YouthNet / RéseauAdo 2018-2024 Evaluation Report

Special 30th Anniversary Edition

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A **NOTE** FROM YNRA

Not to spoil the ending for you, but everything will be okay.

About This Report

In this special edition celebrating YouthNet / RéseauAdo's 30 years in operation, you will find:

THE HISTORY

1 An exploration of how YNRA's services (and youth needs) have evolved in the 30 years since the program was launched

THE PANDEMIC

2 An examination of how YNRA responded to shifting youth needs across the COVID-19 pandemic

YNRA TODAY

3 A snapshot of how YNRA's current programs and services are delivered today

THE IMPACTS

4 An assessment of youth needs and the implementation and impact of YNRA's intervention programs

> " Send professionals on 'field trips', 'youth immersion', see firsthand what is happening in the youth world, help them identify with the youth they've forgotten. "
>
> *-- Anonymous,*
> *YNRA Focus Group (1997)*

A note from the 2024 YNRA team:

Over 30 years, YouthNet has been a special place for young people going through the ups and downs of their lifelong journey with mental health to not only receive support, but to also share their own survival guides, their battle scars, their brilliant ideas, and most importantly, their hope.

As a youth-led program, YouthNet has evolved in so many ways across the years. Every person who has walked through the door - no matter their background, experience, or title - has each made a unique and profound impact.

We want to sincerely thank everyone who has contributed to its creation, growth, and continued thriving! **Most of all, we want to thank the youth — past, present, and future.** ♡

What is YNRA?

YouthNet / RéseauAdo (YNRA) is a bilingual, for-youth-by-youth mental health promotion organization, based out of CHEO's community-based mental health outpatient services. We offer a range of alternative mental health services and youth engagement supports for ages 13-20 across Ottawa and Eastern Ontario.

In all activities, young people work in collaboration with adult allies to co-create projects, programs, and services for fellow youth based on their needs and interests.

YNRA's 4 Main Pillars:

MENTAL HEALTH PROMOTION

We go where youth are (schools & community centres) offering workshops on mental health, managing stress, coping strategies, and how and where to seek support. Real talk about mental health between youth reduces stigma and normalizes help-seeking!

INTERVENTION

Our 8-week intervention programs are offered in-house and in the community. They aim to to spark deeper discussions on mental health, support youth to develop coping skills, and help each group build positive peer connections and a strong support network.

YOUTH ENGAGEMENT & ADVOCACY

Our Youth Advisory Committee (YAC) embodies the definition of youth engagement! These young volunteers meet weekly to talk mental health, consult on important initiatives, advocate for a better mental health system, and lead their own projects and events.

RESEARCH & EVALUATION

In order to shape our services and to asses our impact, we collect data on youth needs and experiences from various sources. We also use this data to amplify youth voices among our stakeholders in the education and healthcare sectors.

Who Are We?

The YNRA team is made up of 3 crucial parts:

Core Team

Our core team works hard behind the scenes! Our Program Coordinator makes sure we are running smoothly, our Social Worker ensures that youth are safe and supported, and our Mental Health Planners spread prevention, intervention, and engagement services all over Eastern Ontario.

Youth Facilitators

We hire and train young people (ages 20-30) to deliver our programs and services as research shows that youth are more likely to ask for help from a peer (Davidson & Manion, 1996). Supporting skilled, dynamic young people to lead and mentor other young people is the best combo for sustainable youth-adult partnerships!

Youth Advisory Committee (YAC)

YAC is a diverse and open-minded group of youth who are dedicated to promoting positive mental health in the community. They meet weekly at YNRA and are involved in:

- Programming decisions and promotion;
- Consulting with YNRA, CHEO, and our community partners on various mental health initiatives; as well as
- Planning their own mental health related projects and events across the city.

Our YAC ensures that our services are youth-friendly, accessible, and relevant to other youth.

Section 1
The History

YNRA: The Origin Story

In 1993, co-founders Dr. Simon Davidson & Dr. Ian Manion found that Canadian youth were **most likely to seek support for their mental health from other youth**.

With support from the Canadian Psychiatric Association's (CPA) the wise doctors contemplated what sort of novel initiative they could provide for youth. Unsure of the best option, **they did the unthinkable - they decided to ask the youth!**

In **1994**, YNRA began focus groups with a diverse group of youth, asking them what they knew about mental health and wellness. They also proposed their original idea of holding a competition where youth could submit their ideas for how to improve mental health care. Surprisingly, it was not well received.

Youth felt that a competition was not the best way to help one another. Instead, they expressed a desire to sit together and be given the space and support in these focus groups to talk openly and share ideas and experiences about mental health.

30 years later...

While YNRA's exact services and approach may have shifted with the times (and input of young people, of course!), we would like to take a look back and highlight some of the important milestones, initiatives, and programs that have all made YNRA what it is today. By tracing this history, we can appreciate our past youth engagement model and practices, assess where we are now, and get a sense of where to go next while maintaining our essential youth-led philosophy in all things.

Check out our visual timeline!

5

Our Timeline

A visual journey of milestones across YNRA's 30-year evolution!

1994
Founded & Funded

Designed by Drs. Ian Manion & Simon Davidson to respond to the needs of youth identified through the **Canadian Youth and Mental Illness Survey**, YNRA addresses youths' general dissatisfaction with existing mental health services, greater comfort interacting among themselves, & rising suicide rates among youth.

1995-1996
Focus Groups

YNRA **trains a team of Youth Facilitators to conduct focus groups** across Eastern Ontario and Western Quebec with the experts (a.k.a. youth in high schools, community hubs, & treatment centres). Participants discuss their views and concerns about mental health while **developing solutions on how to best provide services for themselves and their peers.**

1998-2001
National Growth & Youth-Led Initiatives

YNRA expands to **13 satellites across the country**, all working towards building a more youth-friendly mental health system. YNRA also **empowers youth to lead their own group-based mental health promotion initiatives**, incorporating activities like snow boarding, mountain biking & art!

1997-1998
Youth-Driven Projects Emerge

YNRA launches youth initiatives, after a need is expressed for more practical supports: **Youth Fax:** Bilingual newsletter produced for youth, by youth on mental health topics. **12-week Support Groups:** Co-led by facilitators & clinical students, youth explore & discuss life stresses & develop youth-identified adaptive coping strategies.

2002-2008
International Recognition & Programs Explosion

YNRA influences mental health policy & receives **Youth Initiatives Award from The Commonwealth Youth, UK.** YNRA initiatives also solidify into clear programs: **Free Ride, Take a Hike, Pens & Paint, Yoga 4 Youth**, with new groups developed (e.g., Girls Talk & Guys Talk) based on youth requests for more alternative, affordable, & accessible support services.

2008-2012
Formalizing MH Promo & Youth Engagement

YNRA's community mental health promo services expand to offer: (1) **new interactive presentations** (on stress, depression, mental illness, stigma & YNRA's services), (2) a National YN Network & (3) the creation of a **Youth Engagement Coordinator position** to ensure active & continuous youth involvement across the org - i.e., **Youth Advisory Committee (YAC) is born!**

2017-2019

Expanding Youth-Adult Partnerships

YNRA team expands presentations, develops new **Mindfulness program**, & launches **MaListeMaSante.ca** (online resource hub for francophone youth). YAC partners with **uOttawa med students** to host youth-expert panel discussion event & **Ottawa Public Health** on a Youth Wellness Summit & new peer-to-peer wellness initiative.

2013-2017

YNRA is #Adulting!

YNRA celebrates its **20th anniversary**, gets a brand **new home** & keeps on growing! With support from the MHCC, the YNRA team leads the HeadStrong Initiative, hosting regional youth summits & launching **over 25 Student Wellness Committees.** YAC also publishes its **"Mind Your Mouth" Zine!**

2020-2021

Virtual Transformation

YNRA goes digital to combat isolation from COVID-19 pandemic. Begins with virtual group-based support (in-school presentations, art, activity & discussion-based programs). Shifts to include **delivering wellness kits to youths' homes,** piloting a new virtual **Self-Care Program**, & partnering with OPH to deveolop a **Youth MH E-Learning Hub** to meet current youth needs.

2021-2022

Expanding Youth Empowerment

YNRA expands to over **18 underserved rural schools** with Innovations Grant (via Rural Ottawa Youth MH Collective). Youth leadership expands with 2 Crime Prevention Ottawa grants (launch of **YAC Video Series** sharing healthy coping strategies) & partnership with Youth Ottawa (co-led re-launch of **Ottawa Youth Engagement Committee**).

2024 - Future

YNRA Turns 30 & Keeps Learning

YNRA wins Proud to Be Me Grant to lead a hybrid Monthly Coping Challenges initiative. Launches new **Digital Wellness workshop** & partners with CHEO's Transitional Aged Youth program to offer 3-session workshop series for ages 16-24. YNRA also turns 30 & receives the United Way East Ontario's **Community Builder of the Year Award!**

2022-2024

Hybrid Initiatives & MH Promo Expansion

YNRA co-hosts **Youth-Adult Conversation event on MH & Substance Use Health** with UWEO's *project step,* Youth Ottawa, & other partners. Collaborates with CHEO's Neurodevelopmental Health Team to develop new workshop (**Growing Together**) on neurodiversity & mental health. YAC wins grant to lead **BIPOC-focused pilot project** exploring identities, experiences, & advocating for mental health system change.

Section 2
The Pandemic

Pandemic Needs

Throughout the COVID-19 pandemic, our community partners surveyed youth to better understand their needs and experiences. Their findings provided great insight into how we could adapt our programming to best support youth during this uniquely challenging time.

Need for more support in light of deteriorating youth mental health.

In the early months of the pandemic, nearly two-thirds of youth in Ontario surveyed by the Knowledge Institute for Children and Youth Mental Health and Addictions (CYMHA) said that their mental health had gotten worse (Radomski et al., 2020). By 2021, during Ontario's second wave of the pandemic, almost 9 in 10 youth (87%) rated their mental health as "somewhat worse" or "much worse" since the pandemic had begun (CYMHA, 2021). Similarly, Ottawa Public Health (OPH, 2023) reported significantly poorer mental health for students (Gr. 7-12) in 2021 compared to 2019. A third of students also shared that the pandemic had negatively impacted their mental health (OPH, 2023).

Need for more support for youth struggling to cope.

Findings from the 2021 Ontario Student Drug Use and Health Survey suggested that more youth were struggling to deal with stressors in their lives than before the pandemic (OPH, 2023). In 2021, one in three Ottawa students (33%) rated their ability to cope with unexpected problems or crises as "fair" or "poor," up from one in five in 2019 (21%) (OPH, 2023).

Need for accessible, lower-intensity mental health services.

In 2021, 42% (up from 34% in 2019) of Ottawa students reported wanting to talk to someone about a mental or emotional problem but didn't know where to turn (OPH, 2023). Similarly, 92.4% of Ontario youth surveyed in mid-2020 felt certain that mental health services might be helpful in the future (Radomski et al., 2020). Lower-intensity services, such as online information or self-help supports, were preferred by young people who were not getting formal help but felt stressed because of COVID-19 (Radomski et al., 2020).

YNRA's Pandemic Response

As part of CHEO's Infection Prevention and Control measures, YNRA responded rapidly to the onset of the COVID-19 pandemic by transforming our in-person programs into virtual services. As many youth lost their regular sources of social connection, coping, and mental health support, it was imperative that our services remain accessible to youth during this difficult time. As such, in Spring 2020, we developed and piloted a variety of online initiatives:

Youth Advisory Committee Support

Our YAC provided us with essential support and guidance as we designed, piloted, and carried out a variety of online programming. We met remotely with these youth leaders 1-2 times per week to ensure that our program strategy was effective and successful at engaging youth virtually. YAC members also took on a peer support role, participating in virtual group sessions to encourage positive interactions and promote the uptake of coping strategies among their peers.

Social Media Wellness Campaign

We used our social media outlets to reach youth directly, encouraging them to take care of their mental health during this stressful and uncertain time. We shared motivational messages, specific tips and coping tricks, and information about new/existing mental health resources and how to access them. We also ran themed monthly challenges, where YAC members filmed themselves doing healthy coping activities and encouraged other youth to join in!
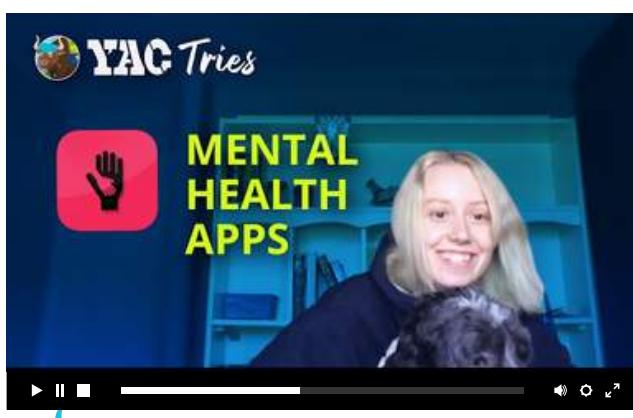
Click here to watch the video!
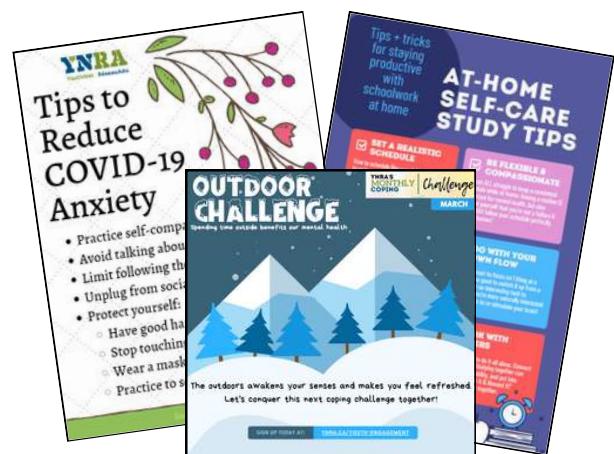
Virtual Group Programming

We offered virtual groups as an opportunity for youth to engage in positive activities, cope with their stress, and experience vital social connections in the face of social distancing mandates. Youth were invited to drop in to these groups, as needed.

Initial Virtual Groups:

Art with Friends: Adapted from our Pens & Paints program, this group offered guided art-based activities that youth could participate in at home.

Digital collage of all our group's artwork!

Virtual Gardening Club: Adapted from our in-person Rooted program, participants were provided with kits to grow their own plants at home. They were also offered weekly peer support to help both their plants' well-being and their own mental health to thrive as the pandemic dragged on.

Eventually, we fully adapted most of our intervention programs so that they could be delivered virtually to a group of recurring participants on a weekly basis.

Pandemic Service Highlights

As the COVID-19 pandemic carried on we continued to modify and expand our services to offer mental health support to youth in new ways. Many of these innovations have become part of YNRA's core youth mental health promotion and intervention services or have influenced how we deliver our programming today. **Here are just three of our other pandemic service highlights:**

Self-Care Program

Our Self-Care program was our first fully virtual program developed during the pandemic to help youth maintain good mental health, cope with stress, and navigate these difficult social dynamics. Originally, youth received a care package of supplies that they used to explore various types of self-care with other youth. Today, we run our Self-Care program in-person with the same aim of helping youth to expand their coping toolkits so that they can better manage the various stressors in their lives.

Hybrid Programs

Our weekly coping challenges eventually evolved into themed monthly drop-in programs, where youth could connect over Zoom and, eventually, in-person to socialize and connect.

Our Chronic Pain group, which previously met in-person one per month, transitioned to meeting bi-weekly online. Even as we returned to in-person programming, this group continued to meet virtually as it was most accessible to them. We now offer some programming through a hybrid approach so that it is more accessible to youth.

E-Learning Hub

As the COVID-19 shutdowns continued, we began to offer our mental health literacy workshops online. However, to ensure the safety of young people in attendance, we had to lead smaller groups and could not reach as many youth as usual. There was also a need for more lower-intensity mental health support for youth with concerns (Radomski et al., 2020).

As such, in 2021, we partnered with Ottawa Public Health to create our E-Learning Hub, an interactive website dedicated to helping youth learn more about the mental health topics covered in our presentations. Youth can click through the 5 youth-friendly e-modules at their own pace to find out more about relationships and peer-support, stress and coping, youth engagement, mental health and stigma, or resources.

NEW ARRIVAL

As of October 2024, our new module for **emerging adults** is available, with practical tips on transitioning to adulthood & accessing and advocating for care!

Section 3
YNRA Today

YNRA Today

Mental Health Promotion

Beyond our e-resources, we also host info booths and run workshops across Ottawa to promote positive mental health. **Over 2023-2024, we visited over <u>45 community and school partners</u>, offered over <u>260 workshops</u>, and reached a total of <u>9,728 youth</u>.**

Currently, we offer **5** different workshops to youth in schools and in the community.

What is mental health? Who has it? And what can 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 also learn about what to do if they notice changes in their mental health and where to go to ask for help.

We all experience stress. Wouldn't it be nice to know how to make stress work for us? StressLess takes youth through what stress is, how to locate stress, and how to manage stress all while doing fun activities. Youth also identify a variety of coping strategies and learn how to apply the right tools for the variety of stressors we experience day-to-day.

Friends are a huge protective factor in our lives. So, what happens when our friends ask us to support them? How 2 Help a Friend teaches youth how to be supportive peers in a healthy and safe way. Youth also learn about the different resources in and around Ottawa and how to best support that friend in need.

Human beings are complex. It can be a lot to get to know yourself much less figure out how to socialize and connect with others! Growing Together helps youth understand the factors that connect us all together, those that make us different, and how to navigate those differences. Youth also learn about neurodiversity and empathy.

We live so much of our lives online and on our devices. How does technology impact our mental health for better and for worse? Digital Wellness helps youth to explore their relationship with technology. Youth also learn some helpful tips, self-care tools, and resources to find balance in our digital world.

Intervention Programs

Program Logic

The for-youth, by-youth model informs our intervention programs in two key ways:

1. All of our programs were **created in response to the needs, interests, and supports** that youth identified as important to maintaining their mental health.

2. All of our programs are **facilitated by a group of young people** (ages 20-30) who have a passion for mental health and youth engagement.

Coping Skills

Youth Engagement

Peer Connections

Mental Health Literacy
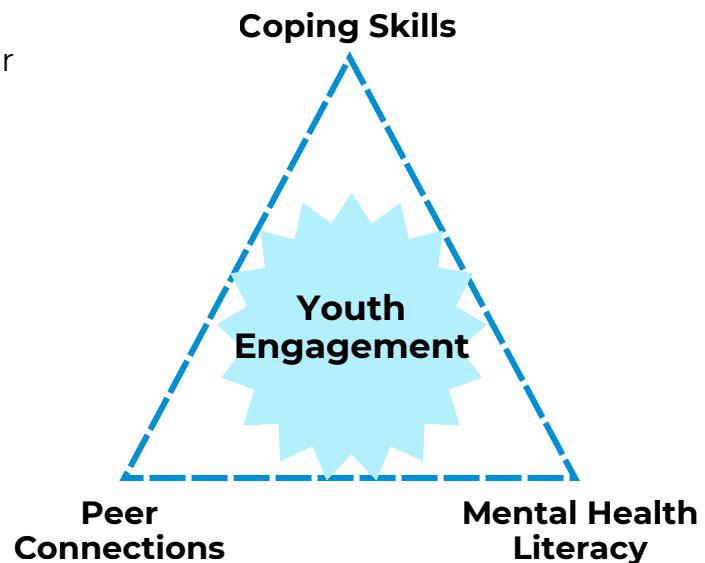
Our intervention programs aim to empower youth to develop healthy coping skills for dealing with stress, while also forming bonds with other youth. By practicing coping strategies with peers in a supportive group environment, we also strive to create a space where youth feel comfortable talking and learning more about various mental health-related topics.

We currently offer 4 different intervention programs to youth across Ottawa.

ROOTED
This summer program helps youth to connect with one another while exploring nature through gardening, hiking, swimming, & more!

PENS & PAINTS
This art-based program helps youth get creative, cope with stress, & connect with each other through visual arts & creative writing.

WINTER WELLNESS
This winter program helps youth maintain mental health through activities like skiing, sledding, snowboarding & more!

SELF-CARE / MINDFULNESS
In this program youth practice many forms of self-care (e.g., cognitive, social, technological, practical) & learn why self care matters.

Youth Engagement & Advocacy

YNRA is led by our youth. We engage in conversations that matter to young people and remain youth-friendly by doing everything in partnership with youth!

> 66
>
> Youth have the right to be heard on matters that affect them.
>
> 99

Article 12 (1989) of the *UN Converntion on the Rights of the Child* [ohchr.org]

Youth Engagement Intiatives

The Youth Advisory Committee (YAC) is the beating heart of YNRA that not only guides us strategically, but also carries out many of their own exciting youth engagement initiatives.

✓ **FUN**   ✓ **SOCIAL**   ✓ **MEANINGFUL**

Over 2020-2023, YAC launched two peer-to-peer educational video series: **#AskYAC** and **#YACTries**. They encouraged fellow young people to submit their questions about mental health, try out new activities, and share their experiences to normalize coping with stress.
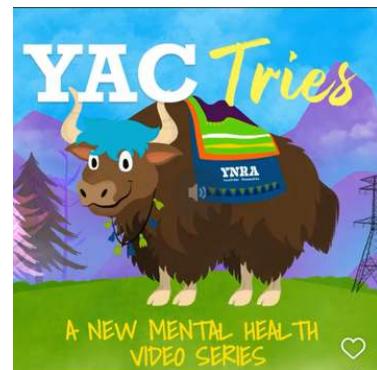
Youth-Led Advocacy

YNRA also partnered with other youth-serving organizations and youth advisory/advisory groups across the eastern Ontario region to form larger youth leadership collectives to make lasting change across healthcare, community, and educational settings. For example, over 2021-2023, YNRA helped to re-launch the OYEC (the **Ottawa Youth Engagement Committee)** in partnership with **Youth Ottawa** and the **City of Ottawa.**

Section 4
What Youth Are Telling Us

What Youth are Telling Us

This final section of the report examines the survey data collected from our intervention program participants between Spring 2018 - Winter 2024.

By doing so, we hoped to gain a better understanding of the youth that we serve and how our programs have been doing since they were last evaluated in 2018. To achieve this goal, the evaluation of our intervention programs was guided by three main questions:

NEEDS ASSESSMENT

QUESTION 1

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

_____

PROCESS EVALUATION

QUESTION 2

To what extent have YNRA's intervention programs been implemented as intended?

_____

OUTCOME EVALUATION

QUESTION 3

To what extent have YNRA's intervention programs contributed to youth mental health literacy, coping ability, and peer connectedness?

_____

We used pre- and post-surveys to collect our evaluation data.

These surveys, which have been in place since YNRA was originally founded, were revamped in 2017 by YNRA's Research and Evaluation Advisory Committee based on current literature and best practices in conducting evaluations with youth. They aim to measure program impact and to identify ways that we can improve our approach to better serve youth.

Youth completed the pre-test before the start of a program and the post-test at the end of the final session. The surveys included questions about participant demographics (pre-test only) and measured key constructs, such as connectedness and levels of stress.

We collected both qualitative and quantitative data from participants. Most quantitative survey items were measured on a 5-point Likert Scale, like the example below:

Totally Disagree   *Disagree*   *Undecided*   *Agree*   *Totally Agree*
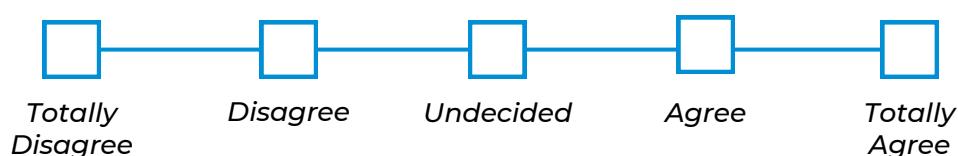
Exclusion criteria were applied to our survey data.

Participants' survey data was excluded from all analyses in this report if:

❌ They did not give **consent** to use their data for evaluation purposes or if they were missing a consent form (n = 116);

❌ They had previously completed a YNRA intervention program and were a **repeating participant** (n = 89);

❌ They were outside of YNRA's **age** catchment (13 – 20 years old) (n = 35); or if

❌ They completed one of two **special intervention programs** that were not representative of the typical YNRA experience (i.e., 1 pilot program & 1 program that received extra funding) (n = 30).

After applying these exclusion criteria, we were left with a sample of 401 participants.

For the needs assessment and process components of the evaluation, participants were also excluded if they did not complete a pre-test (n = 37) or if their pre-test was missing most responses (n = 7). Data from 357 youth were used to answer questions about youth's needs and how our programs are being implemented.

To allow for within-subjects comparisons, the outcome evaluation excluded all youth who did not complete both a pre-test and a post-test (n = 201). The survey data of 200 participants was used to answer the "before and after" outcome evaluation questions.

Limitations

1. **The results of our outcome evaluation may <u>not</u> be fully representative of the experiences of all intervention program participants.** This is due to high participant attrition in survey completion. Almost half (41.5%) of our final sample did not complete a post-test and, as a result, were not included in our outcome analyses. Youth who did not complete a post-test may have characteristics that differ significantly from those who remained.

2. **All of the information collected from our surveys was self-reported by youth.** Although this is not necessarily a limitation, it is important to keep in mind that our results are not based on objective data. For example, some youth may have given inaccurate answers because they misremembered or misunderstood a question.

3. **Caution must be exercised when inferring causality from our pre-post analyses.** There may be factors other than our intervention programs that contributed to differences in participants' survey scores before and after completing a program.

Who Joins our Programs?

From Spring 2018 to Winter 2024, we ran

68 programs

reaching a total of

588 youth.

Average age: 14.83

12   20

Female 63.8%

Male 24.0%   **Non-binary 7.9%**   **Other 4.3%**

88.5% (sub)urban

11.5% rural
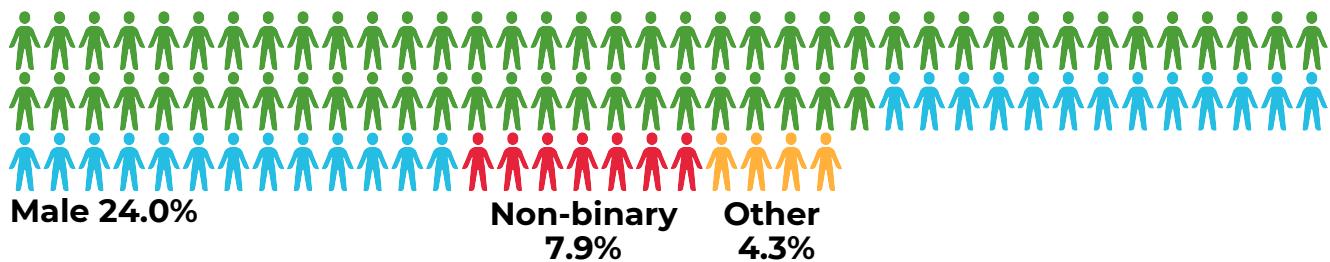
98.4% speak English

40.0% speak French

13.4% speak another language

Pie chart:
- Caucasian 58.3%
- Canadian 5.2%
- African Canadian/Caribbean 5.7%
- South/South East/East Asian 6.2%
- First Nation/Métis/Inuit 6.0%
- Latin 2.5%
- Middle Eastern 6.2%
- Mixed Background 6.2%
- Other 3.7%
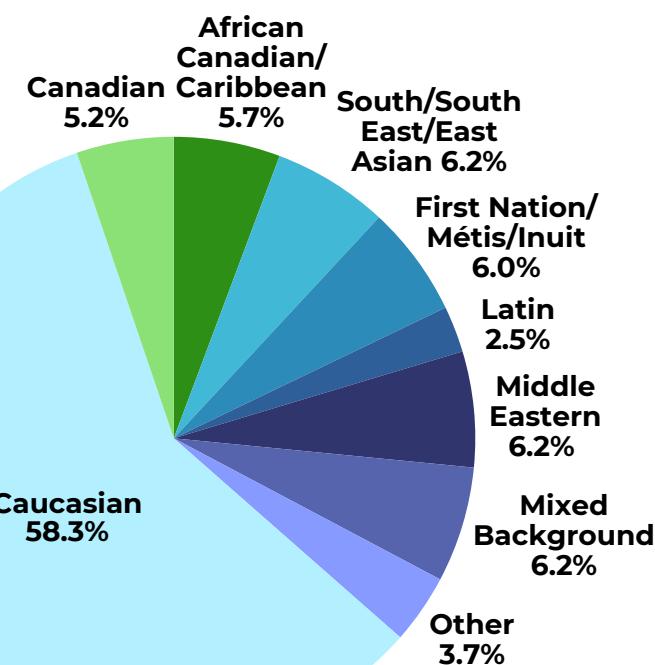
As self-described by participants

Program Delivery

Our intervention programs were largely implemented as intended over the past 6 years.

Program Length

As designed, the vast majority of our programs (83.08%) were 6 - 8 sessions long. The handful of programs that ran shorter (12.3%; ranging 3 – 5 sessions) were stopped early due to COVID-19, had sessions cancelled due to inclement weather, or were shortened intentionally to meet our program partners' changing needs.

30.9% of our programs took place virtually to adapt to the COVID-19 pandemic

44.3% of our programs were run with **21** different school & community partners

Group Size

Most programs (68.7%) had between 8-12 participants. Internal best practices suggest that this is the ideal group size for facilitating successful discussions, as participants do not feel overburdened to keep the conversation going but still have the chance to share their thoughts. Groups of 8-12 youth can also be easily managed by two Youth Facilitators and enable effective activities, both with the whole group and in smaller group configurations.

However, due to challenges recruiting youth and several last-minute dropouts, 17.9% of our programs had a smaller group size than intended (ranging 4 - 7 youth). A similar proportion of programs (14.9%) had a larger group of participants (ranging 13-15 youth) than intended. The reasons for higher participant enrollment were two-fold:

1. To offer our mental health programs to as many youth as feasible; and
2. To try to counterbalance issues with participant retention.

Pens & Paints was by far our most common program.

Program	Count
Pens & Paints	42
Self-Care	9
Rooted	6
Mindfulness	4
Winter Wellness	4
Other	3
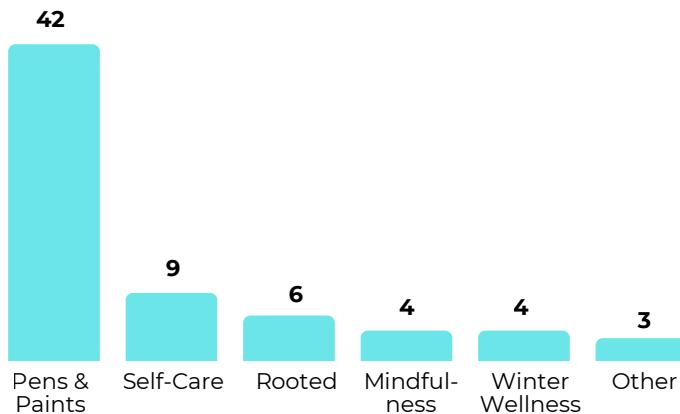
only **4.4%** of our programs were offered in **French** over the past 6 years

Retention

On average, participants attended 72.29% (SD = 27.13%) of sessions across the total program duration. There was no statistically significant difference in retention for community partnerships compared to in-house programs ($t(391) = 1.329$, p - .185), nor for programs delivered in-person compared to those delivered online, ($t(391) = -0.906$, p = .366).

How might we improve recruitment and retention for our intervention programs?
Participants provided feedback on what could make YNRA more accessible and appealing to other youth. Of those who responded, 39.5% of youth said that they were unsure or that there was nothing that could be improved. However, the three next most common responses offer insight into how we could increase participant recruitment and retention:

25.4% of youth suggested that **helping young people to know that our intervention programs exist** would make them more accessible. Advertising more on social media and in schools (i.e., flyers, announcements, presentations) was highly recommended as a way to make sure that more youth know about our programs.

"I think that [YNRA] is both accessible, and appealing, but it is just not very largely known about."

14.7% of youth recommended **improving our program content.** This included offering more activities (and programs) that were fun, tailored to youth's specific interests (e.g., being active), and in line with current trends. Youth also suggested providing more opportunities for skills development.

"There should be more activities for young people. Active activities, like on the move."

5.6% of youth recommended **making YNRA's space easier to get to.** Youth suggested that we could make our space more accessible by offering transit passes, holding our programs in schools, or offering services in a location closer to where they live.

"I believe for me, the only barrier is getting here - if YouthNet was closer to Barrhaven, that would be perfect."

Why do Youth Join our Programs?

We asked youth to share the reasons why they wanted to join our programs. These were their answers.

39.1% of youth
hoped to **find other youth to relate to**, socialize, make new friends, feel a sense of belonging, or improve their social skills.

31.4% of youth
were interested in the **program activities** (i.e., art, getting outdoors) or wanted to enhance their activity-related skills.

30.3% of youth
wanted to learn or talk about **mental health**, develop new coping skills, reduce stress, or improve their mental health.

14.6% of youth
were in it to **have fun**, enjoy themselves, or to have something interesting to do.

9.3% of youth
wanted to improve their confidence, **better themselves**, or challenge themselves to try something new or get out of the house more.

5.0% of youth
were **recommended to join** by a parent, mental health professional, or their school, or were required to join the program.

Overall, youth were able to articulate the aims of our intervention programs quite well.

As such, examining whether youth got what they wanted out of our programs should provide a fairly good indicator of the extent to which our programs work as intended. However, a handful of participants reported that they joined our programs simply because it was recommended to them or because they were told that they had attend. Thus, some (but not all) youth who said that they did not get what they wanted out of our programs may have simply had expectations that were misaligned with our program goals.

Did you get what you wanted out of the program?

The majority of youth said that they got what they wanted out of our programs. This suggests that, overall, our programs are being implemented as intended.

89.8% of youth who responded confirmed that they got what they wanted out of the program

5.9% of youth shared that they did **not** get what they wanted out of the program

4.3% of youth said that they were **unsure.**

"Yes, I know more resources and strategies of self care. Thank you so much!"

"Yes, I found other people like me and felt less alone."

"Definitely, I made friends and it gave me a chance to decompress and just do art."

"Not really [...] it felt like a therapy group to me and that is not what I signed up for."

Program Satisfaction

Overall, the majority of youth were satisfied with our intervention programs.

Youth satisfaction was measured on our post-test survey across the following categories: program space, program staff, and youth engagement. **Satisfaction with these domains was echoed in what youth said were their favourite parts of the program.**

87.2% of youth felt that the program was a safe space to express themselves
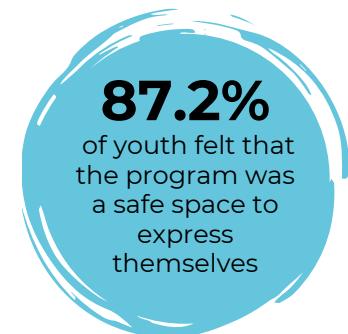
Program Space

My favourite part of the program was…

*"Painting and being able to have a **safe space** to talk."*

*"Meeting everyone, **feeling super welcome** and understood, I feel like I made nice friends here."*

85.6% of youth felt comfortable talking to the YNRA program facilitators
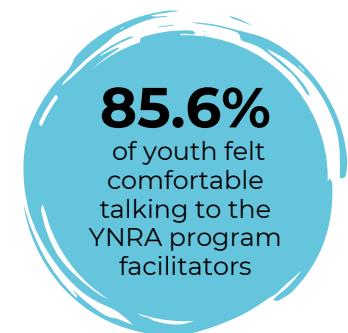
Program Staff

My favourite part of the program was…

*"**The people running it**. They made it awesome and I felt like I had grown up who cared for me."*

*"The kindness of the **facilitators** and the creative activities."*

87.5% of youth were asked what they wanted and needed for the sessions.
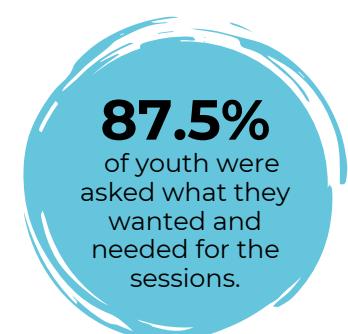
Youth Engagement

My favourite part of the program was…

*"How friendly the workers/people were. I love how **they asked us for our opinions and what WE liked**. It's really thoughtful."*

*"The fact that the group leaders **listened to us** when things needed to be changed or improved upon."*

85.6% of youth said that they would recommend the program to someone else.

Youth also gave feedback on how we might improve our programs.

When asked what they would improve about our programs, many youth were unsure or said that there was nothing that we should do to make our programs better. For youth who provided suggestions, their responses centered around the following themes:

Making changes to program content that were specific to their own unique interests, needs, or skill levels. This included suggestions such as doing more art, playing more interactive games, teaching more coping strategies, or spending more time outside.

Increasing the length of our programs. Youth suggested adding more sessions or making the sessions longer because they thought our programs were too short.

Modifying the mental health discussions. Some youth wanted more mental health discussions, while others suggested spending less time talking about mental health and more time engaged in activities. Some youth also suggested that we make our discussions less awkward or ensure that everyone had the chance to share.

Snacks, snacks, and more snacks! Youth suggested having more snacks and a greater variety of them.

Youth Needs

Youth were worried about their mental health and were stressed.

The youth that we surveyed were frequently concerned with their levels of stress and their mental health. Just over half of youth (58.2%) reported being concerned about how stressed out they felt "often" or "all the time" over the last month. Similarly, 54.1% of youth were concerned about their mental health "often" or "all the time" over the last month.

Mental Health Concern

Almost Never	Some-times	Un-decided	Often	All the TIme
14.2%	26.9%	4.8%	27.2%	26.9%

Stress Concern

Almost Never	Some-times	Un-decided	Often	All the TIme
11.3%	26.0%	4.5%	30.8%	27.4%
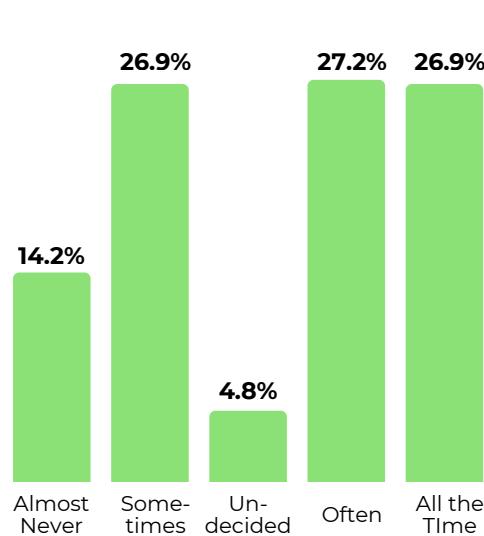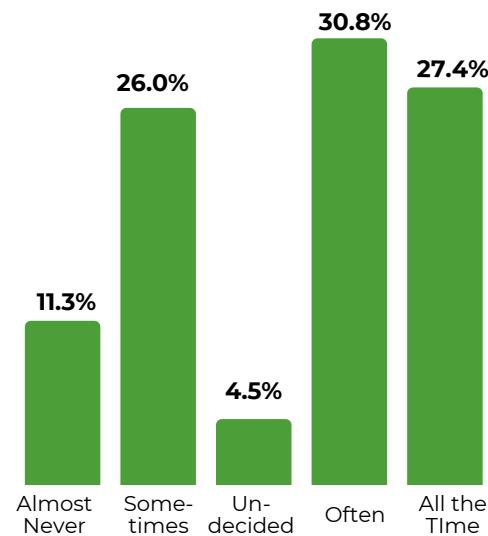
Our findings also suggest that the youth who we serve experience a lot of stress. Most of the youth (70.8%) that we surveyed reported feeling stressed out "often" and "all the time" over the last month.

To better understand the kinds of stressors that youth are facing, we added a question to our pre-test survey in Spring 2020 asking participants to identify the things that usually cause stress in their lives. **School, mental health, and the future were the most common stressors identified by youth.** However, this data only pertains to the subset of youth (n = 193) who answered this question since it was added to our survey.

Causes of Stress

School	88.6%
Mental Health	65.3%
The Future	63.7%
Friends	45.6%
Family	44.6%
Physical Health	39.4%
Home	37.8%
Relationships	37.3%
Work	19.2%
Substance Use	8.8%
Other	7.3%
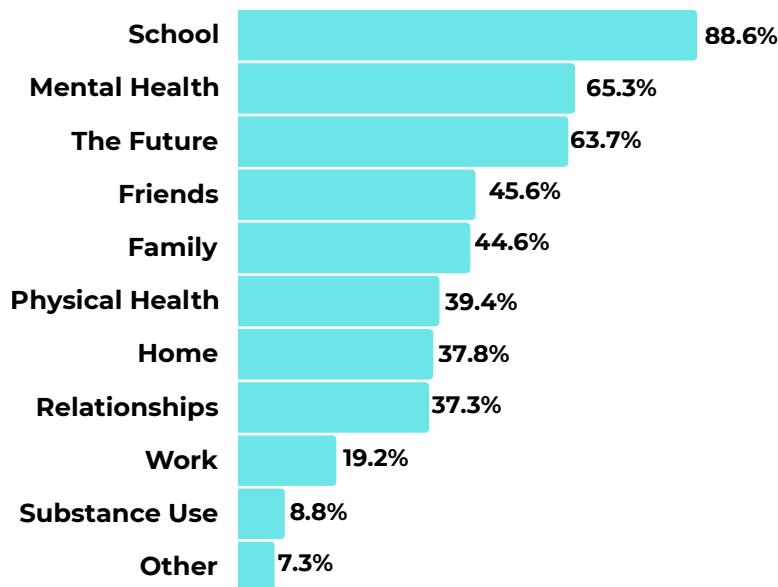
The majority of youth were unconfident or unsure of their ability to cope with the various stressors in their lives.

Just under half of youth (45.7%) "disagreed" or "totally disagreed" that they coped well with their stress, while 18.8% were "undecided" about their coping ability.

A two-tailed Spearman's rank-order correlation analysis also revealed a negative association between perceived coping ability and levels of stress. Youth who reported feeling unable to cope well with stress were significantly more likely to report feeling stressed more frequently, $r(348) = -.490$, $p < .001$

92.7%

of youth reported having **more than 1 source of stress** in their lives

Youth had access to a limited range of coping strategies to deal with stress.

On average, youth reported using **fewer than three 3 different coping behaviours** (M = 2.54, SD = 1.72, ranging from 0-11) to deal with their stress over the last two weeks.

Almost half (49.3%) of the coping strategies reported by youth were distraction techniques (e.g., listening to music, watching videos). Physical or sensory-based coping strategies (e.g., fidgeting, going for a walk) and seeking social supports (e.g., talking to friends, playing with pets) were also common ways that youth managed their stress.

In addition, youth tended to use the same types of coping strategies (e.g., only distractions) to deal with their stress. Most youth (73.7%) reported using only one or two different types of coping strategies over the past two weeks.

Coping Strategies are the things that we do to manage **stress** or unpleasant emotions that come up in our lives.

Coping Strategies Used in the Last 2 Weeks

Strategy	Percentage
Distraction	49.3%
Physical/Sensory	17.7%
Social Support	15.5%
Cognitive-Behavioural	5.2%
Separation	3.8%
No Coping	3.8%
Self-Harm/Substance Use	2.6%
Solution-Focused	1.9%
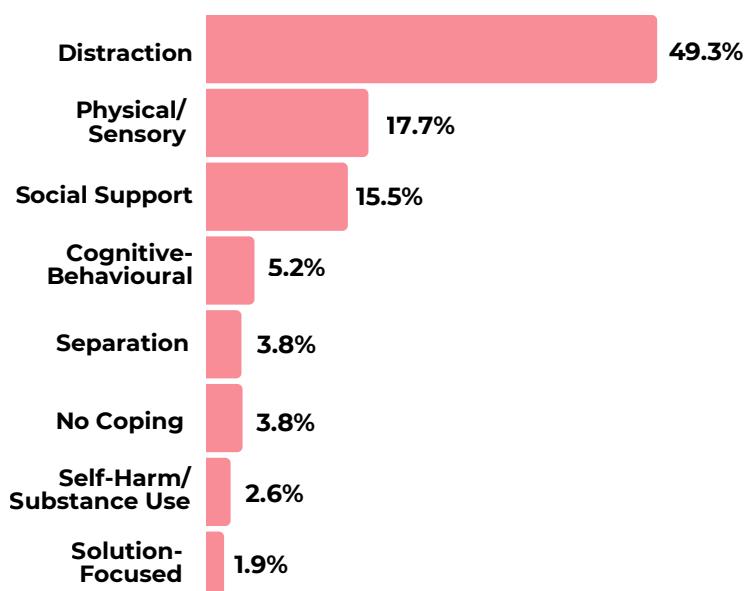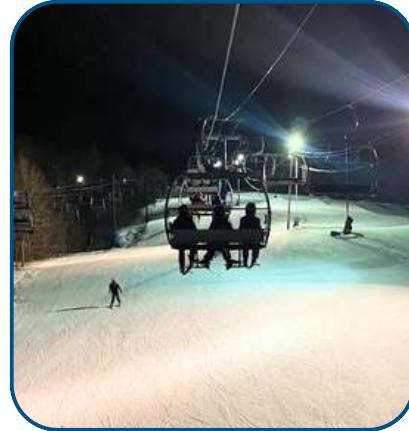
The more coping strategies youth used, as well as the number of different types that they used, was associated with coping self-efficacy.

Unsurprisingly, a Spearman rank-order correlation revealed that 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 life's challenges, $r(320) = .144$, $p = .009$. Similarly, there was a positive link between the number of different types of coping strategies youth reported using over the last two weeks and their coping self-efficacy, $r(320) = .209$, $p < .001$.

We need to help youth expand their coping toolkits.

Altogether, these findings indicate that there is a need for our intervention programs to help youth develop a **wide range of different coping strategies** to better manage their stress. These coping strategies should be tailored to the different kinds of stressors that youth are facing so that youth can use them, as appropriate, to effectively deal with the specific demands of the stressful events that they encounter.

Beyond broadening their coping repertoires, enhancing youth's **coping flexibility**, the capacity to appraise *what* coping strategies are best to use *when*, might also boost their resilience to stress and their ability to deal with life's challenges (Cheng et al., 2014; Zimmer-Gembeck et al., 2018).

When experiencing a problem, youth were most likely to seek help from informal supports.

The majority of youth (62.2%) reported that they would likely to talk to their friends if they were experiencing a problem, followed closely by their family (59.3%).

Online/Phone Helpline
14.0%

Psychiatrist/ Psychologist
28.9%

Friends
62.2%

Family
59.3%

Social Worker
16.0%

School-Based Support Worker
14.0%

When experiencing a personal problem, I'm most likely to talk to...
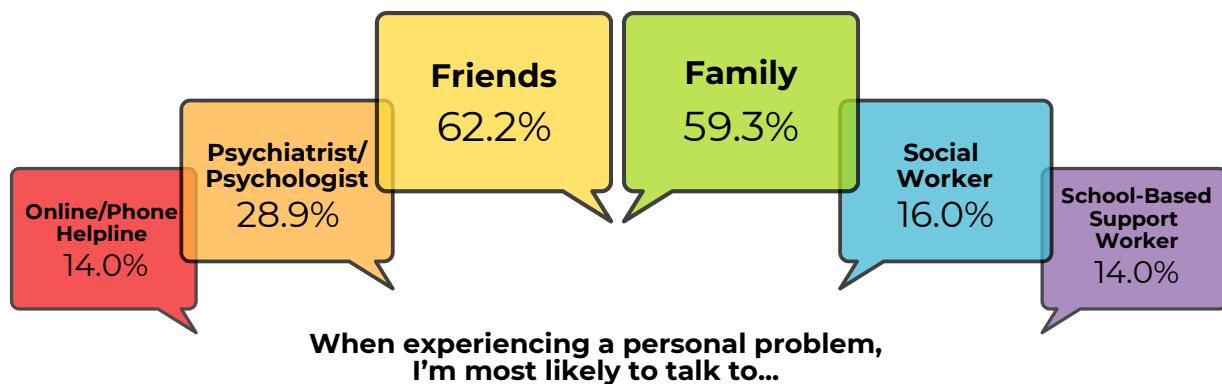
Fewer youth reported that they would be likely to seek help from formal supports. Youth were most willing to seek support from psychiatrists/psychologists (28.9%), social workers (16.0%), and online/phone helplines (14.0%), followed by school-based support workers (14.0%) and teachers (13.5%). Youth were least likely to reach out to doctors (8.0%) or youth workers (8.0%) if they were struggling.

Most concerning, however, is that 11.2% of youth reported being likely to talk to no one. While youth in previous years were much more likely to talk to nobody when experiencing a problem (e.g., 32% of youth in our 2017-2018 dataset), this finding is still cause for concern.

1 in **10** youth said they were likely to **talk to nobody**
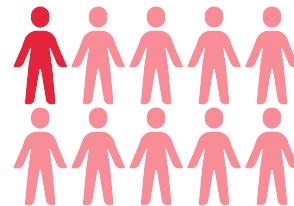
## There is a continued need for peer support and youth-friendly mental health services.

The present findings indicate that, even after 30 years of operation, there remains a need for YNRA's for youth, by youth model of mental health promotion and intervention services. While family was identified as an integral source of support, youth were still most likely to turn to their friends if they had a problem. These findings echo those of YNRA's co-founders, Drs. Davidson and Manion (1996), who created YRNA as a medium for youth to seek mental health support from their peers.

There is also a continued need for youth-friendly community-based mental health services, such as our intervention programs, which serve to normalize and encourage help-seeking behaviour and are, ideally, more accessible to youth.

Before & After

Overall, our programs helped to improve the mental health literacy of our participants.

Mental health literacy is a broad and evolving construct, which has recently been defined as made up of 4 key domains:

Mental Health Knowledge
Understanding mental health, mental health disorders, and their treatment.

Mental Health Promotion
Understanding how to obtain, maintain, and promote positive mental health.

Mental Health Literacy

Help-Seeking Efficacy
Knowing what help is available and feeling confident reaching out for support.

Stigma Reduction
Decreasing misconceptions and negative attitudes toward mental health disorders.

(Kutcher et al., 2014, 2016; Mansfield et al., 2020)

Adolescence is a period of accelerated developmental change, which can be a source of emotional turmoil and stress (Cicognani, 2018). In addition, approximately 1 in 5 young people in Ontario will suffer from a mental health challenge, which often presents during childhood or youth (Ontario Ministry of Health, 2015). In this context, improving youth mental health knowledge, attitudes, and help-seeking skills could lead to better adolescent mental health outcomes and, overall, healthier lives.

Mental Health Knowledge

Since the data violated assumptions of normality, a non-parametric Wilcoxon Signed-Rank was used to determine whether there was a change in youth's self-reported understanding of mental health before and after participating in an intervention program. The output indicated that our **intervention programs did not elicit a statistically significant difference in mental health knowledge among youth**, ($Z = -1.853$, $p > .05$).

However, youth rated their mental health knowledge very highly at pre-test. This is consistent with findings from our two previous evaluations, which also identified high rates of mental health knowledge among youth prior to participating (i.e., 93% from 2015-2017; 88.3% from 2017 – 2018).

87.2% of youth responded **"agree"** or **"totally agree"** at pre-test to the statement **"I feel like I know what mental health is."**

This may reflect a promising positive shift in broader mental health literacy. It is also possible that the youth who find our programs simply tend to know more about mental health from their prior experiences. Regardless, this pattern suggests that we should consider how to offer more opportunities in programs for youth to explore mental health-related concepts on a deeper level.

It is also possible that we were unable to detect a significant difference in youth mental health knowledge because of a **ceiling effect** in our survey data (Cramer & Howitt, 2004). That is, the vast majority of youth's mental health knowledge scores were close to the upper limit of the scale at pre-test. As such, our current survey instrument may lack the sensitivity to accurately identify any improvements in overall mental health knowledge among participants after program completion. It may be useful to include items that assess mental health knowledge more in-depth in future iterations of our survey.

Pre-test: "I feel like I know what mental health is."

Totally Disagree	Disagree	Un-decided	Agree	Totally Agree
0.0%	3.5%	6.0%	47.2%	43.2%
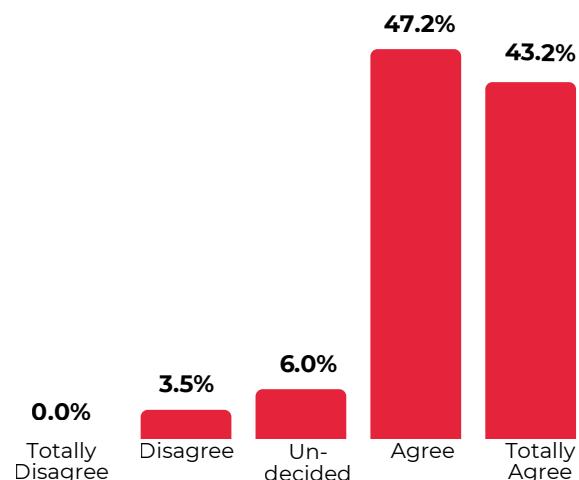
Mental Health Promotion

Knowing how to promote good mental health is also a key component of mental health literacy. We conducted a two-tailed paired-samples t-test to determine if there was a difference in youth's knowledge of available coping skills after program completion. Our analysis revealed that **youth felt significantly more knowledgeable about what they could do to feel better when they are stressed** after participating in the program (M = 3.80, SD = 1.03), as compared to before (M = 3.37, SD = 0.93), t(197) = -5.155, p < .001.

Help-Seeking Efficacy

Help-seeking efficacy refers to knowing what mental health supports are available and being willing to seek mental health help (Kutcher et al., 2014; Mansfield et al., 2020). A two-tailed paired samples test revealed that **there was a statistically significant increase in youth knowledge of formal mental health resources** following the completion of an intervention program, t(197) = -4.379, p < .001 . On average, youth were aware of significantly more community resources and services that they could go to if they were having a problem after the program (M = 4.10, SD = 1.79), as compared to before (M = 3.52, SD = 1.85).

Online/Phone Helpline
(78.0%)

and

Psychiatrist/ Psychologist
(74.3%)

were the most common resources youth reported being aware of after the program

There was also a **statistically significant increase in the number of supports that participants were willing to seek help from** before (M = 2.51, SD = 1.57) to after (M = 3.22, SD = 2.10) participating in a program, t(197) = -4.708, p <.001.

Together, these findings indicate that our intervention programs have the capacity to facilitate help-seeking behaviour among youth. Not only do our programs inform youth about additional resources that they may have otherwise been unfamiliar with, but they also empower youth to reach out to a wider network of supports when they are experiencing a problem with their mental health.

Our programs were largely successful at promoting peer connectedness.

Peer relationships play an important role in youth mental health. Youth's sense of connectedness and belonging to other youth has been identified as a protective factor against suicide, depression, anxiety, and stress, and is associated with mental well-being over time (Roach, 2018; Oberle et al., 2023). Since youth are more likely to seek support from other people their age, it is also imperative that they have opportunities to develop positive, caring relationships with each other (Davidson & Manion, 1996).

As such, one of the primary aims of our intervention programs is to foster supportive connections among youth. Findings from our post-test survey suggest that our programs are largely successful at promoting peer connectedness:

80.1% of youth "agreed" or "totally agreed" that they **felt like they belonged** to the group

79.2% of youth "agreed" or "totally agreed" that participating in the program **made them feel more connected** to other youth

In addition, when asked about their favourite part of the program, 47.3% of youth talked about how it was getting to connect with other youth.

Youth Loved...

"Being able to talk to other youth with the same interests and make friends. Being able to be my true self."

"Knowing I'm not alone and having a group of people to spend my Tuesday night with."

"Even though it was virtual, I still made new friends and connections with other youths across Ottawa."

"Meeting new people and helping each other with problems."

Our programs helped strengthen youth's ability to cope with life's stressors.

Youth felt like they were better able to cope with their stress and that they had greater capacity to use coping strategies to manage their stressors after participating in our programs. A two-tailed paired-samples t-test revealed that there was a **statistically significant difference in youth perceived coping ability** before (M = 2.89, SD = 1.10) and after (M = 3.12, SD = 1.07) having completed a program, t(194) = -5.388, p < .001. Similarly, there was a **statistically significant difference in youth's coping self-efficacy** before completing an intervention program (M = 3.09; SD = 1.10) as compared to after (M = 3.52, SD = 0.94), t(194) = -5.388, p < .001.

Perceived Coping Ability
"I cope well with my stress."

Category	Pre-Test	Post-Test
Totally Disagree	8.2%	4.5%
Disagree	36.7%	32.0%
Un-decided	17.9%	16.0%
Agree	32.1%	41.5%
Totally Agree	5.1%	6.0%
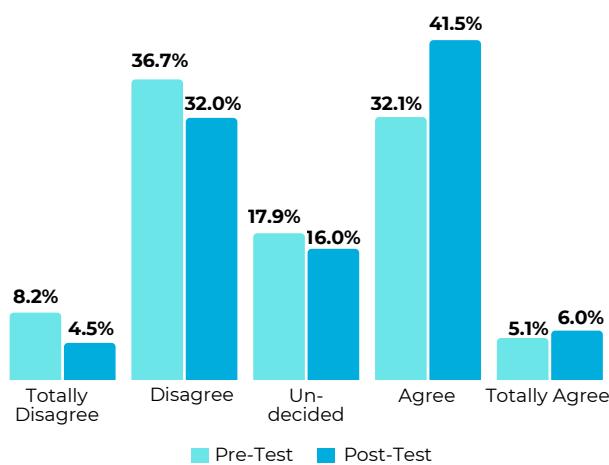
Coping Self-Efficacy
"I can handle difficulties because I can rely on my coping strategies."

Category	Pre-Test	Post-Test
Totally Disagree	7.1%	1.0%
Disagree	28.8%	18.4%
Un-decided	18.2%	18.9%
Agree	40.4%	51.5%
Totally Agree	5.6%	10.2%
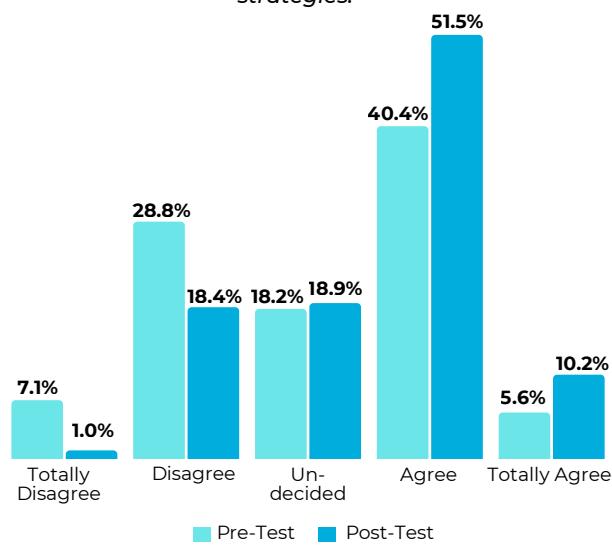
Overall, these findings indicate that our intervention programs help youth to develop and use effective coping strategies to maintain their mental health. Nonetheless, approximately **1 in 4 youth were undecided or did not agree that our programs helped them to develop more positive coping strategies**. A similar ratio of youth indicated that they did not plan to use any of the coping strategies that they learned in the program. Asking youth *why* this is the case could help us to better tailor our programming to meet youth's needs and equip them with useful and accessible strategies to better manage their mental health.

76.0%
of youth "agreed" or "totally agreed" that participating in the program **helped them to develop more positive coping strategies**

74.0%
of youth "agreed" or "totally agreed" that they **planned to use the coping strategies** that they developed during the program when they feel stressed

Looking to the Future

Where do we go from here? As a result of this evaluation, we plan to take the following actions to keep improving our programs.
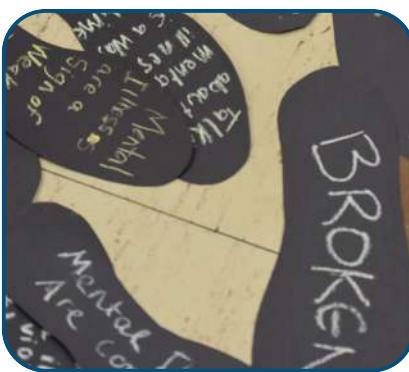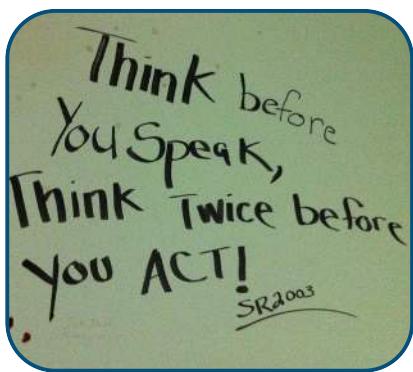
EXAMINE POTENTIAL ACCESSIBILITY ISSUES

We must examine potential accessibility issues that may be limiting participant recruitment and retention in our programs. This might include revisiting our promotional strategies in schools, on social media, and in the community to ensure that more youth know about our programs. Incentivizing youth to provide their honest feedback on our activities and any difficulties accessing YNRA during our programs may help us to better tailor our programming to their specific needs, preferences, and skill levels, and to develop broader strategies that can reduce barriers to care and increase overall retention.

ADDRESS GAPS IN SERVICE PROVISION

In line with recommendations from our previous evaluation, there remains a critical gap in our service provision regarding linguistic and cultural diversity. In terms of language, we must continue efforts to hire a larger bilingual facilitator team and form more partnerships with French schools in too offer more consistent French programming. Regarding cultural diversity, we must continue to develop strong partnerships with culturally-based community organizations to tailor programming to the needs of specific communities and make our programs more accessible to a wider range of youth.

Recent efforts to reach more diverse youth populations include expanding programming to specific community hubs that already serve racialized youth, as well as piloting a BIPOC youth mental health program, which our youth leaders ran with the support of a Race to Inclusive Canada grant to provide BIPOC-identifying youth with a safe space to explore the intersection of identity, mental health, and system navigation.

IMPROVE DATA MANAGEMENT

We must improve our data collection and tracking processes to gain a more complete understanding of the needs and experiences of our participants, especially as practices have differed between in-house and community partnerships. Our efforts have begun with the development of a standardized data management procedure for both in-house and partnership programs. We also plan to work with YAC to co-develop strategies for improving our post-test response rates, which may include offering incentives for survey completion (i.e., draws for gift cards) or personalizing feedback plans prior to programs (e.g., offering exit assessments).

EXPLORE MENTAL HEALTH IN MORE DEPTH

Recognizing that youth enter our programs with varying knowledge of mental health, we must consider how to offer more opportunities for youth to explore mental health-related concepts on a deeper level. This might include working with YAC to identify mental health topics of particular interest to youth that they would benefit from discussing in depth during our programs or conducting readiness assessments for more advanced programming.

CONTINUE TO ENHANCE COPING ABILITY

We must continue to equip youth with many different types of coping strategies, and the ability to know when best to use them, to help youth better manage their stress. We must also explore ways to best support youth in dealing with the specific stressors that they commonly face, such as school, mental health, and the future. Asking youth who did not develop more positive coping strategies during our programs and/or who do not plan to use them *why* this was the case may also help us to develop strategies to improve our programming. Further, matching program activities to youth-identified stressors may be a more effective approach than a generalized model based on interests alone.

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