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MENTAL HEALTH WELL-BEING AND ROUTINES IN ADOLESCENTS & TEENS

Speakers: **Dr. Amy Cheung**, *Psychiatrist Sunnybrook*

Charmaine Lane, *Psychologist*

Scott St. Marie, *Keynote Speaker, YouTuber & Podcast Host*

Moderator: **Saleem Haniff**, *Social Work, TDSB*

Wednesday, June 24, 2020 6:30 p.m. – 8 p.m.

MICHELLE MUNROE: Good evening everyone, welcome, we're just going to give it a few more minutes. And we will be started shortly. Margaret I think we're ready to go now. Thank you.

MARGARET HORVATH: My name is Margaret Horvath. This session will be recorded and will be available on the TDSB website at www.tdsb.on.ca. To ensure smooth session for all attendees we have enabled both Q & A and the chat function, muted all participants and prevented screen sharing. If you want to open the Q & A and the chat functions, simply click on that icon. We request that both spaces be used in a way that creates a safe and respectable environment for all to engage. If you are calling into the session, please use star nine, the raise hand function, and the moderator will try to get to your question. Next step is audio and microphone. It's based on your individual bandwidth. If you're worried about slow internet connection, you can call in by using the dial-in information included in the invite. The invite is also located at TDSB.on.ca under the heading "Latest News". If for some reason your speakers' bandwidth becomes unstable and choppy, please bear with us, we will hear it too and we will work as quickly as possible to resolve the issue. You may exit or change to full screen, speaker or gallery view by clicking the top right button or view options drop down menu. Lastly, there will be a quick survey for you to complete before you leave. I've put it into the chat for you to have a look at. Now, to get things started, I'm

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going to hand it over to Aretha Phillip your Ward 13 rep for the Parent Involvement Advisory Committee, more commonly known as PIAC. Over to you, Aretha. You have to unmute yourself.

ARETHA PHILLIP: Hi everyone. My name is Aretha Phillip. As Margaret introduced me before, we can get started on the meeting I want to do our land acknowledgment. We acknowledge we are hosted on the lands of the Mississaugas of the Anishanaabe, the Haudenosaunee confederacy and the Wendat. We also recognize the enduring presents of all First Nations, Metis and Inuit peoples. I would like to say that I'm really happy to be here tonight to introduce the evening's conversation on behalf of the Parent Involvement Advisory Committee also known as PIAC. We are a parent body of the TDSB that supports, encourages and enhances engagement at the Board of Trustees level. We are working in order to improve student achievement and well-being and we are very pleased to collaborate with the Board tonight in the delivery of these important conversations for parents. Please enjoy tonight's conversation I'm now going to turn things over to trustee Rachel Chernos-Lin of Ward 11.

RACHEL CHERNOS-LIN: Good evening. So, my name is Rachel Chernos-Lin and I'm the Trustee for Ward 11 and also have the privilege of serving as the trustee representative for the Parent Involvement Advisory Committee here at the TDSB and getting to work with Aretha Phillip regularly. So tonight I'm pleased to introduce the second of three webinars that we will be hosting this week. All of the topics for these webinars have been chosen based on direct feedback from parents and guardians at the TDSB. And tonight's topic, mental health, well-being and routines for adolescents and teens is certainly one that many parents have been talking about, myself included quite frankly, with two high school age daughters and another pre-teen as well in the household. Over the last couple of months, the Covid 19 pandemic, physical distancing (audio) dramatically, so many parents have raised concerns about the impacts of all of these changes on children's mental health and well-being. With regular routines no longer set by the morning school bell, parents are challenged figuring out how to establish routines and set them up for success in this environment. In the school board it's crucial that we listen to our school communities. It helps us make informed decisions and it also helps to provide supports and guidance where needed. And so tonight we look forward to an engaging evening where we hope to address parent concerns related to mental health, well-being and routines. It is my absolute pleasure to introduce this evening's moderator Saleem Haniff. Saleem is a mental health lead at the TDSB with a mandate to support and enhance the mental health and well-being of all students. One of the areas of focus in his work happens to be the intersection of equity, youth engagement and technology in relation to student well-being. With CoVid 19, remote learning and physical distancing now a part of our new reality, his work makes him extremely well-suited to lead the discussion on well-being and mental health in 2016 in their present circumstances. Over to you, Saleem.

SALEEM HANIFF: Thank you for that kind introduction. Welcome again everyone. My name is Saleem Haniff and the mental health and well-being for Learning Centres two and three basically Scarborough and north of the 401. So, thank you for having me here to move the discussion forward this evening. So we have three esteemed panelists that will be speaking about various aspects of adolescent mental health and well-being tonight. So

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as mentioned earlier, feel free to type questions you have into the chat box and then we will group them together if there are any themes and pose them to our panelists at the end of the three talks and we'll get their input on the questions that you pose. So let's get right into it. First, starting with Dr. Amy Cheung. So Amy is an Associate Scientist in the Hurvitz Brain Sciences program at Sunnybrook Health Sciences Centre and Associates Professor in the Department of Psychiatry in the University of Toronto. She works clinically as a psychiatrist with young people with mood and anxiety disorders and their families. In 2014, Dr. Cheung was awarded the \$1 million Bell Canada chair and adolescent mood and anxiety disorders. Dr. Cheung has also been a long-standing supporter of the Ontario college of teachers advisory and mental health well-being which basically outlines teachers roles and responsibilities in supporting student mental health and well-being. She will be speaking about mental health and well-being of adolescents through difficult times through the pandemic, what things to look out for. So, Dr. Cheung, over to you.

DR. AMY CHEUNG: Thank you so much for the introduction. So, as I work with young people and their families, I often get asked if it's difficult. But I enjoy the work. I find teenagers really fun to work with so I hope that comes out in my talk tonight. I'll just ask the slide to be moved forward, I guess, because I don't think I have control. So just speaking about mental illness. For all of you, I'm sure that you're aware by now that mental illness is a serious debilitating health condition. So I think for a long time we didn't take mental health concerns in young people as seriously as we should have. We know now they're not just little adults, but they do have a lot of difficulties that can start very early on and especially as they hit the difficult years of adolescence as the hormones are raging and there are lots of new things to learn and independence they become more and more difficult to deal with and that tends to be the time mental illness will become more present and start. We know that the most common mental illness, depression is now the leading cause of disability worldwide. And I get asked this question all the time, how is this possible, doctor, that we have heart disease, diabetes, asthma, we have cancer, we have COVID and yet depression is the leading cause of disability worldwide? It's because as society we really have not dealt with prevention so we don't help our young people when they start to develop difficulties with their emotional health. We've not invested a lot of money into looking into treatments for illnesses like depression. And we have a lot of stigma and shame around mental illness and so there's a lot of people not being treated and most commonly our young people. We know that our teenagers are healthy, they're supposed to lead long, successful lives, but they do pass away during their adolescence and we know that the most common cause is accidents because we know they can be impulsive. But the second leading cause of death among young people is suicide and almost 100 percent of them who die by suicide will have a diagnoseable mental illness and most have had contact with health care providers before they die and yet they were not treated successfully. And so we know that mental illness is debilitating and it can also in some instances lead to death. So it is a very serious health conditions that we need to pay more attention to. So I'm glad we're here tonight to talk about it. Next slide.

So we know that one in five students in high school class will struggle with significant mental health issues. That's 20 percent of the kids. So when I see my patients in my office, I tell them, look around your class room there are people struggling you may not know who they are, but they are there and unfortunately, less than half are able to access the care they need and it seems astonishing to me that we have actually, my colleagues, you know, my family doctors,

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pediatricians are actually not well trained, they're not trained well enough to actually recognize mental illness in our teenagers. So that's one of the biggest barriers.

We also know that even after the mental health condition is recognized, these doctors and health care providers have trouble referring on to a health care system that can be quite confusing to navigate and fragmented. So these kids after struggling a long time of being unwell, finally their parents -- you know, as a parent myself I often try to help my kids get over things. Maybe I'll just pass, you know, parents start to recognize it, then they take them to a doctor who takes time to recognize it, and then they're thrown into a system that's difficult to navigate. And on top of that, still the stigma around even wanting help. So a lot of teenagers but by the time they get to the help they need, they're worried about people finding out they have struggles and so there's just so many barriers for our teenagers to actually get the help that they need and especially for their families to be able to help them. I'll talk about the innovations going on in the province that will be helpful to you if you navigate the system if you're struggling or your teenager with mental health problems. Next slide.

So what are some of the common mental health concerns in young people? So I've got a bit of a list here I'll go through with you. Some of them are very common. Some of them are less common. So you heard from introduction I work with teenagers with depression and anxiety. So mood disorders including depression and bipolar disorder is the most common mental health concern you're going to see in your teenagers. It mainly hits girls and we know it has something to do with hormonal changes in adolescence it also has to do with plummeting self-esteem as they hit high school years to depression is very common. And also girls are more talkative so they're more likely to present with depression in their doctor's offices and with their counselors. They are also more likely to even just go to their doctor's office because they may go for other health issues like their period or menstrual cycle. Depression is very debilitating and I'll go into the symptoms of depression later on, and include things like being tired, not being able to pay attention, having lots of aches and pains, headaches. We know younger kids present commonly as headaches and stomach aches. So depression is most likely to be connected to suicide also so it's something we become very, very concerned about of the anxiety disorders. So unlike depression which tends to present -- anxiety disorder starts really young so if you notice that your young person is anxious, they probably were a little bit anxious earlier on and maybe you didn't notice or maybe you did notice it and it was kind of irritating because they wouldn't go to sleep over camp or wouldn't eat foods touching each other or always needed one stuffy when they went to bed or wouldn't go on a play date. The anxiety does really grow over time and as they hit adolescence it becomes different. So not being able to present a project in front of a group of people, being socially anxious and not hanging out with other people. You might say, you know, we've all been really anxious with CoVid, so it must be really bad right now and surprisingly the kids who have anxiety right now are doing not so bad. They are, actually, finding this isolation somewhat soothing, and some of them told me it makes them feel very validated that they have always liked to be alone and now they're being mandated to be alone and everyone else is alone and some teenagers also told me the FOMO they've had hasn't been happening either so they don't feel like they're missing out on anything because nobody is really doing anything. We know that as Covid goes on, the anxiety will start to grow. Initially we found it a little bit calming, but now anxiety is starting to get higher and higher because there's more and more difficulties with being able to get out and wearing a mask and being social distancing and getting in trouble for

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not social distancing. So anxiety can present as a panic disorder where someone feels very anxious, they might feel like they're having a mental breakdown, they can just be crying. That's mainly girls. In boys, it can present as someone who's just frozen and can't speak and having a really difficult time kind of engaging. In the most severe range obsessive compulsive disorder the ritual of routines they can spend hours and hours each day on these routines and rituals. And remember that anxiety disorder can also look like inattention. So, one of the things that you need to pay attention to is that depression, you can be inattentive, anxiety can be inattentive so if you think of a time when you were really nervous, you probably were so nervous thinking about something you probably had trouble paying attention to what was happening in front of you. So inattention can happen with anxiety or depression, but you also need to pay attention to kids who have had attentional issues for a long time. So what we're thinking about is attention deficit hyperactivity disorder. A lot of times kids who've had ADHD for a long time who are very bright have been able to hide it so they never have any academic difficulties until they hit 13 years. And actually the inattention doesn't come up until the grades drop in high school and the parents discuss well, they've never had trouble in school before and talk about the fact their child is quite bright. So one it's a big struggle for the teenager so to pay attention to what's going on around them to pay attention in school. But secondly, we know if kids have ADHD that's untreated over time, they eventually become oppositional. They have difficulties with teachers, parents and then they can also start to use substances to make themselves feel better. So not treating attentional issues is also a really critical issue. Behavioural issues, we often think of that in younger kids so someone who's not listening, who's disruptive in class, as we hit the teenage year we think more around legal issues, boys struggling with legal issues, girls who are doing risky behaviours. Often times these behavioural issues are linked to an undiagnosed mental health problem and so it's really important that we don't label a child as oh, just having behavioural issues but actually advocate for a good clinical assessment with a doctor, a psychiatrist or psychologist to try to figure out whether their underlying mental health conditions is actually causing him to have these behavioural issues. One other thing I know we'll hear about tonight is around trauma and we do see a lot of teenagers who have behavioural issues because there's either previous history of trauma or ongoing trauma whether it's familial or bullying that's going on to leading them to behave in a way that's very distressing. What we also see a lot in teenagers is substance misuse or abuse. We know that teenagers who have depression or anxiety or even attentional issues, ADHD will start to self-medicate with substances. So a child who can't sleep will start smoking weed to fall asleep. A child feeling depressed will start to use marijuana to feel happier to hang out or drink alcohol to forget about what's going on in their emotions. So substance misuse is a significant piece to notice and I think most parents do notice it, and just to keep an eye on sort of when it is being used. So it should be used -- if you're allowing it -- and kind of what teenagers normally will do is using on weekends and evenings if your teenager is using during the day, it's a real red flag for you that you need to talk to them about it and address it. And then also discuss with them, are you using it because it's helping you with a symptom that you have that really could be treated some other way. And in the last two disorders, psychotic disorders and eating disorders is much more uncommon. Much less common. Psychotic illnesses like schizophrenia is one percent of the population. And but teenagers who have bipolar disorder or depression and lose touch with reality and develop symptoms of sake owes us so that's something to look out for teenagers can become psychotic when using substances or addiction issues so that's another issue. Psychotic illnesses tend to happen more often in boys. Versus eating disorder which tends to happen in girls so when I think I say eating disorders most people think about anorexia where

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someone is very skinny and doesn't eat or bulimia where someone binge eats and then purges by exercising or vomiting. We also have more subtle eating disorders like orthorexia where someone, a girl mainly, will talk about having a particular philosophy or particular lifestyle and they'll choose to not eat certain things, become vegan or vegetarian and it becomes a point where they reduce what they eat to like five things a day and so it can kind of grow pretty quickly. So parents do need to keep an eye on that, especially for your girls who are developing. A key sign for that is if a girl starts to lose her menstrual cycle, that's when you know there's something physically wrong with their eating. We also know that if someone is depriving themselves of food, that they will feel depressed and anxious. And so you may actually notice the depression anxiety first in a teenage girl who's struggling with her eating. So, next slide.

So now that I've talked a little bit about the most common disorders, how do you know if you notice some of these things in your teenagers that it is actually an issue? Well, first of all if you notice something, you should be concerned if it becomes really persistent so it lasting for weeks to months. So it's not going to come and go day-to-day. It's going to be there for weeks to months and it might still get worse and better but not go away. It's not precipitated by what's going on in their environment. It's going to be constantly there, it might be worsened by a stressor, they might be more sad because they're having a fight with a friend, but they're not just sad because they've had a fight with their friend. You'll also note changes in behaviour and functioning so start to act different. So teenagers over the past decade I've been doing research they really started to tell us, you know, I want to be able to do the things I'm supposed to do well. Right, so my functioning, I want to be able to learn well. I want to be able to interact with my friends, so my peer and family relationships, my family, I should be able to get along with my family and my friends you I should be able to enjoy the fun things like my extra regular activities I should be able to enjoy that and that would be helpful if I did. They shouldn't be having difficulties with coping to the point where I'm so irritable and having temper outbursts and angry all the time if you notice changes in their functioning that's when you should be concerned, along with the symptoms I mentioned before, depression anxiety, eating, substance misuse, that's when you need professional attention. So, next slide.

So remember I mentioned to you I wanted to show you, talk a little bit more about signs and symptoms of depression because this is very, very common. And for some teenagers, actually, worse in the winter months may be related to school but we know in adults it is also related to the lack of light and the winter temperatures. And obviously, I want to share with you that depression you see is an emotional issue, it's in your brain so you see the sadness, you see the irritability, you see the poor stress tolerance so they're not able to tolerate a lot of stress in their lives they have thoughts of death and dying and hopelessness. But it's also a real physical illness you see low energy and fatigue. When they talk about depression, they say they cannot just drag themselves out of bed, it's like they have weights on they're not interested at all in the things that used to interest them. They have trouble concentrating can't sleep, can't eat, they have ache and pains. So this shows you that depression is a real physical illness like anything else and I want you to remember this when you see a teenager who's struggling with mental health problems and you don't really see any "physical signs" they're all there and they feel it but you just may not see it. Next slide.

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So what are some of the things that you can see that can support your child's mental health? And I think one of the key things is to encourage open dialogue. Getting your adolescent to talk about mental health concerns, emotional wellness, their suicidal thoughts is not going to reinforce their state of mind if sounds really scary to bring up something you don't want to talk about but it's actually really helpful to them otherwise it's all in their mind and they actually think you don't notice and often times teenagers come into my office and they're like you want to talk to me about that, oh, I didn't think anyone would want to talk to me about that so talking or psychotherapy is one of the most effective treatments for mental health concerns and in certain cases can be as effective as medication and if you scan a teenagers brain before and after psychotherapy, you actually see chemical changes in their brain so it's very effective to actually just have a conversation and to talk to someone and what you're trying to encourage is for them to be open about talking about their emotions, talking about asking for help, and asking for help, and receiving help. And what you need to think about is when you're encouraging this open dialogue is how open are you about your mental health? Are you a parent who comes home after work and says I'm going to have a drink to relax or someone who says I've had a tough day I'm going to do some self-care and do mindfulness and maybe talk to my friend or maybe go for a walk? Your teenager watches what you're doing and so you need to lead by example and be open about your mental health and your emotional health and how you deal with your mental health concerns because if you don't talk about it, your teenage sir, not going to want to talk about it. Next slide.

The other really important piece for you, as I mentioned, the health care system is very fragment and difficult and confusing to navigate is that you need to be an advocate for your child in all circumstances whether it's the school setting, in health care, we're all trying our best, but we all are over worked and it's difficult to support a teenager who has difficulty. And so you need to be advocating and get support for your child and one of the things that happens a lot is that because there's stigma, there's shame, there's just lack of knowledge or information sometimes, when a child is struggling at school, they actually get disciplined in a very ineffective manner and they get actually more stress put on them and this actually makes them worse. Makes their illness worse and I can tell you that 100 percent of the kids that come into my office, the biggest thing that they're struggling when they come in is obviously their mental illness but actually what's happening at school and with their parents. Often the school is not going well and their parents are upset and that is putting a lot of stress on them and so with you of the first things that I tell my teenagers when they come in is how I can help come in take stress off of them and almost 100 percent of the time it has to do with getting their school and parents on board to help them. School is a very important aspect of a teenagers life obviously, it's like their job. But if we're sick, we have to take a little bit of time from work and we need accommodations so it's the same thing for a student who is struggling with mental health problems. And so this is a very important aspect around just being advocate, making sure your teenager is actually getting the support in the school setting. Next slide.

But I think it's also really important to remember that you have to look after yourself first. I think when I went around speak within a college of teachers, the chair of every session talked about the fact that it's sort of like being on an airplane and there's low oxygen, you need to put the oxygen mask on you first because you can't help the teenager who's ill if you can't look after yourself first. You need to be well because mental health affects all of us and if you have a

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teenager that struggles with mental illness, there's probably other mental illness in your family, it may be in you maybe it's recognized, maybe it's treated, maybe it's not so you need to look after yourself and even if you don't have any mental health concerns it's very stressful to care for a child who's ill, whether it's asthma, diabetes, cancer, anything. And so you need to make sure that you look after yourself and make use of your local and school resources and get support for yourself and you cannot and should not do it alone, you need to support yourself. Next slide.

So what can schools do to help? So I think I just saw in the chat that we were mentioning professional support. So in some school settings in collaboration with other supports, community agencies care is provided, so actual direct care, school is a great spot though for sure for supporting your child to attend school because one of the first things when kids are sick they have trouble attending school so maybe they need more supports to attend school, reduced course load or different kind of schedule maybe they need to go to an alternative school where they have a lot of support with making it to their classes or maybe they even need to be home schooled for a period of time. Regardless, school is a great place -- is great at supporting that piece. School can also be great with accommodations that are very helpful with a teenager with mental health concerns. Remember I mentioned that school can create a lot of stress? School can also reduce a lot of stress. I also have teenagers come into my office where the vice principal has been so great that I don't need to do anything for them. That everything that can be done for them has already been done. It's amazing when I see that happening because it just means that the system is really working for this teenager. School accommodation can help with symptom so if you're really anxious and can't present in front of class, if your teacher allows you to present via video or at lunch time alone, that's a great way of helping a teenager deal with their anxiety symptoms. School is a great place because the kids there all the time and it can also really help with crisis prevention. So for example if a student is in the school classroom and they're going into distress, if there's a plan set up, kind of the same way that your child with asthma has a puffer in the nurse's office, a teenager who has emotional issues can say I need to go to guidance and there's an understanding that that means that teenager needs to go to guidance and sit and rest and have a snack so that they can kind of calm down and not be in distress. School can do a lot in alleviating what could become a crisis and actually help a teenager make it home safely and be able to return to school the next day. Next slide.

So what can you do as a parent to help? I think I've talked about being a good role model? You know really modeling, asking for help, self-care, looking after yourself, not being ashamed to talk about mental health problems, talking about what's happening in your family, because often times kids think they're the only person in the family that struggles with depression and anxiety. Talk about what you see, because you know, without an opinion or judgment, but just kind of commenting that you notice things that's going on, you seem really tired, you're not eating very much, you're not really hanging out with your friends, your teenagers need to know that you notice what's going on. Even though they don't like it and they talk back. Treat mental illness like any other medical problem like diabetes, asthma, give them the benefit of the doubt even though you don't see the physical symptoms, it's a medical problem just like what I presented to you with depression it's very debilitating physically, be an advocate, really important encourage your child to follow through with treatment. Remember we talked about the fact that a child is ill, they don't get help for a while, then they tell their parents, parents may be talk taking time to figure things out, get help, gets them to the doctor, the doctor refers them and now they are talking, they're

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trying to find someone to talk to about very personal issues that's been going for a long time and they might not like the first person they meet or maybe it's the wrong person for them so encouraging your child to follow through with treatment and care is really, really important. In fact one of the first things I say to the patients I'm not here to treat your sore throat we're going to talk about really serious personal things so if you don't like me or you feel we're not a good fit let me know so I can help you find someone else to work with, very quickly. The last thing I talked about finding supports for yourself it's also really good to have other supports for adults for your teenager, other people can I talk to, or aunt or uncle or family friend so that's there's more than just you to support your child and often times teenagers tell me that they like their parents, they love but they don't want to stress them out so they like to talk to other adults so that's a really important piece. Teachers often can play that role but obviously they may not be available after hours, weekends so having other supportive adults in your child's life is really important. Next slide.

So some of the really good innovations have come out recently to help you as a family to navigate the system and get care for your teenager. The first one is family navigation project out of Sunnybrook. It was designed for families, by families who struggled to access care for their teenagers, one stop support for families, to hop on board and help families find resources and services they need for their teenager and available in Toronto and surrounding areas and to be expanded across Ontario. And that's a great place to land if you're really struggling or if your teenager isn't willing to see anyone or you feel like your teenager doesn't want any help and you don't know what to do or you just can't find the right resources in your community. Next slide.

So Youth Wellness Hubs Ontario is a walk in clinic that's been opened, three in Toronto I work in one of them and it's a hub that's designed for youth by youth so one stop shop for care, you have nursing psychiatry, you have a walk in counselling every day of the week. And more of them have been opened across Ontario. Like I said, there's three in Toronto, all generally along the subway line. I wanted to point out even though it's designed for youth by youth it is also for families so you as a parent can go and access virtual walk in counselling too as long as you have a youth in your life and you can access services also on a walk in bases and right now it is virtually by phone unfortunately because of COVID. Next slide.

These are some of the other resources that I thought I would point out to you, but also mood disorders association of Ontario. Have great resources and support groups for families who are struggling with bipolar disorder or depression and also a great resource library. And E-mental health is a resource that's online that's national so you go on and you enter your postal code and you tell them, you enter what services you're looking for and you'll be able to find all the services that's within a particular kilometre of your location. For family navigation, the program is for 19 and under. And for the youth wellness hubs Ontario it ranges anywhere from 22 down to 12 and sometimes down to zero depending on the hub you're attending thank you very much I look forward to your questions.

SALEEM HANIFF: All right. Thank you so much. I know you'll be sticking around to field some of those questions you didn't get to during your talk but thank you for answering some of those and sharing the key signs to look out for and very realistic and doable ways of supporting our young people, especially around the conversation and having those non-judgmental conversation

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and looking at our own practice around well-being ourselves as parents and caregivers and guardians. So thank you. Next as you're all aware, racism is a top of mind for all of us in Canada and North America in general if not the entire world, anti-black and anti-indigenous racism is not new. It's not gone away. As we all look inwards to reflect on what our role and what the role we have in playing in getting rid of systemic forms of oppression and racism we must consider the toll it takes on our own mental health and well-being as racialized people, as students, and those supporting students and their families. In that vein, I'm pleased to introduce Charmaine Lane who will be speaking tonight about the affects of racial trauma on children and youth. She specializes in racialized trauma and its contribution to other mental health problem. Such anxiety is ... she is experienced in child and adults mental health and spent four years as a clinical in children's mental health focusing on dual diagnoses. She has six years of experience counselling in the LGBTS2 plus community primarily because of trauma from discrimination. Charmaine holds a Masters of Psychology Counsellor. Thank you for being with us this evening and I'll turn it over to you, Charmaine.

CHARMAINE LANE: Thank you very much. So thank you for having me, of course, and as I was listening to everything Dr. Cheung was saying, that a lot of times no one thinks of the other piece I will be talking about which is the racialized trauma and specifically tonight I'll be talking about trauma as it pertains to black bodies and trauma and the black experience what that is like for youth and children because as we know, racism is not a monolithic situation and for a lot of times it's grouped together and we're racialized or people of colour, but if it was a monolithic experience we would not need anti-black racism and that distinction so tonight I'll be speaking specifically about how African bodies are effected by trauma and specifically racialized trauma. All right. So I'm going to start. Okay, so just to define trauma in its very mainstream sense. In general trauma can be defined as a psychological emotional response to an event or experience deeply disturbing or distressing and we are trained main treat to not look at racial trauma. Racial trauma has become a thing over the last, you know, some researchers I've seen research from 2006 and forms such as Psychology Today or articles written about racialized trauma and still only a handful of people looking into racialized trauma. So as I think about it, I want to talk a little bit with about intergenerational trauma is the transmission of historical oppression and its negative consequences across generations, we're looking into the black community and most times, we want to move away from the slavery narrative but we cannot deal with any form of intergenerational trauma without looking back at slavery and also the fact why I like to distinguish between racialized trauma speaking of racialized and trauma how it looks in black bodies is because of the fact that black people were the only people to have been enslaved on North American soil. That's really important to know. So it's going to make the experience very different. So we know most non-white bodies were colonized all over the world we understand what it means to look at if you go to all communities, Asian, south Asian, indigenous, Arabic communities, you find that people, no one wants to be at the end where black lies and so we know the colonization, that's a product so it's important to always look at the slavery narrative as we look at intergenerational trauma so I'm aware people are uncomfortable with and want to lean away from but as we talk about trauma tonight and racial trauma we want to look at how the children and youth might have been effected over the last little bit with everything happening in the media as it pertains to vicarious trauma. So what happens with racial racial trauma they don't even have to be there, you know and I'll show you a bit how it looks, similar to PTSD, but that it carries even more weight or more burden for the person that it's happening to and as Dr. Cheung

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I was thinking about all the different, talking about depression and anxiety and how we go into mainstream hospitals or you know places looking that racial lens aren't being looked through, that young people aren't being asked about racial trauma and all the micro-aggressions they might have gone through prior to coming into those space to engage. One of the researchers that I really admire is Dr. Mohammed (name) historical trauma, when he thinks of his historical trauma is that history is not about the past, it's about the present and so for me what that means as I look in racial trauma, is that everything that has happened in the past has shaped the black experience to this day and in order for us to eradicate or even bring into light what's going on with black bodies and black children and youth we really need to look at the history of black people. What is racial trauma? So racial trauma is the experiencing psychological symptoms such as ache anxiety hyper vigilance threat or lack of hopefulness for your future as a result of repeated exposure, doctor turner again is another researcher who is one of a handful of people who is looking at this piece of work. The trauma may result in experiencing symptoms of depression, anxiety low self-esteem, feelings of humiliation, poor concentration or irritability or anger out bursts and much like what is typically seen in those sufferings from PTSD, what he's observed is that in addition to all that, behaviours that are specific to racial trauma including a reluctance to interact with or general mistrust of white people and so that might seem very blatant and harsh, but as we're looking, we have to remember tonight we're looking through a trauma lens. So imagine if you have a child who is presenting with some of the issues that doctor has already spoken about, concerning depression and anxiety and you brought that young person to see a white clinician or white psychiatrist or even another racialized psychiatrist who's not black and not being aware that that young person might have gone through hearing than, you know, when I'm six years old on the playground, I don't want to play with you because your skin looks like dirt, right, so a six year old being told that but never have told anyone so carrying that in his body or her body or their body all the way until you know, symptoms presenting issues are happening at 16 and now they're brought in to see a psychiatrist. So what we're going to be looking for or what psychiatrists or psychologists who are mainstream thinking are going to be looking for are the things that we're taught, you know, all the signs and symptoms of anxiety and depression that's what they're getting ready to treat not realizing there's something else lurking at the bottom and in real-time in this person so as you walk in that body you're carrying it with you all the time the racism is with you all the time. Racial trauma can be triggered by many events but among the most common triggers are continued racial harassment and being a victim of police violence, these are just naming a few of what are some of the things sometimes it's unprovoked I've had clients and conversations with parents who had children in suburbs of Toronto going to school and have been told by other racialized bodies that we will not play with you because your skin looks like dirt so again this is not anything foreign, I'm saying this is out of experience, right, so but among the common triggers are continued racial harassment being a victim of police violence or witnessing violence so what they might have seen on TV recently with George Floyd in the United States and if some of the teenagers, mine have heard about Trayvon Martin and that's just to name a few and not even thinking about cases here in Canada. Even witnessing violence on the news can be damaging. So symptoms of racial trauma race-based traumatic (PTSD) and that's important for people to really understand because imagine then you're someone who's a war veteran or something and you're going through issues of PTSD but underneath that you're struggling with racialized trauma, that has never been addressed never talked about, all the discriminatory factors against your life so on top of your PTSD you're having race based trauma but all people are going to be seeing is the PTSD. So a lot of times what ends up happening is

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this is a very silent killer or a very silent traumatic experience or a very silent disease for lack of a better word that people are facing and not sometimes especially youth and children, they have no words for it, they just know it's happening in their bodies. So you'll see some of the same symptoms as you'd see in depression and anxiety and other things and sometimes just a lack of wanting to engage, going to school or being around other kids and yet they're not saying because when we think about racism, it's a very tab a thing and we when we think about anti... young black youth ends up having rage, right, being able to give a voice to what they're feeling and I'll talk a little bit about the voicelessness and internal devaluation they feel at times. So while the content of the traumatic experience may differ, the trauma responses are similar. So the frequency, the intensity and pervasiveness, racial biases, racial discrimination produces emotional and psychological distress as a physiological distress reaction and that's really important. I'm not sure if I included it in here, but I do have slides when I've done other presentation where I talk about the mind body connection to racialized trauma so is the physical stress that comes with it, so these racial traumas occur over and over again racial battle fatigue. This is a piece that's important for us to note as we think about trauma work, as we think about young people that we're seeing at school, as some of you families are listening who are black or even racialized, some of the things that your children might not be telling you or some of the things that adults, you yourselves teach, or social workers walking around in racialized bodies or black bodies what sometimes happens to you is racial battle fatigue because you're having this thing happen all the time. And so the difference between this piece of trauma work versus mainstream trauma work is that we always talk about before the trauma work would happen, we have to figure out what's going on? Is the client safe, that's one of our major thing also too is the client ready to work on it. So when it comes to racial trauma, the person going through it doesn't have time to pause for all that. Whether they're safe or whether they're ready to have the conversation, because it's happening in real-time. And it's happening all the time. So racial battle fatigue is just that, fatigue from hearing, and seeing an experience incessant racism and racial discrimination. Because experience trauma, people who experience PTSD symptoms the racial battle fatigue occurs this imagery uphill and the similarity and uphill battle and exhaustion that individuals and groups of people who face racial discrimination on a daily basis. If not dealt with, the racial battle fatigue can lead to serious mental health problems and severe psychological distress, so it's really important for people to recognize that this is not just something that people are coming up with and for years, like I said, people didn't believe that people had racial trauma and that, you know, it's an uphill battle and it's a hard thing on your body and it's something that at times you can't explain and at times can only explain to someone whose in the same body and who might have gone through something similar. So trauma in the black experience, what does that look like in today? What could that look like for some of the youth that are in the TDSB some of the young children actually in elementary, it starts the as early as that. Last week I had the opportunity of presenting to one of the children's aid around and one worker spoke of a young black person that they have, that they were working with at the moment who attempted -- actually didn't attempt -- actually poured bleach all over her arm because they she wanted to get rid of the blackness and what that came with. So think about how traumatic that is I and I believe she's about ten years old. And you know, I've worked with young peep whole are as young as six years old who said to me, I am not black and I said okay, what does it mean to be black? They'll then say to me, you know, all the criminalization, the stereotypes you see of black people and so if a six year old can say I want nothing to do with this race because this is what it looks like, imagine the trauma that's happening for this purpose and in his body, when he realizes this is the

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body I'm in and will not ever be able to get out of it. He doesn't have any other way to identify and we might say but he doesn't have to identify as black, if we want to be realistic he's going to walk the world as a whack person because that's what he is. And so it's important for people to understand that this is a real trauma that's happening for racialized people and for black people so... interactions with black people so being followed in stores, you know the running joke is shopping while black, cashiers asking for extra identification, insensitive remarks by coworkers and friends, profiling by-law enforcement, driving while black, being feared and avoided, racial slurs, threats, acts of micro aggression can present anxiety in black people and extreme distress in black youth. As I think about the micro aggressions and just racial slurs and threats, I think about something that I always, a story I heard and I kind of use it in a lot of my presentations, is the idea of a young person waking up a young black boy waking up every morning getting dressed for school, parents are already gone, single mother is already gone, he leaves the house, runs to the elevator only to meet someone who is clutching their purse because he's heading into the elevator, he doesn't say anything, but he goes downstairs and he's walking towards the bus, bus driver sees him, could have stopped, but leaves because his pants were too saggy and it took him a long time to run. He gets to school, gets into class, is late, and before long, he's on detention and so the cycle begins. In that, the trauma that he's experienced just walk go in that body, having the woman clutching her purse, feeling that the bus left him because he was a black boy, you know, and just going to class and never being asked about the racism or the micro aggressions that he might have experienced on his way to school. Race related trauma wounds. So racial oppression is a traumatic form of interpersonal violence can lacerate the spirit, starve the soul and puncture the psyche. I love Dr. Hardy because he's one of the people doing a lot of research in this area and he does it in a broader sense, even though he's a black bodies Ph.D. he does it as it pertains to racialized youth and you know, so but in this kids, we're looking at you know anti-black racism and how racial trauma pertains to black youth. So as we think about the word lacerate, it means to cut, sever, scar the soul and puncture the psyche. The mind, the spirit, the body, right, without a clear and descriptive language to describe this experience, those who suffered, cannot coherently convey their pain. And this is really important because it's important to recognize because it's hard when people are facing racial trauma to be able to say exactly what it is they're going through. They don't have the language for it. And so to convey their pain, let alone heal because we know for trauma to heal, if you're carrying it and carrying it, it never gets let out and it's going to be hard for the healing to happen because we need to find a way to externalize the trauma. So the source of their hurt is often confused with distracting secondary symptoms which is kind of what I was saying earlier as you think about all the other mainstream things that we think about mental health and not that I'm saying mental health is not in the black experience, it is, but what I am trying to convey is that not only do we have young people who are having anxiety and I depression looking through just mainstream lens, but we also have having another subdivision of them having to deal with the racialized piece that comes with that and that's a heavy burden to carry so you're carrying, you know, you're going through, you know anxiety and depression, uhmm, eating disorders, other forms of mental health issues or mental illness, even something as like schizophrenia, right, which is a mental illness but still having to carry the racial piece when I say that trauma comes in real-time, it doesn't matter what else is going on in your life, you're still carrying the racial trauma with you, right; it has to be dealt with in real-time it can't be left for when the person is safe because what does safety look like? As it pertains to racial trauma, right, so if you leave it, to say okay one of the youth is ready to speak about it, we have to create a space for race which hasn't been happening and I'll talk a bit

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about that as I go along. So the source of their hurt is often confused with distracting secondary symptoms ranging from hopelessness to acting out behaviours and we know that there is such a criminalization of the blackbody. There is such, we know black boys are suspended way more than any other body in schools. You know, research is out there for that. Have I that in other slides, not in this W we know that black girls are labeled and sexualized in schools way more than everybody else. A young black girl could be wearing the same spaghetti strap versus someone else and would be deemed as not dressing appropriate because no one is thinking about the differences in body types and all that, right, but that's for another workshop. So it's important for us to think black kids acting out, what else is happening, have we stopped to talk to them about what's going on as far as their race? What oppressive situation have they encountered even prior to coming to school and I say that even as a professional there are days I walk into the work place and I have just had things happen to me because of race and I still have to buckle down and do my job. For young people it might be more difficult, right, because their brains aren't even developed completely in order to compartmentalize some of this. So we might see it in acting out behaviours but if no one is looking it may have something to do with their race, then no one is going to see it. So racial oppression is seldom seen as contributing to these difficulties in discussion of race are either dismissed or manufactured as excuses, right so we're thinking that oh, they're just making an excuse, right, without really thinking about how race can play a part in these young people's mental health. And also to another big piece is that we, you know, for the most part, unless you're looking for it, some of it is just looked at as a justification for bad behaviour. We ask the wrong questions as with other forms of trauma. What is wrong with them? Right? And we do that in trauma work people do that, what is wrong with them? So unless you know better, you wouldn't be saying what has happened to them. Or what is happening to you? If you're asking it directly. All right. So healing the hidden wounds of racial trauma. So three things have happened according to Hardy, is that what's called internalized devaluation, assaulted sense of self and internalized voicelessness. Of so this is happening in a racialized body and in black body as they're going through with these young people going through internalized devaluation and causes an assault on sense of self and internalized voicelessness. Internalized devaluation is where they begin to feel completely devalued and really looking at mainstream and the norm, also as whiteness is looked at as a deity so when you're not able to measure up to that and then so I want to paint the picture for you, it's white, everyone else in the middle and then there's black. And so if we think about even the model minority myth. You know where it's structured to hold white supremacy and to have people in the middle also kind of white chase, I know my words are strong, but I really need for people to understand. You know so it's a white chasing happening here, and then black bodies are left here. So when the black young person is left here, and all that he sees about himself are the criminalization, the bad stereotypes, angry black mother going to come into the school so he's learned to devalue himself, right, so he continues to assault himself, right, to say I'm not worth anything, because he can never measure up to where everybody else is at. So the middle, the people in the middle also, unless they're aware to what's happening, then how the structure is, and I'm trying to envision it is in school, the white body is then saying, look at all the people in the middle, they're the model and you cannot even measure up to that so the trauma just keeps going like this. And then the internalized voicelessness is where they're finding that they don't have the words to say what they're going through, right, and to give a voice to it or language and so it just becomes something that's happening internally and going nowhere else. So I just wanted to share this case to kind of bring the point home and then I'll give you the strategies how we can help to heal some of these

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wounds so a case of racial trauma, she's a seven year old ... as reported by her parents she was taken to see a black female therapist specializing in and racial trauma the therapist in her first visit knowing the background of these youth living predominantly in a white space for the past 12 years recognize there might be issues of racial trauma the therapist was direct in her questioning can you tell me a story of a time when you felt proud of being black, when you felt proud of being black in school the youth responded never. Therapist why not because I'm sorry because I was six years old and I was called N word. Then another time I was asked what tribe are you from? What is there to be proud of? The therapist, after further questioning realizes this this youth had never told the story to anyone prior to now. No one had ever asked her about racial oppression. All right. So as we think about that scenario and just to let you know it's actually a real scenario not the name or anything but it's a real case so as we think about this, what Dr. Hardy is saying in his research is when this is happening, one of the things we want to do is affirmation and acknowledgment. So begin to help these young people to heal. So it's important for the helping professional to gain a general understanding or parents in this case and acceptance of the fact that says a critical organizing principle in society not that it's the truth about who the young person is but it's an organizing principal. You're not saying are you sure this happened or oh, no, we're all the time because the minute we begin to say we're all the same we've rendered now that young person in front of us invisible so it's important, again, for us to be able to affirm and acknowledge that yes, and even if you're not a black body or racialized body had sitting in in front of that young person you do want to acknowledge that yes, race is an organizing principle in society and sort of help the young person to find how do they fit into that. Second you want too create a space for race the minute you begin to acknowledge and affirm you're creating a space for race and by doing that you're conveying a accepts of openness and curiosity so I want to ask the young person to tell us more about what's happening we take a better proactive role in encouraging conversations about race. Right, and this can be done through what's called racial story telling. So young people are invited to tell personal stories of racial experiences so if you look at the scenario I gave earlier, this was a form of racial story telling. It was me saying well, in this case, it was asking the young person, you know, something, you know, have you ever felt good about being black while you're at school? Understanding that she is in a predominantly white space where she is probably the only black young person in most of her grade and so it's important to understand what does that look like for her. So this, like I said, young people are invited to share personal stories of racial experience. This enables them to develop their voice and begin to think critically about their experience growing up as a youth of colour or a black youth. So one, you know, if we're thinking of youth of colour tell me something that you like about being Asian, right, and tell me something you're proud of, when was the first time you were Indian, when was the first time you realized that. And so the young person will then be able to convey and let you know what their thoughts is on race. And then from there, we can understand what's happening with them and if they've been impacted by racial trauma. The other piece is validation, young people are invited to share personal stories of racial experiences that enables them to develop their voice and think critically about their experience growing up and I think I probably you put the same thing twice I apologize for that but basically validation is similar to affirmation and acknowledgment, so what you're actually doing is instead of just affirming and acknowledging what's happening now is we're validating it for them and making it personal and helping them change the narrative of thinking what they're feeling is something isolated to them. So the process of naming. One of the most debilitating aspects of racial on investigation that this is a nameless condition. And I said this earlier, it's something once it's happening to you you're

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not even sure what to call it and foremost of the young people I've had in session and adults who had severe racial oppression and racial trauma and I've had them in counselling in my private practice, is people are just, like, would you, I had a girl who game in, big high profile Bay Street job and was struggling with racial trauma because at work people made jokes right in front of her, there were a lot of micro aggression that's just, you know, seemed as though it was nothing. I've had people come in who said you know I was the only black person in this space and they used the N word and said well, it's in rap music and all that, why can't we use it. And so having a lot of -- no one to even side with you in the space and so it often makes me think about younger children and what it feels like, I know the story I shared earlier about the six year old who was told his skin looked like dirt he told his parents and he said you know what, you got stick it out and do the work because at the end of the day, you know, black people were taught to be resilient and so if racial trauma is happening it might be nameless for them they know what you said and did didn't feel right and even though it didn't feel right I dare not say it's racism because half the time I'm not believed. So like I said, it's a nameless condition, difficult to describe, quantify or codify, it's difficult to decode it, rather, and to describe it even. All right. The next one is externalize devaluation so we talked at the top about internalized devaluation, so it's the goal of helping the professional or whoever to externalize the devaluation there this is a direct way to heal the wounds of internalized devaluation we help the youth understand why respect and absence of respect are so important. So this is looking through a space where you're saying your body, your mind your spirit who you are is worth respecting regardless of your race. Your race is not what should define you. Right, and we really begin to help the youth understand that this, what you're feeling should not be something that you're evening because remember we're always thinking about trauma, right, so the goal is to externalize the trauma. And then, second to last we have counter acting the devaluation -- (lost audio)

SALEEM HANIFF: Charmaine? Do we still have you? I think we may have lost Charmaine.

RACHEL CHERNOS-LIN: Her screen is still being shared.

SALEEM HANIFF: Is anybody else catching Charmaine or am I the only one who can't hear her at the moment?

SCOTT ST. MARIE: She's out and her screen stopped sharing as well.

MICHELLE MUNROE: May I propose at this time we do a stress break and resume?

SALEEM HANIFF: Absolutely, hopefully she's just, yeah, we'll just take a two to three minimum break just to stretch, move around get something to drink if you need to and be right back in it in about three minutes. (music playing)

SALEEM HANIFF: I hope everyone got a chance to stretch out a little bit. So unfortunately, we lost Charmaine there she's having challenges with her internet. But I just wanted to thank her for her time and input, specifically on the topic of racialized young people and trauma. I think the one statement that she had that stuck with me is created a space for race and I think that's an important thing to remember, not just how but as we moved forward and I think this is a good, I guess time to remember that this Friday, the third section of this series is taking place, same time,

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6:30 on Friday, the title being Talking Race with Children and Youth so please tune in on Friday to partake in that conversation. Next we want to switch gears a little bit and if look at social media and technology and the intersection of mental health and well-being with teens with Scott St. Marie. So his presentations demystify mental health, I just lost my screen there. Oh, there we can and reveal the connection between social media, youth and feelings of stress, anxiety and depression understanding our fundamental psychological need is the first step to making this conversation truly mainstream. People can find Scott on iTunes and YouTube where he reaches 30,000 unique human beings every single day. I also add Scott is a partner with us at TDSB and facilitated engaging sessions with student and staff. Over to you, Scott.

SCOTT ST. MARIE: Thanks, thanks everyone. Good to be here. So I know we're running a bit late, this won't take too long because I know there are some great questions in the chat as well we would love to get to and I'd love to get to as well and help out anyway I can. Let's just start with every this everyone, let's start with those basic psychological needs and screens and how they're effecting our mental health and social media. The basic psychological needs as we know is kids and parents, all humans alike have a need to belong, we have a need and craving to be understood, and we have a need to be loved. Let's keep it there and keep it simple. So when we're seeing our children on their phones, I have mine right here, you know you don't go too far without it. When we see our kids on their phones it's that need for connection. It's the need to be understood. It's the need to be loved, it's the need to feel like you matter in this world. That's where it comes from. So yes, my videos and my podcasts reaches about 40,000 people every day, mostly teenagers, okay 40,000 people so I get quite a few e-mails come in every day and I'd like to share what most adolescents and teens share with me in those emails. Because I usually ask them why are you reaching out to a stranger? You have parents, and they say yeah, Scott and I bet you're all going to repeat after me here, you're you know what they're going to say, Scott, they just don't understand. Scott, they just don't understand. They don't get it they don't get how I'm feeling, they don't understand what it's like to be a teenager so there's a missing dialogue we're having between two generations because it is so different now with TikTok, YouTube, SnapChat, Instagram and who else knows what next. This technology is ruling our lives and it is part of our routine, right, and there's nothing wrong with that, social media is a stool and we need to use it to the best of our ability but this is kind of what I need to address here is how it's effecting our mental health. So I'd like to share my screen here every parent should know a few things about what your kids doing online and how this whole things works because I've worked at Twitter and Facebook and at YouTube content creator I'd like to show you a bit behind the scenes. So every parent should know what this is. This is called a Facebook pixel a lot of your kids are on YouTube, inch is it gram, a lot on TikTok as well, a lot playing video games, Fortnite, APEX legends, battle grounds you may know Minecraft. These names might resonate with you, but on their phones and computer, they're being tracked, okay, Facebook, Twitter, Instagram, Facebook owns Instagram. And they know what your children are doing online which means one thing, that every website they go to and it was my job to put this piece of code, this is just a little piece of code you put on websites and this piece of code tells us what your children are doing online what your children are doing and watching on YouTube, on TikTok, what websites they're going to how long they're on their phone for, how long they swipe for, what did they click, when they go to bed when they wake up when they turn off phone turn on phone this piece of code traction everything. So we ask why our kids love their phone so much? Why do when they wake up, 74 percent of gen Zed and millennials, the first thing they do when they wake

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up is pick up their phone, 75 percent use in the bathroom as well I know we're guilty of that one. So this PIXEL is tracking everything we do online so who which means when our kids go to social media, their feeds are beautifully tailored that YouTube algorithm knows what they want to watch before we do that's how smart the technology; okay you went to this 20 cooking site and got a recipe about potatoes, and then you went on this website, then you went here. We're going to tailor your YouTube feed, Instagram feed, TikTok feed to what you're looking at on the rest of the internet. So we wonder why it's addicting? We wonder why you watch one video, you can't wait to watch the next because YouTube knows exactly what you're interested in next, they know exactly that. What you can show, see, it's one thing to have this dialogue with your children, the next thing is to show them. Right, so I want you all to be one step ahead of them in this regard. So one thing you can do to show them about this online track something to show them that Facebook PIXEL, the next thing we can do whether you're an Apple user or android, do what's called Google take-out and it looks something like this. It looks something like this. All have you to do, I can plug this into the chat is go to this website here if you go to this website, what Google and Apple will give you is every single thing you've ever searched since you got your device. Everything. You can show your children that. It's about having this dialogue of openness, hey, guess what, Apple knows this about you, this about you, this about you, every single video you watched, every website you went to, my friends, it's all here and it dumps them and emails you all of these files. So it's interesting because a lot of kids know how to clear the history in their browser if they're going to inappropriate websites, we need to know that 60 percent of 12 years olds in the US have already watched pornography. This is serious so we need to know even though they're clearing the history we need to know what they're doing on their devices because this is another relationship. It's a relationship with technology, it's a whole other world that they're experiencing. So we need to be ahead of them this is called Google take out and it's for Apple as well and totally free, you have the rights to your information and you can have it all back, that's one thing to share with your kids. It's about being a step ahead of them, but I want to share also why technology is actually causing anxiety and stress and depression, sorry let me open up this blind here. In our kids. There you can see me a little better. We need to know that both our psychology and physiology are completely conflicted the brain is the mind, sorry the body is the mind so I need to introduce a very, very special human being and this is something every human being should know and every single person on earth should know this gentleman here. JC, John (name) he's a social neuro scientist and he wanted to really discover what loneliness did to people. So when you feel lonely, this is what's happening with a lot of kids, when you feel lonely can Covid, anxiety depression feeling intention emotions when we feel lonely, why do we feel more anxious? So John C did an experiment, right, so he got a bunch of people, parents, kids, teens and he said go about your day I'm just going to measure a few things throughout the day. So he gave them all a tube, a little plastic tube to spit in, I'll get to that, he gave them a beeper, heart rate monitor and probes to put on them throughout the day cool evident pair experiment, all the kids go to the playground, parents go to work and John says throughout the day when you feel lonely, just write it down, what time of day, where you were, how you felt. He didn't define loneliness for them. Okay. So they did that. And he said when I give you that beep, because that's why I gave you the beep, when the beeper goes on off on your belt you need to spit in that tube as well people are like okay what's the big deal? Well, what happens is when people reported feeling lonely, kids, adults, parents, the reason they spit in that tube was so John could measure their cortisol levels, their stress hormone so when people feel lonely their stress shoots through is the roof. The probes are kids alike and adults, their blood pressure shoots through the

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roof. It's like they were being physically attacked, he got the heart rate monitor on them, heart rate shoots through the roof. So when we feel lonely, when kids feel lonely, it has a direct impact on how they feel physiologically, the nervous energy and then what happens with technology is that we have this nervous energy, we feel lonely and we drive that connection and we look to our phones. So we can't be surprised when our children who are feeling lonely look to their phones for that connection. So how do we mitigate this? How do we mitigate the feelings of anxiety, I could show you graph after graph and get boring about the links between social media and anxiety, but I'll show you one that you'll really find interesting about loneliness. So in 2010, my friends, the iPhone came out, what an interesting time that was because Steve jobs came out on stage and showed everyone, look at what the new iPhone can do, the new touch screen iPhone the crowd went nuts, an amazing piece of technology and ever since then, kids reported feeling lonelier than ever even though they had a device, even though we're so connected with the world this, is a survey of 1.1 million children out of the US, out of the educational surveillance surveys, and this is done by (name) I'll share her resource on my last slide. The iPhone, the connection, the technology that we have to connect each other isn't helping us feel better because we need to look at what loneliness can also mean. Loneliness and this is about where we have that dialogue between parent and son or daughter. Loneliness is not just the absence of people that we've been experiencing during CoVid, it's the feeling that what you do and share doesn't matter to anyone. And do we have a bell? Where is the ding, ding, ding, can anyone relate to this definition. This is why people go into an office, kids might go to school and still report feeling lonely even though they're surrounded by coworkers and friends and teachers a people alike. It's because what people do and share, they feel doesn't matter. So our kids go on their phones, they go on and scream to the world "look at me", "notice me, say hi to me, see what I'm doing and we remember when our kids were younger they'd be up on the slide, mom, dad, watch, I'm about to go down", you're not watching, please watch, I'm about to go down the slide. That's why they're on social media, that's why they play games with friends online. They're looking for their voice, it's very simple and the great news is that parents can allow them to have that voice in the home. And build that trust. So loneliness isn't just the absence of people, but we use social media and we use technology to still feel loved, still look for that understanding, right, and to still belong. That's what we're doing. So this is something that's really interesting. Let me just bring up this slide here. I do these presentations with a friend of mine, KS and they're usually about an hour long we go over commanding control parent and curious and thinking partner parenting because I'm not going to be able to parent like my parents parented me. It's a different time with technology, the world is much bigger for children. So right now with technology, if our kids are plague video games for a long time, I saw a comment, and my son or daughter can't stop playing video games, they're on there all the time. The initial response would be video games, get off there, when I say get off get off. So if we move from looking for for obedience in our children to actually asking them to be critical thinkers, to challenge them to be critical thinkers because how many of us have actually tried playing the video game with our children? How many of us have asked about the video game? Asking what rank they are in fortnight? Ask them what they've built in mine craft? Have actually picked up the controller and tried to play and take interest and be active and present? So there's a difference between being the curious parent and being the command and control. And of course during this stressful time, it's very easy and convenient to say just don't do this. And we have to be gentle with ourselves to say, sometimes, you know, after a long day, I just have to make, you no, set some ground rules. But when we have a little more energy to have a curious and open mind set, maybe why do they look at their phone first

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thing in the morning? Why are they bringing their phone to the table when they eat? Why do they play video games for two hours and not blink? And what's happening with screen time is actually in the UK, the more screen time actually glasses and prescriptions have gone up 50 percent in the last six years because when we look at our screens, we blink half as much so children have having damaged retinas. That's a whole other talk. So using technology, I think that will do just wonders in how we actually open up that conversation about mental health. So just as I our previous presenter said, it's about how you show up to your kids. It's about how you set the example. So if you're going to ask them how their mental health is doing, a lot of us, me included, we'll have our phone if we're having a discussion with our children or someone what we'll do is put it right next to us on the table and say I'm all ears, right, can you trust me, I'm listening. Well, the signal that we're sending to our children who are we're speaking with, is they're only getting eighth 80 percent of our attention because our phone is right in front of us and if it goes off we're going to look. To be completely present and actively listen, we need to put our phones a away. I know I'm running out of time but the last thing I want to share with you, the last slide is just two questions to really leave with today. Just two questions. And that is: How are you creating opportunities of real connection for your children? Now when I say connection, I mean that or antidote to loneliness, to make sure they know that they matter and that someone truly cares about them being understood and belonging. So what opportunities are you creating? Is it a movie night? Is it a family dinner where there's no cell phones at the table. Is it buying the latest board game because board games are actually coming back? What do you MEME, there's taboo, there's tons of video game board games as well so you can have that in person conversation. And the second question is am is what I'm doing, is that a reflection of what I want to see in my child's present and future. So if you come home and you're on your phone, if you're cooking dinner and you're on your phone, if you're trying to speak to someone and you put your phone next to you on the table, what message are you sending your children? Because children don't actually listen as well as we think. They watch what we do, and that's how they learn, not what we say. So set the example with what we're doing with our technology and it will go a long way. So this is since I coach teenagers who reach out to me and have these discussion and it's amazing if you listen to a teenager and you literally have absolutely no judgment, because that's what they're looking for, and you ask them, okay, how are things going? So you use your phone a lot, what APPS, are you using you saw that on TikTok what do why do you think this is funny, have you seen this instead? Have you tried actually dimming the brightness before bed and have you seen how that changes sleep. Let's try when you get up out of bed you wait ten minutes before you look at your phone and let's write down how you feel instead, let's try something hereafter you're scrolling through Instagram before you scroll through let's write down how you feel out of 10, six out of ten, let's see after you scroll through, the pre and post scroll check, so after you scroll through, let's rate how you feel now? You know what? A lot of times happens, they feel an eight out of ten and after 15 minutes of scrolling through their phones, they feel a seven out of ten, they feel a four out of ten. So we need to give proof to our kids on how I think things work we can't say cell phones are bad, technology bad, games are bad, they can discover these things for themselves and that's what happens with an open mind set. So that's really it for me. It's about having that open mind set and creating that connection that kids feel understood and they feel loved and they feel like that belong. That's what the technology is for, that's what it's been intended for and it's not working. It's not working so you can actually fill that as a parent right now. Thanks so much.

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SALEEM HANIFF: Great, thank you so much, Scott, for those very practical pieces I know pretty much anyone who has a device has a tab open Google Take out on it. So thank you for much. I appreciated the analogy of watching a child go down the slide, mom and dad look at me kind of situation, that really analogy brought it home for me. I know we've gone over time. We've had a lot of great input from our three esteemed presenters. But we wanted to take a few more minutes just to go over the most popular questions that we've had around routines for teens specifically. So Scott, Amy or do you have any thought with not just regard to the situation we find our situation in now with distance learning but potentially the return to school not knowing what that might look like what we can do to best support our teens with their routines so whenever they return to whatever they return to they're in a better place to deal with whatever comes their way? That's for any of our three esteemed panelists.

DR. AMY CHEUNG: I can start. I think, you know we're all kind of out of sorts right now. Routine is out the window for even adults right now and we need to give ourselves cut ourselves some slack and know that our kids are under some significant stress right now to it's been a challenging time for everyone. I think having some, I've been answering the questions on the chat, just having some basic limits on scheduling is important. Kind of a limit on bed time, wake up time, when you eat meals, and some limits around kind of doing social things, active things, I think having some generally, you know, kind of boundaries around that is going to be really helpful for teenagers, trying to be structured right now when you don't have a structured life is going to be difficult for your child and for you to follow through on it anyways.

SALEEM HANIFF: Scott or Charmaine, anything?

CHARMAINE LANE: I agree with Dr. Cheung, parents have been to be the ones to set the example and I'm finding that with my own self. There are times I do feel, you talk about being on the plane and you needing to make sure if that the mask goes on yourself first and I've been doing a lot of, you know, work and a lot of zoom and all this other stuff and I'm finding that unless I'm practicing self-care, they're not practicing self-care. You know, they're looking to me to ensure that every single thing they do is based on what I'm doing, if that makes sense. You know, it's almost like, you know, what Scott said earlier about you saying okay you have my undivided attention but the cell phone is right there, so everything -- and one other piece I always say to people, whatever was sustaining your family prior to COVID is the thing you should still go to sustain. So if you walked the dog, then continue walking the dog not picking up yoga and another suggestion just because it's suggested, right, or if you did family movies, still do family movies, so whatever, because the thing that all of us need to realize is that not only are we out of sorts but we're also in crisis mode, right, and when you're in crisis mode everything you do is going to look different than what you did when you were thriving and you know, when you weren't surviving, when you were thriving and not surviving so in survival mode right now to it looks very different than what it would look like. I convey that, I have a seven and three year old and I've conveyed it not to say survival mode but explaining to them why things look differently and why the routines look differently, but nonetheless, we still need to have some type of a routine because I've learned the hard way that children actually really, really want to be parented. And we know that. Being in children mental health I learn that very quickly, that children want you to parent them. So even if we're having a hard time now staying focused, they still need us to give them some level of guidance sooty important for parents to model what that looks like and maybe find, you



know, kind of tweak it and figure it out for this period that we're in, so, yeah.

SALEEM HANIFF: Absolutely that seems to be a running theme for all the presentations tonight the modeling piece of things for sure. Scott, anything you'd like to add?

SCOTT ST. MARIE: No, I think the modeling is definitely a massive piece. I'll just share one extra thing because what I share with parents and their kids is cell phone contracts. Right, because a lot of us, a lot of the parents here are paying for their kids' phones so it's not necessarily a right, it's still a privilege we need to have a phone we need to realize that it's amazing piece of technology so if we're going through this phone contract and parents can edit it anyway they like, this is another way that okay, here is an example I will hand my phone into my parents promptly at eighth p.m. every school night and every weekend night is 10:00 p.m. parents need to follow that exactly as well. If the child comes down the stairs at midnight for a drink in and the parents are up on their phones, it's not going to look great. So we need to be exactly in sync and set that example. And obviously it's easier said than done.

CHARMAINE LANE: Absolutely.

SALEEM HANIFF: Thank you so much for sharing your opinions and your wealth of expertise Dr. Amy, Scott, and Charmaine being on our panel and sharing with us tonight. Apologies going over time to all of those tuned in. I wanted to thank all of those who made this evening possible, PIAC, Michelle Munroe, trustee Rachel Chernos-Lin, encouraging everyone to join with us this Friday 6:30 as well with a session talking race with children and youth. I just want to thank you all again for joining in big thanks again to our three esteemed panelists and I wanted to wish everyone an enjoyable rest of the evening, be well.

CHARMAINE LANE: Thank you.

SPEAKER1: Please complete our Survey Monkey. It's a couple quick questions. It'll take you just a few second your feedback would be actually appreciated we posted the link in the chat so please feel free to just provide us with your feedback.

