

# **WE LIP Mental Health Roundtable**

**February 13, 2020**

Funded by:



Immigration, Refugees  
and Citizenship Canada

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Immigration, Réfugiés  
et Citoyenneté Canada

# WE LIP MENTAL HEALTH ROUNDTABLE

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Research evidence shows that immigrant, refugee, ethnocultural and racialized populations are more exposed to the social determinants that contribute to mental health problems, access mental health services less often and face numerous barriers when accessing services. Barriers include stigma, language and cultural barriers, and long wait lists for mental health services.

Recommended solutions include strengthened partnerships between settlement and mental health service providers, and increased investment in culturally and linguistically appropriate mental health services.

IRCC's 2019 Call for Proposals included a focus on customized services that address newcomer needs for mental health and well-being support, including activities that reduce barriers and increase newcomer awareness of and access to mainstream physical and mental health services. As we move forward with these investments, we hope to learn from and share local best practices with other communities, while engaging stakeholders in creative problem solving to address outstanding challenges.

On February 13, 2020, the Windsor Essex Local Immigration Partnership hosted a Mental Health Roundtable. This was an opportunity for 44 local stakeholders from various sectors including healthcare, community supports, education, and newcomer service providers to discuss mental health issues as they relate to newcomers and immigrants.

The following is a summary of feedback provided by participants.

# WE LIP Mental Health Roundtable Agenda

February 13, 2020

12:00 – 2:00 PM

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<b>12:00</b>	<b>Registration &amp; Light Lunch</b>
<b>12:15</b>	<b>Welcome</b> Michelle Suchiu, Community Connector, Windsor Essex Local Immigration Partnership
<b>12:20</b>	<b>Opening Remarks</b> Tanya Chute-Molina, A/Assistant Director, Settlement Network, Immigration, Refugees and Citizenship Canada
<b>12:30</b>	<b>Background Information</b> Sarah May Garcia, Manager, Health Links and Priority Populations, Erie St. Clair Local Health Integration Network
<b>12:40</b>	<b>Ontario Health Updates</b> Ron Sheppard Director, Strategy and Integration, Ontario Health (WEST)
<b>12:55</b>	<b>Navigating the Mental Health System</b> Joyce Zuk Executive Director, Family Services Windsor-Essex
<b>1:05</b>	<b>Roundtable Discussion &amp; Feedback</b>

# ATTENDEES

Name	Organization
Ilda Demir	Angela Rose House
Luciana Rosu	Bulimia Anorexia Nervosa Association
Claudia den Boer	Canadian Mental Health Association Windsor-Essex County
Ewelina Horochowik	Canadian Mental Health Association Windsor-Essex County
Kim Willis	Canadian Mental Health Association Windsor-Essex County
Didier Marotte	Centre communautaire francophone de Windsor-Essex-Kent
Lori Kempe	Children First
Mary Ellen Bernard	City of Windsor / Windsor Essex Local Immigration Partnership
Leda Conlon	Canadian Mental Health Association Health Centre
Sydney Delicata	Canadian Mental Health Association Health Centre - University of Windsor Nursing Student
Hussein Kawas	Conseil scolaire catholique Providence
Ron Sheppard	Erie St. Clair Local Health Integration Network
Sarah May Garcia	Erie St. Clair Local Health Integration Network
Joyce Zuk	Family Services Windsor-Essex
Patrick Kolowicz	Hôtel-Dieu Grace Healthcare
Sonja Grbevski	Hôtel-Dieu Grace Healthcare
Terra Cadeau	Hôtel-Dieu Grace Healthcare
Doris Stillman	House of Sophrosyne
Tanya Chute-Molina	Immigration, Refugees and Citizenship Canada
Lori Labute	Maryvale
Morana Sijan	Maryvale
Jean Laforge	Mental Health Connections
Rima Nohra	New Canadians' Centre of Excellence Inc.
Sonila Kacagjeli	New Canadians' Centre of Excellence Inc.

# ATTENDEES

Name	Organization
Claire Roque	RCEC Diocese of London Refugee Ministries
Carolyn Warkentin	South Essex Community Council
Ana Milojevic	The Multicultural Council of Windsor & Essex County
Christine Frangione	The Multicultural Council of Windsor & Essex County
Jennifer DeMaeyer	The Multicultural Council of Windsor & Essex County
Kathleen Thomas	The Multicultural Council of Windsor & Essex County
Rebecca Saad	The Multicultural Council of Windsor & Essex County
Delia Pelger	The Windsor Women Working With Immigrant Women
Olivia Brezeanu	The Windsor Women Working With Immigrant Women
Rodana Abi-Abdallah	Unemployed Help Centre of Windsor Inc.
Kelsey Santarossa	WE Value
Nadine Manroe-Wakerell	Windsor Essex Community Health Centre
Marina George	Windsor Essex Local Immigration Partnership
Michelle Suchiu	Windsor Essex Local Immigration Partnership
John Recine	Windsor-Essex Catholic District School Board
Stephanie Repsys	Windsor-Essex Catholic District School Board
Charlotte LeFrank	Windsor-Essex Children's Aid Society
Neil Mackenzie	Windsor-Essex County Health Unit
Stephanie Lyanga	Women's Enterprise Skills Training of Windsor Inc.
Hugo Vega	YMCA of Southwestern Ontario



**Tanya Chute-Molina, A/Assistant Director, Settlement Network, Immigration, Refugees and Citizenship Canada**

Tanya provided remarks on behalf of Immigration, Refugees and Citizenship Canada (IRCC) including IRCC's interest in learning from local best practices, while engaging stakeholders in creative problem solving to address challenges. She also reflected on the 2019 IRCC Call for Proposals which included a focus on customized services that address newcomer needs for mental health and well-being support, including activities that reduce barriers and increase newcomer awareness of and access to mainstream physical and mental health services.



**Sarah May Garcia, Manager, Health Links and Priority Populations, Erie St. Clair Local Health Integration Network**

Sarah May provided a brief history of the formal partnership between ESC LHIN and WE LIP, including community engagement that resulted in strategic planning and prioritization. Years of relationship building and co-design between the health care system and settlement sector has resulted in change initiatives including: funding of the VON Immigrant Health Clinic, the We Speak language project (to be released in March 2020), and now a direct focus on the need for health and settlement sectors to work on the mental health and wellness needs of newcomers and immigrants.



**Ron Sheppard, Director, Strategy and Integration, Ontario Health (WEST)**

Ron explained the health care system transformation that is currently underway, and what it means for the diverse communities in Windsor Essex. Ontario Health is the agency that is being created from 20 smaller agencies, including many functions of the Local Health Integration Networks. At a local level, the Ontario Health Teams (OHTs) will take on the LHIN oversight function, and will provide a new way of organizing and delivering care that is more connected to patients in their local communities.



## Joyce Zuk, Executive Director, Family Services Windsor-Essex



Offering perspective as a Mental Health Service Provider, Joyce Zuk provided remarks at the event. Following the Roundtable she has contributed the following insights to this report:

One of the key aspects of effective mental health treatment is for a practitioner/counsellor to be able to form a therapeutic alliance with a client. One of the key ways to facilitate this process is to provide therapeutic treatment in the client's language of preference.

At Family Services Windsor-Essex we have recognized this aspect of treatment for many years. Using professional interpreter services, Language Line services and recruiting counsellors who speak a variety of languages and dialects is a fully integrated part of our process. From the initial call for services to the delivery of treatment, we work to remove barriers for accessing treatment.

Historically we understand that our inability to provide services in different languages has created a barrier for many in need of assistance.

We were excited to support the We Speak initiative of WE LIP and the Health Equity for Newcomers and Immigrants Committee. We Speak provides simple, one step access to interpreter services for agencies in our community.

In making our services more accessible, we were also confronted with the fact that our traditional methods of mental health treatment may have been less effective for newcomers. Traditional cognitive behavioral therapy and other forms of mental health treatment contain a cultural and western bias. Some of our work failed to acknowledge the experience of those from other countries and those whose values and beliefs differ from traditional North American practices.

With this acknowledgment our staff began to investigate alternate forms of clinical treatment to improve mental health. In doing so we discovered that the application of a wide variety of mindfulness techniques and the incorporation of physical activity (i.e. yoga) had a significant impact in promoting better mental health for newcomers. Critical to our understanding was the recognition that settlement and adjustment is fundamentally different from mental health and well-being.

We are excited to continue to examine and find new ways to expand our service offerings. In doing so we are ensuring that our supports and services are impactful for those we hope to help. This work starts by addressing a client in the language that they spoke from birth and feel comfortable sharing some of the most private details of their life in.

# 1. CHALLENGES AND BARRIERS

- a) When accessing/providing mental health programs and services, what are some of the challenges and barriers faced by:

Newcomers	Mental Healthcare Providers	Newcomer Service Providers
Stigma	Tools are not effective	Healthcare system is so large – who is next case
Language barriers	Not getting to mental health concerns until newcomer has been in Canada for number of years	Levels of communication
Wait times	Gap between settling and accessing services	Core business can result in many agencies doing small amounts
Trauma	Funding	Need to shift resources to do most good
Trust (safe space)	Finding practitioners who can provide services in other languages	Build cultural capacity of mental health system
Cultural differences	Credential issue and regulation bodies	Need financial flexibility from funders to better meet the needs of newcomers
Navigation	Foreign-trained physicians	Need to be creative so right provider is providing services
Transportation to appointments	Capacity – takes time and resources to bring services that are appropriate	No capacity
Relatability of their experiences to system	Provide trauma support to settlement workers/interpreters	Knowledge, expertise (clinical background)
Identification that there is an issue	Role of family in treatment	Community resource support and knowledge of resources
Perception that mental health is not a real issue	Understanding cultural differences	Language barriers
Can't be translated culturally	Openness of what we don't know	
Faith	Language barriers	
Many other issues		



## LOCAL BEST PRACTICES

b) Please list successful local clinical and community supports initiatives that address language and cultural barriers for newcomers with mental health needs.

Clinical	Community Supports
Family Services Windsor-Essex – counsellors	Centre communautaire francophone de Windsor-Essex-Kent
Regional Children's Centre – grant to develop Triple P "Positive Parenting Program" presentations in Arabic	Collège Boréal
Trauma support to workers	South Essex Community Council (Mental Health First Aid) for every employee; also going into greenhouses and immigrant serving agencies
Child and youth 1 - client information system Children First and Regional Children's Centre	New Canadians' Centre of Excellence Inc.
Indigenous Cultural Safety Training	Assisted Living Southwestern Ontario
Windsor Essex Community Health Centre Mobile Unit - providing health care at greenhouses with social worker present	

## RECOMMENDATIONS

### c) What more could be done?

- Decrease silos of education so students feel supported; it's necessary to enhance education outcomes to have access to mental health services for all students and helps teachers and other educators do their jobs
- Encourage groups to come forward when they need supports, then listen to what supports they really need
- Hard to reach men, need to explain different ways to approach – more inclined to stress management, need culturally appropriate tools
- York University has Newcomer Hub for the vulnerable
- Trauma support/debriefing for workers (compassion fatigue, vicarious trauma)
- Non-traditional services
- Centres of Excellence

## INFORMING LOCAL PLANNING

### d) What would you like Ontario Health and Ontario Health Teams to know about newcomer mental health as they set their strategic goals for provincial, regional and local health care?

- Flexibility of funders within organizations/sectors
- Limited defined funding structures create barriers
- Maximizing cultural capacity of healthcare/housing organizations
- Western models of treatment (bring forward and deal with it) can be different than for a person who has been traumatized
- Newcomer populations are not homogeneous
- Strategic goals – need to remember that newcomers are part of the priority target populations – they are not their own separate category
- Peer support and consultation
- Universal design
- All client information following client (not having to retell story and fill in multiple, similar documents)
- One database

## 2. STIGMA

### LOCAL BEST PRACTICES

a) Please identify successful local initiatives that:

Aim to reduce mental health stigma	Increase newcomer awareness of and comfort accessing mental health services
Bell Let's Talk	Peer involvement
Canadian Mental Health Association Suicide Prevention Month	VON Immigrant Health Clinic - Mental health counsellor
Wake Up, Speak Up Canadian Mental Health Association	Multicultural Council of Windsor and Essex County partnership with the University of Windsor therapists speaking the language
Rock Your Soul Event	Bounce Back Program offered in six different languages
Recovery Day	MySSP (University of Windsor app to access counselling in 140 languages)
Wellness initiative through Multicultural Council of Windsor and Essex County e.g. outings to Ojibway Park for families	Settlement workers in schools (link between families and schools) – not social workers though
Sole Focus	Training and teachings at the school level
Multicultural Council of Windsor & Essex County and Family Services Windsor-Essex therapist	Immigration, Refugees and Citizenship Canada - short term counselling services offered
Canadian Mental Health Association Sole Focus / Multicultural Council of Windsor and Essex County / Family Services Windsor-Essex	Angela Rose House
Education	Outreach – go to them, where they are
Collaboration	Partnerships with settlement agencies
Navigator	
Stigma Enigma (Maryvale)	
Outreach	
Mental Wellness	
Sandwich Community Health – Windsor Essex Community Health Centre	
Maryvale – navigation with newcomers, reaching out to clients	
Social determinants of health	

## RECOMMENDATIONS

### b) What more could be done?

- Tailoring community events to be more inclusive to newcomers and immigrants
- Incorporating the peer aspect
- Increase in resources
- Micro delivery of services, targeted rather than overloading or trying to make it all-encompassing
- Providing information about services available in multiple language
- Materials for newcomers about it being okay to come to events, to reach out for support, breaking down that barrier
- The messaging
- Staff education
- Work in partnership with community resources
- Collaboration
- Work on prevention
- Continuous provider education
- Increase in training but increase in manpower and to address rising numbers and complexity of needs
- Eye Movement Desensitization and Reprocessing training on large scale for increasing therapists' capacity to treat trauma
- Youth mental health waitlists are too long – curriculum in schools



## INFORMING LOCAL PLANNING

- c) What would you like Ontario Health and Ontario Health Teams to know about newcomer mental health as they set their strategic goals for provincial, regional and local health care?
- The collective trauma newcomers and immigrants are exposed to – the need to provide services to families together
  - Mental wellness strategies (preventative work) strengthening families to access services but building resiliency as well and focusing on/building on the resiliency they already have
  - Language and education around language and being culturally sensitive – the terminology being used i.e. translations
  - Incorporating peer “ambassadors” to help involve newcomers and immigrants
  - Programs have to be offered to all, not just those with newcomer status, non-immigration status not being a barrier to accessing services
  - Including international students in services being offered in our community
  - Provide trauma support for support workers “more frontline resources”
  - Have providers and clients sitting at the table with designing pathways
  - Keep work moving from “bottom” – “up”
  - Caseloads for mental health support staff/navigators and therapists are very large
  - Waitlists contribute to lack of access
  - Increase money for feet on the ground, frontline workers
  - Credentialed newcomer clinicians

# BUILDING BRIDGES

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## LOCAL BEST PRACTICES

a) Please provide some examples of how settlement and mental health providers have worked well together in Windsor-Essex to address newcomer mental health needs?

- Windsor Women Working With Immigrant Women (W5) – mental wellness program for newcomers.
- W5 is the access point (no more than five appointments with clients) – 35 languages inhouse – focused on social inclusion and supporting newcomers, especially those adjusting and integrating to Canadian society in ways unacceptable to parents – initiating threats to life, also some experiencing trauma
- Referrals to Canadian Mental Health Association and Family Services Windsor-Essex (FSWE)
- FSWE with Ontario Greenhouse Vegetable Growers (OGVG)
- Seeing clients where they are and identifying needs and threats early on is essential and can be seen more easily by settlement workers, staff, teachers, etc.
- WE Value and FSWE – not yet in motion
- Windsor Essex Local Immigration Partnership (WE LIP) – Health Equity for Newcomers & Immigrants (HENI) Committee
- VON Immigrant Health Clinic
- Collaboration with Family Services Windsor-Essex
- Settlement services who support basic needs – food, housing, etc. focus on settlement first
- Dr. Ku partnership with Multicultural Council of Windsor and Essex County
- Dr. Mohanty study – resilience in newcomer youth

b) What are the current challenges in working together?

- Language Assessment & Resource Centre and in the History of Assessment Referral Tracking System (HARTs) , there is a checkbox for those confirming they would like support. It has been a challenge with follow-up and not knowing where the referral was sent
- Not all frontline staff know where to refer to or where/with whom their organizations are partnering
- No decision tree for staff or follow-up
- Language barriers – which organizations offer which languages, how to send a client to an organization – directions and list of languages needed



- Stigma – mental health is not necessarily a common topic of discussion in other countries
- Cost – does FSWE charge after two/three sessions?
- Trust – hard sending a client to another organization when they have trusted you with their trauma; could a counsellor meet them at the service provider organization?
- Not having the right approach – we need to help newcomers adapt to system, but we also have to adapt the system to the newcomers and to diverse populations in general
- Training – emotional capacity of settlement staff and teachers
- Transportation
- Freedom or time (from family or work)
- Importance of cultural context
- Giving families time to adjust to new life in Canada before new expectations kick in
- Such different concepts of families and family services i.e. stay together no matter what – not recognized in our system
- Dynamics between parents and children in different countries (i.e. kids come here don't feel they have to listen to their parents)
- Stigmatizing of mental health/lack of context for conversations about mental health
- Don't always know where the client has been before, or if this could be a recurring/ongoing struggle

## RECOMMENDATIONS

c) Who else could be engaged to help address these challenges?

- Could providers be responsible for more itinerant assessments? Meeting clients at newcomer service provider organizations or embed themselves into the organization
- Challenge policies; sharing client data and information so that we can see where the client has accessed services before and avoid re-telling stories
- Look at sector more broadly
- Activation centres; community centres, recreation centres, Life After 50, etc., i.e. African Community of Windsor (ACOW) started with a soccer club as an outlet for Rwandan Genocide survivors and grew from there
- Allowing international professionals to use skills and talents
- Encourage multilingual qualified graduates to use their language

## INFORMING LOCAL PLANNING

d) What would you like Ontario Health and Ontario Health Teams to know about newcomer mental health as they set their strategic goals for provincial, regional and local health care?

- No fear of trying something new
- Diverse approach – but ensuring that it is a personal one
- Marketing strategy targeted at specific languages and cultures
- Language inclusivity – encouraging multilingualism in the workplace and funding
- Importance of social media
- Language is critical, but culture is too, challenge our own approaches
- Doctors may be vital in approaching the topic of mental health – have credibility with newcomers to say how you feel in your mind/emotions is as important as how you feel in your body
- Cultural competency must be a core competency
- Trauma support to settlement workers and interpreters (and other frontline professionals) – “we need to seek to understand”
- Trauma-informed approaches are crucial, but must also include ethnocultural perspectives
- Ethno-stress, settlement stress, stress in home country, stress in refugee camps
- Many forms of trauma eg. Trauma of racism and discrimination
- Understanding how trauma affects the body and brain
- Triggers – understanding those better
- Care needs to be trauma-informed from day one and not western version of trauma
- Learn more about newcomer groups/stories/services available
- People may not come to “mental health clinic/provider”, but will come to a community centre, family health team, café, etc.
- Need for ongoing training at all levels for management and frontline staff to ensure consistent adaptation to immigration and settlement trends

# NEWCOMER MENTAL HEALTH DURING COVID 19

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In April 2020, the Windsor-Essex County Health Unit (WECHU) developed a survey in partnership with the Windsor Essex Local Immigration Partnership (WE LIP) that was distributed in both English and French to 36 individuals from 31 organizations across Windsor- Essex. Responses were received from 27 individuals from 24 different organizations.

Newcomers identified mental health supports as one of the top identified needs and concerns:

- 88% of respondents identified feeling isolated and 81% identified fear of getting ill from the COVID-19 virus as top concerns facing clients
- 61% of respondents also identified less services to support mental health needs as a main issue.
- 39% said that supports for counselling would be helpful for clients at this time.

Based on the results of the first survey, a second survey was developed that gathered more information through open-ended responses from community partners and stakeholders, to better understand any continued concerns and ways to address these concerns.

The second survey was sent in both official languages to all voting members of the WE LIP council, of which 74 work directly with clients. Full responses received from 18 different organizations, from 20 individuals, and one partially completed survey were included in this report. This second survey was identified as a way to understand current efforts and possible solutions related to supporting their clients' needs during the pandemic. All members, regardless if they responded to the first survey, were asked to respond.



# NEWCOMER MENTAL HEALTH DURING COVID 19

In the second survey, 47% of the respondents noted that clients are continuing to face challenges when it comes to accessing mental health support. These access issues related to getting a referral from a doctor, finding services in their preferred language, and the stigma related to seeking support. Organizations are taking a number of approaches to address their client's mental health needs; these include linking clients to services that are appropriate for them, addressing the stigma about seeking support, and giving supports to help parents caring for children. Common themes related to potential strategies focused on continuing or expanding access to mental health by providing concurrent childcare, providing service via a trusted group or club, and expanding hours of service.

In order to address some of these issues, the Windsor-Essex Counselling Support line opened for those experiencing mild to moderate distress. The line is available 24/7 by calling (519) 946-3277 and offers timely, safe, and responsive professional service. English and French translation are available through this service. Counselling appointments are also available from Family Services Windsor Essex over the phone by calling 1-888-933-1831 or 519-966-5010. They use Language Line as a service to provide the translation and have councilors available that speak Arabic, French, and English.

A graphic for the Windsor-Essex Counselling Support Line. On the left, there is a logo with a blue telephone handset and three red dots. Below the logo, the text reads "Windsor-Essex Counselling Support Line" in bold. Underneath, a blue box contains the text "CALL (519) 946-3277". Below that, in smaller text, it says "OR 1-877-451-1055" and "AVAILABLE 24/7". On the right side of the graphic is a photograph of a woman with long dark hair, wearing a white shirt and blue jeans, sitting on the floor with her head buried in her hands in a distressed pose.

**Windsor-Essex  
Counselling  
Support Line**

**CALL (519) 946-3277**

OR 1-877-451-1055

AVAILABLE 24/7

## Counselling

### Covid-19 Services Status:

**WE ARE AVAILABLE FOR TELEPHONE COUNSELLING AT THIS TIME.**

**PLEASE CONTACT US AT**

**1-888-939-1831 or [info@fswe.ca](mailto:info@fswe.ca)**

**TO TALK WITH A COUNSELLOR OR SET UP AN APPOINTMENT TIME.**

# NEWCOMER MENTAL HEALTH DURING COVID 19

On April 15, the Federal Government launched the Wellness Together Canada: Mental Health and Substance Use Support, which provides no-cost tools and resources to deal with challenges related to COVID like isolation, financial and employment uncertainty, and changes to daily life. Ensuring that settlement agencies are relaying these supports to their clients is important.

To view the full WECHU COVID-19 Surveys for Community Organizations Report in English click [here](#)

To view the full WECHU COVID-19 Surveys for Community Organizations Report in French click [here](#)

## Next steps

### Virtual Mental Wellness Workshops 2021-2022:

WE LIP council members will review the Mental Health Roundtable report produced in fiscal year one to develop language specific Mental Wellness sessions. These virtual sessions will be facilitated by Canadian Mental Health Association (CMHA) and Family Services Windsor-Essex (FSWE). We Speak will be utilized for live interpretation. Promotional information will be shared with service providers, educational institutions and employers to share with their newcomer clients, international students and temporary foreign worker employees.

**Wellness Together Canada: Mental Health and Substance Use Support**

**Introduction**  
We recognize the significant strain that COVID-19 has placed on individuals and families across the country. Many people are concerned about their physical and mental well-being. Canadians are being challenged in a number of ways because of isolation, financial and employment uncertainty and disruptions to daily life. Wellness Together Canada provides tools and resources to help Canadians get back on track. These include modules for addressing low mood, worry, substance use, social isolation and relationship issues.

**What is Included**  
Wellness Together Canada offers the following at **no cost** to Canadians:  
1. **Wellness self-assessment and tracking.**  
2. **Self-guided courses, apps, and other resources.**  
3. **Group coaching and community of support.**  
4. **Counselling by text or phone.**

**Where to Start**  
Click the 'Get Started' button below to create an account. You have the option of completing a wellness self-assessment, and then choosing from the full range of no cost options for support. Without an account you can access immediate support by text and other helpful resources below.  
For COVID information and a physical self-assessment of COVID symptoms [click here](#).

[Get Started](#) [Sign In](#)

**NEED IMMEDIATE SUPPORT?**  
If you are in crisis or require support right away, please choose from one of the crisis options below:

[Youth: Text WELLNESS to 686868](#)

[Adults: Text WELLNESS to 741741](#)

[Front Line Workers: Text FRONTLINE to 741741](#)

**Call 911** if you are in immediate danger or need urgent medical support.

**HELPFUL RESOURCES**  
Canadians are resourceful and our population is diverse. To meet people's individual needs and preferences, we are offering a wide range of resources and support for Canadians. The resources below can be accessed without creating an account.

[Youth: Strategies for getting through this together](#)

[Adults: Strategies for coping with mental health and addictions](#)

[Create an account](#) to get started and access more resources and support.