



YouthNet RéseauAdo
Annual Research Report
2015-2017

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WHO WE ARE

YouthNet/RéseauAdo (YNRA) is a bilingual community based for youth by youth mental health promotion, intervention, and support organization through the Children's Hospital of Eastern Ontario (CHEO) for youth 13-20 years of age in Ottawa. We love talking about mental health and want to reduce the stigma around mental health and mental illness while helping youth learn coping strategies.

YNRA was created by Drs. Simon Davidson and Ian Manion in 1993 after finding through 1993 Canadian Youth Mental Health and Illness Study that youth were at high risk for mental health difficulties and were most likely to seek support from other youth (Davidson & Manion, 1996).

From there, YouthNet opened its doors under the youth engagement mandate, co-creating programs with youth according to their needs and ideas. Today, our youth engagement principle guides all that we do in our presentations, programs and projects with the Youth Advisory Committee. The coordinators at YNRA work behind the scenes to make the magic happen!

We offer Presentations in schools and in the community to promote mental health and ways to maintain wellness. Talking about mental health and mental illness serves to reduce the stigma around the topic by normalizing it and encouraging youth to about their mental well-being and seek the help they may need. Our youth intervention programs are a way to help youth develop coping strategies to maintain wellness and learn to manage stressors in their lives. Our research helps us get a snapshot of youth mental health needs and how we can better serve them.

Ultimately, we hope to teach youth skills to be more resilient and feel like they have an active role in their mental health and wellness.



WHO WE ARE

Facilitators

Using the for youth-by-youth model, services and programs are led by a dynamic and experienced group of youth-friendly young adults between 20 and 30 years of age with a passion for mental health. Our facilitators engage, teach and work alongside youth across the Ottawa community.

They are supported by the mental health planners and social worker who work behind the scenes to provide clinical back-up, program planning and skills training.

"I like that facilitators are younger and can relate to us better." - 15, Female.



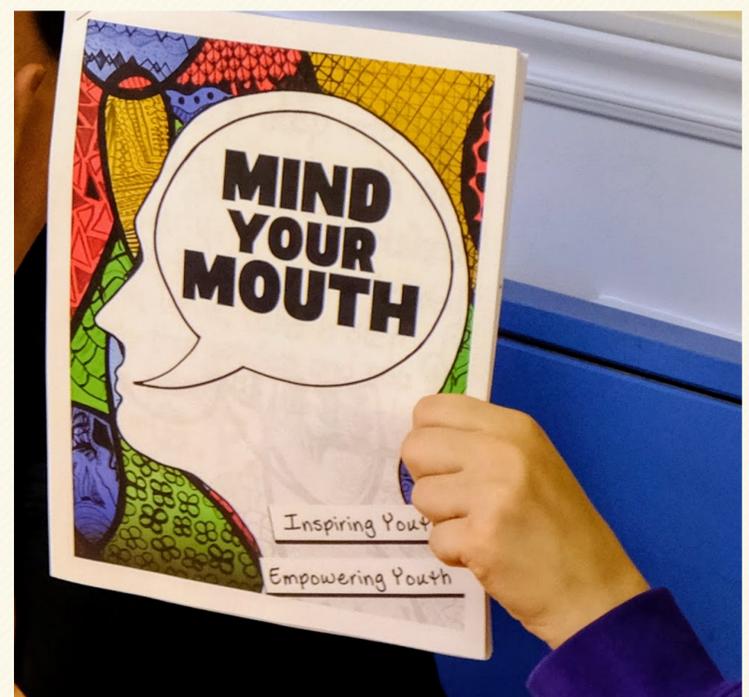
WHO WE ARE

Youth Advisory Committee (YAC)



"We are a group of open minded individuals with a passion for change, no matter in what field, with a focus on mental wellness. It is a safe space regardless of anyone's differences." -YAC 2018

The Youth Advisory Committee (YAC) at YNRA is a group of passionate young people (ages 13-20) who meet every Monday in a drop-in format to advocate for youth friendly mental health services. They inform stakeholders and community service providers to improve youth engagement within their services and organization.



YNRA's services and decisions are guided by a Youth Advisory Committee (YAC). YAC helps shape our service delivery to ensure proper youth engagement and works on advocacy projects to promote mental health literacy and anti-stigma campaigns in the community.

WHAT WE DO

Presentations

How to Help a Friend/ Comment aider un ami

This workshop is all about knowing what to do to support a friend in need. We do not want you(th) to become a mini psychologist, but rather, we hope that you will learn about the different resources in and around Ottawa and learn how to best support that friend in need.

Through interactive activities and games, you will become comfortable and familiar with understanding why sometimes asking for help can be difficult. This content can be adapted to any audience.

Wellness 101/ La Santé Mentale et le Bien-Être

We deliver an informative and interactive presentation to a varied audience of students in schools, professionals, policy makers and community groups. Our presentations, Mental Wellness 101, emphasizes the importance of talking about mental health all while learning ways to talk about mental health. The content can be adapted to any audience.

Mental Wellness 101 educates audiences on aspects of mental health that impact their day-to-day lives, engage them in a discussion, and encourage future action.

StressLess/ StressMoins

This workshop is interactive, engaging and helps you(th) understand what stress is. We go through what stress is, how to locate stress and how to manage stress all while playing games and doing fun activities to explain it. This workshop is an hour long and requires a laptop/projector set-up for our accompanying slides. The content can be adapted to any audience.

Fun Fact:
Our presentations reached 20 623
English speaking youth and 3409
French speaking youth
across Ottawa from 2015- 2017!



WHAT WE DO

Programs



ROOTED

Outdoors, Growing, Bonding

This program runs in the summer. As a group you will collaboratively grow a vegetable garden and explore nature trails, farms, and lakes around the Ottawa/Gatineau regions. This program pairs spending time in nature with a conversational element. If you're a person who wants to get outside, learn how to grow a garden, or likes to chill- this program is for you.



MINDFULNESS AMBASSADOR COUNCIL

Discover, Recharge, Breathe

The power of yoga and meditation is a healthy coping method. This program encourages you to discover yourself, and allows you to recharge through mindfulness and discussion with peers. Most of all, it teaches you the key aspect of mental health maintenance which is self care - to take a while just to breathe.



PENS AND PAINTS

Art, Expression, Discovery

This art-based program focuses on coping with stress through visual arts and creative writing. Art is a form of creative expression, and we learn and practice artistic skills such as canvassing, pottery making and even slam poetry.



WINTER WELLNESS

Learn, Be with Winter, Connect

Winter Wellness is a program that runs in the winter months. With Winter Wellness, you can learn how physical activity, through being outdoors during winter, can help cope with stress. We run a variety of winter based activities and all transportation, lift tickets, equipment, rentals and lessons are included and absolutely free to participate.

WHAT WE DO

Headstrong

Health Canada established the Mental Health Commission of Canada (in 2007) to improve the mental health system and reduce stigma in Canada. They launched *Opening Minds* in 2009 to tackle the stigma related to mental illness. *Opening Minds* has become the largest systematic effort in Canadian history focused on reducing stigma related to mental health problems or mental illnesses

Following five years of extensive research, they discovered that contact-based education is a powerful way to improve students' knowledge, attitudes, and intended behaviors towards those living with a mental illness or mental health problem.

Research has shown that the model of an anti-stigma summit is one of the most powerful ways in which to change attitudes related to mental health problems and mental illnesses.

Ottawa was selected as the Nation capital leader to host Headstrong and since 2014, we have successfully run 3 summits. Over 300 students across Ottawa came away from the summit ready to implement anti-stigma action plans in their schools and communities.

Each year, the summit was created and coordinated alongside the youth headstrong Summit Coalition, a group of 15 students across Ottawa.



"Headstrong was important because it taught many of us what stigma is and how it is an obstacle to wellness. More importantly, it taught us that we have the power to make a difference and to reduce stigma, promote wellness in our communities."

- 15, Ottawa student



RESEARCH

RESEARCH GOALS

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The report to follow summarizes the research data obtained through YNRA's intervention programs during the period of March 31st 2015 to March 31st 2017. It includes participant demographics from our survey, trends between constructs and an in-depth analysis using the pre and post tests measuring resilience building skills.

The research goal of the YNRA survey is to give a snapshot of participant's emotional distress, their coping skills, and sources of connection/support they feel they have at their disposal. It also serves as a screening tool in which to provide support to youth at risk of committing suicide for our facilitators and social worker. The YNRA pre and post-test is given to measure the impact of our programs and ways to improve what we do to better serve youth.

1) To ensure our services continue to reflect the current needs of youth, research and practice.

2) Determine the mental health needs of youth coming into YNRA.

3) Evaluation of our youth mental health programs.

PROGRAMS

There were 243 youth serviced collectively within the mental health based recreational programming who provided their consent to participate in our research. Participants considered for the purposes of research are selected based on their adherence to the inclusion criteria as set by the YNRA Research Ethics Board approved research mandate in 2015-2017 (REB protocol # 04/31Eb). All participants must provide written informed consent prior to participating in recreational-based mental health intervention programming and must be between the ages of 13 to 20 years old.

Two exclusions were used. The first was an age exclusion criterion to ensure that all analysis and conclusions obtained through research data was representative of the individuals for whom YN/RA is intended to service. Secondly, only data for each first initial intervention program was kept for analysis, while subsequent inputs from the same participant were excluded from analysis. This was to reduce the possibility of practice effects that may bias any subsequent data, and from artificially inflating the sample size from including multiple inputs from the same participants. Participants are able to be a part of multiple intervention programs and many continue to return for multiple services. YouthNet data is collected through convenience samples through youth self selecting to participate and referrals.

Our programs are offered to youth 13-20 years of age in the Ottawa Community. Services have been created based on what youth have expressed as important in a mental health service and in response to their needs.



Our programs set out to spark discussion on mental health and mental illness and to help youth develop coping skills that they can use in their everyday lives.



Using the youth-by-youth model, services are informed by our Youth Advisory Committee and led by a dynamic and experienced group of youth-friendly young adults between 20 and 30 years of age with a passion for mental health.



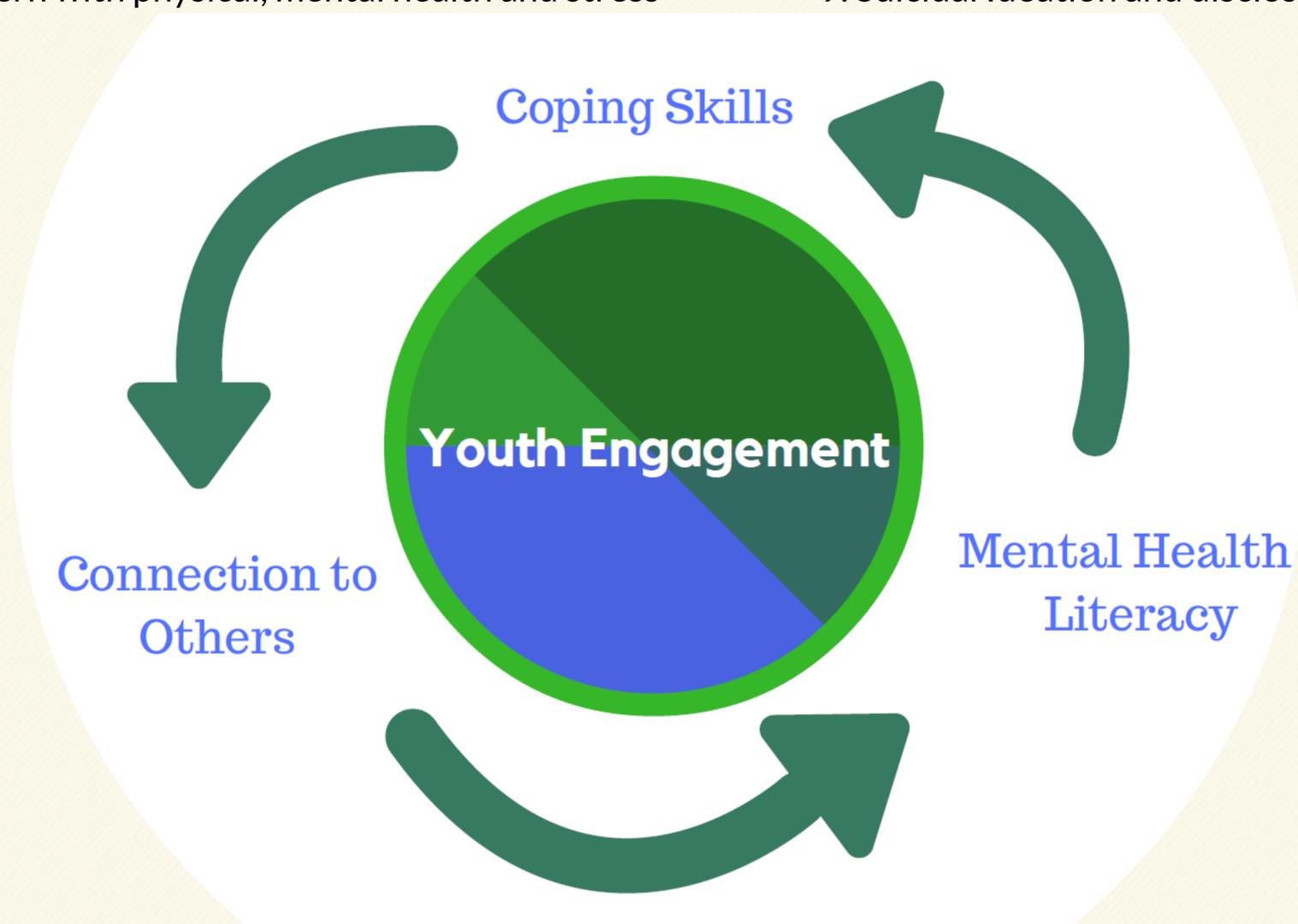
PROGRAMS

Our programs are structured to offer youth a safe place to connect with other youth while developing the knowledge and skills to cope with stressors by:

1. Increasing awareness about what mental health is.
2. Helping youth develop supportive peer connections.
3. Providing an alternative mental health promotion and intervention service for youth.

Before beginning the program, all participants are asked to complete a consent form and to complete the YNRA survey which includes key participant demographics and a pre-test. During the last session after 8 weeks, participants are given a post test that measures our process to improve our programs using quantitative and qualitative items. The survey provides a clear snapshot of youth mental health needs and measures constructs such as:

1. Self-esteem
2. Connection to Others
3. Activity involvement
4. Concern with physical, mental health and stress
5. Coping skills and strategies,
6. Social Support,
7. Mental health service use,
8. Depression,
9. Suicidal Ideation and disclosure.

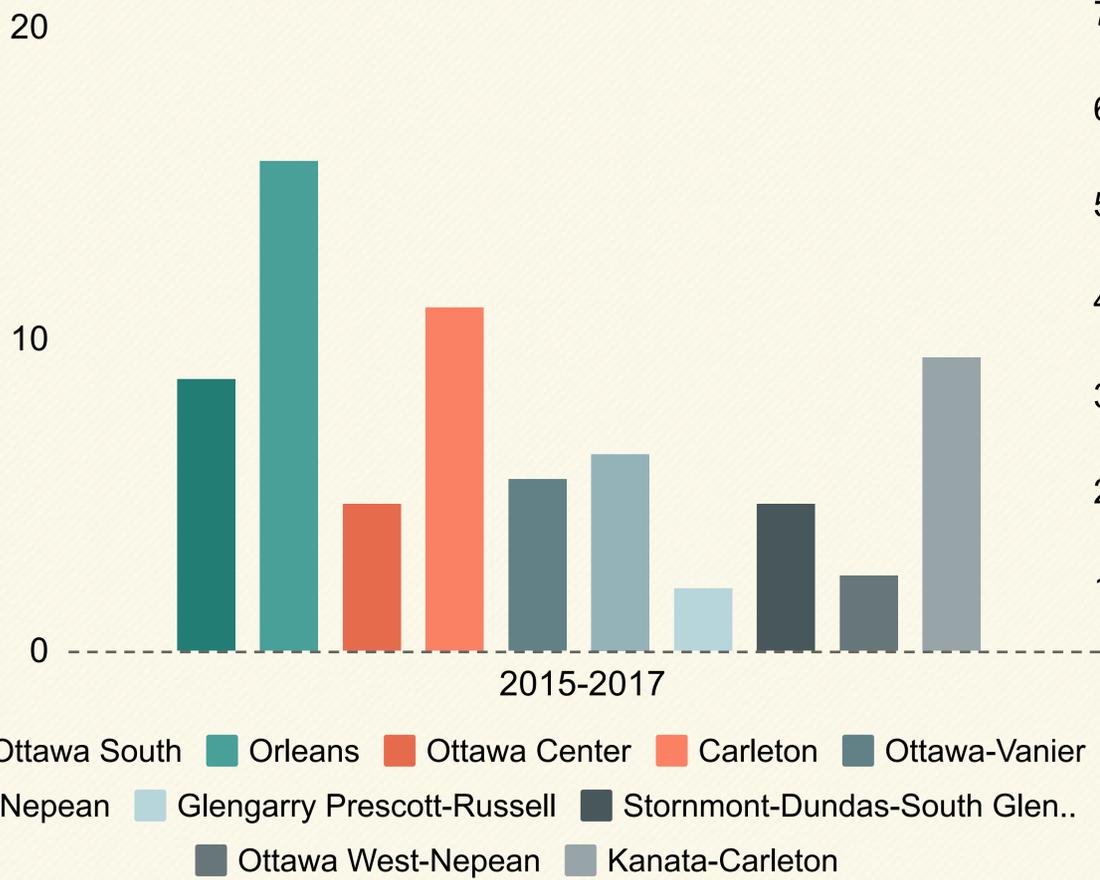


YouthNet offered 34 programs across Ottawa from March 2015 to April 2017.

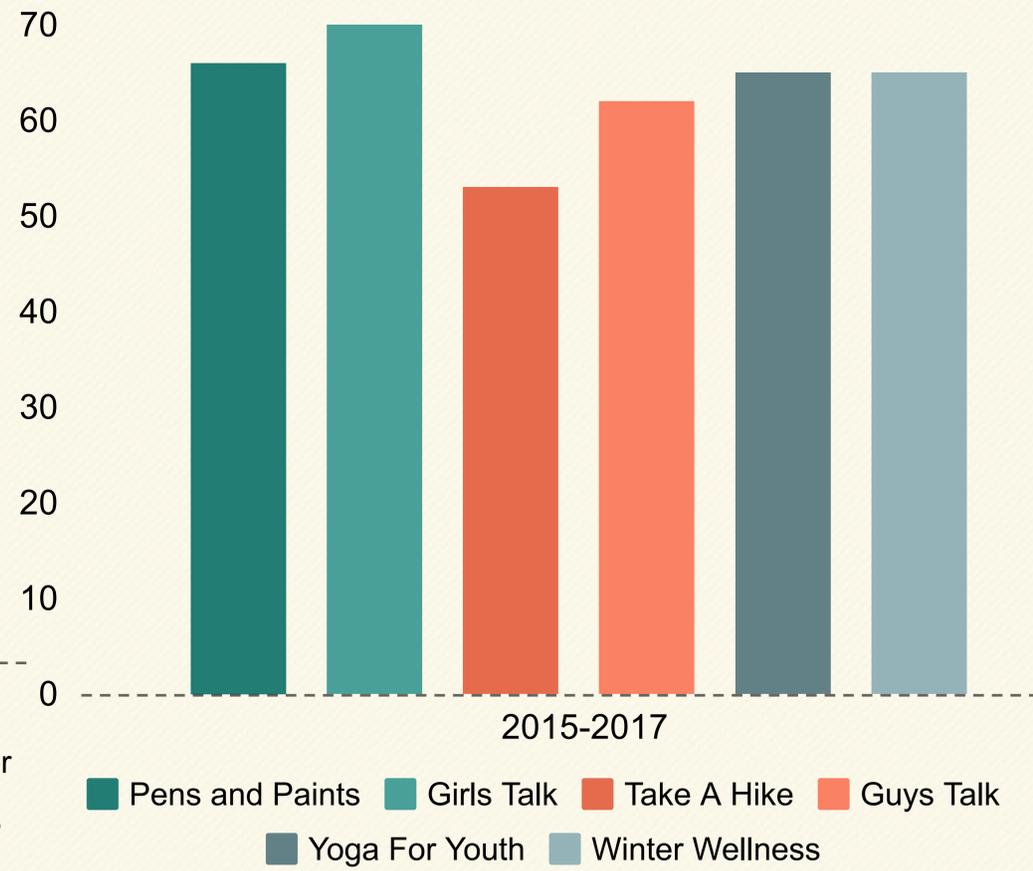
There were 243 participants from across the Ottawa community and were on average 15.4 years of age ranging from 13 to 20 years of age. Most identified as female (72%, n = 172) where 20.5% identified as male (n = 49). A smaller portion of participants identified as non binary or preferred not to specify a gender identity (7.5%, n = 18).

PROGRAMS

YNRA Program Reach



YNRA Program Retention



"Everyone is so respectful so you can speak about yourself and not be or feel judged."



"I lost the sense of feeling alone."

"I liked [yoga] because I got to meet new people and feel better about myself."



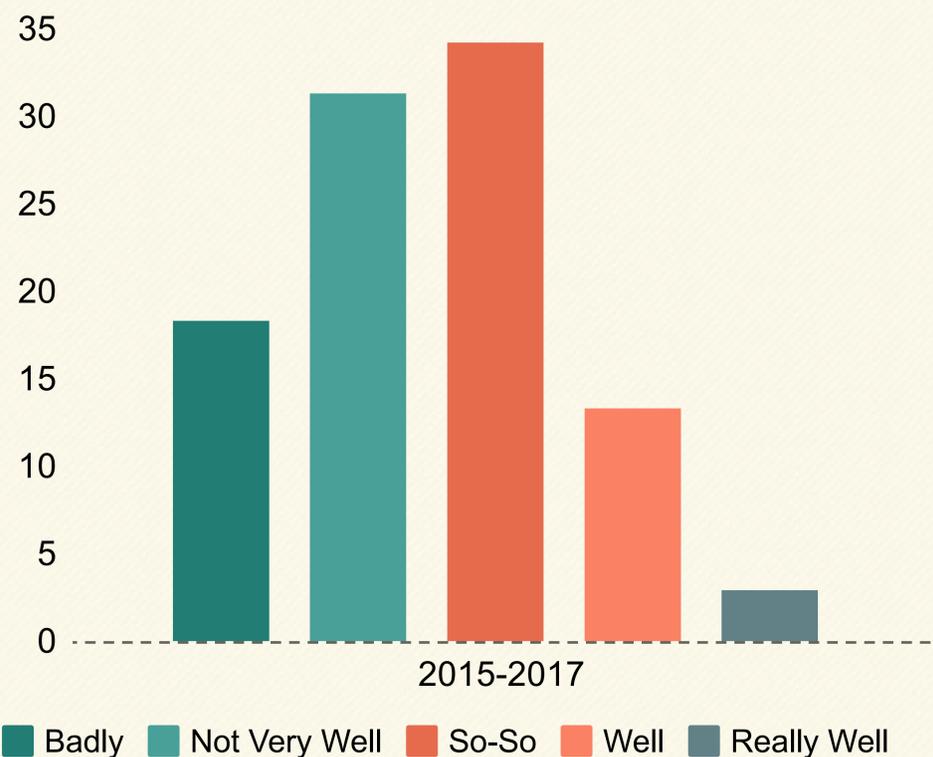
"I enjoy [pens and paints] because of the acceptance and comfort of the people and facilitators."



WHAT YOUTH ARE TELLING US

COPING ABILITY

Youth Perceived Coping Ability



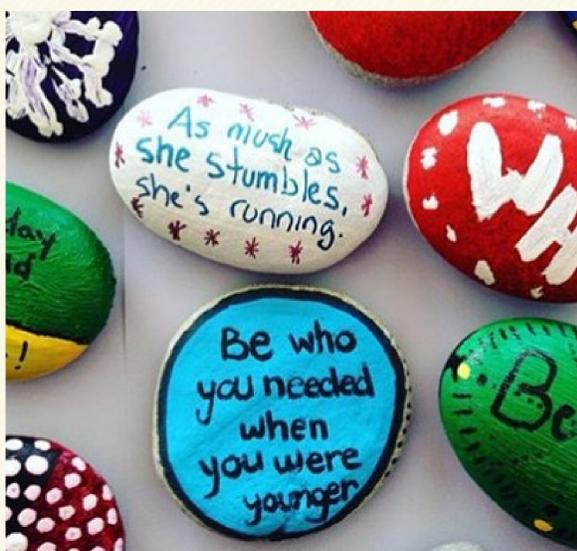
"You cannot build a house with only a hammer, and the more you have at your disposal, the easier it is to use one that fits your needs at that moment."
 YNRA, Facilitator.

The ability to cope is a key component of resiliency and health.

It is considered to be an intentional response to manage an external or internal stressor (Rosen, Glennie, Dalton, Lennon, & Bozick, 2010). According to youth, it is an important part of maintaining one's health and mental well-being.

"Coping keeps us from being unsafe. Far too many youth are crippled by stress, and far too few people know how to maintain their mental well-being. - 16, Non-Binary."

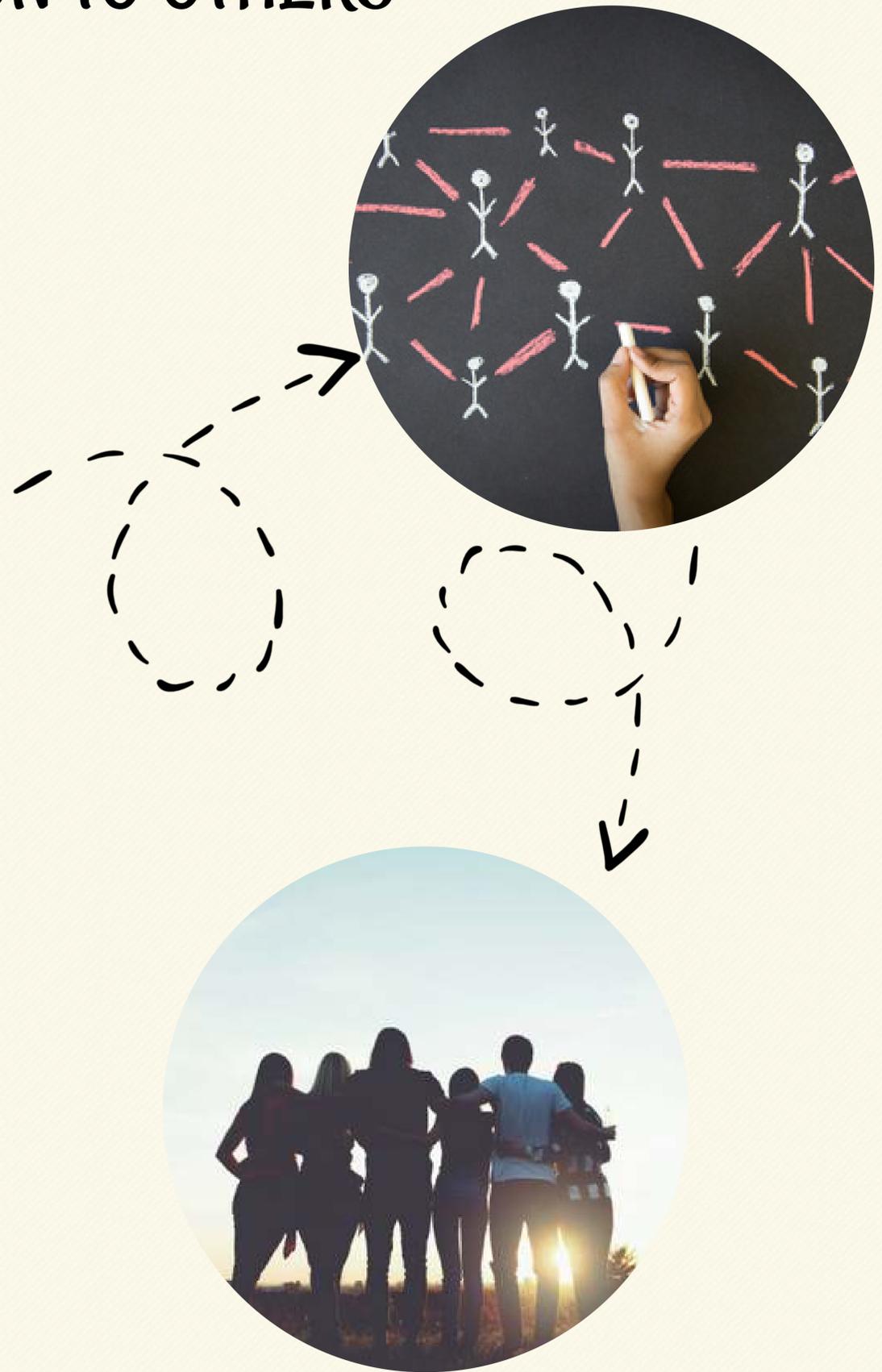
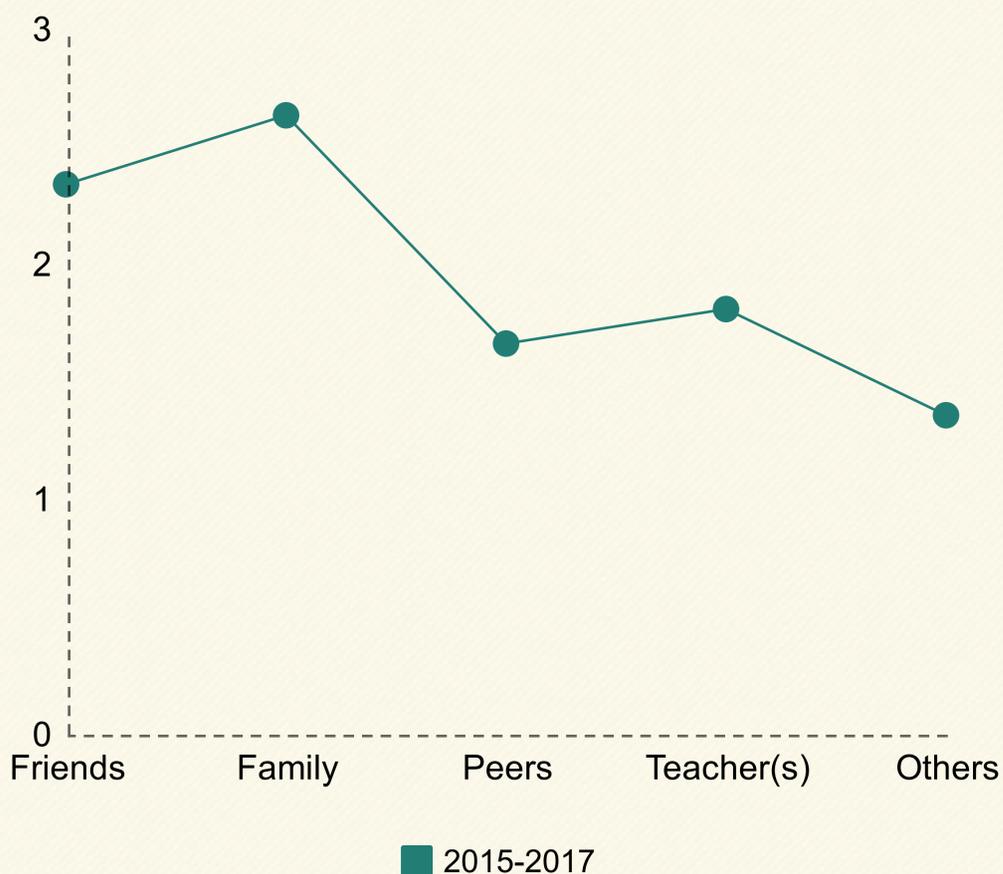
The majority of youth from 2015-2017 before a YNRA program were ambivalent about their ability to cope or reported coping *Not very well* (31.3% $n = 75$). Only 2.9% reported feeling like they coped with stress *Really Well*. Learning about mental health and ways to cope is important since it is shown to be a key part of resilience. For example, it was a protective factor against risky behavior where youth who participated in extracurricular activities, were less likely to drop out (Randolph, Fraser & Orthner, 2004). Also, in a Québec study of 297 high school students, resilient youth scored higher on coping strategies than well adjusted and vulnerable youth (Dumont & Provost, 1999). When youth know that they have the skills and strategies to manage stressors in their life, they are more likely to use them. For youth programming, coping is considered a key part of a successful intervention program to improve resilience in at risk youth (Kitano & Lewis, 2005). That is why it is important to help youth develop intentional coping strategies to help learn steps they can take when faced with a stressful event. It is through learning to be adaptive in the face of adversity that will help youth become more resilient.



WHAT YOUTH ARE TELLING US

CONNECTION TO OTHERS

Youth Sense of Connection

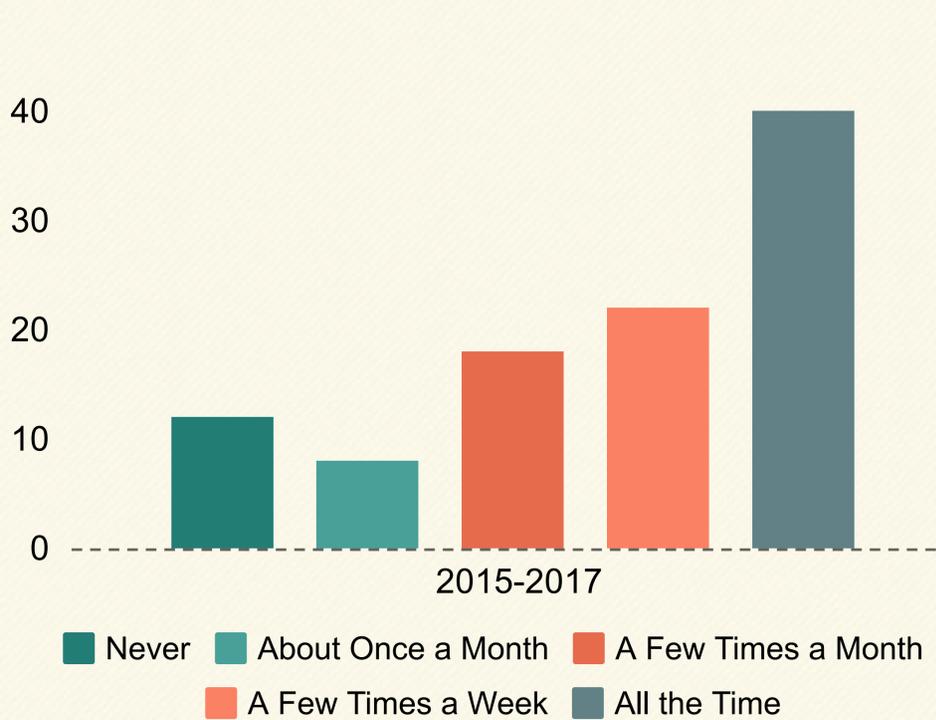


Youth sense of connection to sources of support were measured using a self reported measure asking how connected youth feel to Friends, Family, Peers, Teachers and Others in the community. Responses were measured on a 5 point Likert Scale ranging from 1 (Never), to 5 (All of the Time). On average, Youth felt most connected to Family and secondly to friends. The majority of youth felt connected to Family reporting feeling how connected at Very Much (28.9%, n = 70) and 2ndly to Friends (21.5% , n = 52). A sense of connection to others is important for people across ages, and particularly for youth connection to peers. A study of 733 adolescents from San Diego found that the more positively youth rated their sense of connection to their peers, the less behavioral problems they had (Newman & Newman, 2007). Since youth are more likely to seek support from other people their own age, it is important to offer opportunities for youth to develop supportive relationships with one another.

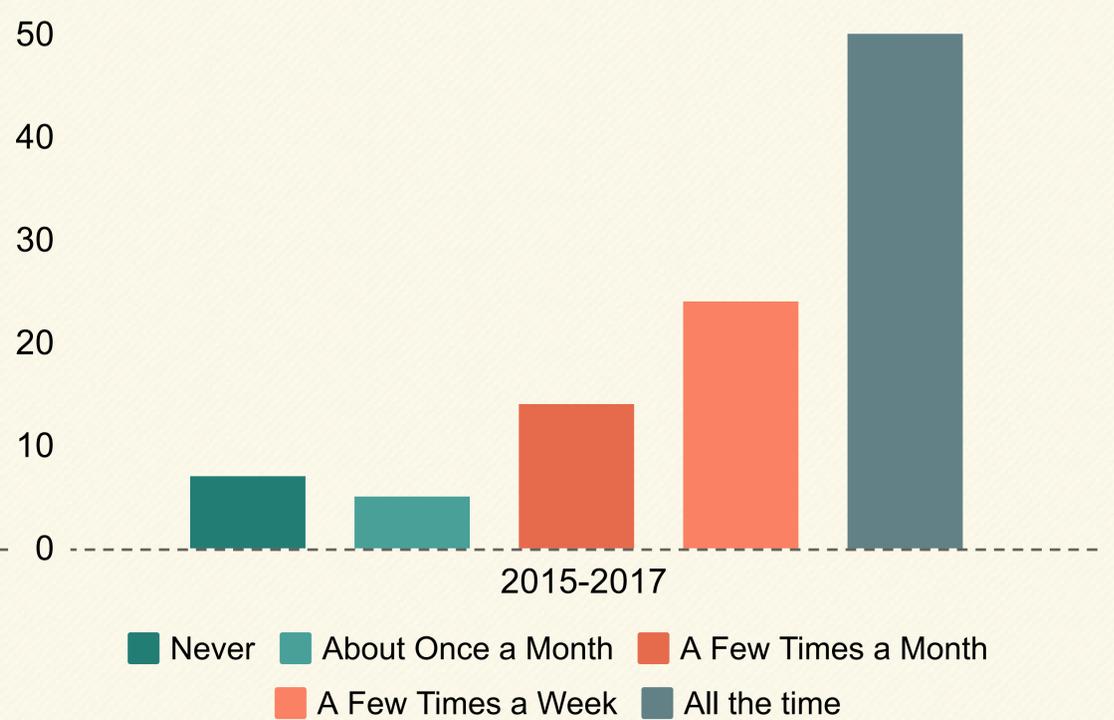
WHAT YOUTH ARE TELLING US

YOUTH CONCERN FOR THEIR MENTAL HEALTH

Youth Concern for their Emotional Health



Youth Concern for their Levels of Stress



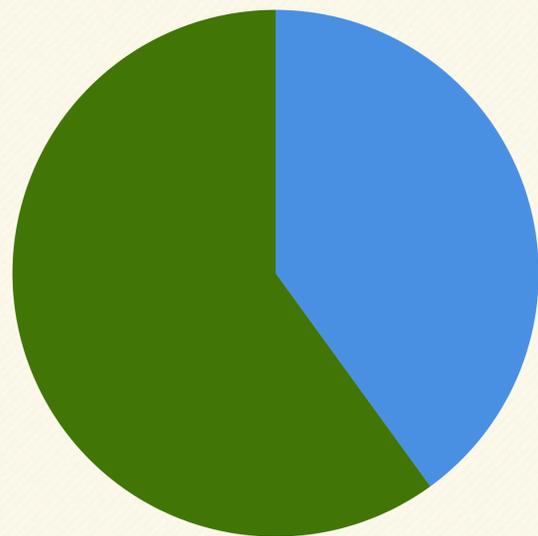
Youth reported being concerned with both their emotional health and levels of Stress. Questions were self-reported and were measured on a five point-Likert Scale to assess frequency over the last 3 months. Findings indicated that youth were highly concerned with their mental health, where the majority reported being concerned about their emotional health *All the time* (n = 97) and 50% were concerned with their stress *All the time* (n = 121).

In other words, youth were most frequently and highly concerned with their stress and mental health before a program. This is particularly problematic since youth reported low coping ability. They have high concern for their emotional well-being and levels of stress but feel as if they do not have the ability to cope with it. Therefore, before a program, youth expressed a concern for their mental well-being and a high need to learn more about their mental health and coping strategies to help maintain their mental well-being.

WHAT YOUTH ARE TELLING US

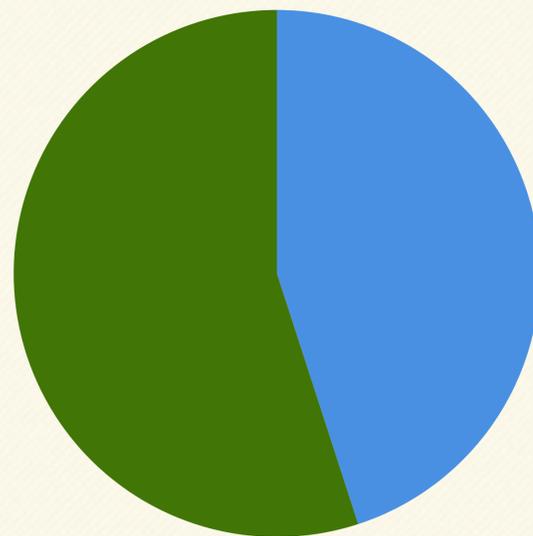
SUICIDAL IDEATION

Youth Suicide Attempt



■ Yes (40%) ■ No (60%)

Thoughts of Suicide in the last 3 months



■ Yes (45%) ■ No (55%)

Suicide remains a big problem for youth well-being. **It is the second leading cause of death for young people 15-24 years of age** (Findlay, 2017). It is worth noting for this sample that because we are a mental health service, there is a higher chance that youth may be struggling with their mental health. However, results are comparatively high when examining the general population where 14% reported thoughts of suicide and 6% in the last year in 2017 (Findlay, 2017).

Results indicated around half of youth said they had thoughts of suicide (45%, n = 109) and 40% reported having attempted suicide at one point in their lives (n = 96) (YNRA, 2017). Suicidal Ideation was measured through 3 questions using a dichotomous Yes or No scale: If they ever had thoughts of Suicide, if they have had thoughts of suicide within the last 3 months and if they had ever attempted to take their life. These questions serve as a screening mechanism for YNRA staff to assess youth distress and provide immediate suicide intervention and to link the youth to the appropriate resources and services. For research purposes, these items offer insight into the suicidal thoughts and behaviors of youth.

The findings described above emphasize the importance of prevention driven mental health programming. More specifically, to provide young people adaptive skills through active engagement, sense of belonging and knowledge translation (King et al., 2001). It is particularly alarming for results found in this report from 2015-2017 since only 2.9% of youth felt like they coped Very Well (n = 7) and 13.3% felt they coped Well (n = 32) and that suicidal attempts are so high. Teaching resilience as a skill could improve youth well-being and help youth develop self-efficacy. In particular, improving access and development of control, connection, confidence, access to material resources and supportive relationships (Ginsburg & Carlson, 2011; Ungar, Brown, Liebenberg, Cheung, & Levine, 2008). **Therefore, offering a space for youth to connect with others, to develop coping skills and offer material resources could greatly help youth foster resilience in youth and improve well-being.**

WHAT YOUTH ARE TELLING US

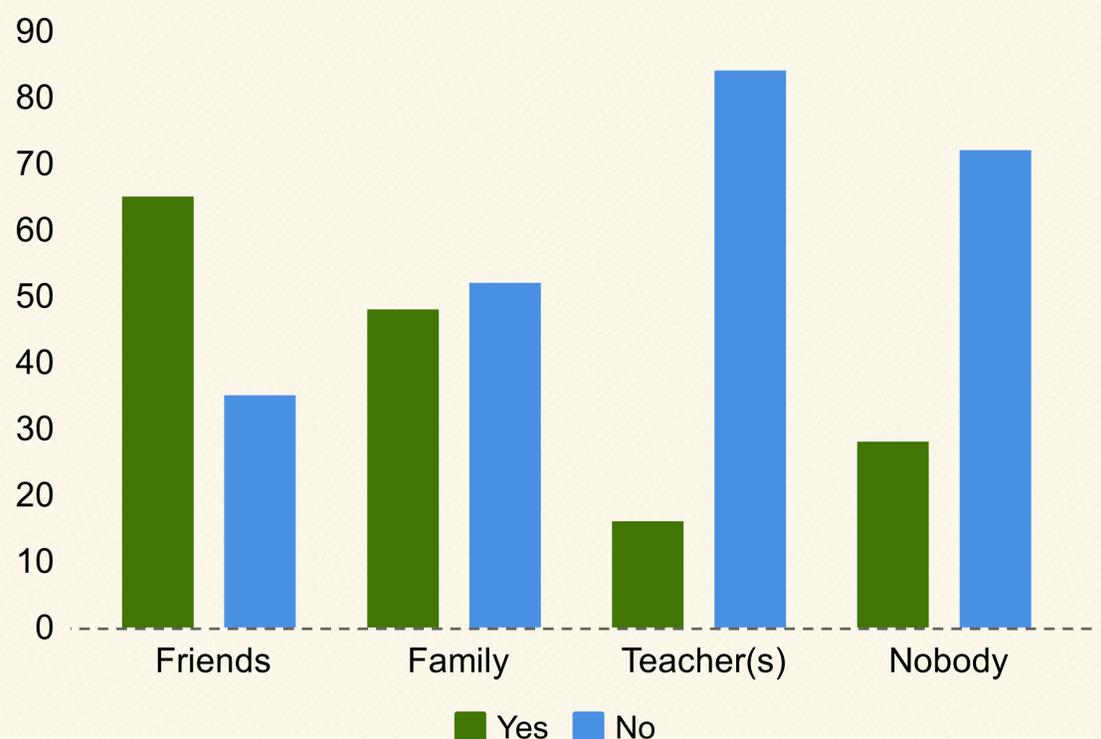
SOURCES OF SUPPORT

Youth were most likely to seek support from other youth across sources of support. When asked who they talked to when faced with a personal problem, 65% of youth reported talking to their friends (n = 158) although they felt most connected with their family. This is consistent with other research studies where as adolescent's age, their primary source of help seeking transitions from family members to peers (Rickwood, Deane & Wilson 2007). These findings are also consistent with YouthNet/RéseauAdo findings, Manion & Davidsons findings and reflect other trends in the literature where youth primarily seek and confide with other youth when seeking help and (CMHA, 1993). Even across cultures this seems to be the case since help seeking behavior in youth ages 10-24 were found to be more likely to seek help from friends and family for mental health problems rather than professional services in both developed and developing countries (Tylee, Haller, Graham, Churchill & Sancu, 2007).

Therefore, although youth are most likely to feel connected to family, they are most likely to seek support from youth their own age.

Youth continue to indicate a difficulty in asking for asking for help. However, the vast majority of participants when asked if they talk to "Nobody" answered "No" at 72% (n = 174), indicating a higher proportion of youth who have at minimum, one person they talk to when they have a personal problem. This is not representative of the general population. For example, 71% of youth ages 15-24 reported not seeking help from anyone in 2012 (Findlay & Sunderland, 2015). A reason for this difference may be because youth who are coming to YNRA are already connected to a source of support. For example, youth who experienced suicidal thoughts over their lifetime were 3 times more likely to seek professional support compared to those who did not (Findlay, 2017). There are many barriers that may be inhibiting youth from seeking the help they need (see p. 18 for more details).

Youth Help Seeking Across Sources of Support



Key factors in improving help seeking behavior include mental health education and discussion with the goal to reduce stigma, supportive social influences and positive past experiences with mental health services (Rickwood, Deane, Wilson & Ciarocchi, 2005).

On an individual level, it is important to follow these factors by first talking about mental health just like physical health, to breakdown the silence so often caused by stigma and to convey that it's okay to talk about it. We can also educate ourselves correctly about what mental health is and not spread false information. Thirdly, we can foster positive relationships with ourselves and with others.

It is important that organizations include education and discussion of mental health in their programs, and create a supportive and positive experience as a mental health service.

WHAT YOUTH ARE TELLING US

WHY YOUTH DIDN'T REACH OUT FOR HELP

It can be difficult to ask for help.

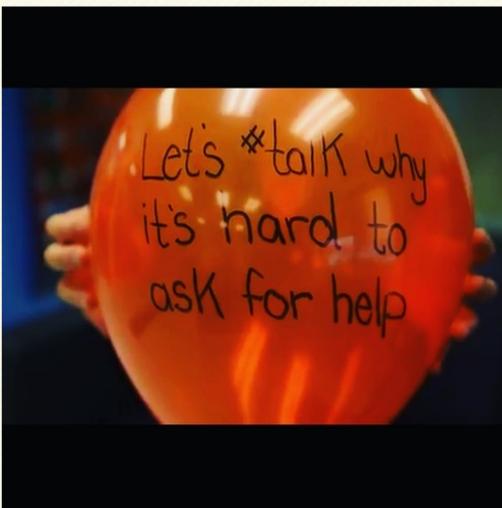
There are many barriers restricting youth from seeking, and accessing the help they need for their mental health needs.

There are 3 barriers that are consistent across the research literature: the feeling of not having anyone to talk to are the fear of stigma, negative attitudes about mental health and mental illness and a lack of mental health literacy are the primary reasons that are inhibiting youth from seeking help (Rickwood et al., 2005; Gulliver, Griffiths & Christensen, 2010; Schomerus & Angermeyer, 2008; Wilson & Deane, 2007). A meta-analysis conducted by Tylee and colleagues (2007) elaborated on the unique needs of adolescents due to cognitive, social and emotional changes within their age groups across mental and physical health services.

Different barriers range from fear of lack of confidentiality from healthcare providers, fear of guardians/parents finding out of visit and/or reason for visit, stigma, lack of proper youth training by service providers and access to health coverage and resources (Tylee, et al. 2007). **Therefore, reducing stigma around mental health and mental illness, providing services that are accessible and economical for youth and ensuring properly trained health care providers would be helpful to reduce barriers for youth to seek the help they need.**

YNRA's goal is to educate youth about mental health and mental illness to reduce the stigma around these topics and teach adaptive tools so that they have the tools to manage their stress, and knowledge to seek help when they need it.

Below are testimonials from youth in the Ottawa community of why they didn't seek help for their suicidal thoughts as measured by our survey.



"Talking to people about my problems at the time was just not within me." 17, Male.



"I didn't want my mom to get mad at me/stressed out." 14, Non-Binary

"I Couldn't get to where the help was." 17, Female

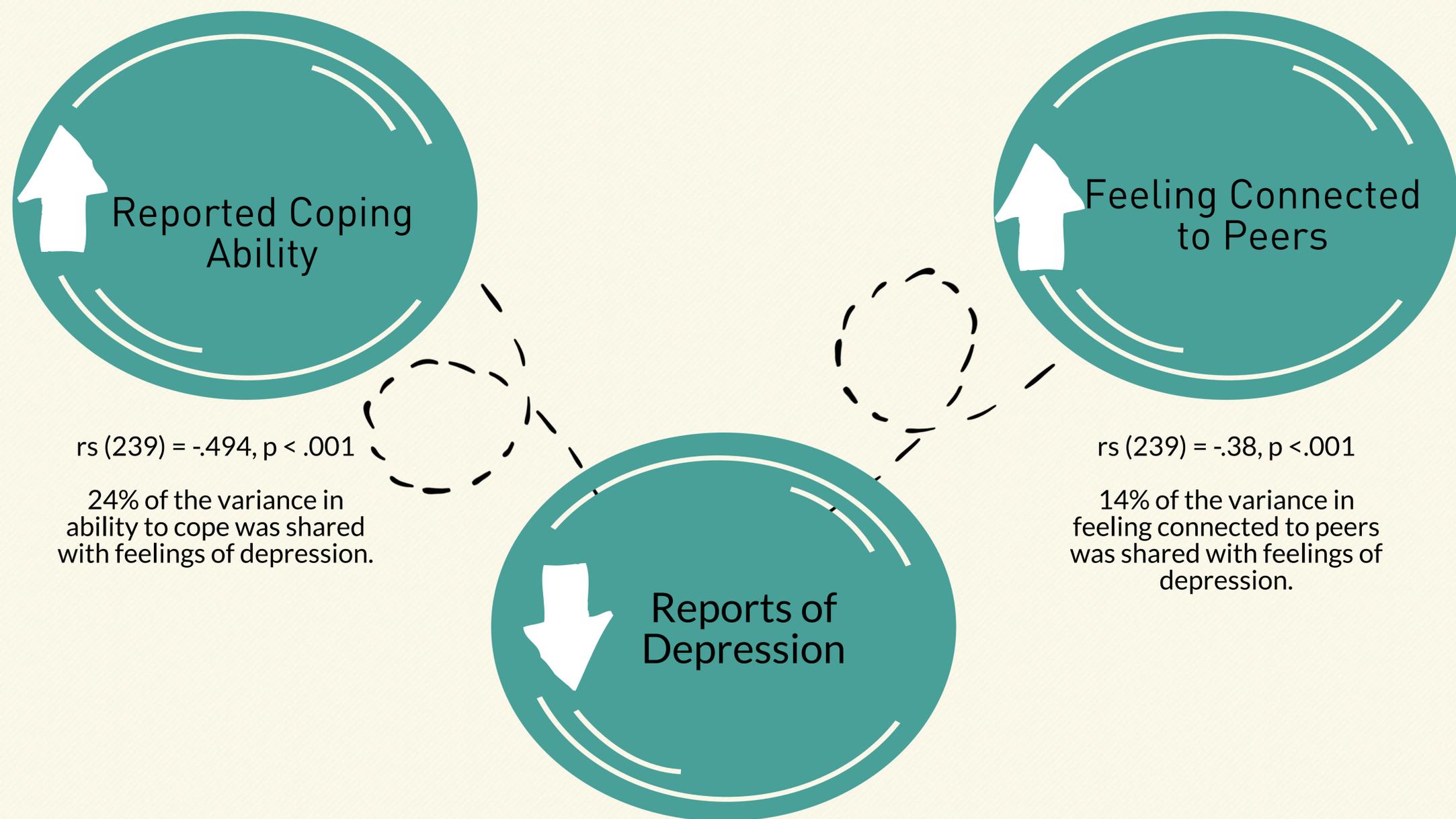


"I was too terrified and panicking and I couldn't think." 14, Female



WHAT YOUTH ARE TELLING US

COPING, CONNECTION AND DEPRESSION



There were significant relationship between both reported ability to cope, connection to peers and reports of depression. After running Spearman correlation analysis, our analysis suggests that **the more connected youth felt to peers the lower their feelings of depression**. A non parametric test was run since the data was skewed. Other programs that promote a sense of connection for youth to peers, school and family have also found teenagers to be less likely to be depressed and engaged in less risky behavior after the program (King, Vidourek, Davis & McClellan, 2002). Therefore, it would be of interest to further examine this relationship. In general, it is important to offer a safe space where youth are able to connect with other youth.

The same was true with their perception of their coping ability. The **more youth felt they coped well with stress, the lower their reports of depression**. Across the literature, coping has been linked to adolescent well-being where coping and access to resources are shown to be key for youth to transition into adulthood in a well-adjusted way (Carbonell, Reinherz, Beardslee, 2005). It also serves as a protective factor (Kitano & Lewis, 2005). More specifically, Reynolds & Crea (2015), found that intervention programs that teach youth self-regulation skills improved resilience against negative peer influences and delinquency. Therefore, developing the ability to cope when faced with stress and adversity is very important to maintain one's mental well-being.

PROGRAMS

Before and After



Program Coping Activities

Youth found **program specific coping activities helped them more when stressed/having problems after the intervention program** compared to before the program.

A Wilcoxon Signed Ranks-Test was conducted to determine whether there was a difference between youth knowledge of what they can do to cope when stressed before and after a YouthNet program. The output indicated that post-test scores were statistically significant and higher than pre-test scores, ($Z = -2.68, p = .007$).

A Wilcoxon Signed Ranks-Test was conducted to determine whether they were more knowledgeable about mental health before and after the intervention program. The output indicated that post-test scores were statistically significant and higher than pre-test scores, ($Z = -2.996, p = .003$).

In other words, youth were **more knowledgeable about mental health after the intervention program** than before.



Mental Health Knowledge

A Wilcoxon Signed Ranks-Test was conducted to determine whether there was a difference between youth knowledge of what they can do to cope when stressed before and after the intervention program. The output indicated that post-test scores were statistically significant and higher than pre-test scores, $Z = -4.489, p < .001$.

In other words, youth were **more knowledgeable about what they can do better when they're stressed after the intervention program** than before.



Knowledge of Coping Strategies

*Because the data did not have a normal distribution with a positive skew towards Agree for each question, a non-parametric version of the paired samples t-test, the Wilcoxon-Signed-Ranks Test, was run instead. For this analysis, only datasets that included both pre and post tests were included in analysis ($n = 143$).

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