

Santa Ono: Broadcasting from the University of British Columbia, where the Ladner Clock chimes the hour, this is the Blue and Goldcast.

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I'm Santa Ono, the President and Vice-Chancellor of UBC.

Margot Young: I'm Margot Young, a Professor with UBC's Allard School of Law. The Blue and Goldcast, is a monthly podcast where Santa and I meet the people leading some of the most innovative and creative work coming out of the university. It's a chance to explore the research that happens here and see the impact it has beyond our campus.

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Margot: Santa, this is our May podcast and we're going to be talking to an academic from UBC's faculty of nursing. It's an interesting month to be doing that, because I understand it's the International Week of Nursing, the International Week for Mental Health and the International Week for Youth. We've got a researcher from nursing, who focuses on mental health issues amongst youth.

Santa: I think the timing is really perfect and I think that the topic is of broad interest. I'm really pleased that this is happening in May and I hope that lots of people listening, and because I think Emily is doing groundbreaking work. I think that they will learn a great deal that can be transferred to many different professions and many different kinds of individuals, really, throughout UBC.

Margot: Here on campus, we've just had our students finish their final exams for the year. Faculty and teaching assistants are at the moment, either still in the thick of or just finished their marking. It's a time where the stresses of the year really come to a peak and we're a community that is subject to the kinds of pressures and concerns that we're going to hear our guest today, talk about.

Santa: The other thing is that in May, after all the graduations are finished, it's a time to take stock and to think about what we can do better as an institution, as individuals moving forward into the next academic year. This is really, I think, the perfect timing for this conversation.

Margot: Yes, it is. It's a real moment of reflection, you take a sigh of relief that the academic year is finished. Although, for faculty we're onto what is our most research-intensive period and personally, I'm about to begin my sabbatical. I'm in a moment of reflection and a kind of optimistic looking ahead to a rich year, with different sorts of stressors than those of teaching and admin work.

Santa: For me, I'm going to be shaking about 9,500 hands. I think that the summertime is time for my hand to recover, but it's also a wonderful time of the year because I get to see all these new graduates. It really is the combination of a tremendous amount of work and it shows what they've accomplished. What it doesn't show is that many of them have overcome significant challenges and stresses to get to the stage and to receive that diploma.

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Margot: Up next, we talk to Emily Jenkins. She is a Professor at the UBC School of Nursing, where she focuses on youth-engaged research in mental health and substance use.

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Emily Jenkins: I worked in acute adult psychiatry for a number of years. I was frustrated with the ways that policies would come into place, that would result in patients being moved through the system before they were ready. We had approaches that operated predominantly from a biomedical model that wasn't effective in addressing many of the challenges that people presented with. I wanted to be able to focus on how we address or fix the mental health care system in Canada.

I became introduced to concepts of population and public health and strategies for working upstream and began to believe that I could have the greatest impact in my work, by working with young people and addressing those social and structural determinants of mental health or the root causes of mental health and substance use challenge and doing so with young people, so that the solutions that are generated resonate with them and their communities.

Margot: Can you elaborate, just a bit, on what it means to be working upstream?

Emily: We advocate for a mental health approach informed by population or public health that encompasses the spectrum of mental health need from promotion through to prevention and then on to treatment, where the majority of services are concentrated. Not a lot of work to date really focuses on that upstream area of promotion. We don't, at the outset of a study, come up with all of the hypotheses or the answers or the research approaches or data collection methods that we want to use and instead, we conceptualize an idea of what it is we're interested in and then we partner with community. We ask them, "What is it that you need and how can we contribute to answering those questions alongside you?" We work with whoever will help to solve an issue and we come together and then we identify community partners who will work with us through the whole spectrum of the research process.

One of the communities we work with is Vancouver's Inner-city Community. We partner with the Ray-Cam Cooperative down there, who's deeply engaged in that community. They will facilitate opportunities to connect with young people, who we'll then meet with and generate ideas for how the study will progress and what it will look like.

Margot: What's the Ray-Cam Community?

Emily: The Ray-Cam Community is a community center that's located in one of the most marginalized communities in our country. It is adjacent to a large social housing project, where families who experience the intersections of health and social inequities live. This includes things like extreme poverty, marginalization due to discrimination, exclusion.

Margot: Colonialism?

Emily: Colonialism is a big one in that community. Large urban indigenous population, we partner with them and their partners to try and ensure that we are respectful of what the expertise in that community are and that we help to build on strengths that already exist there.

Margot: You're really listening to the expertise of the people who are, in a sense, being studied, but being active in the course of being studied themselves. You deal, it sounds like, with youth who are facing some really significant challenges as they grow up.

Emily: We think that this is so important, because often these are the youth who are experiencing the greatest mental health or substance use challenge and we want them to be represented in the data that informs the policies and practices of their care.

Santa: Can you only talk just initially a little bit about why you moved towards this area of research on student and youth mental health?

Emily: It's interesting. It started off actually, not at all in the area of youth or student, but adult and that grew out of being the child of a mother with significant mental health challenges. Probably, around the age of seven, eight, I recognized that my mom was really struggling and had a deep desire to try and 'fix' what was going on for her and her experience. I'd made a commitment to her early on, that I would try and figure out how I could help to contribute to her healing and her wellness.

From there, I entered the nursing profession. I worked in acute clinical adult psychiatry for a number of years and in those settings, had the opportunity to see how our systems and the way they're structured limit our ability, as health professionals, to provide optimal, ethical, compassionate care to populations with mental health and substance use challenges.

Margot: I want to ask you, if you could go back now, given the perspective and the expertise you have as an adult researcher, and talk to that seven-year-old you were in that circumstance, what would you tell her?

Emily: I would tell her that it's hard and we get that, but that connecting with others, talking about the experience, finding key supports in your life are so critical and that's certainly what helped me to get through that period of time.

Margot: Those are really important words for children. What would you tell your mom or what would you tell a parent with a mental illness that they should think about or do to help their children?

Emily: Before I get into what to tell the child, I would say that just not to be too hard on yourself for having this experience, for struggling. I think the stigma out in society is strong, but so is the self-stigma and the guilt and the shame that comes along with it. Recognizing that it's not a personal character flaw, and there's many things that contribute to the experience.

Then, as much as possible to be open and honest and transparent with your child about the experience and about some of the symptoms that may accompany that experience and help them to understand that it's also not their fault.

Santa: In a real situation as yours was, it's sometimes very difficult for the parent to actually provide that advice because they're not in that state of mind. Sometimes, part of the issue or the conflict is between the child and the parent. In that kind of situation, what's the best way to intervene? Who should intervene and what is the best thing for them to do?

Emily: When I was a child and spoke about mental health challenge or my mom's mental health challenge, it was met with a response that was deeply grounded in that shame and that stigma that I was talking about. My mom was horrified that I had told people about her experience or the experience within our family context. I felt very silenced and like it wasn't my story to hold her to own. That had its own challenges in navigating that experience, which is why I suggest that openness and that willingness to discuss.

Certainly, the ability to do so is influenced by somebody's current state of well-being, but I suppose I would encourage people to find those connections in their life, those people who they are able to trust and to talk to and to get support from. If it's not within the family context, perhaps, it's within the school setting, community, service providers, those types of things.

Santa: Can you speak a little bit about what can be done in schools themselves to make it clear and easy for students to identify teachers and counselors who are properly trained and are literate in terms of mental health? How can we make it easy for students to find such counselors and trained individuals?

Emily: I don't know if I have a nice simply-packaged answer for that, because I think that often the most impactful relationships are those that develop somewhat organically, and not necessarily with that person who's identified as the trained, go-to support person who's going to help in the situation. For me, it was a basketball coach, and a leader and English teacher.

The way that they demonstrated that they were a safe person that could provide support, was by showing up in a way that demonstrated a commitment to the youth that they were working with, went out of their way to acknowledge me when they would pass me in a hallway. For me, things really shifted when this coach, how she connected with one of my science teachers, where there was some early types of tension developing and I thought, "Oh, here we go. Things are happening over again for me." She said, as I walked in the door, "That's a good kid there." Things immediately shifted for me. That continued to cycle throughout relationships in the school setting.

Margot: Is there more to the story about your relationship with the basketball coach?

Emily: I suppose that that sparked that trust and that relationship that carried on for several years. I think it was in my grade-10 year, that basketball coach, her name was Deb Failing. She actually transferred to a different school, but that relationship

continued and I would send letters and Christmas cards and stuff through another really meaningful teacher, my English teacher, Maureen Mace.

I think I last visited her at one of the schools she was teaching at, when I was doing my undergraduate degree in nursing. Then, when I went to visit another time, she'd retired. I tried to track her down without luck.

Then last week, there was an article in the Vancouver Sun about the work that I'm doing around cannabis and youth and harm reduction, and actually got an email from her, which was very exciting saying-

Margot: What did she say?

Emily: She said, "Congratulations, Dr. Jenkins. It's so great to be able to see the work that you've been doing and the accomplishments that you've made." Congratulating me on that, and we have plans to meet up actually now, but it was just that full circle. I said to her in a response, "Well, the work that I do today is grounded in evidence that demonstrates the impact of connection on youth mental health. It's informed by my personal experience of knowing how meaningful that can be, and how that can change the trajectory of a young person's life."

Margot: Do you think that your basketball coach had a sense that things were tough at home for you or was she just kind of doing her job with kids she particularly liked and doing her job well?

Emily: I don't know what the situation was there. If it would have been obvious or not, I think that she was a really intuitive person, who probably could tell that there were struggles happening in one form or another, whether they were at home or in school.

[music]

Speaker 1: You're listening to the Blue and Goldcast on CiTR 101.9 FM, UBC's campus radio station. Back in one minute.

[music]

[phone ringing]

Answering Machine: Hello, you've reached the voicemail box of the Blue and Goldcast. If you're an artist or musician at UBC, we're keen to hear about your work. Wait for the beep and then tell us about what you do. At the tone, please record your voice message. When you are finished recording, you may hang up or press, Pound for more options. [beep]

Patrick: Hi, my name is Patrick McWilliams, I'm the singer for *Gone Sugar Die* and formerly of *The Cut Losses*.

[music]

People have told me that the way I sing, I guess, it's still very unique. They just say it sounds like me. Oh, that's a compliment.

[music]

There was one time, I think it was probably the first show that I played at UBC, I was super scared and didn't know what to think about playing at a big university like that. We show up, and we were actually playing in, I guess, it was like some form of a study room or something, but there was probably four people in there. We had to cram in drums and a bunch of synthesizers and guitar amp. It's actually more intimidating because it's a lot more intimate, to see if they were losing interest.

[music]

I feel like part of my musical experience is almost performance art. You have to be careful when you do stuff like that, because it can start to take away from people listening to the music. I think it comes from what I said before about playing in a small room like that at UBC and then being humbled and being reminded that it's not like watching the TV, they're living and breathing, the same way that I am up on stage.

The song called *Growing Old*, it's soaked in irony because when I wrote it, I think, I had just turned 21. I'd always thought, "I'm going to turn 21 and I'm going to go to Vegas the next day, and it was going to be this glorious thing." Then, I remember turning 21 and I was like, "Oh, my God, this is terrible because now for the next 70, 80 years of my life, I'm never going to turn 21. I'm just going to be old and I'm not going to get any younger."

When *The Cut Losses* ended, it was a pretty sad time for me. Every artist struggled with what to do next, but I actually found a home in going to my roots. One of my favorite bands was, The Bravery. I got in contact with their bass player, Mike, who became a penpal for a bit and I was saying, "Hey, your band went through a breakup, mine's breaking up. I've got all these songs, but I'm feeling lost." One thing led to another and now we're in a band together.

I just got back from LA, finishing up a record. It's going to be a bit darker than my normal music, but still very pop. I've never been more excited to be in a band or working on new music or have something coming out like that.

[music]

Santa: We're here today with Emily Jenkins, a professor at UBC, and she's doing some really wonderful work on youth mental health. How would you say policymakers are responding to the outcomes of your research and the recommendations that stem from your findings?

Emily: I think it's early days, but there is already a response. We see responsiveness. One of the communities we worked with was a rural community located in North Central, British Columbia, and the work involved, the young people, presenting regularly to their city council to talk about the advancements that they were making around youth mental health promotion. City Council was very responsive to this, and clearly impressed by the skills that youth were gaining, in terms of identifying the challenges in their community and generating responses to it,

and so they actually funded the development of a web app that was designed by young people for their community to enhance connectedness.

We know that that's a critical piece in supporting mental health. We saw some support from policy there. Some of our community reports because we don't just publish in peer-reviewed journals. We make sure that we generate outputs that are grounded in the needs of the community and present the evidence and the findings in a way that are accessible, and that they can use in their own advocacy efforts. Some of those pieces are being used at a municipal level to try and create some shifts in the policy landscape here right now.

Margot: Emily, how have you implemented your research findings in your own teaching practice?

Emily: I created an assignment on self-care and coping for students with the intention of building capacity for promoting well-being. We've incorporated that into the mental health course in the school of nursing here at UBC. We start off every class in the mental health course with some mindfulness practice or meditation practice. We're really trying to go beyond just speaking about mental health and honoring and providing space to try and improve mental health outcomes for students.

One of the key assignments for the course is to develop a self-care toolkit. The self-care toolkit is an opportunity for students to reflect on stressors in their lives, both within their personal life, but as nursing students, as they enter into a clinical profession where they're going to encounter some significant challenges around caring for others and provide them with an opportunity to explore evidence-based ways to care for oneself.

Since that time, it's become one of the key components or assignments within Nurse 180, which was designed by my colleagues. It's an interdisciplinary course open to all undergraduate students, and so now students from across campus can benefit from the opportunity to really take some time to explore these mental health and coping practices.

Margot: Sounds really useful and important. Would it work outside of nursing and other faculties like, say, the faculty of law where I am?

Ono: It could be useful for faculty and staff and administrators as well, maybe.

Emily: Maybe we've got a UBC wide initiative coming out of this show.

Santa: I can say that I can really appreciate what you're doing and the voice of youth. Being a President of a university with over 65,000 young people, some that are just a year or two older than individuals that you were speaking with. They come to me and talk about the challenge of mental health on university campuses. We really benefit from the views of youth at the university, about their direct experience, about what exists, what works, what doesn't work, and what's lacking. I really think that the work that you're doing is extraordinarily important.

The question I have for you is how can academia, how can people like me help you in what you're trying to accomplish?

Emily: It's great to have or to be at a university with a President who is so supportive of this mental health agenda. One of the things that, I think, is so important as faculty in an institution such as UBC, that we start to break down some of those barriers that exist, that we work to create the stigma that surrounds the creation of some of those barriers, and that we're as open, as open as we feel comfortable with and can be with students who we work with about our own encounters with mental health challenge, whether they be personal, whether they be somebody who we're closely connected with.

The work that you've been doing to share your personal experience Professor Ono, and helped to create a culture at the university that embraces those types of discussions, I think, is really critical.

Santa: Can I just test something off of you just through my life experience and see if it makes any sense to you? I think part of stigma results from individuals thinking is just you and that the other person is strong and you're the one that's struggling. I think over time, one of the things that I've realized is that everyone is struggling at one time or another. I think that the sooner we get the word out that everyone is struggling and that everyone can be there as the extra support or the crutch at one point or another, that it'll do a great deal of good in schools and in corporations and institutions. Is there truth to that?

Emily: Absolutely. I think that was part of what I was trying to get at, in terms of as a scholarly community or faculty community, how we serve as that point of connection and start to be that person who a struggling student could go to.

Santa: I know I'm really just focused a lot on university-age youth, but one of the things that we all talk about when we get together and discuss what's happening in universities around the world is the increasing incidents, if you will, of university students that have mental health challenges. Can you talk a little bit about why that's the case? Is it that it's a particularly stressful time in life? Is it career prospects? Is it the relationship of this generation with their parents? Is it all of the above? What do you think?

Emily: I do think it's all of the above. As you know, there's been a significant increase in the proportion of young people, students, who are seeking mental health care in the last five years, a 35% increase. There's a lot of hypotheses around why that is, and you've named a couple. There's some that suggest that with the anti-stigma campaigns that have started to become more popular, that we've managed to reduce some of the stigma and you're actually seeing more people go and seek out care, but there's also concerns about increasing distress related to social media and to what's expected of young people and the workload.

It also collides with a point in a young person's life where just naturally that's when mental health challenges emerge, 70% of mental health challenges emerged before 24 years of age, and show chronicity after that. It's like the perfect storm, people are away from their families and friends and support networks, perhaps, for the first time. There's a lot of expectation here at UBC, entrance requirements, 90% average

across programs. It's a lot and these are young people. I think that there's a number of things at play here.

Santa: I just want to end and come back to the basketball coach, and also to your own life, and in some ways, my life as well. You wanted to care for your mother and that's really quite a task for any child. That is difficult for a young person to deal with, as the young person is developing and is still a kid having to take care of a parent that's struggling.

In your case, you had the basketball coach, and I had someone like that too. You said that your basketball coach moved on and you were able to keep in touch with letters and things like that, and you've been reunited with one of them. It's a beautiful story, but what did it get to is you can see how important that basketball coach or whoever it is might be for in another family is to that whole family, not just to the student, but also to the adult at home.

In my case, when I had to say goodbye abruptly to somebody who was my saint, the person who was there for me, it was a crushing blow. I guess the question that I have for you because of your own life experience and also what you study and the recommendations that you make for policy through your community-based research, that difficult moment where your support network, for no bad reason because they're getting married and they're moving somewhere else to Edmondson or something like that, when it suddenly disappears and you're a young person and you're also playing an important role in the mental health of a loved one, sometimes your parent, what can be done to mitigate that blow?

Emily: I think what I learned from my experience was the important role that those of us who work to engage young people and connect with them and be that support, the important role that we play in helping to create additional connections for them. That was what had happened in my experience is that through that relationship, I had developed additional relationships or additional teachers who came on board and were safe person.

The work that we try to do in community is to make connections, to build capacity and to help young people be able to identify additional sources of strength in their community, places and people that they can go to to be supported.

Santa: Emily, thank you so much for spending time with us. Your own story is very moving, your work is inspirational. We're proud that you're at UBC and we are at your disposal. Whatever we can do to be supportive of you in your work, that will impact not only UBC, but young individuals and families around the world.

Margot: Thank you, Emily. I've learned a lot and I've really enjoyed hearing about your work.

Emily: Thanks for having me.

[music]

Margot: You can find links to Emily Jenkins's work at our website, blueandgoldcast.com.

[music]

MJ Zeman: Most people are going to go out and celebrate, "I'm 19, I'm legal of drinking age." Meanwhile it's like, "I lose my social worker, I lose my counselor, I lose all my support system and I'm completely independent with no supports at all."

Hi, I'm MJ Zeman and I am a current UBC nursing student. I was in the foster care system and I didn't have such a great experience. There was a lot of adversity that I faced and a lot of moments where I was quite alone, trying to advocate for myself. I think as a result of a lot of the experiences that I had, it made me, perhaps, a bit more vulnerable to more extreme forms of mental illness including severe mood disorders, as well as some experience with eating disorder and anxiety. All those sorts of things played into each other and made it quite challenging to live a normal life because I didn't really have the support and the means to find the wellness that was actually possible.

I heard this little voice inside my head that was saying, "This can't be the end of your story." Even though I was really self-destructive in that moment and I really felt like that wasn't true, there was still this voice inside of me that was really still pushing me to make a difference in the world and so I pursued more education and started studying psychology with the hopes of becoming a psychologist or a counselor of some sort.

I spoke a little bit about my experiences with mental health and trying to access to the system and the things that didn't go very well and started talking about essentially what I thought could make it go better. At the time, I didn't realize it was policy, but a good friend of mine pointed that out to me. He was like, "That's actually policy you're talking about." That ignited that whole trajectory with regards to mental health policy that I've done work with.

[music]

Having that ability to transform my negative experiences into something that could ultimately be useful to other people and useful to making system change, I think that was the biggest takeaway for me was that I actually have something to offer. Then from there, I met Emily Jenkins and she really encouraged me to apply to UBC's program in nursing.

[music]

They always say nursing is the most intense undergraduate degree and it's notorious for that and so coming into it and recognizing that the profession is also very demanding and the school experience is very demanding and that I felt like there needed to be some sort of initiative around talking about mental health. We started Timeout Check-in. I guess the idea was that we wanted to take a moment, see, timeout and check in with each other and create a sense of a safe space where people could voice concerns and hear what other students are using for coping.

[music]

MJ Zeman: For a lot of us school can be really triggering because the intention is for us to grow as people. I know I've been triggered in my program, but I think that a lot of people may not recognize that that's actually what's going on and then, maybe, they'll resort to more maladaptive coping mechanisms like substance use, because it's more socially acceptable. You go drinking out with your buddies or whatever, it's just totally accepted, whereas to say, "Hey, I'm not okay. I think I'm actually having some mental health challenges," it's not so socially okay.

[music]

MJ Zeman: I think that grades can be a great tool, but I also find that when we rely on them too heavily, we move into that territory as them becoming the defining benchmark for who we are as people. I feel like moving away from that is a prevention technique. Students are feeling that stress and there's a reason why we're seeing this increase in mental health conditions in post-secondary because it's just so intense. I think two things we can do right now is address that culture and then also addressing the services actually meeting the students' needs.

Just to give one example, I went into the office and had to fill out a form. It was extremely triggering because some of the questions that were on there were not asked by a person directly to me. It was just really hard to walk away from that appointment not feeling the negative effects of those questions without follow-up. Maybe taking some time to evaluate how are things working? If we were going to think about student mental health in totality, I just think about nothing for me without me, honestly.

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Margot: That does it for the May edition of the Blue and Goldcast.

Santa: If you have a topic you'd like us to cover or you want to ask me or Margot a question, send us an email at blue-and-goldcast@ubc.ca.

Margot: The dashes are important in that address. You can also subscribe to the Blue and Goldcast on Stitcher, Apple Music or iTunes by simply searching for Blue and Goldcast. While you're there, give our show a rating and review, it helps more people discover the show.

Santa: We're back next month. Congress of the humanities and social sciences will be at UBC this year. We'll bring you a special edition of the Blue and Goldcast.

Margot: I want to just come in here, sneak in at the end and say for those of you who don't know what the Congress is, we get some of the most exciting, novel, innovative and I don't know--

Santa: Awesome people.

Margot: It's a period of intense, engaging and cutting-edge intellectual work. It's so exciting to have the Congress at UBC this year. I'm really looking forward to it.

Santa: There'll be about 10,000 people, leading scholars and also trainees, both graduate and undergraduate. The campus will be fully occupied during Congress.

Margot: We're going to bring some of the really cool new research that Canadian at different universities are doing to this podcast.

[music]

Speaker 6: You have been listening to [unintelligible 00:39:28] production.
[unintelligible 00:39:31] Find out more at [unintelligible 00:39:33]

Margot: Do you think that you got enough of the Congress description because I completely screwed up so much of that. I wouldn't mind doing it again because I'm worried that I just muffed it too much by calling my colleagues wild.

[laughter]

[00:39:54] [END OF AUDIO]