

# 2021 ANNUAL REPORT



# Truth & Land Acknowledgement

Myles Ahead, Advancing Child & Youth Mental Health (“Myles Ahead”), was established to create system changes that will help children, youth, and their families access timely and appropriate mental health supports, with the ultimate objective of life promotion (i.e., suicide prevention). Myles Ahead is a national charity, operating in Tkaronto, Ontario, Turtle Island, and we wish to acknowledge that we are on the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee, and the Wendat Peoples. Tkaronto is now also home to many diverse First Nations, Inuit, and Métis Peoples.

Myles Ahead also acknowledges that Tkaronto is covered by Treaty 13 signed with the Mississaugas of the Credit, and the Williams Treaties signed with multiple Mississaugas and Chippewa bands.<sup>1</sup> Given our focus on life promotion for children and youth, we particularly want to acknowledge that the suicide rates of Indigenous youth in Canada are alarmingly and heartbreakingly high.

Suicide is the second leading cause of death among children and youth aged 10 to 29 in Canada.<sup>2</sup> For First Nations people, the rate of suicide climbs to 6.2 times higher than the rate for non-Indigenous Peoples in the same age range.<sup>3</sup> For Inuit people, the rate of suicide skyrockets to 23.9 times higher.<sup>4</sup>

Canada’s racialized systems of inequity have existed since confederation and this reality was amplified by the Indian Act (1876), which is still in effect today. The Indian Act “has enabled trauma, human rights violations and social and cultural disruption for generations of Indigenous Peoples.”<sup>5</sup> Although mandated Indian Residential Schools and Indian Day Schools are now closed, as of 1996<sup>6</sup> and 2000,<sup>7</sup> respectively, their traumatic effects are ongoing for First Nations, Inuit, and Métis Peoples.

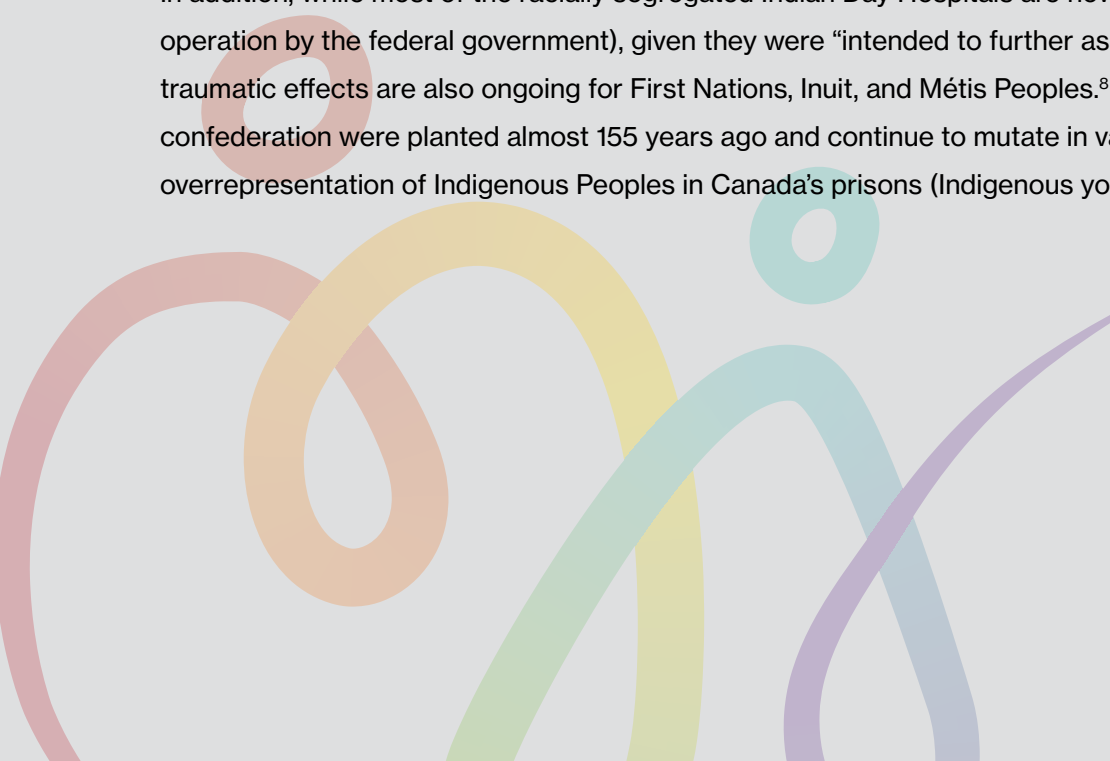
In addition, while most of the racially segregated Indian Day Hospitals are now closed (two remain in operation by the federal government), given they were “intended to further assimilationist goals,” their traumatic effects are also ongoing for First Nations, Inuit, and Métis Peoples.<sup>8</sup> The oppressive seeds of confederation were planted almost 155 years ago and continue to mutate in various forms, such as the overrepresentation of Indigenous Peoples in Canada’s prisons (Indigenous youth comprise 7% of all youth

in Canada, although Indigenous girls represent 44% of female youth and Indigenous males represent 29% of male youth in prisons<sup>9</sup>) and the child welfare system (Indigenous children represent 52.2% in foster care, although they represent only 7.7% of the child population<sup>10</sup>); Missing and Murdered Indigenous Women, Girls, Two Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, and Asexual (2SLGBTQQIA+) People (Indigenous females represent 16% of all female homicide victims, and 11% of missing females, despite Indigenous people representing 4.3% of the population in Canada<sup>11</sup>); and, as of November 1, 2021, 99 drinking water advisories persist within Indigenous communities.<sup>12</sup>

As the Government of Canada continues to uphold colonial policies and practices that oppress First Nations, Inuit, and Métis Peoples, including deprivation of their rights to self-determination and sovereignty, this continues to have varying negative impacts on their multidimensional wellness. Myles Ahead is grateful for the teachings and stewardship of Indigenous Peoples to protect and honour Turtle Island.

We are dedicated to aligning our efforts to the advancement of the United Nations Declaration on the Rights of Indigenous Peoples, the Truth and Reconciliation Commission of Canada’s 94 Calls to Action, and the 2021 Missing and Murdered Indigenous Women, Girls, and 2SLGBTQQIA+ People National Action Plan: Ending Violence Against Indigenous Women, Girls, and 2SLGBTQQIA+ People.

We also honour the cultures and teachings of Indigenous Peoples. We are indebted to their ways of knowing, being, and doing that strengthen Indigenous children and youths’ connection with Elders, communities, cultures, and lands, which are also life-promoting and protective factors for All.





# Anti-Violence Policy

Myles Ahead, Advancing Child & Youth Mental Health (“Myles Ahead”), acknowledges that violence is pervasive within our society. Violence directed towards racialized and marginalized people within Canada requires dedicated action to advance awareness and constructive approaches to help create a just and safe culture for everyone.

For this policy, violence is defined to include, yet not limited to, any form of racism, stigmatization, discrimination, marginalization, sexism, heterosexism, homophobia, and transphobia, among any belief, bias, behaviour, practice, policy, and/or system that oppresses. As documented in this policy, Myles Ahead is dedicated to creating an organizational culture that is safe for everyone: inclusive, decolonized, diverse, equitable, accessible, and anti-violent (IDEA).

It is fundamental that Myles Ahead’s practices and products reflect this policy to fulfil our mission to advance child and youth mental health in Canada. Racism is deeply entrenched and widespread in society; particularly, for more than a century, anti-Indigenous racism and anti-Black racism is a chronic form of violence. Violence towards First Nations, Inuit, Métis, Black People, and other Powerful Groups Targeted for Oppression, has devastating impacts that cause lifelong and intergenerational trauma.

For example, some of these impacts include the cause and/or exacerbation of mental health challenges and barriers to accessing timely and suitable mental health supports. Tragically, First Nations, Inuit, Métis, and Black People are especially underserved by mental health support systems and overrepresented in the child welfare and youth justice systems. Without equitable access to child and youth mental health services, these communities experience poorer mental health outcomes than other communities.

One way that Myles Ahead demonstrates our dedication to anti-violence is by embedding IDEA practices as a fundamental principle to co-design our initiatives. In addition, our dedication to anti-violence, as illustrated in the following diagram, yet not limited to, is also demonstrated by the following actions:

- Providing foundational and ongoing IDEA training for employees and Board members;
- Initiatives, policies, and practices are aligned with this policy, including best practices related to anti-violence; and,
- In recognition that language has an immense impact on creating a trusting, respectful, and non-judgemental culture, and that language is constantly evolving, Myles Ahead regularly (at a minimum, annually) reviews and adjusts language in our documents and on our website, among other media, to reflect IDEA best practices.



Myles Ahead pledges to be an active partner, supporter, and ally in co-creating a safe and just world for everyone, as outlined in this policy. We stand firmly with our partners to eradicate all forms of violence.

# A Message from Myles' Mom

As the pandemic continued throughout 2021, children and youth mental health diagnoses and risks spiked in alarming rates:

- youth suicide-attempt hospital rates increased three-fold in a four-month period during the winter lockdown<sup>13</sup>
- unprecedented eating disorders in youth; instances of newly diagnosed anorexia nervosa or atypical anorexia nervosa increased by more than 50% with hospitalization rates over 2.5 times greater during the first wave<sup>14</sup>
- services vary in every province and municipality; in Ontario, as many as 1 in 5 children and youth will experience some form of mental health problem – 5 out of 6 of those young people will not receive the treatment they need<sup>15</sup>

Compounding these worrisome statistics are the unknown statistics and lessons that we will only learn in hindsight. What happens when parents / caregivers are not home to rescue their children from suicide attempts? What happens when life is so busy that we are unable to effectively monitor caloric intake of youth suffering from eating disorders?

These are the thoughts that keep me awake at night. The reason we do what we do is to support children and youth who are struggling. We prioritize our work based on a landscape assessment of current practices to identify areas that appear to be systemic issues. Next, we consult with our strategic industry partners to ensure we are not duplicating efforts and then validate the premise that systemic changes are needed.

Let's take SafER Space as an example, since the draft was completed in 2021 and is what I would call our "flagship" initiative. SafER Space was prioritized in response to the growing need for mental health supports through emergency rooms (ERs). Over the past ten years, the rates of children and youth

being brought into the ER for mental health supports increased by approximately 75%.<sup>16</sup> For many, the ER is the first point of contact they will ever have in accessing mental health supports. Unfortunately, hospitals are often overwhelmed, and ER employees are exhausted. Despite ER employees' best efforts to address mental health needs, research shows that ER experiences can be incredibly traumatic.<sup>17 18</sup> These traumatic experiences compound existing mental health challenges and have such an adverse impact that the risk of suicide for these children and youth is more than doubled.<sup>19</sup>

I believe in all the work we are doing, and I am deeply grateful for, and indebted to, the passionate and dedicated people who have joined Myles Ahead's Team to help achieve our objectives. I continue to be humbled and inspired by the many people and organizations who support us – we couldn't do the work that we do without this incredible support!

With much love and gratitude,



Leslie Kulperger



"These are the thoughts that keep me awake at night. The reason we do what we do is to support children and youth who are struggling."

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# Executive Summary

The suicide rates in Canada continue to be tragically high for children and youth, and disproportionately high for First Nations, Métis, and Inuit youth.<sup>20</sup>

More than ever, Myles Ahead is dedicated to bridging gaps and scaling evidence-informed practices that prioritize timely access to appropriate mental health supports and services for children and youth, both clinically and in schools. Leveraging our trauma-informed and evidence-informed work, integrating IDEA (inclusion, decolonization, diversity, equity, accessibility, anti-racism, anti-violence, and allyship) practices and perspectives, Myles Ahead’s **long-term goal is to prevent child and youth suicide**. Additionally, our other long-term goals include the following system transformations:

- **Integrate healthcare and education systems with mental health supports and services**
- Student **mental wellness is considered on par with safety and physical wellness**, which is authentically and practically reflected within schools’ curricula and instructions

In our third year of operation, supported by Myles Ahead’s Team, Board of Directors, and Strategic Industry Partnerships, this 2021 Annual Report includes an overview of our progress to advance child and youth mental health. For example, based on Myles Ahead’s prioritization process, according to the most urgent gaps and/or needs, our key accomplishments in 2021 include the following:

- **Researched, developed, authored, and published SafER Space**, a human-centred experience for advancing child and youth mental health in emergency rooms
- **Released “Just Ask” video**,<sup>21</sup> the first of the Life Promotion / Suicide Prevention Video Series
- Expanded the educator outreach dissemination of curated resources to **over 2,000 educators!**
- **Conducted research to develop a best practice framework for Parent / Caregiver Peer Support Hubs**, which help parents / caregivers to support children and youth who face mental health challenges
- **Launched co-design phase of Myles to Mars**, including youth from [Frayme’s Groundbreakers](#) and [Finding Our Power Together](#)’s Young Leaders Circle, to support the mental health and wellbeing of children and youth, particularly supporting their sense of belonging and self-esteem

In addition to furthering our initiatives, Myles Ahead **expanded its social media presence and fundraising efforts**, as described within this report. To review Myles Ahead’s [audited financials](#),<sup>22</sup> they are posted on our website as separate reports published by our auditor. As Myles Ahead’s organization continues to grow, we look forward to expanding our impact to advance child and youth mental health throughout Canada.

# 1.0 Background

Myles Ahead, Advancing Child & Youth Mental Health (“Myles Ahead”), was founded in 2019. It is a registered national charity that was created in memory of Myles Kulperger who died by suicide at the age of 11 in 2018.

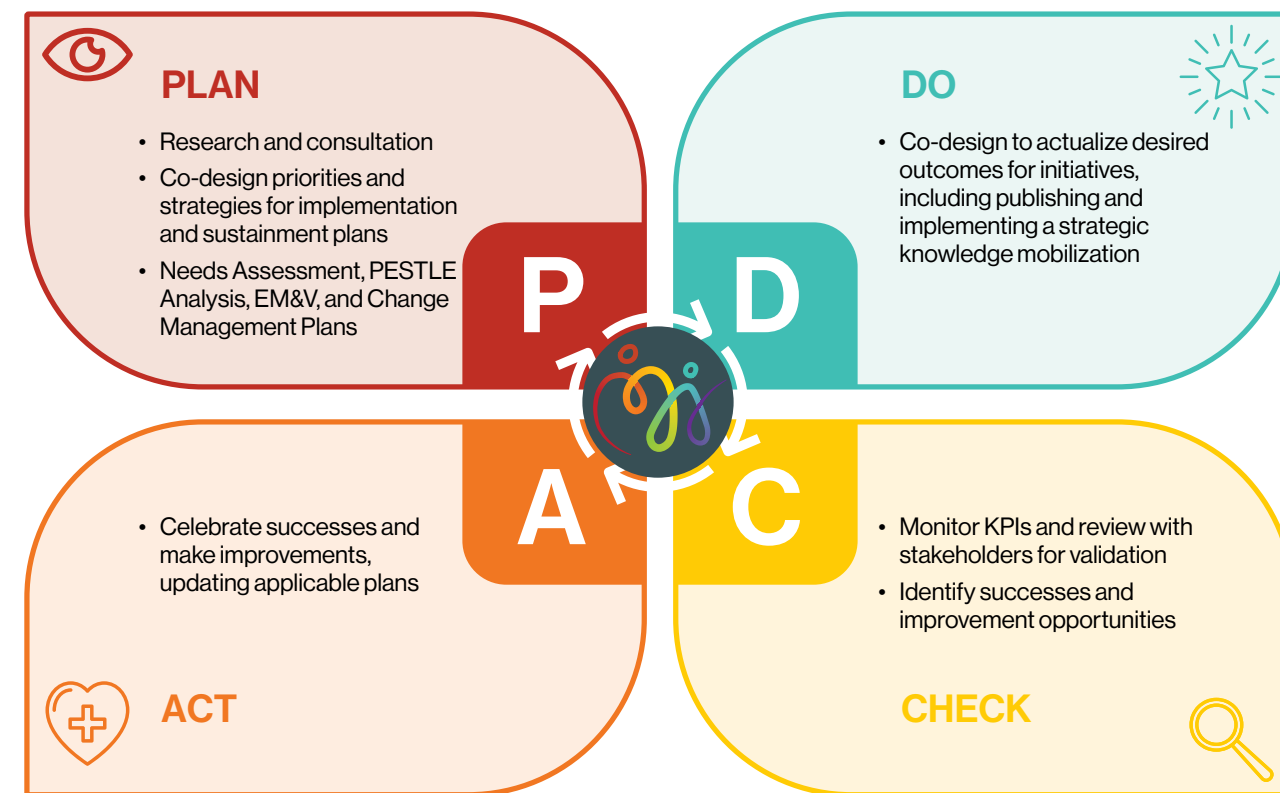
Myles Ahead is **dedicated to bridging gaps and scaling evidence-informed practices** that prioritize timely access to appropriate mental health supports and services for children and youth, both clinically and in schools. Ultimately, Myles Ahead’s goal is to prevent child and youth suicide; to achieve this, Myles Ahead focuses on researching and developing initiatives to advance practices within the following **three focus areas**:

- Mental Health Systems
- Education / School-Based
- Life Promotion / Suicide Prevention

In addition, the evolution of **our initiative development follows this workflow**:

- identify concepts designed to fulfil systemic gaps
- test idea(s) with applicable Strategic Industry Partners and Committees, to further validate feasibility and prevent duplicated efforts
- given idea(s) are proven feasible and valuable, an environmental scan is conducted to i. confirm there is not an existing similar effort; and, ii. understand current related practices, organizations, and subject matter experts (SMEs) across Canada
- with confirmation that the concept is a value-add proposition, a global literature review is completed, focusing on emerging, evidence-informed best practices, and opportunities for improvement
- refine the initiative concept based on the global literature review and outline directional discussion points to seek input from SMEs
- meet with SMEs and seek additional direction and insights, including identifying additional SMEs to contact
- building upon the evidence-informed research and meetings, co-design a knowledge product with and for those whom it is intended to positively impact
- based on the co-design output, draft and finalize the knowledge product, including review with stakeholders / SMEs
- publish and distribute the initiative’s final knowledge product(s), tracking metrics to recognize successes and iterate improvements

Governed by the Board of Directors, for all our work, we use a continuous improvement approach, such as the Plan, Do, Check, Act Model,<sup>23</sup> as shown in Figure 1, to help support the efficiency, quality, and accountability for the implementation and sustainment of our initiatives.



**Figure 1.** Plan, Do, Check, Act (PDCA) Model

Currently, Myles Ahead has strategic partnerships with the [Canadian Mental Health Association Ontario](#), the [Children’s Mental Health Ontario](#) (CMHO), the [Mental Health Commission of Canada](#), [Shine Out! Shout Out!](#), [Frayme](#), and [Finding Our Power Together](#). As one of our values, partnerships are integral to our collective ability to exponentially support child and youth mental health. We are better together.





# 2.0 Team

In 2021, Myles Ahead welcomed Damion Nurse, Nicole M. Weatherly, Jeevita Sidhu, and Stefanie Baios to the Team, which allowed us to expand our focus on initiatives to advance child and youth mental health.



**Leslie Kulperger (She/Her), Founder & Executive Director**

As Myles Ahead’s Executive Director, Leslie oversees and contributes to every aspect of Myles Ahead’s operations, including planning, strategy, research, and development. After first-hand experience of the significant gaps in mental health services while attempting to provide appropriate supports for her son in life and at school, and ultimately losing her son to suicide, Leslie founded



Myles Ahead. Leslie has 20+ years of transferrable knowledge and experience with initiative research, evaluation, and management systems that she brings to her role, which is pro bono. Her previous work focused on generating tangible improvements through strategic program development, delivery, monitoring, and evaluation, as well as policy advocacy within environmental and energy conservation.



**Natalie Francoeur (She/Her), Office Services Coordinator & Support Lead**

Natalie’s creativity and compassion are integral to her success as Myles Ahead’s Office Services Coordinator & Support Lead. In addition to fulfilling all of Myles Ahead’s administrative requirements, Natalie maintains the record-keeping for the Board of Directors, helping to keep everything (and everyone)



organized and on schedule. Natalie is passionate about helping to co-create awareness that mental health system change is critical; she loves being part of Myles Ahead’s impact to raise awareness to advance child and youth mental health.



**Damion Nurse (He/Him), Director of Activation**

Damion is an experienced professional who is highly skilled in the ideation, development, management, and execution of strategic initiatives and programs. He transitioned from film and television production into strategic initiative development and execution for St. Joseph Communications, where he was instrumental in launching numerous creative initiatives and programs. Within



Damion’s role as Myles Ahead’s Director of Activation, he creates comprehensive social media strategies to help provide accessible resources for children, youth, caregivers, and educators who are seeking mental health supports. In addition, he provides meaningful donor experiences for those who support our fundraising efforts, such as Run Myles Ahead. Damion also co-facilitated Myles to Mars’ co-design process.



**Nicole M. Weatherly (She/Her), Director of Transformation**

Nicole is Myles Ahead’s Director of Transformation, which leverages her mental health lived experience and diverse expertise as a permanent professional teacher, professional engineer, project management professional, change management practitioner, consultant, designer, and social entrepreneur. Nicole enjoys collaborating with diverse groups of people to co-create transformational solutions to complex problems, actualizing optimum outcomes for people, processes, technologies, and the planet. Her career experience



spans many sectors, such as government, public, and private workplaces. She is very passionate about children, youth, and mental health, integrating IDEA (inclusion, decolonization, diversity, equity, accessibility, anti-racism, anti-violence, and allyship) perspectives and practices to disrupt systems, collaboratively and positively. In 2021, she led and co-facilitated Myles Ahead’s Safer Space and Myles to Mars initiatives.



**Jeevita Sidhu (She/Her), Research & Development Analyst**

Jeevita holds an undergraduate degree in Psychology from the National University of Singapore and a master’s degree in School Psychology from Northeastern University. Along with her extensive experience as a research assistant for educational psychologists, Jeevita applies her expertise in mental health, learning, and behaviour to advance meaningful mental health initiatives for children and youth as Myles Ahead’s Research & Development Analyst. In



2021, her focus was on research to develop a best practice framework for Parent / Caregiver Peer Support Hubs. In addition, her research included the gaps in mental health service utilization for immigrants and refugees to explore the needs for a mental health services resource guide for agencies and other related organizations that work with immigrants and refugees. Jeevita also supported Myles to Mars’ co-design process.





**Stefanie Baio**  
**(She/Her),**  
**Research &**  
**Development**  
**Analyst**

As Myles Ahead's Research & Development Analyst, Stefanie draws on her scientist-practitioner sensibilities to help advance meaningful mental health initiatives for children and adolescents. She holds an undergraduate degree in Psychology from Queen's University and is currently in her first year of the Developmental Psychology and Clinical Practice master's program at University



College London. She plans to leverage her evolving skillset to address gaps in the mental health system throughout her career. In 2021, her focus was on Life Promotion / Suicide Prevention Initiatives. In addition, she supported the Ontario Leadership Committee for Youth Suicide Prevention Working Group to conduct an environmental scan and co-author a paper that documents key findings.



**Chloé Simms**  
**(She/They),**  
**Research & Social**  
**Media Analyst**

Chloé is a graduate of the Communication and Media Studies program at Carleton University and is currently studying Sociology at York University. Chloé supported various research efforts, including the environmental scan and best practice literature review for SaFER Space. In addition, as a strong



advocate for mental health and wellbeing, Chloé focused on supporting Myles Ahead's social media campaigns, related digital assets, and performance analytics.

## 3.0 Members of Committees & Working Group

In support of our initiatives, there are two committees and one working group. The members' insights, based on their lived experience and professional expertise, are integral to the success of Myles Ahead's initiatives.

**Leslie Kulperger**  
**(She/Her), Founder & Executive Director, Member of All Committees**  
(see bio in Section 2.0)

**Anseh Dibaji**  
**(She/Her), Board Member, Mental Health Committee Chair**  
(see bio in Section 4.0)

**Stacey Espinet**  
**(She/Her), Board Member, Mental Health Committee Member**  
(see bio in Section 4.0)

**Dina Lafoyiannis**  
**(She/Her), Board Member, Mental Health Committee Member**  
(see bio in Section 4.0)



**Bella Karsh (She/Her),**  
**Myles Ahead Board member, School-Based Committee Member**  
(see bio in Section 4.0)

**Cathy Dandy, School-Based Committee Member**

As a leader in public education, Cathy has advocated for children and youth and their families by building on their strengths, helping them to access the support they need. Cathy works to improve school systems so that they can work in favour of every child.

**Anna Matjeka, School-Based Committee Member**

Anna brings over 10 years of clinical psychology experience. She specializes in psychological and developmental assessments of young children with Autism Spectrum Disorders (ASD). Also, she is a published author and has conducted research in the areas of early detection of children with ASD. In addition, Anna provides Cognitive Behavioural Therapy (CBT) for children and adolescents who have significant anxiety, mood disorders, and/or anger management concerns.

**Damion Nurse (He/Him), Director of Activation, Working Group Member**  
(see bio in Section 2.0)

**Emily Angl, Working Group Member**

Emily Angl is an independent consultant and researcher who has worked on patient and family engagement initiatives with hospitals, government agencies, research institutions and others across Canada for nearly 15 years. It was during her own patient ‘journey’ – through ER’s, OR’s, MRI’s, and many acronyms in between – that Emily became curious about if, how, and why patients should be engaged in health care and research. Over time, Emily has shifted from considering herself an eagerly engaged ‘patient partner’ to a more critical, reflective approach that includes engagement strategy and implementation. Emily’s work has also included various research assistant roles in labs and Family Health Teams, as well as serving as Director of Health Engagement and Communication with Dr. Mike Evans’ Health Lab (later Reframe Health Lab). Emily currently has advisory roles which include The Canadian Medical Association Journal (CMAJ) Collection for Patient Oriented Research panel, The Women’s College Hospital Institute for Health System Solutions and Virtual Care (WIHV), and University Health Network’s (UHN) Social Medicine Program. She is also co-producer, along with Jennifer Johannesen, of the podcast Matters of Engagement – a series which explores the complex world of patient engagement and partnership.

**Jake Ernst, Working Group Member**

As a therapist, writer, and speaker, Jake is interested in unexplored feelings, unprocessed trauma, and unmet attachment needs in childhood and adolescence as catalysts for mental unhealth and unwellness in adulthood.

**Jennie Ormson, Working Group Member**

Jennie is a clinical social worker with over two decades of experience helping children and families. Her early career work includes frontline positions with children and teens in inpatient and outpatient psychiatric facilities, school settings, and group homes. In addition, as a parent of three children, Jennie has first-hand experience of the challenges in the school system for children with Attention Deficit Disorder (ADD) and Dyslexia. Also, Jennie is passionate about outdoor education and the value of nature and kindness in healing and shifting the future of mental health and wellbeing.

4.0 Board of Directors



**Edward Kulperger (He/Him), Founding Director, Chair of the Board**  
As a Senior Vice President at Geotab and a Board of Director at BeWhere Inc. (BEW:TSX-V), Edward brings a wealth of business development and organizational governance expertise to Myles Ahead. Edward is dedicated to making a difference in memory of his nephew, Myles, and translates his innovative business strategies to help fill gaps, creating effective and efficient solutions to enable more access to services for those who need it.



**Mike Singleton (He/Him), Founding Director, Treasurer**  
Mike Singleton has more than 15 years of experience as an energy economist, operating a non-profit organization focused on energy policy and resource planning. As the Executive Director of Sustainable Buildings Canada (SBC), Mike has extensive experience developing capacity with hands-on activities, including stakeholder design charrettes, demonstrating the potential to improve building designs and operations. Mike’s knowledge and understanding of integrated design processes are invaluable for Myles Ahead’s vision.



**Bella Karsh (She/Her), Founding Director, Secretary**  
After graduating from Concordia University with a Bachelor of Arts in Early Childhood and Elementary Education, Bella then attended the Ontario Institute for Studies in Education (OISE) at the University of Toronto to complete a Master of Arts in Applied Psychology and Human Development. She has worked for the Toronto District School Board for the past 20 years, which includes 12 years as a teacher and 8 years as an administrator. Bella is currently the principal at William G. Miller Public School. Bella is a passionate advocate for children with special needs and children and adolescents with mental health needs.



**Dr. Stacey Espinet (She/Her), Founding Director**

Stacey has over 15 years of experience conducting research and large-scale program evaluations in the fields of child development and mental health. She has a Doctor of Philosophy in Developmental Psychology from the University of Toronto, where she focused on facilitating the early emergence of executive-function skills that underly mental health. Stacey is dedicated to improving access to affordable, effective, and flexible mental health supports that are tailored to the needs of children and their families. In support of this, Stacey has conducted research in a variety of applied and clinical settings, focused on innovation in mental health supports.



**Anseh Dibaji (Them), Founding Director**

Anseh is a clinical social worker and mental health lead at a Family Health Team in downtown Toronto. She has a Bachelor of Social Work from Ryerson University and a Master of Social Work from the University of Toronto. Anseh worked in the children's mental health sector for 7 years prior to focusing on youth and adult mental health treatment in a primary care setting. Anseh has a keen interest in the fields of psychoneuroimmunology, interpersonal neurobiology, developmental trauma, and the neuroscience of mindfulness meditation. Anseh believes it is a privilege to be able to work with people who live with trauma, including emotional and physical pain. As such, Anseh is dedicated to helping trauma survivors recognize their courage; cultivate self-compassion; strengthen resilience; build attuned and meaningfully-connected relationships; and learn to be more present and grounded.



**Dr. Dina Lafoyiannis (She/Her), Director**

Dina is a Clinical Psychologist registered with the College of Psychologists of Ontario. Dina holds a Master's in Medical Sciences from the University of Toronto and a Ph.D. in Clinical Developmental Psychology from York University. A strong advocate of public mental health services, Dina has worked in a number of public children's centres including the Garry Hurvitz Centre for Community Mental Health at SickKids, SickKids Hospital, CAMH, Bloorview, and the Dufferin-Peel Catholic School Board. She has provided clinical supervision to psychology trainees as an Adjunct Clinical Supervisor for the University of Toronto (Ontario Institute for Studies in Education), University of Guelph, and York University. Dina currently runs a private psychology practice in Toronto where she and her team provide assessments and treatment for children, adolescents, and adults who have a variety of mental health concerns, as well as parenting, work, and family therapy.

# 5.0 Mental Health Initiatives

For 2021, our mental health initiatives focused on the following:

- Developing a framework and transformation toolkit to help align emergency rooms (ERs) with evidence-informed practices that support children and youth who are experiencing a mental health challenge (i.e., SafER Space)
- Researching how youth hubs and parent hubs can optimize the effectiveness of their supports (i.e., Myles to Mars and Parent / Caregiver Peer Support Hubs)
- Finalizing resource packages for survivors of intimate partner and family violence across Canada (i.e., You Are Not Alone)

These focus areas are further outlined in the following sections, highlighting our achievements and next steps.

## 5.1 SafER Space



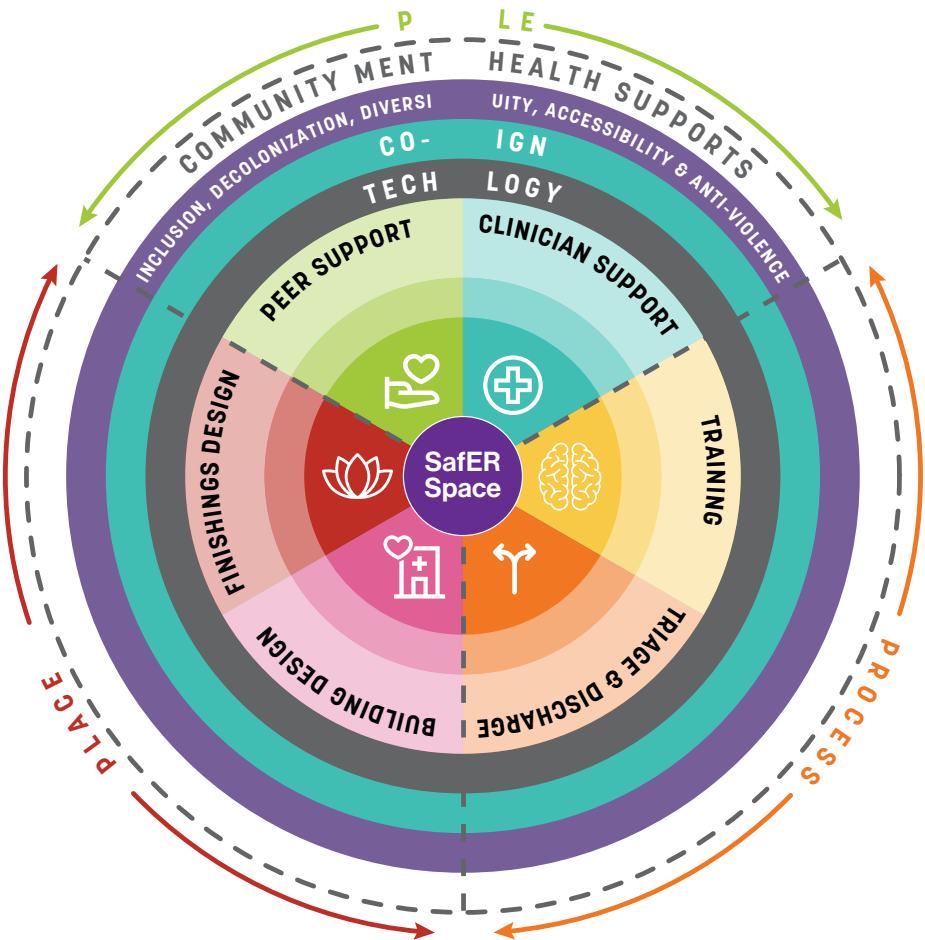
Most mental disorders begin before adulthood,<sup>24</sup> and there is a devastating trend of children and youth presenting to emergency departments in mental health distress.<sup>25</sup> This reflects the growing need for children and youth to access mental health supports and the challenges in finding those supports before it becomes an emergency.

In addition, the rates of children and youth brought to the ER for mental health supports increased by approximately 75% over the last 10 years.<sup>26</sup> However, ERs are not currently designed, equipped, or resourced to address the growing mental health needs of the communities that they serve, in addition to being often noisy, busy, and highly stimulating environments. Therefore, ERs can be traumatic and compound existing mental health challenges, leading to repeat visits and increasing risk of suicide. Also, access to services differs based on geographical area with some waiting up to 2.5 years to be treated.<sup>27</sup> As a result, ERs will continue to be the obvious place for people to turn to while experiencing a mental



health crisis. This presents an opportunity to cultivate therapeutic environments, or SafER Spaces, within ERs.

Myles Ahead’s SafER Space is an initiative that **re-imagines hospital settings to co-design human-centred care that supports children and youth who are experiencing a mental health crisis**. To successfully make this a reality, SafER Space consists of a **scalable framework**, which includes six components (i.e., peer support, clinician support, training, triage and discharge, building design, and finishings design) of trauma-informed and evidence-based best practices within three categories (i.e., people, process, and place), as outlined in Figure 2.

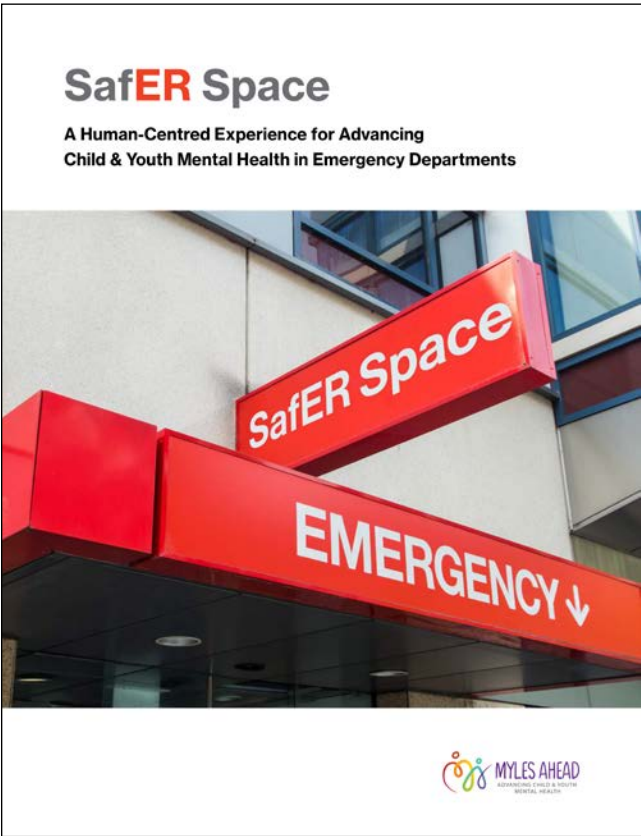


**Figure 2.** SafER Space Framework Model.

In addition, SafER Space extends beyond the walls of the ER, as the framework includes the discharge conversation with follow-up that integrates with community mental health supports for children and youth. Also, there is a **transformation toolkit that includes leading change management approaches to successfully implement and sustain the framework**. SafER Space has been informed by a secondary research landscape assessment of 140 programs and services from 40 of the largest pediatric hospitals and mental health centres across Canada.

Following its internal review with Myles Ahead’s Team, the SafER Space framework and transformation toolkit underwent a thorough review process with Myles Ahead’s Mental Health Committee and the Board

of Directors. In addition, prior to publishing the SafER Space document, it was circulated with the Working Group and subject matter experts who were interviewed during the research and development phase as well as Strategic Industry Partners. Also, there were one-to-one follow-up meetings with every subject matter expert.



[Click the image to download a PDF of SafER Space.](#)<sup>28</sup>

**Next Steps:** Now that the SafER Space document is published, we will enter the knowledge mobilization phase and reach out to children’s hospitals to discuss piloting SafER Space within their ERs. Our goal is to proliferate SafER Space within all ERs across Canada, starting with children’s hospitals, leveraging SafER Space’s framework and transformation toolkit.



5.2 Myles to Mars



Youth hubs are intended to be welcoming spaces where youth can access services to support their mental health and wellbeing, including a variety of in-person and virtual options.

Youth hubs can reduce barriers to accessing early-intervention mental health services that holistically address the diverse needs of youths.<sup>29</sup> Also, youth hubs can help improve outcomes and satisfaction with services and decrease the need for intensive intervention at emergency departments.<sup>30</sup> In recognition of the protective and preventive benefits that youth hubs provide, Myles to Mars’ mission is to support the co-design of evidence-informed best practices for new youth hubs in underserved areas and the co-integration of those practices for existing youth hubs throughout Canada.

To test the idea of co-designing a scalable framework for youth hubs, we met with subject matter experts, such as Dr. Joanna Henderson, Executive Director at [Youth Wellness Hubs Ontario](#) (YWHO), Allison Dunning, Peer Initiatives Manager at [Stella’s Place](#), and Michele Sparling, Founder at [Shine Out! Shout Out!](#), among others, who shared their insights and confirmed the need for a framework. Thus, we proceeded to conduct an environmental scan (53 youth hubs) and global literature review (44 sources) of youth hubs across Canada. Our findings revealed pockets of excellence, yet it also identified large gaps in quality and geographic access.

Upon completion of the research phase, we launched the co-design phase to create a youth hub framework and transformation toolkit. That is, we established a Youth Collaborative, which includes youth from two incredible organizations: [Frayme’s Groundbreakers](#) and [Finding Our Power Together’s](#) Young Leaders Circle. Frayme is “a global network built to gather and share the best evidence and practice-based knowledge about integrated youth services, and to put it into action in communities around the world” and [Finding Our Power Together](#) is “an Indigenous-led non-profit organization supporting Indigenous youth to access support and relationships that enable them to thrive.”

In addition to honouring Myles Kulperger, “Myles to Mars” is dedicated to Mars Phoenix Miazga-Kaufman, who died by suicide in November 2020. Like Myles, Mars shared the desire to help the world become more empathetic and compassionate towards young people who struggle to maintain mental balance and wellness.



Myles at the Mekong River, Cambodia



Mars at xeir 14th birthday celebration

**Next Steps:** In 2022, we will continue working with the Youth Collaborative to complete Myles to Mars’ co-design phase, which includes developing a framework with key components to best support youth hubs. For knowledge mobilization, a document will be co-authored and published (circa 2023), including reviews with the Youth Collaborative and the Mental Health Committee and Working Group. The document will include details of the framework and a transformation toolkit with leading change management practices for optimum implementation, sustainment, and continuous improvements.

5.3 Parent / Caregiver Peer Support Hubs

Seeking support for children with mental health challenges can be a frustrating and isolating experience for parents / caregivers, which detracts from their emotional resilience. This in turn may exacerbate the mental and emotional wellbeing of children in their care. Some of the issues faced by parents / caregivers include the following:

- A shortage of publicly funded psycho-educational assessments<sup>31</sup>
- Private services are extremely costly for parents / caregivers (i.e., approximately \$150-\$225 per hour)<sup>32</sup>
- Lengthy waitlists for publicly funded programs and limited term of services<sup>33</sup>
- Frequent gaps in publicly funded programs for children aged 9-13
- Physicians may suggest turning to emergency rooms to accelerate access to support
- Finding private services requires extensive searching and calling; in addition, often private clinicians are not accepting new clients or do not support the specific needs of the child<sup>34</sup>

In addition to facing stigma within the community, while navigating the system to find the help their children desperately need, parents / caregivers are often led to numerous barriers.<sup>35</sup> Although physicians tend to be the first point of contact for parents / caregivers in seeking mental health supports for their children, physicians are typically not equipped to provide clear guidance on where to get help and where centralized intake services exist.<sup>36</sup> Accessing services will typically require multiple and lengthy intake discussions, which frequently leads to the parent / caregiver having to share their child or youth’s “story” multiple times and being placed on lengthy waitlists.

Parent / Caregiver Peer Support Hubs provide a multitude of benefits for parents / caregivers, including a support system, feelings of connectedness, knowledge mobilization, and sharing of insights on resources, strategies, programs, and therapy options.<sup>37</sup> While there are Parent / Caregiver Peer Support Hubs that exist across many jurisdictions, they are not accessible everywhere. In recognition of the protective and preventive benefits that Parent / Caregiver Peer Support Hubs provide, this initiative supports the co-design of best practices for new Caregiver/Parent Peer Support Hubs, particularly in underserved areas, and supports the co-integration of those practices for the advancement of existing hubs throughout Canada.

In 2021, the focus was on the research phase to inform the development of a best practice framework for Parent / Caregiver Peer Support Hubs, which help parents / caregivers who are caring for children and youths facing mental health challenges. As part of this research, special attention is given to understand the gaps in available peer-support networks for First Nations, Métis, and Inuit peoples, Black People, immigrants, and refugees. In addition, the research is also exploring the organizations that support peer-support networks to help identify partnership opportunities and culturally aware approaches to consider for the co-design phase of the initiative development.

**Next Steps:** In 2022, Myles Ahead will work to complete the research phase, including a comprehensive environmental scan of existing Parent / Caregiver Peer Support Hubs in Canada and a global literature review.

5.4 You Are Not Alone

In 2019, 107,810 people in Canada, aged 15 and over, experienced intimate partner violence. Of these, 79% were women.<sup>38</sup> Rates of intimate partner violence are disproportionately high for the following groups of people:

- 61% are Indigenous women (44% are non-Indigenous women)<sup>39</sup>
- 67% are lesbian, gay, bisexual, and people of a sexual orientation that is not heterosexual women (44% are heterosexual women)<sup>40</sup>
- 55% are women living with disabilities (37% are women without disabilities)<sup>41</sup>
- 71% are lesbian, gay, bisexual, transgender, queer, and two-spirit women with disabilities<sup>42</sup>
- Among those who had ever been in an intimate partner relationship, 29% are women who belong to an ethno-cultural group designated as a visible minority<sup>43</sup>

This means that the most dangerous place for women, including children and youth, can be within their own homes. Unfortunately, survivors often have limited information, awareness about, and access to available support services. Since the outbreak of COVID-19, the incidence of violence against women has significantly increased at a time in which essential services, such as domestic violence shelters and helplines, are overburdened.<sup>44</sup> This is referred to as the “shadow pandemic” and is made worse by the fact that, in many areas, resources to combat this issue have been diverted to provide immediate COVID-19 relief.<sup>45</sup>

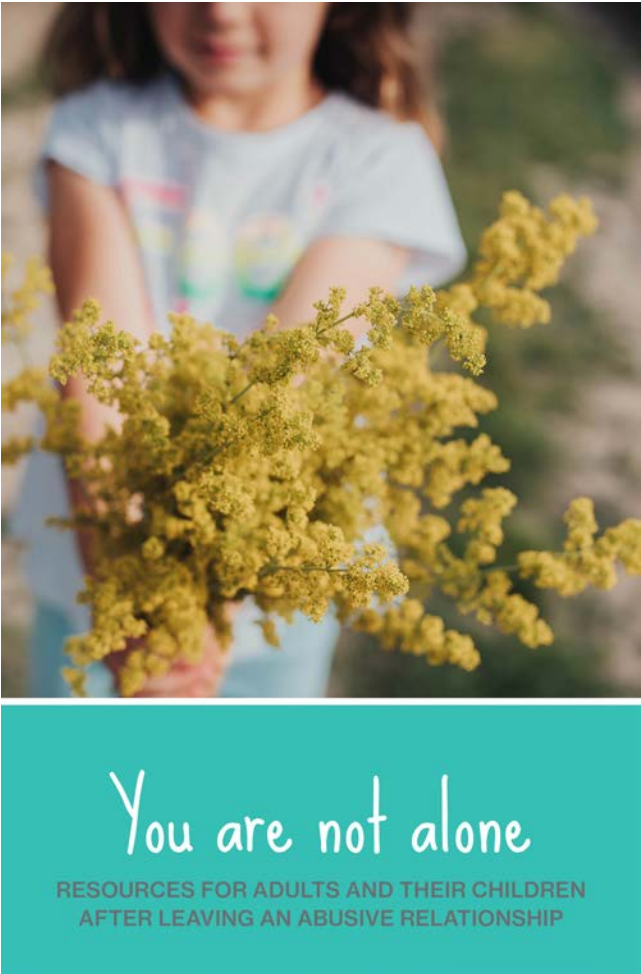
In recognition of this, Myles Ahead created an information package, called You Are Not Alone: A Guide for Survivors of Intimate Partner and/or Family Violence. The goal of this initiative is to provide parents / caregivers who are leaving intimate partner violent relationships with the information they need to obtain available support across Canada for their psychological and emotional healing journey, including the following:

- Emergency crisis lines
- Single-session counselling
- Ongoing support services for survivors and their children
- General mental health supports

Myles Ahead vetted the resources in the information package by contacting organizations to determine the following:

- Accessibility
- Wait times (excluding any service with a waitlist beyond 3 months)
- Contact information
- Method of referral
- Services offered, including whether crisis services or immediate support is available
- Age range of services
- COVID-19 related changes

Following the vetting process, brief descriptions of each resource were organized in a concise manner to not overwhelm readers who are most likely in a state of crisis. The package also includes advice on moving forward, such as reflecting, finding a support network, self-care, and self-reconnection. Further, guidance is provided on assisting children and youth by being present, following the child’s lead, being honest, and helping them develop coping skills.





To help ensure these information packages reach those who need it most, they were provided to Shelter Movers, a national volunteer-powered charitable organization that provides moving and storage services at no cost to women and their children who seek their support. Shelter Movers collaborates with local businesses and community services (e.g., shelters, police, schools, mental health services) that refer clients who have decided to leave an abusive relationship and find a safe place to live. Shelter Movers makes all the arrangements to move and store survivors' belongings securely, on the clients' terms. Shelter Movers is rapidly expanding to serve the growing need to help move parents / caregivers, who are leaving violent relationships, to the safety of a shelter. The information packages are provided for all Shelter Movers' areas of operation, which include the following:

- Toronto (Treaty 13)
- Calgary (Treaty 7)
- Montreal (Great Peace Treaty)
- Nova Scotia (Peace and Friendship Treaties)
- Ottawa (Upper Canada Treaties and Haldimand Treaty)
- Vancouver (The Douglas Treaties)
- Waterloo (Treaty 35)

Additionally, given the request of the Women & Children's Shelter of Barrie, we created an information package for Barrie (Lake Simcoe Purchase) and Simcoe County (Treaty 4).

**Next Steps:** Myles Ahead will continue to update the information packages for local shelters and related charities across Canada, as requested, and will create more packages as Shelter Movers expands its areas of operations.

## 5.5 Mental Health First Aid Video Series

There are many resources that effectively prepare adults to help prevent and address mental health challenges that youth face. However, adults often lack the time and resources to review available content and/or attend multiple-day training sessions.

To address this issue, Myles Ahead has **adapted applicable mental health training** (e.g., Mental Health First Aid for Adults Who Interact with Youth) **to multiple short video scripts, for the purpose of co-creating the Mental Health First Aid Video Series.**

The Mental Health Video Series Initiative is informed by a global literature review of current, emerging, trauma-informed, and evidence-informed practices, in addition to a comprehensive landscape assessment of existing mental health training for adults who interact with youth in Canada. Based on this, eight short video scripts were drafted, each focused on one mental health issue.

The **objectives of the Mental Health Video Series Initiative** include the following:

- **Increase awareness of signs and symptoms** of the most common mental health challenges
- **Decrease mental health stigma**
- **Increase adults' confidence** to effectively interact with youth who are experiencing a mental health challenge or crisis
- **Empower adults with knowledge** to effectively help youth who are experiencing a mental health challenge or crisis

**Next Steps:** Once funding is secured, a Co-Design Team will be formed to finalize the video scripts and co-design the storyboards, in preparation to produce and distribute the videos to connect with intended audiences. With funding support, the **goal is to co-design the videos with adults and youth who have lived experience.** This will include co-design sessions to review and edit the draft video scripts, as well as developing the marketing and distribution plans to connect with intended audiences. In addition, the co-designers will be invited to participate in the videos and will have opportunities to iteratively review the video content during production, to help ensure the final videos are compelling and optimally effective.

## 6.0 School-Based Initiatives

Given school-aged children and youth spend a significant time at school, whether virtual or in person, educators can have a significant impact on students' wellbeing. In addition, particularly as the pandemic continues, educators are dealing with increased stresses, personally and those experienced by their students.<sup>46 47</sup>

Thus, the directive of Myles Ahead's School-Based Initiatives (SBI), with guidance from its School-Based Committee and Working Group, continues to support the accessibility of mental health programming and resources in schools, supporting a safe, inclusive, and co-regulated environment. Building on the work completed in 2020, Myles Ahead's SBI continues to include **Educator Resources Outreach, a curated list of engaging and practical resources.** Weekly emails are sent to educators (i.e., teachers, administrators, and support staff), which include an image with an inspirational quote and three links to educator resources that are related to the week's theme. The trauma-informed and evidence-based resources are curated in the following ways:

**Relationship-Centric:** Information and resources that empower educators in the realm of mental health, including the importance of wellbeing, and the relationships they have with themselves and with their students, in support of strengthening connections between educators and students.

**Resiliency:** When educators model resiliency, they help their students to become more resilient, adapting well in the face of adversity, trauma, tragedy, threats, and/or significant stress.

**Inclusion, Decolonization, Diversity, Equity, Accessibility, Anti-Racism, Anti-Violence, and Allyship (IDEA):** Including Indigenous Worldviews, our IDEA perspectives and practices are trauma-informed and evidence-informed with a primary focus on transforming school cultures for the better. This includes developing healthy relationships and building awareness about the importance of self-care, self-preservation, mental health, and wellbeing for teachers, students, and beyond.

The weekly emails include topics such as socio-emotional learning, anti-racism, Indigenous Teachings, and mindfulness. Resources are obtained from trusted sources, such as the following:

- [School Mental Health Ontario](#)
- [Mental Health Commission of Canada](#)
- [Gord Downie and Chanie Wenjack Fund](#)
- [Treaty Talk](#)
- [It Gets Better Project](#)
- [Edutopia](#)

As of December 2021, Myles Ahead's email distribution list contained over 2,000 educators!

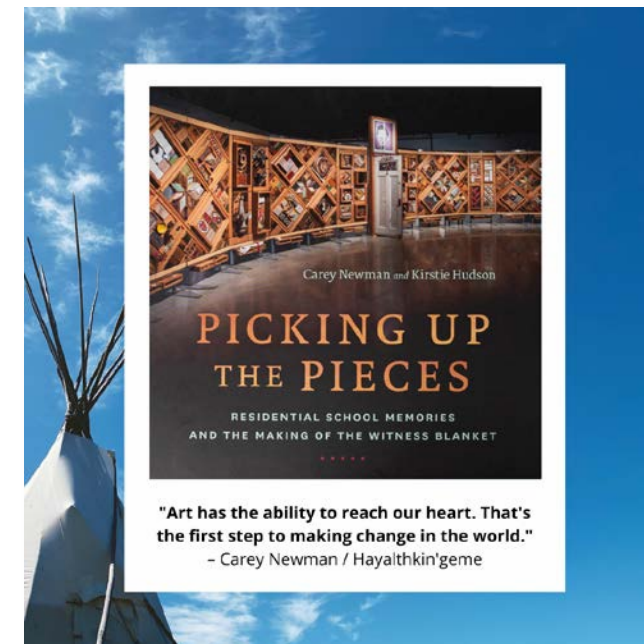


Figure 3. [Building Healthy Relationships](#)<sup>48</sup>

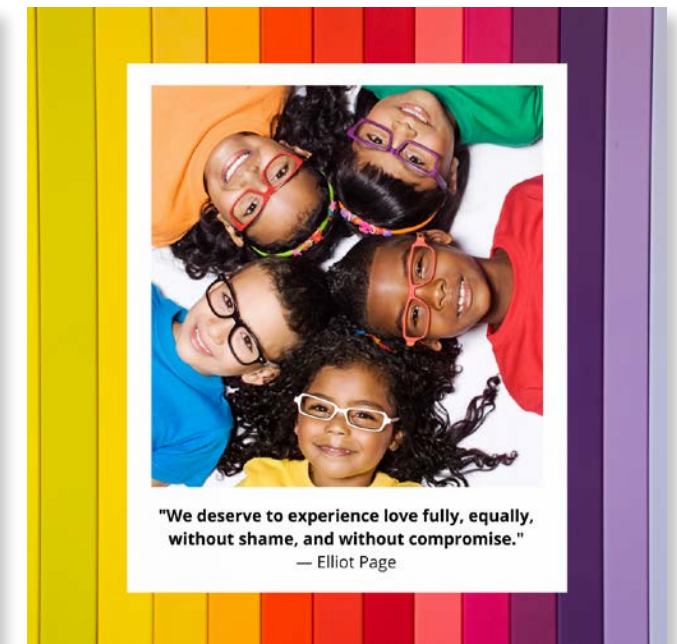


Figure 5. [Being Together](#)<sup>50</sup>



Figure 4. [Intercultural Communication](#)<sup>49</sup>



Figure 6. [Pride Month 2022](#)<sup>51</sup>





Figure 7. [National AccessAbility Week 2022](#)<sup>52</sup>

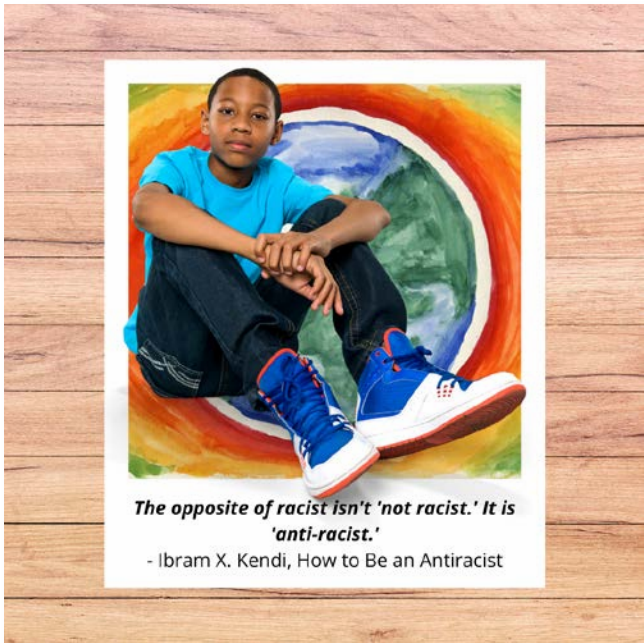


Figure 9. [Black Mental Health](#)<sup>54</sup>

**Next Steps:** In 2022, Myles Ahead will continue to curate resources to share with educators. In addition, we will increase our distribution list and engagement with educators.

Our long-term objective is to provide every educator in Canada with access to the resources they need to support mental health and wellbeing in their classroom, starting with themselves.



Figure 8. [Social-Emotional Learning](#)<sup>53</sup>



Figure 10. [Learning & Healing](#)<sup>55</sup>



## 7.0 Life Promotion / Suicide Prevention Initiatives

Child and youth suicide rates in Canada have been among the highest of all twenty Organisation for Economic Co-operation and Development member countries for decades.<sup>56</sup> Additionally, suicide is the second leading cause of death for youth in Canada.<sup>57</sup> This problem has been exacerbated by the pandemic. Despite this crisis, adults typically lack the foundational knowledge and skills they need to effectively support youth.

### 7.1 Ontario Youth Suicide Prevention Leadership Collaboration

Recognizing the need to continue the work that was initiated as part of the Ontario Ministry of Children's three-year Youth Suicide Prevention Plan, the Ontario Youth Suicide Prevention Leadership Committee ("Committee") was formed. In addition to Myles Ahead being a founding member of the Committee, it also includes the following members:

- [Canadian Mental Health Association Ontario](#)
- [Canadian Mental Health Association Waterloo Wellington](#)
- [Centre for Innovation in Campus Mental Health](#)
- [Children's Mental Health Ontario](#)
- [Jack.org](#)
- [Knowledge Institute on Child and Youth Mental Health and Addictions](#)
- [Mental Health Commission of Canada](#)
- [Project Now](#)
- [School Mental Health Ontario](#)
- [University of Toronto Health Promotion](#)
- [Wisdom2Action](#)

As a result of the Committee's formation, representatives from the Mental Health Commission of Canada and Myles Ahead formed a Project Team to complete an environmental scan of existing messaging and resources pertaining broadly to the issue of youth life promotion / suicide prevention. It is important to note that the Committee does not limit the definition of "youth" to a particular age, as "youth" includes childhood to young adulthood.

With an ambitious timeframe of three months, the Project Team provided a series of updates to, and sought feedback from, the Messaging for Adults Working Group and the Committee. Prior to research, the Messaging for Adults Working Group outlined the following key parameters to address:

- Equity, diversity, and inclusion
- How and when to talk with youth about suicide
- How to identify youth who are at risk of suicide
- Tips and strategies for reducing access to lethal means for youth who are at risk of suicide
- Support on seeking access to local supports
- How to speak about a loss to suicide

The Messaging for Adults Working Group included resources for adults that focused on youth life promotion / suicide prevention. Seeking to capture inclusive messaging, the Messaging for Adults Working Group investigated which resources supported underserved groups, such as 2SLGBTQIA+; First Nations, Métis, and Inuit; and, African, Caribbean, and Black communities. Additional research parameters included the following:

- Youth who are at-risk for suicide
- Safety planning
- COVID-19
- Post-attempt
- Postvention / Bereavement
- Low cost
- Hospitalization
- General (resources that did not fall into any one theme or population)
- Terminology (inclusive, non-oppressive word choices and considerations)

When vetting the resources in the environmental scan, we included resources that utilized multiple tools and mediums to convey information in an engaging manner. After starting out with 320 resources, the vetting process led to a finalized list of 44 resources. In addition, 89 terms were identified, which will be used to create a glossary with key terminology and phraseology.

**Next Steps:** In 2022, MHCC and Myles Ahead will author a paper to document the findings from the environmental scan, with guidance from the Committee and the Messaging for Adults Working Group. This paper will help define what next steps will be taken to develop a knowledge product(s).

7.2 Life Promotion / Suicide Prevention Video Series

In addition to collaborating with the Committee, Myles Ahead created video scripts for a Youth Life Promotion / Suicide Prevention Video Series that includes tips for helping youth who are at risk of suicide. As always, our initiatives were developed with the crisis continuum in mind, which spans from the life promotion stage (i.e., high capacity and little urgency) to intervention support (i.e., low capacity, and high urgency).

Upon completion of the environmental scan, an opportunity was identified to create content to spread awareness of youth life promotion / suicide prevention in video format. As such, Myles Ahead initiated a Youth Life Promotion / Suicide Prevention Video Series, which contains short videos with accessible, engaging, and educational content. The videos focus on how adults can discern if youth might be at risk of suicide and how they can intervene to prevent suicide. In support of co-designing compelling content, the videos will include youth with lived experience.

Following the principles of co-design, the video scripts were drafted with youth and families with lived experience. The first video in this series, “Just Ask,”<sup>58</sup> was released on September 10, 2021, World Suicide Prevention Day, to help dispel the myth that asking someone if they are having thoughts of suicide will increase their risk of suicide – that is not the case. That is, asking, non-judgementally, can create a safe space to talk and identify yourself as an ally for someone who is experiencing suicide ideation.

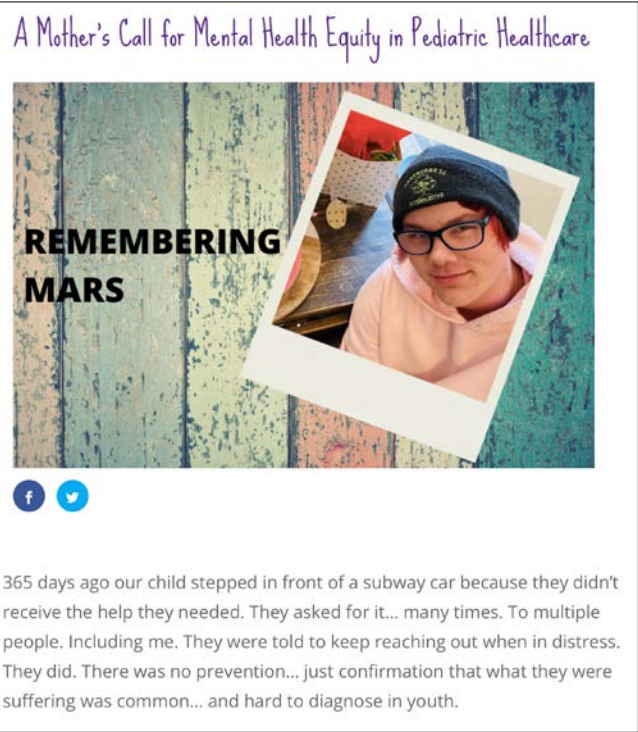
**Next Steps:** As funding permits, Myles Ahead will continue to produce videos within the Life Promotion / Suicide Prevention Video Series, sharing the videos with our community, strategic partners, and media to expand their reach.

8.0 Communications

Throughout 2021, we stayed connected with the Myles Ahead Community by sharing resources and inspiring stories. We also increased our presence on social media, including [Facebook](#), [Instagram](#), [Twitter](#), and [LinkedIn](#): including Facebook and Instagram ads, **our total reach was almost 75,000!**

Blog articles with suggested strategies and personal stories are shared on a regular basis, including links to resources for children, youth, parents / caregivers, and educators. The blog articles address a broad range of mental health subjects and address social issues and initiatives, such as the following:

- [A Mother's Call for Mental Health Equity in Pediatric Healthcare](#):<sup>59</sup> Marlo Miazga shares the story of losing her child, Mars, to suicide. She expresses her frustration with the mental health system and explains the advocacy work she has done, including her support of Myles to Mars, which is a youth hub initiative dedicated to both Myles and Mars.
- [Strategies to Understand and Help Youth Dealing with Addiction](#):<sup>60</sup> An anonymous youth shared their lived experience with addiction and provided tips for supporting a “sober peer.”
- [4 Ways Adults Can Support Youth Mental Health](#):<sup>61</sup> Chloé Simms, Myles Ahead’s Research & Social Media Analyst, recounts her lived experience with mental health challenges and what she found to be the most effective ways that adults have helped her and ways they could have improved.



**Figure 11.** Blog article: A Mother's Call for Mental Health Equity in Pediatric Healthcare <https://mylesahead.ca/a-mothers-call-for-mental-health-equity-in-pediatric-healthcare>



## 9.0 Fuelling Myles Ahead

We would not be able to do what we do without the support of our amazing Myles Ahead Community. We are inspired by their passion and dedication for child and youth mental health.

While community fundraising events help to provide Myles Ahead with required funding, it also connects us with endless amounts of hope that also fuels the work we do. In addition to the support through Myles Ahead's fundraising efforts, we are grateful to have received donations from the **Albert William Singh Memorial Foundation**, the **Ralph Barford Foundation**, and the **Azrieli Foundation**.

### 9.1 Run Myles Ahead Fundraiser

Since its founding, Myles Ahead holds an annual **Run Myles Ahead Fundraiser** in October on Myles' birthday weekend. In 2021, the fundraising event was a hybrid virtual and in-person **5km run or walk** for our community to come together and raise money for the charity's work and **celebrate Myles Kulperger's life**. In 2021, in honour of Mars Miazga-Kaufman who died from suicide in 2020, Mars' aunt Kristina Rettie coordinated a supporting fundraiser in the Town of Blue Mountain in honour of their life. We sincerely appreciate Kristina's efforts to generate approximately 40 participants and raise over \$4,300! Collectively, these two fundraising efforts **included 120 event registrants** who **helped us raise more than \$37,600 as part of our 3rd-annual Run Myles Ahead Fundraiser**. All this fundraising is critical to empower our work to continue advancing child and youth mental health.

As part of our dedication to [Truth and Reconciliation](#), we shared **15% of our proceeds, \$5,650, with Finding Our Power Together, "an Indigenous-led non-profit organization supporting Indigenous youth to access support and relationships that enable them to thrive."**



Figure 12. Instagram post to promote blog article

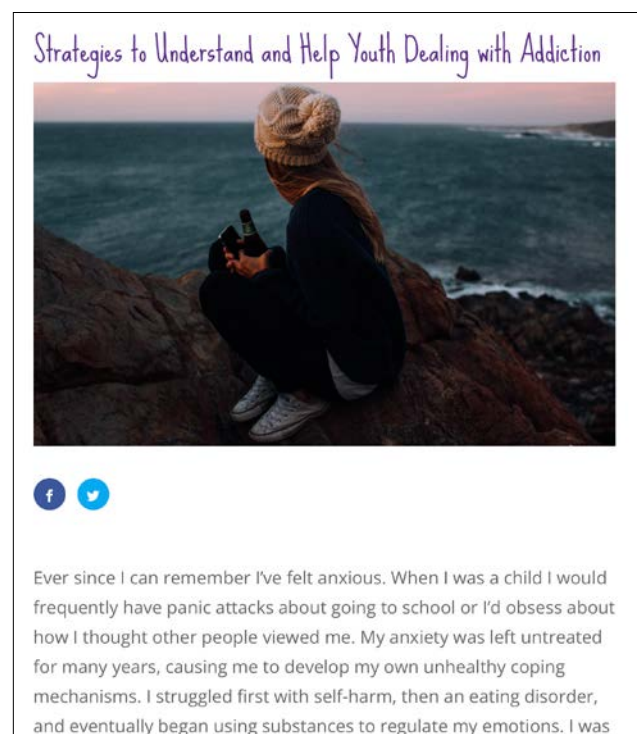


Figure 13. Blog article: *Strategies to Understand and Help Youth Dealing with Addiction*. <https://mylesahead.ca/strategies-to-understand-and-help-youth-dealing-with-addiction>



Figure 14. Blog article: *4 Ways Adults Can Support Youth Mental Health*. <https://mylesahead.ca/4-ways-adults-can-support-youth-mental-health>

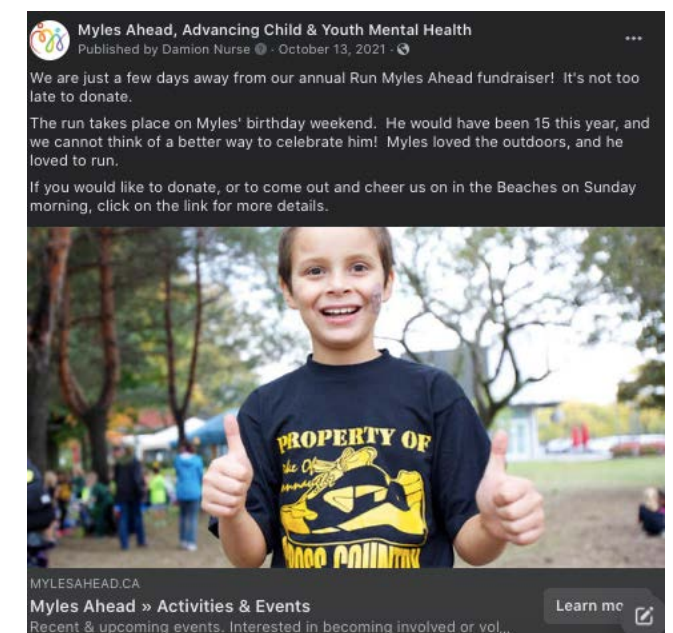


Figure 15. Facebook post to promote the Run Myles Ahead Fundraiser



9.2 Giving Tuesday Fundraiser

Given our yearly Run Myles Ahead Fundraiser, we almost didn't participate in a Giving Tuesday Fundraiser in 2021. We are very grateful that Enbridge Gas provided \$15,000 to support our donation matching campaign, and to help fund our Myles to Mars Initiative. Enbridge Gas' donation helped to create a more compelling Giving Tuesday Fundraiser for others to also donate.



We were deeply touched that the Myles Ahead Community helped us to exceed our fundraising goal, and we would like to extend a heartfelt thank you to the Myles Ahead Community for helping spread the word about our Giving Tuesday Fundraiser. In total, the **Giving Tuesday Fundraiser raised over \$34,000!**



Figure 16. Facebook post, thanking our donors!

10.0 Conclusion

Thanks to the support of our amazing community, volunteers, and donors, **we raised more than \$148,750 in 2021**, which allowed us to expand our impact in meaningful ways. For example, we were able to **co-design and publish SafER Space**, which is our debut Mental Health Initiative that supports a human-centred experience for advancing child and youth mental health in emergency rooms. We are excited about the transformational possibilities that SafER Space can have throughout Canada and look forward to speaking with children's hospitals and psychiatric wards to pilot SafER Space.

While it is important to reflect upon and celebrate all that was achieved in 2021, we recognize there is still a long journey ahead. We continue to be fuelled by our passion for children and youth mental health and wellbeing; and our dedication gets stronger every year to continue co-creating and supporting meaningful change to advance Myles Ahead's mission.

Advancing Child & Youth Mental Health... Myles Ahead!

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# Onwards! Upwards! Myles Ahead!



Algonquin Traditional Territory, in Ontario, and one of Myles' favourite places.



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