



## **Submission to the Ministry of Education**

### **On the Consultation: Education in Ontario**

**December 12, 2018**

The Centre for Addiction and Mental Health (CAMH) is pleased to offer this submission to the Ministry of Education on Ontario's education consultation. CAMH is Canada's largest teaching hospital focused on mental health and addictions. We use our expertise in clinical care, research, education and system building to improve the lives of people affected by mental illness, including those with problematic substance use. CAMH offers an array of inpatient and outpatient services to children, youth and families who are dealing with mood and anxiety difficulties, episodes of early psychosis, concurrent mental health and addiction disorders and other complex mental illnesses. Our three Centres for Excellence in Child and Youth Mental Health link CAMH's clinical research with treatment to ensure that children, youth and families receive the best possible mental health care and supports in a timely manner.

Given CAMH's expertise in mental health and substance use, our submission focuses on these and related topics in the Health and Physical Education Curriculum. We used the Interim Curriculum as our reference point and our recommendations build and expand upon its teachings on mental health and substance use. The recommendations that we make are grounded in research and experience and focus primarily on the broad mental health and substance use topics we believe to be important for children and youth to learn. We leave the specifics, including when and how to teach certain topics, to the experts in education and child development to determine.

Our submission also includes input from CAMH's Youth Advisory Group (YAG). YAG is made up of youth members between the ages of 15-29 who currently live in the Greater Toronto Area and who are able to draw from their lived experience of mental health and/or substance use challenges to provide feedback and consultation on projects and programs at CAMH and within the community. Feedback from YAG was sought during a 2 hour focus group where members reflected on their recent experiences in elementary and middle school. Due to time constraints, input was limited to mental health topics.

#### **Mental health**

Seventy percent (70%) of mental health problems have their onset during childhood and adolescence<sup>1</sup> and in Ontario, 1 in 5 children and youth have experienced some type of mental health problem<sup>2</sup>. The most recent Ontario Student Drug Use and Health Survey (OSDUHS) found that 9% of Grade 7 students and 11% of Grade 8 students rated their mental health as poor or fair and that 25% of students in these

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<sup>1</sup> Government of Canada, 2006

<sup>2</sup> MHASEF, 2015

grades had experienced moderate-to-serious psychological distress in the past month\*<sup>3</sup>. Given that so many of Ontario’s children and youth are struggling with their mental health, it is imperative that mental health teachings be incorporated in the new curriculum. The Interim Curriculum highlights mental health as a priority and integrates related concepts across the health strand. Teaching children and youth how to cope with stress and helping them to build psychological and emotional resilience are crucial skills for maintaining good mental health and well-being. Encouraging open and honest conversations about mental health problems and mental illnesses can help counteract the stigma and stereotypes that many children and youth are still exposed to in the wider community. To build on the Interim Curriculum and to ensure that the new health curriculum includes mental health teachings that are research-informed and developmentally appropriate, CAMH recommends that the Ministry consult with education and child development experts.

Teaching children and youth about mental health concepts is crucial, but it is also important that the school environment support students’ mental health more broadly – from creating welcoming and inclusive environments, to identifying children and youth who are struggling with their mental health, to making referrals to healthcare specialists for those showing early signs of mental illness<sup>4</sup>. This comprehensive and integrated approach to school mental health is endorsed by School Mental Health-ASSIST, a group of senior clinicians and administrators who assist school boards to implement research-informed strategies to promote mental health and well-being in classrooms. CAMH recommends that the Ministry consult with this team to integrate mental health teachings and supports across the new curriculum and in all school environments.

Three mental health related topics that are minimal or absent in the Interim Curriculum, but should be included in the new health curriculum are: suicide; sexual orientation and gender identity; and sexual harassment and assault.

### ***Suicide***

Suicide can be a tragic consequence of mental illness and can affect people of all ages and backgrounds. While suicide tends to be associated with older youth, suicide also accounted for 19% of deaths among Canadian children and youth aged 10-14 in 2016<sup>5</sup>. Further, given that around 4,000 people in Canada die by suicide each year<sup>6</sup> (and for each death by suicide it’s believed that more than 20 others attempt suicide<sup>7</sup>), it is likely that there will be students in the classroom who have been exposed to suicide in some manner. CAMH recommends that the Ministry consult with education and child development experts to determine if and to what extent conversations about suicide should be explicitly included the

*\*Grade 7 is the earliest grade included in OSDUHS*

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<sup>3</sup> CAMH, 2017a

<sup>4</sup> School Mental Health-ASSIST

<sup>5</sup> Statistics Canada, 2016a

<sup>6</sup> Statistics Canada, 2016b

<sup>7</sup> WHO, 2018

new health curriculum. At the very least an updated health curriculum should provide teachers with guidance on how to respond to students' questions about suicide, how to identify signs of potential suicidality in young people and how/where to get professional help for any child in crisis. CAMH and other experts have developed resources to assist adults in conversations with children and youth about suicide<sup>8</sup>. We recommend that the Ministry consult these or similar documents when developing the new health curriculum.

### ***Sexual orientation and gender identity***

LGBTQ+ children and youth are at particular risk of developing mental health problems due to concerns about being different from their peers and the fear of being bullied and/or rejected<sup>9</sup>. In fact, social exclusion and victimization due to LGBTQ+ status are key contributors to the high rates of suicidal thoughts and suicide attempts amongst trans youth<sup>10</sup>. In Ontario, 77% of trans people have seriously considered suicide in their lifetimes, while 43% have attempted suicide<sup>11</sup>. Of those who have attempted suicide, 1/3 were younger than 15 years old at the time<sup>12</sup>. Another 1/3 were aged 15-19<sup>13</sup>. The negative impacts of LGBTQ+ harassment in childhood and adolescence also extend into young adulthood. Young adults who experienced victimization in school due to their sexual orientation and/or gender identity have increased rates of depression and suicidal ideation<sup>14</sup>. In CAMH's Adult Gender Identity Clinic we often see the ongoing negative impact that early harassment and victimization has on our patients.

Sexual orientation is established at a very young age and while most people do not fully understand their sexuality until late childhood or early adolescence, many feel different from their peers earlier than that<sup>15</sup>. Children develop a strong sense of gender identity by age 4 and by 6-7 years of age those that feel that their gender identity is different from their assigned sex at birth can begin to experience anxiety about being different from their peers<sup>16</sup>. Given the early age that LGBTQ+ children can begin to experience fears about being different – and the potential for rejection, bullying and resulting mental health problems– schools must take action to ensure all students feel safe, respected and included. Experts emphasize that school policies such as Ontario's commitment to equity and inclusion (as outlined in the Interim Curriculum) are crucial for reducing social exclusion and victimization related to LGBTQ+ status<sup>17</sup> and CAMH recommends that the Ministry continue to ensure that such policies shape the new curriculum. In addition, experts note that specifically teaching students about issues related to sexual orientation and gender identity is also key to making schools safer for LGBTQ+ children and youth<sup>18</sup>. Therefore, CAMH recommends that the Ministry consult with experts in education, child

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<sup>8</sup> CAMH, 2017b; Skylight, 2007

<sup>9</sup> CHEO; CPS 2018

<sup>10</sup> Bauer et al, 2013; Bauer et al, 2015

<sup>11</sup> Bauer et al, 2013

<sup>12</sup> Ibid

<sup>13</sup> Ibid

<sup>14</sup> Toomey et al, 2010; Russell et al, 2011

<sup>15</sup> CHEO

<sup>16</sup> CPS, 2018

<sup>17</sup> Toomey et al, 2010; Bauer et al, 2015

<sup>18</sup> Toomey et al, 2010; TransPULSE, 2010

development and LGBTQ+ inclusion to determine the best way to incorporate developmentally appropriate discussions of sexual orientation and gender identity into the new health curriculum.

### ***Sexual harassment and assault***

About 8% of Canadians are victims of sexual abuse\* before the age of 15<sup>19</sup>. In 2012, 14,000 children and youth (under 18) were victims of a police-reported sexual offence - though it is well recognized that the actual number of victims is higher since child sexual abuse is known to be under-reported<sup>20</sup>. Sexual abuse can have a profound impact on the lives of victims. Children and youth who are victims of sexual abuse are at a much greater risk of developing post-traumatic stress disorder as well as mood disorders and substance use disorders than non-victims<sup>21</sup>. These difficulties can continue into adulthood where adult survivors of childhood sexual abuse have substantially higher rates of mental illness, substance use disorders and suicidal behaviours compared to non-victims<sup>22</sup>. They are also more likely to experience violent victimization and spousal abuse later in life<sup>23</sup>. Other forms of sexual violence in childhood and adolescence, such as sexual harassment, can also have a negative impact on mental health<sup>24</sup>.

Child and youth victims of sexual abuse need immediate access to care and supports. For this to happen, children and youth need to understand exactly what sexual abuse is and what to do if they experience it. Therefore, the new health curriculum should include developmentally appropriate conversations about childhood sexual abuse. Teachers should also know what constitutes sexual abuse, potential signs of abuse and what to do if they suspect that a student is being victimized (or if a student reports questionable sexual activity to them). Teachings should also include conversations about sexual objectification, harassment and assault amongst peers. Sexual harassment is relatively common among peers in the middle school years<sup>25</sup> and the increased use of technology is expanding the nature of sexual harassment and objectification to include 'sexting' and cyberbullying, with such behaviours resulting in significant mental health harms among victims<sup>26</sup>. The new health curriculum should include conversations about why these forms of sexual harassment happen, the impact on those targeted by harassment, what to do when harassment happens, and how to prevent or stop it. A focus on bodily integrity, consent, safety and the gendered nature of sexual assault, harassment and objectification is essential. To reduce the devastating mental health harms that result from sexual abuse, harassment and assault experienced by children and youth, CAMH recommends that the Ministry consult with experts in education, child development and sexual assault to determine how to best include developmentally

*\*Sexual abuse is the commonly used term for sexual assault of a minor*

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<sup>19</sup> Burczycka, 2015

<sup>20</sup> Cotter & Beaupre, 2014

<sup>21</sup> Kendall-Tackett, Williams & Finkeholr, 1993; Kilpatrick et al, 2003

<sup>22</sup> Fergusson, Horwood & Lynskey, 1996; Burczycka, 2015; CMHA-BC, 2013

<sup>23</sup> Here to Help, 2013; Burczycka, 2015

<sup>24</sup> E.g. Gruber & Fineran, 2008

<sup>25</sup> Ibid

<sup>26</sup> Nixon, 2014

appropriate lessons on sexual objectification, harassment and assault into the health curriculum.

### ***Reflections and recommendations from the Youth Advisory Group***

Members of YAG talked about how they learned little or nothing about mental health and related topics in elementary and middle school. They felt that this lack of information was detrimental to themselves and their peers. One YAG member talked about feeling ‘dumb’ and ‘different’ because they had problems with anxiety. Others remembered references to mental illness being used as insults on the playground (e.g. ‘she is so bipolar’) and LGBTQ+ kids being bullied. A YAG member who was 8 years old when they were the victim of a sexual assault at school was made to feel at fault for the incident. All YAG members shared personal experiences that they felt could have been avoided or made easier if conversations on mental health, sexual orientation and gender identity, and sexual harassment and assault had been included in their elementary and middle school curriculum. They talked about feeling overwhelmed or unprepared when experiencing challenges associated with these topics, feeling stigmatized, suffering in silence or having to reach out to other sources of information to help them navigate. Therefore, YAG members felt that inclusion of these topics in the new curriculum would benefit children and youth by reducing stigma around mental illness, normalizing LGBTQ+ experiences and helping those who are victims of sexual harassment and assault speak up and get the support that they need. They also felt that having these conversations at a young age would encourage children and youth to identify when they might be having a problem and to reach out for help before they start to struggle.

When it came to offering advice to the Ministry on what to include in the new health curriculum, YAG members provided a range of helpful recommendations. The group felt that a strengths-based approach should be used to talk about mental health. They suggested that students be taught about emotions: how to identify what they are feeling; understand why they feel certain ways; and what to do when they are struggling. Teaching resiliency through yoga, meditation, self-care and the basics of Dialectical Behavioural Therapy (DBT) was also recommended. YAG members thought that children should be taught about different types of mental health problems and illnesses to increase awareness and to help them support themselves and others. The group felt that discussions of suicide should be part of these lessons. Importantly, YAG members wanted to ensure that students are able to get the supports they need – not only when they’re struggling, but before things become more serious. The group suggested that children learn how to support peers who are having a difficult time and that teachers make sure children know how to ask for help. One YAG member pointed out that students are often told to speak to an ‘adult you trust’ when they are struggling, but that some children do not have a person like that in their lives. They recommended that all schools have a youth advocate and/or a social worker that children are encouraged to talk to at any time instead of just in crisis situations.

YAG members recommended that conversations about sexual orientation and gender identity begin early with a focus on gender fluidity and the spectrum of sexuality. They pointed to the Gender Unicorn<sup>27</sup> as a helpful resource for teachers to have these conversations with students. Having anti-

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<sup>27</sup> TSER

bullying discussions specifically related to LGBTQ+ statuses was also recommended. YAG members suggested these conversations focus on acceptance so that children and youth are not made to feel different or targeted for their sexual orientation or gender identity. YAG members also felt that it was important that teachers address gender identity and sexual orientation by talking about diverse families.

Again, YAG members felt that the new health curriculum should include lessons on sexual harassment and assault in the early grades. They felt that it was important for students to learn about different types of sexual harassment and assault and know what to do if they experience it. YAG members suggested that early conversations focus on the correct names for body parts, different types of touch, comfort levels with touch and respect for one another. As children get older, the group suggested that conversations focus on consent – what it looks like and the different degrees. . YAG members also recommended that gender and power be a part of broader conversations on this topic.

### Substance use

The latest OSDUHS indicates that alcohol and other substance use amongst Ontario students (Grade 7-12) is on a significant decline, but still remains problematically high<sup>28</sup>. The survey shows that a substantial number of middle school students say they have used legal and/or illegal substances in the past year:

Substance	Grade 7	Grade 8
High-Caffeine Energy Drinks	21.8%	26.0%
Alcohol	10.5%	11.8%
Over the Counter Cough/Cold Medication (used to 'get high')	10.0%	5.2%
Opioid Pain Relievers (NM)*	8.4%	8.1%
Inhalants (Glue or Solvents)	6.2%	4.8%
Cannabis	2.0%	2.0%
ADHD Drugs (NM)	1.5%	0.9%

\*NM = non-medical use, without a doctor's prescription

\*\*Reliable data on tobacco use not available for this age group

In addition, the average age that Grade 12 students reported first using tobacco, alcohol and cannabis was 15<sup>29</sup>.

Given the number of students using alcohol and/or other substances before high school as well as the number who begin using in early high school, the new health curriculum should take a developmentally appropriate approach to prevent early initiation of alcohol and/or other substance use. It is important that this new curriculum include teachings on the different types of legal and illegal substances, the harms associated with the use of these substances, and how to make healthy choices when it comes to substance use. Similar to the Interim Curriculum, the new health curriculum should also highlight the

<sup>28</sup> CAMH, 2017c

<sup>29</sup> Ibid

connection between substance use and mental health. School-based approaches to preventing substance misuse are particularly promising when combined with mental health strategies that improve coping and resilience<sup>30</sup>. That being said, there are various strategies and approaches to substance use prevention among children and youth and not all of them are effective. To ensure students are receiving the best possible education on substance use, CAMH recommends that Ministry study research-informed prevention programs and use the findings to update the substance use section of the health curriculum if needed. Additionally, the Ministry may also want to consider regular consultations with a team of substance use experts, including youth with lived experience, to keep abreast of current substance use trends and make changes to the curriculum accordingly. For example, the ongoing opioid and overdose crisis in Ontario may warrant a focus in the new health curriculum so that students understand the heightened risks associated with these substances. One topic that definitely must be included in the new health curriculum is an update on cannabis.

### ***Cannabis legalization***

Recreational cannabis was recently legalized and regulated in Canada to allow adults to access it legally while protecting public health and safety and keeping it out of the hands of underage children and youth<sup>31</sup>. Students, however, may be susceptible to the myth that cannabis was legalized because it is harmless<sup>32</sup>. This is concerning as cannabis is not a benign substance and those who use it early, frequently and heavily are at risk of various health and social problems, including: problems with thinking and learning; mental health problems; difficulties with relationships; lung and respiratory problems; and the potential for addiction<sup>33</sup>. And while recreational cannabis use is only about 2% amongst middle school students, it increases to 37% for students in grade 12 (and 2% of high school students report symptoms of cannabis dependence)<sup>34</sup>. For this reason, it is important that beginning in middle childhood students receive research-informed teachings designed to reduce, delay or prevent recreational cannabis use.

School Mental Health-ASSIST is in the process of putting together a recreational cannabis information sheet for educators to help them have research-informed conversations with students about cannabis. The information sheet also includes tips for teachers to help identify when a student may be having a problem with recreational cannabis or other substances. CAMH recommends that Ministry engage with School Mental Health-ASSIST to look at how this information can best be incorporated into the new health curriculum. The Ministry may also want to consider creating developmentally appropriate guidelines to help children and youth understand how to reduce harms related to cannabis use. CAMH's recently released youth-developed guide to recreational cannabis could serve as model for

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<sup>30</sup> UNODC, 2015

<sup>31</sup> Government of Canada, 2018

<sup>32</sup> CAMH, 2014

<sup>33</sup> School Mental Health-ASSIST, in press

<sup>34</sup> CAMH, 2017c

these guidelines<sup>35</sup>. CAMH would be happy to connect the Ministry with our experts who developed this guide to provide their insight and assistance.

### **A word about technology**

Technology plays a significant role in the lives of children and youth. They use the internet for school work, chatting with friends, playing games, shopping, sharing photos and videos, and streaming music, TV shows and movies<sup>36</sup>. Many children and youth use technology in ways that enhance their lives, but for some young people, technology can cause problems. Children and youth with certain mental health problems and/or learning disabilities can be particularly susceptible to harms related to technology use, including addiction<sup>37</sup>. The most recent OSDUHS found that 11% of Grade 7 and 8 students report symptoms of a video gaming problems and about 12% of Grade 7 students and 15% of Grade 8 students spend 5 or more hours a day on social media<sup>38</sup>. The survey also found that cyberbullying is a concern amongst students in middle school - 22% of these students had experienced cyberbullying while 9% had cyberbullied others<sup>39</sup>. Cyberbullying is associated with increased depression, anxiety and suicidal behaviours amongst victims and increased substance use and aggression amongst perpetrators<sup>40</sup>.

Given the ever-expanding role of technology in the lives of children and youth, and the potential mental health harms related to technology use, it is crucial that students be taught about the benefits and dangers of technology as well as precautions and strategies for safe use. Students should learn about cyberbullying and how to respond appropriately if they or others are the targets of online harassment. The Interim Curriculum covers many of these topics and a new health curriculum should build upon these teachings. CAMH recommends that the Ministry engage with technology experts and youth on a regular basis to identify emerging trends in technology for young people and keep the health curriculum updated accordingly.

### **Tools for teachers**

When the health curriculum is updated to include new and updated teachings on mental health, substance-use and related topics, the Ministry should provide resources and supports to teachers who are not familiar or comfortable with these topics. For many years, the Ontario Physical and Health Education Association (Ophea) has assisted teachers to implement the government's health and physical education curriculum by providing lesson plans and activities to use in the classroom. Given the recent funding changes to Ophea, it is unclear whether such resources will still be available or updated as needed. CAMH recommends that the Ministry explore options to ensure that teachers continue to have access to up-to-date, research-based lessons to support implementation of the mental health and substance use components of the health curriculum.

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<sup>35</sup> CAMH, 2018

<sup>36</sup> CAMH & PGIO, 2016

<sup>37</sup> Ibid

<sup>38</sup> CAMH, 2017a

<sup>39</sup> Ibid

<sup>40</sup> Nixon, 2014



Thank you for the opportunity to participate in the Ministry's education consultation. It is important that mental health, substance use and related topics be included in the new health curriculum and that the content is up-to-date, research-informed and developmentally appropriate. It is also important that teachers have the support and resources to engage students on these important issues and that students are able to learn and practice these lessons in respectful and inclusive environments. CAMH believes that the Interim Curriculum provides a good base for growing and improving upon mental health and substance use education in elementary and middle schools. We believe our recommendations will assist in that process.

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