



HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

A STEP-BY-STEP APPROACH TO SUPPORTING THE MENTAL HEALTH OF YOUNG WOMEN AND GIRLS IN CANADA

**Report of the Standing Committee on the Status
of Women**

Karen Vecchio, Chair

**MARCH 2023
44th PARLIAMENT, 1st SESSION**

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**Karen Vecchio
Chair**

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Reports from committees presented to the House of Commons

Presenting a report to the House is the way a committee makes public its findings and recommendations on a particular topic. Substantive reports on a subject-matter study usually contain a synopsis of the testimony heard, the recommendations made by the committee, as well as the reasons for those recommendations.

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THE STANDING COMMITTEE ON THE STATUS OF WOMEN

has the honour to present its

SIXTH REPORT

Pursuant to its mandate under Standing Order 108(2), the committee has studied mental health of young women and girls and has agreed to report the following:

TABLE OF CONTENTS

SUMMARY	1
LIST OF RECOMMENDATIONS.....	3
A STEP-BY-STEP APPROACH TO SUPPORTING THE MENTAL HEALTH OF YOUNG WOMEN AND GIRLS IN CANADA.....	11
Introduction.....	11
Overview: Mental Health of Young Women and Girls in Canada.....	12
Specific Mental Health Disorders and Mental Health-related Issues.....	14
Eating Disorders	15
Anxiety Disorders	16
Substance Use and Addictions.....	17
Suicide and Suicidal Ideation	18
Perinatal Mental Health.....	19
Factors Affecting the Mental Health of Young Women and Girls in Canada.....	21
Gender-based Stereotypes, Social Norms and Sexual Violence	22
Internet Use, Social Media and Cyberbullying.....	25
Exposure to Violence and Abuse in Childhood.....	27
The COVID-19 Pandemic.....	28
Factors Affecting the Mental Health of Individuals Belonging to Groups Marginalized by Systems.....	31
Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, Intersex Individuals and People who Identify as Part of Sexually and/or Gender- diverse Communities	32
Women and Girls with Disabilities	34
Immigrant and Refugee Women and Girls	35
Women and Girls Who Experience Racial and Religious Discrimination.....	36
Indigenous Women and Girls and Two-Spirit People	37
Mental Health Supports and Services for Women and Girls in Canada	41

Gaps In, and Barriers to Accessing, Mental Health Services.....	42
Mental Health Services in Rural, Remote and Northern Communities	45
Approaches to Improving Mental Health Care and Outcomes in Canada.....	47
Supporting Mental Health Service Providers and Leveraging Peer Support.....	47
Adopting Preventative Approaches to Mental Health Care	49
Developing Self-Regulation Skills	51
Innovation and Technology and Mental Health Services	52
Funding for Mental Health Services in Canada.....	53
APPENDIX A LIST OF WITNESSES.....	59
APPENDIX B LIST OF BRIEFS	65
REQUEST FOR GOVERNMENT RESPONSE	67
SUPPLEMENTAL OPINION OF THE BLOC QUÉBÉCOIS.....	69

SUMMARY

Many people in Canada face mental health struggles and illnesses. In addition, young women and girls face certain mental health challenges that are different from men and boys. Considering that the COVID-19 pandemic is worsening the mental health situation in Canada, the House of Commons Standing Committee on the Status of Women conducted a study exploring the factors affecting the mental health of young women and girls. The Committee would like to provide a trigger warning for this report. This report discusses various mental health struggles, including personal experiences related to suicide and suicidal ideation. Therefore, some readers may experience difficulties when reading this report.

Factors like gender-based stereotypes, social media, cyberbullying, and exposure to violence were brought up by witnesses. The effects of the COVID-19 pandemic and other issues affecting the mental health of populations that have been marginalized by systems were also highlighted by witnesses. The Committee was told about gaps and barriers in mental health services and suggestions to improve these services. Based on the testimony heard, the Committee made 18 recommendations to the federal government to improve the mental health of young women and girls in Canada. The subjects of these recommendations included data collection and research, prevention services, addressing online harms, education, funding for community organizations and health services, and meeting the needs of diverse young women and girls and gender-diverse people in Canada.

LIST OF RECOMMENDATIONS

As a result of their deliberations committees may make recommendations which they include in their reports for the consideration of the House of Commons or the Government. Recommendations related to this study are listed below.

Recommendation 1—Data Collection

That the Government of Canada, respecting the jurisdiction of, and in consultation and collaboration with, municipalities, provinces, territories and Indigenous peoples, support improvements in national mental health-related data collection, including data on:

- **children and youth’s health, including mental health;**
- **mental health experiences by region, across all the provinces and territories;**
- **mental health experiences disaggregated by family income;**
- **immigrant and refugee individuals’ mental health, disaggregated by gender;**
- **the mental health of women and girls living with disabilities;**
- **Black and racialized individuals’ mental health, disaggregated by gender;**
- **mental health for youth at the post-secondary level; and**
- **programs, services and service providers, including mental health services, for children and youth in Canada..... 13**

Recommendation 2—Mental Health Research

That the Government of Canada support studies that consider Gender-Based Analysis Plus by academics, parliamentary committees or community organizations on specific aspects of mental health in Canada, such as on:

- **systemic barriers and challenges facing youth who are at-risk of homelessness;**
- **the mental health of Indigenous women, girls and Two-Spirit people;**
- **prescription drug dependence and cessation supports; and**
- **anti-oppressive approaches to supporting mental health. 14**

Recommendation 3—Perinatal Mental Health Standards of Care

That the Government of Canada, respecting the jurisdiction of, and in consultation and collaboration with, municipalities, provinces, territories and Indigenous peoples, and with the Standards Council of Canada, establish, fund and monitor the implementation of national standards for the prevention and treatment of perinatal mental health illness and integrate into these standards, universal screening for perinatal mental health illness, the development and implementation of a stepped care approach to perinatal mental health treatment and training on these established approaches for care providers. 21

Recommendation 4—Engaging Young Women, Youth and Girls

That the Government of Canada recognize young women, youth and girls as experts in their own experiences, and meaningfully engage and consult these young women, youth and girls about their mental health needs..... 25

Recommendation 5—Prevention

That the Government of Canada, respecting the jurisdiction of, and in consultation and collaboration with, municipalities, provinces, territories and Indigenous peoples, invest in a combined early intervention and prevention approach to mental health services and supports for children, youth and adults, including stepped care model approaches and prevention for substance use and addiction and prevention of all forms of violence such as sexual violence and child abuse. 29

Recommendation 6—Online Harms Awareness and Legislation

That the Government of Canada launch an awareness campaign about online harms, including sexual exploitation, harassment and cyberbullying to help young women, girls and gender-diverse people in Canada understand online harms, their rights to say no, their boundaries and the importance of seeking help when they experience this behaviour online. 30

Recommendation 7—Online Harms Awareness and Legislation

That the Government of Canada introduce legislation protecting individuals using social media platforms from cyberbullying and online sexual exploitation. 30

Recommendation 8—Increased Resources for Health Care Practitioners

That the Government of Canada, with the goal of reducing burnout and supporting health care service providers and practitioners including in developing self-regulation skills, respecting the jurisdiction of, and in consultation and collaboration with, municipalities, provinces, territories and Indigenous peoples, ensure that individuals working in frontline health services, including mental health and eating disorder services, as well as other health practitioners, receive increased support through additional human and financial resources. 30

Recommendation 9—Poverty Reduction

That the Government of Canada, respecting the jurisdiction of, and in consultation and collaboration with, municipalities, provinces, territories and Indigenous peoples, increase funding through relevant departments for poverty reduction strategies including supporting low-barrier income support programs and food security initiatives. 30

Recommendation 10—Meeting the Needs of Diverse Groups of Young Women and Girls

That the Government of Canada, respecting the jurisdiction of, and in consultation and collaboration with, municipalities, provinces, territories and Indigenous peoples, provide funding to ensure that mental health care supports and services are culturally appropriate, offered in various languages, including Indigenous languages, and tailored to properly meet the needs of specific populations, including racialized women and girls, Indigenous women, girls and Two-Spirit individuals, young women and girls with diverse sexual and/or gender identities, and young women and girls with disabilities..... 40

Recommendation 11—Implementing the Calls to Action

That the Government of Canada, respecting the jurisdiction of, and in consultation and collaboration with, municipalities, provinces, territories and Indigenous peoples, continue fully implementing the Truth and Reconciliation Commission’s 94 Calls to Action, particularly number 21, 22, 23, 24, related to training in the medical system and the representation of Indigenous peoples among medical practitioners, including the meaningful realization of Call to Action 41 and the Calls for Justice from the final report of the National Inquiry into Missing and Murdered Indigenous Women and Girls, established in response to Call to Action 41..... 41

Recommendation 12—Access to Housing

That the Government of Canada, respecting the jurisdiction of, and in consultation and collaboration with, municipalities, provinces, territories and Indigenous peoples, invest in affordable housing, including complex care housing with an integrated continuum of care and support services, to expand access and availability of safe and affordable housing that meets the needs of diverse populations, specifically Indigenous peoples, youth, immigrants and refugees, Two-Spirit, lesbian, gay bisexual, transgender, queer and intersex people and individuals with diverse sexual and/or gender identities, people with mental health illnesses and individuals who are experiencing domestic and intimate partner violence. 45

Recommendation 13—Transitional Community Services

That the Government of Canada, respecting the jurisdiction of, and in consultation and collaboration with, municipalities, provinces, territories and Indigenous peoples, provide funding to community organizations providing transitional services for individuals who are discharged from addictions and mental health-related hospital programs, youth who are aging out of the foster care system, individuals who are leaving emergency and violence against women shelters. 45

Recommendation 14—Access to Virtual Mental Health Care

That the Government of Canada, respecting the jurisdiction of, and in consultation and collaboration with, municipalities, provinces, territories and Indigenous peoples, and other stakeholders to enhance digital infrastructure and improve virtual mental health care systems to provide better access where feasible. 45

Recommendation 15—Education of Professionals

That the Government of Canada, respecting the jurisdiction of, and in consultation and collaboration with, municipalities, provinces, territories and Indigenous peoples, support the provision of education and training for primary care providers, medical practitioners, teachers and frontline community service providers including social workers about:

- mental health crisis intervention and de-escalation;
- self-regulation and empathy;
- the intersectionality of mental health;
- the harms of colonialization and the child welfare system in Canada;
- mental health first aid and mental health literacy; and
- trauma-informed service provision. 50

Recommendation 16—Education in Schools

That the Government of Canada, respecting the jurisdiction of, and in consultation and collaboration with, municipalities, provinces, territories and Indigenous peoples, encourage the integration of mental health-related content into school curricula, as well as into training for teachers, including on:

- **mental health first aid and mental health literacy;**
- **self-regulation and empathy;**
- **recognizing and reporting abuse;**
- **comprehensive sex education that encompasses information on healthy relationships, gender-based violence, consent and intimate partner and sexual violence; and**
- **safe technology use and online practices..... 51**

Recommendation 17—Funding to Organizations

That the Government of Canada, respecting the jurisdiction of, and in consultation and collaboration with, municipalities, provinces, territories and Indigenous peoples, accelerate the delivery of increased and sustained funding to existing and new organizations and service providers across Canada that deliver trauma-informed mental health-related programs and services, such as:

- **peer supports;**
- **eating disorder recovery programs;**
- **supports for school-aged children, located in schools;**
- **targeted supports for specific groups such as youth, Indigenous populations, Black and racialized young women and girls, Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex people and individuals with sexually and gender-diverse identities;**

- **supports in the child and youth sector;**
- **supports for mental health literacy and emotional regulation and empathy training for families, parents and children and youth;**
- **supports on university and college campuses;**
- **sexual assault and violence survivor supports;**
- **supports in rural and remote communities, including clinical and virtual care; and**
- **culturally sensitive supports for immigrant, refugee and newcomer women and girls. 56**

Recommendation 18—Canada Health Transfer

That the Government of Canada, respecting the jurisdiction of, and in consultation and collaboration with, municipalities, provinces, territories and Indigenous peoples, consider options to integrate mental health into Canada’s health care system and increase specific mental health funding to the provinces and territories, either through increased allocations under the Canada Health Transfer or by creating a Canada mental health transfer. 57



A STEP-BY-STEP APPROACH TO SUPPORTING THE MENTAL HEALTH OF YOUNG WOMEN AND GIRLS IN CANADA

INTRODUCTION

While many people in Canada are experiencing mental health difficulties and illnesses, particularly due to the COVID-19 pandemic, young women and girls in Canada continue to face mental health struggles in ways that are different from men and boys. The House of Commons Standing Committee on the Status of Women (the Committee) acknowledged that the factors contributing to the mental health of young women and girls are multifaceted and intersecting during its study on the mental health of young women and girls in Canada. The Committee would like to provide a trigger warning for this report. This report discusses various mental health struggles, including personal experiences related to suicide and suicidal ideation. Therefore, some readers may experience difficulties when reading this report.

From 26 September 2022 to 14 November 2022, the Committee heard testimony from 56 witnesses, including the Honourable Carolyn Bennett, Minister of Mental Health and Addictions and the Honourable Marci Ien, Minister for Women and Gender Equality and Youth, as well as representatives from the Department for Women and Gender Equality, the Department of Health and the Public Health Agency of Canada. Of the remaining witnesses, eight appeared as individuals and the rest represented 29 organizations. The Committee also received 15 written briefs.

Testimony received, including an overview of the mental health of young women and girls in Canada, as well as perspectives on specific mental health disorders, provided the Committee with a wide range of emotions related to mental health in Canada. Witnesses outlined the factors affecting young women and girls' mental health, such as gender-based stereotypes, social media and cyberbullying, exposure to violence, COVID-19, and issues affecting the mental health of individuals who have been marginalized by systems. Finally, the Committee heard about the gaps in, and barriers to accessing, mental health supports and services, as well as suggested approaches to improving mental health care and services, including changes and improvements to funding for mental health services in Canada. The Committee's report makes 18 recommendations to the Government of Canada to improve mental health services and outcomes for all individuals in Canada.



OVERVIEW: MENTAL HEALTH OF YOUNG WOMEN AND GIRLS IN CANADA

Using a gender lens is crucial to better understand the mental health of individuals in Canada. For many mental health conditions, such as eating disorders, depression and anxiety disorders, girls report higher rates than boys, and this gender difference is increasing over time.¹ For example, half of young women aged 16 to 24 years who responded to a survey conducted by the Mental Health Commission of Canada during the COVID-19 pandemic, reported moderate or severe anxiety symptoms, compared to one-third of young men.² This gender gap is important because poor mental health can reduce one's wellbeing and quality of life, and can lead to mental disorders and substance use problems.³ Owen Charters, President and Chief Executive Officer of BGC Canada, agreed that young women report fair to poor mental health at twice the rate of young men,⁴ however, research has suggested that there are various social factors that may cause men and boys to underreport their mental health struggles.⁵

Age is also an important factor when discussing issues around mental health. The Committee was told that the rates of mental health distress were highest in Canada for youth aged 15 to 24 years.⁶ According to a written brief from the DisAbled Women's Network of Canada, the most common type of disability among Canadian youth is related to mental health.⁷ Most mental health issues occurred during adolescence and young adulthood.⁸ Chelsea Minhas, Director, Clinical Services and Complex Care, at Covenant House Vancouver, added: "The mental health of women and girls is often minimized by gendered language such as over-emotional and dramatic, and this is

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- 1 FEWO, [Evidence](#), 1st Session, 44th Parliament, 26 September 2022, 1125 (Peter Szatmari, Senior Scientist and Director, Cundill Centre, as an individual).
 - 2 FEWO, [Evidence](#), 1st Session, 44th Parliament, 17 October 2022, 1125 (Mary Bartram, Director, Policy, Mental Health Commission of Canada).
 - 3 FEWO, [Evidence](#), 1st Session, 44th Parliament, 17 October 2022, 1110 (Tracie O. Afifi, professor, as an individual).
 - 4 FEWO, [Evidence](#), 1st Session, 44th Parliament, 29 September 2022, 1600 (Owen Charters, President and Chief Executive Officer, BGC Canada).
 - 5 Canadian Mental Health Association Toronto, [Men's Mental Health](#).
 - 6 FEWO, [Evidence](#), 1st Session, 44th Parliament, 26 September 2022, 1105 (Rowena Pinto, President and Chief Executive Officer, Jack.org).
 - 7 DisAbled Women's Network of Canada, [There is No Health without Mental Health](#).
 - 8 FEWO, [Evidence](#), 1st Session, 44th Parliament, 26 September 2022, 1100 (Sara Austin, Founder and Chief Executive Officer, Children First Canada).

especially prevalent in the adolescent population where it's often minimized to be written off as over-hormonal teen girls.”⁹

The Committee was told that “age and gender are major determinants in accessing mental health supports.”¹⁰ According to Sarah Kennell, National Director, Public Policy, at the Canadian Mental Health Association-National, research shows that women under 25 years are “less likely to seek out mental health supports, citing an inability to pay or not having enough insurance to cover them as barriers.”¹¹

The Committee was also told that there is a need to improve disaggregated data collection on the mental health of youth in Canada.¹² In particular, Dr. Peter Szatmari, Senior Scientist and Director at the Cundill Centre, who appeared as an individual, indicated that because Canada does not have a permanent population-based survey of the mental health of children and youth, “we cannot say with confidence that rates of actual disorder or that mental health inequities have truly increased post[-]pandemic, compared to pre[-]pandemic.”¹³ In a written brief, he recommended that the Canadian Health Survey of Children and Youth be made permanent in order to “obtain accurate evidence of evolving gender based (and other) mental health inequities of Canadian children and youth.”¹⁴

Therefore, the Committee recommends:

Recommendation 1—Data Collection

That the Government of Canada, respecting the jurisdiction of, and in consultation and collaboration with, municipalities, provinces, territories and Indigenous peoples, support improvements in national mental health-related data collection, including data on:

- **children and youth’s health, including mental health;**

9 FEWO, *Evidence*, 1st Session, 44th Parliament, 31 October 2022, 1105 (Chelsea Minhas, Director, Clinical Services and Complex Care, Covenant House Vancouver).

10 FEWO, *Evidence*, 1st Session, 44th Parliament, 17 October 2022, 1120 (Sarah Kennell, National Director, Public Policy, Canadian Mental Health Association-National).

11 Ibid.

12 FEWO, *Evidence*, 1st Session, 44th Parliament, 17 October 2022, 1220 (Tracie O. Afifi); Children First Canada, *Written Submission for the Standing Committee on the Status of Women: Mental Health of Young Women and Girls*.

13 FEWO, *Evidence*, 1st Session, 44th Parliament, 26 September 2022, 1125 (Szatmari).

14 Dr. Peter Szatmari, *Brief to the House of Commons Standing Committee on the Status of Women*.



- **mental health experiences by region, across all the provinces and territories;**
- **mental health experiences disaggregated by family income;**
- **immigrant and refugee individuals' mental health, disaggregated by gender;**
- **the mental health of women and girls living with disabilities;**
- **Black and racialized individuals' mental health, disaggregated by gender;**
- **mental health for youth at the post-secondary level; and**
- **programs, services and service providers, including mental health services, for children and youth in Canada.**

Recommendation 2—Mental Health Research

That the Government of Canada support studies that consider Gender-Based Analysis Plus by academics, parliamentary committees or community organizations on specific aspects of mental health in Canada, such as on:

- **systemic barriers and challenges facing youth who are at-risk of homelessness;**
- **the mental health of Indigenous women, girls and Two-Spirit people;**
- **prescription drug dependence and cessation supports; and**
- **anti-oppressive approaches to supporting mental health.**

SPECIFIC MENTAL HEALTH DISORDERS AND MENTAL HEALTH-RELATED ISSUES

During this study, the Committee heard information about specific mental health disorders affecting young women and girls in Canada, including eating disorders and anxiety disorders, as well as issues related to addictions, perinatal and maternal mental health and suicide and suicidal ideation. The following sections provide more information on those topics.

Witnesses noted the compounding effect of the COVID-19 pandemic on young women and girls' mental health issues. Sara Austin, Founder and Chief Executive Officer of Children First Canada, told the Committee that, at the beginning of the second year of the pandemic, "[t]here was overwhelming evidence that children and youth, and girls in particular, were facing threats to their survival. Rates of suicide, depression, anxiety, eating disorders, substance-use disorders and self-harm were alarmingly high."¹⁵ In particular, Dr. Jennifer Coelho, Psychologist, Provincial Specialized Eating Disorders Program, BC Children's Hospital, explained that the increase in eating disorders observed since the beginning of the pandemic could be attributed to challenges such as "disruptions to daily routine, decreased opportunities for physical activity and increased social media use."¹⁶ As well, witnesses reported an increase in the use of their support services during the last three years, as well as an increase in the severity of symptoms youth were reporting.¹⁷

Eating Disorders

Eating disorders are "complicated, metabolically and biologically driven, complex illnesses."¹⁸ They are an important problem facing young women and girls in Canada, as eating disorders often begin during adolescence.¹⁹ Accessing treatment is crucial for individuals affected by eating disorders since the consequences are significant and life-threatening.²⁰ It is estimated that mortality rates for certain eating disorders are "as high as 5% to 7%," with some reports showing mortality rates "as high as 18%."²¹ Shaleen Jones, Executive Director, Eating Disorders Nova Scotia, Mental Health Commission of Canada, told the Committee: "We know that, with rapid access to early intervention, treatment and support, people can and do go on to lead fulfilling lives and

15 FEWO, *Evidence*, 1st Session, 44th Parliament, 26 September 2022, 1100 (Austin).

16 FEWO, *Evidence*, 1st Session, 44th Parliament, 17 October 2022, 1115 (Jennifer Coelho, Psychologist, Provincial Specialized Eating Disorders Program, BC Children's Hospital).

17 FEWO, *Evidence*, 1st Session, 44th Parliament, 6 October 2022, 1615 (Alisa Simon, Executive Vice-President and Chief Youth Officer, E-mental Health Strategy, Kids Help Phone).

18 FEWO, *Evidence*, 1st Session, 44th Parliament, 17 October 2022, 1155 (Shaleen Jones, Executive Director, Eating Disorders Nova Scotia, Mental Health Commission of Canada).

19 *Ibid.*, 1200.

20 FEWO, *Evidence*, 1st Session, 44th Parliament, 17 October 2022, 1115 (Coelho).

21 FEWO, *Evidence*, 1st Session, 44th Parliament, 6 October 2022, 1540 (April S. Elliott, Adolescent Pediatrician, as an individual).



are able to fully recover from this illness, but too many are denied the opportunity to recover.”²²

However, the Committee was told that individuals who have eating disorders can face barriers in accessing support services and treatment. In a written brief, the Canadian Paediatric Society explained that eating disorders “often fall between the cracks of mental health and medicine” as they are disorders “that do not fit neatly into the silos of mental or physical health.”²³ Difficulty in accessing specialized care²⁴ and support services not being available in all regions of the country were also mentioned as barriers by witnesses.²⁵ Dr. April S. Elliott, Adolescent Pediatrician, who appeared as an individual, recommended increasing resources for “timely referral and access to trained and qualified health care providers in delivering evidence-based outpatient treatment modalities for eating disorders.”²⁶ In addition, witnesses recommended expanding access to low-barrier²⁷ community supports²⁸ and providing funding to provinces and territories for paediatric eating disorder programs and supports.²⁹

Anxiety Disorders

Anxiety works as a warning system when the brain has detected what it perceives as an external or internal threat.³⁰ The Committee heard that girls report anxiety and

22 FEWO, [Evidence](#), 1st Session, 44th Parliament, 17 October 2022, 1130 (Jones).

23 Canadian Paediatric Society, [Written Submission to the Standing Committee on the Status of Women](#).

24 FEWO, [Evidence](#), 1st Session, 44th Parliament, 17 October 2022, 1115 (Coelho).

25 FEWO, [Evidence](#), 1st Session, 44th Parliament, 6 October 2022, 1540 (Elliott); FEWO, [Evidence](#), 1st Session, 44th Parliament, 27 October 2022, 1620 (Peter Ajueze, Assistant Professor and General, Child and Adolescent Psychiatrist, Health Sciences North, Sudbury, Northern Ontario School of Medicine University).

26 FEWO, [Evidence](#), 1st Session, 44th Parliament, 6 October 2022, 1540 (Elliott).

27 The definition of “low-barrier” services varies across service providers, academics and advocates. More broadly, the term refers to a service delivery model, often in emergency shelter settings, which removes common barriers that may prevent clients from accessing these services. Some examples of barriers may include requirements related to sobriety, identification documents, criminal record checks and curfews. For additional details and discussion, see for example, the [Policy and Practice Recommendations: Developing Gender-Based Low Barriers Housing to Address Complex Homelessness](#) from the Community University Policy Alliance at McMaster University.

28 FEWO, [Evidence](#), 1st Session, 44th Parliament, 17 October 2022, 1130 (Jones).

29 Canadian Paediatric Society, [Written Submission to the Standing Committee on the Status of Women](#).

30 FEWO, [Evidence](#), 1st Session, 44th Parliament, 20 October 2022, 1550 (Stuart Shanker, Distinguished Research Professor Emeritus, Philosophy and Psychology, York University).

depression more frequently than boys.³¹ Sarah Kennell, National Director, Public Policy, at the Canadian Mental Health Association-National, told the Committee that “[g]irls are six times more likely to develop general anxiety disorder than boys, and there is a marked increase in the incidence of major depressive episodes among girls over the age of 13, compared to boys.”³²

Substance Use and Addictions

While youth’s alcohol and cannabis use increased during the pandemic,³³ the Committee was told that there has been an overall reduction in substance use among youth over the last two decades.³⁴ Boys’ use of alcohol and cannabis is decreasing but girls’ use is not falling at the same rate. Dr. Leslie Buckley, Chief, Addictions Division, at the Centre for Addiction and Mental Health, explained that “[w]hat we’re seeing is that [the rates are] meeting and we’ve diminished the gap between young women and young men.”³⁵

In addition, the Committee was told that chronic harm from alcohol use “happen[s] faster in women.”³⁶ Dr. Rakesh Jetly, a psychiatrist who appeared as an individual, explained the importance of educating women and girls on substance use and its relation with mental health: “We can educate regarding alcohol’s potential harms, but it may also help women to understand how we can separate having a drink with friends celebrating a birthday from drinking alone when feeling sad, lonely or anxious. The effects of alcohol on cognition, consent and capacity must also be ingrained.”³⁷

Finally, witnesses reminded the Committee about the intersection between mental health and substance use.³⁸ For example, the Committee was told that unaddressed

31 FEWO, *Evidence*, 1st Session, 44th Parliament, 26 September 2022, 1145 (Szatmari).

32 FEWO, *Evidence*, 1st Session, 44th Parliament, 17 October 2022, 1120 (Kennell).

33 Children First Canada, *Written Submission for the Standing Committee on the Status of Women: Mental Health of Young Women and Girls*.

34 FEWO, *Evidence*, 1st Session, 44th Parliament, 26 September 2022, 1125 (Leslie Buckley, Chief, Addictions Division, Centre for Addiction and Mental Health).

35 Ibid.

36 Ibid.

37 FEWO, *Evidence*, 1st Session, 44th Parliament, 27 October 2022, 1615 (Rakesh Jetly, Psychiatrist, as an individual).

38 FEWO, *Evidence*, 1st Session, 44th Parliament, 31 October 2022, 1105 (Minhas).



anxiety disorders and depression in kids as well as their substance use could lead to addictions once they become teenagers.³⁹

Suicide and Suicidal Ideation

Before providing details about the testimony received on suicide, the Committee would like to note that suicide can be prevented, and resources are available to individuals in crisis. The Committee encourages readers who are having suicidal ideation to reach out immediately to a crisis line and to seek help.

During their testimony, representatives from the Mental Health Commission of Canada noted a gender paradox: they told the Committee that while men are more likely to die by suicide than women, women are more likely than men to attempt suicide and report suicidal ideation.⁴⁰ Mary Bartram, Director, Policy, at the Mental Health Commission of Canada, said:

Gender socialization clearly has something to do with why women and girls are more likely to have these expressions of distress. Men and boys have tended historically, and we've seen through the pandemic as well, to express those types of things with a higher degree of problematic substance use, so we see those statistics come out over and over again.⁴¹

The Committee was told that suicide is one of the leading causes of death among children and youth in Canada.⁴² Alisa Simon, Executive Vice-President and Chief Youth Officer, E-mental Health Strategy, at Kids Help Phone, told the Committee that her organization has recorded “a significant increase in the young people reaching out to talk about suicidality” over the last five years.⁴³ The Committee also learnt that approximately 25% of all young women and girls reaching out to Kids Help Phone do so for reasons related to suicide.⁴⁴ In addition, suicide rates are higher among some groups of young populations in Canada. In particular, witnesses indicated that Two-Spirit, lesbian, gay, bisexual, transgender, queer and intersex people as well as people with

39 FEWO, [Evidence](#), 1st Session, 44th Parliament, 26 September 2022, 1205 (Buckley).

40 FEWO, [Evidence](#), 1st Session, 44th Parliament, 17 October 2022, 1125 (Michel Rodrigue, President and Chief Executive Officer, Mental Health Commission of Canada); FEWO, [Evidence](#), 1st Session, 44th Parliament, 17 October 2022, 1225 (Mary Bartram).

41 FEWO, [Evidence](#), 1st Session, 44th Parliament, 17 October 2022, 1225 (Bartram).

42 FEWO, [Evidence](#), 1st Session, 44th Parliament, 26 September 2022, 1100 (Austin).

43 FEWO, [Evidence](#), 1st Session, 44th Parliament, 6 October 2022, 1545 (Simon).

44 Ibid.

sexually and gender-diverse identities (2SLGBTQI+) and Indigenous youth are at higher risk.⁴⁵

Perinatal Mental Health

Perinatal mental health issues are common: it is estimated that one in five pregnant or postpartum individuals will experience mental health problems, such as depression, anxiety, and trauma.⁴⁶ The Committee was told that this ratio increased to one in three individuals during the COVID-19 pandemic.⁴⁷ If unaddressed, these mental health issues can have long-term effects on pregnant and postpartum individuals and their children. According to Dr. Ryan Van Lieshout, Associate Professor at McMaster University, who appeared as an individual:

Children who are born into this setting are about three times as likely to experience a grade failure and significant school problems, four to five times is likely to develop clinically significant emotional and behavioural problems, and about four times as likely to develop depression in their lifetimes. ... Postpartum depression keeps individuals from becoming their parents that they want to be. It disrupts the detachment bond. It makes it difficult for parents to respond in the ways that they want to the cues of their children and has a lifelong effect.⁴⁸

The Committee heard that the postpartum period also presents an opportunity for providing treatment and mental health supports. Dr. Simone Vigod, Professor and Head, Department of Psychiatry, University of Toronto, Women's College Hospital, who appeared as an individual, explained that "[i]f we successfully treat a young mother's mental illness in the present, we not only improve her well-being, but we may also prevent her child—her girls, her boys, her children—from developing mental illness in the future."⁴⁹

45 Rebecca Hughes and Melinda Vandenbeld Giles, *Failing Our Daughters: Teenage Girl Attempted Suicide, COVID and the Broken Canadian Mental Healthcare System*.

46 FEWO, *Evidence*, 1st Session, 44th Parliament, 26 September 2022, 1130 (Daisy Singla, Independent Scientist, Centre for Addiction and Mental Health); Ryan Van Lieshout, *Brief to the House of Commons Standing Committee on the Status of Women*; FEWO, *Evidence*, 1st Session, 44th Parliament, 26 September 2022, 1115 (Simone Vigod, Professor and Head, Department of Psychiatry, University of Toronto, Women's College Hospital, as an individual).

47 FEWO, *Evidence*, 1st Session, 44th Parliament, 6 October 2022, 1545 (Ryan Van Lieshout, Perinatal Psychiatrist and Associate Professor, McMaster University, as an individual).

48 Ibid., 1645.

49 FEWO, *Evidence*, 1st Session, 44th Parliament, 26 September 2022, 1115 (Vigod).



Prevention is key in supporting and improving pregnant and postpartum individuals' mental health.⁵⁰ The Committee was told that the level of care individuals need for perinatal mental health problems depend on the severity of their symptoms. However, the Committee learnt that few pregnant and postpartum individuals have access to mental health care, particularly individuals from equity-seeking groups⁵¹ including those residing in remote and rural locations. In addition, witnesses noted that there is a lack of awareness about perinatal mental health.⁵²

Witnesses explained that, in this context, a stepped-care approach can be useful to treat perinatal mental health. For example, Dr. Simone Vigod explained that low-cost interventions, such as peer support and short-term structured psychotherapies delivered by non-mental health specialists, can be highly effective to improve perinatal mental health for individuals who have mild symptoms. Individuals who have more severe symptoms can benefit from specialized care.⁵³ Witnesses recommended supporting this stepped-care approach to perinatal mental health,⁵⁴ including by funding training for professionals and non-professional perinatal mental health providers and investing in virtual support infrastructure.⁵⁵ In addition, witnesses recommended establishing “national quality standards” for the treatment of perinatal mental health problems.⁵⁶

50 FEWO, *Evidence*, 1st Session, 44th Parliament, 6 October 2022, 1605 (Van Lieshout).

51 Ryan Van Lieshout, *Brief to the House of Commons Standing Committee on the Status of Women*; FEWO, *Evidence*, 1st Session, 44th Parliament, 26 September 2022, 1115 (Vigod); Northern Ontario School of Medicine University, *House of Commons Standing Committee on the Status of Women –Study on the mental health of young women and young girls Northern Ontario School of Medicine University*.

52 FEWO, *Evidence*, 1st Session, 44th Parliament, 6 October 2022, 1645 (Van Lieshout).

53 FEWO, *Evidence*, 1st Session, 44th Parliament, 26 September 2022, 1115 (Vigod).

54 Ryan Van Lieshout, *Brief to the House of Commons Standing Committee on the Status of Women*.

55 FEWO, *Evidence*, 1st Session, 44th Parliament, 26 September 2022, 1115 (Vigod).

56 Ibid.; Ryan Van Lieshout, *Brief to the House of Commons Standing Committee on the Status of Women*.

Therefore, the Committee recommends:

Recommendation 3—Perinatal Mental Health Standards of Care

That the Government of Canada, respecting the jurisdiction of, and in consultation and collaboration with, municipalities, provinces, territories and Indigenous peoples, and with the Standards Council of Canada, establish, fund and monitor the implementation of national standards for the prevention and treatment of perinatal mental health illness and integrate into these standards, universal screening for perinatal mental health illness, the development and implementation of a stepped care approach to perinatal mental health treatment and training on these established approaches for care providers.

**FACTORS AFFECTING THE MENTAL HEALTH OF YOUNG WOMEN
AND GIRLS IN CANADA**

The Committee heard from witnesses about many, often intersecting, factors that can affect the mental health of women and girls in Canada. Among these factors were: gender-based stereotypes, social norms and sexual violence; internet use, social media and cyberbullying; exposure to and experiences of discrimination, bullying and violence of various types, as well as adverse childhood experiences; the COVID-19 pandemic; and several other factors including climate change, housing and financial stress. For example, Dr. Charmaine C. Williams, a Professor and Interim Dean at the Factor-Inwentash Faculty of Social Work, University of Toronto, told the Committee that:

All women and girls experience risk to their mental health in social and institutional conditions that do not protect them from violence. We label some of these women and girls as “at risk” when we should more accurately identify their environments as risky and unsafe. A comprehensive strategy to promote the mental health and safety of young women and girls requires multi-sector collaboration. This is especially necessary to address issues in [Black, Indigenous, people of colour] and [lesbian, gay, bisexual, transgender and sexually and gender-diverse] communities.⁵⁷

57 FEWO, *Evidence*, 1st Session, 44th Parliament, 3 October 2022, 1110 (Charmaine C. Williams, Professor and Interim Dean, Factor-Inwentash Faculty of Social Work, University of Toronto, as an individual).



Gender-based Stereotypes, Social Norms and Sexual Violence

“I think that one of the things that sometimes is not well understood is the systemic nature of gendered and sexualized violence, which is that it is not simply interpersonal acts of physical violence, but also kind of the water we swim in everyday, the way in which women and girls are depicted in the media, the way that we speak about gender roles, and the kind of bullying that happens is often gender-based as well.”⁵⁸

The Committee heard that the damaging effects of social norms, expectations based on gender, and patriarchal society can have negative effects on women and girls’ mental health.⁵⁹ Notably, Mégane Jacques, Youth Representative on the Youth Advisory Council for the Young Canadian’s Parliament with Children First Canada, explained:

I believe that society sends very contradicting messages to women: They should look pretty, but not too pretty; they should share their feelings, but not be too open; they’re told to strive to be self-reliant and powerful, but simultaneously reminded that they are weak and inferior to men. This causes, as Sara mentioned, an internalizing of their feelings and negative comments towards themselves. The stigmas regarding girls’ mental health—as just being a teen, or full of hormones, or overreacting, or too emotional—are terribly damaging.⁶⁰

Mégane Jacques emphasized that young women and girls are experts in their own needs and should be treated as such; she recommended that the development and implementation of mental health services for young women and girls consult the individuals for whom the services are meant to help.⁶¹

Gender expectations and stereotypes stemming from patriarchal social norms can have dangerous physical effects for women and girls, which contribute to negative mental health outcomes. For example, Brittany McMillan, Executive Director of the Kawartha Sexual Assault Centre, told the Committee that misogyny and the patriarchy are at the

58 FEWO, *Evidence*, 1st Session, 44th Parliament, 6 October 2022, 1620 (Karla Andrich, Counselor, Klinik Community Health).

59 FEWO, *Evidence*, 1st Session, 44th Parliament, 31 October 2022, 1135 (Sonia Alimi, Senior Research Associate, DisAbleD Women’s Network of Canada).

60 FEWO, *Evidence*, 1st Session, 44th Parliament, 26 September 2022, 1105 (Mégane Jacques, Youth Representative, Youth Advisory Council, Young Canadians’ Parliament, Children First Canada).

61 Ibid.

root of sexual and gender-based violence.⁶² Women and girls are more likely than men and boys to experience sexual and gender-based violence. Some women and girls—such as Indigenous women and girls and Two-Spirit people—are disproportionately at risk for experiencing this violence:

Sexualized violence is a web of daily microaggressions, systemic inequalities and acts of overt interpersonal violence, which include sexual assault, sexual harassment, gendered discrimination and also the backlash that women, girls and gender minorities face when they speak out. It is also an integral part of colonial harm. Indigenous women, girls and Two-Spirit folks are disproportionately represented among the people that we see at the hospital through our advocacy work.⁶³

Furthermore, Dr. Charlene Y. Senn, professor and Canada Research Chair in Sexual Violence who appeared as an individual, added that cisgender men and boys are “98% of the perpetrators of sexual violence against girls and women, and most are known to the victim, not strangers.”⁶⁴

Various witnesses agreed that women who have experienced physical abuse, sexual abuse, gender-based violence and intimate partner violence are more likely to experience negative mental health effects, including:⁶⁵

- depression;
- bipolar disorder;
- generalized anxiety disorder;
- obsessive-compulsive disorder;
- panic disorder;
- post-traumatic stress disorder;

62 FEWO, [Evidence](#), 1st Session, 44th Parliament, 20 October 2022, 1640 (Brittany McMillan, Executive Director, Kawartha Sexual Assault Centre).

63 FEWO, [Evidence](#), 1st Session, 44th Parliament, 6 October 2022, 1555 (Simon).

64 FEWO, [Evidence](#), 1st Session, 44th Parliament, 26 September 2022, 1130 (Charlene Y. Senn, Professor and Canada Research Chair in Sexual Violence, University of Windsor, as an individual).

65 FEWO, [Evidence](#), 1st Session, 44th Parliament, 20 October 2022, 1540 (McMillan); FEWO, [Evidence](#), 1st Session, 44th Parliament, 26 September 2022, 1130 (Senn); FEWO, [Evidence](#), 1st Session, 44th Parliament, 3 October 2022, 1110 (Williams); FEWO, [Evidence](#), 1st Session, 44th Parliament, 17 October 2022, 1110 (Afifi).



- phobias;
- attention deficit disorder;
- eating disorders;
- alcohol abuse and dependence, drug abuse or dependence; and
- suicide ideation and attempt.

The risk of developing mental health disorders through the lifespan is greater for individuals who experience sexual assault at a younger age.⁶⁶ Dr. Charlene Y. Senn explained that research has found that 50% of the rapes that women experience occur before the time they are 18 and she called for earlier prevention interventions.⁶⁷

The Honourable Marci Ien, Minister for Women and Gender Equality and Youth, acknowledged the importance of addressing gender-based violence in Canada. She noted that this effort must include men and boys and asserted that the federal government continues to work towards eliminating this violence. The federal budget in 2021 included \$3 billion over five years for the creation and implementation of a national action plan to end gender-based violence.⁶⁸ She told the Committee that the National Action Plan to End Gender-based Violence, developed in close partnership with the provinces and territories and in consultation with survivors, was launched on 9 November 2022. Through the action plan, each territory will receive at least \$4 million and each province at least \$2 million.⁶⁹

Some witness suggestions aiming to address sexual and gender-based violence, included strengthened trauma-informed care, additional funding for organizations supporting survivors, and greater education and awareness about this type of violence for all Canadians but particularly for younger girls.⁷⁰

66 FEWO, *Evidence*, 1st Session, 44th Parliament, 20 October 2022, 1540 (McMillan); Northern Ontario School of Medicine University, *House of Commons Standing Committee on the Status of Women – Study on the mental health of young women and young girls Northern Ontario School of Medicine University*.

67 FEWO, *Evidence*, 1st Session, 44th Parliament, 26 September 2022, 1130 (Senn).

68 FEWO, *Evidence*, 1st Session, 44th Parliament, 14 November 2022, 1120 (Hon. Marci Ien, P.C., M. P., Minister for Women and Gender Equality and Youth).

69 FEWO, *Evidence*, 1st Session, 44th Parliament, 14 November 2022, 1115 (Ien).

70 FEWO, *Evidence*, 1st Session, 44th Parliament, 6 October 2022, 1555 (Simon).

Therefore, the Committee recommends:

Recommendation 4—Engaging Young Women, Youth and Girls

That the Government of Canada recognize young women, youth and girls as experts in their own experiences, and meaningfully engage and consult these young women, youth and girls about their mental health needs.

Internet Use, Social Media and Cyberbullying

Despite the many positive aspects of social media platforms, such as a means of staying connected during the COVID-19 pandemic and improving access to medical and psychological treatment,⁷¹ the Committee heard that social media and internet use can have a deep negative effect on the mental health, self esteem, and feelings of isolation for women and girls.⁷² Dr. Stuart Shanker, Distinguished Research Professor Emeritus of Philosophy and Psychology at York University, who appeared as an individual, explained that young people are “turning to things like social media or video games, and what these do is give them a shot of dopamine, but they do nothing to turn off their stress.” He further described that with increased stress, young people can be more at risk for serious mental health struggles, including suicidal ideation which can lead to suicide.⁷³

With respect to gender and social media use, the Honourable Carolyn Bennett, Minister of Mental Health and Addictions, confirmed that when compared to men and boys, women and girls “are significantly more likely to report low satisfaction and have more problematic social media use.”⁷⁴ Lydya Assayag, Director of the Réseau Québécois d’action pour la santé des femmes, pointed to the ways in which women and girls are presented on social media, in a hypersexualized way, contributing to low self esteem and body image pressure.⁷⁵ Finally, in response to questions from the Committee, Dr. April S. Elliott, Adolescent Pediatrician, who appeared as an individual, agreed that while eating disorders are multifactorial, data has found that the use of social media may be among these contributing factors. She explained that depression and anxiety

71 FEWO, *Evidence*, 1st Session, 44th Parliament, 26 September 2022, 1205 (Singla).

72 FEWO, *Evidence*, 1st Session, 44th Parliament, 20 October 2022, 1615 (Jetly); FEWO, *Evidence*, 1st Session, 44th Parliament, 6 October 2022, 1620 (Simon).

73 FEWO, *Evidence*, 1st Session, 44th Parliament, 20 October 2022, 1650 (Shanker).

74 FEWO, *Evidence*, 1st Session, 44th Parliament, 14 November 2022, 1200 (Hon. Carolyn Bennett, P.C., M.P., Minister of Mental Health and Addictions).

75 FEWO, *Evidence*, 1st Session, 44th Parliament, 3 October 2022, 1240 (Lydya Assayag, Director, Réseau québécois d’action pour la santé des femmes).



have “increased exponentially” since the introduction of the smartphone, and eating disorders are an anxiety-based illness.⁷⁶

The Internet and social media may also pose significant threat to women and girls’ mental health, as it can be a platform for cyberbullying. Witnesses warned that without proper education and regulation, it can become an unsafe space.⁷⁷ They explained that with cyberbullying on social media, unlike face-to-face bullying, the bullies are present at all times of day.⁷⁸ Carol Todd, Founder and Mother, Amanda Todd Legacy Society, stated that:

When Amanda was offline, the abusive words towards my daughter continued to swirl around social media. Not knowing what was being said and by whom added to the problems of not being able to provide support to help deal with situations. These were also young people whom Amanda at times considered friends. My once spirited and adventurous child became more reclusive and sad and felt alone, saying to me that she didn't know whom to trust anymore.⁷⁹

Cyberbullying can be gender and sexually based and can intersect with sexual exploitation online. Carol Todd explained that technology and the advancement of social media have allowed for “sexualized behaviours and easy access to sharing personal and intimate information over the Internet.”⁸⁰ She concluded that cyberbullying and online sexual exploitation have significant effects on the mental health of young women and girls, as well as young men and boys, and have “caused death by suicide across our nation and globally.” She suggested that legislative amendments to ensure that online harassment is defined as a criminal offence could be beneficial.⁸¹

Witnesses emphasized the importance of a societal response to addressing the harmful sides of social media; engaging parents, teachers, adults in understanding and identifying cyberviolence and online victimization is integral to protecting young people.⁸² Finally, the Committee heard that social media should become part of a system

76 FEWO, [Evidence](#), 1st Session, 44th Parliament, 6 October 2022, 1600 (Elliott).

77 FEWO, [Evidence](#), 1st Session, 44th Parliament, 29 September 2022, 1605 (Charters); FEWO, [Evidence](#), 1st Session, 44th Parliament, 26 September 2022, 1215 (Austin).

78 FEWO, [Evidence](#), 1st Session, 44th Parliament, 29 September 2022, 1635 (Krystal-Jyl Thomas, Social Worker, Women’s Mental Health Program, Royal Ottawa Health Care Group).

79 FEWO, [Evidence](#), 1st Session, 44th Parliament, 3 October 2022, 1105 (Carol Todd, Founder and Mother, Amanda Todd Legacy Society).

80 Ibid.

81 Ibid., 1150.

82 Ibid.; FEWO, [Evidence](#), 1st Session, 44th Parliament, 29 September 2022, 1605 (Charters).

of services available to youth aiming to improve their understanding of consent, healthy relationships and boundaries.⁸³

Exposure to Violence and Abuse in Childhood

Adverse childhood experiences can have lasting negative mental health impacts through the lifespan.⁸⁴ According to Sara Austin, Founder and Chief Executive Officer of Children First Canada, Children First Canada’s latest report indicates that poor mental health is currently the second most significant threat to children in Canada. Many of the other top 10 threats, including poverty, child abuse, systemic racism, discrimination, bullying and climate change are all factors that can be labelled “adverse childhood experiences,” and these experiences are significant contributors to poor mental health.⁸⁵ Witnesses underscored the importance of providing services that take into account an individual’s history and past traumas, not just services or approaches that treat the symptoms of anger or distress.⁸⁶

Dr. Tracie O. Afifi, a professor who appeared as an individual, spoke about exposure to violence and physical abuse in childhood, such as spanking as a form of discipline. She asserted that these experiences contribute to negative mental health outcomes including mental disorders, substance use problems, considering and attempting suicide. In addition, children who are spanked are more likely to continue to experience various forms of violence and abuse in their lives, further contributing to mental health struggles in adolescence and adulthood. Finally, she explained that children who were exposed to this kind of violence in their homes are at greater risk of growing up and repeating these behaviours and patterns with their own children.⁸⁷ However, Dr. Tracie O. Afifi also referenced challenges stemming specifically from the child welfare system in Canada, suggesting that this system requires reforms, which could include national standards, supports for social workers and other initiatives to ensure that children can remain with their families instead of entering the foster care system.⁸⁸

83 FEWO, [Evidence](#), 1st Session, 44th Parliament, 31 October 2022, 1215 (Minhas).

84 FEWO, [Evidence](#), 1st Session, 44th Parliament, 27 October 2022, 1705 (Anne-Marie Boucher, Co-coordinator and Head, Communications and Socio-Political Action, Regroupement des ressources alternatives en Santé mentale du Québec).

85 FEWO, [Evidence](#), 1st Session, 44th Parliament, 26 September 2022, 1100 (Austin).

86 FEWO, [Evidence](#), 1st Session, 44th Parliament, 27 October 2022, 1705 (Boucher); FEWO, [Evidence](#), 1st Session, 44th Parliament, 31 October 2022, 1150 (Minhas).

87 FEWO, [Evidence](#), 1st Session, 44th Parliament, 17 October 2022, 1110 (Afifi).

88 *Ibid.*, 1240.



The COVID-19 Pandemic

The mental health effects of the COVID-19 pandemic have been widespread and substantial. Many witnesses provided the Committee with statistics illustrating a decline in mental health in Canada during this time.⁸⁹ Certain populations, such as youth with intersecting identities—including youth who are Indigenous, racialized or part of 2SLGBTQI+ communities⁹⁰—are facing greater difficulties than others. For example, in a written brief, the Canadian Women’s Foundation stated that the mental health impacts of the pandemic have been “particularly acute” in First Nations, Métis, and Inuit communities, noting that many of these communities were already dealing with significant mental health challenges caused by “intergenerational trauma and poverty resulting from the ongoing and violent process of colonization.”⁹¹

For family caregivers and parents who provide unpaid care and domestic labour for their families and communities, the majority of whom are women and girls, the COVID-19 pandemic added greater stress and increased their unpaid care and domestic task workloads.⁹² According to the Canadian Women’s Foundation, national polling data from April 2021 and 2022 found that mothers and family caregivers are “overworked, overwhelmed, and undervalued, and their mental health is suffering.”⁹³ Lydya Assayag explained that:

Women play the role of cook, educator, mother, daughter, caregiver, and so on. At some point, they wear too many hats. So women turn to coping strategies, such as alcohol, drugs or medication. Sometimes this can go as far as suicide.⁹⁴

While women are often responsible for a disproportionate amount of care work at home, they also make up the majority of workers in the care and education sectors in Canada, which includes mental health care, youth counselling and other social

89 Canadian Alliance of Student Associations, [*Canadian Alliance of Student Associations’ Submission to the Standing Committee on the Status of Women: Study on the Mental Health of Young Women and Girls*](#); Big Brothers Big Sisters of Canada, [*Mentorship Promotes the Mental Health of Young Women and Girls*](#); FEWO, [*Evidence*](#), 1st Session, 44th Parliament, 27 October 2022, 1620 (Ajueze).

90 FEWO, [*Evidence*](#), 1st Session, 44th Parliament, 27 October 2022, 1625 (Boucher).

91 Canadian Women’s Foundation, [*Brief for the Standing Committee on the Status of Women \(FEWO\) for its study on the Mental Health of Women & Girls in Canada*](#).

92 FEWO, [*Evidence*](#), 1st Session, 44th Parliament, 3 October 2022, 1155 (Assayag).

93 Canadian Women’s Foundation, [*Brief for the Standing Committee on the Status of Women \(FEWO\) for its study on the Mental Health of Women & Girls in Canada*](#).

94 FEWO, [*Evidence*](#), 1st Session, 44th Parliament, 3 October 2022, 1240 (Assayag).

services.⁹⁵ This means that women have been on the front lines of the COVID-19 pandemic since the beginning. Witnesses acknowledged that frontline workers and health care professionals are facing greater levels of stress, depression and anxiety, and these are leading to burnout.⁹⁶ However, according to BGC Canada, only one third of these employees have access to programs that prevent burnout.⁹⁷

Finally, many women in Canada have faced physical and mental health struggles due to intimate partner and domestic violence during the pandemic. For survivors of, and individuals continuing to experience or be exposed to, intimate partner, domestic and sexual violence, the pandemic and many of the associated social distancing policies exacerbated and increased these types of violence.⁹⁸ Due to pandemic-related closures, many of the social services for survivors of this violence, including children, were closed or had their capacities reduced, which potentially compounded survivors' mental health risk and negative mental health outcomes.⁹⁹

Therefore, the Committee recommends:

Recommendation 5—Prevention

That the Government of Canada, respecting the jurisdiction of, and in consultation and collaboration with, municipalities, provinces, territories and Indigenous peoples, invest in a combined early intervention and prevention approach to mental health services and supports for children, youth and adults, including stepped care model approaches and prevention for substance use and addiction and prevention of all forms of violence such as sexual violence and child abuse.

95 BGC Canada, *The Burnout Crisis: A Call to Invest in ECE and Child and Youth Workers*.

96 FEWO, *Evidence*, 1st Session, 44th Parliament, 29 September 2022, 1645 (Thomas); FEWO, *Evidence*, 1st Session, 44th Parliament, 31 October 2022, 1210 (Minhas); FEWO, *Evidence*, 1st Session, 44th Parliament, 20 October 2022, 1705 (Shanker).

97 BGC Canada, *The Burnout Crisis: A Call to Invest in ECE and Child and Youth Workers*.

98 Canadian Women's Foundation, *Brief for the Standing Committee on the Status of Women (FEWO) for its study on the Mental Health of Women & Girls in Canada*; Ending Violence Association of Canada, *Brief on the Impact of Sexual Violence on the Mental Health of Young Women and Girls*.

99 Canadian Women's Foundation, *Brief for the Standing Committee on the Status of Women (FEWO) for its study on the Mental Health of Women & Girls in Canada*.



Recommendation 6—Online Harms Awareness and Legislation

That the Government of Canada launch an awareness campaign about online harms, including sexual exploitation, harassment and cyberbullying to help young women, girls and gender-diverse people in Canada understand online harms, their rights to say no, their boundaries and the importance of seeking help when they experience this behaviour online.

Recommendation 7—Online Harms Awareness and Legislation

That the Government of Canada introduce legislation protecting individuals using social media platforms from cyberbullying and online sexual exploitation.

Recommendation 8—Increased Resources for Health Care Practitioners

That the Government of Canada, with the goal of reducing burnout and supporting health care service providers and practitioners including in developing self-regulation skills, respecting the jurisdiction of, and in consultation and collaboration with, municipalities, provinces, territories and Indigenous peoples, ensure that individuals working in frontline health services, including mental health and eating disorder services, as well as other health practitioners, receive increased support through additional human and financial resources.

Recommendation 9—Poverty Reduction

That the Government of Canada, respecting the jurisdiction of, and in consultation and collaboration with, municipalities, provinces, territories and Indigenous peoples, increase funding through relevant departments for poverty reduction strategies including supporting low-barrier income support programs and food security initiatives.

FACTORS AFFECTING THE MENTAL HEALTH OF INDIVIDUALS BELONGING TO GROUPS MARGINALIZED BY SYSTEMS

“The issue of who gets overlooked, marginalized or silenced when systems attempt to meet the needs of populations is key to this discussion. Strategies for mental health promotion and the prevention of mental illness that are directed at young women and girls as homogeneous groups are inadequate for understanding and addressing health disparities. Although there is value in attempting to address the shared concerns, it inevitably mutes or erases important differences that have implications for mental health and well-being.”¹⁰⁰

Many witnesses detailed mental health concerns and challenges of young women and girls with intersecting identities and who have been marginalized by systems. While these populations are affected by many, if not all, the factors discussed above, the risk of experiencing the effects resulting from these factors may be exacerbated by experiences of marginalization and discrimination¹⁰¹ and overlapping forms of oppression.¹⁰² As such, witnesses explained that approaches to addressing, preventing and protecting the mental health of young women and girls must be diverse, cannot be a “one-size-fits-all”¹⁰³ approach, and should be holistic—factoring in understandings of mental, physical, spiritual health and safety and ways these are interconnected.¹⁰⁴ For example, Dr. Charmaine C. Williams explained:

In terms of best practices for treating traumas, we know you need regular supports, community supports, connection and this kind of thing. We don't have a system that's built to deal with that. We have a system that has a one-size-fits-all approach, which I'm

100 FEWO, *Evidence*, 1st Session, 44th Parliament, 3 October 2022, 1110 (Williams).

101 Ibid.

102 FEWO, *Evidence*, 1st Session, 44th Parliament, 31 October 2022, 1215 (Tamara Angeline Medford-Williams, Director, Black Community Initiatives, DisAbled Women's Network of Canada).

103 FEWO, *Evidence*, 1st Session, 44th Parliament, 3 October 2022, 1120 (Tapo Chimbanga, Founding Executive Director, Future Black Female).

104 FEWO, *Evidence*, 1st Session, 44th Parliament, 3 October 2022, 1125 (Sydney Levasseur-Puhach, Co-Chair of the Board of Directors, Ka Ni Kanichik Inc.).



frankly not even sure fits anyone anymore. However, certainly for Black or [I]ndigenous people, people of colour, or women and girls, it's not a good fit.¹⁰⁵

Furthermore, witnesses noted that services and supports, including community-based early interventions, should be culturally competent and trauma-informed taking into consideration individuals' diverse backgrounds and experiences.¹⁰⁶ Some of the ways in which young women and girls belonging to these “equity-deserving populations”¹⁰⁷ experience mental health are discussed in the sections below.

Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, Intersex Individuals and People who Identify as Part of Sexually and/or Gender-diverse Communities

According to Debbie Owusu-Akyeeah, the Executive Director of the Canadian Centre for Gender and Sexual Diversity, the mental health of 2SLGBTQI+ individuals in Canada is affected by several factors. For example, 2SLGBTQI+ youth are facing very high levels of bullying—including name-calling, cyber-bullying and online hate, being excluded from events among other experiences—and this bullying is often highly gendered. These experiences can deter youth from attending school, lead to high levels of reported suicidal ideation and overall have a negative effect on the mental health of these youth.¹⁰⁸ In addition, the “barriers and discrimination rooted in misogyny are only further compounded by the intersection of homophobia, biphobia and transphobia.”¹⁰⁹

The Honourable Marci Ien confirmed that “2SLGBTQI+ youth report notably high rates of mental health struggles—60% reporting moderate to severe anxiety, 41% reporting symptoms of depression, and nearly 30% reporting suicidal thoughts.”¹¹⁰ Similarly, based on data collected by Egale Canada, 11% of heterosexual and cisgender school-aged participants reported “languishing mental health” compared to 20% of gay, bisexual or queer boys, 25% of lesbian, gay or bisexual girls, and 40% of transgender respondents. Furthermore, lesbian, gay or bisexual cisgender girls were more likely than gay, bisexual

105 FEWO, [Evidence](#), 1st Session, 44th Parliament, 3 October 2022, 1245 (Williams).

106 FEWO, [Evidence](#), 1st Session, 44th Parliament, 17 October 2022, 1140 and 1150 (Abrar Mechmechia, Founder, Chief Executive Officer and Mental Health Counsellor, ABRAR Trauma and Mental Health Services).

107 FEWO, [Evidence](#), 1st Session, 44th Parliament, 6 October 2022, 1550 (Simon).

108 FEWO, [Evidence](#), 1st Session, 44th Parliament, 20 October 2022, 1530 (Debbie Owusu-Akyeeah, Executive Director, Canadian Centre for Gender and Sexual Diversity).

109 Ibid.

110 FEWO, [Evidence](#), 1st Session, 44th Parliament, 14 November 2022, 1100 (Ien).

or queer boys to experience some form of personal victimization through social media.¹¹¹ Anne-Marie Boucher, the Co-coordinator and Head of Communication and Socio-political Action for the Regroupement des ressources alternatives en Santé mentale du Québec, confirmed that girls and people who identify outside of the gender binary are much more likely to report poor mental health, compared to other populations.¹¹²

While 2SLGBTQI+ youth are reporting higher rates of poor mental health, only 20% of mental health service providers in Canada are offering services tailored to these communities' experiences. Jaime Sadgrove, the Manager of Communications and Advocacy for the Canadian Centre for Gender and Sexual Diversity, told the Committee:

For queer and trans youth, if you're going to get mental health care and the service provider who's supposed to be giving you that care doesn't understand your lived experience or your identity, it's an additional hurdle where you're having to educate this person who's supposed to be giving you care. Especially if you're a youth who carries compounding identities—maybe you're from a racialized community, or you're Black or Indigenous—that's a real challenge and a real barrier to accessing mental health care.¹¹³

Dr. Charmaine C. Williams told the Committee that trans and gender-diverse people must be considered when addressing gaps in health care: “[t]rans and gender-diverse people[’s] ... issues are easily overlooked or marginalized in work that focuses on women and girls or on people identifying across the LGBT spectrum.”¹¹⁴ Jaime Sadgrove provided additional details about gender affirming care and addressing some of the misconceptions about this care. For example, they said that “there’s this idea that youth are maybe coming out as trans and immediately accessing gender-affirming care that’s irreversible, which is not true.” They clarified that gender-affirming care is not always a medical intervention of health care, but can include having support in changing the gender marker on your passport or in a legal name change and that these kinds of supports can have a beneficial impact on mental health.¹¹⁵

The Honourable Marci Ien described recent federal initiatives and investments for 2SLGBTQI+ communities. For instance, the federal 2SLGBTQI+ action plan introduced

111 FEWO, [Evidence](#), 1st Session, 44th Parliament, 20 October 2022, 1530 (Owusu-Akyeeah).

112 FEWO, [Evidence](#), 1st Session, 44th Parliament, 27 October 2022, 1625 (Boucher).

113 FEWO, [Evidence](#), 1st Session, 44th Parliament, 20 October 2022, 1610 (Jaime Sadgrove, Manager, Communications and Advocacy, Canadian Centre for Gender and Sexual Diversity).

114 FEWO, [Evidence](#), 1st Session, 44th Parliament, 3 October 2022, 1110 (Williams).

115 FEWO, [Evidence](#), 1st Session, 44th Parliament, 20 October 2022, 1635 (Sadgrove).



in 2022 was built by community and grassroots organizations and was accompanied by \$100 million over five years beginning in 2022–23. The funding will support trans people with regards to justice issues as well as violence, police brutality, and mental health issues. The plan includes \$75 million for community and frontline organizations and the remaining \$25 million is allocated to supporting disaggregated data collection and the 2SLGBTQI+ Secretariat.¹¹⁶

The Committee also heard that improving, diversifying and disaggregating data and efforts towards “knowledge mobilization” to ensure that educators and other adults are equipped to meet the needs of “young queer and trans girls” are priorities.¹¹⁷

Jaime Sadgrove underscored the need for funding for pride centres and queer and trans community centres, which provide “life-saving support” especially in rural and remote areas.¹¹⁸

Women and Girls with Disabilities

According to Tamara Angeline Medford-Williams, Director of the Black Community Initiative at the DisAbleD Women’s Network of Canada (DAWN), 24% of young women and girls are living with a disability. This group of women are “a critically disadvantaged and underprivileged group that face intersecting oppressions” including disproportionate rates of poverty, violence, incarceration and discrimination compared to both men and to “able-bodied” women. The reality that these women and girls face can create a “catalysis” for mental health issues.¹¹⁹ She further explained that disability correlates with mental illness and can be closely associated with psychiatric disorders like schizophrenia, anxiety, depression among other mental and behavioural disorders.¹²⁰

Tamara Angeline Medford-Williams added that the intersections of race and disability for young women and girls is a significant factor in their mental health; 35% of women and girls who are Black and/or Indigenous live with a disability and empirical evidence

116 FEWO, [Evidence](#), 1st Session, 44th Parliament, 14 November 2022, 1125 (Ien).

117 FEWO, [Evidence](#), 1st Session, 44th Parliament, 20 October 2022, 1535 (Owusu-Akyeeah); FEWO, [Evidence](#), 1st Session, 44th Parliament, 20 October 2022, 1620 (Sadgrove).

118 FEWO, [Evidence](#), 1st Session, 44th Parliament, 20 October 2022, 1620 (Sadgrove).

119 FEWO, [Evidence](#), 1st Session, 44th Parliament, 31 October 2022, 1115 (Medford-Williams); DisAbleD Women’s Network of Canada, [There is No Health without Mental Health](#).

120 Ibid.

has drawn a connection between “racism and substandard mental health.”¹²¹ Sonia Alimi, Senior Research Associate at the DAWN, pointed out that the most common disability among young people in Canada is “tied to mental health” citing Statistics Canada data from 2017.¹²²

Immigrant and Refugee Women and Girls

Witnesses explained that women and girls who are refugees tend to experience disproportionate amounts of stress, discrimination, violence and racism daily. Women who are immigrants or refugees also have higher rates of under- or precarious employment compared to Canadian-born women, placing them in financially unstable positions.¹²³ In combination with financial strain, these women and girls may carry the responsibility of “establishing a new home” and may be socially and linguistically isolated.¹²⁴ These experiences can lead to increased prevalence of anxiety, depression, loss of esteem, body image problems among other struggles, that are combined with their past traumas, however, there are very few services available that can meet their needs.¹²⁵

Abrar Mechmechia, the Founder and Chief Executive Officer and Mental Health Counsellor at the ABRAR Trauma and Mental Health Services, called for early-intervention and “trauma-informed, culturally sensitive mental health supports” at no cost, for women and girls who have been marginalized by systems, particularly newcomers and immigrants.¹²⁶ To accomplish this level of support for immigrant and refugee women and girls, community-based organizations must understand the trauma these individuals face, provide services in various languages and also should have service providers with many cultural backgrounds to support newcomer women from various cultures.¹²⁷ Finally, she suggested that cultural competency and sensitivity training for

121 Ibid.

122 FEWO, [Evidence](#), 1st Session, 44th Parliament, 31 October 2022, 1115 (Alimi).

123 FEWO, [Evidence](#), 1st Session, 44th Parliament, 27 October 2022, 1610 (Karen McNeil, Senior Vice-President, Programs and Services, Achève).

124 Ibid.

125 FEWO, [Evidence](#), 1st Session, 44th Parliament, 17 October 2022, 1100 (Mechmechia).

126 Ibid., 1105.

127 Ibid., 1150.



employees providing these services are needed,¹²⁸ especially considering the stigmatization of mental health illness in some communities.¹²⁹

Women and Girls Who Experience Racial and Religious Discrimination

Witnesses told the Committee about the mental health levels and experiences of diverse racialized women in Canada. Tapo Chimbanga, the Founding Executive Director of Future Black Female, noted that Black girls and women “are facing disproportionate mental health and well-being impacts as a result of pre-existing barriers and systemic inequities...often [stemming] from various forms of discrimination and marginalization.” Furthermore, in addition to systemic barriers to accessing support, Black women and girls are often “less likely to afford mental health care.”¹³⁰

Many witnesses shared their clients’ stories about experiences of racism when seeking mental health supports in the health sector.¹³¹ For some women, these experiences of racism intersected with discrimination based on religious or cultural identity. Women and girls who experience or witness Islamophobia face racism, discrimination and even violence daily, which can lead to feelings of fear. Fear of being outside at night alone, of taking public transport and of going places alone without sharing their location; these feelings can lead to mental health challenges like depression and anxiety and post-traumatic stress disorder.¹³² Witnesses pointed to population-specific resources and safe spaces for women and girls with diverse and intersecting identities to seek support. Timilehin Olagunju, a university student and youth participant with Future Black Female, called for not only women and girl-centred spaces, but also “BIPOC-centred spaces,” to ensure that racialized women have services that are sensitized to their life experiences and appropriately meet their needs.¹³³

128 Ibid., 1240.

129 FEWO, [Evidence](#), 1st Session, 44th Parliament, 27 October 2022, 1610 (McNeil); FEWO, [Evidence](#), 1st Session, 44th Parliament, 27 October 2022, 1635 (Tania Amaral, Director, Women, Employment and Newcomer Services, Achêv).

130 FEWO, [Evidence](#), 1st Session, 44th Parliament, 3 October 2022, 1120 (Chimbanga).

131 Ibid.; FEWO, [Evidence](#), 1st Session, 44th Parliament, 17 October 2022, 1100 (Mechmechia).

132 FEWO, [Evidence](#), 1st Session, 44th Parliament, 17 October 2022, 1200 (Mechmechia).

133 FEWO, [Evidence](#), 1st Session, 44th Parliament, 3 October 2022, 1250 (Timilehin Olagunju, university student and youth participant, Future Black Female).

Indigenous Women and Girls and Two-Spirit People

“Colonization and the forced assimilation of our people into Canadian society has negatively impacted, and continues to negatively impact, our people, communities and nations. Our women and girls often experience greater negative impacts due to western views of gender roles and the sexualization of women. Overrepresentation in child welfare is rampant across the country. In Canada, an [I]ndigenous or [F]irst [N]ations child is 17 times more likely to be placed in formal, out-of-home care, which leads to significant mental health issues for both children and mothers. Indigenous people[s] have nearly four times the risk of experiencing severe trauma than the non-[I]ndigenous population, and these traumas contribute to their overrepresentation and involvement in the child welfare system.”¹³⁴

For many Indigenous peoples, health is a holistic concept; mental and emotional well-being is connected to “social, cultural, spiritual, environmental and politics well-being” and the mental health of Indigenous women and girls and gender-diverse people is “intimately interwoven and connected to the well-being of our families and communities.”¹³⁵ Dr. Stuart Shanker cited his experiences of working “in the far North” and learning that “we can’t look at the mind as this solitary thing.”¹³⁶

The Committee heard that Indigenous peoples experience higher rates of “depression, anxiety, post-traumatic stress, substance abuse and behaviours related to suicide” when compared to non-Indigenous populations in Canada.¹³⁷ The Committee was told about the factors contributing to the disproportionate levels and severity of poor mental health of Indigenous peoples in Canada, notably the historical and intergenerational

134 FEWO, *Evidence*, 1st Session, 44th Parliament, 31 October 2022, 1120 (Amber Crowe, Executive Director, Dnaagdawenmag Binnoojiiyag Child and Family Services).

135 FEWO, *Evidence*, 1st Session, 44th Parliament, 20 October 2022, 1555 (Melanie Omeniho, President, Women of the Métis Nation – Les Femmes Michif Otipemisiwak).

136 FEWO, *Evidence*, 1st Session, 44th Parliament, 20 October 2022, 1700 (Shanker).

137 FEWO, *Evidence*, 1st Session, 44th Parliament, 20 October 2022, 1555 (Omeniho).



trauma¹³⁸ resulting from colonization, residential schools, the sixties scoop, adverse childhood experiences, involvement in the child welfare system in Canada,¹³⁹ violence and abuse and other factors.¹⁴⁰ Furthermore, Indigenous peoples, particularly Indigenous women, face incredibly high rates of violence,¹⁴¹ including sexual violence and death, which “stem[s] back several generations.”¹⁴² These experiences have significant negative effects on the mental health and well-being of Indigenous women and their families, across generations.

The colonial policies contributing to the severe trauma and mental health struggles that Indigenous peoples experience “have ripped people from their culture and the culture that presents our path to healing.”¹⁴³ As Amber Crowe, the Executive Director of Dnaagdawenmag Binnoojiiyag Child and Family Services, described:

The loss of identity makes it nearly impossible to belong. As human beings, we are hard-wired for belonging. As Indigenous peoples, interconnectedness and interrelations are the reasons for our being. Knowing and understanding who we are in the world helps us move through it and connect with others. When we don't have it, we struggle to belong and suffer.¹⁴⁴

Melanie Omeniho, President of the Women of the Métis Nation—Les Femmes Michif Otipemisiwak, explained that land-based learning, connection to, and inclusion in, Indigenous cultures and societies are integral steps towards improving mental health outcomes and the well-being of Indigenous peoples.¹⁴⁵ She cited the example of grandmothers in her community who work together in circle to bring young people with them, to pass on tradition, knowledge and language; this experience and effort are very important for Indigenous children who have been disconnected from their culture and communities.¹⁴⁶

138 FEWO, [Evidence](#), 1st Session, 44th Parliament, 14 November 2022, 1215 (Bennett).

139 FEWO, [Evidence](#), 1st Session, 44th Parliament, 31 October 2022, 1125 (Crowe).

140 Ibid., 1120; FEWO, [Evidence](#), 1st Session, 44th Parliament, 20 October 2022, 1555 (Omeniho); FEWO, [Evidence](#), 1st Session, 44th Parliament, 31 October 2022, 1100 (Gabrielle Fayant, Co-Founder and Helper, Assembly of Seven Generations).

141 FEWO, [Evidence](#), 1st Session, 44th Parliament, 31 October 2022, 1120 (Crowe).

142 FEWO, [Evidence](#), 1st Session, 44th Parliament, 31 October 2022, 1100 (Fayant).

143 FEWO, [Evidence](#), 1st Session, 44th Parliament, 20 October 2022, 1555 (Omeniho).

144 FEWO, [Evidence](#), 1st Session, 44th Parliament, 31 October 2022, 1120 (Crowe).

145 FEWO, [Evidence](#), 1st Session, 44th Parliament, 20 October 2022, 1705 (Omeniho).

146 Ibid., 1710.

Several witnesses highlighted barriers that Indigenous peoples face in accessing various kinds of care and support services, such as:

- inequitable access to health care;¹⁴⁷
- difficulty acquiring and affording transportation in rural and remote geographic locations towards city centres to access the required care;¹⁴⁸
- difficulty in navigating and accessing the health benefit bureaucracy;¹⁴⁹ and
- a lack of support in accessing and identifying relevant health supports and services.¹⁵⁰

Call to Action number 19 from the Truth and Reconciliation Commission called upon the federal government to “close the gap in health outcomes between aboriginal and non-aboriginal communities, including suicide, mental health and addiction.” As well, the National Inquiry into Missing and Murdered Indigenous Women and Girls emphasized a need for “increased funding and support for holistic services and programming in areas including trauma, addictions, treatment and mental health services.”¹⁵¹ Witnesses made many suggestions related to improving the mental health of Indigenous peoples, among these were:

- working directly and in consultation with community organizations and Indigenous peoples;¹⁵²

147 Northern Ontario School of Medicine University, *House of Commons Standing Committee on the Status of Women –Study on the mental health of young women and young girls Northern Ontario School of Medicine University*.

148 FEWO, *Evidence*, 1st Session, 44th Parliament, 27 October 2022, 1745 (Diane Whitney, Assistant Dean, Resident Affairs, Northern Ontario School of Medicine University).

149 Ibid.

150 Ibid.

151 FEWO, *Evidence*, 1st Session, 44th Parliament, 20 October 2022, 1555 (Omeniho).

152 FEWO, *Evidence*, 1st Session, 44th Parliament, 29 September 2022, 1625 (Michelle Jackson-Brown, Registered Social Worker, Royal Ottawa Health Care Group); FEWO, *Evidence*, 1st Session, 44th Parliament, 6 October 2022, 1700 (Van Lieshout).



- respecting the self determination of Indigenous peoples, as defined within the United Nation declaration on the rights of Indigenous people, including “in charge of our own well-being;”¹⁵³
- adequate and sustainable funding for Indigenous-led programming;¹⁵⁴
- ensuring that service providers are equipped to provide culturally relevant and safe care by understanding diverse Indigenous cultures and contexts, and who have been provided training on the harms and ongoing impacts of colonization;¹⁵⁵
- tailoring programs and services to reflect the worldviews of the specific population being serviced, instead of applying the same programs uniformly to diverse groups;¹⁵⁶ and
- supporting land-based cultural and ceremonial supports to First Nations, Métis and Inuit children, youth and families.¹⁵⁷

Therefore, the Committee recommends:

Recommendation 10—Meeting the Needs of Diverse Groups of Young Women and Girls

That the Government of Canada, respecting the jurisdiction of, and in consultation and collaboration with, municipalities, provinces, territories and Indigenous peoples, provide funding to ensure that mental health care supports and services are culturally appropriate, offered in various languages, including Indigenous languages, and tailored to properly meet the needs of specific populations, including racialized women and girls, Indigenous women, girls and Two-Spirit individuals, young women and girls with diverse sexual and/or gender identities, and young women and girls with disabilities.

153 FEWO, [Evidence](#), 1st Session, 44th Parliament, 3 October 2022, 1125 (Levasseur-Puhach).

154 Ibid.

155 FEWO, [Evidence](#), 1st Session, 44th Parliament, 6 October 2022, 1635 (Andrich); FEWO, [Evidence](#), 1st Session, 44th Parliament, 6 October 2022, 1705 (Simon).

156 FEWO, [Evidence](#), 1st Session, 44th Parliament, 31 October 2022, 1130 (Crowe).

157 Ibid.

Recommendation 11—Implementing the Calls to Action

That the Government of Canada, respecting the jurisdiction of, and in consultation and collaboration with, municipalities, provinces, territories and Indigenous peoples, continue fully implementing the Truth and Reconciliation Commission’s 94 Calls to Action, particularly number 21, 22, 23, 24, related to training in the medical system and the representation of Indigenous peoples among medical practitioners, including the meaningful realization of Call to Action 41 and the Calls for Justice from the final report of the National Inquiry into Missing and Murdered Indigenous Women and Girls, established in response to Call to Action 41.

MENTAL HEALTH SUPPORTS AND SERVICES FOR WOMEN AND GIRLS IN CANADA

“Canada's universal health system isn't universal at all. For services to be covered, they must be deemed medically necessary under the *Canada Health Act*. Mental health and substance use health services delivered outside of hospitals and by physicians are not considered medically necessary. This means that services like counselling, psychotherapy and substance use health treatments, for example, fall outside of our public health system, leaving people to rely on limited insurance benefits or to have to pay out of pocket to get the care they need.”¹⁵⁸

The Committee heard that despite the increasing demand for mental health services and supports, many people in Canada are not, and have not been, receiving the services and supports they need in a timely manner, if at all, due to long wait lists and lack of access to these services. For example, the Canadian Paediatric Society wrote that “behavioural and psychosocial problems serious enough to disrupt functioning and development affect approximately 1.2 million children and youth in Canada, fewer than 20% receive appropriate treatment.”¹⁵⁹ Furthermore, Anne-Marie Boucher told the Committee that support services can be very difficult to access and that sometimes this lack of access to

158 FEWO, [Evidence](#), 1st Session, 44th Parliament, 17 October 2022, 1120 (Kennell).

159 Canadian Paediatric Society, [Written Submission to the Standing Committee on the Status of Women](#).



specialized services results in “the doctor [prescribing] medications.”¹⁶⁰ She asserted that sometimes when certain mental health medications are prescribed, “inadequate information is provided” particularly about potential difficulties withdrawing from these drugs.¹⁶¹

Gaps In, and Barriers to Accessing, Mental Health Services

The Committee heard that mental health care in Canada is difficult to access and is often inequitable, across identity groups as well as geographic regions.¹⁶² Long wait times were cited by many witnesses as a major barrier and deterrent to accessing mental health services.¹⁶³ For example, Children First Canada wrote in a brief, that “[i]n Ontario, wait times can be as long as 2.5 years for specialized services, an average of 92 days for intensive treatment services, and an average of 67 days for counselling and therapy.”¹⁶⁴ Dr. Rakesh Jetly agreed, citing Ottawa as another example, where “it’s a year-and-a-half wait for a psychiatrist for a teenager.... A year and a half is a lifetime at that age.”¹⁶⁵

In addition to long wait times, Abrar Mechmechia cited the inaccessibility of mental health supports as a major barrier. A lack of knowledge of where to seek long term mental health supports was also a major deterrent based on her research.

Furthermore, she told the Committee that the lack of cultural competency in these services left clients feeling like their experiences were not understood.¹⁶⁶

Finally, Sarah Kennell, the National Director of Public Policy at the Canadian Mental Health Association-National, reminded the

“[I]t’s a year-and-a-half wait for a psychiatrist for a teenager.... A year and a half is a lifetime at that age.”

160 FEWO, [Evidence](#), 1st Session, 44th Parliament, 27 October 2022, 1745 (Boucher).

161 *Ibid.*, 1645.

162 FEWO, [Evidence](#), 1st Session, 44th Parliament, 17 October 2022, 1110 (Afifi); FEWO, [Evidence](#), 1st Session, 44th Parliament, 17 October 2022, 1120 (Kennell).

163 FEWO, [Evidence](#), 1st Session, 44th Parliament, 29 September 2022, 1555 (Jackson-Brown); FEWO, [Evidence](#), 1st Session, 44th Parliament, 29 September 2022, 1555 (Thomas); FEWO, [Evidence](#), 1st Session, 44th Parliament, 3 October 2022, 1130 (Assayag).

164 Children First Canada, [Written Submission for the Standing Committee on the Status of Women Mental Health of Young Women and Girls](#).

165 FEWO, [Evidence](#), 1st Session, 44th Parliament, 27 October 2022, 1715 (Jetly).

166 FEWO, [Evidence](#), 1st Session, 44th Parliament, 17 October 2022, 1100 (Mechmechia).

Committee that accessing any kind of health care, including mental health care, is affected by the social determinants of health:

[R]ecognizing that, in order for us to access care, we also need income supports, reliable and safe housing, and food security. That's just to add that, often, mental health concerns and problematic substance use intersect when we don't have those needs met. In addition to ensuring that we have access to care, it's about providing those supports alongside it.¹⁶⁷

Regarding the mental health care needs of women and girls, witnesses explained that power dynamics informed by patriarchal structures and gendered stereotypes play a role in limiting young women and girls' access to mental health services. When seeking mental health supports young women may be perceived as "overdramatic;" these women may experience judgement imposed by physicians which can deter women from seeking this care.¹⁶⁸ The Committee was told that young women and girls face "particular challenges navigating systems" and that they can feel a sense of powerlessness and that recovery depends on "privilege of income and time." Sarah Kennell explained that young women and girls described "needing to be in crisis or sick enough" to receive the care that they needed, and when they were discharged from this care, community-based supports were lacking.¹⁶⁹

The Canadian Women's Foundation also highlighted the lack in availability of "inclusive, anti-oppressive community mental health supports" as an important consideration for improving the mental health services and support for women and gender-diverse people.¹⁷⁰ Finally, Lyda Assayag explained that using Gender-Based Analysis Plus (GBA Plus) is essential to "see inequalities and avoid perpetuating them" when developing and implementing mental health supports, services and programs. She said that GBA Plus is "the lens through which we can see the effects that programs have on men, women, young people, older people, racialized people, etc. Without this lens, it looks like they are homogenous groups...but it is not at all the case. It can only perpetuate exclusions."¹⁷¹

167 FEWO, *Evidence*, 1st Session, 44th Parliament, 17 October 2022, 1235 (Kennell).

168 *Ibid.*, 1120.

169 *Ibid.*

170 Canadian Women's Foundation, *Brief for the Standing Committee on the Status of Women (FEWO) for its study on the Mental Health of Women & Girls in Canada*.

171 FEWO, *Evidence*, 1st Session, 44th Parliament, 3 October 2022, 1240 (Assayag).



Witnesses enumerated other barriers to accessing mental health services in Canada, including:

- lack of availability of specialized services, including sexual violence survivor services;¹⁷²
- absence of transitional services or follow-up care upon discharge from hospital or mental health care programs;¹⁷³
- minimal and inconsistent access to mental health care services on university campuses;¹⁷⁴
- systemic barriers impeding immediate and ongoing access to care, including in moments of crisis;¹⁷⁵
- insufficient spaces in hospital-based children’s mental health care programs;¹⁷⁶
- difficulty navigating and understanding the system and services, for example, the roles of psychiatrists, psychotherapists and physicians;¹⁷⁷
- lack of and difficulty obtaining a family doctor; and¹⁷⁸
- burnout among frontline staff and mental health service providers.¹⁷⁹

172 Ending Violence Association of Canada, [*Brief on the Impact of Sexual Violence on the Mental Health of Young Women and Girls*](#).

173 Ibid.; FEWO, [*Evidence*](#), 1st Session, 44th Parliament, 29 September 2022, 1555 (Thomas).

174 Canadian Alliance of Student Associations, [*Canadian Alliance of Student Associations’ Submission to the Standing Committee on the Status of Women: Study on the Mental Health of Young Women and Girls*](#).

175 Rebecca Hughes and Melinda Vandenbeld Giles, [*Failing Our Daughters: Teenage Girl Attempted Suicide, COVID and the Broken Canadian Mental Healthcare System*](#).

176 Ibid.

177 FEWO, [*Evidence*](#), 1st Session, 44th Parliament, 29 September 2022, 1620 (Thomas); FEWO, [*Evidence*](#), 1st Session, 44th Parliament, 3 October 2022, 1150 (Chimbganda).

178 FEWO, [*Evidence*](#), 1st Session, 44th Parliament, 3 October 2022, 1150 (Chimbganda); FEWO, [*Evidence*](#), 1st Session, 44th Parliament, 29 September 2022, 1620 (Jackson-Brown).

179 FEWO, [*Evidence*](#), 1st Session, 44th Parliament, 6 October 2022, 1635 (Andrich).

Therefore, the Committee recommends:

Recommendation 12—Access to Housing

That the Government of Canada, respecting the jurisdiction of, and in consultation and collaboration with, municipalities, provinces, territories and Indigenous peoples, invest in affordable housing, including complex care housing with an integrated continuum of care and support services, to expand access and availability of safe and affordable housing that meets the needs of diverse populations, specifically Indigenous peoples, youth, immigrants and refugees, Two-Spirit, lesbian, gay bisexual, transgender, queer and intersex people and individuals with diverse sexual and/or gender identities, people with mental health illnesses and individuals who are experiencing domestic and intimate partner violence.

Recommendation 13—Transitional Community Services

That the Government of Canada, respecting the jurisdiction of, and in consultation and collaboration with, municipalities, provinces, territories and Indigenous peoples, provide funding to community organizations providing transitional services for individuals who are discharged from addictions and mental health-related hospital programs, youth who are aging out of the foster care system, individuals who are leaving emergency and violence against women shelters.

Recommendation 14—Access to Virtual Mental Health Care

That the Government of Canada, respecting the jurisdiction of, and in consultation and collaboration with, municipalities, provinces, territories and Indigenous peoples, and other stakeholders to enhance digital infrastructure and improve virtual mental health care systems to provide better access where feasible.

Mental Health Services in Rural, Remote and Northern Communities

According to a written brief submitted by the Northern Ontario School of Medicine University, individuals living in rural and northern Ontario face higher rates of poor mental health and depression, when compared to urban populations.¹⁸⁰ Rates of intimate partner violence, child abuse and histories of trauma can also be more

180 Northern Ontario School of Medicine University, *House of Commons Standing Committee on the Status of Women—Study on the mental health of young women and young girls Northern Ontario School of Medicine University*; FEWO, *Evidence*, 1st Session, 44th Parliament, 27 October 2022, 1620 (Whitney).



pronounced in rural and remote communities.¹⁸¹ According to a written brief by Plan International Canada Inc., youth from rural communities identified the lack of resources in their communities regarding mental health as a particular issue.¹⁸² In addition to lack of available mental health services—especially addiction treatment services that can address complex care needs—witnesses noted that rural and remote communities can face challenges related to transportation and housing, which can be problematic for individuals experiencing intimate partner and domestic violence.¹⁸³

Several witnesses spoke about the possibility for telemedicine and virtual care to help meet the needs of people across Canada, particularly in remote areas.¹⁸⁴ Dr. Rakesh Jetly noted that leveraging technology and developing group-based therapies can help meet more needs.¹⁸⁵ In addition, Dr. Jennifer Coelho confirmed that despite some connectivity challenges in rural and remote regions, telemedicine may provide more equitable access to eating disorder programs, as these tend to be more available in urban areas.¹⁸⁶ Shaleen Jones, Executive Director of Eating Disorders Nova Scotia, mentioned the various virtual approaches in the province and added that this method is helpful in “connecting with folks where they’re at...when they reach out for help, we want them to know the supports are available.”¹⁸⁷

Dr. Simone Vigod also spoke about the effect the COVID-19 pandemic has had on advancing telemedicine to deliver mental health treatments. Telemedicine provides greater flexibility and can reduce certain barriers to access mental health treatments, like the need to secure transportation or childcare. She explained that with telemedicine, psychotherapies can be delivered in remote areas which often do not have access to specialized health professionals. Dr. Simone Vigod also explained that these treatments can be delivered by “lay individuals” and public health nurses, because psychiatrists can provide supervision through virtual care and telemedicine.¹⁸⁸

181 FEWO, [Evidence](#), 1st Session, 44th Parliament, 27 October 2022, 1620 (Whitney).

182 Plan International Canada Inc., [Promoting the Mental Health of Young Women and Girls in Canada](#).

183 FEWO, [Evidence](#), 1st Session, 44th Parliament, 27 October 2022, 1620 (Whitney).

184 Ibid., 1745; FEWO, [Evidence](#), 1st Session, 44th Parliament, 29 September 2022, 1700 (Thomas); FEWO, [Evidence](#), 1st Session, 44th Parliament, 14 November 2022, 1240 (Bennett); FEWO, [Evidence](#), 1st Session, 44th Parliament, 6 October 2022, 1720 (Simon).

185 FEWO, [Evidence](#), 1st Session, 44th Parliament, 27 October 2022, 1630 (Jetly).

186 FEWO, [Evidence](#), 1st Session, 44th Parliament, 17 October 2022, 1140 (Coelho).

187 FEWO, [Evidence](#), 1st Session, 44th Parliament, 17 October 2022, 1235 (Jones).

188 FEWO, [Evidence](#), 1st Session, 44th Parliament, 26 September 2022, 1200 (Vigod).

When asked if virtual or in-person care is better for patients, witnesses noted that there is a difference between virtual and in-person care. Dr. Peter Ajueze, Assistant Professor and General, Child and Adolescent Psychiatrist at Health Sciences North, Northern Ontario School of Medicine University, pointed out that the use of telemedicine alone “is not adequate.”¹⁸⁹ He emphasized that to serve Northern communities adequately and meet their needs, there must be multidisciplinary teams of health care professionals that know the communities and can follow their patients over time.¹⁹⁰ However, witnesses noted that virtual care can be very beneficial in geographically rural and remote areas, so ensuring that there is Internet connectivity in these areas is “somewhere to start.”¹⁹¹

APPROACHES TO IMPROVING MENTAL HEALTH CARE AND OUTCOMES IN CANADA

Many witnesses spoke about possible improvements to mental health care services in Canada. For example, ensuring that mental health care services are integrated into Canada’s health care system was raised by several witnesses.¹⁹² More specifically, legislative amendments to clarify the list of “medically necessary services” to ensure that mental health services including counselling, psychotherapy and substance use health treatment are integrated into the system.¹⁹³

Supporting Mental Health Service Providers and Leveraging Peer Support

The issue of pay equity and compensation in the public health and mental health care sector, including in community organizations was raised during hearings. The Committee heard that individuals who work in these frontline services are underpaid, are burning out and need more support. This situation can lead to these employees leaving the public sector, in favour of private sector opportunities or other professions altogether.¹⁹⁴

189 FEWO, [Evidence](#), 1st Session, 44th Parliament, 27 October 2022, 1720 (Ajueze).

190 Ibid.

191 FEWO, [Evidence](#), 1st Session, 44th Parliament, 29 September 2022, 1700 (Thomas).

192 FEWO, [Evidence](#), 1st Session, 44th Parliament, 6 October 2022, 1715 (Andrich); FEWO, [Evidence](#), 1st Session, 44th Parliament, 17 October 2022, 1135 (Kennell).

193 FEWO, [Evidence](#), 1st Session, 44th Parliament, 17 October 2022, 1135 (Kennell).

194 Ibid., 1145.



Dr. Daisy Singla, an Independent Scientist with the Centre for Addiction and Mental Health, added:

We need to be looking now at the long term in terms of what supports need to be put in place to ensure that we're not only sustaining the workers we have right now—who are predominantly social workers in community—but also planning for the long term...What can we be doing from a salary perspective, from a workplace benefits perspective, from an institutional change perspective and on regulatory issues? What can we be doing holistically to ensure we're sustaining and then growing this workforce that's so critically needed?¹⁹⁵

Dr. Daisy Singla also noted that among a growing list of approaches to mental health care identified as effective in the literature, are strategies that equip and employ “non-mental health specialists”—or an individual without a specialized degree in mental health, including nurses, midwives, peers, teachers—to deliver certain mental health supports. This approach would fill the “treatment gap” regarding psychologists and psychiatrists.¹⁹⁶

Various witnesses spoke about the ways in which peer support could be leveraged to improve mental health services in Canada. When speaking about providing “stepped care” pathways, Dr. Ryan Van Lieshout explained that these pathways are “the systems by which we deliver and monitor psychiatric treatments so that the most effective and least resource-intensive treatments are applied at the right time.”¹⁹⁷ His research group has conducted and tested “several effective scalable interventions that can be delivered by health care professionals or recovered peers” and these interventions can fit into stepped care models.¹⁹⁸ Alisa Simon also spoke to the Committee about the importance of stepped care models and encouraged an increase in funding for mental health with a focus on stepped care model spending. She explained that in addition to an increase in funding:

[W]e also need to be better at spending the dollars where the evidence shows it works and moving people from the most expensive services to potentially less costly services that will meet their needs. We have to ensure ... that we are spending our money in a way that makes sense to that end user. And often that can be a lower cost and lower step on that stepped care model.¹⁹⁹

195 Ibid., 1255.

196 FEWO, *Evidence*, 1st Session, 44th Parliament, 26 September 2022, 1130 (Singla).

197 FEWO, *Evidence*, 1st Session, 44th Parliament, 6 October 2022, 1630 (Van Lieshout).

198 Ibid., 1545.

199 FEWO, *Evidence*, 1st Session, 44th Parliament, 6 October 2022, 1650 (Simon).

The importance of leveraging peer-to-peer support was highlighted by several other witnesses. For example, Krystal-Jyl Thomas, Social Worker, Women’s Mental Health Program, Royal Ottawa Health Care Group, told the Committee that:

[P]eer support [was deemed] the fastest-growing workforce in the mental health field. Peer support workers can be key in bringing experienced learning through personal and valuable connection. Peer support is an untapped workforce available to assist in various vacant clinical positions.²⁰⁰

Witnesses,²⁰¹ including Rowena Pinto, President and Chief Executive Officer, Jack.org, noted that data shows the majority of youth do not seek mental health help when they are struggling. Young women do tend to seek help more than men, but young women will opt for informal support from friends, family, or the Internet and social networks (32%) as opposed to help from a professional (16%). She concluded that efforts should be made to bolster youth’s ability to seek help, while simultaneously ensuring that they are met with services that align with their needs. As youth tend to prefer informal support, peer-to-peer mental health services can be “valuable, provided that youth are equipped with the appropriate education to support one another.”²⁰²

Adopting Preventative Approaches to Mental Health Care

Many witnesses underscored the need to shift towards a preventative, as opposed to crisis response, approach when addressing mental health.²⁰³ Mary Bartram, the Director of Policy at the Mental Health Commission of Canada, said that “a health-based approach with a focus on prevention, social determinants, reducing risk factors, adequate funding for equitable access to quality care that’s culturally competent, and the importance of having the right capacity in the system to respond to those emerging needs” is important.²⁰⁴

Among the preventative measures mentioned by witnesses was access to supports at a young age and early intervention, particularly for children in schools.²⁰⁵ In addition, education in schools for children and in the community for parents and adults, about mental health literacy and issues that can affect mental health, such as toxic

200 FEWO, [Evidence](#), 1st Session, 44th Parliament, 29 September 2022, 1535 (Thomas).

201 FEWO, [Evidence](#), 1st Session, 44th Parliament, 17 October 2022, 1235 (Jones).

202 FEWO, [Evidence](#), 1st Session, 44th Parliament, 26 September 2022, 1105 (Pinto).

203 FEWO, [Evidence](#), 1st Session, 44th Parliament, 31 October 2022, 1130 (Fayant).

204 FEWO, [Evidence](#), 1st Session, 44th Parliament, 17 October 2022, 1155 (Bartram).

205 FEWO, [Evidence](#), 1st Session, 44th Parliament, 6 October 2022, 1700 (Elliott).



masculinity²⁰⁶ and sexual violence were raised as an important consideration.²⁰⁷ Investments made in preventative measures will “save dollars down the road”²⁰⁸ and investing in the mental health of young people is an investment in prevention and in the future of all youth in Canada.²⁰⁹ Gabrielle Fayant, the co-founder and helper at the Assembly of Seven Generations, and Amber Crowe told the Committee that preventative measures, including education, should be applied to the child welfare system; instead of removing children from their families, there should be preventative measures integrated into this system in order to avoid separating families and forcing children into the welfare system.²¹⁰

Therefore, the Committee recommends:

Recommendation 15—Education of Professionals

That the Government of Canada, respecting the jurisdiction of, and in consultation and collaboration with, municipalities, provinces, territories and Indigenous peoples, support the provision of education and training for primary care providers, medical practitioners, teachers and frontline community service providers including social workers about:

206 There are various perspectives on and approaches to defining "toxic masculinity." The term generally refers to a set of harmful behaviours and attitudes that society has come to expect of, or perceive as appropriate for, men and boys. These expectations of behaviour and attitudes are informed by gender-based social norms, values and stereotypes that dictate what it means to “be a man.” The norms, values and stereotypes that underpin toxic masculinity lead to a specific understanding of masculinity, which reinforces the association between masculinity and violence, aggression, toughness and a lack of emotion. As a result, men and boys often feel pressure to conform to these behaviours in order to feel like, or be perceived as, “real” men. Academics, advocates and organizations assert that toxic masculinity is harmful to society as a whole and to individuals of all genders. For additional information, see for example: UN Women, *Self-Learning Booklet: Understanding Masculinities and Violence Against Women and Girls*; Wissam Moussa, *Toxic or Positive Masculinity? How Men Can Shift Workplace Culture*, Government of Canada; and Kathleen Elliott, “*Challenging Toxic Masculinity in Schools and Society*,” *On the Horizon*, vol. 26, no. 1, pp. 17–22, American Psychological Association, 6th Edition.

207 FEWO, *Evidence*, 1st Session, 44th Parliament, 17 October 2022, 1130 (Rodrigue); FEWO, *Evidence*, 1st Session, 44th Parliament, 17 October 2022, 1140 (Afifi); FEWO, *Evidence*, 1st Session, 44th Parliament, 17 October 2022, 1215 (Bartram); FEWO, *Evidence*, 1st Session, 44th Parliament, 20 October 2022, 1540 (McMillan); FEWO, *Evidence*, 1st Session, 44th Parliament, 29 September 2022, 1615 (Jackson-Brown); FEWO, *Evidence*, 1st Session, 44th Parliament, 20 October 2022, 1655 (Véronique Couture, Executive Director, La Maison Hébergement RSSM); FEWO, *Evidence*, 1st Session, 44th Parliament, 20 October 2022, 1650 (Shanker); FEWO, *Evidence*, 1st Session, 44th Parliament, 29 September 2022, 1635 (Gordon Matchett, Chief Executive Officer, Take a Hike Foundation).

208 FEWO, *Evidence*, 1st Session, 44th Parliament, 29 September 2022, 1545 (Thomas).

209 FEWO, *Evidence*, 1st Session, 44th Parliament, 31 October 2022, 1125 (Minhas).

210 FEWO, *Evidence*, 1st Session, 44th Parliament, 31 October 2022, 1130 (Fayant); FEWO, *Evidence*, 1st Session, 44th Parliament, 31 October 2022, 1210 (Crowe).

- **mental health crisis intervention and de-escalation;**
- **self-regulation and empathy;**
- **the intersectionality of mental health;**
- **the harms of colonialization and the child welfare system in Canada;**
- **mental health first aid and mental health literacy; and**
- **trauma-informed service provision.**

Recommendation 16—Education in Schools

That the Government of Canada, respecting the jurisdiction of, and in consultation and collaboration with, municipalities, provinces, territories and Indigenous peoples, encourage the integration of mental health-related content into school curricula, as well as into training for teachers, including on:

- **mental health first aid and mental health literacy;**
- **self-regulation and empathy;**
- **recognizing and reporting abuse;**
- **comprehensive sex education that encompasses information on healthy relationships, gender-based violence, consent and intimate partner and sexual violence; and**
- **safe technology use and online practices.**

Developing Self-Regulation Skills

Finally, the Committee discussed the importance of self-regulation for children and parents with several witnesses.²¹¹ Dr. Tracie O. Afifi affirmed that both the parents or guardians and caregivers as well as the child must be equipped with emotional, stress

211 FEWO, *Evidence*, 1st Session, 44th Parliament, 6 October 2022, 1710 (Elliott); FEWO, *Evidence*, 1st Session, 44th Parliament, 29 September 2022, 1655 (Charters).



management and self-regulation skills.²¹² Dr. Stuart Shanker informed the Committee about the importance of self-regulation for parents, and children:

One recent discovery in neuroscience is that we have a brain-to-brain connection with kids. It's a wireless connection. It goes from our limbic system to their limbic system. What the child hears is what our limbic system is feeling. If I am irritated, anxious, angry or hyper-aroused, that message is communicated to the kid. If I am calm, if I am myself regulated, that message is communicated to the kid. It's called the interbrain and it is truly a game-changer in our understanding of why it doesn't matter so much what we say, what words we use; it's the messages our brain is sending. It sends these through eye gaze, through tone of voice and so on.²¹³

He added that through public resources and other methods, “[y]ou can change every single kid’s trajectory;” equipping children

“You can change every single kid’s trajectory.”

and teenagers with the skills to recognize their stress, reduce that stress and “turn off that disparity” can help them achieve a balanced brain state.²¹⁴ Owen Charters

explained that at BGC Canada, they have been teaching kids to identify their emotions, helping them to address the “dysregulation” in their emotions.²¹⁵

Innovation and Technology and Mental Health Services

The Committee heard about innovative ways in which innovative technology can be used to provide important mental health supports, particularly to youth. Michel Rodrigue, President and Chief Executive Officer of the Mental Health Commission of Canada, cited “text-based, Internet-based and phone-based” supports are very effective and can remove the “daunting” aspect of seeking mental health supports. He affirmed that service providers should be prepared and supported in integrating these approaches into mental health services.²¹⁶

Technology is advancing quickly, as is innovation in telehealth and app-based health care. For example, Emmanuel Akindele, the Co-founder and Chief Executive Officer of Blue Guardian, described the app he has been developing. This app uses an artificial intelligence (AI) model to analyze the users’ mental health based on text typed into the

212 FEWO, [Evidence](#), 1st Session, 44th Parliament, 17 October 2022, 1140 (Afifi).

213 FEWO, [Evidence](#), 1st Session, 44th Parliament, 20 October 2022, 1600 (Shanker).

214 Ibid., 1605.

215 FEWO, [Evidence](#), 1st Session, 44th Parliament, 29 September 2022, 1545 (Charters).

216 FEWO, [Evidence](#), 1st Session, 44th Parliament, 17 October 2022, 1205 (Rodrigue).

phone and can alert parents or guardians to potential mental health struggles children and youth are facing. Several witnesses were supportive of this innovative approach, however, some cautioned that this may not work for youth who are not willing to use an app that is connected to their parents' phones.²¹⁷ Alisa Simon called for standards for digital supports, and that "companies that are coming into Canada to provide digital services [should be] able to demonstrate that there is efficacy and evaluation behind the product."²¹⁸

Witnesses agreed that the barrier to implementing many of these improvements to mental health services in Canada is related to a lack of resources and funding in the mental health care sector.

FUNDING FOR MENTAL HEALTH SERVICES IN CANADA

“Essentially, we need more money. Every agency that provides this kind of care needs more money. We are stretched thin and constantly trying to balance the needs of our crisis program, which intervenes for people in the immediate aftermath of a sexual assault, and our counselling program, which provides ongoing therapy and public education. We are constantly stealing from Peter to pay Paul. Ultimately, it's the survivors who suffer. Money is how we, as a society, indicate how important a particular issue is to us and Canada needs to invest in our women, girls and gender minorities.”²¹⁹

The Honourable Carolyn Bennett described the federal government's current investments in mental health. She highlighted that the government allocated:

\$5 billion [in 2017] to the provinces and territories to increase the availability of mental health; another \$600 million for distinctions-based mental health and wellness for [I]ndigenous people; \$270 million for the Wellness Together portal; \$45 million to develop national standards; and then many other targeted investments in substance use and mental health promotion innovation. The \$5-billion investment through the

217 Carol Todd, *Mental Health - Young Women and Girls*.

218 FEWO, *Evidence*, 1st Session, 44th Parliament, 6 October 2022, 1720 (Simon).

219 *Ibid.*, 1555.



provincial and territorial bilateral agreements is currently providing \$600 million of additional funding until 2027.²²⁰

She further emphasized that the Government of Canada is investing an additional \$4.5 billion through a Canadian mental health transfer and an action plan and is “working with the Standards Council of Canada and our provincial and territorial partners to develop national standards for evidence-based mental health and addiction services in the priority areas identified with our provincial and territorial colleagues.”²²¹

Witnesses agreed that everyone in Canada, including children and young people, should have access to affordable, high-quality treatment that is culturally appropriate and that this treatment should be equitably funded.²²² However, the Committee heard that organizations providing mental health services at the community level are not able to meet the rising demand for their services as they are “operating on a shoestring budget” and do not have reliable funding from provincial and territorial governments.²²³ For example, Véronique Couture, Executive Director of La Maison Hébergement RSSM, explained that project-based funding can be difficult for organizations, as there are bureaucratic barriers that can impede and slow down access to this funding. She advocated for funding that is distributed quickly, and on a reoccurring and consistent basis.²²⁴

Underscoring the importance of federal investment in mental health care and services, witnesses made suggestions that would support mental health services directly and indirectly, which included:

- allocating federal funds to provinces and territories through the Canada Health Transfer;

220 FEWO, [Evidence](#), 1st Session, 44th Parliament, 14 November 2022, 1200 (Bennett).

221 Ibid., 1200 and 1210.

222 FEWO, [Evidence](#), 1st Session, 44th Parliament, 17 October 2022, 1215 (Bartram).

223 FEWO, [Evidence](#), 1st Session, 44th Parliament, 17 October 2022, 1225 (Kennell).

224 FEWO, [Evidence](#), 1st Session, 44th Parliament, 20 October 2022, 1655 (Couture).

- funding community-based organizations directly through grants and contributions, in combination with simplifying and accelerating this process;²²⁵
- creating a parallel Canada mental health transfer and accompanying legislation to dedicate funding for mental health care and for those services that fall outside the health care system;²²⁶
- providing community organizations, including sexual assault centres, with adequate core funding instead of project-based funding options;²²⁷
- investing in prevention services and programs, such as long-term supports for parents to ensure children’s mental health²²⁸ and peer-to-peer support services;²²⁹ and
- supporting youth mental health education and initiatives to destigmatize mental health, increase mental health literacy and encourage young people to seek help.²³⁰

225 FEWO, [Evidence](#), 1st Session, 44th Parliament, 17 October 2022, 1130 and 1225 (Kennell); FEWO, [Evidence](#), 1st Session, 44th Parliament, 20 October 2022, 1545 (Couture); FEWO, [Evidence](#), 1st Session, 44th Parliament, 3 October 2022, 1150 (Chimbganda); FEWO, [Evidence](#), 1st Session, 44th Parliament, 27 October 2022, 1645 (Boucher).

226 FEWO, [Evidence](#), 1st Session, 44th Parliament, 17 October 2022, 1135 and 1150 (Kennell); FEWO, [Evidence](#), 1st Session, 44th Parliament, 17 October 2022, 1220 (Rodrigue); FEWO, [Evidence](#), 1st Session, 44th Parliament, 29 September 2022, 1705 (Jackson-Brown).

227 FEWO, [Evidence](#), 1st Session, 44th Parliament, 20 October 2022, 1540 (McMillan); FEWO, [Evidence](#), 1st Session, 44th Parliament, 20 October 2022, 1545 (Couture); FEWO, [Evidence](#), 1st Session, 44th Parliament, 6 October 2022, 1555 (Simon); FEWO, [Evidence](#), 1st Session, 44th Parliament, 31 October 2022, 1100 (Fayant); FEWO, [Evidence](#), 1st Session, 44th Parliament, 31 October 2022, 1140 (Minhas); Ending Violence Association of Canada, [Brief on the Impact of Sexual Violence on the Mental Health of Young Women and Girls](#).

228 FEWO, [Evidence](#), 1st Session, 44th Parliament, 17 October 2022, 1250 (Afifi).

229 FEWO, [Evidence](#), 1st Session, 44th Parliament, 26 September 2022, 1210 (Pinto).

230 Ibid., 1105.



Therefore, the Committee recommends:

Recommendation 17—Funding to Organizations

That the Government of Canada, respecting the jurisdiction of, and in consultation and collaboration with, municipalities, provinces, territories and Indigenous peoples, accelerate the delivery of increased and sustained funding to existing and new organizations and service providers across Canada that deliver trauma-informed mental health-related programs and services, such as:

- **peer supports;**
- **eating disorder recovery programs;**
- **supports for school-aged children, located in schools;**
- **targeted supports for specific groups such as youth, Indigenous populations, Black and racialized young women and girls, Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex people and individuals with sexually and gender-diverse identities;**
- **supports in the child and youth sector;**
- **supports for mental health literacy and emotional regulation and empathy training for families, parents and children and youth;**
- **supports on university and college campuses;**
- **sexual assault and violence survivor supports;**
- **supports in rural and remote communities, including clinical and virtual care; and**
- **culturally sensitive supports for immigrant, refugee and newcomer women and girls.**

Recommendation 18—Canada Health Transfer

That the Government of Canada, respecting the jurisdiction of, and in consultation and collaboration with, municipalities, provinces, territories and Indigenous peoples, consider options to integrate mental health into Canada’s health care system and increase specific mental health funding to the provinces and territories, either through increased allocations under the Canada Health Transfer or by creating a Canada mental health transfer.

APPENDIX A LIST OF WITNESSES

The following table lists the witnesses who appeared before the committee at its meetings related to this report. Transcripts of all public meetings related to this report are available on the committee’s [webpage for this study](#).

Organizations and Individuals	Date	Meeting
<p>As an individual</p> <p>Charlene Y. Senn, Canada Research Chair in Sexual Violence and Professor, University of Windsor</p> <p>Peter Szatmari, Senior Scientist and Director, Cundill Centre for Child and Youth Depression, Centre for Addiction and Mental Health</p> <p>Simone Vigod, Professor and Head, Department of Psychiatry, University of Toronto, Women’s College Hospital</p>	2022/09/26	29
<p>Centre for Addiction and Mental Health</p> <p>Leslie Buckley, Chief, Addictions Division</p> <p>Daisy Singla, Independent Scientist</p>	2022/09/26	29
<p>Children First Canada</p> <p>Sara Austin, Founder and Chief Executive Officer</p> <p>Mégane Jacques, Youth Representative, Youth Advisory Council, Young Canadians’ Parliament</p>	2022/09/26	29
<p>Jack.org</p> <p>Rowena Pinto, President and Chief Executive Officer</p>	2022/09/26	29
<p>BGC Canada</p> <p>Owen Charters, President and Chief Executive Officer</p> <p>Gwendolyn Moncrieff-Gould, Director, Public Policy & Engagement</p>	2022/09/29	30

Organizations and Individuals	Date	Meeting
Royal Ottawa Health Care Group Michelle Jackson-Brown, Registered Social Worker Krystal-Jyl Thomas, Social Worker, Women's Mental Health Program	2022/09/29	30
Take a Hike Foundation Gordon Matchett, Chief Executive Officer	2022/09/29	30
Amanda Todd Legacy Society Carol Todd, Founder and Mother	2022/10/03	31
As an individual Charmaine C. Williams, Professor and Interim Dean, Factor-Inwentash Faculty of Social Work, University of Toronto	2022/10/03	31
Blue Guardian Emmanuel Akindede, Co-Founder and Chief Executive Officer	2022/10/03	31
Future Black Female Tapo Chimbanga, Founding Executive Director Timilehin Olagunju, University Student and Youth Participant	2022/10/03	31
Ka Ni Kanichik Inc. Sydney Levasseur-Puhach, Co-Chair of the Board of Directors	2022/10/03	31
Réseau québécois d'action pour la santé des femmes Lydia Assayag, Director	2022/10/03	31
As an individual April S. Elliott, Adolescent Paediatrician Ryan Van Lieshout, Perinatal Psychiatrist and Associate Professor, McMaster University	2022/10/06	32
Kids Help Phone Alisa Simon, Executive Vice-President and Chief Youth Officer, E-mental Health Strategy	2022/10/06	32

Organizations and Individuals	Date	Meeting
Klinik Community Health Karla Andrich, Counselor	2022/10/06	32
ABRAR Trauma and Mental Health Services Abrar Mechmechia, Founder, Chief Executive Officer and Mental Health Counsellor	2022/10/17	33
As an individual Tracie O. Afifi, Professor, University of Manitoba	2022/10/17	33
BC Children's Hospital Jennifer Coelho, Psychologist, Provincial Specialized Eating Disorders Program	2022/10/17	33
Canadian Mental Health Association-National Sarah Kennell, National Director, Public Policy	2022/10/17	33
Mental Health Commission of Canada Mary Bartram, Director, Policy Shaleen Jones, Executive Director, Eating Disorders Nova Scotia Michel Rodrigue, President and Chief Executive Officer	2022/10/17	33
Canadian Centre for Gender and Sexual Diversity Debbie Owusu-Akyeeah, Executive Director Jaime Sadgrove, Manager, Communications and Advocacy	2022/10/20	34
Kawartha Sexual Assault Centre Jordanne McLaren, Manager, Client Services and Human Trafficking Response Team Brittany McMillan, Executive Director	2022/10/20	34
La Maison Hébergement RSSM Véronique Couture, Executive Director	2022/10/20	34
The MEHRIT Centre Stuart Shanker, Distinguished Research Professor Emeritus, Philosophy and Psychology, York University	2022/10/20	34

Organizations and Individuals	Date	Meeting
Women of the Métis Nation - Les Femmes Michif Otipemisiwak Melanie Omeniho, President	2022/10/20	34
Achēv Tania Amaral, Director, Women, Employment and Newcomer Services Karen McNeil, Senior Vice-President, Programs and Services	2022/10/27	35
As an individual Rakesh Jetly, Psychiatrist	2022/10/27	35
Northern Ontario School of Medicine University Peter Ajueze, Assistant Professor and General, Child and Adolescent Psychiatrist, Health Sciences North, Sudbury Diane Whitney, Assistant Dean Resident Affairs	2022/10/27	35
Regroupement des ressources alternatives en santé mentale du Québec Anne-Marie Boucher, Co-coordinator and Head, Communications and Socio-Political Action	2022/10/27	35
Assembly of Seven Generations Gabrielle Fayant, Co-Founder and Helper	2022/10/31	36
Covenant House Vancouver Chelsea Minhas, Director, Clinical Services and Complex Care	2022/10/31	36
DisAbled Women's Network of Canada Sonia Alimi, Senior Research Associate Tamara Angeline Medford-Williams, Director, Black Community Initiatives	2022/10/31	36
Dnaagdawenmag Binnoojiiyag Child and Family Services Amber Crowe, Executive Director	2022/10/31	36

Organizations and Individuals	Date	Meeting
<p>Department of Health</p> <p>Hon. Carolyn Bennett, P.C., M.P., Minister of Mental Health and Addictions</p> <p>Eric Bélair, Associate Assistant Deputy Minister, Strategic Policy Branch</p> <p>Heather Jeffrey, Associate Deputy Minister</p>	2022/11/14	38
<p>Department for Women and Gender Equality</p> <p>Hon. Marci Ien, P.C., M.P., Minister for Women and Gender Equality and Youth</p> <p>Frances McRae, Deputy Minister</p> <p>Lisa Smylie, Director General Research, Results and Delivery Branch</p>	2022/11/14	38
<p>Public Health Agency of Canada</p> <p>Candice St-Aubin, Vice-President Health Promotion and Chronic Disease Prevention Branch</p>	2022/11/14	38

APPENDIX B LIST OF BRIEFS

The following is an alphabetical list of organizations and individuals who submitted briefs to the committee related to this report. For more information, please consult the committee's [webpage for this study](#).

BGC Canada

Big Brothers Big Sisters of Canada

Canadian Alliance of Student Associations

Canadian Paediatric Society

Canadian Women's Foundation

Children First Canada

DisAbled Women's Network of Canada

Ending Violence Association of Canada

Hughes, Rebecca

Northern Ontario School of Medicine University

Plan International Canada Inc.

Szatmari, Peter

Take a Hike Foundation

Todd, Carol

Van Lieshout, Ryan

Vandenbeld Giles, Melinda

REQUEST FOR GOVERNMENT RESPONSE

Pursuant to Standing Order 109, the committee requests that the government table a comprehensive response to this Report.

A copy of the relevant *Minutes of Proceedings* ([Meetings Nos. 29, 30, 31, 32, 33, 34, 35, 36, 38, 50, 52, 53 and 54](#)) is tabled.

Respectfully submitted,

Karen Vecchio
Chair

Complementary opinion of the Bloc Québécois

The Bloc Québécois would like to reiterate that the mental health of young women and girls is an important issue that we take very seriously and that must be addressed quickly. It is true that the Covid-19 pandemic has exacerbated this problem which was already very present before.

In addition, it is important to mention that the impact of the Covid-19 pandemic has had disproportionate effects on women and girls. Social isolation, increased cyber-violence and domestic violence, and many of the gender stereotypes that are still present have had a negative impact on women's overall health but particularly on their mental health.

According to the Canadian Institute for Health Information, hospitalizations for eating disorders among young women jumped by more than 50% during the Covid pandemic¹. The pandemic also led to a significant increase in the number of women who were hospitalized for eating disorders. In addition, the pandemic has led to an increased presence of youth on social networks. The online hate and hypersexualization this increased presence has led to has had a major impact on the mental health of girls and women. Therefore, it is important to take action and coordinate efforts between different levels of government to address this issue.

Indeed, the Bloc Québécois' position differs regarding the established methods followed to respond to this major problem. Health, and more specifically mental health, is the exclusive jurisdiction of Quebec and the provinces, and the federal government's role must be complementary to the provincial governments and not restrictive or intrusive.

¹ Canadian Institute for Health Information, *Hospitalizations for eating disorders among young women surge by more than 50% during VIDOC-19 pandemic*, May 5, 2022, URL <https://www.cihi.ca/en/news/hospitalizations-for-eating-disorders-among-young-women-jumped-by-more-than-50-during-the>

The Bloc Québécois is providing this complementary opinion to explain that we do not disagree with the foundations and principles of this report but rather with the measures suggested to address the problem. Indeed, almost all the recommendations proposed in this report suggest that the federal government is interfering in the areas of jurisdiction of Quebec and the provinces.

The federal government is increasingly interfering in Quebec's jurisdictions. It is implementing project-based and ad hoc programs, which is not what organizations in the field are asking for. Stable and recurrent funding is provided by the Quebec and provincial governments which have the necessary skills and are much closer to the reality happening. The situation is critical. In Quebec, we know the health network and community organizations have no shortage of projects and initiatives concerning access to mental health services.

One of the major problems, however, is the critical lack of funding. To meet this demand, the Quebec government must necessarily increase its budget for the health care system. We therefore believe the federal government must contribute its fair share and adequately fund the provinces and territories by transferring the missing funds to them without conditions.

Our recommendations:

- That the Government of Canada increase health transfers to Quebec and the provinces to a sustainable level of 35%, without conditions;
- That the Government of Canada adopt a clear legislative framework regarding cyberviolences, hate and online hate speech that disproportionately affects women, girls and marginalized groups in our society.