Child and youth resilience: Public health strategies and mental health promotion practices

Nazilla Khanlou, RN, PhD
Echo Chair in Women’s Mental Health Research, Faculty of Health & Associate Professor, School of Nursing, York University, Canada
nkhanlou@yorku.ca
Overview

1. Why is focus on youth mental health important?
2. What is resilience?
3. Mental health promotion and resilience
4. Promoting child and youth resilience (Individual, Family, Environmental)
5. Opportunity of resilience
6. Research example
7. Intervention: Programa Escolhas
Global Context

• A third of the world’s population are children and adolescents
  – 90% live in low-income & middle-income countries (LMIC)

• Worldwide 10–20% of children and adolescents are affected by mental health problems

• LMIC have similar prevalence to high-income countries (HIC)
  – risk factors for child and adolescent mental disorders are similar in LMIC and HIC

• Prevalence rates may be higher since most surveys do not include intellectual and developmental disorders

• Available evidence indicates that “investments in children and adolescents yields high returns in terms of developmental potential realized, adult disorder prevented or less severe, and economic advantage for healthy individuals” (p. 1521)


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Canadian Context

• In Canada, 10-20% of youth are affected by a mental illness or disorder

• Among developed countries, Canada has the third highest youth suicide rate

• Only 20% of Canadian children needing mental health services receive them

Ontario’s New Strategy

• Four goals identified by the strategy:
  – “Improve mental health and well-being for all Ontarians
  – Create healthy, resilient, inclusive communities
  – Identify mental health and addictions problems early and intervene
  – Provide timely, high quality, integrated, person-directed health and other human services”

• First three years focus will be on children and youth

Defining Resilience

• Capacity to “cope with, and bounce back after, the ongoing demands and challenges of life, and to learn from them in a positive way” (Joubert & Raeburn, 1998)

• Positive adaptation to adversity; not the absence of vulnerability (Waller, 2001)

• Is “a class of phenomena characterized by good outcomes in spite of serious threats to adaptation or development” (Masten, 2001)

• Is “capacity of dynamic systems to withstand or recover from significant disturbances” (Masten, 2007)
Perspectives on Resilience

• Individual factors
  – Originating from psychiatry and developmental psychology, focus on within-person factors, notion of risk important (Waller, 2001)

• Ecological, Ecosystemic
  – Informed by Systems Theory, relationships between risk and protective factors considered, emphasis on interdependency between individuals and social systems (Ungar 2004a, Waller 2001)

• Constructionist
  – Postmodern interpretation, result of negotiations between individuals and their environments, self-define as healthy among conditions collectively viewed as adverse (Ungar, 2004a, 2004b)

• Hybrid
  – Mixed methods and multi-theoretical, multidisciplinary approach (Khanlou, in progress)
Waves of Resilience Research

Masten (2007) identifies 4 waves of resilience research:

• 1\textsuperscript{st} wave: resilient traits/ characteristics of child, family, relationships, environments

• 2\textsuperscript{nd} wave: processes leading to resiliency

• 3\textsuperscript{rd} wave: studies of prevention and intervention

• 4\textsuperscript{th} wave: builds on above, multi-levels of analysis, influence of neural and psycho-biological systems on adaptive behaviour
Mental Health Field

“Fostering resilience is central to the paradigms of strengths-based practice and recovery models within the mental health field....concepts of resilience and growth through adversity are also seen as fundamental within the positive psychology movement.”  (Atkinson, Martin, Rankin, 2009)
Mental Health

• Without mental health there is no health

• More than the absence of mental disorders
  – “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”

• Determined by socio-economic and environmental factors

• Linked to behaviour

Mental Health Promotion

• “... the process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health. Mental Health Promotion uses strategies that foster supportive environments and individual resilience, while showing respect for culture, equity, social justice, interconnections and personal dignity.”

Growing up resilient: Ways to build resilience in children and youth

By: Barankin T & Khanlou N (2007)

Published: Centre for Addiction and Mental Health, Toronto, Canada

http://www.camh.net/Publications/CAMH_Publications/growing_resilient.html
Systems involved

• Individual
• Family
• Environment

Barankin & Khanlou (2007)
Individual Factors

- Temperament
- Learning strengths
- Feelings and emotions
- Self-concept
- Ways of thinking
- Adaptive skills
- Social skills
- Physical health

Barankin & Khanlou (2007)
Family Factors

• Attachment
• Communication
• Family structure
• Parent relations
• Parenting style
• Sibling relations
• Parents’ health
• Support outside the family

Barankin & Khanlou (2007)
Environmental Factors

• Inclusion
  – Having a sense of belonging
    • Gender
    • Culture

• Social conditions
  – Society promoting resilience
    • Socio-economic situation
    • Media influences

Barakin & Khanlou (2007)
Environmental Factors (continued)

• Access
  – Systems promoting resilience
    • Education
    • Health

• Involvement
  – Youth’s participation in the world around them
Environmental – examples of protective factors

- Policies (local to national) promoting equity, justice, inclusion
- Access to community resources (e.g. public transportation)
- Supportive and safe school environments
- Living in a safe and caring neighbourhood
- Access to counsellors & mental health & addiction services as needed
- Positive media messages
- Contact with caring adults (e.g. teachers, coaches, etc)
- Links to strong cultural community (sense of history, feelings of belonging)
- Involvement in healthy physical, recreational, and volunteer activities

Barakin & Khanlou (2007)
Putting it all together

• Resilience is developed within the context of multiple systems.
Opportunity of resilience and strategies to avoid pitfalls

**OPPORTUNITY**

- Potential to foster resilience at multiple levels
- Framed within a strengths based approach
- Growing recognition across sectors

**STRATEGY**

- Supportive systems to promote youth resilience
- Some youth will require specialized and ongoing help
- Identify role of each sector and opportunities for integrated collaboration

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Ongoing study
(Khanlou et al., 2012)
http://www.yorku.ca/nkhanlou/community-based-research.html

Mothers, we need your help!

This study is about
- Understanding perceptions of social support among immigrant mothers of children with disabilities
- Discovering ways to improve services and supports for mothers of children with disabilities

We would like to hear from you if
- You have one or more children with a disability or disabilities
- You have immigrated to Canada
- You feel comfortable speaking in English

We will offer you
- A chance to speak out and inform practice and policy recommendations
- An opportunity to learn about available resources for parents of children with disabilities
- An honorarium of $30 for the interview

To participate in the study please call
Sheila Jennings
Phone: 416-736-2100 Ext 44527
Email: sheilakj@yorku.ca

I Will Always Love You Son
by Chul Okuye

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Immigration context

- Approximately 250,000 newcomers arrive annually in Canada through official channels (CIC, 2008).

- Over last few decades immigration source countries have been changing, Statistics Canada estimates that 1 in 3 Canadians could be a member of a visible minority group in 2031 (Statistics Canada, 2010).

- Majority of immigrants settle in large urban centres, such as Toronto, Montréal, and Vancouver.

- Statistics Canada estimates indicate that approximately 55% of people in CMAs would be immigrants or Canadian-born children of immigrants by 2031 (Statistics Canada, 2010).
Newcomer Youth Mental Health study

• Funded by Provincial Centre of Excellence for Child and Youth Mental Health at CHEO (Khanlou, Shakya, & Muntaner, 2007-2009)

• Community-academic partnership (Access Alliance & University of Toronto)

• Community Based Research (CBR)
  – Youth Advisory Committee (YAC)
  – Peer Researchers (PRs)

• Mixed Methodology
  – Focus groups and interviews with newcomer youth (arrived within last 5 years, between 14-18 years) and parents from Afghan, Colombian, Sudanese, and Tamil communities and service providers in Toronto
  – Questionnaire
Objectives

• Explore diverse conceptualizations of mental health & illness;
• Explore needs & help-seeking behaviours;
• Explore access barriers to services;
• Propose policies and practices to remove barriers; and
• Actively engage newcomer youth in the research process

• For more information:
  http://accessalliance.ca/research/activities/newcomeryouthmentalhealth

Data gathered (qualitative)

<table>
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<tr>
<th>Focus Groups and Interviews</th>
<th>Afghan (2 FGs, 2 ints)</th>
<th>Colombian (2 FGs, 1 int)</th>
<th>Sudanese (1 FG, 8 ints)</th>
<th>Tamil (1 FG)</th>
<th>Service Providers (1 FG, 5 ints)</th>
<th>TOTAL (7 FGs, 16 ints)</th>
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Select findings

- Linguistic barriers
- Discrimination/exclusion as a determinant of mental health
- Challenges of parental employment
- Importance of social networks and organizations (religious, community)

(Khanlou, 2009 a & b; Khanlou, Shakya & Muntaner, CHEO Newcomer Youth Mental Health Study, 2007-2009).

Narrative – linguistic barriers

• “...in class I made a presentation of myself, I couldn’t explain very well, my legs were shaking so much. I was so shy because I didn’t speak English very well” (Colombian male participant)
Narrative – discrimination/exclusion

• “For a lot of new immigrants may be well educated and had a high profession back in their own country. Many cannot find a profession here that would equate with their previous profession back home and this is what would break up the family. So the clients that I work with, work in shifts. This changes the family dynamics. The newcomer youth feel isolated and not being accepted. When at home, they cannot talk to their parents because the parents are not there. The kids begin to skip school and the parents become extremely angry, saying that they spend a fortune to come here in Canada so that the kids could go to school. There are a lot of conflicts with the kids in terms of mental health issues and in turn the parents also go through a lot of issues such as racism and discrimination at work.” (Service provider)
Narrative – employment challenges

• “My mom was a teacher back home in Afghanistan too, but she can’t find a job here. She wants to work here, she wants to find a job like [name of SEPT worker who brought these participants to the FG] but she can’t ‘cause she has to translate and she still has to learn English” (Afghan female participant)
Narrative – religious networks

- “Well I am Christian, so it’s like a big family. Actually one of the days last week, he [church priest] called me and I don’t have a dad. He’s always checking up on me so that really shows me that he cares and that if I have any problems I can go up to him or anyone in the church” (Colombian male participant)
Narrative - resilience

“When I came first, I didn’t have immediate family in Canada. The good thing about me is that I am shameless. I am outgoing. I am not shy, I go out and talk to people. What I’m saying is that if it was hard for me, which I am not shy, imagine how hard it would be for someone who is a different person from me. I tried to make different friends and contact the Afghan society and see if they could help me in my immigration case. And also as a newcomer to settle in Canada. It kind of helped. It showed that there are people like me in Canada who don’t know what to do and where to start from. Then I realized to myself, it might take a while,” (Afghan male participant)
Recommendations

☐ Recognize that individual, intermediate, and systems levels findings interact and intersect;

☐ Newcomer communities have many resiliencies;

☐ Mental health promotion with diverse communities needs to be sensitive to individual and intermediate levels, as well as larger context of health disparities; and

☐ Support must be offered across sectors and levels (innovative and flexible delivery of services esp. for newcomer youth)
INTERVENTIONS

• No single approach
• Improving health is not simply improving the individual
• Reduce social risk and enhance capacity to cope

POLICY INTERVENTION

• **Primary**
  – Reduction of social stratification and income disparity. Social risks such as poverty and exclusion may be reduced through policy (e.g. income or other social assistance).

• **Secondary**
  – Reduce differential vulnerability (e.g. in immigrant and minority youth). Influencing the differences in vulnerability to poor health and social outcomes (e.g. increase agency of individual to navigate & negotiate across systems).

Khanlou & Wray (2010)
COMMUNITY APPROACH

• ‘Whole Community’ approach of promoting resilience
  – **Families** (e.g. parenting support programs)
  – **School environment** (e.g. social emotional curriculum, student & parent involvement)
  – **Communities** (community involvement in school governance)

• Systemic approach with strategic investments linking knowledge to best practice

Khanlou & Wray (2010)
Programa Escolhas

• Multi-systems and intersectoral (e.g. school & education, vocational training & employability, citizenship & community dynamics, digital inclusion)

• Addresses social determinants of wellbeing (primary policy prevention)

• Recognizes complexity of social exclusion among descendants of immigrant and ethnic minorities (secondary policy prevention)
Programa escolhas – 4\textsuperscript{th} Generation

• Building on first 3 generations of the program applies a ‘Whole Community’ approach of promoting resilience
  – Youth capacity building and empowerment
  – Community mobilization and training
  – Sustainability of capacities built

For more information please see: http://www.programaescolhas.pt/
References

Contact Information

Nazilla Khanlou
York University
nkhanlou@yorku.ca