2), 137+.
- Gandhi, S., M.Sc, Chiu, M., PhD., Lam, K., M.Sc, Cairney, J. C., PhD., Guttman, Astrid,M.D.C.M., M.Sc, & Kurdyak, Paul,M.D., PhD. (2016). Mental health service use among children and youth in ontario: Population-based trends over time/ utilisation des services de santé mentale par les enfants et les adolescents de l'ontario : Tendances dans la population au fil du temps. *Canadian Journal of Psychiatry*, 61(2), 119-124. doi:http://dx.doi.org/10.1177/0706743715621254
- Gerlach, A. J. (2012). A critical reflection on the concept of cultural safety. *Canadian Journal of Occupational Therapy*, 79(3), 151-158.
- Gould, N. (2006). An inclusive approach to knowledge for mental health social work practice and policy. *The British Journal Of Social Work*, 36(1), 109-125.
- Gratzer, D., M.D., & Khalid-Khan, F. (2016). Internet-delivered cognitive behavioural therapy in the treatment of psychiatric illness. *Canadian Medical Association.Journal*, 188(4), 263-272. doi:http://dx.doi.org/10.1503/cmaj.150007
- Hathaway, A., Callaghan, R., MacDonald, S., & Erickson, P. (2009). Cannabis dependence as a primary drug use-related problem: the case for harm reduction-oriented treatment options. *Substance Use & Misuse*, 44(7), 990-1008.
- Henderson, J. L., Chaim, G., Luca, S., Brownlie, E. B., Rosenkranz, S., Skilling, T. A., & Beitchman, J. H. (2015). Program manager perspectives on the service system to meet the needs of youth with concurrent disorders: Findings from a canadian national survey. *BMC Health Services Research*, 15
- Holland, P., Gorey, K., & Lindsay, A. (2004). Prevention of mental health and behaviour problems among sexually abused Aboriginal children in care. *Child & Adolescent Social Work Journal*, 21(2), 109-115.
- Hunter, S. (2008). Child maltreatment in remote Aboriginal communities and The Northern Territory Emergency Response: a complex issue. *Australian Social Work*, 61(4), 372-388.
- Kidd, S. A., McKenzie, K. J., & Virdee, G. (2014). Mental Health Reform at a Systems Level: Widening the Lens on Recovery-Oriented Care. *Canadian Journal of Psychiatry. Revue Canadienne de Psychiatrie*, 59(5), 243-249.

- Kiss, V., Pim, C., Hemmelgarn, B. R., & Quan, H. (2013). Building knowledge about health services utilization by refugees. *Journal of Immigrant and Minority Health, 15*(1), 57-67. doi:<http://dx.doi.org/10.1007/s10903-011-9528-8>
- Kroenke, K. (2012). Enhancing the clinical utility of depression screening. *CMAJ : Canadian Medical Association Journal, 184*(3), 281-282. <http://doi.org.ezproxy.lib.ucalgary.ca/10.1503/cmaj.112004>
- Labelle, R., Pouliot, L., & Janelle, A. (2015). A systematic review and meta-analysis of cognitive behavioural treatments for suicidal and self-harm behaviours in adolescents. *Canadian Psychology, 56*(4), 368-378
- Lambert, L., Passmore, H., & Holder, M. D. (2015). Foundational frameworks of positive psychology: Mapping well-being orientations. *Canadian Psychology, 56*(3), 311-321.
- Leadbeater, B. (2010). The fickle fates of push and pull in the dissemination of mental health programs for children. *Canadian Psychology, 51*(4), 221-230.
- Lee, E., & Bhuyan, R. (2013). Negotiating within whiteness in cross-cultural clinical encounters. *Social Service Review, 87*(1), 98-130.
- Links, P. S., Kates, N., & Gliva, G. (1982). A Canadian community mental health program: a clerkship experience. *General Hospital Psychiatry, 4*(3), 245-248.
- Linehan, M.M.(1993). Skills training manual for treating borderline personality disorder. New York: Guilford press
- McConnell, D., Breikreuz, R., & Savage, A. (2012). Independent evaluation of the Triple P Positive Parenting Program in family support service settings. *Child & Family Social Work, 17*(1), 43-54.
- Miller, L. D., Gold, S., Laye-Gindhu, A., Martinez, Y. J., Yu, C. M., & Waechter, V. (2011). Transporting a school-based intervention for social anxiety in canadian adolescents. *Canadian Journal of Behavioural Science, 43*(4), 287-296.
- Mitchell, J., & Schmidt, G. (2011). The importance of local research for policy and practice: A rural Canadian study. *Journal Of Social Work Practice In The Addictions, 11*(2), 150-162.
- Nolin, M., M.D., Malla, Ashok, M.B.B.S., F.R.C.P.(C.), Tibbo, Phil, M.D., F.R.C.P.(C.), Norman, R., PhD., & Abdel-Baki, A. (2016). Early intervention for psychosis in canada: What is the state of affairs?/Intervention précoce pour la psychose au canada : Quel est l'état de la situation? *Canadian Journal of Psychiatry, 61*(3), 186-194. doi:<http://dx.doi.org/10.1177/0706743716632516>
- Salehi, R. (2010). Intersection of health, immigration, and youth: A systematic literature review. *Journal of Immigrant and Minority Health, 12*(5), 788-97. doi:<http://dx.doi.org/10.1007/s10903-009-9247-6>
- Sealy, P. (2012). The impact of the process of deinstitutionalization of mental health services in Canada: An increase in accessing of health professionals for mental health concerns. *Social Work In Public Health, 27*(3), 229-237.
- Sergeant, S., & Mongrain, M. (2015). Distressed users report a better response to online positive psychology interventions than nondistressed users. *Canadian Psychology, 56*(3), 322-331.

- Ungar, M., Lee, A., Callaghan, T., & Boothroyd, R. (2005). An international collaboration to study resilience in adolescents across cultures. *Journal Of Social Work Research And Evaluation*, 6(1), 5-23.
- Stewart, M., Reutter, L., Letourneau, N., Makwarimba, E., & Hungler, K. (2010). Supporting homeless youth: Perspectives and preferences. *Journal Of Poverty*, 14(2), 145-165.
- Turner, H., & Turner, R. (1999). Gender, social status, and emotional reliance. *The Journal of Health and Social Behaviour*, 40(4), 360-373.
- Walls, M., Johnson, K., Whitbeck, L., & Hoyt, D. (2006). Mental health and substance abuse services preferences among American Indian people of the northern Midwest. *Community Mental Health Journal*, 42(6), 521-535.
- Whitbeck, L., & Crawford, D. (2009). Gestational risks and psychiatric disorders among Indigenous adolescents. *Community Mental Health Journal*, 45(1), 62-72.
- Williams, R., Zolner, T., Bertrand, L., & Davis, R. (2004). Mental health status of infrequent adolescent substance users. *Journal Of Child & Adolescent Substance Abuse*, 14(2), 41-60.
- Zapf, M. K. (1993). Remote practice and culture shock: social workers moving to isolated northern regions. *Social Work*, 38(6), 694-704.