

Guidance Resource



Simcoe:

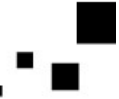
P.O. Box 247, 12 Gilbertson Drive
Simcoe, ON N3Y 4L1
519.426.6170 or 905.318.6623

Caledonia:

282 Argyle Street South
Caledonia, ON N3W 1K7
905.318.5367



Guidance Resource



TOPICS

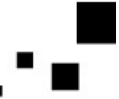
- Abuse
 - Children Witnessing Abuse
 - Dating Abuse
 - Woman Abuse
 - Reporting Abuse
- Bullying
- Eating Disorders
- Grief Counselling
- Mental Health/Depression
- Ontario Works/LEAP
- Piercing and Tattoos
- Pregnancy
- Self-Esteem
- Self-Mutilation
- Sexual Assault
- Sexual Health Services
- Substance Abuse
- Suicide
- Appendix:
 - Community Resources
 - Web Links
 - Universal Precautions
 - Brant-Haldimand-Norfolk Youth Survey
 - Who Does What?



Guidance Resource

This page is intentionally left blank.

Guidance Resource



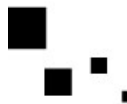
ABUSE

Abuse is generally divided into three types:

1. **Emotional Abuse** – a chronic pattern of overt rejection, belittling, blaming, accusing, finding fault, shouting at a person or exposure to family violence. Criticism and withdrawal of affection are used to control the person.
2. **Physical Abuse** – anything a person does that causes physical harm to another person.
3. **Sexual Abuse** – when a person uses power over another person and involves that person in any sexual act. (fondling, being forced to sexually touch another person, oral sex, exposing oneself to another person, etc.)

If the student is under the age of 16 years, there is a “duty to report” under Ontario’s Child and Family Services Act.

If a person has reasonable grounds to suspect that a student is or may be in need of protection from neglect or abuse, the person must promptly report the suspicion and the information upon which it is based to a Children’s Aid Society. (See section on reporting abuse.)



CHILDREN WITNESSING ABUSE

Children are innocent victims often caught in the middle when they are living in a home where abuse and violence are present. They are confused by what is happening and often feel they are to blame.

In many cases, children have witnessed physical assaults, or heard verbal abuse and threats. Children who are exposed to abuse experience similar problems to children who have been directly abused. Often their defence is to either act out and become aggressive, or to withdraw emotionally and physically. Compared to other children, those who witness violence at home have many more behavioural and emotional problems (17 times higher for boys and 10 times higher for girls, Dr. Peter Jaffe, 1988).

Although signs vary and every child reacts differently, some children may display these behaviours:

- **Young children** may experience bed-wetting, or complain of frequent stomach upsets or headaches. They may resist going to bed, or show clinging or whining behaviours.
- **Elementary school-age children** may have trouble concentrating at school, and/or become aggressive on the playground or at home. They may also become withdrawn, too eager to please or overly responsible (especially the eldest child).
- **Teens** may run away from home, or cope with the violence by using drugs or alcohol. They may also become involved in abusive dating relationships, either as the perpetrator or the victim.

How You Can Help

- Let the student know you care.
- Make the student aware that the abuse is not his or her fault.
- Ensure there is a plan for support and counselling.
- If under the age of 16, report to the Children's Aid Society.

It is very important for children who are witnessing violence at home to know that the abuse is not their fault. As well, they need to have a safety plan that includes not intervening in an argument between their parents, knowing where to go for help and how to call 911. Children need to know how to protect themselves.

It is also important for children exposed to abuse to have support and to receive counselling.

Assistance is available 24 hours a day, seven days a week by calling Haldimand & Norfolk Women's Services at 519-426-8048 or 1-800-265-8076. A counsellor is available to provide information, support and advocacy. The STAR counsellor through Women's Services is available at your school each week to provide confidential counselling to students (male and female, Grades 9-12) about abuse and relationships.

Guidance Resource



DATING ABUSE

Dating abuse is the verbal, emotional, sexual or physical abuse of one partner by the other in a dating relationship. (See resource sheet on “Woman Abuse” for specific examples of abusive behaviours.)

Dating abuse often starts with controlling tactics such as:

- Limiting a partner’s relationships with friends and family.
- Not letting a partner go out alone.
- Excessive jealousy of male or female friends.
- Regularly giving a partner the silent treatment.
- Breaking promises and then denying it.
- Using intimidation or making a partner feel guilty.
- Doing things to humiliate a partner.
- Making a partner think the relationship will end if she/he doesn’t do what their partner tells them to do.
- Making a partner feel worthless or stupid.
- Pressuring or forcing a partner into any kind of sexual activity.
- Not respecting a partner’s privacy and personal boundaries.

The abuse may include physical or sexual force. It is important not to ignore any type of abusive behaviour because abuse usually gets worse over time. Any type of abuse negatively affects a person’s confidence and self-esteem.

Teens can increase their level of personal safety by:

- Having a safety plan – meeting in public places for the first few dates; having money for a phone call or transportation; telling someone where they are going and with whom.
- Trusting their instincts if they feel uneasy, uncomfortable or confused, and leaving if they feel this way.
- Recognizing early signs of control and abuse.
- Avoiding using drugs and alcohol when dating.

How You Can Help

- It is important for victims of abuse to have support and to know that the abuse is not their fault, regardless of what the abuser has said.
- Refer for counseling.
- Encourage the person to call the police to report the abuse (if physical or sexual).

Assistance is available 24 hours a day, seven days a week by calling Haldimand & Norfolk Women’s Services at 426-8048 or 1-800-265-8076. A counsellor is available to provide information, support and advocacy. The STAR counsellor through Women’s Services is available at your school each week to provide confidential counselling to students (male and female, Grades 9-12) about abuse and relationships.

Victims of abuse should also consider calling the police by phoning 911 if they believe a crime has been committed against them and/or they are afraid for their safety.



WOMAN ABUSE

Woman abuse is any tactic used in a relationship to gain or keep power and control over a woman. Abuse occurs in all ethnic or cultural groups and it crosses all income and education levels.

Some Examples of Mental and Emotional Abuse

- Threatening violence towards a woman, her children, her pets or property, including threats with a weapon.
- Verbal attacks on a woman's personality, attitudes and beliefs.
- Name calling.
- Put downs.
- Humiliating her in front of others.
- Minimizing and/or denying the abuse.
- Isolation.

Some Examples of Physical Abuse

- Shoving.
- Slapping.
- Excessive tickling.
- Biting.
- Kicking.
- Punching.
- Blows to the stomach while a woman is pregnant.

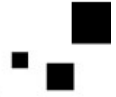
Some Examples of Sexual Abuse

- Unwanted and/or forced sexual contact of any kind, including, kissing, touching, fondling, sexual intercourse.
- Sexual accusations.
- Jealousy.
- Sexual name calling.
- Degrading sexual comments.
- Forcing a woman to watch pornography.

How You Can Help

- Listen and offer support.
- If 16 years old or over, give the student the contact information for Haldimand & Norfolk Women's Services. It is felt that the more a female hears about support for abuse, the likelier she is to seek help.
- If under 16 years of age, contact the Children's Aid Society.

Guidance Resource



Assistance is available 24 hours a day, seven days a week by calling Haldimand & Norfolk Women's Services at 519-426-8048 or 1-800-265-8076. A counsellor is available to provide information, support, and advocacy. The STAR counsellor through Women's Services is available at your school each week to provide confidential counselling to students (male and female, Grades 9-12) about abuse and relationships.

Victims of abuse should also consider phoning the police at 911 if they believe a crime has been committed against them and they are afraid for their safety or the safety of their children.



Guidance Resource

REPORTING ABUSE

There are three main considerations when a disclosure of abuse is made:

- Reporting woman abuse.
- Young women and disclosures of abuse.
- Children who witness woman abuse.

Reporting Woman Abuse

If she is over the age of 16, there is no mandatory obligation to report woman abuse to the police or Children's Aid Society (CAS). It is the woman's right to choose if she wishes to have police involvement and she must consent to this involvement prior to any contact with the police.

Young Women and Disclosures of Abuse

Disclosure of abuse by a teen woman up to age 16 necessitates the involvement of the Children's Aid Society.

Sexual Activity and Young Women

According to the Criminal Code of Canada, young women over the age of 12 are able to consent to sexual activity in the following circumstances:

- When she is between the ages of 12-14 and the age difference between the two persons is not more than two years; and
- When the young person is age 14 or older and the other person is not in a position of trust or authority.

While teen sexuality may pose a challenge for the individual counsellor, it is not necessarily a reportable event as illustrated in the above circumstances. The factors that define a report to CAS are:

- When the young woman is under 16 years of age and the alleged abuser is a person in a care-giving role; or
- When the young woman is under 16 years of age and the alleged abuser is in a role of authority or trust.

Assaults by a boyfriend are reportable only if these conditions apply or if the teen's parent(s)/caregiver(s) know of the abuse and do nothing to provide appropriate supervision to protect the young woman from harm.

Children Who Witness Woman Abuse

Child witnesses to woman abuse may experience immediate and long term adverse effects (*Berman et al., 2003; Graham-Berman & Edleson, 2001; Jaffe et al., 1990*).

According to the Child and Family Services Act, this situation can be reported to the Children's Aid Society as it can represent a condition of harm for the child (if the child is under 16 years of age).

The contact number for The Children's Aid Society of Haldimand & Norfolk is 1-888-227-5437 or 519-587-5437.

Police can be contacted by dialling 911 or contacting the Norfolk OPP or Haldimand OPP.



BULLYING

Bullying is harmful, deliberate behaviour intended to humiliate, harm, injure, embarrass, exclude and ridicule an individual to the point that the victim is upset, hurt, discouraged or distraught, possibly to the point of becoming despondent and ill.

Direct bullying: threatening, hitting and other acts of overt aggression.

Indirect bullying: systematic exclusion, humiliation and ridicule, and other acts of covert aggression.

Some Examples of Bullying

- Verbal slurs – vulgar comments, name calling.
- Gossip.
- Intimidation – threats, challenges, isolation, racism.
- Harassment – unwanted sexual advances, gender slurs, hazing.
- Vandalism – damage to property.
- Theft – stealing, hiding possessions.
- Physical aggression – fighting, punching, armed assault, etc.

Warning Signs that Someone Is Being Bullied

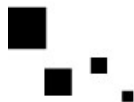
- Withdrawal and/or apparent depression.
- Low self-esteem.
- Fear of going to school.
- Difficulties with school work.
- Difficulties with friends; not interested in participating in social activities.
- Temper outbursts.
- Unexplained physical injuries.
- Missing or damaged belongings.
- Personality change.
- Show up late for school or do not attend at all.

How You Can Help

- Familiarize yourself with your school policy/procedure on how to deal with bullying. (Insert school policy here for convenience.)
- Offer to refer the student to the Public Health Nurse for support and counselling.
- If the student shows signs of depression or talks of suicide, refer to those sections in the binder for information.

Bullying is an issue that is known to be linked to teen suicide. It is important that the person being bullied gets support and help with rebuilding his or her self-esteem and self-confidence.

Bullies are usually insecure people who will accept either positive or negative energy from others. He/she may need counselling as well. This is an ineffective way of coping in life and the behaviour needs to be changed before it becomes too ingrained.



Guidance Resource

This page is intentionally left blank.

EATING DISORDERS & WEIGHT PREOCCUPATION

How Does Someone Develop An Eating Disorder?

There are many societal, familial and individual factors that can influence the development of an eating disorder. Individuals who are struggling with their identities and self-images can be at risk, as well as those who have experienced a traumatic event. Eating disorders can also be a product of how one has been raised and taught to behave. Usually, an eating disorder signals that the person has deep emotional difficulties that they are unable to face or resolve.

What Is It Like to Have An Eating Disorder?

People with eating disorders often describe a feeling of powerlessness. By manipulating their eating, they then blunt their emotions or get a false sense of control in their lives. In this way, an eating disorder develops out of a method of coping with the world. This coping, however, is merely a mask, as it does not solve the life problems that the person is experiencing.

General Signs & Symptoms of Eating Disorders

Physical:

- Extreme weight loss and frequent weight fluctuation.
- Hair loss.
- Edema (swelling).
- Skin abnormalities (dry, flaky skin).
- Lethargy.
- Teeth discolouration and/or enamel erosion.
- Scarring on the back of hands from self-induced vomiting.

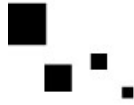
Behavioural:

- Frequent trips to the bathroom.
- Avoidance of snack food and abnormal eating habits.
- Frequent weighing.
- Substance abuse.
- Social withdrawal.

Emotional:

- Low self-esteem.
- Feelings of helplessness.
- Depression/anxiety.
- Perfectionist tendencies.
- Over-concern regarding body size.

(McVey, 1994, National Eating Disorder Information Centre Bulletin.)



Guidance Resource

NATIONAL EATING DISORDER INFORMATION CENTRE (NEDIC):

Definitions of Individual Eating Disorders

Anorexia Athletica (Compulsive Exercising)

Anorexia athletica is a condition where people over-exercise because they believe this will control their bodies and give them a sense of power, control and self-respect. It isn't a clinically recognized diagnosis in the same way that anorexia nervosa or bulimia are, but compulsive exercising can have serious health consequences.

Symptoms of anorexia athletica include:

- Exercising more than is good for our health.
- Being fanatical about our weight and diet.
- Taking time off work, school and relationships to exercise.
- Focusing on the challenge exercise poses and forgetting that it can be fun.
- Believing that our self-worth depends on our physical performance.
- Rarely being satisfied by what we achieve physically.
- Saying that this exercise is okay because we are athletes, or insisting that the behaviour is healthy.

Anorexia Nervosa

People who have anorexia nervosa are obsessed with controlling their eating. The reason for their obsession is the belief that by controlling their bodies they can control their lives. This obsession is usually achieved through starvation.

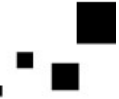
Anorexia Nervosa most commonly begins during puberty and can be recognized by the following symptoms:

- Losing a lot of weight.
- An inability to maintain a weight that is normal for our age and height.
- An obsessive desire to be thinner.
- Being very afraid of gaining weight or becoming "fat."
- Being unable to see our body as it really is: it always seems larger than it actually is.
- Allowing our weight and shape to overly influence how we feel about ourselves.
- A powerful desire to take control of our lives and feel competent. We believe we can achieve this by controlling our eating and weight.

Anorexia and bulimia have similar symptoms. However, anorexia can be recognized by the following:

- Significant weight loss without any logical reason, like illness.
- Significant reduction in eating, accompanied by repeated denials of hunger.
- Dieting when not over our healthy weight range.
- Signs of starvation. This can include the thinning or actual loss of hair, the appearance of a fine, white hair on the body, frequent bloated feelings, yellowing palms or soles of feet and/or a dry, pasty skin.
- Abnormal menstrual periods in women.

Guidance Resource



Binge Eating Disorder (BED)

Individuals with binge eating disorders eat excessive amounts of food at one time. They do this for two reasons:

- They are very hungry because they have been dieting or restricting their eating in some way. The binge is a response to that hunger.
- They over-eat to comfort themselves, to avoid uncomfortable situations or to numb their feelings. The binge is an attempt to soothe themselves emotionally.

People who binge-eat are often ashamed and embarrassed. They also tend to be genetically heavier and larger than the “average” person. They do not, however, generally try to compensate for their over-eating by vomiting, fasting, over-exercising or abusing laxatives as people with anorexia or bulimia may do.

Symptoms of binge eating disorder include:

- Eating large amounts of food frequently and in one sitting.
- Feeling out of control and unable to stop eating.
- Eating quickly and in secret.
- Feeling uncomfortably full after eating.
- Feeling guilty and ashamed of their binges.

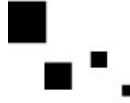
In addition, people who binge eat may have a history of diet failures, and may also be obese. About one in five obese people engage in binge eating.

Bulimia Nervosa

Bulimia nervosa is characterized by cycles of bingeing and purging. As with anorexia, this behaviour is driven by a desire to regulate feelings, and with worries about body weight and shape.

The cycle begins with the person rapidly eating large amounts of food in a single sitting. The eating feels automatic and helpless. This may, initially, numb uncomfortable feelings, such as anger or sadness. But it also creates physical discomfort and anxiety about weight gain. As a consequence, the person tries to rid the body of the food that was consumed. This is attempted by vomiting, using laxatives, enemas or diuretics, by exercising excessively, by skipping meals or by dieting.

These purging behaviours don’t achieve the desired goals – to feel more physically comfortable and not gain weight. Instead, they are very harmful to health.



Guidance Resource

Symptoms of bulimia nervosa include:

- Repeated episodes of bingeing and purging.
- Feeling out of control while eating.
- Vomiting; using laxatives, diet pills or diuretics; exercising excessively; and skipping meals to rid the body of food.
- Frequent dieting.
- Using body weight and shape as the main measure of one's self-worth.

People with bulimia may well have a weight that is regarded as “normal.”

Clinical Eating Disorders

Clinical eating disorders are eating disorders that are recognized as medical conditions. These include:

- Anorexia nervosa.
- Binge eating disorder.
- Bulimia nervosa.
- Eating Disorders Not Otherwise Specified (ED-NOS).

There are strict criteria to define these conditions. These clear definitions help health workers understand how each condition develops and progresses, and how to treat people with similar symptoms.

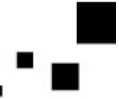
Although some people may not fit the exact criteria for a clinical eating disorder, they can still seek help. This is discussed under [Disordered Eating](#).

Dieting

Dieting is about restricting what we eat or how much we eat in order to lose weight. We usually diet because we believe that being thinner will make us healthier, happier and more worthy.

The pressures to diet in contemporary society are huge. They are driven by a media and diet industry that defines “normal” weight and shape as unhealthily thin. This makes it difficult for us to understand that healthy and happy people come in all shapes and sizes. It also encourages the false belief that everyone can be slim if he/she tries hard enough.

Guidance Resource



Dieting can lead to eating disorders because it encourages an obsession with food and weight, and suggests that thinness is an ideal to which we must strive. The effects of dieting include:

- A preoccupation with food.
- A strong desire to binge.
- Mood changes, like increased irritability and depression.
- Increased nail biting or other self-soothing behaviours.
- Lowered self-esteem when diets inevitably fail.
- Social withdrawal.
- Reduction in sexual interest.
- Impaired concentration and judgment.
- Decreased body temperature, heart rate and respiration.
- Lowered metabolism and thus weight gain.
- Increased use of salt, spices, coffee tea, chewing gum, cigarettes.

Disordered Eating

Disordered eating includes a wide range of abnormal eating. This includes the behaviours seen in eating disorders such as anorexia and bulimia, chronic restrained eating, compulsive eating and habitual dieting. It includes irregular, chaotic eating patterns. Often physical hunger and satiety (fullness) are ignored.

Disordered eating has negative effects on overall health – emotional, social and physical. It may cause the individual to feel tired and depressed, decrease mental functioning and concentration, and can lead to malnutrition with risk to bone health, physical growth and brain development.

Eating Disorder Not Otherwise Specified (ED-NOS)

Individuals who experience a mix of anorexia and/or bulimia and/or binge-eating symptoms, but who don't fall neatly into one of the medical categories, are said to have an Eating Disorder Not Otherwise Specified (ED-NOS). These individuals should also receive the help and resources provided to individuals who have a "neat" clinical diagnosis.

For instance, individuals with ED-NOS may exhibit all the symptoms of anorexia but:

- Women may continue to experience menstruation.
- Men won't typically experience abnormally low sex hormones.
- Both men and women may lose weight but still remain in the normal weight range.

Others may have all the symptoms of bulimia, but won't binge and/or purge as often as is required to be categorized as having bulimia.



Guidance Resource

Many people with ED-NOS also exhibit other symptoms associated with anorexia, bulimia or binge eating, such as:

- Purging, or compensating for normal eating by inducing vomiting, using laxatives or over-exercising – but don't do it often enough to be diagnosed with one of the other clinical eating disorders.
- Chewing food repeatedly and often spitting it out rather than swallowing it.
- Binge eating regularly and compensating for it through the use of laxatives or by vomiting, etc.
- Remaining within their normal weight range despite disordered eating.

How You Can Help

- Let the person know you are concerned and there to help.
- Do not force the person to eat.
- Do not make comments about food and weight.
- Provide the person with information to help him or her understand the effects of anorexia, bulimia, dieting and other eating disorders.
- Refer the person for counselling.

There are not many counselling services for eating disorders in Haldimand and Norfolk. You can refer the person to the family doctor who, in turn, can refer the client to:

Pediatric Eating Disorders Clinic (up to age 18 and In-patient Program)

McMaster University Medical Centre,
Hamilton, ON,
905-521-2100 Ext. 73224

St. Joseph's Healthcare (16 and older and Out-patient Program)

3rd Floor, Fontbonne Building,
301 James St. S.,
Hamilton, ON,
905-522-1155 Ext. 3954

Homewood Health Centre Eating Disorders Program

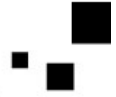
150 Delhi St.k
Guelph, ON N1E 6K9,
519-824-1010

Niagara Eating Disorders Outpatient Program (NEDOP)

New Port Centre,
Niagara Health System,
Port Colborne General Site,
260 Sugarloaf St.,
Port Colborne, ON L3K 2N7,
905-834-4501 Ext. 2532

www.newportcentre.on.ca

Guidance Resource



For More Information:

National Eating Disorder Information Center. www.nedic.ca for information on eating disorders and weight preoccupation.

The Public Health Nurse assigned to your school will have a list of other possible services.

Be sure to talk to someone who knows about eating disorders. Even if you don't want to change anything at this point in time, it helps to talk to someone. A counsellor can support you in choosing actions that won't hurt your body or mind.



Guidance Resource

DO THESE SOUND LIKE YOU?

Eating Disorder Self-Check

- ☐ I'm always thinking about food, weight or the way I look.
- ☐ I think about food and weight no matter what I'm doing.
- ☐ I'm ashamed or feel guilty about what I eat.
- ☐ I eat in secret or lie about what I have eaten.
- ☐ I plan my day around food or ways to avoid food.
- ☐ I work, exercise or see people too much to avoid eating.
- ☐ I often over-eat or under-eat and don't control it.
- ☐ I try to make up for eating by purging or eating very little.
- ☐ I weigh myself every day and my mood depends on the numbers.
- ☐ I obsess about parts of my body that are "wrong," no matter my size or how much I weigh.
- ☐ I count the calories of everything I eat or drink.
- ☐ I exercise or eat less to punish myself for how much I weigh.
- ☐ I am very strict about staying a certain weight.
- ☐ I exercise even if I feel sick.
- ☐ I exercise to lose weight or because I ate too much.
- ☐ I call foods "good" and "bad" and feel good or bad depending on which I eat.

Copyright: The National Eating Disorder Information Centre, Toronto, 2006.

Guidance Resource



GRIEF COUNSELLING

Grieving is a part of life and will occur at some point in one's life. **The most important thing to do for someone who is grieving is to listen.** This includes active listening or listening to the point that you're feeling what the other person is feeling. Allow students to tell stories of their loved ones, which will, in turn, help them accept the reality of what is happening. Teens may become so overwhelmed that they begin to have serious problems with grieving.

Teens having serious problems with grief and loss may show one or more of these signs:

- An extended period of **depression** in which the teen loses interest in daily activities and events.
- Inability to sleep, loss of appetite, prolonged fear of being alone.
- Acting much younger for an extended period.
- Excessively imitating the dead person.
- Repeated statements of wanting to join the dead person.
- Withdrawal from friends.
- Sharp drop in school performance or refusal to attend school.
- Lack of concentration.
- Declining grades.
- Over-activity, acting too busy.
- **Drug** and/or **alcohol** use.
- Risk-taking behaviour.
- **Promiscuity.**
- Self-destructive, antisocial or criminal behaviour.
- **Suicidal thoughts.**

These warning signs may indicate professional help is needed. If necessary, recommend the student visit his or her family doctor or a psychologist/psychiatrist for further help with the problem.

The Grand Erie District School Board has a Crisis Response Team for counselling in the schools if there has been a death of a student or teacher.

How You Can Help

- Offer support and understanding.
- Listen to students' feelings – often all they need is to talk about how they are feeling.
- Refer, if needed, to Public Health Nurse or Family Physician.
- If in crisis, refer to CAST or Haldimand-Norfolk REACH.

Community Resources

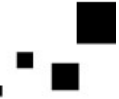
1. CAST (Crisis Assessment and Support Team), 1-866-487-2278.
2. Haldimand-Norfolk R.E.A.C.H., 1-800-265-8087.
3. Public Health Nurse at the Haldimand-Norfolk Health Unit, Simcoe 519-426-6170 or 905-318-6623, Caledonia 905-318-5367.



Guidance Resource

This page is intentionally left blank.

Guidance Resource



MENTAL HEALTH/DEPRESSION

Depression is a medical condition that changes the way a person feels, thinks and acts. It affects a person's mood, behaviour, thoughts and physical condition. Symptoms of depression last for weeks, months or even years at a time.

Symptoms must be present most of the day, almost every day, for at least two weeks.

Common Symptoms of Depression

- Sadness.
- Apathy.
- Complete lethargy.
- Inertia.
- Carelessness about appearance and well-being.
- Trouble concentrating, thinking, remembering or making decisions.
- More irritable, "edgy," nervous or agitated.
- Changes in physical activity.
- Feeling worthless, guilty, hopeless.
- Thoughts of death or suicide.
- Frequent body aches and pains or digestive problems.

How You Can Help

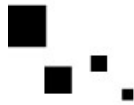
- Talk to the student regarding concerns about depression or his/her mental health.
- Encourage the student to talk with his/her parent(s)/guardian(s).
- Encourage the student to talk to his/her family physician
- Refer to Public Health Nurse who can provide student with accurate referral information.

Haldimand-Norfolk R.E.A.C.H. deals with children under the age of 18 with mental health concerns. Contact: 1-800-265-8087 or 519-587-2441.

Adult Mental Health deals with adults over the age of 16 with mental health issues. Contact: 1-877-244-3094 (Haldimand) or 519-426-8760 (Norfolk).

See PAL card for other provincial resources.

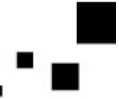
An updated version is available at the start of each school year.



Guidance Resource

This page is intentionally left blank.

Guidance Resource



ONTARIO WORKS

Ontario Works is a program available to individuals and/or families that are in need of temporary financial assistance. Youth under the age of 16 (unless he or she is a parent) are not eligible to apply for financial assistance in their own right. Youth aged 16 or 17 who live outside the parental home may apply for financial assistance. Eligibility for financial assistance for youth aged 16 or 17 is considered if special circumstances exist. Special circumstances may include:

- Physical, emotional or sexual abuse
- Irreconcilable differences and withdrawal of parental support
- A parent's inability to provide adequate care and support to the youth
- Through no fault of the youth, there is no familial home and financial support available

Special circumstances must be verified by a third party (e.g. the Children's Aid Society, guidance counsellor, police, REACH, etc.) wherever possible.

Once special circumstances have been established, the living arrangements of the youth must be considered appropriate and approved by the Ontario Works case manager.

In addition, the youth must be attending school on a full-time basis. School attendance records must be submitted on a monthly basis to the youth's Ontario Works case manager. If the youth is absent from school for more than two days in one month, a medical note must be submitted to the youth's Ontario works case manager. Not only must the youth attend school, but he or she must also be passing all of his or her subjects. Report cards must be submitted once received.

Since Ontario Works financial assistance cannot be paid directly to any person under the age of 18, a trustee, approved by the Ontario Works case manager, must attend all Ontario Works appointments with the youth and must sign all documents along with the youth. All monies will be issued directly to the trustee on behalf of the youth. If the youth does not have anyone to be his or her trustee, the Salvation Army will act as a trustee for Ontario Works applicants.

In addition to his or her monthly financial assistance, the youth may also be eligible for Employment Related Expenses (ERE) which can be used towards school costs as requested. Receipts must be submitted verifying that the requested items were purchased.



Guidance Resource

LEAP (LEARNING, EARNING AND PARENTING)

The purpose of LEAP is to help young parents aged 16 – 21 years old complete their education and to help them and their children become self-reliant. Participation in LEAP is a requirement for 16 and 17 year old parents who have not completed high school. Parents aged 18 – 21 in receipt of Ontario works financial assistance are not required to participate in LEAP if they have not completed high school, but are encouraged to participate.

The objectives of LEAP are to encourage young parents to complete high school, become more effective caregivers, foster healthy child development and give children a better start in life. Extra child-care dollars, mileage expenses and other related costs may be included when participating in the program.

\$500 Bonus Requirements

- Complete Grade 12 through general equivalency diploma, high school or correspondence.
- Complete 35 hours or more of a parenting program.
- Create a job-search program.

For more information on LEAP or Ontario Works programs, please contact Ontario Works at 519-426-6170 in Simcoe, 519-582-3579 in Delhi, 905-318-6623 in Haldimand or 905-774-3333 in Dunnville.

PIERCING AND TATTOOS

Body piercing and tattoos are a popular form of body art that have been practiced throughout history by various cultures. In today's industrialized cultures, tattoos and piercing are a popular art form shared by people of all ages. They are also indicative of a psychology of self-mutilation, defiance, independence and belonging – as, for example, in prison and gang cultures.

Popular piercing sites include the ear, nasal septum, eyebrow, tongue, cheek, navel, labia and penis. Tattoos permanently mark various areas of the body.

Piercing is done quickly and without anaesthesia by either a spring-loaded ear-piercing gun or piercing needles, with the needle diameter varying from six to 18 gauges. The skin is cleaned, and then the needle and jewelry are inserted through the tissue in one swift motion. Piercing is typically completed in tattoo or beauty parlours.

Tattoos are relatively permanent marks or designs on the skin. An electric needle injects coloured pigment into small deep holes made in the skin to form the tattoo. There are also henna tattoos. Henna is a stain normally made for hair colouring. Although seemingly safe because it does not pierce the skin, henna tattoos using black henna, a paste that contains parafenylenediamine, can actually be dangerous when absorbed into the skin of some people.

Health Risks of Tattooing and Piercing

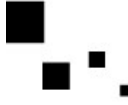
Tattoos can lead to the transmission of infectious diseases, such as hepatitis B and C, and theoretically HIV, when proper sterilization and safety procedures are not followed. Black henna tattoos can cause significant allergies and rashes (due to the pigments used such as oxides of mercury, chromium, cadmium, cobalt, synthetic dyes), leading to kidney failure and even death in those who are sensitive to their ingredients.

Body piercing also runs the risk of chronic infection, scarring, hepatitis B and C, tetanus and skin allergies to the jewelry used. Use of piercing guns and preferences for upper-ear piercing has led to increased infections of the delicate cartilage of the upper ear with some people requiring surgery to correct it. Most infections from piercing are due to the use of non-sterile techniques.

Treatment

Treatment of a local infection from piercing can range from warm-water compresses and antibacterial ointment for local infections, to a five-day course of oral antibiotics. If hepatitis B or C is confirmed, a series of diet and lifestyle changes, such as the elimination of alcohol, is recommended to control the disease. Topical steroids can often treat reactions to henna tattoos, but improvement may take several weeks.

There are four methods to remove tattoos: surgical removal that involves cutting the tattoo away; sanding the skin with a wire brush to remove the epidermis (upper layer of skin) and the dermis (skin layer) in a process called dermabrasion; using a salt solution to soak the tattooed skin (salabrasion); and scarification, removing the tattoo with an acid solution to form a scar in its place.



Guidance Resource

How You Can Help

- Encourage students to seek a reputable piercing and/or tattoo artist, one that follows aseptic procedures.
- If there are signs of infection (redness, swelling, pus or pain) encourage the student to seek medical attention.

Prevention

The best way to prevent the infections from piercing or tattooing is to not get one in the first place. An experienced professional should do procedures in a sterile environment. The person doing the procedure should remove a new needle from the plastic in front of you and should put on a new pair of sterile gloves. Anyone considering a henna tattoo should require proof from the artist that he or she is using **pure, safe, brown henna, not black henna**. **Black Henna** contains the chemical called para-phenylenediamine (PPD) which causes chemical burns, blistered skin, itchy rashes, permanent scarring in certain cases, and other allergic reactions that last for months and are difficult to diagnose and treat. It takes two-to-three weeks for black henna to sink slowly into the skin causing these reactions. One needs to ask the tattooist if the ink contains PPD and if no straight answer is given, then steer clear of that artist. Natural safe henna stains the skin orange, red, brown, cinnamon, brick colour or chocolate and lasts one to four weeks.

Piercing should be done with smoothly polished jewelry made of 14- or 18-carat gold, titanium, surgical steel or niobium, since an allergic reaction can result from the use of jewelry made of brass plate or nickel alloy. Healing time from piercing ranges from six months to two years. A piercing should be done in a sterile environment that uses every precaution to reduce the risk of infection. To avoid tearing and injuring the tissues, excessive force, such as exerting a strong pull, should never be applied to jewelry inserted into pierced body parts.

Disclaimer

The Haldimand-Norfolk Health Unit conducts inspections of tattoo and piercing studios, although tattooing and piercing is not a regulated profession in Ontario. This means that standards and licensing do not exist to ensure these individuals are knowledgeable and competent in their profession. The Health Unit will inspect according to protocols dealing with infection practices under the Personal Services Setting Protocol (January 1998, Ministry of Health and Long-Term Care) and the Health Protection and Promotion Act. Individuals requiring these services do so at their own risk. The artist must take it upon his/herself to learn proper and safe procedures.

For more information, contact these people at the Haldimand-Norfolk Health Unit:

- The Public Health Nurse at your local secondary school.
- The Communicable Disease Program or
- Sexual Health Program.

The Haldimand-Norfolk Health Unit can be reached at 519-426-6170 or 905-318-6623 in Simcoe, 905-318-5367 in Caledonia.

Guidance Resource



PREGNANCY

Fifty per cent of all pregnancies in Canada are unplanned. It is expensive to raise a child and involves a great deal of responsibility. There are various reasons for concern regarding the incidence of teen pregnancies, such as the following: teen mothers have a higher risk of having low-birth-weight babies; teen mothers may be less likely to get prenatal care; teen mothers are less likely to have a permanent partner; and teen mothers and fathers have yet to establish their careers.

What To Do If A Student Thinks She Is Pregnant

If a student thinks she may be pregnant because her period is late even though she has been using a form of contraception, or if she has a period, but it looks different – for example, shorter and lighter than usual – she should have a pregnancy test. Females who have irregular periods cannot count on a missed period as a sign of pregnancy. Stress, illness, a change in diet, an increase in the amount of exercise you do and even taking the birth control pill can cause a missed period.

Besides a missed period, other signs of pregnancy may include having to urinate more often, feeling nauseous, vomiting, breast tenderness and enlargement, feeling tired, increased vaginal secretions and constipation. Some females have no signs of pregnancy at all.

Pregnancy tests are usually done with a sample of urine. Urine tests are very accurate. She will have the results in a few minutes. She can go to the Sexual Health Nurse at the Health Unit or the school Public Health Nurse when they are in, or she can go to the walk-in clinic, her family doctor or buy a test at the pharmacy. If it is an unplanned pregnancy, it may be better to go to the sexual health clinic at the Health Unit or her doctor so that she can talk to someone about how she feels about her pregnancy and learn about her options.

Occasionally, a test may show a false negative reading. If the test result is negative, but she still does not get her period, she should have another test done in one week. Sometimes her doctor or health care provider may recommend a blood test for pregnancy. If she has a negative pregnancy test and she doesn't get her period, but starts to have pain on one side, she should go to the hospital immediately so that they can check for a tubal or ectopic pregnancy.

If she was not planning a pregnancy, and she is pregnant, she has two choices: to continue the pregnancy, or end it. If she continues the pregnancy, she can either keep the baby or put it up for adoption. If she chooses to end the pregnancy (abortion), then she can refer herself to an abortion clinic or go to her family doctor who will make the referral. The school Public Health Nurse also has a list of abortion clinics. She can talk to a counsellor at a sexual health clinic, her school health nurse or her doctor.

If she was planning a pregnancy, and the test results were positive, early prenatal care is important. It is important to eat well, take a vitamin called folic acid, get enough sleep and exercise, avoid stress and have regular check-ups. Since the fetus develops most of its internal organs during the first few weeks of pregnancy, it is important to stop using alcohol, tobacco, caffeine and other drugs, including street drugs.



Guidance Resource

How You Can Help

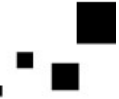
- If a student thinks she may be pregnant, refer her to the Public Health Nurse or family physician for confirmation and consultation.
- If a student knows she is pregnant, inform her of the following supports in the community or refer her to the Public Health Nurse for discussion of options.

Community supports for teens who are pregnant.

- CAPC has a Teen Resource Program for pregnant teens and teen parents. Contact: 1-800-265-8087.
- Haldimand Pregnancy Care Centre (in Dunnville) has a program and support for pregnant teens. Contact: 905-774-1228.
- Healthy Babies/Healthy Children program from the Haldimand-Norfolk Health Unit with support for high-risk pregnant teens and teen parents. Contact: see telephone numbers below.

For more information on what to do if you have a student who thinks she is pregnant, contact the school health nurse at your local secondary school on her weekly visit, or call the Haldimand-Norfolk Health Unit at 519-426-6170 or 905-318-6623 in Simcoe, or 905-318-5367 in Caledonia.

Guidance Resource



SELF-ESTEEM

Self-esteem is defined as how people feel about themselves. Adolescence is a crucial time for self-esteem as young people begin to form a sense of self and figure out how they feel about themselves. Both parents and teachers play an important role in helping teens build their self-esteem and a positive self-image.

Students with high self-esteem tend to do well in school. They are independent, proud of their work, take on new challenges, handle frustration well and are able to influence others. They are also more assertive, more willing to accept challenges and generally more satisfied with life.

Low self-esteem is a serious problem that can prevent young people from fully facing the world. It leads to loneliness, anxiety, resentment and depression. Students with low self-esteem feel others do not like them, are easily influenced by others, put themselves down, become defensive, are easily frustrated and blame others for their own faults.

Adolescents who have low self-esteem are more likely to suffer from depression. Low self-esteem has also been found to increase adolescents' levels of anxiety.

How You Can Help

- Encourage teens to look at all of their positive qualities, as well as those of others; suggest they practice positive self-talk.
- Encourage teens to improve self-knowledge and increase acceptance of their own bodies.
- Encourage teens to set both short-term and long-term goals.
- Ask for teens' opinions and suggestions; give responsibility and show appreciation for what they have done.
- Encourage participation in decision-making and show confidence in teens' judgements.
- Emphasize positive peer relationships and friendships, and good family relationships.
- Avoid competition and comparisons between teens.
- Teach problem-solving skills as part of the curriculum.
- Ask for teens' views and opinions on classroom activities.
- Help teens develop talents and skills that make them unique.

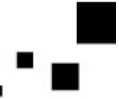
It is important to build self-esteem in teens, so that they feel better about themselves, do better in school and make healthy choices. Teachers and parents can get information, resources, counselling and referral services from school health nurses who are available at the Haldimand-Norfolk Health Unit daily, and in the secondary school setting weekly.

For more information about building self-esteem in youth, talk to or call the Public Health Nurse assigned to your school or call the Haldimand-Norfolk Health Unit at 519-426-6170 or 905-318-6623 in Simcoe, or 905-318-5367 in Caledonia.



Guidance Resource

This page is intentionally left blank.



SELF-MUTILATION

Self-mutilation is the act of attempting to alter a mood state by inflicting physical harm serious enough to cause tissue damage to one's body, not with the intent to commit suicide. Self-mutilation occurs across all ethnic or cultural groups, income levels, education levels, and ages range from early teens to early sixties.

Some Examples of Self-Mutilation

- Cutting.
- Burning.
- Head-banging.
- Carving.
- Scratching.
- Picking and pulling skin and hair.
- Hitting.
- Biting.
- Wound interference.

Physical Signs

- Thin, red cuts.
- Scars.
- Burns.
- Bite marks.
- Missing clumps of hair.

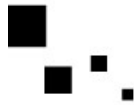
Personality Traits

- Constant aim for perfection.
- Dislike of one's body.
- Inability to cope with strong emotions.
- Inability to release or express emotions to others.
- Frequent mood swings.
- May not participate in activities that require changing clothes at school.

How You Can Help

- Listen to the student's concerns. There is usually an underlying reason for the student to self-mutilate.
- Notify parent(s) or guardian(s).
- Encourage student to see family physician.
- Encourage student to see Public Health Nurse or youth worker.
- When dealing with blood or body fluids, use Universal Precautions (see Appendix).

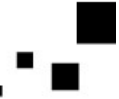
If a medical emergency, call 911.



Guidance Resource

This page is intentionally left blank.

Guidance Resource



SEXUAL ASSAULT

Sexual assault is any sexual contact without permission or consent. There is no consent if the victim is unconscious or asleep, or if the person is in a position of authority over the victim. Sexual assault of any kind is a crime, even in a marriage or dating relationship.

Most victims of sexual assault are women, although men can be assaulted. Women of all racial, religious or ethnic backgrounds, and of any age, are assaulted, including elderly and disabled women. Many women who are sexually assaulted know the perpetrator, and the attacks often occur in someone's home.

Everyone has the right to say no to sexual activity. It does not matter who they are with, where they are going, what they are drinking or what they are wearing. Even if a person has previously agreed to sex, that person has the right to say no this time. Victims of sexual assault are never to blame; abusers are responsible for their actions.

After a sexual assault, victims often experience emotional and physical problems such as depression, nightmares, suicidal feelings, flashbacks, eating problems and sexual problems, even if they have not been physically injured. These symptoms may occur even years after an assault.

Help for Sexual Assault Survivors

- Survivors should go to a hospital as soon as possible for treatment of injuries, testing for sexually transmitted infections and evidence collection in case a report is made to the police.
- If a report is made to the police, they will investigate and decide whether to lay charges.
- **Assistance is available 24 hours a day, seven days a week at Haldimand & Norfolk Women's Services, 519-426-8048 or 1-800-265-8076.** A counsellor is available to provide information, support and advocacy. A counsellor can also be with the victim at the hospital and/or police station for support.

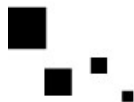
Sexual Assault Evidence Kit

- It is a medical examination that provides police with valuable evidence if the case goes to trial.
- It is the choice of the victim to do the evidence kit. A victim can still go to the hospital and/or police and never have the kit done.
- The kit should be completed as soon as possible following an assault.
- Victims should not shower, eat, drink, go to the bathroom, or change clothes before going to the hospital (to maintain evidence).
- The kit can be done with or without reporting to the police. Evidence can be frozen for up to six months.

How You Can Help

- **If the student is under 16 years of age and a sexual assault has occurred, contact CAS and police.**
- If a student 16 or over has been sexually assaulted, encourage the student to contact the police.
- Never blame the victim.
- Encourage the student to seek counselling support.

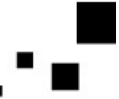
The STAR counsellor is available at your school each week to provide confidential counselling to students (male and female, Grades 9-12) about abuse and relationships.



Guidance Resource

This page is intentionally left blank.

Guidance Resource



SEXUAL HEALTH SERVICES

Developing a healthy sexuality begins at birth. As people grow and mature, they develop problem-solving skills and are expected to make healthy choices and decisions, especially in relationships. Once a relationship starts, assertive communication about one's thoughts and feelings with a partner is critical to balancing power. Subsequently, this balance is imperative to a relationship being and remaining healthy. Each person comes into a relationship with different morals and values. As a couple, two individuals may decide they want to practice abstinence or they may decide they want to take the relationship to the next step and have a physical, sexual relationship. Either way, both partners have to agree.

If they have decided as a couple that they are moving in the direction of a sexual relationship, there are many specific issues they need to consider. As a couple, they need to talk about birth control and sexually transmitted disease (STD) protection. There are nurses in the schools once a week with whom the couple may talk to obtain information. In some schools, there are nurses on site providing clinical services. In those schools that do not provide clinical services, the nurses can tell the couple how to access the clinic at the Haldimand-Norfolk Health Unit for access to birth control methods.

Services Provided by Either the Clinic Nurse in some Schools or at the Health Unit

Birth Control Counselling

- Affordable birth control pills are provided with a prescription from our nursing staff or the family doctor.
- Birth control pills are \$7 per package, as is a month's supply of the Evra Patch.
- Condoms are free.

Pregnancy Testing and Referral

- Urine and blood tests are available.
- Options counselling and referral to appropriate community resources are available.

Emergency Contraception Pills

- Plan B is \$10 each.

Sexually Transmitted Disease (STD)/HIV Testing

- Urine STD testing/treatment is available for chlamydia and gonorrhea.
- Blood STD testing is available for HIV, hepatitis A, B, C, and syphilis.

Cervical Screening

- Pap testing is available by appointment.

Sexuality/Sexual Orientation Information and Support Group "GABLOT."

A Public Health Nurse and a Nurse Practitioner provide these services. They are available at the Haldimand-Norfolk Health Unit Monday-Friday, 8:30 a.m. to 4:30 p.m. An appointment is needed.

For more information or to book an appointment, call the Health Unit at 519-426-6170 Ext. 3225 or 905-318-5367 Ext. 346.



Guidance Resource

How You Can Help

- If a student is seeking information on sexual health services, the Public Health Nurse assigned to the school has current and accurate information.
- If the student is sexually active, encourage her/him to seek protection against STDs and/or pregnancy.

Guidance Resource



SUBSTANCE ABUSE

Substance abuse refers to drug use (both legal and illegal) that results in failure to fulfil obligations at work, school or home. It is associated with continuation of use despite persistent social problems and use in situations that are physically hazardous.

Although many young people experiment with alcohol and other drugs as a way to express independence and autonomy, not all substance use leads to abuse. In fact, most young people who use substances do not progress to dependency.

Psychological dependence refers to persons being emotionally or psychologically driven to continue taking drugs. They believe their thoughts, emotions and activities would be less fun or even impossible without a substance. Physical dependence refers to the adjustment of bodily tissues in response to the drug, manifested by withdrawal symptoms when drug use is discontinued.

Signs of Drug Use Problems

- Late or skipping classes.
- Poor school performance; grades are going down.
- Attend class under the influence.
- Red or glazed-over eyes; pupils dilated.
- Increased arguments with family or friends.
- Have a different group of friends.
- Reduction of important social and recreational activities.
- Depression or suicidal feelings.
- Mood swings.
- Lessened responsibility and ability to deal with problems.
- Lack of control over emotions.
- Feelings of shame and guilt.
- Clouded thinking and judgement.
- Impaired confidence.

How You Can Help:

- If you suspect substance abuse by a student, encourage the student to see the addictions counsellor in the school.
- If a student is dealing with a family member who has a substance abuse, encourage the student to see the addictions counsellor as well.

The addictions counsellor offers individual counselling for teens with substance use problems or dependency. All sessions are provided free of charge and are confidential in nature. If you are unsure who your addictions counsellor is, please contact **Addiction Services: Simcoe 519-428-1805, Caledonia 905-318-5367 Ext. 317.**

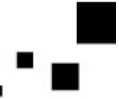
If you would like to request more information, presentations, or other resources pertaining to substance use or abuse, please **contact the Substance Abuse Prevention Health Promoter at the Haldimand-Norfolk Health Unit 519-426-6170 Ext. 3274 or 905-318-6623 Ext. 3274.**



Guidance Resource

This page is intentionally left blank.

Guidance Resource



SUICIDE

Suicide is the second leading cause of death in teenagers and young adults.

Ten per cent of all students in Brant, Haldimand and Norfolk schools surveyed had seriously considered attempting suicide in the past year, including 20% of Grade 11 females, according to a 2003 Student Health Survey done by the Haldimand-Norfolk Health Unit and the Brant County Health Unit.

Recognizing whether a student is suicidal can be difficult as there may be some underlying factors of which you are not aware.

Risk factors for adolescents are:

- History of suicide attempts.
- Mental illness.
- Loss or bereavement (especially by suicide).
- Alcohol or drug use (self or family).
- Experience of drug abuse or violence.
- Gender identity issues.
- Access to firearms.
- Chronic disease or disability.
- Conflict in relationships.
- Perceived failure or inadequacy.
- Anything that constitutes unbearable pain for a particular person.

To assess risk, ask the person:

- Are you thinking of killing yourself?
- On a scale of 1 to 10, what are the chances that you will kill yourself?
- Do you have a plan? How do you intend to do it? Is there means available and has a time been decided?
- Have you tried to kill yourself before? When? How many times? What did you do?
- Do you know anyone else who has attempted or committed suicide?
- Do you have family and friends you can go to for help?

The more lethal the means, the more available the means, and the more definite the time frame, the greater the risk.

How You Can Help

- Listen attentively without judgement.
- Believe the person if that person says he/she is thinking of hurting him/herself.
- Never leave a person who is suicidal alone.
- Find out what resources, people or otherwise, the student can access.
- Tell someone (family member, family physician, trusted adult of the student).
- Most of all, show that you care.
- If there is immediate risk of harm by the student, please refer him or her to one of the following agencies immediately:



Guidance Resource

Youth (under 18 years of age): Haldimand-Norfolk REACH Child & Youth Crisis Service at 1-866-327-3224.

Adult (16 years of age and over): CAST (Crisis Assessment Support Team) at 1-866-487-2278.

If the student refuses, you can still contact the above agencies for advice.

If there is immediate concern because the person is in the process of harming himself or herself, e.g., has taken pills, etc., call 911.

Be aware that anyone under the age of 16 who threatens to harm him/herself and/or others, must be reported to the Haldimand-Norfolk Children's Aid Society at 1-888-227-5437.

Many adolescents may at some time "contemplate suicide," but that does not mean they will carry through with the thoughts. However, these teens need some form of help or support. Sometimes it may mean talking with someone they trust. There are several community support persons who come into the school to whom the student can be referred: Youth worker, Public Health Nurse, addictions counsellor or STAR counsellor.

Also, there are several outside agencies or health care providers to whom the teen can be referred:

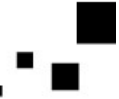
Haldimand-Norfolk REACH (*below age 18*) at 519-587-2441, 905-772-3418 or 1-800-265-8087.

Adult Mental Health (*age 16 and above*) at 1-877-244-3094 (Haldimand) or 519-426-8760 (Norfolk).

Family physician.

GABALOT (Gay, Lesbian, Bisexual & Transgendered Youth of Haldimand and Norfolk) at 519-426-6170 Ext.3225 or 905-318-5367 Ext. 346.

Guidance Resource



APPENDIX

Community Resources

Web Links

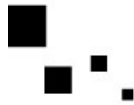
Universal Precautions

Brant-Haldimand-Norfolk Youth Survey – www.hnhu.org/content/view/42/57

- Mental Health, Sleep and Gambling.
- Nutrition and Physical Activity.
- Sexual Health.
- Substance Use.
- Tobacco Use.

Who Does What?

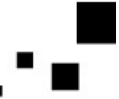
- Community groups for youth.



Guidance Resource

This page is intentionally left blank.

Guidance Resource



COMMUNITY RESOURCES

Addiction Services

Simcoe, 519-428-1805, 905-318-6623 (from Haldimand)
Caledonia, 905-318-5367

Adult Mental Health

1-877-244-3094 (Haldimand) or 519-426-8760 (Norfolk)

CAST (Crisis Assessment Support Team)

1-866-487-2278

Child and Youth Crisis Service

1-866-327-3224

Haldimand & Norfolk Women's Services

519-426-8048 or 1-800-265-8076

Haldimand-Norfolk Health Unit

Simcoe, 519-426-6170
Caledonia, 905-318-5367
Dunnville, 905-318-6623
Langton, 519-875-4485
Or visit us on the web at www.hnhu.org.

Haldimand-Norfolk REACH

1-800-265-8087

Haldimand-Norfolk Children's Aid Society

1-888-227-5437

Links

Youth Issues
Who Does What for Youth

Ontario Works

Simcoe, 519-426-6170, 905-318-6623 (from Haldimand), 519-582-3579 (from Delhi)
Dunnville. 905-774-3333

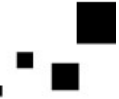
For other resources, please refer to PAL card, Who Does What for Youth or visit the Haldimand-Norfolk Health Unit website listed above.



Guidance Resource

This page is intentionally left blank.

Guidance Resource



WEB LINKS

www.hnhu.org – Haldimand-Norfolk Health Unit

<http://www.bullybeware.com/moreinfo.html> – British Columbia's Bully B'Ware Productions

www.nedic.ca – National Eating Disorder Information Centre; Canadian information and resources on eating disorders and weight preoccupation

www.cmha.ca – Canadian Mental Health Association; information on several topics, including, eating disorders, suicide, self-injury, etc.

www.osca.ca – Ontario School Councillor's Association; several links for youth issues

www.bced.gov.bc.ca – Resource guide for schools responding to critical incidents.

www.nationaleatingdisorders.org – National Eating Disorders Association; American

www.kidspeace.org – Good information on healthy eating, suicide prevention, bullying, grief and other youth issues; American

www.hnws.on.ca – Haldimand-Norfolk Women's Services

www.hnreach.on.ca – Haldimand-Norfolk R.E.A.C.H.; services for children

www.canadian-health-network.ca – Public Health Agency of Canada

www.playworkspartnership.ca – website regarding youth

www.youngandhealthy.ca – The Canadian Association for Adolescent Health

www.healthyschool.org – Resources available for Grand Erie District Schools from Brant and Haldimand-Norfolk Health Units

www.safecanada.ca – information on safe schools, bullying, etc.

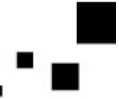
www.keepsschoolssafe.org – information on bullying



Guidance Resource

This page is intentionally left blank.

Guidance Resource



UNIVERSAL PRECAUTIONS

Some infections can be spread through contact with blood, body fluids, excretions and secretions. You cannot tell from looking at people if they have this kind of infection. This is why you need to use “Routine Practices.” Routine Practices prevent contact with the blood, body fluids, excretions and secretions of other people. These practices are the same in all settings for all people.

Routine Practices:

Wash Hands

Wash your hands before and after touching other people. Wash them after contact with blood, body fluids, excretions and secretions or any soiled articles. Wash them right after removing gloves.

Wear Gloves

Wear gloves before giving first aid. Wear them at other times when your hands are likely to come into contact with blood, other body fluids, excretions or secretions, mucous membranes or broken skin. Wear gloves when handling soiled items or surfaces.

Clean Properly

Be careful when you handle soiled materials and equipment so that you don’t soil other things. In case of spills of blood, other body fluids, excretions or secretions, first wipe up the spill with paper towels. Then sanitize the area using a mixture of one part bleach to nine parts water. Allow the bleach mixture to be in contact with the surface for 10 minutes. Then wipe dry with a fresh paper towel. Place soiled clothing and washables in a plastic bag. Seal the bag. Use a second plastic bag if it is likely to leak. Launder as soon as possible in the normal fashion. Wash your hands.

Handle Sharps Safely

Avoid sharing personal items such as razors, toothbrushes and nail clippers. Never share needles for injections.

Place used “sharps,” such as needles used for injections, in a specially designed container. If you come across a used needle in a community setting, call the Haldimand-Norfolk Health Unit to find out what to do. (If you must move it so that no one else will be injured, be very careful not to stick yourself.)

Use Protective Barriers

Use other protective barriers as necessary. For example, wear a gown or apron if your clothing is likely to be soiled with blood, other body fluids, secretions or excretions. Remove your gown as soon as possible afterwards. Then wash your hands. Cover all open or moist cuts or sores with a clean, dry bandage. Replace the bandage if it becomes wet or soiled. Protect your eyes, nose and mouth from splashes of blood, other body fluids, excretions or secretions. If a splash does happen, wash it away as quickly as possible. See a doctor right away.

The most effective way to avoid becoming infected with a sexually transmitted disease (STD) is to choose abstinence/chastity. When used properly, latex condoms provide some protection, but not 100%, against STDs.



Guidance Resource

Report Incidents

If you are exposed to someone else's blood or other body fluids, e.g., through a needle-stick injury, a splash or a human bite that breaks the skin, contact your doctor or local emergency room right away for advice.

For more information, contact a member of the Communicable Disease Team at the Haldimand-Norfolk Health Unit at 519-426-6170 in Simcoe or 905-318-5367 in Caledonia.