



Youth Net / Réseau Ado Annual Report 2017-2018

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WHO WE ARE

YouthNet/RéseauAdo (YNRA) is a bilingual, community-based mental health promotion and intervention organization operating through the Children's Hospital of Eastern Ontario (CHEO). YNRA provides a variety of services for youth 13-20 years of age across the Ottawa region.

YNRA was created by Drs. Simon Davidson and Ian Manion in 1993 after finding that youth were most likely to open up to and seek support from other youth about their mental health (Davidson & Manion, 1996). Since then, YNRA has followed a youth engagement model in order to co-create programs and services *with* youth according to their needs and ideas.

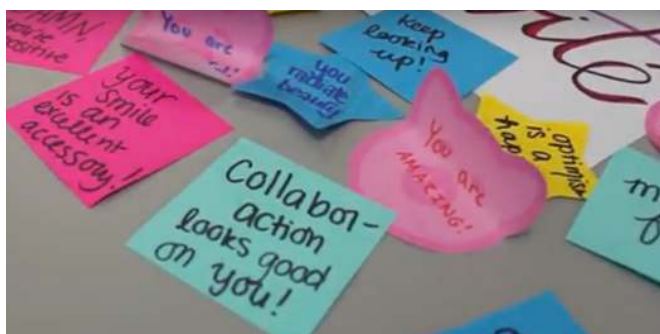
MENTAL HEALTH PROMOTION

We go wherever *youth* are (schools & community centres) offering presentations on mental health, stress, coping, & how to support each other. Talking about it reduces stigma around mental health & normalizes asking for help!



YOUTH ENGAGEMENT & ADVOCACY

Our *Youth Advisory Committee* (YAC), embodies the definition of youth engagement! These young people are passionate about mental health & reducing stigma. They offer their expertise to continuously improve the mental health system.



INTERVENTION

Our 6-8 week programs (offered in-house & in the community) are co-created & led by a dynamic team of youth facilitators. They aim to spark discussions on mental health, support youth to develop coping skills & build strong networks of social support.



RESEARCH & EVALUATION

In order to shape our programs & services, we collect data on what youth need to be engaged & to best support their health & well-being. We also use this data to amplify youth voice among stakeholders in the education & healthcare sectors.

WHO WE ARE

Facilitators & Core Staff



Facilitators

YNRA's services are led by a skilled and dynamic team of facilitators between the ages of 20-30. They are experienced, passionate and all about youth engagement!



Core Staff

YNRA's facilitators are supported by an exceptionally quirky and talented administrative team who make all that behind-the-scenes magic happen!



“ What's quite lovely about working with all levels of stakeholders is that you're reminded that you're not doing this for us you're really doing it for the younger generation of YouthNet. - Program Coordinator ”

WHO WE ARE

Youth Advisory Committee

YNRA's Youth Advisory Committee (YAC) is a progressive, open-minded and diverse group of youth who are dedicated to promoting positive mental health in the community.



What We Do

- Advocate for improvements to the mental health system through consultations with clinical & community service providers.
- Develop youth-friendly tools & resources to increase mental health literacy & reduce stigma.
- Guide YNRA's program development & service delivery to ensure proper youth engagement.

“ Here we're not seen as kids, we can make a difference here and we're seen more as partners with the adults. - YAC Member ”



EVALUATION

Goals & Approaches

This 2017-2018 Annual Report provides both a snapshot and an in-depth look at YNRA's programs, services and special projects.

The report to follow is broken down into 3 sections (and then into further sub-sections based on the 3 types of program evaluation described below) based on YNRA's main programs and services:

(1) Youth Engagement, (2) Mental Health Promotion, and (3) Intervention Programs.

While YNRA has explicitly shifted its language, methods and overall focus from conducting research to engaging in *program evaluation*, many of the objectives and fundamental questions we address in the present report are consistent with and build upon previous years' *research* work. This shift has occurred primarily since our aims in collecting data from youth are to identify youth needs, identify ways to better serve youth, and determine the impact of our programming.

1. Needs Assessment

What are the mental health needs of youth coming into YNRA?



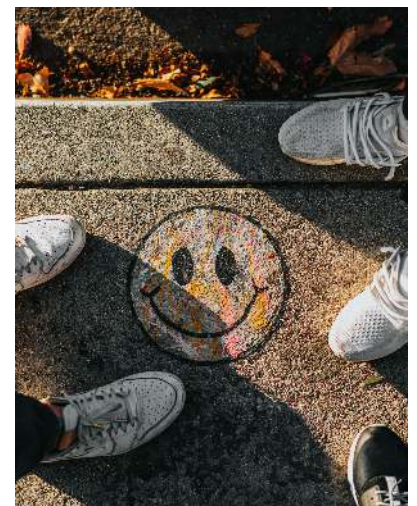
2. Process Evaluation

Do our programs do what we think they do to meet the current needs of youth?



3. Impact Evaluation

What impacts do our programs have on youth knowledge, skills and well-being?



EVALUATION *Methods*

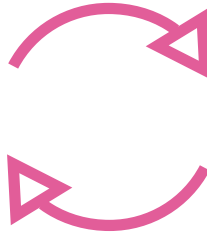
Data Collection

Pre- and post-surveys were the primary mode of data collection to evaluate both our mental health promotion services and our intervention programs. Written consent to participate in our research and evaluation activities was obtained for all findings reported.



Data Analysis

We use a mix of **quantitative** (e.g., descriptives and inferential statistics to examine relationships between variables) and **qualitative** (e.g., quotes from youth, describing their experiences) approaches to provide a fuller picture of our programs' scope and impact.



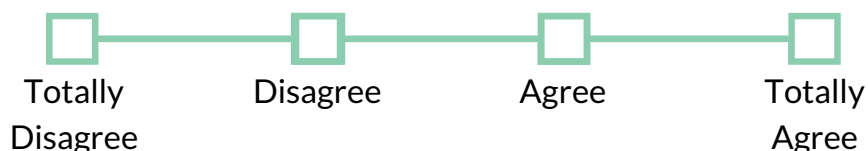
New Programs Survey

As our previous survey had been developed in YNRA's early days and had served us well for over two decades, our youth engagement philosophy means that the changing opinions, ideas and needs of youth are important to everything we do – and our research and evaluation projects are no exception!

Through forming a youth-focused Research and Evaluation Advisory Committee (REAC), as well as examining the most recent literature and best practices in conducting research with youth populations, YNRA developed a brand-new survey (for both pre- and post-programs) to more accurately capture the honest perceptions and experiences of youth. Based on this new survey, an additional pre- and post-survey was developed to conduct a preliminary evaluation of our mental health promotion services. Both new surveys were used for the first time over the 2017-2018 academic year and the relevant findings from each are presented in this report.

Most new survey items were measured on a 4-point Likert Scale, like the example item below:

I know what I can do to feel better when I am stressed out.



YOUTH ENGAGEMENT

What Youth Are Telling Us

Why We Need Youth Engagement

Youth have demonstrated time and again that they can and **should have a voice in the mental health system** (Zeldin et al., 2000). The original ideas, inspiring energy and experiential expertise that youth bring to the table are important, but often undervalued, assets to youth-serving organizations. Youth engagement (YE) doesn't just benefit youth!

“We have opened conversations, empowered students, raised awareness, offered educational opportunities, & boosted overall positivity within the school. - Canterbury HS Student”

The inherent benefits of YE to youth's long-term health and well-being are well-documented (see The Centre, 2016). By taking on advocacy and leadership roles, youth form strong bonds with fellow youth and gain supportive adult allies. Young people who have struggled with their mental health can also build their sense of autonomy, become active partners in their own mental health care and transform their lived experience into action to affect positive social change. As such, YE is an important end in itself for any organization interested in supporting positive mental health outcomes for youth.

“People look at us & they're like 'well, you're just a youth' or 'the struggle you're going through, it's a phase'. Sometimes it's not a phase & sometimes it's something that you do need help with. The most amazing thing is that we can come here and share our stories or share how we've helped other people, and it's like a chain reaction.” - YNRA YAC Member

No one can do it alone - we believe in the power of youth-adult partnerships! Adults - whether they be educators, youth workers, or mental health professionals - must act as allies and make pathways for young people to meaningfully participate in matters that affect them. For us, this means involving youth wherever possible, taking them seriously and genuinely valuing their contributions.

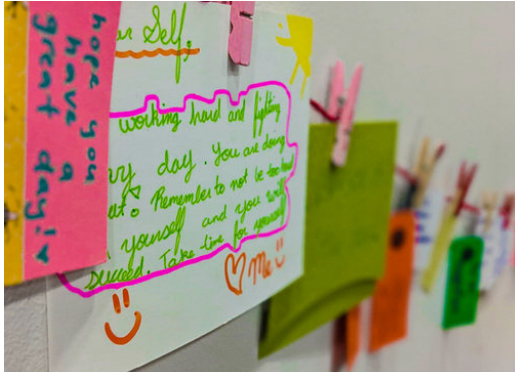
“Our adult ally... “always assured that when it came to events we had our game plan and we were prepared, but allowed us to create this game plan by ourselves. She was always there when we needed help or had questions, but she gave us the opportunity to truly lead our team.” - St. Mark CHS Student”

Our Youth Engagement Philosophy

YOUTH ENGAGEMENT

Youth-Adult Partnerships

Through various community collaborations, YNRA has developed strong youth-adult partnerships to make some great things happen! Here are just a few highlights from the 2017-2018 year:



Ma Liste. Ma Santé.

In collaboration with francophone youth mental health services in the Ottawa area, a team of youth advocates and adult allies developed a comprehensive resource list (MaListeMaSante.ca) in order to promote an understanding that youth should have access to health care in their primary language and to raise awareness of available francophone youth services.

Medical Student Partnership

YAC members are invited to an annual Youth Panel to teach future medical professionals about what makes mental health services youth-friendly and, in turn, medical students from the University of Ottawa have joined us at YAC meetings throughout the year, offering their own insights into the journey through medical school and various mentorship opportunities.



Mindfulness Ambassador Council

Partnering with the Mindfulness Ottawa Professional Community, Mindfulness Without Borders and with youth themselves, we developed our newest intervention program: Mindfulness. The council offered youth an introduction to mindfulness practices, as well as an opportunity to emerge as leaders and co-design quality mental health programming.

Chronic Pain Monthly Drop-in

In a collaboration with CHEO's chronic pain team, YNRA engaged youth dealing with chronic pain in a focus group to design a program specifically for them! Youth expressed needing a safe space for them to gather semi-regularly to connect with fellow youth, discuss how to deal with mental health on top of chronic pain and share resources that have helped them.



YOUTH ENGAGEMENT

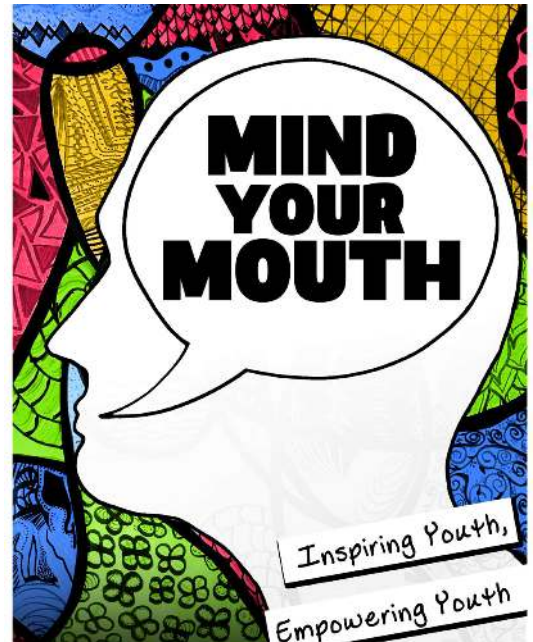
YAC Project Feature

Responding to a Need

YNRA's Youth Advisory Committee (YAC) identified a need for youth to learn more about stigma. Together, they found a way to give other youth a chance to educate *themselves* and to reduce stigma in a creative and engaging way!

In a truly for-youth-by-youth project, YAC applied for Dare to Dream funding (an Ontario Centre of Excellence for Child and Youth Mental Health granting program) and they won!

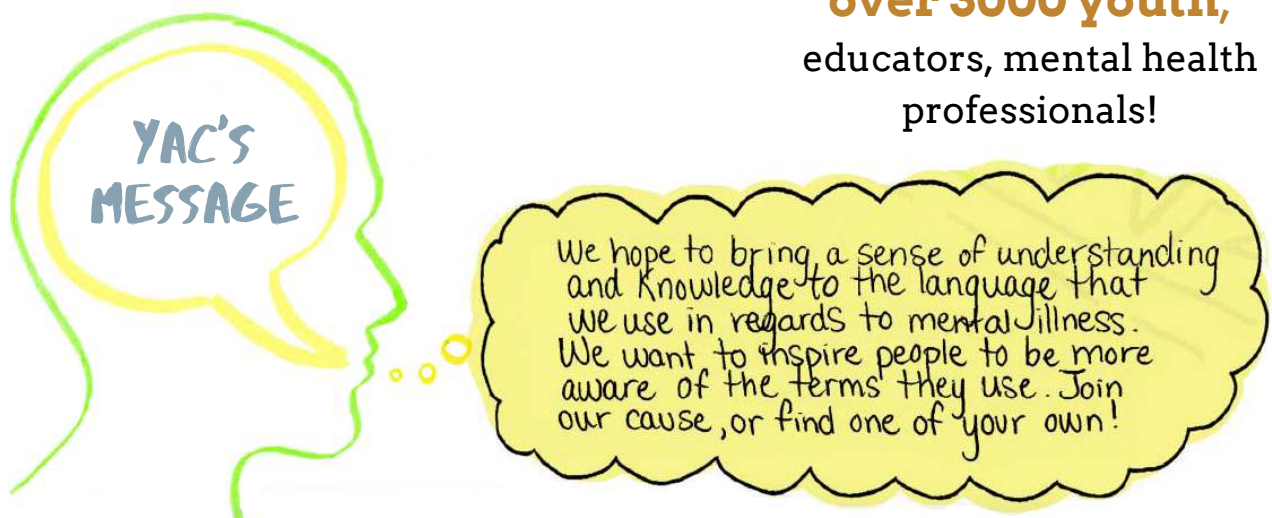
They then did a callout to the community asking for youth to submit their original artwork - everything from poetry to painting. Using this inspired collaborative method, they incorporated both the artwork and their collective knowledge into a zine all about how language can contribute to (or reduce) the stigma that surrounds mental health and mental illness, offering youth insights, resources and language alternatives to consider.



After months of creativity, collaboration & passion...

the zine:
MIND YOUR MOUTH
was born!

Since its launch in Oct. 2017, the zine has been shared with
over 3000 youth,
educators, mental health professionals!



YOUTH ENGAGEMENT

Anti-Stigma & Wellness Initiatives

Since 2014, youth leaders have come together, with the support of YNRA and the Mental Health Commission of Canada (MHCC), to organize annual anti-stigma summits for over 300 youth from schools across the Ottawa area. Headstrong's contact-based education model has been supported by extensive research (e.g., Perry, et al., 2014). **These summits offered youth a platform to:**

1. **Share & celebrate** their unique mental health **advocacy accomplishments**
2. **Expand** their mental health literacy & further develop their **leadership skills**
3. **Collaborate** with others to implement **wellness initiatives** in their own schools

What Youth Have Done

“ We organized a mental health month through May. Every Tuesday at lunch we hosted workshops, positive activities on Wednesdays, and student speaker panels on Thursdays. We also held a final party at the end of the month to bring together youth and celebrate positive mental health. - Canterbury High School ”



The CollaborAction Continues

Youth engagement doesn't stop just because the event is over!

After the 2017 Summit (themed *CollaborAction!*), YNRA continued to support youth leaders to partner with adult allies in their schools and keep the momentum going. Youth in over 25 schools across the Ottawa-Carleton region have taken the reins and continue to develop and implement anti-stigma initiatives to promote more caring and compassionate school communities.

**While YNRA no longer organizes Headstrong Summits, we are forging new community partnerships in order to offer youth more opportunities to make real impacts in the lives of their peers!*

MENTAL HEALTH PROMOTION

Presentations



*What is **mental health**? Who has it?
And what do we do when we're struggling?*

Wellness 101 helps youth develop an understanding of mental health and the stigma that surrounds mental health/illness. Youth learn what factors affect their mental health, build skills to support their own well-being and become aware of where and how to reach out for help.



*We all experience **stress**. Wouldn't it be nice to know
how to manage those stressful days & make stress work for us?*

StressLESS takes youth through the ins and outs of stress, helping them to understand how stress affects our bodies and minds, to identify a variety of coping strategies and learn how to apply the right tool for the variety of stressors we experience day-to-day.

***How
2
Help a
Friend***

***Friends** are a huge protective factor in our lives,
but what happens when our friends need support?*

How 2 Help A Friend helps youth build peer support skills and navigate that helping role in a healthy way. We look at how to be a positive connector, what to do in tough situations where you may be worried about a friend's safety and how to access helpful resources.



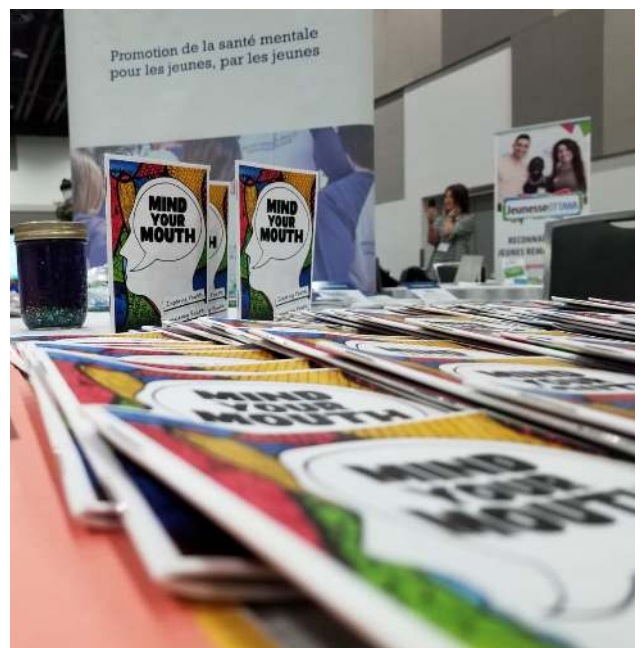
MENTAL HEALTH PROMOTION

Basic Facts & Figures

28	33	66	268	6,342
Community Partnerships	Info Booths	Schools Visited	Presentations Offered	Youth Reached

There are many reasons why youth do not get the support they need when struggling with their mental health. YNRA facilitators meet youth wherever they're at to offer an engaging educational experience. Our interactive presentations and info booths help lessen the stigma around asking for help by serving as a **positive point of connection** between **youth** and community mental health **resources**.

Thanks to our fancy **new online booking system**, it's easier than ever for educators to request our services. **Since its launch, we have virtually doubled our presence across the Ottawa community!**



*Numbers reported here are conservative estimates of our scope of reach based on our online tracking system

MENTAL HEALTH PROMOTION

What Youth Are Telling Us

The findings reported here are summarized from an evaluation of YNRA's Wellness 101 presentation conducted over the 2017-2018 academic year (see Hickey & Alexandrou, 2018). Data were collected through pre- and post-tests distributed to students and teachers receiving our Wellness 101 presentation at 6 schools and 2 community organizations across the Ottawa-Carleton region. Data were analyzed using the paired samples t-test to examine difference in pre/post scores during Wellness 101.



Significant increases found on all 3 measures of MHL:

1. Understanding of MH (t(148) = 4.41, p = < .001*)
2. Know how to maintain MH (t(140) = -3.29, p = .001*)
3. Knowledge of MH resources (t(146) = -7.42, p = < .001*)



Significant increases found on 2/3 measures of help-seeking:

1. Asking for help with MH (t(147) = 1.30, p = .20)
2. Reduced wait time to reach out (t(147) = -3.81, p < .001*)
3. Likelihood of getting help (t(134) = -5.73, p = < .001*)



No significant decreases found, but change found in descriptives on the 2nd measure of stigma:

1. Stigmatizing attitudes (t(139) = -1.31, p = .19)
2. Barriers to asking for help (all but one barrier changed in the expected direction)



The findings suggest that Wellness 101 was effective in increasing understanding of mental health and awareness of resources. Although it did not change the likelihood that youth would ask for help with their mental health, it did reduce the time youth would wait to tell someone and increased their *overall* likelihood of getting help for mental health struggles. While this presentation may be an effective tool to open the discussion and *begin* to normalize help-seeking around mental health, these mixed findings may be due to the fact that stigma (even self-stigma) tends to be deeply ingrained (Schomerus & Angermeyer, 2008). Thus, it is important to further explore the presentation's impact on stigma to identify stronger interventions.

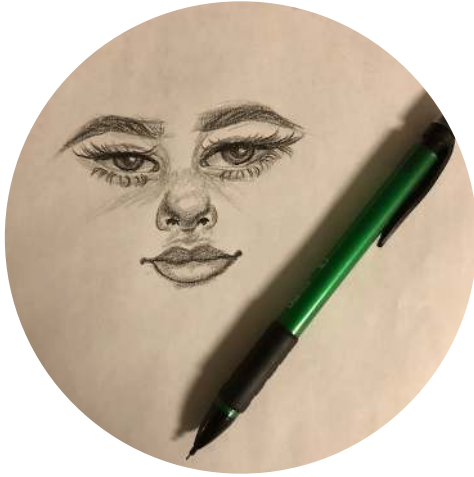
Importantly, while we did not find a significant reduction of stigmatizing attitudes, over **75% of youth** already "disagreed" or "strongly disagreed" with the statement "I would not be close with someone I knew that had a mental illness" at the pre-test. As such, it is possible that this question was too specific to a particular kind of stigmatizing behaviour (i.e., social exclusion or distancing) that may be less prevalent among young people today. In another measure of stigma, descriptives showed **small decreases in most perceived barriers to getting help** (e.g., "Other people wouldn't understand" or "I worry about what others would think of me").



PROGRAMS



PENS & PAINTS



This art-based program focuses on coping with stress through visual arts & writing. Together, youth learn to express themselves creatively through artistic practices, such as canvassing, pottery making and even slam poetry.

ROOTED



Youth spend the summer growing a collective vegetable garden, exploring the nature trails, farms and lakes around the Ottawa/Gatineau region. If you want to get outside, learn some new skills or just chill, this one's for you!

MINDFULNESS



Coping tools like yoga and meditation can really help with stress reduction and mental well-being. Through this introduction to Mindfulness program you'll discover a new mind-body connection, and find ways to recharge and connect with others.

WINTER WELLNESS



Learn how physical activity and being outdoors during winter can actually help ease stress. Together, we try a variety of winter activities and all transportation, lift tickets, equipment, and lessons are included absolutely free!

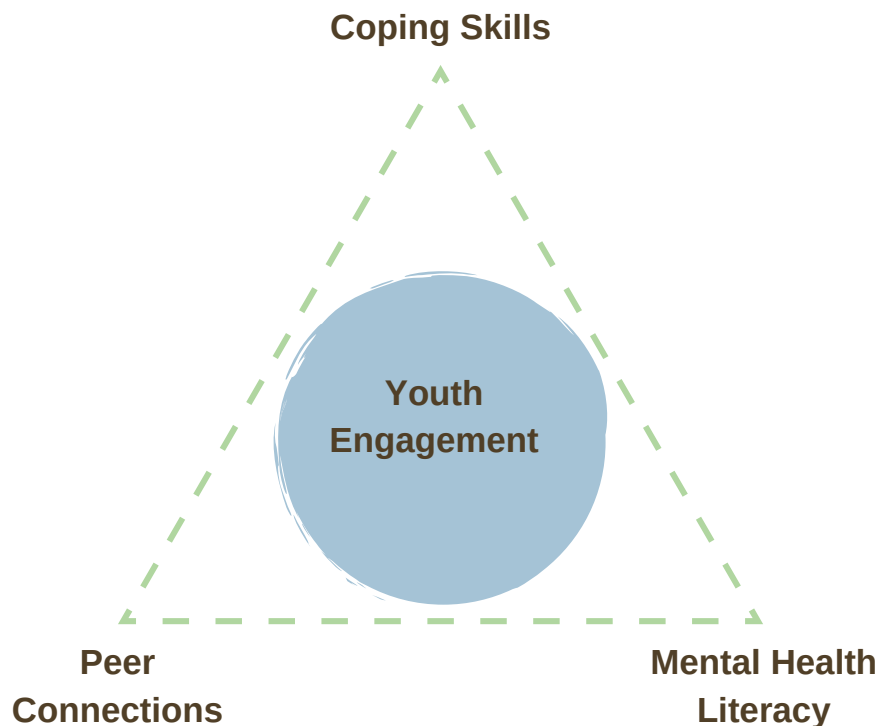
PROGRAMS

Intervention Program Logic

YNRA's intervention programs follow a for-youth-by-youth model in two ways:

1. They were all created in response to the **needs and interests that youth have expressed** are important for them to support and maintain their mental health.
2. They are all **facilitated by a team of young people** (ages 20-30) who have a passion for both mental health and youth engagement.

Through youth engagement, our programs aim to empower youth to practice different coping strategies (e.g., art, connecting with nature) with their peers in a supportive environment. The combination of developing coping skills and forming bonds with other youth also encourages young people to explore important mental health literacy concepts (e.g., stress, relationships, and resilience, among others).



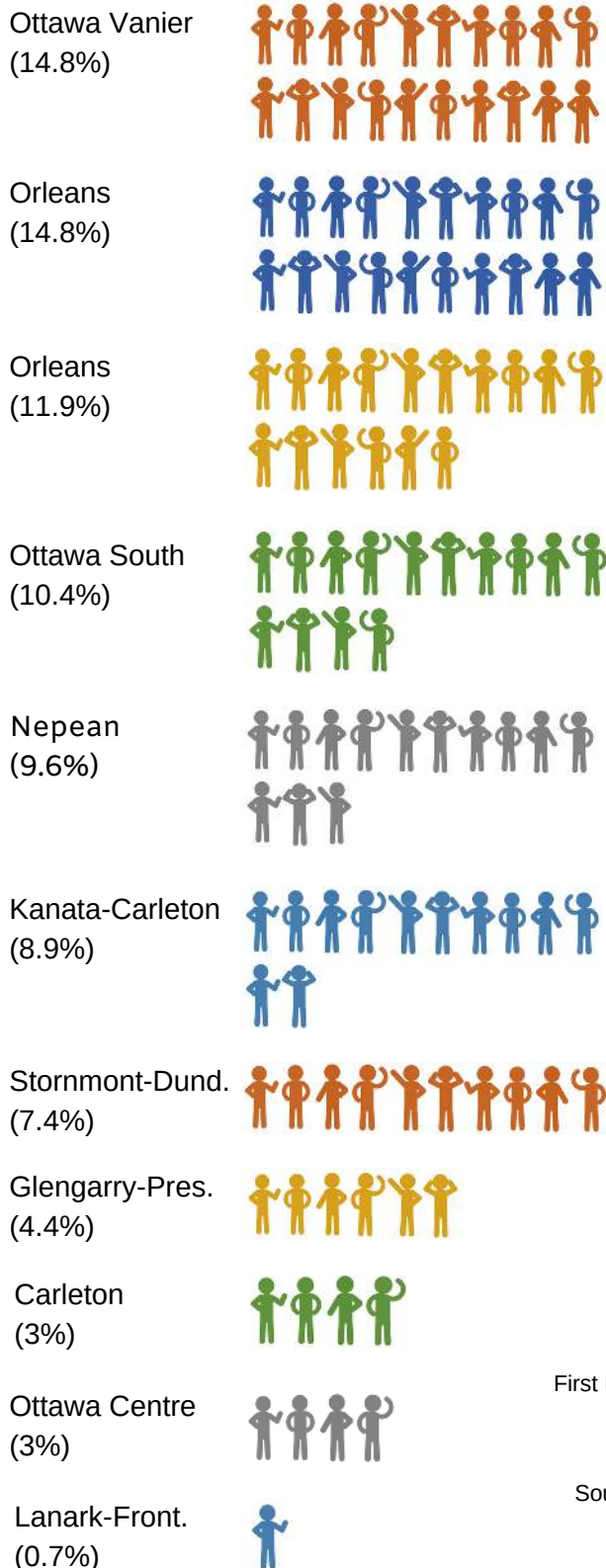
Youth complete two surveys (one before and one at the final session of each program). Both surveys measure demographics and key constructs including: connectedness, levels of stress, coping mechanisms, suicidal ideation and social support (excluding demographics and suicidal ideation for the post-test due to an inability to follow up with all youth after the completion of the program).

Exclusions: Those who did not consent to the use of their data and repeat participants from this year's dataset were excluded from all analyses. The impact evaluation excludes participants outside of our age catchment (13-20), all repeat participants and those who did not completed the post-test. For the needs assessment and process evaluation, participants of all ages (range = 12-18) and repeat participants only from previous years (i.e., from separate datasets) were included, as it is important to understand the needs of youth from all background and experiences in order to continuously improve our services.

PROGRAMS

Basic Facts & Figures

Geographic Reach



From fall 2017 to summer 2018,
we ran

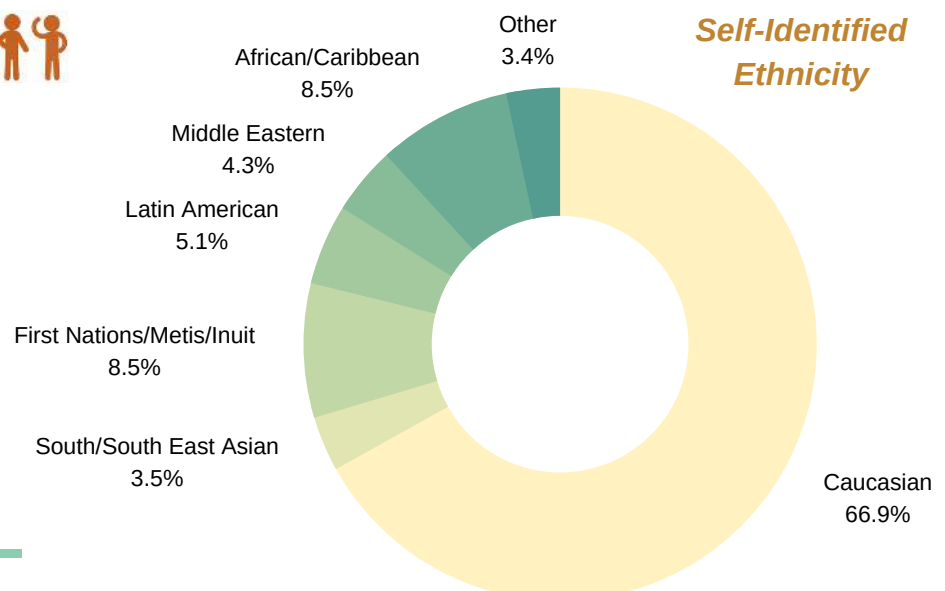
12 programs
reaching a total of
122 youth.

Demographics

On average, participants were 14.27 years of **age** (ranging from 12-18).

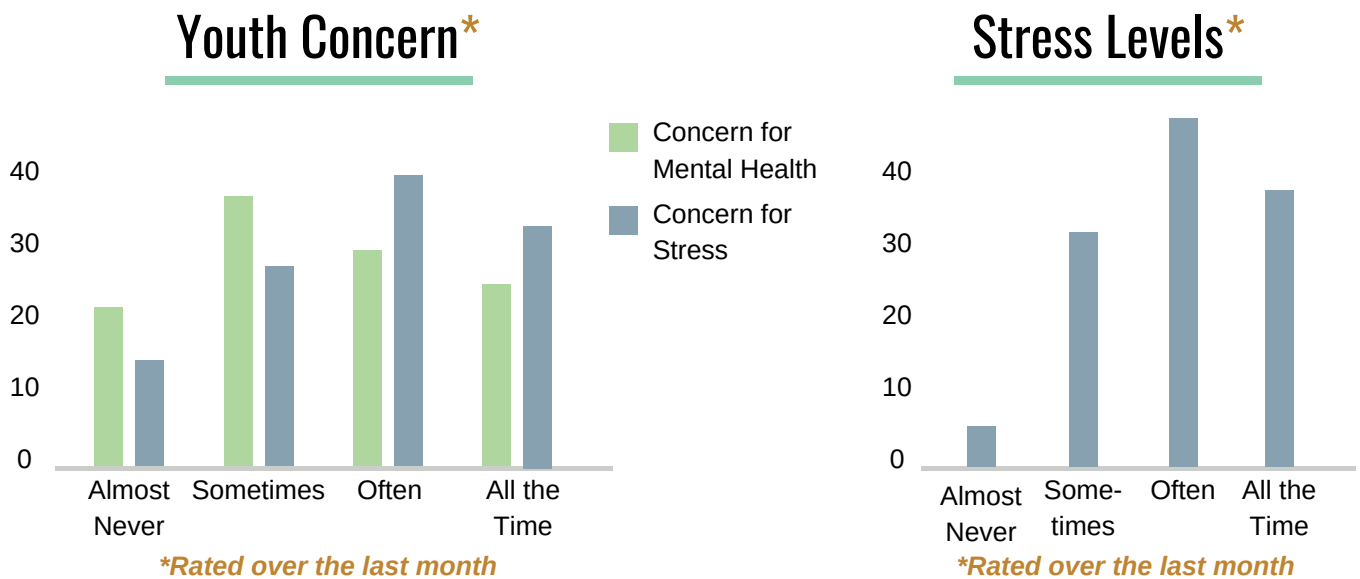
65% (n = 67) of participants identified as female, 28.2% (n = 29) identified as male, and 5.8% (n = 6) identified as non-binary or preferred not to specify a **gender identity**.

The vast majority of youth (98%, n = 99) reported speaking English, almost half (45.5%, n = 46) reported speaking French, and a handful (9.9%, n = 10) reported speaking another **language** (e.g., Spanish).



WHAT YOUTH ARE TELLING US

Mental Health & Stress



The majority of youth reported feeling concerned about their levels of stress "often" or "all the time" (n = 57) while less than half were concerned about their mental health "often" or "all the time" (n = 43). The trend in this year's data represents a shift wherein stress has come to the forefront as an important piece of the overall mental health and wellness puzzle.

Given that **69.7% (n = 83) of youth** we surveyed reported feeling stressed "often" or "all the time", efforts to ensure youth feel equipped to handle stress - both that of everyday life and of those larger stressful life events - must become a primary priority. Although moderate levels of stress can provide healthy motivation (Eiland & Romeo, 2013), the high and frequent stress levels youth reported here raise concern around the possibility of chronic stress and its short- and long-term detrimental consequences on both physical and psychological health, including increased risk of developing a mental illness (Sheth, McGlade, & Yergelun-Todd, 2018).

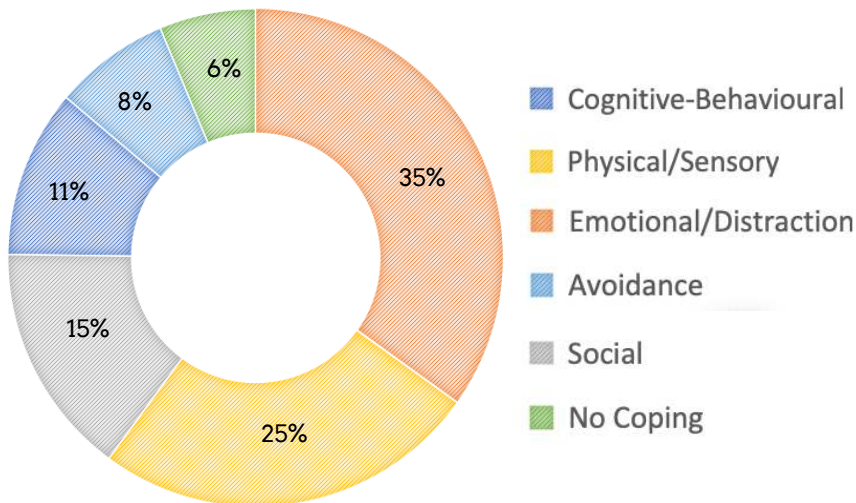
To examine this issue further, we conducted a one-tailed Pearsons correlation analysis, which also supported a **negative link between stress levels and coping ability**. Youth who reported feeling stressed more frequently were also significantly more likely to have lower perceived coping ability ($r_s = -.480, p = .000$). This link is in line with a longitudinal study on the relation between stress and depressive symptoms among youth, where coping was found to be a mediating factor (Evans et al., 2015). However, the study also reported that stressful life events can limit the use and effectiveness of appropriate coping strategies.

Thus, it is important that mental health programming focus on supporting youth to develop a range of coping strategies that are accessible and *likely* to be used by youth, but that also match the kinds of stressors youth are facing to ensure that youth can effectively employ them when needed. While we ask about the stressors youth face in our mental health promotion presentations, it may be helpful to incorporate this consideration in future needs assessments.

WHAT ARE YOUTH TELLING US

Coping Ability

Coping Strategies



Not surprisingly, the number of coping strategies youth listed was **positively associated** with the extent to which youth felt they could rely on their coping skills to get through difficult times ($r_s = .271$, $p = .003$), a link determined through a Spearman correlational analysis.

On average, youth reported using **less than 3 coping strategies** (range = 0-7) to deal with their stress, the majority of which (**68%**) were emotion-focused, distraction or avoidance techniques (e.g., watching tv, just ignore it) and physical or sensory-based (e.g., going for a walk, breathing). These types of strategies are known to help ease the symptoms of stress (e.g., feeling emotional, anxious, physically ill), and when used appropriately can actually build *distress tolerance* and can, thus, be useful in situations where one has little control over the stressor (Wolgast, 2017). However, as youth will deal with many different kinds of stressors throughout their lives, including situations in which they have a *greater* level of control (e.g., an upcoming test in school), it is important to **support youth in developing a broader range of coping tools**, including solution-focused strategies (e.g., asking for help, making a to-do list) to manage stress effectively (Evans et al., 2015).

The majority of youth surveyed (**61.5%**, $n = 75$) also reported feeling either **not confident** or **unsure** of their ability to cope well with stress. Overall, our analysis indicates that while youth have a few tools upon which they can rely to deal with stress, they do not necessarily feel that they are equipped to handle the variety of stressors that they face.

The term **COPING** refers to...
the ways in which we handle **STRESS**.

Beyond our natural, automatic reactions to stress, we develop coping skills to intentionally deal with stressors (both internal and external) and to maintain our mental health (UHC, 2017)



Most common coping strategies youth reported:

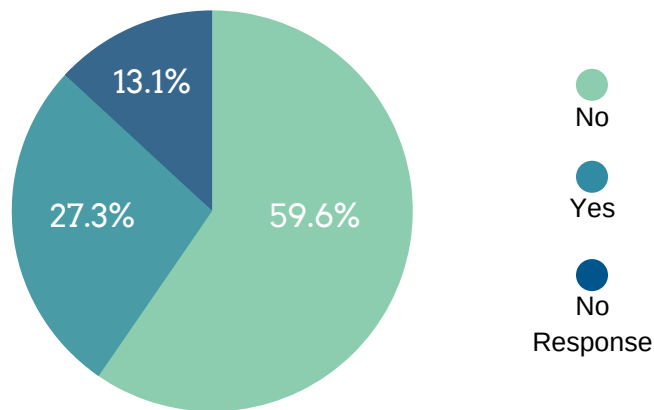
Listening to **music** ($n = 35$)
Talking to/being with **friends** ($n = 22$)



WHAT ARE YOUTH TELLING US

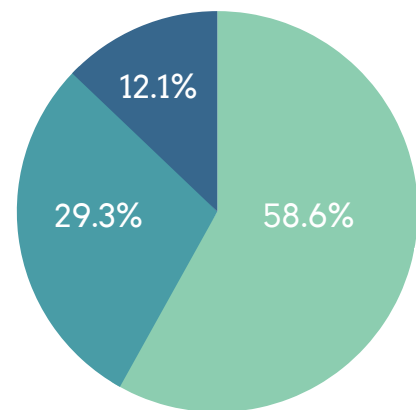
Suicidal Ideation

Thoughts of Suicide*



**From the question: In the past week, have you been having thoughts about killing yourself?*

Suicidal Behaviour*



**From the question: Have you ever tried to kill yourself?*

We revised our survey to use the **Ask Suicide-Screening Questions (ASQ) tool** which consists of 4 validated items that help to identify youth at risk of suicide. While we focus on *recent thoughts and behaviours* here to maintain consistency across annual reports, the questions that examine passive thoughts of suicide: "In the past few weeks, have you wished you were dead?" and "...have you felt that you or your family would be better off if you were dead?", are also important to support an early identification and prevention strategy (Horowitz et al., 2012). While 34.3% (n = 34) of youth responded **affirmatively** to the first question, 65.7% (n = 65) responded **negatively** to the second.

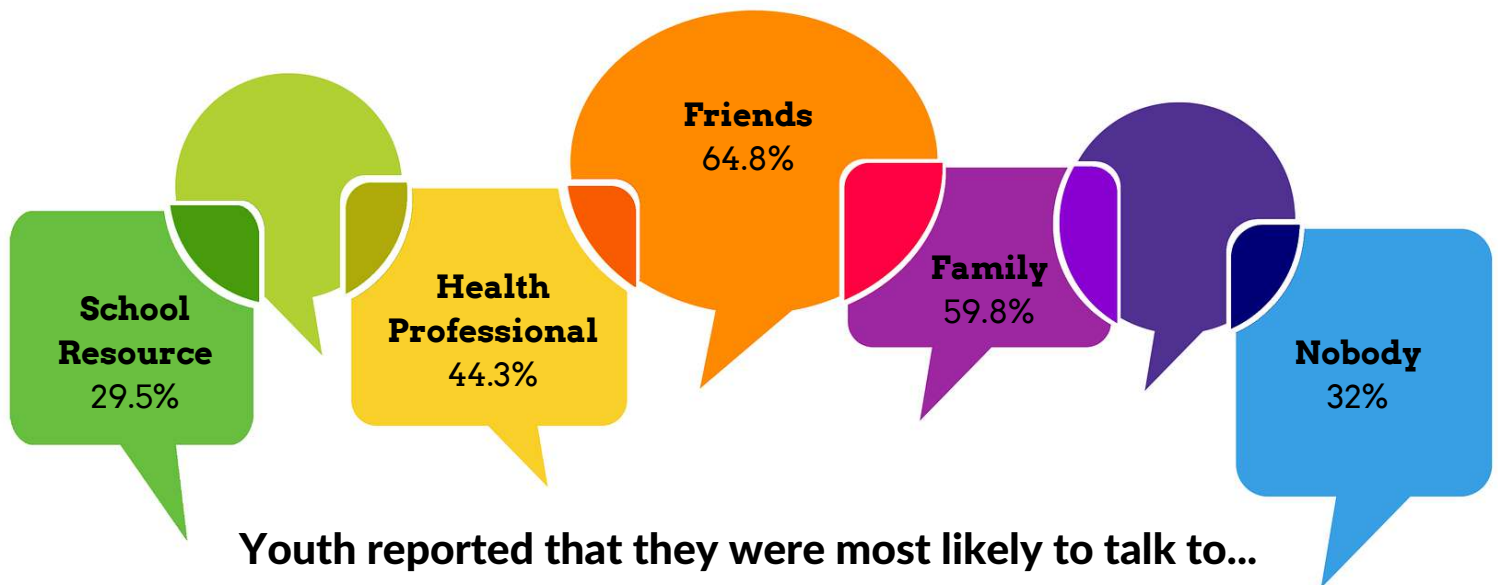
As we recognize that thoughts of suicide can be hard to disclose (McGihon, Hawke, Chaim, & Henderson, 2018), the "No Response" option was added to encourage honest answers - a method supported by best practices in survey design for social science research (Krosnick & Presser, 2010).

For safety reasons, YNRA's clinical social worker always checks in with youth when it is unclear, however, this portion of the variation should not be viewed as simply another way to indicate "Yes". Several factors may contribute to a lack of comfort in answering directly (e.g., cultural or language barriers, general discomfort around the topic), and when followed up with, this response did not necessarily mean active thoughts of suicide. Critically, despite misconceptions to the contrary, it does **no harm to ask about thoughts of suicide**, while the potential costs of *not* asking when it is unclear can be devastating (Mathias et al., 2012).

Suicide remains the second leading cause of death among youth ages 15-24 (Findlay, 2017). While higher rates of mental health issues are expected in youth accessing our programs, they still far exceed those found in the general youth population (14% suicidal thoughts, 3.5% having attempted; Findlay, 2017). Research consistently affirms that protective factors such as increased parental involvement and providing youth with supportive spaces that decrease risk behaviours (e.g., substance use) and enhance positive peer connections, are significantly associated with lower rates of suicidal ideation and behaviours (Balazs et al., 2018; King et al., 2001).

WHAT YOUTH ARE TELLING US

Help-seeking & Sources of Support



Youth were most likely to talk to **friends** first (n = 79), but a closely following was **family** (n = 73). Youth also identified **formal supports**, such as psychiatrists/psychologists (n = 32), social workers (n = 24) and doctors (n = 11) and, to a lesser extent, teachers (n = 21) and student support workers (n = 22).

While youth in previous years (Champaign-Klassen, 2018) reported a stronger sense of connection to family, the present findings indicate that youth feel most connected to friends and are also most likely to turn to them for support first. This shift does not diminish the importance of family as an integral source of support; rather, it simply supports the findings of YNRA's co-founders, Drs. Davidson and Manion (1996) that inspired its creation as a medium for youth to seek support through connections with other youth.

Most concerning, however, is the finding that **32% of youth** reported being likely to **talk to no one**. While it is well-known that reducing stigma around mental health/illness is an essential element in increasing help-seeking intentions (Schomerus & Angermeyer, 2008), also ensuring the **accessibility of mental health resources** is paramount (CMHA, 2019). Indeed, youths' responses indicate a feeling that if their mental health issues are not *serious* enough that others either would not care or they might be perceived as a burden to others. Thus, community-based mental health supports, including services such as our intervention programs, are key to ensuring that not only is help-seeking normalized and encouraged, but that when youth are struggling (regardless of the severity) they have somewhere to turn.

Why Youth Didn't Reach Out

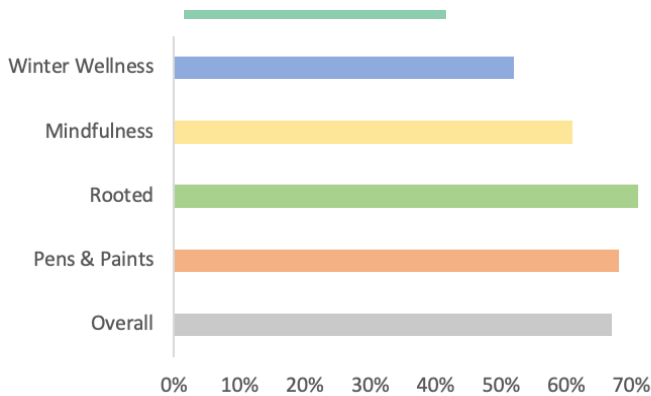
“ Why bother a bunch of people?
I don't plan to act on these thoughts and
I don't want to worry anyone." It's also
hard to talk about.
No one would care. ”



ROOM TO GROW

Program Characteristics

Retention



Retention was **10% higher** for **community partnerships** than our **in-house programs**. There may be several reasons for this difference, but we know that accessibility is a key factor in whether youth receive the services they need (MHCC, 2016). In the case of in-school programs, transportation is removed as a barrier as participants are already at the program site. In other cases, youth may have a higher level of familiarity and comfort with an organization that exists within and serves their own community.

Our community partnerships help youth from across the Ottawa region to access mental health services, connect with other community resources and build support networks in their own areas.

Where to go from here...

- **Accessibility:** We must examine potential accessibility issues for our in-house programming. Asking participants *and* their caregivers to share their perception of how easy it was to access YNRA's services may help to develop strategies that can reduce barriers to care and increase overall retention.
- **Language:** We must focus on offering more francophone programs. Our efforts have begun with hiring more bilingual facilitators, but we can go further by seeking new partnerships with francophone schools and by shifting our promotion strategy to engage the 45.5% of youth that reported speaking french.
- **Diversity:** Beyond targeted promotion to increase participation, we recognize that in order to make our programs truly accessible for a more diverse population, we must develop strong partnerships with culturally-based community organizations to tailor programming to the needs of specific communities.

Over 2017-2018 we ran...

50% in-house programs
50% schools & community partnerships

Reach

While our geographic reach is extended through community partnerships, there remains a critical gap in our service provision regarding linguistic and cultural diversity. In terms of **language**, 100% of our programs over the year were offered in English due to a recurring difficulty with recruiting enough participants to run a full French program. In terms of racial **diversity**, caucasian-identified youth made up 66.8% of our program participants, potentially due to cultural and other accessibility factors that make connections to mental health programming more difficult (MHCC, 2013).



ROOM TO GROW

Self-Identified Needs

We asked youth why they were joining the program and what they hoped to gain from participating.

Not only were the responses insightful, but youth were generally able to foresee and articulate quite well the aims of the program as they were designed. Thus, examining whether youth got what they wanted out of the program should provide a fairly good indicator of whether our programs are working as intended.



43 youth

hoped to find others to relate to, feel a sense of social connection, make friends or build a better support system.



42 youth

wanted to learn or talk about mental health, reduce stress, or develop new skills (e.g., coping, communication, helping others etc.).



40 youth

were in it to improve self-esteem & confidence, get to know themselves better & access support for specific mental health issues (e.g., anxiety).



37 youth

wanted to enhance their artistic skills, learn new techniques, express themselves through art or simply get the chance to do more art.



32 youth

just hoped to have fun, enjoy themselves, experience new, exciting situations or make positive memories.



17 youth

were interested in engaging in physical activity, connecting with nature, taking a break from technology, enjoying the food or else were not sure yet.

86.3% of youth
who responded (n = 51), confirmed that they
got what they **wanted**
out of the **program**

ROOM TO GROW

Satisfaction & Feedback

89.1%*

of youth were
satisfied with the
**Program
Space**

*"agreed" or "totally" agree
with 2 items (e.g., "I liked
the space where we had
our program.")

94.6%*

of youth positively
rated the
**Program
Staff**

*"agreed" or "totally" agree
with 2 items (e.g., "I felt
comfortable talking to the
YNRA program facilitators.")

94.6%*

of youth felt that
the program was
Engaging

*"agreed" or "totally" agree
with 3 items (e.g., "I felt like
my opinion mattered.")

Youth satisfaction with our intervention
programs was measured with 2-3 survey
items for each of the following categories:

1. Program Space
2. Program Staff
3. Youth Engagement
4. Program Overall

Composite scores were computed to
obtain an overall level satisfaction for
each category.

91.1%*

enjoyed & would
recommend the
**Program
Overall**

*"agreed" or "totally" agree
with 2 items (e.g., "I found
the program fun.")

Youth Suggested...



"I'd put more art
into it or
make it longer."

15 y/o, P&P

Youth Loved...



"How supportive
everyone was,
especially the
facilitators."

15 y/o, P&P

"Making it in
schools or having
social workers
recommend it."

16 y/o, Mindfulness



"Meeting people &
hearing stories &
getting to share my
own stories as well."

16 y/o, Mindfulness



BEFORE & AFTER

Mental Health Literacy

As the data was not normally distributed (with a positive skew towards "agree"), a non-parametric repeated samples test, the Wilcoxon Signed-Rank Test, was conducted to examine differences in youth understanding of mental health before and after participating in an intervention program. For this analysis, only participants who completed this item on the pre- and post-tests were included (n = 51).

We found no significant difference in the level of MH knowledge youth reported from before entering an intervention program to after ($Z = -.484$, $p > .05$). However, it is encouraging to note just how highly youth rated their understanding of mental health at the pre-test. Indeed, the *vast majority of participants* (88.33%, $n = 120$) indicated that they either "agree" or "totally agree" with the statement "I feel like I *know what mental health is*". As similarly high rates of pre-test mental health knowledge were found in previous years (e.g., 93%, $n = 143$ from our 2015-2017 dataset), this trend may indicate a promising positive shift in broader mental health literacy (MHL).

Shifting Approaches

We have begun to see a slow shift away from the identification of specific mental health disorders and prevalence rates as the main objective of MHL initiatives (Canadian Alliance on Mental Illness and Mental Health, 2007) to a more global awareness of mental health, and a *more holistic understanding* of concepts related to promoting *resilience* and *positive mental well-being* (e.g., youth engagement, peer support; Perry et al., 2014).

Particularly in the area of youth mental health, we have seen the incorporation of MHL initiatives into the secondary school health curriculum (Kutcher et al., 2015), as well as a substantial increase in demand for our promotion services across the Ottawa region in the last year.

One conclusion we may draw from this pattern is that basic MHL needs are largely being met through other channels. However, this does not mean we should abandon MHL as one of the core pillars of YNRA's programming; on the contrary, this may actually prompt us to develop more opportunities for youth to *explore mental health-related concepts on a deeper level* within our programs given their level of additional support, as well as the practical link to adaptive coping behaviours.

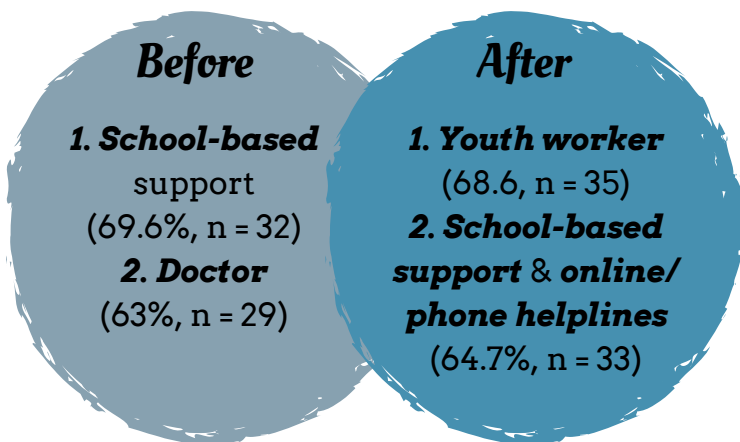


BEFORE & AFTER

Connections & Help-seeking

Another aim of our intervention programming is to support youth in building a strong support network, including both formal and informal supports. Research has confirmed that having a mix of both formal and informal (or an inner and outer circle) of social supports is linked to better mental and physical health outcomes (Thoits, 2011). Thus, we first examined youth awareness of community-based and professional resources through a one-tailed, paired-samples t-test, including only those who responded to the "check all that apply" item on both the pre- and post-survey (n = 52).

Resource Awareness*



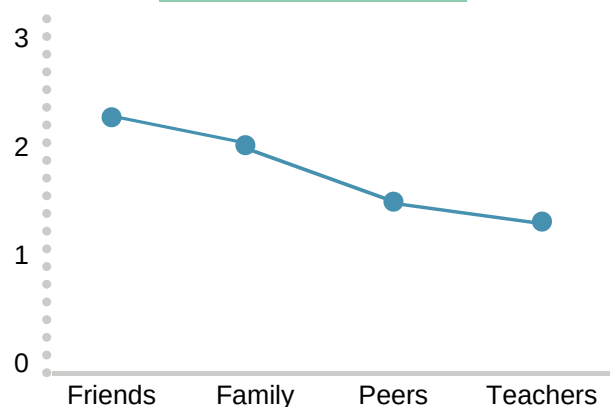
*Most common resources youth reported being aware of

Our analysis revealed a **significant difference** in the number of **formal resources** youth reported knowing before (M=3.15, SD=2.12) as compared to after (M=3.73, SD=1.82) participating in a program, $t(51) = -2.25, p = .015$.

These findings indicate both the enduring presence and importance of school-based resources (i.e., a connection to a trusted adult) in providing ongoing support to youth, as well as our intervention programs' capacity to inform youth about additional resources that they may otherwise not be familiar with and, thus, may be hesitant to access.

In terms of informal supports, trusted adults are seen as a prominent protective factor (Pringle et al., 2018). Indeed, greater likelihood of resilience and mental well-being much later in life for those who have experienced adverse childhood experiences were found to be significantly linked to continuous access to a trusted adult (Bellis et al., 2017). Additionally, **youth's sense of belonging and connectedness** to other youth is intimately tied to their mental well-being and help-seeking behaviour, so much so that leading policy-informing agencies, including the Mental Health Commission of Canada (2013) and the Ontario Centre of Excellence for Child and Youth Mental Health (2019) have recognized and endorsed the expansion of peer support as part of a robust and responsive youth mental health system. Thus, our program's impact regarding fostering connections among youth remains of primary importance.

Connectedness*



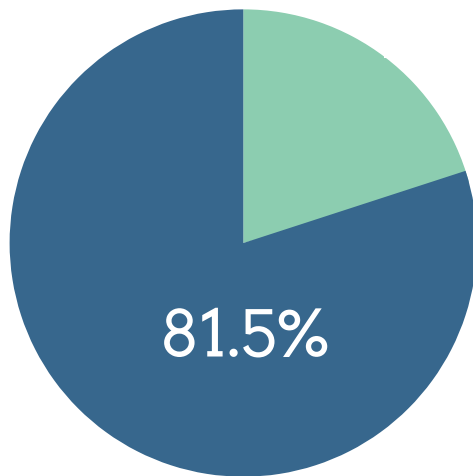
*Youth connectedness scores at pre-test

73.6% of youth felt that the program helped them feel more **connected to other youth**

90.2% of youth felt like they **belonged to the group**

BEFORE & AFTER

Coping Strategies



of youth reported
1 or more new
coping strategy

Although our analysis found no statistically significant change with regard to youth perceived coping ability (t-test #s) and self-efficacy (t-test #s), of those youth who responded (n = 54):

75.9% "agreed" or "totally agreed" that the **program helped them develop positive coping strategies**

74.1% "agreed" or "totally agreed" that they **planned to use the coping strategies** they developed in the program.

A one-tailed paired-samples t-test also revealed that youth felt significantly more knowledgeable about what they could do to feel better when stressed after participating in the program (M=1.98, SD=.64), as compared to before (M=1.72, SD=.85); $t(42) = 1.86, p = .035$. While this item was originally intended to measure another facet of MHL, a significant difference here may have more to do with the development of additional coping strategies rather than a better understanding of mental health.

Commonly listed **NEW** coping strategies

Given these mixed results, it appears that our intervention programming should maintain a primary focus on the development of effective coping strategies and promotion of youth's self-efficacy in maintaining their mental health.



Artistic
Expression
(n = 13)



Mindfulness
techniques
(n = 8)

Connecting
with Nature
(n = 6)



Talking to
someone
(n = 4)



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