Calling for Change

Investigative Reviews Consolidated Report

2023-2024

ocya OFFICE OF THE CHILD AND YOUTH ADVOCATE ALBERTA

November 2024

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MESSAGE FROM THE CHILD AND YOUTH ADVOCATE

In 2023-2024, my office completed and publicly released 48 individual investigative reviews regarding the circumstances of 1 young person who was seriously injured and 47 who passed away. Each of these 48 children and youth was special and unique. The young person who was seriously injured has since recovered and is doing well. The children and youth who passed away have left a lasting impression on those who cared about them. My heartfelt condolences go out to their families and loved ones.

I want to thank Elder Whiskeyjack who guided us through this process and helped us to understand the importance of Indigenous worldviews through the sharing of ceremony and knowledge. I am also grateful to the young people, stakeholders, and subject matter experts who shared their experiences and insights with us. I want to acknowledge and thank all the frontline service providers who work with vulnerable young people and their families every day. The work is challenging and complex, and I want to recognize the positive difference you make in the lives of children, youth and families.

This is the first report we have completed in this manner. It includes brief overviews of specific young people's experiences with government systems and explores three prevalent themes in the completed reviews:

- Resilience and community level supports
- Mental health and substance use
- Post-18 supports

Many of these young people faced significant adversity and were profoundly impacted by trauma, grief and loss. They often had difficulties with their mental health and substance use and had limited early intervention and community level supports. When they were ready to accept help, they faced barriers.

My hope is that with the implementation of the recommendations made in this report, young people with similar circumstances will have better outcomes.

Respectfully,

[Original signed by Terri Pelton]

Terri Pelton
Child and Youth Advocate (Alberta)

LEGISLATIVE AUTHORITY

Alberta's Child and Youth Advocate (the "Advocate") is an independent officer reporting directly to the Legislature of Alberta. The Advocate's authority is defined in the *Child and Youth Advocate Act* (*CYAA*).

The role of the Advocate is to advance the rights, interests and viewpoints of children receiving services under the *Child, Youth and Family Enhancement Act* (*CYFEA*), the *Protection of Sexually Exploited Children Act* (*PSECA*), or the youth justice system (these are defined as **designated services**[i] under the *CYAA*).

Under Section 9 of the *CYAA*, the Advocate has the mandate to review the circumstances of a young person who passed away or was seriously injured while receiving designated services, or passed away within two years of receiving services through *CYFEA* or *PSECA*. Investigative reviews do not contain findings of legal responsibility or conclusions of law nor replace other processes that may occur, such as investigations or prosecutions under the *Criminal Code* of Canada. The intent of a review is not to find fault with specific individuals but to identify key issues and meaningful findings.

Changing how we report

The Advocate changed how we publicly report on the circumstances of young people for whom we receive notifications of deaths and serious injuries, and in 2023, began releasing completed individual investigative reviews by posting each of them on our website. The shift in reporting provides additional transparency and public accountability regarding investigative reviews so that each young person's circumstance is reflected in a consistent manner.

Each public review includes information about the services and supports that the young person received, along with findings and themes. Annually, a larger public report *Calling for Change*: *Investigative Reviews Consolidated Report* will be released that explores prevalent themes in the completed reviews and contains recommendations to improve services and supports for young people.

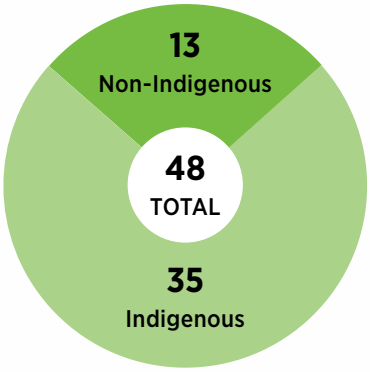
In 2023-2024, we began this new process, and this is the first *Calling for Change* report to be released. Forty-eight individual investigative reviews were completed and released regarding the experiences of young people who were receiving designated services at the time of their death or injury, or had received services under *CYFEA* or *PSECA* within two years of their passing. This report explores the prevalent themes in those completed reviews.

[i] All bolded terms are defined in Appendix 3.

EXECUTIVE SUMMARY

Between April 1, 2023 – March 31, 2024, the Office of the Child and Youth Advocate (OCYA) completed and publicly released 1 individual investigative review regarding the circumstances of a young person who was seriously injured and 47 reviews about young people who had passed away. These children and youth were receiving designated services at the time of their injury or death or had received services under *CYFEA* or *PSECA* within two years of their passing. Each was a remarkable young person and had an immense impact on their families, friends and those who knew and loved them.

We tracked and analyzed the themes identified in each review and this report explores those most prevalent themes. It is informed by consultation with young people, family members, caregivers, community members, professionals and subject matter experts from across the province. An Elder led us in ceremony and provided guidance so that our work was completed in a respectful manner.



Colonial policies and practices continue to impact Indigenous people through the over-involvement of government systems in their lives. Thirty-five of the 48 young people reviewed were Indigenous. Most were disconnected from their families, communities and culture, which significantly impacted their well-being. Indigenous Peoples have traditional holistic approaches to healing and wellness, which enrich the lives of their children and must be a part of their development and growth. Indigenous communities have inherent rights to care for their own children and the OCYA supports them in doing so, in whatever manner they feel is appropriate.

Twenty-six of the young people had mental health and/or substance use challenges and were impacted by significant trauma, grief and loss. Many of them received brief early intervention and community level services. As their connections to significant people, culture, placements, activities and/or services were disrupted, their mental health often declined, and substance use escalated. Many of these young people found it challenging to access services because waitlists and/or supports were not available in their communities. When young people have mental health and/or substance use concerns, it is critical that they receive timely and reliable access to help. *These 26 young people will be the focus of this report.*

Of the 26 young people who had mental health and/or substance use concerns, 12 were between 18 and 22 years old. All but one had received post-18 supports. Most had challenges transitioning to adulthood and did not receive the services they required. Their complex needs and trauma, poor mental health and/or substance use, cognitive impairments and lack of natural supports made their transition to adulthood more difficult. These young people are an exceptionally vulnerable group because of their unique needs and circumstances, and require flexible, tailored, proactive, and extended services and supports that allow for missteps and setbacks.

Community supports can help reduce the impact of adverse experiences by providing services that reflect the unique needs and culture of a young person and their family. They can provide positive experiences at key stages in a child's development and help build the skills of caregivers. These supports can also continue throughout a young person's life. They

encourage meaningful and lasting connections that help build resilience and promote overall well-being. Many organizations across the province offer these services to support children, youth and families effectively. However, they are not governed by a single agency or ministry, have different funding sources and often work independently, making coordination and navigation challenging.

The Child and Youth Advocate is making the following five recommendations to improve services and supports and promote the well-being and resilience of young people receiving services through the *Child, Youth and Family Enhancement Act*, the *Protection of Sexually Exploited Children Act*, or the youth justice system. Although several ministries may support children, youth and families, the recommendations are being made to the ministries identified because they provide a spectrum of targeted and ongoing supports to children and youth.

RECOMMENDATION 1

The Ministries of Education, Health, Justice, Children and Family Services, Mental Health and Addiction, Public Safety and Emergency Services, and Seniors, Community and Social Services should each conduct an annual assessment to identify the supports they fund that are provided at a community level.

FURTHER COMMENTS:

- Supports provided at a community level are those that build resiliency. These include, but are not limited to:
  - arts and recreation activities;
  - mentorship, afterschool programs, and school clubs;
  - activities that support cultural connection;
  - youth workers and support workers; and,
  - programs that promote overall well-being.
- Factors to consider in the assessment should include, but are not limited to:
  - what supports currently exist and their locations;
  - what services they offer; and,
  - whether the service delivery data they collect is being used to evaluate current services and inform future services.
- Each ministry should update their assessment annually.
- Each ministry should share the findings of their assessment with the other ministries identified in this recommendation.
- Each ministry's progress will be evaluated individually through the OCYA's recommendation evaluation process.

RECOMMENDATION 2

The Ministries of Education, Health, Justice, Children and Family Services, Mental Health and Addiction, Public Safety and Emergency Services, and Seniors, Community and Social Services should each strengthen coordination between funded services that are provided at a community level both within their respective ministry and between ministries.

FURTHER COMMENTS:

- Coordination will improve the sharing of program information and expertise.
- Coordination will identify services that exist, whether they are over/under utilized and service gaps.
- Each ministry's progress will be evaluated individually through the OCYA's recommendation evaluation process.

RECOMMENDATION 3

The Ministries of Education, Health, Justice, Children and Family Services, Mental Health and Addiction, Public Safety and Emergency Services, and Seniors, Community and Social Services should each strengthen navigation between funded services that are provided at a community level both within their respective ministry and between ministries.

FURTHER COMMENTS:

- There will be increased capacity to provide seamless transition between services so that children, youth and families do not experience service disruptions.
- Navigation supports will facilitate a warm handoff between service providers to connect families with the appropriate services when needed.
- Each ministry's progress will be evaluated individually through the OCYA's recommendation evaluation process.

RECOMMENDATION 4

The Ministry of Mental Health and Addiction should publicly post mental health and addiction service options available to children and youth along with their wait times.

FURTHER COMMENTS:

- Children and youth are those young people up to 24 years old.
- This includes availability of spaces and wait times for specific programs across the province.
- Wait times should be updated and available in real time.

RECOMMENDATION 5

The Ministry of Children and Family Services should review and revise the supports provided under the Transition to Adulthood Program (TAP).

FURTHER COMMENTS:

- Young people who experience significant trauma, grief and loss and have limited natural supports will likely experience several setbacks navigating life challenges. As they may have limited natural supports to help them during this time, this population requires a different type and duration of supports.
- Factors to consider in the review should include, but are not limited to:
  - increasing the age of eligibility of both financial and non-financial supports;
  - reviewing the responsibility being put on the young person to seek TAP support; and,
  - revising the process of accessing TAP services to ensure continuity of relationship with their TAP practitioner. This would include when they move between the four areas of TAP or re-enter the program.

DISCUSSION

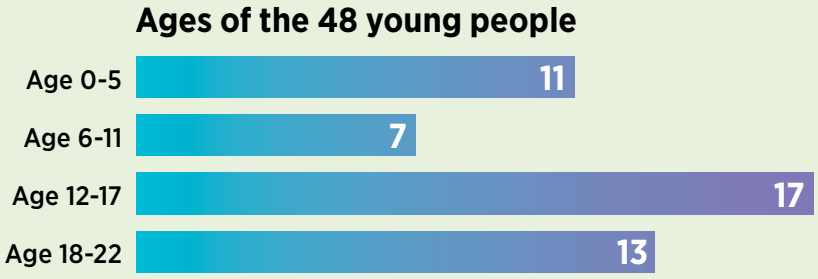
The Young People

Between April 1, 2023 – March 31, 2024, the Office of the Child and Youth Advocate completed and publicly released 1 individual investigative review regarding the circumstances of a young person who was seriously injured, and 47 reviews about young people who passed away.[ii] These 48[iii] children and youth were receiving Child Intervention either at the time of their injury or death, or had received services within two years of their passing. Each young person was unique and had a family and those who cared deeply about them.

Individual investigative reviews referenced in this report can be found at:

www.ocya.alberta.ca

Three-week-old Nina was the youngest child to pass away. She died unexpectedly at home. While the cause of her death is not yet known, it is considered to be non-suspicious. She was a First Nation infant who was part of a large family, and they loved her very much. Prior to her birth, Nina's mother used substances, and her older siblings became subjects of a **Permanent Guardianship Order** (**PGO**). Her mother received appropriate supports, completed treatment, maintained her sobriety and had her children return home.



Cheyanne was the oldest at 22 years old to pass away. She was a kind and outgoing First Nation young woman. She had significant trauma, grief and loss throughout her life, and lost connections to her family and community. She was **apprehended** at three months old and after many delays, was adopted at 14 years old. Two years later, her adoption broke down and Cheyanne was apprehended and placed in **group care**. Her mental health rapidly declined, and she began using substances. She had numerous hospital visits and was confined multiple times before she died in an accident.

Seventeen of the young people who passed away were in their adolescence.[iv] They had significant trauma, grief and loss, and instability in their early childhood.

Child Intervention became involved with Caden when he was two years old because he was abandoned. Over the following four years, Child Intervention was involved several times because of his caregivers' substance use and abandonment. Each time, involvement ended because relatives agreed to provide care. At 13 years old, his mental health began to decline, and the following year, he died by suicide.

Thirteen of the young people who died were between 18 and 22 years old. Most had challenges transitioning to adulthood and did not receive adequate services and supports. They often had significant trauma, grief and loss, and disruptions in their living situations and relationships.

[ii] The data used in this report related to manner of injury/death reflects the circumstances at the time of publication of each individual review.

[iii] A list of the 48 investigative reviews completed is provided in Appendix 1.

[iv] For the purpose of this report, adolescence is considered to be 12-17 years old.

Farah was exposed to her parents' substance use and did not have her medical needs met; she became the subject of a PGO at three years old. In Grade 5, she was diagnosed with a **learning disability** and the following year, was prescribed medication for **anxiety**. At 13 years old, she started using substances and engaging in high-risk behaviours. Farah had multiple placement moves because caregivers struggled to meet her escalating needs. At 15 years old, she was diagnosed with **fetal alcohol spectrum disorder** (**FASD**) and specific supports tailored to her needs were recommended, but not implemented. Although it was known that she had significant cognitive challenges, transition to adult supports was not explored until she was 17 years old. Her substance use escalated, her mental health declined, and she began to disengage from services. She received post-18 supports and had periods of housing instability. At 21 years old, Farah died from a suspected drug overdose.

Endnotes are provided in Appendix 2 and **bolded** terms are defined in Appendix 3.

Five[1] of the young people who passed away were victims of violence.

Gage was prenatally exposed to substances and was apprehended at birth. He was returned to his parents' care at 16 months old but had a hard time adjusting. His parents disengaged from services and two months later, 18-month-old Gage was found deceased at home with multiple injuries. His parents were criminally charged with his death.

Five[2] of the young people died by suicide. They had significant trauma, that included grief and loss, and in some cases, they were victims of or exposed to violence and lost connection with their culture. Four had previously **self-harmed** or had **suicidal ideation**.

The Office of the Chief Medical Examiner continues to investigate the cause of death for 3 of the 47 children and youth. Eight young people died by **accidental causes**.

Rowan was the youngest, at 11 years old, to die by suicide. He had previously attempted suicide and he lost many family members, including his mother and older siblings. Rowan was deeply impacted by these losses, and did not receive timely or ongoing supports.

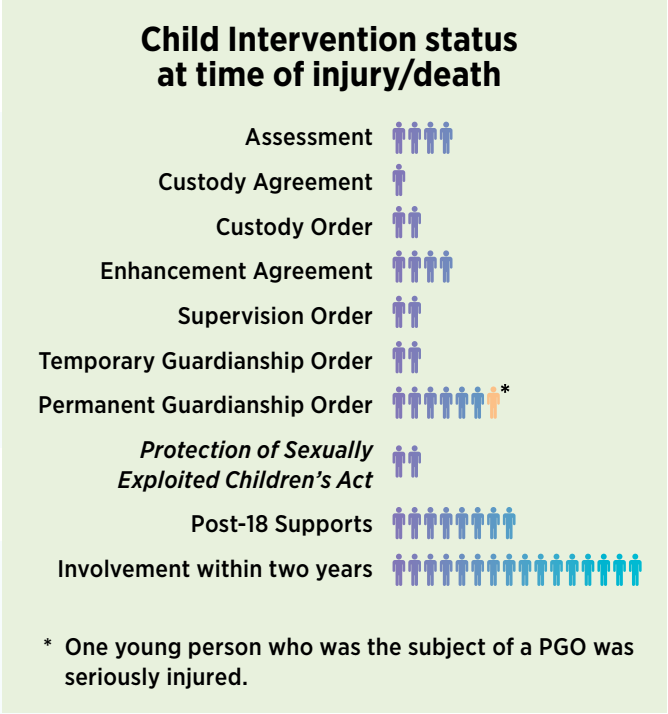
Eleven[3] of the young people died because of a medical condition.

Haamid was born with complex medical needs and passed away at seven years old. His family received support from multiple systems and many doctors and professionals were involved in his care. For the most part, those supporting his family collaborated and shared information, so that everyone understood their roles and responsibilities; and, Haamid received timely and relevant supports.

Elena was 14 years old when she was diagnosed with a rare kidney disease and passed away when she was 20 years old from medical complications. Her relationship with her family was strained and she subsequently moved in with a friend and their parents. Her doctors, caseworkers and caregivers collaborated, so that Elena's medical needs were met, and she received holistic, prompt, targeted and effective services. Caseworkers, caregivers and health professionals helped Elena develop a plan that included her opinions and wishes.

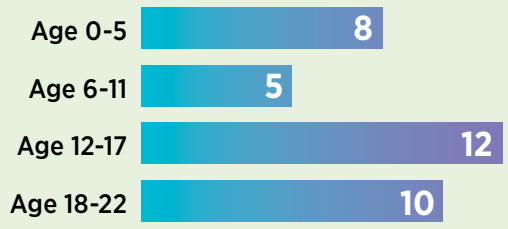
Sixteen of the young people had received child intervention services within two years of their passing.

Child Intervention was involved several times in Sonny's early childhood because of his parents' substance use and family violence. Involvement ended when his relatives agreed to care for him. He continued to be exposed to traumatic events and died after being struck by a vehicle when he was 16 years old.



Many of the 48 young people had significant placement disruptions.

Lennie was exposed to his mother's substance use and unsafe individuals. Over 15 years, he had over 12 placements including hotel, group care, **foster care**, **kinship care** and **supported independent living**. Lennie told caseworkers that he was tired of moving and with each placement breakdown, his negative behaviours escalated. He became involved with the justice system and used substances. Over 2 years, he went to the hospital more than 25 times for his mental health and substance use related concerns. Two weeks after his last hospital visit, he was found unconscious in his community. He passed away from drug toxicity at 21 years old.



We continue to see the over-involvement of government systems in the lives of Indigenous children, youth and families. Thirty-five of the 48 young people were Indigenous. They were often disconnected from their families, communities and culture, which significantly impacted their overall **well-being**.

Aden was apprehended and separated from his siblings when he was four years old. He had numerous placements, and his needs became increasingly complex. Over time, his mental health declined, and he started using substances. Aden had limited cultural connections. When he was a teenager, he visited his First Nation twice, met his family and took part in ceremony. Although these experiences were positive, they were not sustained, which impacted his sense of belonging. Aden was 20 years old when he died as a victim of violence.

Substance use continues to have a devastating impact on children and youth.

Bree had a chaotic upbringing and was exposed to her parents' substance use and family violence. She had a traumatic brain injury at six years old and received specialized supports. These services ended by the time she was 14 years old; Bree's mental health declined, and her substance use escalated. She often went to the emergency room for these concerns, and also became involved with the justice system. When Bree was 19 years old, she had her daughter, who was apprehended. Within months, Bree passed away from a drug overdose.

Of the 48 young people whose circumstances were reviewed, 1 was seriously injured and 15 died from substance-related causes.

Katie was the youngest to die from substance-related causes at 23 months old. She was exposed to her mother's substance use and family violence. Katie and her mother moved in with relatives for extra support and her mother worked with service providers to address these concerns. After **safety planning**, intervention involvement ended. One year later, Katie died from **fentanyl** and **methamphetamine** toxicity. An unlocked box containing multiple substances was found in the room that she shared with her mother.

Prevalent Themes in the Reviews

We analyzed the findings and themes contained in each of the 48 reviews. The prevalent themes that emerged were that 26 of these 48 young people had mental health and/or substance use related concerns. A common factor among the 26 young people was that often, their connection to people who loved and cared about them, to their culture, their activities and their services was disrupted, and as a result, their sense of belonging, identity and overall well-being was negatively impacted. Most had limited community level supports, did not receive appropriate services to successfully transition to adulthood and 12 of the 26 young people died between 18 and 22 years old.

The focus of the remainder of this report is on the experiences of these 26 young people. It will explore the importance of early supports provided at a community level that promote meaningful and long-lasting connections to build resilience, the impact this has on mental health and substance use concerns, the interplay between substance use, mental health, and placement stability and the importance of appropriate post-18 supports.

UNICEF ranked Canada 35th among wealthy countries for having one of the highest rates of adolescent suicide.

UNICEF, 2020

As young people grow up, they need stable and nurturing environments where they can develop healthy relationships and be protected from **toxic stress** and the impacts of **adverse childhood experiences** (**ACEs**).[4] Since ACEs have been connected to lower levels of resilience among young people, it is crucial to implement community programs that can promote resilience and strengthen **protective factors**.[5] For young people living in adverse circumstances, interventions within communities, schools, and after-school programs can help reduce the negative impacts of trauma.[6]

Imagine being born into a family where your caregivers struggle with substance use. You are removed from their care and your relationship with them is disrupted.

You are placed with a stranger; you receive some services and supports for your trauma, grief, and loss, but they end even though you continue to struggle. You find it hard to manage your emotions and your caregivers ask for you to be moved.

You are repeatedly moved and have little control over your life. Each time you move, everything familiar changes; your caregivers, friends, schools, rules, routines, room, and supports. Your connection to your culture, family and meaningful activities lessens and it affects you physically, spiritually, emotionally, and mentally. You turn to substances to cope.

This was Cheyenne's *exp*erience, and many of the challenges and disruptions she faced were mirrored in the circumstances of the 25 other young people who struggled with their mental health and/or substance use.

Resilience and Community Level Supports

Resiliency is the capacity to withstand or quickly recover from difficulties. It is built through protective factors[7] that are critical to ensuring overall well-being. Some of these factors include relationships that are safe, supportive and stable.[8] A young person's connection to their family, community and culture can impact their sense of belonging, identity, and their ability to cope with life's challenges.[9, 10]

> Cheyanne did not have stable connections to her family and community, which would have expanded her network of support and promoted her sense of identity. Her mental health declined, and in her adolescence, she began using substances. At 22 years old, Cheyanne died in an accident.

Cultural connection is a key protective factor that helps mitigate the impacts of adversity.[11] Maintaining this connection is particularly important for Indigenous children and youth because of the over-involvement of government systems in their lives. The recognition of the impact that colonial policies and practices have had on the well-being of Indigenous people in Canada led to the proclamation of ***An Act respecting First Nations, Inuit and Métis children, youth, and families***. The *Act* highlights the importance of cultural continuity to the well-being of Indigenous people and provides national standards for culturally appropriate child intervention services.[12]

> "I didn't get help until I was out of foster care and connected to my community and family. I needed to know where I was from before I felt better. Elders knew how to help me, I belonged there, and I started to feel healed on the land my people grew up on."
>
> **Young Person**

When we spoke with young people and those who support them, we learned about the need to build **cultural safety** into their lives, so they are comfortable and supported in learning about who they are. Ongoing and sustained efforts are needed to support young people and their connections to promote their overall health and well-being. Indigenous Peoples commonly believe that well-being involves "all parts of the self, such as spiritual, physical, emotional, and mental aspects of being." [13]

Kelvin grew up living on the land and was grounded in his traditions and culture. He was a **Sundancer** who thrived when he had teachings and mentorship of Elders. When he was moved away from his community, he began using substances and his mental health declined. Kelvin died from fentanyl toxicity when he was 21 years old.

> *UNDRIP* recognizes "the right of indigenous families and communities to retain shared responsibility for the upbringing, training, education and well-being of their children consistent with the rights of the child."
>
> ***UNDRIP*, 2007**

Twenty-one of the 26 young people who had mental health and/or substance use challenges were Indigenous, and many had significant and numerous disruptions in connections to their families, cultures and communities. The ***United Nations Declaration on the Rights of Indigenous Peoples*** (***UNDRIP***) recognizes the rights of Indigenous people and acknowledges the continued impacts of colonization on them. These rights include passing down of Indigenous language, knowledge, traditions and histories. Culturally relevant supports, programs and services must be available to promote resilience.

Aleda did not feel like she belonged in her non-Indigenous foster family. When she was returned to her mother, she struggled to fit in because she had been disconnected from her family, community and culture. She began leaving home, used substances, and at 15 years old, was found deceased in her placement outside of her First Nation with drug paraphernalia by her side.

Supports available at a community level such as sports,[15] cultural activities,[16] art, music,[17] and mentorship programs[18] contribute to protective factors and help nurture resilience in young people. The ***United Nations Convention on the Rights of the Child*** (***UNCRC***) recognizes the positive impact these types of activities have on promoting overall well-being by affording young people distinct rights to "rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts."[19] Building resilience is a multilayered process that includes interventions to prevent harmful adversity from occurring, along with increasing access to beneficial resources for young people and their families to help promote positive development.[20] Participation in organized activities may support young people's well-being through developing skills, self-confidence and social connections,[21] and recreational, artistic, and cultural pursuits can help to promote their sense of identity and belonging.[22]

Activities that fostered a sense of connection in the lives of the 26 young people		
Team sports	Woodworking	Drawing
Camping	Singing	Gaming
Traditional dancing	Writing	Art
Skateboarding	Technology	Martial arts
Hunting	Baking	Biking
Caring for animals	Horseback riding	Outdoor activities
Reading	Mechanics	Cosmetology
Playing an instrument	Snowboarding	Swimming

Rowan played a variety of sports and loved the outdoors. When he was involved in these activities, it gave him a positive outlet to process his feelings. When he was disconnected from these activities, his circumstances became overwhelming. Rowan was 11 years old when he died by suicide.

The experiences of the 26 young people

All of these young people had adverse childhood experiences, which are events that are potentially traumatic (e.g. abuse, violence, and growing up with family substance use or mental health challenges) and are linked to mental illness, substance use, and chronic health issues in adulthood.[23] ACEs have been connected to lower levels of resilience among young people,[24] and have the potential to change the trajectory of their lives. Protective factors such as having a caring, stable and supportive adult in a young person's life,[25] and connection to family[26] and culture[27] can help lessen the impact of ACEs. Research also shows that programs and services delivered at a community level, such as those in schools and after-school programs, can help reduce the negative impact of trauma,[28] promote resilience and strengthen protective factors for young people who have had ACEs.[29]

In the experiences of these young people, it was evident that they did better when they had at least one caring, stable and supportive adult in their life.

Avery was placed in a group home and formed a strong connection with staff members. They organized activities and personalized programming that not only aligned with Avery's interests, but also met his needs. Avery thrived, and his substance use and physical and emotional outbursts decreased. After two years in the group home, he was moved and these relationships were not maintained. Avery began using substances and his mental health declined. He was 16 years old when he died from drug toxicity.

Cheyanne had a strong connection to Harper, a family friend. Harper met her where she was at even when Cheyanne struggled. When she was 17 years old, Cheyanne went to live with Harper who helped her access supports. When Cheyanne left Harper's home, her mental health declined, and substance use escalated. At 22 years old, Cheyanne died in an accident.

When young people had strong connections to their families and cultures, their circumstances improved.

Arlo took part in activities like woodworking and gaming. He grew up in his First Nation and relatives taught him how to live off the land. Opportunities to build on the positive impacts of these activities were missed when his circumstances became unstable. Arlo was 19 years old when he died from drug toxicity.

Kali grew up in her First Nation and lived with her grandparents. She was proud of her culture, spent time with Elders and often shared her learnings with other youth. As her connection to these supports decreased in her adolescence, she struggled with her mental health, and her substance use escalated. At 17 years old, she died by a suspected suicide.

In addition, when young people's connections to recreational activities were disrupted, their circumstances became unstable.

> Jenika was involved with cadets, which was a positive influence. She was not accepted into a military program and her involvement with cadets ended. Soon after, her mental health declined. Jenkia died by suicide when she was 18 years old.

> Theo was involved in hockey from a young age and made many positive connections. As his home life became chaotic, he lost connection with positive peers, he did not go to school regularly, and he began to use substances. Theo died in an accident when he was 18 years old.

Stakeholder consultation

We consulted with young people, their families and caregivers, Elders, service providers and those with expertise in promoting positive outcomes for children and youth. They shared that early supports provided at a community level are critical to fostering resilience in young people. These supports help to cultivate connections and are beneficial because young people are able to access them throughout their lives. Formalized or contracted services tend to be time limited, and relationships end when services conclude.

We consulted with 25 young people and 130 stakeholders through surveys and in-person meetings.

Young people and those who support them told us that:

- Early supports and strong connections help young people better prepare to deal with life's adversities.
- Families need access to programs and services that focus on a young person's well-being, strengthen caregiver capacity, foster connection, promote healthy environments and provide positive experiences at critical stages in a child's development.
- Protective factors create stronger, healthier children, families and communities.
- Involvement in activities can be therapeutic. They provide young people opportunities to be part of a group and to form positive relationships with safe and caring adults.
- Funding for these supports comes from various sources, which can result in resource gaps in some communities.

"Young people need stability and if you keep pulling the pieces away that create stability, you can expect poor outcomes."

Stakeholder Consultation

- Connection to family, culture and community are protective factors against adverse experiences.
- Indigenous worldviews and values must be consistently integrated into young people's lives from an early age, regardless of where they live, to strengthen their sense of identity and connection to their culture.

> "When youth are engaged in something whether culturally or recreationally, they have less mental health impairments. This is particularly helpful for youth who engage in self-harm or struggle with suicidal ideation."
>
> **Stakeholder Consultation**

Although supports provided at a community level can help mitigate the impact of adverse experiences, we heard from stakeholders and experts that there are areas for improvement. These include:

- Increasing funding for these services.
- Making funding reliable and consistent.
- Increasing resources for young people within their own communities so they do not have to leave to access services.
- Providing more opportunities to access activities to support overall well-being.
- Improving information-sharing among service providers.
- Having funding based on data and measurable outcomes so that there is consistency in service standards.
- Improving coordination between agencies that provide these services so supports are consistent and not under/over utilized or duplicated.
- Having a **warm handoff** between service providers.

Current services and supports

Young people need both formal and informal supports to enhance their overall well-being. To promote their healthy development, it is important to identify when they are exposed to ACEs and connect them to a range of early services at a community level that can help them, and their families, cope with adversity and reduce negative mental health impacts.[30] Given the harm that can be caused by ACEs, it is key to have both prevention efforts and interventions aimed at building resilience.[31]

Municipal, provincial and federal governments, along with the private sector provide a significant amount of funding for supports that are delivered at a community level. Research on trauma and brain development has informed the many frameworks, programs and initiatives underway across Alberta to increase the capacity of services to build meaningful connections and promote resiliency. Some of these include:

1. The *Well-Being and Resiliency Framework*,[32] which supports Government of Alberta staff, Delegated First Nation Agency staff and contracted service providers who deliver prevention and early intervention programs. It promotes well-being by defining elements of the continuum of services for prevention. It outlines desired outcomes, guides decision-making about service delivery and funding allocation, and promotes an understanding of how trauma impacts brain development. The framework recognizes the impact of colonization and identifies the need to incorporate Indigenous worldviews by reflecting the unique experiences of Indigenous people.

2. The *Resilience Scale Framework*[33] initiated by the Alberta Family Wellness Initiative and the Palix Foundation, which promotes systems change and aims to improve the lives of people. It applies the Resilience Scale using a three-part approach at the individual, organization, and systems level. This scale conceptualizes resilience as the dynamic interplay between a person's experiences of adversity, their abilities and skills, and accessing positive supports.

3. ALIGN Association of Community Services[34] is an umbrella organization, which supports child and family service agencies and organizations. It provides a framework and toolkit with a common language approach to help assess the well-being of children, youth, and families from culturally diverse backgrounds.[35]

4. Family Resources Networks[36] are community hubs that offer assistance to children and youth up to 18 years old through prevention and early intervention services to support families with their well-being and resiliency. They provide in-person and virtual support through information sharing and referrals to assist families regardless of where they live.

Previous recommendations

Over the past 11 years, the Advocate has highlighted the importance of fostering resilience through increasing protective factors in young people's lives. Over 25 recommendations[v] have been made related to various aspects of early supports to mitigate the impacts of adverse experiences. Areas of recommendations include:

- Maintaining meaningful connections for young people.
- Connecting families with a range of supports, including for young people with **complex needs**.
- Addressing family violence and substance use.
- Identifying when young people are at risk of adverse experiences.
- The impact of trauma on child development.

"The child intervention system should assess each young person holistically, including identification and assessment of their protective factors, and work proactively with supportive adults to maintain and strengthen these factors to improve the young person's resiliency and well-being."

Kamil: An Immigrant Youth's Struggle - November 2013 - Recommendation 2

This recommendation is met

"The Ministry of Children's Services should make certain that children and caregivers receive culturally appropriate, timely interventions that directly address the impact of trauma on the developing brain."

Beyond Trauma: Disrupting Cycles, Effecting Change - November 2017 - Recommendation 2

This recommendation is met

[v] Information on previous recommendations is available at: ocya.alberta.ca/recommendations

Several recommendations have also been made specific to Indigenous children and youth related to increasing protective factors because of the over-involvement of systems in their lives. These recommendations include:

This recommendation is ongoing

The Ministry of Children's Services should examine the connections for each Indigenous child in the care of the Director, and identify tailored actions that build and strengthen connections with their family, community, and culture."

Mandatory Reviews into Child Deaths: April 1, 2022 - September 30, 2022 Recommendation 1

Numerous recommendations have been made related to early supports and most have been closed and considered met. However, we continue to see the persistence of these issues in the lives of young people.

Providing additional options for recreational activities offers a positive use of free time that can enhance self-esteem, leadership, teamwork and academic achievement.[37] When at-risk youth engage in activities, such as after-school programs, it can lead to a decrease in crime and violence.[38] Research indicates that multiple systems contribute to the development of resiliency among young people,[39] such as health, education, and community services. In 2020, the Child and Youth Advocate made the following recommendation:

This recommendation is ongoing

"The Ministry of Community and Social Services should strengthen its capacity to promote collaborative practices between community-based agencies to address the needs of vulnerable young people in the context of their families and communities."

Mandatory Reviews into Child Deaths – October 2019 - March 2020 - Cora and Elliot - Recommendation 1

Many organizations across the province provide services at a community level to effectively serve children, youth and families. However, they are not governed by a single agency or ministry, have different funding sources and often work independently, which makes coordination and navigation of these services challenging.

The Advocate is making three recommendations to improve services and supports and promote the well-being and resilience of young people receiving services through the *Child, Youth and Family Enhancement Act*, the *Protection of Sexually Exploited Children Act*, or the youth justice system. Although several ministries may support children, youth and families, the following three recommendations are being made to the ministries identified because they provide a spectrum of targeted and ongoing supports to children and youth.

There are several ministries who fund community level supports including the Ministry of Tourism and Sport, the Ministry of Jobs, Economy and Trade, the Ministry of Indigenous Relations, the Ministry of Immigration and Multiculturalism and the Ministry of Arts, Culture and Status of Women.

RECOMMENDATION 1

The Ministries of Education, Health, Justice, Children and Family Services, Mental Health and Addiction, Public Safety and Emergency Services, and Seniors, Community and Social Services should each conduct an annual assessment to identify the supports they fund that are provided at a community level.

FURTHER COMMENTS:

- Supports provided at a community level are those that build resiliency. These include, but are not limited to:
  - arts and recreation activities;
  - mentorship, afterschool programs, and school clubs;
  - activities that support cultural connection;
  - youth workers and support workers; and,
  - programs that promote overall well-being.
- Factors to consider in the assessment should include, but are not limited to:
  - what supports currently exist and their locations;
  - what services they offer; and,
  - whether the service delivery data they collect is being used to evaluate current services and inform future services.
- Each ministry should update their assessment annually.
- Each ministry should share the findings of their assessment with the other ministries identified in this recommendation.
- Each ministry's progress will be evaluated individually through the OCYA's recommendation evaluation process.

EXPECTED OUTCOMES:

- The information gathered from the assessment will help identify service usage and gaps.
- The assessment will inform coordination and navigation strategies.

RECOMMENDATION 2

The Ministries of Education, Health, Justice, Children and Family Services, Mental Health and Addiction, Public Safety and Emergency Services, and Seniors, Community and Social Services should each strengthen coordination between funded services that are provided at a community level both within their respective ministry and between ministries.

FURTHER COMMENTS:

- Coordination will improve the sharing of program information and expertise.
- Coordination will identify services that exist, whether they are over/under utilized and service gaps.
- Each ministry's progress will be evaluated individually through the OCYA's recommendation evaluation process.

EXPECTED OUTCOMES:

- There will be reduced duplication and more efficient and effective services.
- Young people will receive timely and appropriate services.

RECOMMENDATION 3

The Ministries of Education, Health, Justice, Children and Family Services, Mental Health and Addiction, Public Safety and Emergency Services, and Seniors, Community and Social Services should each strengthen navigation between funded services that are provided at a community level both within their respective ministry and between ministries.

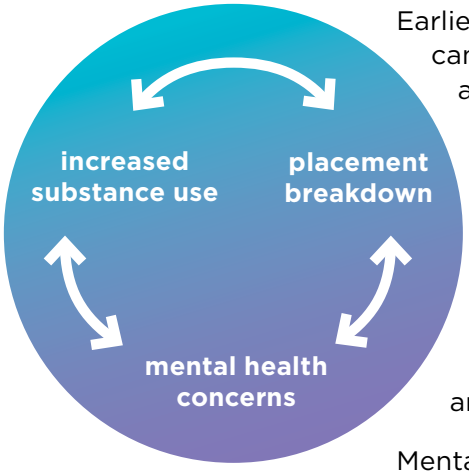
FURTHER COMMENTS:

- There will be increased capacity to provide seamless transition between services so that children, youth and families do not experience service disruptions.
- Navigation supports will facilitate a warm handoff between service providers to connect families with the appropriate services when needed.
- Each ministry's progress will be evaluated individually through the OCYA's recommendation evaluation process.

EXPECTED OUTCOMES:

- Young people will receive timely and appropriate services.
- Children, youth and families will have continuity of care.

Mental Health and Substance Use



Earlier in this report, we explored how community level supports can benefit a young person's well-being. These services can act as protective factors reducing the risk of mental health and/or substance use challenges for children and youth. For 26 of the 48 young people for whom reviews were completed, it was evident that unresolved adverse childhood experiences led to intensified mental health concerns and/or substance use over time. Of these 26 young people, 21 struggled with both. As their mental health declined, their substance use escalated, and their needs became increasingly complex. Their needs exceeded their caregivers' capacity resulting in multiple placement breakdowns and disruptions in their connections and services.

Mental health and substance use challenges significantly hinder the ability to maintain safe and stable housing, contributing to houselessness and housing instability.[40, 41] Stable housing has a significant impact on children's cognitive, socioemotional, and academic development, highlighting the long-term benefits of housing stability for overall well-being.[42]

The focus of our next Special Report will be on youth houselessness

Mackenzie[vi] had several diagnoses and their caregivers were often unable to provide the level of care they required. As Mackenzie's substance use escalated, their mental health declined. Their placements broke down and Mackenzie was moved 16 times over 13 months, which impacted their connections and services. Mackenzie was 15 years old when they died from drug toxicity.

> "I had to wait a very long time before anyone talked to me. When I did see a doctor, they didn't get me and [I was] rushed. It was uncomfortable there and I didn't feel safe. I left feeling worse than when I came. I felt alone."
>
> **Young Person**

Many of these young people had difficulties accessing the services they needed and often went to the hospital for their mental health and substance use challenges. They frequently faced barriers to accessing treatment including waitlists and entry requirements. Research emphasizes the importance of early intervention, accessibility, and integrated services tailored to the unique needs of young people.[43] When children and youth have mental health and/or substance use difficulties, it is critical that they have timely and reliable access to resources when they are ready to seek help. Repeated encounters with barriers and insufficient support in accessing mental health and substance use services can lead to a reluctance to seek help, as negative experiences often undermine their trust and willingness to engage with services.[44, 45]

Cheyanne struggled with her mental health and substance use. When she sought help, there were waitlists for services. Her substance use escalated, and she attempted suicide. She had several assessments and diagnoses and recommendations included intensive supports. Her willingness to use services decreased, and she often only sought help in emergencies. Cheyanne was 22 years old when she died in an accident.

[vi] Mackenzie used chosen pronouns "they/them."

Earlier, we explored the over-involvement of government systems in the lives of Indigenous people. Among the 26 young people who faced mental health and/or substance use challenges, 21 were Indigenous. However, only a few received services that were culturally appropriate. Cultural connection, including cultural identity and cultural participation, has been identified as a protective factor for mental health and well-being (including suicidal ideation) as well as substance use.[46]

Although First Nation Peoples represent 3.4% of Alberta's population, in 2022 they accounted for 24% of all apparent unintentional opioid poisoning deaths.

Ministry of Health et al., 2024

The Truth and Reconciliation Commission[47] recognized the devasting impacts of colonization and made several *Calls to Action* advocating for self-determination for Indigenous people in all realms of their lives. Indigenous Peoples have traditional holistic approaches to healing and wellness, which enrich the lives of their children and must be a part of their development and growth. Acknowledging and supporting these traditional healing practices is important in building tailored supports that are culturally appropriate and foster resilience. Culturally specific supports must be available and incorporated into Indigenous young peoples' care as Western practices may not meet their needs.[48]

Kali started using substances at 10 years old. She was referred to several services, including to a school psychologist, but Kali and her family did not access these supports. She moved away from her First Nation to an urban centre and a short time later, was taken to the hospital after attempting suicide. Following this incident, she was referred to an Indigenous school liaison worker and a community health clinic. Kali said that she was motivated to stop using substances. She reconnected with healthy family members, worked with an Indigenous outreach worker and took part in ceremonies. Her school attendance improved, and she was actively engaged with therapeutic supports to learn strategies to cope with her trauma, grief and loss. However, she continued to struggle with her mental health and when she was 17 years old, Kali died by a suspected suicide.

13 of these young people died from drug toxicity.

Substance use can have lasting harmful effects on young people's well-being, which may worsen without timely treatment.[49] It impacts their mental health and can lead to instability in their connections and supports. The *UNCRC* recognizes the negative impact of substance use on children's overall well-being and states that "all appropriate measures, including legislative, administrative, social and educational measures, must be taken to protect children from the illicit use of narcotic drugs or psychotropic substances."[50]

Twenty-four of the young people that are the focus of this section of the report experienced generational family substance use, and 20 of them went on to have their own substance use challenges. Children are starting to use substances at an earlier age, with 6 young people for whom reviews were completed starting their substance use before 12 years old.

Mira was exposed to generational substance use and family violence. At seven years old, she began sniffing gas. She had ongoing trauma, grief and loss and services were limited in her community. Mira was 15 years old when she passed away as a victim of violence.

The toxicity of substances is more potent than ever. Opioids continue to be prominent in young people's lives and negatively impact their mental health, and their ability to access services and supports. It is critical for young people to have access to the right support at the right time to both prevent and treat mental health concerns[51] and **substance use disorders**.[52]

The experiences of the 26 young people

Young people who had unaddressed mental health concerns often had difficulty with substance use. Their behaviours escalated, and they found it challenging to access services and supports. Youth-specific mental health and substance use services are essential for effective intervention, engagement, and positive outcomes.[53, 54] Tailoring services to be accessible, developmentally appropriate, and inclusive is necessary so that young people receive comprehensive and compassionate care to address their unique challenges.[55]

In the experiences of these young people, it was evident that when their mental health concerns and substance use remained unaddressed, they continued to have traumatic events. They were often houseless, had multiple hospital visits, and became involved with the justice system. Their connections to significant people and supports was interrupted impacting their overall well-being.

> One in five Canadians will experience a mental health and/or substance use related concern in any given year. By 40 years old, approximately half of all Canadians will have or have had a mental illness.
>
> **Canadian Mental Health Association, 2021**

As Bree and Macie's mental health concerns and substance use escalated, they had periods of being unhoused, including staying in shelters, couch surfing, or living in an encampment. Their connections to their families, culture and services were disrupted. Bree and Macie were both 19 years old when they died from drug toxicity.

Karey was exposed to her parents' substance use, apprehended and placed in a foster home where she lived for 12 years. She had mental health concerns from a young age that escalated to include hallucinations and required in-patient care, but there were waitlists for programming. Her foster parents said that they did not have the capacity to meet her needs, and she was moved to a group home. She began to leave without permission, use substances, and was sexually exploited. She had multiple placement breakdowns and with each move, she lost connections to her peers and services. Her mental health continued to decline, and her substance use escalated. Karey was 14 years old when she was found deceased in her community from suspected drug toxicity.

Eighteen of the young people also had concurrent cognitive, mental health and substance use challenges. **Attention-deficit/hyperactivity disorder** (**ADHD**) and FASD were among the most common cognitive limitations.

Jonah was 12 years old when he was diagnosed with a mild cognitive delay. The following year, he started using substances and his mental health declined. Over the next two years, he received additional diagnoses. Although he was connected to school and community-based supports to help him stabilize, his substance use continued and he was sexually exploited. He was confined multiple times and supports were explained to him clearly, but he did not access services. Jonah was 17 years old when he died from drug toxicity.

Placement stability is a protective factor and important in decreasing barriers to addressing mental health and substance use concerns.[56, 57] It makes a foundational contribution to a young person's well-being.[58] In many of the reviews, it was evident that when a young person's mental health remained unaddressed, their substance use escalated and they had housing instability. This in turn worsened their mental health and substance use, making it harder for them to access the services they needed.

Nineteen of these young people had multiple placements, which impacted their connections to those important to them as well as to their supports.

> Avery was exposed to his parents' substance use and family violence from the time he was two months old. He was apprehended and placed in a foster home. His caregivers were unable to manage his needs and at 10 years old, his long-term foster care placement ended. His mental health declined, and when he was 13 years old, he began to use substances. His caregivers found it challenging to provide the level of care he needed. By the time he passed away at 16 years old from drug toxicity, Avery had been moved over 25 times. These frequent placement changes disrupted his access to services and supports impacting his overall well-being.

Eighteen of the young people had suicidal ideation or self-harmed, that began as early as seven years old.

5 of the 18 young people who had suicidal ideation or self-harmed died by suicide.

> Henley[vii] was seven years old when they were taken to the hospital because they heard voices, had physical outbursts and suicidal ideation. Henley was connected to a pediatric mental health team and referred to community-based supports. Henley was 17 years old when they were seriously injured following a drug overdose.

> Jenika was eight years old when she had thoughts of suicide and began seeing a counsellor. She was 18 years old when she died by suicide.

> Rowan's connections with his family were disrupted, and he was separated from his siblings. He had many close family members pass away, including his parents, cousins and a sibling. When he was 10 years old, Rowan attempted suicide for the first time, and at 11 years old, he died by suicide.

Many of the young people who had mental health and substance use challenges also found it difficult to access services. Factors included having the right supports available when needed, having these services available in their communities, and warm handoffs between service providers.

> Bree, Macie, Cheyanne and Karey faced long waitlists for community-based mental health and addiction services, which prevented them from receiving supports when they needed them the most. At times, Macie asked for help to address her substance use but there were long waitlists and requirements to access treatment that she could not meet. Karey was 14 years old when she died from suspected drug toxicity, Bree and Macie were 19 years old when they died from drug toxicity, and Cheyanne was 22 years old when she died in an accident.

[vii] Henley goes by chosen pronouns "they/them."

Stakeholder consultation

Stakeholders said that as substance use and mental health concerns escalate, it becomes increasingly challenging to support young people. They are often moved because caregivers do not have the capacity to meet their evolving needs. This leads to disruptions in their relationships and services.

Young people and those who support them told us that:

- Early intervention and prevention supports are limited.
- Services for young people with mental health and/or substance use challenges are often crisis driven.
- A continuum of timely mental health and substance use supports that can meet young people's unique needs is required.

> "We can't focus on fixing someone in six weeks, and then leave. There needs to be a continuum of care after treatment."
>
> **Stakeholder Consultation**

- Young people need barrier free access to supports (e.g. no-cost, drop-in services, outreach, and/or multiple points of entry to access services).
- Placement stability can remove barriers to accessing timely mental health and substance use services.
- Culturally specific mental health and substance use supports help promote holistic well-being.
- A developmental disability lens is required to assess young people's needs to determine appropriate mental health and substance use supports.

Although mental health and substance use supports exist for children and youth, we heard from stakeholders and experts that there are areas for improvement. These include:

- Increasing the number of placements or housing options available for young people with mental health or substance use challenges.
- Increasing the number of detox and treatment services available for young people under 18 years old.
- Decreasing the wait times for services.
- Making supports available across the province. Rural and Indigenous communities often have limited to no mental health service providers or treatment facilities.
- Decreasing disruptions in young peoples' connections when they move from rural/ Indigenous communities to larger centres to access services.
- Increasing culturally relevant supports.
- Increasing service providers' skills to support young people with complex needs.
- Improving navigation of services (e.g. finding the right services and supports and getting through 'red tape'/approvals to access them).

> "I have been kicked out of shelters because I was using drugs, and I moved a lot because no one could deal with me. I was let out of jail and went to a shelter where everyone used drugs and got in trouble. That was bad for me, and I went back on the streets again. I didn't have anyone for almost a year because of this stuff."
>
> **Young Person**

Current services and supports

Young people with adverse childhood experiences (ACEs) are at greater risk for mental health challenges and suicidality[59] as well as problematic substance use.[60] For them to become healthy adults, they need access to timely, youth specific supports because ACEs appear to have a cumulative impact, meaning that each additional ACE may place an individual at greater risk of negative outcomes.[61]

The Government of Alberta recognizes the need for a different approach to addressing mental health and substance use challenges. A significant amount of work has been completed including realigning ministry program areas to include a youth focus. There has also been an increase in funding for mental health and substance use programs/ initiatives, including those specifically for children and youth. Some of these include:

> "An estimated 21% of Canadians, about 6 million people, will meet the criteria for addiction in their lifetime."
>
> **Addiction Help, 2024**

1. Integrated hubs for young people between 11 and 25 years old. They provide a single point of access to a range of recovery-oriented services, including mental health and addiction services; Indigenous wellness services; social services; and primary health care. These hubs have been launched across the province and are at various stages of readiness, including some that are led by First Nations.[63]

2. Free online website/mobile app that connects young people to virtual services. They can either pre-book or schedule same-day appointments with a mental health professional, employment specialist, or peer support worker. Additionally, they can participate in group activities and workshops.[64]

3. A live-in program for young people between Grades 7 and 12 that offers on-site schooling, individual, family, and group therapy, and life skills training. Parents and caregivers remain active participants in treatment, but the young person lives in the facility.[64]

4. Mental health supports in the classroom for students between Grades 4 and 12 who face mental health challenges. Clinical supports such as individual therapy, group therapy and psychiatric care is offered to students with mental health needs in a classroom setting.[65]

Previous recommendations

Over the past 11 years, the Advocate has highlighted the importance of protecting children and youth from the adverse effects of substance use and mental health concerns. We have emphasized the importance of youth-specific supports to foster resilience and overall well-being. Over 15 recommendations[viii] have been made to bolster supports for young people facing these challenges. Areas of recommendations include:

- Increasing access to treatment.
- Providing treatment that meets the unique needs of young people (e.g. youth specific or youth with complex needs).
- Increasing collaboration between ministries to improve delivery of mental health and substance use services.
- Providing culturally appropriate services.
- Building the capacity of caregivers and professionals to better meet young people's needs.

"Alberta Health Services should review how young people attending hospitals are assessed for suicide risk and standardize best practices across the province."

17-year-old Catherine: An Investigative Review – September 2015 - Recommendation 3

This recommendation is met

"The Ministry of Children's Services should make certain that children and caregivers receive culturally appropriate, timely interventions that directly address the impact of trauma on the developing brain."

Beyond Trauma: Disrupting Cycles, Effecting Change - November 2017 - Recommendation 2

This recommendation is ongoing

Several recommendations have also been made about the importance of mitigating the impacts of mental health concerns and substance use for Indigenous children and youth because of the over-involvement of systems in their lives. These recommendations include:

This recommendation is met

"The Government of Alberta should ensure that mental health programs are more accessible, holistic and readily available in First Nations communities."

Toward a Better Tomorrow: Addressing the Challenge of Aboriginal Youth Suicide – April 2016 - Recommendation 8

[viii] Information on previous recommendations is available at: ocya.alberta.ca/recommendations

Numerous recommendations have been made related to mental health and substance use, most of which have been closed and many are considered met. However, we continue to see the persistence of these issues in the lives of young people.

To increase engagement and provide effective intervention, mental health and substance use services should be tailored specifically to youth.[66] Comprehensive care for young people requires specialized services to meet their unique developmental needs.[67] In 2016, the Advocate recommended that the Government of Alberta should have a provincially funded youth suicide prevention strategy. This recommendation was met in 2019 through the *Building strength, inspiring hope: a provincial action plan for youth suicide prevention 2019 - 2024*.[68] The Advocate went on to recommend that:

The recommendation is ongoing

"The Ministries of Health and Children's Services should host a forum or other event that engages relevant stakeholders to highlight the actions taken and results achieved in the first two years of the province's five-year youth suicide prevention plan as well as steps for action to be taken in the coming two years. The ministries responsible should include a written summary of proceedings so there is a document for future public reference."

Mandatory Reviews into Child Deaths: April 1, 2020 - September 30, 2020 - Libby - Recommendation 1

Given the unique needs and the age of onset for mental health and substance use challenges in the circumstances of the young people we reviewed, it is critical that youth-specific mental health and substance use supports be strengthened. A full continuum of individualized and evidence-based services is required to appropriately respond to the diversity and unique developmental needs of children and youth.[69] The Advocate acknowledges that there are many programs and initiatives planned and underway that aim to make mental health and substance use services targeted, accessible and readily available. As seen in the 26 reviews, when young people have mental health and/or substance use difficulties, it is imperative that they have timely and reliable access to supports when they are ready to engage with services. It is critically important to know what supports are available, when they can be accessed and where they are located.

The Advocate is making one recommendation:

RECOMMENDATION 4

The Ministry of Mental Health and Addiction should publicly post mental health and addiction service options available to children and youth along with their wait times.

FURTHER COMMENTS:

- Children and youth are those young people up to 24 years old.
- This includes availability of spaces and wait times for specific programs across the province.
- Wait times should be updated and available in real time.

EXPECTED OUTCOMES:

- Young people, their families and service providers will be able to make informed and timely decisions about service options.
- There will be increased transparency and accountability for the availability of supports.
- Updated information will indicate the demand for services and provide young people, their families and service providers opportunities to better coordinate services.

Post-18 Supports

After reviewing the circumstance of the 26 young people it was evident that these youth continued to struggle as they transitioned to adulthood. It is important to highlight that 12 of the young people who had mental health and/or substance use challenges died between 18 and 22 years old. All but one had been the subject of a PGO and 10 were Indigenous. Most did not have the supports they needed to be successful into adulthood.

These young adults were part of a distinct stage of development known as **emerging adulthood**.[70] In 2019, the Advocate released *A Critical Time – A Special Report on Emerging Adults Leaving Children's Services Care*[71] that explored this unique stage of development, and the supports young people need during this time. While this can be a time of possibilities, it can also be turbulent. For instance, the second leading cause of death among Canadians between 15 and 24 years old is suicide, and their rate of anxiety and mood disorders is the highest of any age group.[72]

For young people involved with Child Intervention, the challenges of emerging adulthood have an even greater impact because many do not have the natural connections that they can depend on for support such as parents, relatives or other long-term relationships. While the Ministry of Children and Family Services does not replace family for a young person in care, in many instances the government becomes their guardian, and in turn, assumes responsibility for supporting their development to adulthood.

Nadie was exposed to substance use, family violence and her parents' declining mental health from the time she was six months old. She lived with her grandmother until her grandmother passed away, and Nadie was apprehended. When Nadie was 14 years old, she became the subject of a PGO. She had several placement moves, began to use substances and her school attendance became sporadic. Her mental health worsened, substance use escalated, and she disengaged from services. At 18 years old, she entered into a **Support and Financial Assistance Agreement** (**SFAA**) and caseworkers were responsive to her needs and helped her access resources. She declined further SFAA supports and six months later, 19-year-old Nadie died from a combination of opioid and alcohol toxicity.

Nadie was diagnosed with a **communication disorder**, ADHD, **conduct disorder**, **persistent depressive disorder** and an anxiety disorder.

Kelvin grew up living on the land and thrived when he had teachings and mentorship of Elders. After his father's passing, 11-year-old Kelvin became the subject of a PGO. When he was moved from his community, he began using substances and his mental health declined. Several times, caregivers asked for him to be assessed but this did not happen until he was 18 years old. He was referred to a multidisciplinary clinic for support but did not go to the appointments nor receive help to attend. His mental health worsened, substance use escalated, and he had several disruptions in his relationships. He continued to experience trauma including the passing of his brother and not having a stable place to live. He stopped going to school, stopped working, and disengaged from supports. Service providers had difficulty reaching him and his SFAA expired. Four months later, 21-year-old Kelvin died from drug toxicity.

Kelvin was diagnosed with FASD traits, extreme anxiety, reactive behaviours and substance use disorder.

The Advocate's special report on emerging adulthood highlighted the importance for young people having flexible supports that permit exploration, setbacks, and opportunities to make mistakes. These experiences allow them to learn important life lessons. Young people should have enough space to explore possibilities and try new things, knowing that they will still have support if they make a mistake. The report underscored the importance of healthy connections that encourage self-sufficiency and independent decision making. Several recommendations were made on how best to position young people for long-term success.

In response to some of the recommendations, the Ministry of Children and Family Services changed the way it delivered post-18 supports in 2022. The Transition to Adulthood Program (TAP)[73] was launched and provides young people financial support up to 22 years old and non-financial services up to 24 years old in the areas of:

- Transitional social and emotional supports.
- Mentoring opportunities, mental health and addiction supports and life skill development.
- Help to secure employment.

TAP offers four areas of post-18 support:[74]

1. Employment – young people can access a range of services to support them with their career and employment goals.
2. Education – young people can access services to assist them in pursuing their educational goals.
3. Adult Supports - young people who are eligible for adult services such as the **Assured Income for the Severely Handicapped** and **Persons with Developmental Disabilities** can receive assistance to connect and transition to these supports.
4. Stability – young people can access a range of services to help them stabilize and improve their social, mental and physical well-being.

A young person's brain continues to develop well into their twenties, as they build the skills and abilities they need to be healthy, functioning adults.[75] Many of the emerging adults, whose circumstances were reviewed, would likely not have been prepared to transition to adulthood at 24 years old because of their significant histories of trauma, grief and loss. Most did not have natural connections such as parents, relatives or long-term relationships they could rely on when they had a misstep and had nowhere else to turn. These young adults are an exceptionally vulnerable group who require a different approach. Jurisdictions across Canada are recognizing the distinct needs of this population and have tailored the type and duration of services provided to them.[76] Helping these young people successfully grow into adulthood will increase the likelihood of their meaningful participation in society.

"Young people need stability and if you keep pulling the pieces away that create stability then we can expect bad outcomes."

"Young people need ongoing support and people who care about them all the time."

Stakeholder Consultation

Although TAP looks promising, we know that young people involved with Child Intervention will likely encounter additional missteps as they move through life. Their complex needs and/or cognitive impairments often make it more challenging for them to transition to adulthood. They frequently have limited support networks to rely on and would benefit from continued and enhanced services to face the challenges navigating new systems and experiences.

The Advocate is making one recommendation:

RECOMMENDATION 5

The Ministry of Children and Family Services should review and revise the supports provided under the Transition to Adulthood Program (TAP).

FURTHER COMMENTS:

- Young people who experience significant trauma, grief and loss and have limited natural supports will likely experience several setbacks navigating life challenges. As they may have limited natural supports to help them during this time, this population requires a different type and duration of supports.
- Factors to consider in the review should include, but are not limited to:
  - increasing the age of eligibility of both financial and non-financial supports;
  - reviewing the responsibility being put on the young person to seek TAP support; and,
  - revising the process of accessing TAP services to ensure continuity of relationship with their TAP practitioner. This would include when they move between the four areas of TAP or re-enter the program.

EXPECTED OUTCOMES:

- Young people will have opportunities to explore possibilities and build capacity knowing they will continue to have support if they have a setback or misstep.
- Young people will receive the necessary services and supports required to become successful adults.

CLOSING REMARKS

This report was informed by the circumstances of 1 young person who was seriously injured and has since recovered, as well as the experiences of 47 young people who passed away. My heartfelt condolences go out to their families and those who cared about them.

My office continues to receive a high number of notifications of injuries and deaths of young people. It is important that public bodies do more so fewer of them have such tragic outcomes.

There are three areas of concern that persist:

- The over-involvement of government systems in the lives of Indigenous young people and their over-representation in our reviews.
- The significant number of young lives lost to drug toxicity and suicide.
- The challenges young people face transitioning to adulthood.

This report references many previous recommendations to address these concerns, which are at different stages of completion. Good work has been done; however, issues related to meaningful connections and addressing mental health and substance use challenges persist. I am also seeing an increased number of young people impacted by houselessness. This issue was briefly discussed in this report and will be the focus of my next special report.

I continue to be troubled about the increasing number of young people who pass away and had challenges transitioning to adulthood. They often did not receive appropriate services and supports to be successful. They frequently experienced significant trauma, grief and loss, and disruptions in their living situations and relationships.

Young people throughout Canada are moving out of their family home at an older age as compared to years past. Those involved with Child Intervention are an exceptionally vulnerable group who require greater supports. Other provinces and Indigenous communities have recognized the need to alter the type and duration of the services provided to these young people and have done so. Alberta is falling behind and I believe that we can do better as a society.

I am hopeful that my recommendations will be accepted and implemented, resulting in better outcomes for Alberta's most vulnerable children and youth.

[Original signed by Terri Pelton]

Terri Pelton
Child and Youth Advocate (Alberta)

APPENDICES

Appendix 1: The 48 Young People

* The 26 young people who had mental health and/or substance use challenges (and who are the focus of the discussion) are highlighted.

** Each individual investigative review report can be found at: ocya.alberta.ca/individual-investigative-reviews

Pseudonym	Date Released	Manner of Death
3-Week-Old Nina	March 2024	Pending OCME investigation
10-Week-Old Jacy	December 2023	Medical death
18-Month-Old Gage	September 2023	Victim of Violence
21-Month-Old Ellen	September 2023	Medical death
23-Month-Old Amaya	February 2024	Pending OCME investigation
23-Month-Old Katie	September 2023	Accidental death (drug or alcohol related)
2-Year-Old Hope	September 2023	Medical Death
2-Year-Old Nolan	February 2024	Accidental death (drug or alcohol related)
3-Year-Old Ryder	October 2023	Medical death
4-Year-Old Samantha	March 2024	Medical death
5-Year-Old Quinn	March 2024	Accidental death
7-Year-Old Eddie	March 2024	Medical death
7-Year-Old Haamid	March 2024	Medical death
7-Year-Old Naomie	November 2023	Accidental death
8-Year-Old Max	November 2023	Accidental death
9-Year-Old Emir	March 2024	Medical death
11-Year-Old Frasier	March 2024	Accidental death
11-Year-Old Rowan	March 2024	Suicide
12-Year-Old Aubrie	March 2024	Pending OCME investigation
12-Year-Old Gill	October 2023	Medical death
13-Year-Old Hyza	March 2024	Medical death
13-Year-Old Montana	September 2023	Victim of violence

Pseudonym	Date Released	Manner of Death
14-Year-Old Caden	March 2024	Suicide
14-Year-Old Karey	December 2023	Pending OCME Investigation (suspected drug or alcohol related)
15-Year-Old Aleda	November 2023	Pending OCME investigation (suspected drug or alcohol related)
15-Year-Old Lucy	March 2024	Victim of violence
15-Year-Old Mackenzie	October 2023	Accidental death (drug or alcohol related)
15-Year-Old Mira	January 2024	Victim of violence
16-Year-Old Sonny	March 2024	Accidental death
16-Year-Old Avery	January 2024	Accidental death (drug or alcohol related)
16-Year-Old Tara	March 2024	Accidental death (drug or alcohol related)
17-Year-Old Liam	March 2024	Accidental death
17-Year-Old Henley	March 2024	Serious injury – drug or alcohol related
17-Year-Old Jonah	March 2024	Accidental death (drug or alcohol related)
17-Year-Old Kali	December 2023	Pending OCME investigation (suspected suicide)
18-Year-Old Crystal	September 2023	Suicide
18-Year-Old Jenika	September 2023	Suicide
18-Year-Old Theo	March 2024	Accidental death
19-Year-Old Arlo	January 2024	Accidental death (drug or alcohol related)
19-Year-Old Bree	February 2024	Accidental death (drug or alcohol related)
19-Year-Old Macie	September 2023	Accidental death (drug or alcohol related)
19-Year-Old Nadie	October 2023	Accidental death (drug or alcohol related)
20-Year-Old Elena	March 2024	Medical death
20-Year-Old Aden	March 2024	Victim of violence
21-Year-Old Farah	March 2024	Accidental death (drug or alcohol related)
21-Year-Old Kelvin	March 2024	Accidental death (drug or alcohol related)
21-Year-Old Lennie	March 2024	Accidental death (drug or alcohol related)
22-Year-Old Cheyanne	March 2024	Accidental death

Appendix 2: Endnotes

1. 18-Month-Old Gage: An Investigative Review, September 2023, 13-Year-Old Montana: An Investigative Review, September 2023, 15-Year-Old Mira: An Investigative Review, January 2024, 15-Year-Old Lucy: An Investigative Review, March 2024, 20-Year-Old Aden: An Investigative Review, March 2024
2. 11-Year-Old Rowan: An Investigative Review, March 2024, 14-Year-Old Caden: An Investigative Review, March 2024, 17-Year-Old Kali: An Investigative Review, December 2023, 18-Year-Old Crystal: An Investigative Review, September 2023, 18-Year-Old Jenika: An Investigative Review, September 2023
3. 21-Month-Old Ellen: An Investigative Review, September 2023, 2-Year-Old Hope: An Investigative Review, September 2023, 3-Year-Old Ryder: An Investigative Review, October 2023, 4-Year-Old Samantha: An Investigative Review, March 2024, 7-Year-Old Eddie: An Investigative Review, March 2024, 7-Year-Old Haamid: An Investigative Review, March 2024, 9-Year-Old Emir: An Investigative Review, March 2024, 12-Year-Old Gill: An Investigative Review, October 2023, 13-Year-Old Hyza: An Investigative Review, March 2024
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54. Hawke et al., 2019
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Appendix 3: Glossary

Accidental Causes

Refers to serious injury or death where there is no obvious intent to cause death either on the part of the deceased or another individual. Includes motor vehicle accidents, accidental overdoses, drowning, etc.

Adverse Childhood Experiences (ACEs)

Negative, stressful, traumatizing events that occur before the age of 18 and are linked to poor health outcomes, including the development of maladaptive behaviours.

Apprehended

The court grants the "Director" as defined in the *Child, Youth and Family Enhancement Act* (*CYFEA*) temporary custody of the child on reasonable and probable grounds that the child needs intervention in accordance with *CYFEA*.

An Act respecting First Nations, Inuit and Métis children, youth and families

Federal legislation affirming the inherent right of Indigenous Peoples to self-govern child and family services.

Anxiety Disorder (or Anxiety)

An umbrella term for several disorders that are characterized by excessive worry or fear. Symptoms can impact work, school, and relationships. Anxiety disorders include generalized anxiety disorder, panic disorder, social anxiety disorder, separation anxiety disorder, and specific phobias.

Assessment

The gathering and analysis of information to determine whether a child is in need of intervention under the *Child, Youth and Family Enhancement Act*.

Assured Income for the Severely Handicapped (AISH)

A program that provides financial and health benefits to eligible Albertans with permanent or chronic medical conditions.

Attention-Deficit/Hyperactivity Disorder (ADHD)

A mental health disorder, often diagnosed in childhood or adolescence, characterized by symptoms such as trouble focusing, hyperactivity, and impulsivity.

***Child and Youth Advocate Act* (*CYAA*)**

The legislation that establishes the Child and Youth Advocate as an independent officer of the Legislature and creates the Office of the Child and Youth Advocate to represent the rights, interests, and viewpoints of children and youth receiving services under the *Child, Youth and Family Enhancement Act* and the *Protection of Sexually Exploited Children Act*, as well as youth involved with the youth justice system.

***Child, Youth and Family Enhancement Act* (*CYFEA* or *Enhancement Act*)**

Provincial legislation governing Child Intervention Services.

Communication Disorder

A disorder that impacts communication development in young people. Symptoms may impact speech and language, or lead to challenges in comprehension or expression.

Complex Needs

Individuals with complex needs are defined by the Government of Alberta as having multiple impairments, complex mental or physical health issues, and/or severe behavioural needs; for whom all currently available resources have been utilized with limited success; who require fiscal and human resources that strain the capacity of any one ministry; and for whom there are questions about the safety of the child or others around them.

Conduct Disorder

A behavioural and emotional disorder in childhood and adolescence. Children with conduct disorder act inappropriately, infringe on other's rights and violate other's behavioural expectations.

Cultural Safety

An approach that involves creating a supportive environment where young people feel safe and valued, free from discrimination and cultural bias, and where their cultural beliefs and practices are acknowledged and respected.

Custody Agreement (CA)

A voluntary agreement between guardians and the "Director" as defined in the *Child, Youth and Family Enhancement Act*. Decision-making is shared and the young person is placed outside the home.

Custody Order (CO)

The court grants the "Director" as defined in the *Child, Youth and Family Enhancement Act* temporary custody of the child until legal status can be determined. The child is placed in an approved placement.

Designated Services

The *Child and Youth Advocate Act* outlines when the Office of the Child and Youth Advocate can support young people who are receiving specific services under the *Child, Youth and Family Enhancement Act* (excluding adoption), the *Protection of Sexually Exploited Children Act*, or within the youth criminal justice system.

Emerging Adulthood (Emerging Adults)

Young people who are at a developmental stage between the approximate ages of 18 and 25. It is characterized by a drive toward independence without yet having the responsibilities of adulthood.

Enhancement Agreement (EA) / With Youth

A voluntary agreement under the *Child, Youth and Family Enhancement Act* to provide services and support to a family or a young person who is 16 or 17 years old. It is intended to address protection concerns while the child remains with a guardian or lives independently.

Fentanyl

A prescription painkiller up to 100 times more potent than morphine. Fentanyl is often produced and sold illegally. It is frequently mixed with other drugs and is difficult to detect.

Fetal Alcohol Spectrum Disorders (FASD)

A group of conditions resulting from exposure to alcohol before birth. FASD affects development impacting physical, behaviour, and mental outcomes.

Foster Care (or Foster Home)

A family home licensed under the *Child, Youth and Family Enhancement Act* that provides a placement for a young person receiving child intervention services.

Group Care (or Group Home)

A residential placement staffed by childcare workers that provides an approved placement for a child or youth in the care of the Director.

Kinship Care (or Kinship Home)

A placement option for a young person involved with Child Intervention Services to live with relatives or close community members.

Learning Disability

An information-processing disorder that affects a person's ability to learn and use skills such as reading, writing and math. While learning disabilities are often identified in childhood, they are present throughout a person's lifespan and can affect relationships and work in adulthood.

Methamphetamine

A synthetic drug manufactured from chemical ingredients. Methamphetamine is an illegal and highly addictive substance with long-term health effects.

Persistent Depressive Disorder

A chronic, long-term depression. Symptoms are typically similar to those of major depressive disorder, but milder. Persistent depressive disorder is characterized by the longevity of symptoms, which continue for years.

Protective Factors

Aspects of a person, community or environment that increase an individual's resilience and reduce the impact of difficult events. Protective factors may also decrease a person's risk of becoming a victim or perpetrator of crime.

Permanent Guardianship Order (PGO)

Under this order, the "Director" as defined in the *Child, Youth and Family Enhancement Act* becomes the sole guardian of a child. The order is sought when it is believed that the child cannot be safely returned to their guardian within a specified time frame.

Persons with Developmental Disabilities (PDD)

A voluntary program that helps adult Albertans with developmental disabilities live as independently as possible in their communities.

***Protection of Sexually Exploited Children Act* (*PSECA*)**

Legislation pertaining to sexually exploited youth. Young people can be placed in secure services facilities or receive service through a voluntary agreement under this legislation.

Safety Planning

A plan completed between a caseworker and a family that identifies supports and resources to help reduce the likelihood of further harm to a child.

Self-Harm (or Self-Harmed)

Intentional self-injury (such as cutting oneself) done without suicidal intentions.

Substance Use Disorder

A disorder that affects an individual's brain and behaviour and leads to the inability to control the use of a legal or illegal drug or medication despite the harm it causes.

Suicidal Ideation

Suicidal thoughts, or a preoccupation with suicide.

Sundancer

A participant in the Sun Dance, a ceremony practiced by various Indigenous peoples in North America. The practice involves dancing, fasting, and sometimes physical endurance to offer prayers and seek spiritual guidance.

Supervision Order (SO)

A court order granting the "Director" as defined in the *Child, Youth and Family Enhancement Act* mandatory supervision of a young person. Guardians retain custody.

Support and Financial Assistance Agreement (SFAA)

A former voluntary agreement whereby services and financial assistance were provided under the *Child, Youth and Family Enhancement Act* to a young person between 18 to 22 years old.

Supported Independent Living (SIL)

Programing that supports young people to live as independently as possible within their community. The program promotes the development of life skills, health, and wellness in a supportive environment to ease the transition to adulthood.

Temporary Guardianship Order (TGO)

The court grants the "Director" as defined in the *Child, Youth and Family Enhancement Act* custody and guardianship of a child for a specific period. The child is in the care of Child Intervention Services, and guardianship is shared with the parent/legal guardian.

***The Truth and Reconciliation Commission* (*TRC*)**

The Truth and Reconciliation Commission of Canada was established to educate Canadians about the history and impact of residential schools. The TRC documented the truth and lived experiences of residential school survivors, their families, communities, and anyone involved. Using this information, the Commission created a multi-volume report that outlines the full history and enduring effects of the schools, along with *Ten Principles of Reconciliation* and *94 Calls to Action* for all sectors of Canadian society.

Toxic Stress

The excessive prolonged activation of the physiologic stress response systems in the absence of the buffering protection afforded by stable, responsive relationships.

***United Nations Convention on the Rights of the Child* (*UNCRC*)**

A legally binding international agreement that consists of 54 articles setting out children's rights and government responsibility in making them available to all children.

***United Nations Declaration on the Rights of Indigenous Peoples* (*UNDRIP*)**

An international declaration that consists of 46 articles affirming the rights of Indigenous People around the world.

Warm Handoff

The process of transferring care for an individual from one service provider to another. These are typically conducted, with the client, in person or by phone.

Well-being

A comprehensive state of balance and fulfillment that encompasses social, behavioural, emotional, physical, and mental health. It reflects the capacity to manage daily stresses effectively, maintain meaningful relationships, and pursue personal growth and resilience.

Appendix 4: Experts Consulted

Elder Dr. Francis Whiskeyjack

A member of Saddle Lake Cree Nation, Elder Francis Whiskeyjack has dedicated his life to serving others and has committed himself to the principle of lifelong learning.

As a traditional person. Elder Whiskeyjack strives to walk a balanced, holistic path and live by the teachings handed down to him from his Elders, namely the late Joe P. Cardinal. He is fluent in the Nehiyawewin (Plains Cree) language and promotes learning and retaining the Nehiyawewin language. He is a Residential School Survivor, an accomplished artist, a musician, and a cultural teacher.

His extensive knowledge about the Medicine Wheel, Indigenous culture and history, and traditional holistic healing techniques have cast him as a reputable, trusted Elder by many education and health institutions including Alberta Health Services, Edmonton Public School Board, MacEwan University, and Concordia University. In 2012, he was appointed as an Adjunct Professor at the University of Alberta.

Dr. Ann Marie Dewhurst

Ann Marie Dewhurst is a registered psychologist who specializes in clinical and forensic psychology. She has extensive experience working with vulnerable people who are dealing with abuse issues (e.g. people who perpetrate abuse, are victims of abuse or both), addiction and trauma. Ann Marie has worked with adults and youth involved with Children and Family Services for the past 30 years as both a therapist and a clinical assessor. She is currently limiting her practice to consultation and training as she moves into retirement.

Dr. Esther Tailfeathers

Esther Tailfeathers was born and raised on the Blood Reserve. She graduated from the University of North Dakota School of Medicine, and completed her Family Medicine Residency at the University of Alberta. She has worked in many Indigenous communities and in emergency rooms for almost 20 years and served the remote northern community of Fort Chipewyan. She was the Medical Lead of the Indigenous Wellness Core for Alberta Health Services until June of 2023. She is most proud of organizing a relief mission made up of Blood Tribe paramedics, nurses and health care workers to Haiti after the earthquake. Most recently, she has worked with her community in response to the fentanyl crisis which started in the fall of 2014. The opioid crisis and community strategies of harm reduction, treatment and addressing structural barriers in her home community has been the concentration of her work over the past 10 years.

Liz O’Neill

Liz O’Neill was the Executive Director of Boys & Girls Clubs Big Brothers Big Sisters of Edmonton & Area until her retirement in 2024. She is well-known in the non-profit community and has been recognized for her collaboration with other agencies to provide mentoring for youth. She has received the Government of Canada 125 Anniversary Medal, the Alberta Centennial Medal, the Excellence in Community Service Award from the Intercultural Dialogue Institute of Edmonton and was inducted into the City of Edmonton’s Community Service Hall of Fame. In 2010, she was named the Dr. Charles Allard Chair in Business at MacEwan University and received an Honorary Doctor of Law from the University of Alberta in 2017. She currently sits on the Premier’s Council on Charities and Civil Society and is the Co-Chair of the Alberta Mentoring Partnership and Tri Chair of the Canadian Mentoring Partnership.

Nancy Mannix

Nancy Mannix is the Chair and Patron of the Palix Foundation, a private foundation whose philanthropy aims to improve the health and wellness outcomes of children and families. The Foundation, through the Alberta Family Wellness Initiative, focuses on aligning science, policy, and practice in areas of brain development and its implications for child development, mental health, addiction, and other disease and disorders, generating changes at an individual, organizational and systems level. Nancy’s work with the Palix Foundation has garnered a number of prestigious awards in the mental health sector. Throughout her career in the charitable sector, Nancy has been involved with several organizations, and recently contributed to understanding the impact of COVID-19 on children and youth as a member of the Child and Youth Well-being Review panel. Nancy holds a Bachelor of Arts from the University of San Diego and a Juris Doctor Degree from Seattle University.

Appendix 5: Stakeholder Consultation Questions

We consulted with 25 young people and 130 stakeholders that included family members, service providers and subject matter experts from across the province through in-person meetings and surveys. We asked them the following questions to inform our report:

MENTAL HEALTH

1. **How accessible/available are mental health supports for young people?**
    - Is it easy for young people to connect to appropriate supports?
    - Is a young person's capacity considered when being directed to supports?
    - Are there culturally appropriate supports available?
    - Are services tailored to address the unique cultural, social, and historical factors that impact Indigenous youth?
    - Are there cultural-based interventions that are integrated into mental health support for Indigenous young people?
    - What is working well/challenges/barriers?

2. **How do you know a young person has sufficient support?**
    - If not sufficient, are other systems/services engaged?
    - Who determines if more is needed?
    - What does collaboration look like with Indigenous communities, organizations, and Elders to ensure services are culturally safe, respectful, and effective?

3. **Are young people frequently going to hospitals and leaving before being seen?**
    - If discharged, what supports are provided?
    - Are young people expected to follow up on their own?
    - Are there other crisis supports available besides hospitals?

Supplemental Question:

- What is your experience with waitlists?

SUBSTANCE USE

4. **How accessible/available are treatment supports for young people?**
    - Is it easy for young people to connect to appropriate supports?
    - Is a young person's capacity considered when being directed to supports?
    - Are there culturally appropriate supports available?
    - Are services tailored to address the unique cultural, social, and historical factors that impact Indigenous youth?
    - Are there cultural-based interventions that are integrated into substance use supports for Indigenous youth?
    - Are current supports effective?
    - What is working well/challenges/barriers?

5. **How do you know a young person has sufficient support?**
    - If not sufficient, are other systems/services engaged?
    - Who determines if more is needed?
    - What does collaboration look like with Indigenous communities, organizations, and Elders to ensure services are culturally safe, respectful, and effective?

Supplemental Questions:

- In your experience, what are the ages that young people begin using substances?
- Potency/toxicity of drugs?
- Highly addictive drugs?
- Waitlists?

CONCURRENT DISORDERS

6. **Are there concurrent disorder treatment options available?**
    - Are they accessible? Culturally appropriate? Effective?
    - Is it harder for young people with both mental health and substance use issues to access supports?
    - How do services/systems collaborate and coordinate services to meet a young person's needs?
    - What is working well/challenges/barriers?

Supplemental Questions:

- Are supports flexible and tailored to accommodate for different needs?
- What are the challenges when working with young people with concurrent needs?

PLACEMENTS

7. **How does placement/housing impact young people's mental health or substance use challenges (e.g. the ability of placement/housing to meet a young person's needs, experiencing multiple moves, or houselessness)?**
    - Is there sufficient placement/housing available to support young people with mental health and substance use challenges?

CULTURAL AND RECREATIONAL ACTIVITIES

8. **Does regular participation in cultural or recreational activities help to support young people's well-being? E.g. connection to Elders, ceremony, art or dance classes, sports teams, chess club, etc.**
9. **Are there enough opportunities for young people to connect with cultural or recreational activities?**
10. **What is working well to support young people's participation in cultural or recreational activities?**
11. **What barriers and challenges are there to young people participating in cultural or recreational activities?**

Appendix 6: Terms of Reference

Authority

Alberta's Child and Youth Advocate (the "Advocate") is an independent officer reporting directly to the Legislature of Alberta. The Advocate derives her authority from the *Child and Youth Advocate Act* (*CYAA*). The role of the Advocate is to represent the rights, interests and viewpoints of young people receiving services through the *Child, Youth and Family Enhancement Act* (*CYFEA*), the *Protection of Sexually Exploited Children Act* (*PSECA*), or the youth justice system.

Section 9 of the *CYAA* provides the Advocate with the authority to review the death or serious injury of any child who was receiving a designated service (child intervention or youth justice) at the time of their death or injury, or had received *CYFEA* or *PSECA* services within two years of their death.

Objectives of an Investigative Review and Consolidated Report

To review the experiences of young people who passed away or were injured, and those of their families, with child-serving systems.

To identify findings related to relevant protocols, policies and procedures, standards and legislation in each completed and publicly released investigative review.

To track themes identified in each completed and publicly released investigative review.

Annually, to analyze the themes in each completed investigative review and prepare a larger consolidated public report that explores those prevalent themes and makes recommendations.

Scope/Limitations

Investigative reviews do not contain findings of legal responsibility or conclusions of law nor replace other processes that may occur, such as investigations or prosecutions under the *Criminal Code* of Canada. The intent of a review is not to find fault with specific individuals but to identify key issues, meaningful findings, and advocate for system improvements that will enhance the overall safety and well-being of young people who receive designated services.

Methodology

The review process will include:

- Analysis of the findings and themes in each completed and publicly released investigative review.
- Review of relevant research.
- Review of documentation and reports.
- Review of policy and casework practice.
- Personal interviews.
- Consultation with experts and other stakeholders.
- Other factors that may arise for consideration.

Consultation

Consultation with relevant stakeholders and subject matter experts will occur, either through individual or group consultation or by convening a committee—to be determined by the Advocate and the Deputy Advocate of Indirect Advocacy Services. The purpose of consultation is to inform the report's findings and recommendations.

Reporting

The Child and Youth Advocate will release an annual public consolidated report.

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Calling for Change
Investigative Reviews Consolidated Report
2023-2024

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