



Youth Suicide Prevention and Mental Health Services Review

Thoughts and Recommendations from the
New Brunswick Association of Social Workers

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The New Brunswick Association of Social Workers (NBASW) is an organization representing more than 2,100 members provincially. Its role is the promotion of excellence in social work practice and protection of the public. Social workers work in a variety of fields such as healthcare, mental health and addictions, child and adult protection, education, non-profit organizations, policy, and more. Regardless of their specific area of work, social workers are committed to supporting the well-being of all individuals and protecting the most vulnerable in our society, including children and youth.

Although deeply saddened by the tragic losses that led to this review, the Association wants to commend the province for undertaking such a review specific to youth suicide in the province. The Association also wishes to extend its deepest sympathies for all New Brunswickers who have been personally affected by and who have lost loved ones to suicide, particularly child and youth suicide. Our youth are the future and the proper systems must be in place to support them in their time of need. Findings from this review and the corresponding recommendations cannot sit on a shelf. They must be acted on and implemented immediately to support our children and youth, helping them to achieve wellness and live meaningful lives.

Recognizing the Importance of Timely and Effective Care

The Government of Canada recognizes that youth 15 to 24 years of age are at a higher risk for suicide, with suicide being the second leading cause of death for youth. For system updates to be effective in reducing youth suicide, the plan must be informed by the voices of New Brunswick children and youth. The mental health system needs to be built from the ground up to include a structure that meets the needs of youth. The Government also recognizes that Indigenous youth are at an even higher risk for suicide.¹ In recognizing this, an effective youth suicide prevention strategy must be developed together with Indigenous youth, communities, and leaders, ensuring that the strategy is culturally relevant, appropriate, and effective in meeting the needs of Indigenous children and youth.

The COVID-19 pandemic has had an extremely negative effect on people's mental health and has resulted in an overall increase in substance abuse, with global stress, unemployment, underemployment, lack of social connection, and lack of or reduced access to services exacerbating mental health and addiction issues. Children and youth have suffered greatly during this time, being separated from their friends and families, having to learn from home, and having to adjust their day to day lives to adhere to the necessary public health measures. Mental health has a direct impact on all aspects of life, influencing how people respond to stressful situations,

¹ Government of Canada (n.d.). Suicide in Canada. Retrieved from <https://www.canada.ca/en/public-health/services/suicide-prevention/suicide-canada.html>

relate to others, and make choices. The Statistics Canada *Canadian Health Survey on Children and Youth* found that youth ages 15-24 have experienced the greatest decline in mental health since the start of the COVID-19 pandemic.²

Not only is implementing a health care system that supports children and youth and meets their healthcare needs the right thing to do morally and as a society, but it's also a fiscally logical investment, with mental health conditions resulting in significant levels of impaired functioning and with the onset or presence of a mental health disorder increasing the risk of disability and premature mortality from other diseases.³ This must be factored in to decisions, as investing in supportive and effective systems for youth now will result in a healthier population in the future.

Thinking Beyond the Emergency Room

The NBASW is pleased with the recommendations recently released by the government to enhance addiction and mental health crisis services in the province. Enhanced education for the public regarding existing crisis response services and trauma-informed care training for first responders and emergency department staff is important in ensuring that citizens access safe emergency services. It is key that the system is built in a way in which every door is the right door and that no one asking for help is ever turned away. In recognizing the importance of ongoing training and education, the NBASW believes that there is a need to broaden the focus outside of emergency departments and explore how emergency mental health and addictions support can be provided, without individuals sitting and waiting in emergency rooms to be seen.

Part of the government recommendations includes the 811 system being expanded to include telephone mental health and addiction crisis services to New Brunswickers on a 24/7 basis. To further ensure the accessibility of mental health and addiction services, the provincial crisis line must be staffed by qualified mental health professionals, such as social workers. The system must also include an on-call in-person response model where mental health professionals, such as social workers, would be available 24/7 to respond to the 20% of calls that require face-to-face interventions, including support from police officers during the appropriate interventions.

To facilitate an on-call mental health response model, it would be logical to expand and standardize the existing Mobile Crisis Units, so they work hand in hand with the 811-crisis line and be made available 24/7 province-wide by having social workers on call to respond to situations that require face-to-face intervention. The Child Protection and Adult Protection on-call model is structured similarly, providing after-hours telephone screening and, when required,

² Statistics Canada (2020). Impacts on mental health. Retrieved from <https://www150.statcan.gc.ca/n1/pub/11-631-x/2020004/s3-eng.htm>

³ World Health Organization (2013). Investing in mental health: Evidence for action. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/87232/9789241564618_eng.pdf?sequence=1

a social worker who is on call to intervene face-to-face. The system needs to be designed to meet New Brunswickers where they are at and respond appropriately to their unique circumstances and needs. Adding a face-to-face intervention component to the system is key in ensuring callers have access to the appropriate interventions, while also being critical in reducing the number of people presenting at emergency rooms for non-urgent interventions. When providing in-person response services, social workers would be able to de-escalate and assess the situation and accompany individuals to the hospital when needed.

To provide citizens with the care they need, there needs to be a system in place that fast-tracks at-risk individuals through the medical system, so they are not required to sit and wait in emergency rooms to have access to a physician. Social workers regularly perform mental health assessments, such as suicide risk assessments, as part of their role. Once an individual is assessed as being high risk/in need to further care, social workers must be given the authority to bypass the emergency room process, having direct access to an on-call or emergency room physician who can see the individual.

The recommendation to have social workers on call 24/7 to provide in-person response services would not only address mental health crises', including calls regarding youth mental health, but other situations to which police response. With an on-call mental health response model available, police interventions such as wellness checks, mental health calls, family violence disputes, and addiction issues should also involve mental health professionals who are trained to de-escalate and respond to these types of emergencies and other crises. Having mental health professionals, such as social workers, respond to wellness checks with police would allow for social workers to address mental health crises, connect people with services, provide follow-up, and enhance public services while providing long-term cost-saving measures.

Adequate Staffing and Recruitment and Retention of Skilled Professionals

To ensure that all citizens, including youth, have access to timely mental health services, the government must fund positions for additional social workers and other health professionals around the province, to reduce waitlist times and ensure mental health services are accessible for all residents of New Brunswick. Developing a plan to provide 24/7 coverage by the emergency department mental health care team is a positive start, however, the investments cannot stop there. Investments in staffing must be made, throughout the province, to reduce wait times in programs such as Mental Health and Addictions.

Adequate investments in health professionals are key in ensuring children and youth have access to the appropriate services promptly. Investing properly in these professionals and ensuring adequate staffing would allow for more intensive interventions when required and is important

in establishing a workplace culture that recruits and retains skilled professionals, to reduce the risk of future staffing crises.

Child and Youth Centered Policy and Program Development

Child and youth mental health services inherently require a multidisciplinary approach. Social workers are skilled health professionals that often work in multidisciplinary teams, such as Integrated Services Delivery (ISD)'s Child and Youth Teams. ISD was developed to bring systems together and ensure that children can access wraparound services, in the intensity they need, when they need them; bringing together a variety of professionals and ensuring that no door is the wrong door.

Existing ISD policies state that youth 16 and over can consent to services, but those under the age of 16 needed the consent of a parent or legal guardian to access services. In recognizing that not all youth live with their parents or have a parent/guardian willing to provide consent to services, there continued to be barriers for youth under 16 accessing addiction and mental health services, including through ISD's Child and Youth Teams. These youth include some of the most vulnerable individuals in society and it became clear that structural changes needed to be done to ensure New Brunswick youth were able to access mental health services when they needed them most.

As the regulatory body for the social work profession in New Brunswick, the NBASW developed the *Standards Regarding the Capacity of Minors to Consent to Social Work Services* to help close this gap for children and youth.⁴ These Standards are based on the mature minor doctrine, a Supreme Court ruling that states that any minors able to fully understand the nature and consequences of treatment can consent to the treatment. There is no minimum age to this ruling, recognizing that everyone is different and possesses a different level of capacity.⁵

While the Standards developed by the NBASW clarify that social workers working in all organizations can provide services to youth who are capable of consenting, other professions and organizations do not necessarily have the same rules, something that remains a barrier for certain youth. Ensuring that youth can access services in their best interest when they have the capacity of providing consent for the services, is key in ensuring children and youth receive the help they so desperately desire and are not falling through gaps in systems.

Regarding a range of health scenarios, not always specific to mental health, the lack of inclusion of the profession of social work in the *Medical Consent of Minors Act* is another barrier to youth

⁴ New Brunswick Association of Social Workers (2021). Standards regarding the capacity of minors to consent to social work services. Retrieved from <https://www.nbasw-atsnb.ca/assets/Uploads/Standards-Regarding-Capacity-of-Minors-EN.pdf>

⁵ Court of Appeal decision Region 2 Hospital Corp v Walker (NBCA), [1994] NBJ No 242

accessing services in New Brunswick. The *Medical Consent of Minors Act* outlines the circumstances under which New Brunswick children and youth can consent to health treatments and related procedures.⁶ Social workers work on interdisciplinary teams with a range of healthcare professionals and fulfill an array of roles. Social workers working in healthcare settings work hand in hand with other health professionals and may provide initial screening and evaluation of a patient and family, comprehensive psychosocial assessment of patients, and help patients and families understand the illness and treatment options, as well as consequences of various treatments or treatment refusals.

When working with individuals receiving medical treatment from a psychiatrist, social workers provide interventions in support of the psychiatric care the individual is receiving. However, as previously mentioned, social workers also work in healthcare settings that are not specific to mental health. As examples, social workers regularly work with youth exploring reproductive health options and transgender youth exploring gender affirming procedures. In these situations, social workers are heavily involved in working with patients before, during, and after the onset of treatment. It has been found that youth who are transgender have higher rates of suicidal ideation, plans, attempts and attempts that require medical care when compared to youth who are cisgender.⁷ In recognizing that specific youth populations are at an increased risk of suicide, upon entering the health system in any capacity, it is important that these individuals have access to skilled health professionals, such as social workers, who are able to complete a full range of assessments upon initial contact.

Social workers regularly assess the capacity of minors to provide consent for social work services, as outlined in the newly adopted *Standards Regarding the Capacity of Minors to Consent to Social Work Services*, and provide a variety of assessments specific to their place of work. While beginning to work with an individual under the age of 16 in a healthcare setting, social workers should be able to assess whether the individual can provide consent for treatment or whether parental consent is required. The inclusion of social workers within this legislation is key to ensuring patients have streamlined and enhanced access to health services.

Final Thoughts

The NBASW is hopeful that systemic changes will be made in a timely manner to support youth mental health and reduce the number of young people who die by suicide. Including youth voices in system recommendations is key to developing an effective, youth-centered system. In addition to continuing to recruit and retain health professionals in the province and reducing barriers for children and youth accessing services, the Association believes that a standardized, in-person

⁶ Medical Consent of Minors Act (2016). Retrieved from <https://www.canlii.org/en/nb/laws/stat/snb-1976-c-m-6.1/latest/snb-1976-c-m-6.1.html>

⁷ Thoma, B., Salk, R., Choukas-Bradley, S., Goldstein, T., Levine, M. & Marshal, M. (2019). Suicidality disparities between transgender and cisgender adolescents. *Pediatrics*. 144(5), 1-9. doi: 10.1542/peds.2019-1183



crisis response model that is available province-wide 24/7 and that has the capability to referring individuals directly to a physician is key in enhancing and streamlining the healthcare system. This model would meet youth where they are and reduce the number of individuals waiting to be seen for mental health concerns in emergency departments. There is a desperate need for innovative, community-based services to best support children and youth in New Brunswick. Going forward, the NBASW is hopeful to be involved in further discussions regarding the mental health system and the implementation of a youth suicide strategy.