

Youth
Voice
Report

Introduction

The purpose of the Jack.org Youth Voice Report is to elevate the voices of young people in Canada who are speaking up about mental health. The goal of this report is to help ensure youth experiences and thoughts are considered and included in any solutions built to address youth mental health. It is created in a spirit of hope and collaboration, building on the insight of the Jack.org network and the research and analysis of mental health experts, along with the recommendations of last year's Youth Voice Report. Our aim in putting these findings and recommendations forward is to guide post-secondary administrators, policy-makers, and other adult allies as they work to ensure that the improvement of Canada's youth mental health system is a national priority. Including the voices of Canada's youth will ensure that we build a mental health system and culture that reflects their needs.

The State of Youth Mental Health

Youth mental health continues to be a crisis in Canada. According to [Statistics Canada](#), suicide has been the second leading cause of death for 15-24 year olds for each of the past 18 years that data have been published, accounting for approximately one quarter of deaths in this age group.^[1]

On top of that, there is a major crisis of access regarding mental health services in Canada, with long wait times for affordable or publicly funded mental health care, preventing people from getting help in a timely manner. Canada does not currently have a formal system in place for [tracking wait times for mental health services](#), so it is difficult to understand the scope and nuance of the problem. This leaves us with many unanswerable questions about why certain communities experience longer wait times and how wait times impact long-term mental health outcomes. However, the numbers

that are published are a cause for concern. In 2015, the [Fraser Institute](#) reported that wait times for psychiatric care ranged from an average of 15 weeks in Ontario to 59 weeks in Newfoundland, with the national average of 19 weeks. Earlier this year, [Children's Mental Health Ontario](#) reported that wait times for therapy for youth under 18 in Ontario have more than doubled over the past two years, with an average wait time of 67 days, and some wait times as long as 2.5 years. Data collected from 16 campuses across Canada using Jack.org's Campus Assessment Tool indicates that university students may have to wait, on average, between 3 to 4 weeks for on-campus counselling, with some schools reporting wait times of [up to 8 weeks](#). These long delays can mean that, as youth wait to access care, their [mental health worsens](#), sometimes to the point of a mental health emergency.

Of course, many young people do not seek help in the first place. According to [Statistics Canada](#), the most common reasons people in Canada have unmet mental health needs are because they don't know where to find help, feel they are too busy to get help, or can't afford the help they need. The [financial burden](#) that may come with accessing services indicates an equity gap in the current mental health care system. Between a lack of readily available and affordable mental health care, the persistence of suicide as the second leading cause of death for youth in Canada, and the rising rates of depression and suicidal ideation, the ongoing youth mental health crisis calls for urgent action to be taken.

The urgency to address issues of mental health for young Canadians has increased as we continue to navigate the Coronavirus global pandemic. For many, [this pandemic has led to increased financial stress, feelings of social isolation, and greater anxiety](#) around health in general. Youth have already reported [increased mental distress](#) in the wake of the pandemic, with 18% of youth contemplating

^[1] Across the 18 years that data are available, the average percent of youth deaths by suicide is 24%, with the full range being 15-30%. For most years (11 of 18), the percent of youth deaths by suicide is 20-25%.

suicide compared to 6% of youth the previous year. In addition, the Canadian Mental Health Association (CMHA) has reported that the increase in suicidal ideation is particularly apparent for at-risk populations, such as Indigenous peoples and those who identify as LGBTQ2S+.

As youth mental health and the systems that support it are challenged in new and daunting ways, we've worked to highlight not only how COVID-19 has exacerbated youth mental health struggles, but the transformational potential of this current moment. Youth in communities across Canada have come together in novel ways to support one another and have seen that mental health has received additional attention during the conversation around the pandemic. These challenges and opportunities provide a new lens through which to examine youth mental health in Canada, while also transcending the current moment. Our hope is that this report will be valuable in considering solutions to the crisis of access during the pandemic and beyond.



[2] on track for 550 prior to COVID-19 shutdowns

Meet the Jack.org Network

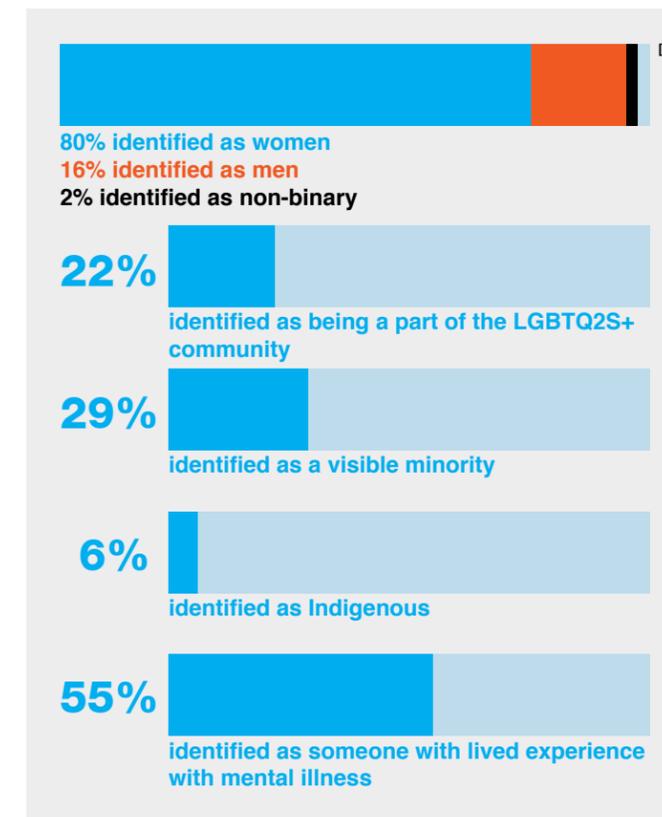
At Jack.org, young leaders are speaking up about mental health to ensure that this 'crisis of access' is taken seriously.

<p>173 Jack Talk speakers</p>	<p>247 mental health presentations ^[2]</p>
<p>Trained and certified youth speakers use the power of personal stories and mental health education to inspire, engage, educate, and equip 27,000 young people to look out for themselves and their peers.</p>	
<p>261 Jack Chapters</p>	
<p>Jack Chapters at high schools, post-secondary campuses, and in communities held hundreds of initiatives, which identify and dismantle barriers to positive mental health in their communities.</p>	
<p>23 Jack Summits across Canada</p>	
<p>Youth from the Jack.org network came together at summits across the country in order to discuss the challenges facing youth mental health today and brainstorm potential solutions. These youth-led gatherings all over Canada brought together hundreds of young mental health advocates to learn from each other and work together to make positive change for youth mental health.</p>	

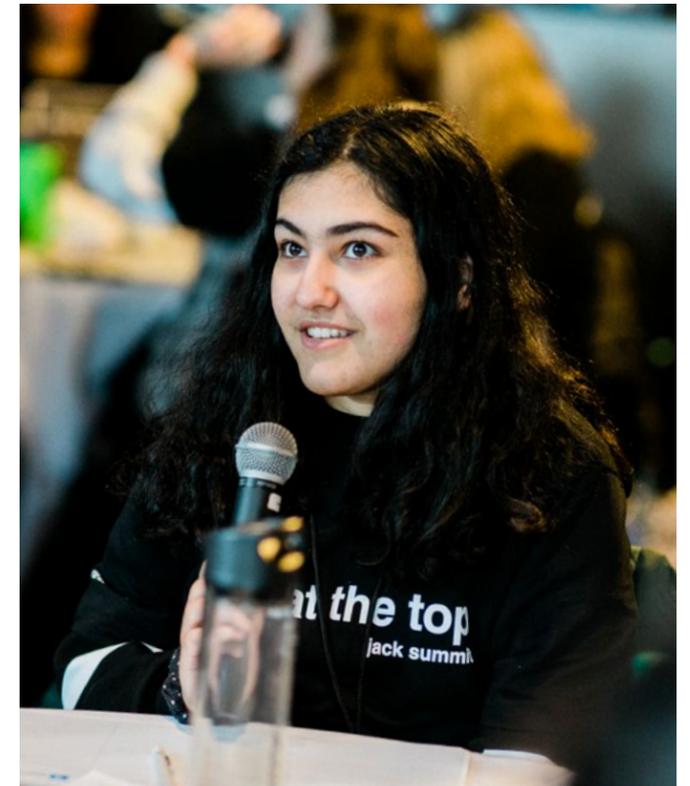
The action of these young leaders to raise awareness of mental health and available mental health resources aims to help ensure that young people identify mental health struggles early and understand how to access support to prevent mental health struggles from worsening into crises.

We reached out to the Jack.org youth network to better understand the insights young people have regarding mental health in Canada. 1,107 survey respondents from every province and territory shared their experiences and perspectives on what causes mental health struggle in their communities and what prevents young people from accessing the help they need.

It should be noted that young women are overrepresented in particular, both among respondents and within the Jack.org network more generally. This demographic skew is typical within mental health work, and we understand that more research needs to be done to better understand young men's perspectives on mental health.



[3] 2% chose not to disclose their gender.



In addition to survey data, youth insights on mental health from collaboration sessions at five Regional Jack Summits and the national Virtual Jack Summit Experience informed this report. We also gained insight for this report from current and former Jack.org Network Representatives through individual interviews.

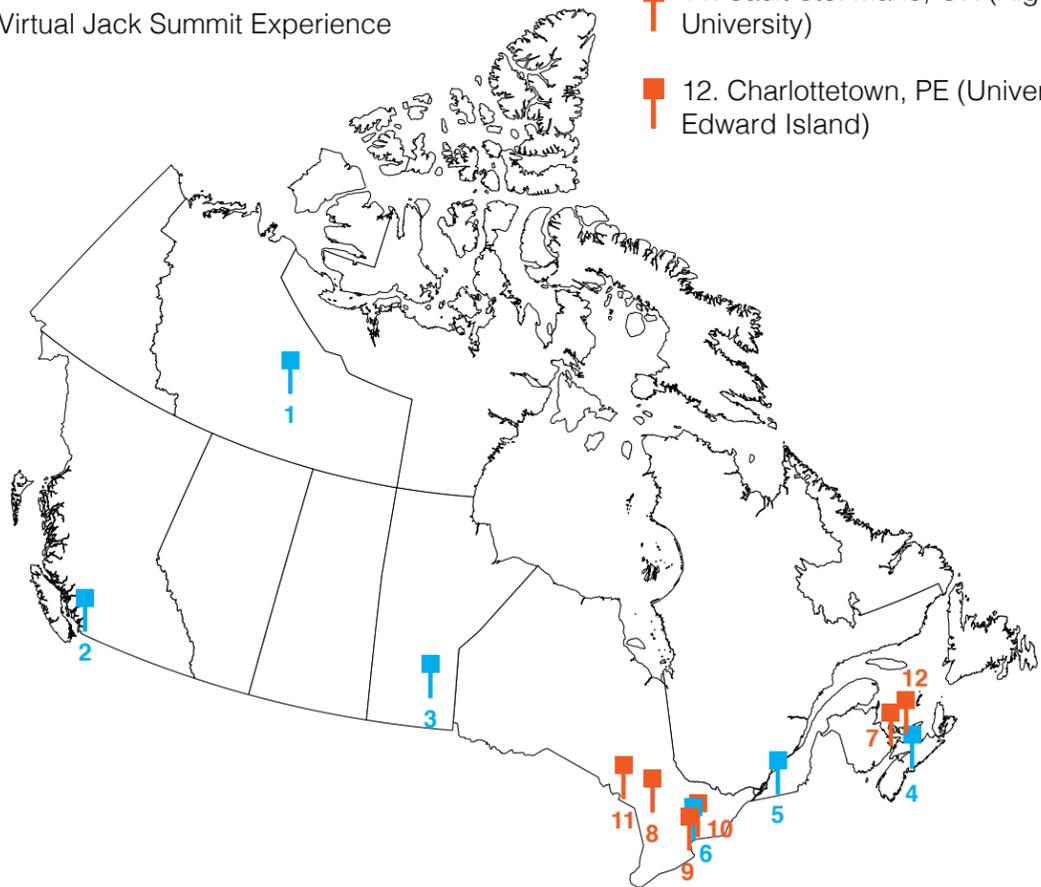
Information from six Jack Chapters was gathered through the Campus Assessment Tool (CAT), a participatory research tool conducted by post-secondary Jack Chapters, to better understand the services and resources available at institutions across the country and gain the perspectives of young people in Canada who may not be involved in mental health advocacy. More details about the youth who provided their insights can be found on the next page.

NATIONAL & REGIONAL JACK SUMMITS

- 1. Yellowknife, NT (Northern Summit)
- 2. Vancouver, BC (Talk at the Top)
- 3. Winnipeg, MB (Breaking Barriers)
- 4. Halifax, NS (Atlantic Summit)
- 5. Montréal, QC (MTL au Sommet)
- 6. Virtual Jack Summit Experience

CAT Chapters

- 7. Sackville, NB (Mount Allison University)
- 8. Sudbury, ON (Laurentian University)
- 9. Hamilton, ON (McMaster University)
- 10. Scarborough, ON (University of Toronto Scarborough)
- 11. Sault Ste. Marie, ON (Algoma University)
- 12. Charlottetown, PE (University of Prince Edward Island)



74%

of surveyed Jack.org network members agreed that long wait times to access resources were a barrier to receiving help in their communities.

54%

of CAT survey respondents agreed that wait times are a barrier to accessing mental health services.

Data Source	Number of Responses	% Women	% Men	% Non-Binary	% LGBTQ2S+	% Visible Minority	% Indigenous	% Experience Mental Illness
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Survey Data

Jack.org Network	1,107	80%	16%	2%	22%	29%	6%	55%
CAT campuses (6)	832	79%	20%	1%	11%	18%	2%	31% *

Summit Collaboration Sessions

Atlantic	47	74%	21%	4%	40%	17%	15%	79%
Breaking Barriers (Prairies)	42	90%	7%	2%	21%	33%	10%	62%
Montréal **	47	72%	22%	4%	13%	45%	0%	28%
Northern	36	64%	25%	6%	33%	33%	50%	67%
Talk at the Top (BC)	57	74%	19%	2%	26%	23%	9%	47%
Virtual Jack Summit Experience (National)	118	78%	18%	4%	26%	29% ***	10%	46%

*for the CAT, this question was labelled: "I identify as someone with lived experience with mental health struggle"

***for the Virtual Summit Experience survey, this question was labelled: "Do you identify as racialized?"

**for the Montréal summit, many participants did not respond to the demographic survey questions. Of the 47 participants, 45 indicated their gender; 15 indicated if they were LGBTQ2S+; 28 indicated if they were a visible minority; 11 indicated if they were Indigenous, and 19 indicated if they had lived experience with mental illness.

Overview of Challenges and Recommendations

Young Canadians with lived experience of mental health struggle best understand the barriers to positive mental health that youth are facing. Through our survey data, we learned that, despite being the main stakeholders of their own mental wellbeing, almost half of our survey respondents believe that youth are not consulted about decisions that affect their mental health.

What is the Need?

Youth are facing intense pressures without always having clear pathways to appropriate mental health support. Our young leaders identified the following as some of their biggest challenges:

Academic Stress.

94% of post-secondary survey respondents reported that academic stress creates mental health struggles for them and for their peers. At Regional Jack Summits, youth delegates from every province and territory raised academic stress as a cause of concern as well, demonstrating the ubiquitous nature of this issue for youth across the country.

Uncertainty About Digital Mental Health Services.

Youth are experiencing some hesitancy around using digital mental health services, a particularly important challenge to highlight in light of the COVID-19 pandemic. At the Virtual Jack Summit Experience, delegates pointed out how the pandemic has increased both the need and opportunity to enhance and expand digital mental

health resources in Canada. However, only 37% of respondents reported accessing digital mental health services during COVID-19 (compared to 57% accessing mental health services generally before the pandemic). Further, only 44% said they believed that digital services would meet their mental health needs. While youth in the network seem optimistic about the possibilities of digital mental health care for the country, they also seem unsure about how effective these services will be for their own needs.

Difficulty Finding the Right Fit.

Access to mental health care requires not only the presence of affordable services and resources, but also ones that genuinely meet the needs of a given individual. Across our network, 61% of Jack.org survey respondents believe that there are few resources to support those struggling with their mental health in their community, and an even higher number (65%) believe that there is a lack of culturally sensitive resources available.



Recommendations

1

Encourage the use of teaching practices that support student wellbeing.

- a. Provide mental health breaks in class.
- b. Share mental health resources with students, especially at moments of stress or transition.
- c. Facilitate dialogue about mental health.
- d. Consider more flexible grading and assessment policies.

2

Help young people access and navigate online mental health services.

- a. Prioritize clear communication with youth about available services.
- b. Consider and address inequities in internet access.
- c. Look to digital services as a key complement in a suite of care options.
- d. Collect more data on youth perceptions, use, barriers, and outcomes to digital services.
- e. Involve youth voices in the design and development of services.

3

Increase the availability of culturally appropriate mental health services.

- a. Establish clear referral pathways and provide a wider scope of culturally appropriate resources for youth.
- b. Bring a wider range of voices to the table when developing and making decisions about resources.
- c. Invest in community-based emergency response teams to replace police as first responders to mental health crises.

Similar to the work done by the young leaders in the Jack.org network, we hope that putting forth these recommendations helps to promote positive mental health for all young people in Canada, thus helping prevent mental health crises and reducing youth suicide.



Encourage the use of teaching practices that support student wellbeing.

“Most of us are struggling financially, so we have to work while trying to maintain a high average in [our] studies. [Significant academic demands] combined with busy work schedules, and still not being able to make ends meet, is stressing [me] out, because [I] know without high marks, [I’m] ALWAYS going to be financially struggling. It’s a chain reaction and it sends [my] mental health spiraling downwards.”

When we asked why school causes stress, over one third of the network named concern for their future, including an intense pressure to maintain high grades to secure employment or admittance to graduate school after graduation. Other causes of stress that the youth network mentioned, including large workloads, tight deadlines, and the need to juggle school, extracurriculars, and volunteering, may also be driven by this underlying pressure to perform. Further, 20% of youth also pointed to financial stressors that come with post-secondary education, such as the high cost of tuition and the resulting need for a part-time job. With many students relying on grade-dependent scholarships, students who need to work part-time may also be more likely to be the ones who feel even greater pressure to maintain a high grade point average.

All of these stressors connect back to anxiety about future financial, academic, and employment security. It is easy to understand why many youth feel as if they need to sacrifice their mental health for the sake of doing well in school to secure their long-term security and wellbeing. In order to begin to fix this problem, we need to ensure that students understand that addressing their mental health concerns is a priority in school. This brings us to another issue that youth raise: the perception that mental health discussions are not always welcome in the classroom, which drives a number of our recommendations below.

Jay Legaspi, a mental health advocate in British Columbia, knows firsthand how difficult it can be to speak about mental health in the classroom.

“It’s a big problem in post-secondary and university: professors not noticing the signs of students going through mental health struggles... In 2018 I was going through a lot with my mental health and I was not prioritizing it at all, and because of that, I stopped going to some classes. My prof would see me again and ask, ‘Where were you?’ And I would say, ‘Oh, I just didn’t feel good.’ And she would just say, ‘Okay!’ And she was nonchalant about it. Some other profs don’t acknowledge when other students are gone, or they don’t follow up after the class. I dropped the class because I was going through a lot, and I couldn’t do it. And maybe if she would have reached out, and asked ‘How are you, really? Are you okay? Do you need help? I haven’t seen you in classes lately,’ I would have felt reassurance, as in, ‘Okay, someone is looking out for me, someone knows what I’m going through.’ And I could acknowledge that it’s hard to do assignments, but I’ll still do them with the help of my prof.”



Detailed Recommendations

Members of our network are calling for a change in classroom culture that involves acknowledging and discussing mental health openly. In addition, network members have pointed out the need for accommodations and flexibility to support mental health in learning environments.

We are highlighting four main recommendations that also align with current research.

a. Provide mental health breaks in class.

Young people want their professors to speak up about mental health as part of any academic class and to offer time to address it directly. [Simon Fraser University](#) (SFU), for example, recommends that faculty offer mindfulness or stretch breaks during lectures in order to provide a moment of reflection. This recommendation is in line with suggestions from the Jack.org network, with one member saying that instructors should, *“Take 3-5 minutes out of a lecture to do a self-care exercise with the students. Integrate self-care into learning environments.”* Another network member recounted how taking a mindfulness break in class was beneficial for them in and out of the classroom. *“I had a professor in my first year who took five minutes at the beginning of class to help students settle into the space. She had us all close our eyes and take some deep breaths. She taught us about breathing to engage our parasympathetic nervous system, something I do still to this day. We did the same thing before tests.”*

b. Share mental health resources with students, especially at moments of stress or transition.

Members of our network suggested that instructors could share and discuss mental health resources with students on the first day of class and during stressful periods of the semester. The University of British Columbia (UBC) has developed an [easy-](#)

[to-follow checklist](#) with suggestions for promoting student wellbeing, which recommends informing students about campus mental health resources. This guidance is also echoed in a recently-released [toolkit for faculty and staff](#) from the Centre for Innovation in Campus Mental Health (CICMH) and the CMHA. Students are acutely aware of how mental health can be affected by academic stress and vice versa; knowing that their instructors are aware of the importance of mental health can help create an environment in which young people feel that their mental wellbeing is supported and that they can reach out for help if necessary. Moreover, when we asked the network what made them feel supported by their school in the wake of the Coronavirus global pandemic, several specifically mentioned the importance of schools and instructors communicating how to access mental health resources during the transition to online learning.

c. Facilitate dialogue about mental health.

Network members also highlighted the importance of instructors openly discussing mental health with their students. This suggestion was typically paired with the previous suggestion, with an extra call for instructors to, *“Allow for [classrooms] to be an environment to have open conversations about mental health, without having that feeling of being uncomfortable and that being an issue.”* In order to accomplish this, one network member said instructors should, *“Speak openly about mental health and the importance of seeking support when it’s necessary. If a student seems to be struggling (missing class, suddenly getting poor grades), the professor may wish to reach out and simply ask if everything is going well. If it is at all possible, the instructor should strive to improve their mental health literacy and mental health first-aid capabilities.”* Another suggestion was for instructors to have check-ins with their students: *“Have a mental health check in once in a while with your class anonymously, with the given option to actually come talk to you during your office hours.”* These suggestions align with the resources provided by

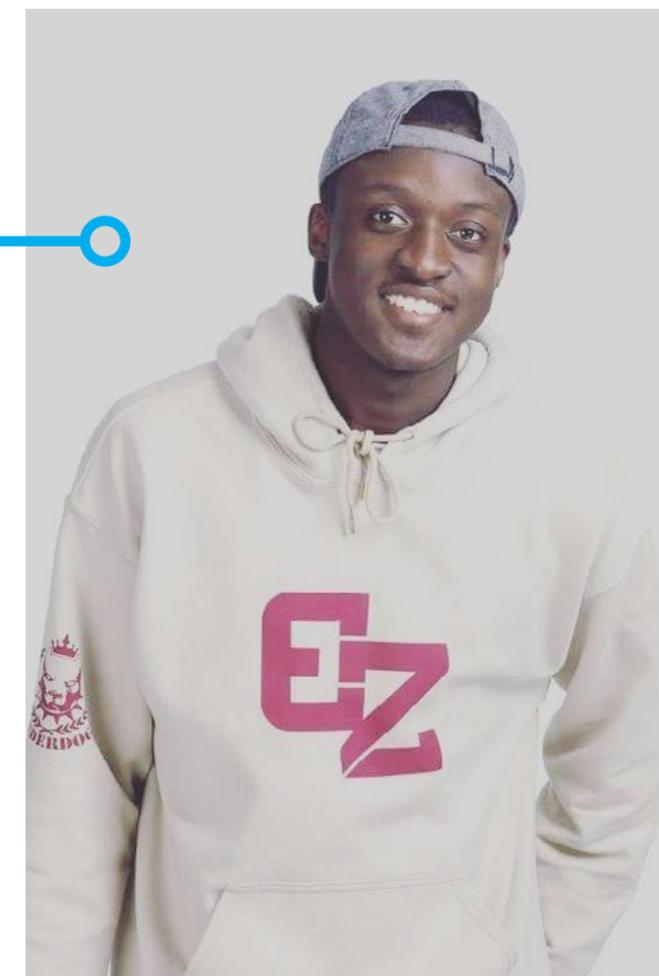
UBC and SFU, which recommend instructors talk with students about how they are doing (particularly if it seems they are struggling), as well as model discussions of mental wellbeing by sharing their own self-care practices.

Ezechiel Nana, a mental health advocate and student at the University of Ottawa, experienced the benefit of instructors considering and discussing mental health in education firsthand.

“Most of the profs in my department always have those open discussions, not only about how they want us to do well, but they want us to be mentally and physically well, too. I think that they know how important it is, because students can’t perform if they’re not mentally and emotionally well... To see so many teachers put aside the grades, put aside the workload, put aside so many things just for our wellbeing and say, ‘This is important, guys, we need to talk about mental health’ — it makes us feel heard and welcome in that environment and decision-making, and invested in whatever we’re trying to learn.”

d. Consider grading and assessment policies that increase flexibility.

When we asked the youth network how to make the classroom a more mentally healthy environment, many pointed out the importance of instructors being flexible and accommodating, both in terms of how students are assessed (e.g., being given a choice between a paper and a presentation) and around the timing and nature of deadlines for assessments (e.g., being willing to provide extensions). Other respondents highlighted the value of having more frequent low-stakes assessments rather than a few high-stakes tests, as this structure not only takes the pressure off for a single test or paper, but also allows breathing room to make mistakes in their learning. It’s important to



note that we are not advocating for instructors to lower their expectations of students; rather, we are advocating for flexibility within the classroom so that students are able to meet the high expectations instructors may have of them while also being able to have space to take care of their mental health. [Prior educational research](#) shows that having [high expectations](#) of students results in higher [student achievement](#) and [self-esteem](#). If anything, providing reasonable flexibility and accommodations for students may better allow them to meet and potentially exceed these high expectations.

Again, the COVID-19 pandemic has provided useful insight into how a degree of flexibility can go a long way for students. Network members who felt supported by their schools highlighted how accommodating their instructors and institution

were for assessments and exams. Some students mentioned more flexible deadlines for final assignments and that the window for writing exams was extended, while others pointed to changes in requirements for final assignments, making them straightforward to complete. A few institutions provided options for how the final grade for a course was calculated, such as allowing non-mandatory courses to be pass/fail. The need for schools to shift to the virtual space unintentionally led to a sort of “test-pilot” of the flexibility students have been saying would be helpful for them, and we now know that students indeed find it helpful, particularly in high-stress situations. The ad-hoc accommodations given by some instructors during the 2020 winter semester are worthy of consideration for how these might be formalized at the institutional level and extended to improve student wellbeing in the long-term.

Notably, the suggestions put forth by the Jack.org youth network aligned with an earlier recommendation in our [2019 Youth Voice Report](#), which pointed to a [guidebook](#) released by The University of Melbourne for how to adjust courses to foster student mental wellbeing. The already highlighted resources from [SFU](#) and [UBC](#) also offer [research-based guidance](#) on how to adjust teaching practices to promote wellness in the classroom in the Canadian context. In all three resources, providing students with flexibility and choices in assessments, giving students a rationale for the content being taught, providing reasonable challenge to their students, and creating an inclusive learning environment to foster social connections between students and with the instructor are all highlighted as key for supporting mental wellness. Moreover, all of the guides mentioned here encourage the consideration of mental health in the process of designing courses, which may help address youth concerns around discussing mental health in the classroom. Importantly, the strategies in these resources are very much in line with the recommendations being put forward by youth, once again indicating the importance of consulting youth on decisions that impact their mental health, and how youth input can align with research.

Need for Structural Change

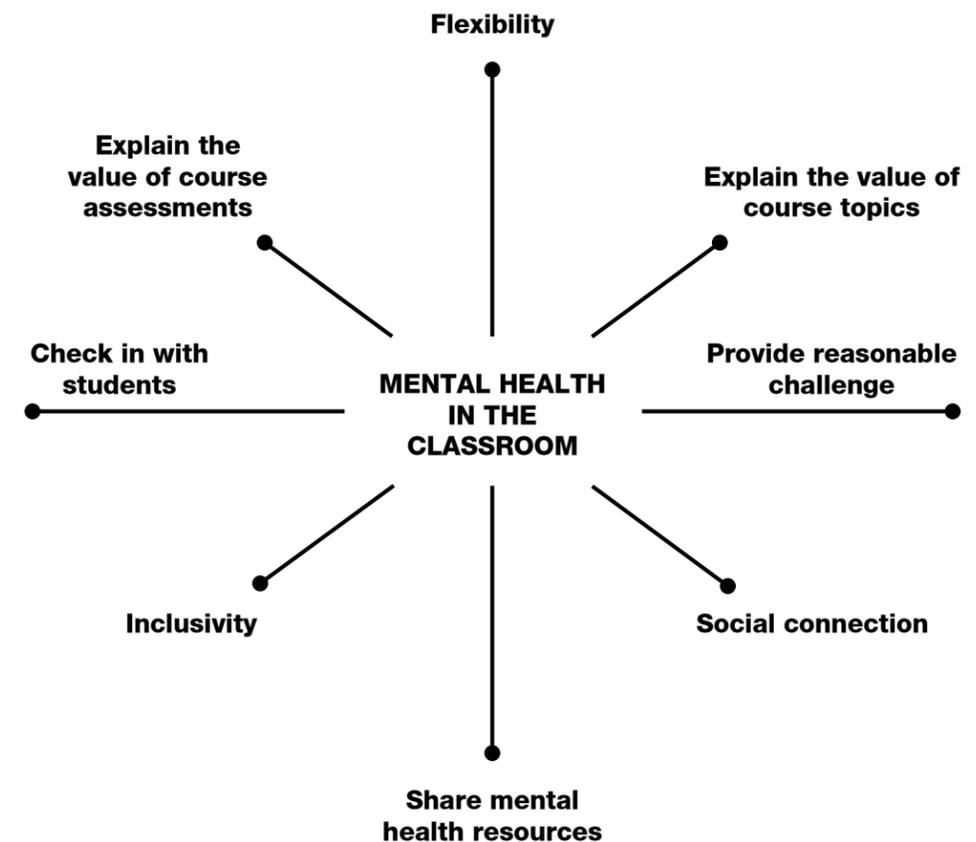
It is important to acknowledge that these suggestions largely put the onus on instructors to change the content and structure of their courses and become educated on the signs of mental health struggle in students. Many instructors are already coping with significant work demands and may not have the capacity or resources to implement these suggestions into their teaching practices (it is telling that the guides referenced above typically have whole sections on the importance of instructor mental wellbeing). Even if every instructor were to make changes within their own classroom, other academic stressors would still persist. Ultimately, institutional and systemic change are required to ensure that student mental health is considered a part of education and learning. This includes, but is not limited to, supporting instructors and providing the resources necessary so they can adjust their courses to encourage mental wellness; ensuring that mental health is included in educational content; reducing tuition fees and/or not having scholarships tied to academic performance; and de-emphasizing grades for admittance into higher education programs.

If you're an instructor or school administrator and interested in further guidance on bringing mental health into classrooms, the following resources may be helpful:

- The government of Ontario has a [guide](#) for how teachers can support student wellbeing, how to discuss mental health, and how to recognize signs of concern within their students.
- The CICMH and the CMHA recently developed a [toolkit for faculty and staff](#) around how to support student mental health through curriculum design.
- In addition to the toolkit, the CICMH offers

[More Feet on the Ground](#), a quick and free training program for educators. This program focuses on how to recognize and respond to the signs of student mental health concerns.

- As mentioned, guidebooks and checklists from [The University of Melbourne](#), [SFU](#), and [UBC](#) contain researched-based information on how to support student mental wellbeing, both directly and indirectly through various teaching practices.
- Jack.org offers tools to bring youth mental health literacy into the classroom through [Jack Talks](#) and the [Be There website](#).





**Help young people
access and navigate
online mental health
services.**

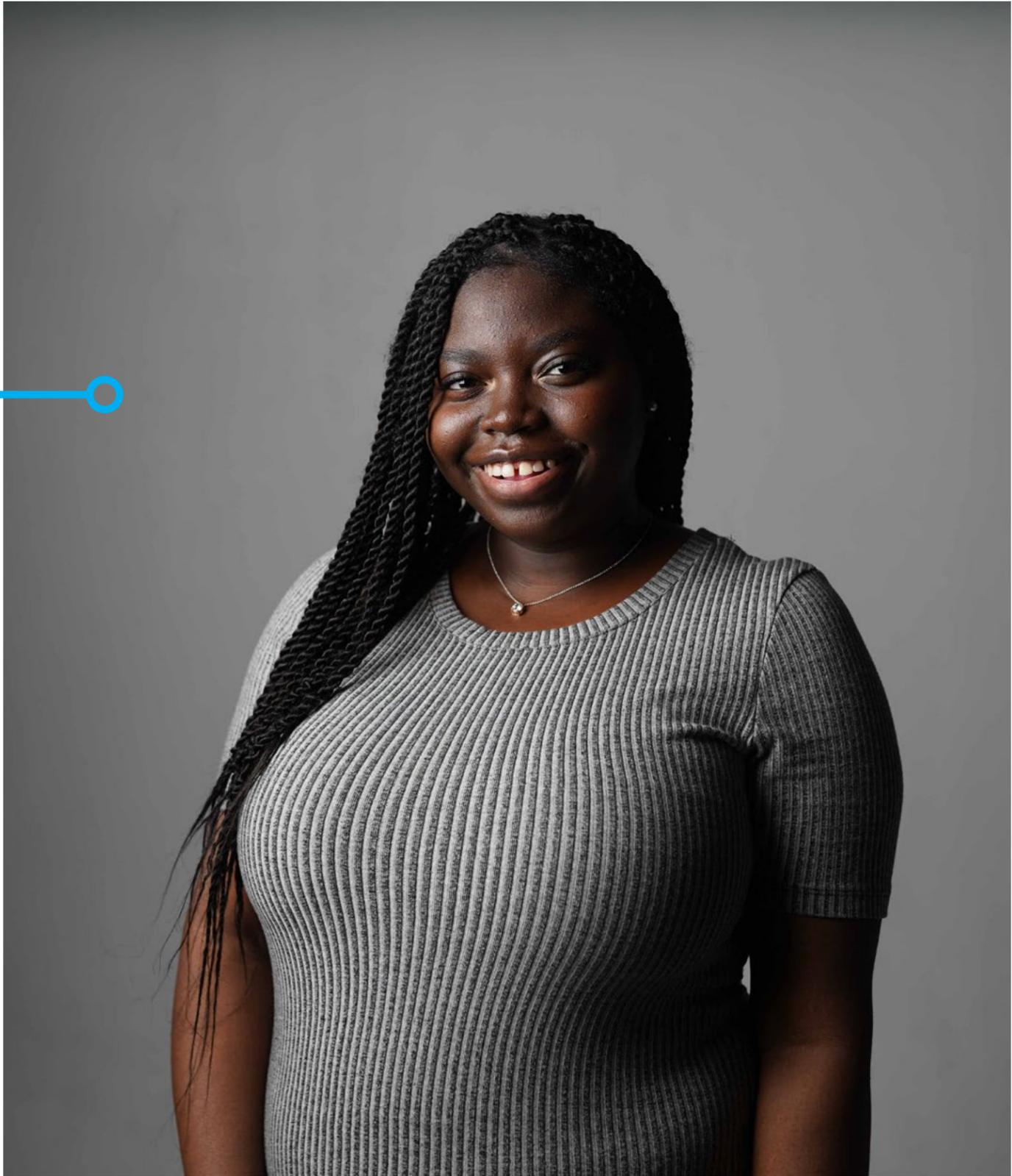
“With online services, I had a lot of discouraging thoughts, like, ‘It’s not going to be the same, I’ve had bad experiences with counsellors, I don’t think this will work.’ It just felt uncomfortable for me to start... Once I was at the point where I was really struggling, I got my laptop out, went to the counselling services page, and I just had to wait to be matched to a counsellor. I really needed that care of a person talking to me.... I did miss being able to talk to someone in person, but it was pretty beneficial, honestly.”

The coronavirus pandemic has highlighted the need for alternatives to in-person mental health services like never before. With increased youth distress and the continued need for physical distancing, alternative forms of mental health services have become a recent focus of conversation. Members of the Jack.org network have expressed openness to online services — specifically citing their potential for those in rural and remote communities. Still, questions linger for young people about both the efficacy of online therapeutic services, as well as access challenges posed by unreliable internet in those same communities.

There are many different mental health services that can be accessed via the internet, from resources and meditation apps to digital therapy. Here, we are mainly focused on person-to-person mental health services, such as therapy and assessment, that happen over the phone or through video calls, as these are the services we primarily discussed with the youth in our network. It should be noted that there are a range of other ways to interact with mental health care online, such as digital apps or psychoeducational resources, though these will not be discussed in depth here. We will use the terms “online service,” “virtual service,” and “digital service” interchangeably.

Sope Owoaje, who advocates for better mental health in Iqaluit, Nunavut, highlighted the need for more equitable internet access across Canada.

“Digital services are one of the biggest things that we struggle with in Nunavut and it affects the way we receive mental health services here since the internet is very unreliable. It becomes something that’s exclusive and we can’t be part of. Down south you can probably connect with a counsellor from your house and have this longer conversation over the phone or over the computer. Up north, you’d have to be able to have a good enough connection to be able to have this good conversation with a counsellor in a different area, which means having to go to the public health clinic or the hospital to access that connection.”



Are Online Mental Health Services Effective?

Despite the skepticism, research shows that virtual mental health services can be as effective as in-person services, with similar diagnosis and treatment recommendations, similar effectiveness of cognitive-behavioural therapy, and successful reduction of depression and anxiety symptoms for both phone and video therapy compared to in-person therapy. Virtual services are also rated favourably by youth and their families who have accessed these services previously, as well as by healthcare providers. Yet, with only 48% of youth in the Jack.org network believing that digital services would meet their needs as well as in-person services, there could be a disconnect between the evidence for the effectiveness of digital services and the perceptions young people in Canada have of them.

It's important to acknowledge that, similar to in-person services, not all online services meet all needs. One member of the Jack.org network, despite having a preference for in-person services, accessed a text-based service in which they were matched to a different counsellor each time they sought help. Although they found this service effective at the moment, they did not continue to use it because they could not meet with the same counsellor each time. In this instance, the virtual service offered may have been good for an immediate crisis, but was not ideal for continuous care. Moreover, this was the only affordable service available to them. Other private virtual service options, which would have provided better continuity of care, were not financially viable.

Sope Owoaje goes on to point out that access to digital services is about more than internet connectivity.

“Digital services are very impersonal. You’d talk to a counsellor who you don’t know if you’re ever going to see again, and they probably don’t understand your culture. It can be very hard to communicate with someone from outside of town who just doesn’t understand a lot of the history and has presumptive ideas about Inuit or Indigenous people. Someone who’s not knowledgeable on Indigenous history might have preconceived ideas that are not appropriate for the level of communication. There’s huge language barriers, as well, because most of Nunavut is still very traditional and Inuktitut-speaking. In the big cities like Iqaluit, Rankin Inlet, and Cambridge Bay, they do speak a bit more English, but when it comes to, I think, speaking on trauma, it kind of helps to speak it in the traditional language. You can get things across better, or there’s certain feelings that don’t translate in English that you can only say in Inuktitut. And so it’s easier to communicate in your traditional language. It’s also a cultural thing to be able to talk to someone and feel their physical presence, so even if all of those other needs were met with digital services, there would still be challenges.”

The effectiveness of digital services may be a moot point if youth in Canada do not know about them. 77% of Jack.org network members indicated that people in their communities don’t know what types of mental health services are available to them, while 20% of the network noted that their schools lacked adequate communication about accessing mental health services following closures due to COVID-19. If youth are unsure of what online options are available, how to access them, or what accessing them would look like, it will be difficult for them to believe that these options will meet their mental health needs.

Jack.org’s COVID-19 Youth Mental Health Resource Hub has started gathering a list of several key virtual services. We also provide a list of both remote and in-person resources for youth.

Detailed Recommendations

a. Prioritize clear communication with youth about available services.

Young people in Canada have highlighted that a lack of knowledge of mental health services is a key barrier to help-seeking, and this is no less true for online services. Ontario-based network members at the Virtual Jack Summit Experience suggested that the creation of a comprehensive online hub that clearly points youth to the digital service options available would be helpful for improving access and awareness. Kids Help Phone’s Resources Around Me provides an easily-accessible hub for all young people in Canada to find in-person resources near them. An equivalent hub for online-only resources does not currently exist, and that information remains scattered across different platforms. Moreover, it will be important to not only relay what resources are available and how to access them, but also details about what users can expect when they access those resources. For example, feedback from youth in the network suggests that

knowing how the online intake process works, how frequently they can access the service, whether or not there is continuity of care, and even the experiences others have had with the service could reduce the hesitancy that young people feel around online mental health services.

Although there are examples of online hubs that point to some online mental health resources, none of them are specific to online-only resources for youth in Canada. The Mental Health Commission of Canada (MHCC) has a great set of resources that are more general for all people in Canada. eMentalHealth provides a way to search for different mental health services, though there is no clear hub for online youth mental health support. Finally, The Canadian Centre for Mental Health and Sport has a list of youth-friendly online services, though this list is quite short and may not meet the needs of all youth. Ideally, youth in Canada should have easy access to a comprehensive list of online services available to them.

b. Consider and address inequities in internet access.

The Jack.org youth network also highlighted drawbacks of online mental health services, with a serious concern about inequitable access to a reliable internet connection. At the Virtual Jack Summit Experience, delegates expressed concern that, although online services can increase mental health access for remote communities, those same communities may have unreliable internet connections, particularly in low-income households. A recent report shows that in 2018, 6% of Canadians still reported not having home internet access, citing cost and the unavailability of service in their area as barriers. Internet availability is unequal, and access often depends on income or location. Therefore, the network has called for the Canadian Radio-television and Telecommunications Commission to

improve infrastructure and reduce financial barriers to internet access so that all people in Canada have a way to access online mental health resources. Although there are already government plans for [full national connectivity by 2030](#), it has been pointed out by [internet accessibility advocates](#) that this date is too far away, especially given that physical distancing measures taken to slow the spread of COVID-19 have resulted in a [greater need](#) for a reliable internet connection. In the meantime, it will be important to consider viable alternate options for these regions, such as access to therapy via phone or, as Virtual Jack Summit Experience delegates in the North suggested, providing a private internet-friendly space at local mental health hubs.

EQUIP Health Care has a [toolkit](#) to help ensure that the care provided by organizations is equity-oriented.

c. Look to digital services as a key complement in a suite of care options.

It's important to acknowledge that although digital services provide new and innovative avenues for mental health care, they should not be considered a replacement or substitute for in-person support. Even when we achieve full internet connectivity across the country, online services won't be able to meet all the needs of all young people in Canada. Digital services aren't a solution for everyone, whether that be due to culture, language barriers, or simply personal preference. Rather, digital services should exist to complement other services, such as support groups or in-person counselling.

An example of how this can be implemented can be seen in the [stepped-care model](#) in Newfoundland. [This model](#) provides expanded care options by varying the levels of intensity of care based on individual need through a combination of in-person and digital services (in the form of apps for mental health education and self-directed

programs focusing on skills development). These apps and programs provide education on mental health literacy and strategies for managing various mental health symptoms, including mindfulness apps, informational modules, and more structured programming [depending on individual need](#). The use of these apps, while not a solution in and of themselves, provide guidance to users for their lower-level mental health concerns. This model provides a good example of how low-level needs may be met through digital services when appropriate, whereas higher-level needs may require more directed interventions, such as counselling.

The CICMH has a helpful [guide for implementing stepped-care models](#). Although this guide is specifically geared toward on-campus mental health services, the suggestions made could likely be applied to off-campus services as well. This guide outlines the steps to stepped-care with clients, case studies of implementation at different institutions, as well as testimonials from clients and service providers. Key suggestions for successful implementation include working with community partners and other institutions whenever possible and providing extra professional development and training for service providers who may not have been exposed to stepped-care previously.

d. Collect more data on youth perceptions, use, barriers, and outcomes to digital services.

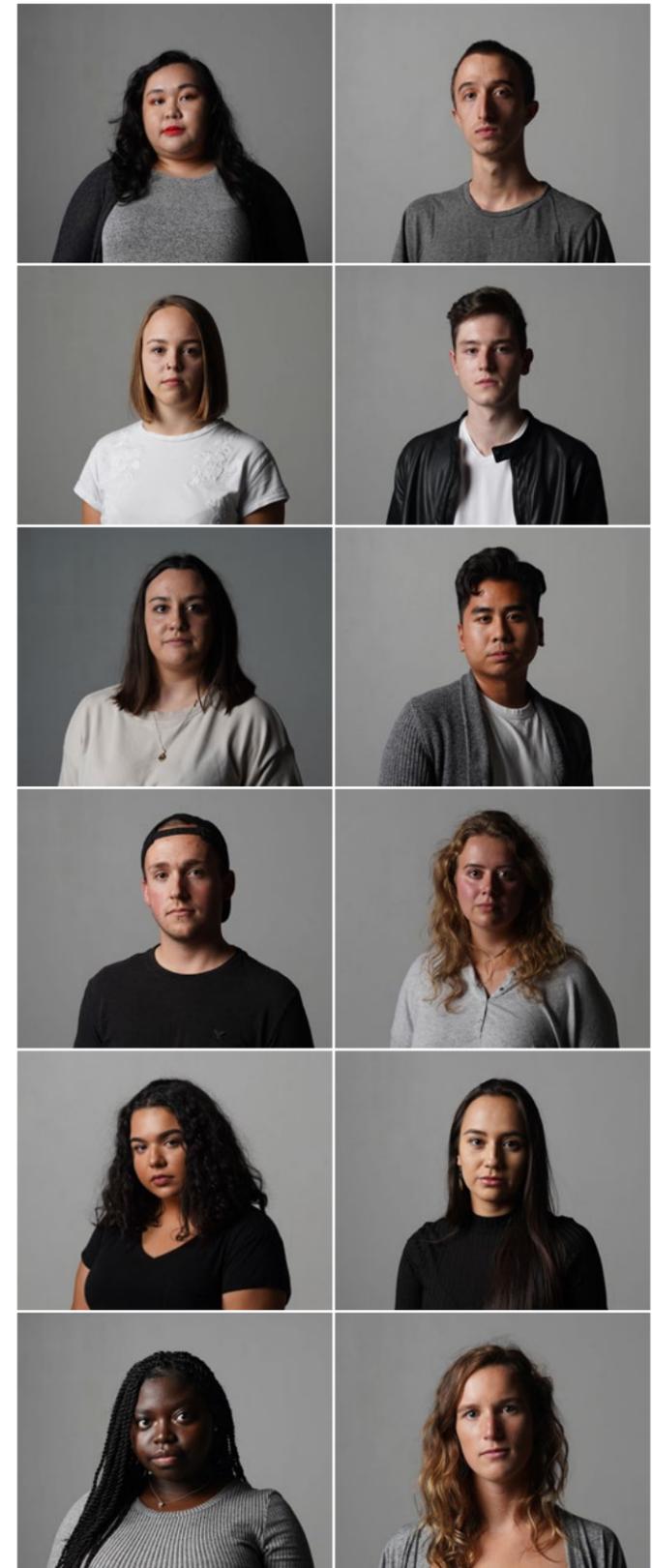
It's clear that there is still much we don't know about how youth in Canada perceive and access online mental health services. Many mental health service providers and advocacy groups are in the process of collecting data to answer questions around these services. It's important that the results of these studies are taken into consideration as online mental health care is expanded, and that we continue to inquire about how youth view and interact with online services to ensure that these services meet their needs.

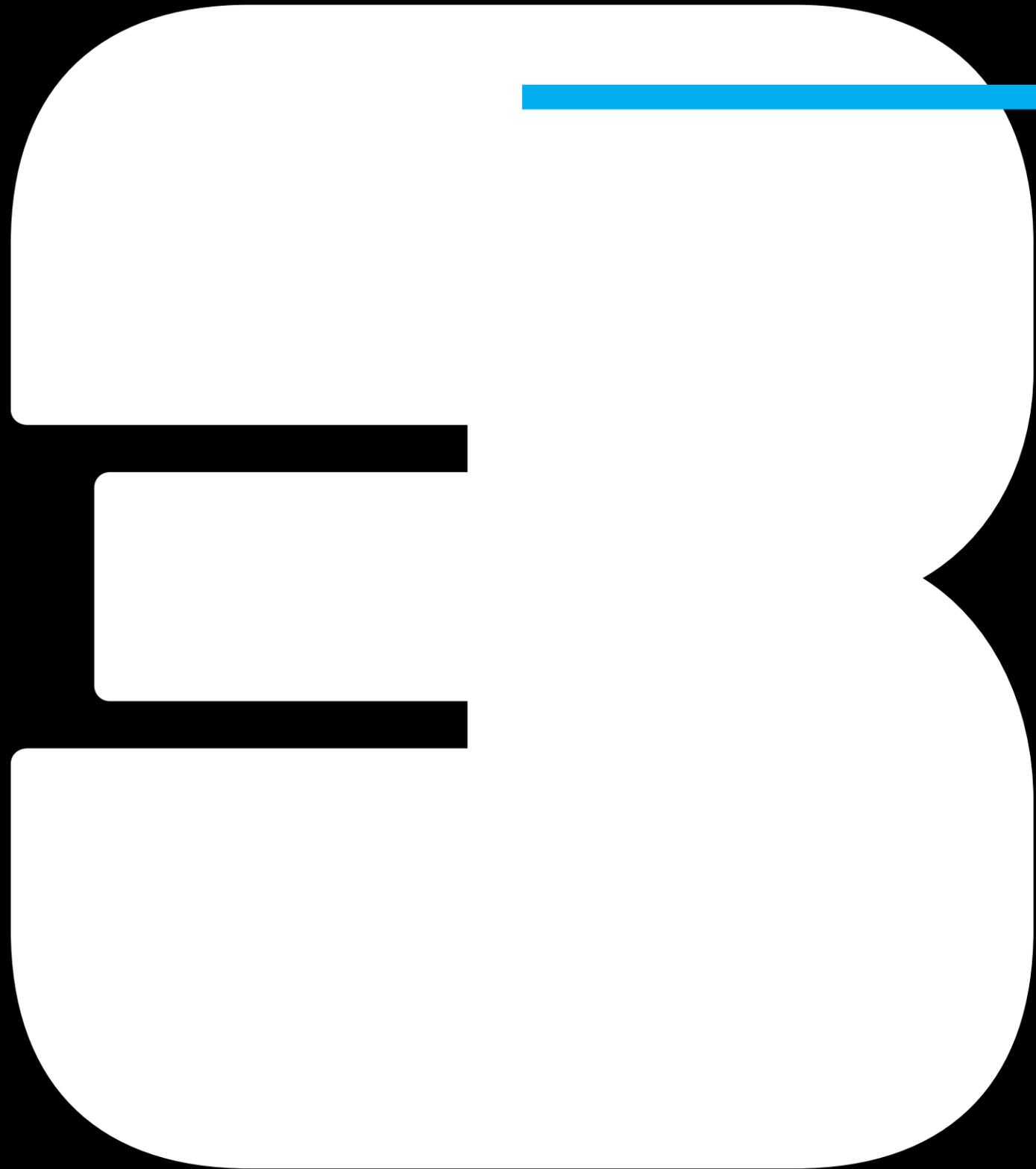
The MHCC has a [2017 report](#) on the state of online mental health options in Canada and suggestions for growth. They also have a [document](#) on example scenarios and frequently asked questions to help organizations that are interested in improving their online mental health care options.

e. Involve youth voices in the design and development of services.

It is vital to involve young people in designing, implementing, and monitoring online services, as doing so can ensure that the services offered to youth actually meet their needs. Involving young people is especially key in the development and communication of online mental health resources, as this can help build youth buy-in and positive perceptions of these services. This guidance is in line with the [World Health Organization's guidebook](#) on how to make health services adolescent friendly, which emphasizes the importance of consulting with youth when developing services for youth.

[Youth Wellness Hubs Ontario](#), a group that has developed mental health services in collaboration with youth and their families across Ontario, can provide a model for how to incorporate youth input when developing online services.





Increase the availability of culturally appropriate mental health services.

My recommendation for decision-makers across the country is to bring everyone’s perspective from many different cultures, sexual orientation, age, etc. [into mental health care].

65% of the Jack.org network agreed that beyond a lack of mental health services in general, there is a need for more culturally appropriate services. At Jack Summits across Canada this year, youth pointed to a host of barriers to help-seeking behaviours and positive health outcomes including insufficient services, as well as language and cultural barriers at the point of access. This manifests differently for different communities and might have to do with worldview and modalities of treatment or care. For example, at the Northern Jack Summit, youth pointed out that, “Language around mental health is created by western mental health professionals and feels as if it’s been dropped into Northern contexts.” Youth have lived experience of these services failing to meet their needs and are continuously advocating for this gap to be filled.

Community-specific barriers take a number of forms. As the network points out, in some cases, geographic communities like those in rural or northern Canada simply have less access to the same variety of services as those living in large cities. Other barriers are experienced at the point of service, an example being youth whose cultural backgrounds are not fully understood by health care professionals. A service being physically available does not mean that it will be fully accessible to all young people, whether due to financial barriers, the services not being culturally appropriate, wait times, or other constraints. These barriers, as well as experiences of discrimination more generally, impact help-seeking behaviour, resulting in inequitable health outcomes across populations. While there are a host of factors and barriers that impact different populations, most of which we will not address in this section, the need for culturally appropriate services and cultural sensitivity at the

point of access is a viable solution to ensure that the needs of youth are met.

It is important to note that there are many definitions for cultural competence, but most highlight the need for:

- acknowledging and providing solutions to language barriers;
- understanding the differences in attitudes and help-seeking regarding mental health across cultures;
- the importance of including different cultural beliefs within services;
- and service providers being willing and able to continue to learn to be more culturally sensitive within their area of practice.

One of the calls to action from the Truth and Reconciliation Commission of Canada is for cultural competency training to be provided to health care professionals by all levels of government.

Sope Owoaje explained the dire need for culturally sensitive and community-informed services in her community.

“There’s a specific need for culturally competent counsellors in Nunavut because of the severe trauma that has been inflicted on Inuit. A lot of the counsellors come from down south, and a lot of them are not Inuk, or have no idea about anything that happened in Nunavut or has happened to Inuit. So it becomes hard for someone who doesn’t have any idea of the history to comprehend why a group of people might be experiencing more trauma than other groups of people in Canada. There is underlying trauma that is actively being resolved. And there’s intergenerational trauma that’s now taking place, and there’s cycles of abuse that are being perpetuated that haven’t healed and have no way to heal. The lack of culturally appropriate services is one of the reasons why we’re really pushing for having an addictions and trauma centre in Nunavut that is Inuit-specific and Nunavut-specific so that the language barrier can be broken. It’s all about cultural relevance and cultural safety.... I think that’s a huge part that plays to why outside mental health services aren’t as reliable for Nunavut’s needs.”

Importantly, when youth in the network pointed to the need for culturally appropriate services, most simply highlighted that they want their needs to be understood by their service provider. This statement seems obvious, but it is surprisingly common to hear stories from network members that demonstrate how often this condition is not met in counselling. For example, mental health services available to people in Northern Canada are already quite limited, and the services that are offered may not address the impact of colonialism, racism, and intergenerational trauma on mental health. This can lead to community members not getting appropriate help for their mental health struggles in a timely

manner and only receiving mental health care when their struggles escalate to a crisis.

A network member also shared their experience of attending counselling sessions through their university that were not as effective as they had hoped. At the time, they were struggling with anxiety around coming out to their family, and the counsellor was unable to point them to resources for LGBTQ2S+ youth. Moreover, the counsellor tried to empower them to come out to their family but wasn’t fully able to understand their cultural background or concerns around how their family would react. Although this therapist was helpful in other ways, such as helping them deal with stressors related to academics, they felt as though the lack of understanding or shared experience in their culture and sexuality made it difficult to get the help they needed.

Not all services will work for all youth, and it’s important for service providers to be able to adjust in response to the client’s values and needs, or point them to an appropriate and accessible resource if that is not possible. The need for deeper understanding, rather than simply representation, was highlighted in an interview with a member of the Jack.org community:

“Some people prefer to ‘talk to someone who looks like me or who is from the same background as me,’ and that’s one thing, but it’s important to be culturally competent or have cultural humility... people who are trained in that are able to work with people from different cultures and understand different perspectives. The independent route isn’t always the best route. When I was talking to this therapist, she was really encouraging me to move out or leave or ‘forget about what your parents say.’ And I can’t do that! I don’t want to heal on my own, I want to heal together with my family.”



The challenges youth have faced when it comes to accessing services to meet their needs could be aided by leveraging strengths of their communities. Rather than assuming a one-size-fits-all approach to mental health, services should be developed with communities to better meet their distinct needs. Youth in the network have suggested that there should be increased government funding toward grassroots and community-led organizations that are already doing the important work of addressing community-specific mental health needs in order to build capacity for those services. Working with and investing in communities is an important way to ensure that sustainable mental health services are built for those communities.

The importance of working with her community toward positive mental health was highlighted by Alex San Diego.

"You need to feel accepted and to feel supported and feel like you can have someone to talk to... humans are collective, community-based people. If we're like a flower, we need all the petals around us... Reaching out is not just about getting that clinical therapy help. That's important, but it's also about finding where you belong and where you fit in. And I think a lot of people struggle with that. And I hear that all the time from siblings or people I work with. And when you find that group that you can talk to and relate to and meets you where you're at, that is so good for your self-esteem. It's good for your confidence. It helps you figure out what kind of person you want to be, where you want to go, and gives you a sense of purpose... I used to try to handle everything on my own and I reached out for support on my own, but I didn't talk about it with my friends, with my people, and so I was missing that part. And so I wasn't fully healing. And now that I'm trying to attempt a more collaborative, open approach, I feel like that's way more effective for me."



Mental Health Crisis Resources

At Jack.org, we currently do not have formal insight into how youth in the network view current emergency mental health crisis options, as we have not formally asked our network about their thoughts on these resources. However, the lack of clear and appropriate mental health crisis options has recently come into national focus. Currently, police and emergency services in Canada double as mental health crisis workers, despite many of these workers not receiving comprehensive training in crisis response and de-escalation. At times, the lack of proper training and resources for crisis care can lead to harmful interactions for those experiencing a mental health crisis. It is also important to acknowledge that poor and racialized communities typically have more negative or harmful experiences with police and emergency services in general.

This concern has also been identified by the CMHA and the Centre for Addiction and Mental Health (CAMH). Both organizations have called for better funding of mental health care in order for formal emergency mental health services to be established with front-line workers specifically trained in mental health care and crisis response. As mentioned in a statement from CAMH, *“Mental Health is Health. This means that people experiencing a mental health crisis need health care. Police should not be the first responders when people are in crisis in the community. Police are not trained in crisis care and should not be expected to lead this important work.”* Moreover, dispatching police units for mental health emergencies contributes to mental health stigma, as it reinforces the criminalization of mental health.

In order to provide culturally appropriate mental health services for youth across Canada, we also need to ensure they have safe and appropriate options for crisis care. This means increasing funding toward mental health services so that youth have easy and clear access to emergency mental health care with professionals trained in crisis response.

There are many Canadian-based advocacy groups and initiatives that focus on mental health for different populations. A non-exhaustive list is below for anyone who is interested in learning more or finding resources that might be helpful for them.

- Black Mental Health Canada advocates for safe and affordable mental health care for Black Canadians
- The TAIBU Community Health Centre has resources for Black and Indigenous people in Canada, and also hosts Black Mental Health Day
- Reach Out Response Network specifically aims to create a mental health emergency response system in Toronto
- Gender Creative Kids and Rainbow Health Ontario provide resources for LGBTQ2S+ youth
- Asian Mental Health Collective provides support for people in the Asian community
- GenAi provides community support for Black, Indigenous, and POC youth in British Columbia
- We Matter provides support, hope, and social connection for Indigenous youth and is informed by Indigenous youth
- The Kamatsiaqtut and Hope for Wellness Help Lines provide 24/7 toll-free support and counselling for Indigenous peoples across Canada. A similar crisis line is offered by Anishnawbe Health Toronto
- You can find more mental health resources that address the specific needs of Black, LGBTQ2S+, Asian, Indigenous, and Muslim youth at Jack.org’s COVID-19 Youth Mental Health Resource Hub (built in collaboration with Kids Help Phone and School Mental Health Ontario).

Detailed Recommendations

The issues outlined here are incredibly nuanced, and no single fix will properly address all of these concerns. Systemic change will be necessary to ensure that all youth feel truly safe and welcome within mental health spaces. That said, the Jack.org youth network still has a number of recommendations to help us move in the right direction.

a. Establish clear referral pathways and provide a wider scope of culturally appropriate resources for youth.

Youth in our network have described circumstances when both on and off campus counselling services have not met all of their needs. Expanding the scope of resources available for youth will be key to ensure that these needs can be met. Rather than expecting all counsellors to be able to provide therapy for all circumstances, we instead believe it is more important that there are a wide variety of affordable and available services to meet the different needs of different youth in Canada and clear referral pathways to access these services. Of course, this does not mean that counsellors should not be expected to provide understanding and empathy for different circumstances, but rather would provide resources for counsellors to point to when they are unable to provide expertise for specific situations.

In order to provide a wider scope of culturally appropriate services for youth, network members in Alberta, Saskatchewan, Manitoba, Newfoundland, and Nova Scotia emphasized the importance of governments providing financial support to grassroots and community-led organizations. These organizations are already doing the important work of addressing community-specific mental health needs and require increased financial support to build capacity for those services. Working within communities, where supports are already being built by their members, will help ensure that the services developed are appropriate and meet individual needs. In a recent effort to support Black



mental health in Canada, the Public Health Agency of Canada has provided funding to Black mental health initiatives across the country. Ideally, similar funding opportunities will continue to be made available for community-led organizations.

Moving forward, it will be important for mental health support workers to understand what local resources are available to meet specific mental health needs in order to better point youth to appropriate resources. The creation of online hubs, such as the one provided by Jack.org, that highlight resources specific to different schools and areas can help facilitate this work. Moreover, it will be important for more diverse services to be developed, both within and outside of the school system, which brings us to our second recommendation.

b. Bring a wider range of voices to the table when developing and making decisions about resources.

In keeping with the mantra “nothing about us without us,” youth need to be included in the development of services in order to provide appropriate services. Network members have suggested the creation of youth advisory councils that would meet with education ministers to address the mental health resource gap within the school system.

Virtual Jack Summit Experience delegates from Ontario specified that in order to ensure diverse perspectives, each council must have a minimum representation quotas for First Nations, Métis, Inuit, low-income, and racialized or newcomer youth.

Youth in Canada are able to identify gaps in mental health care. From the enthusiasm and suggestions provided by the Jack.org network, it is clear that youth are eager and willing to be a part of conversations around how to provide culturally appropriate services.



c. Invest in community-based emergency response teams to replace police as first responders to mental health crises.

Already, there are examples of cities we can look toward that have integrated a fourth crisis response unit to their 9-1-1 dispatch systems that is specifically responsible for responding to mental health crises. The Expanded Mobile Crisis Outreach Team in Austin, Texas and Crisis Assistance Helping Out On The Streets (CAHOOTS) in Eugene, Oregon both follow this model. These crisis response teams are dispatched in response to non-violent mental health emergency calls and have helped reduce the need for other emergency response teams, who have not received proper crisis training, to respond to these calls. Of the 24,000 calls CAHOOTS received in 2019, only 250 (around 1%) required police backup. Moreover, these programs have seen great success, both from a mental health support standpoint, but also in terms of the financial savings in public safety spending. It's estimated that the implementation of CAHOOTS has saved the city \$8.5 million annually. A similar system has also been put in place in Sweden, in which there is a special Psychiatric Emergency Response Team to respond to mental health emergency calls. Increasing funding toward specific mental health care crisis units and following the guidance of those who have already implemented such units is an important step to providing safe mental health care for all young people in Canada.

Youth Voice Report Recommendation Recap

Based on feedback from youth in the Jack.org network, we have put forward the following recommendations to help improve the state of youth mental health in Canada.

1

Encourage the use of teaching practices that support student wellbeing.

- a. Provide mental health breaks in class.
- b. Share mental health resources with students, especially at moments of stress or transition.
- c. Facilitate dialogue about mental health.
- d. Consider more flexible grading and assessment policies.

2

Help young people access and navigate online mental health services.

- a. Prioritize clear communication with youth about available services.
- b. Consider and address inequities in internet access.
- c. Look to digital services as a key complement in a suite of care options.
- d. Collect more data on youth perceptions, use, barriers, and outcomes to digital services.
- e. Involve youth voices in the design and development of services.

3

Increase the availability of culturally appropriate mental health services.

- a. Establish clear referral pathways and provide a wider scope of culturally appropriate resources for youth.
- b. Bring a wider range of voices to the table when developing and making decisions about resources.
- c. Invest in community-based emergency response teams to replace police as first responders to mental health crises.

Closing Thoughts

A common theme across these recommendations is the need to consult *with* young people in order to ensure better mental health *for* young people. Across all areas discussed, youth in the Jack.org network and across Canada were adept at identifying problems and barriers in the mental health system and have proposed solutions for addressing these issues. If we are to better promote and communicate online mental health services for youth, as well as develop culturally appropriate services for young people, we must first understand their perspectives and needs in order to make appropriate changes to the current mental health system. There is also early evidence that suggestions that young people have for decision makers can not only be effective but are realistic and actionable, as demonstrated by the academic flexibility some schools and instructors quickly adopted in response to the Coronavirus pandemic.

The need to include youth voices in decision making is clear. The only way to truly address youth mental health in Canada is to include and listen to the demographic we aim to help. At Jack.org, we will continue to elevate the voices of young people in Canada so that they can have a stake in, and influence on, the very decisions that impact their mental health.

Acknowledgements

The 2020 Youth Voice Report was an effort of collaboration and could not have been done without the time, experience, and expertise provided by many individuals.

First and foremost, we would like to thank all of the Jack.org network members who took the time to fill out surveys or share their thoughts with us, as they are the reason the Youth Voice Report exists. Our sincerest thank you to the network members who took extra time to chat with us one on one to share their experiences and insight. In addition, thank you to the Jack.org Network Representatives for providing their feedback on the report and helping us make it better.

Thank you to Marija Padjen from the Centre for Innovation in Campus Mental Health, Ryan Tishcoff from the Ontario Undergraduate Student Alliance, and Pratik Nair from Health and Wellness at the University of Toronto for taking the time to talk with us and provide their expertise and insight for the report.

The 2020 Youth Voice Report was authored by Tamara Rosner with the input and guidance of Holly Stanczak, Ellie Avishai, Emilia Patiño Anaya, Charlotte Johnson, Danielle Kinahan, and Jesse Hayman, as well as copy-editing support from Margaret Shaw. Special thanks to Klara Vanzella Yang for her beautiful design work. A huge thank you to the founder of Jack.org, Eric Windeler, for creating the space for this important work to happen.

Finally, we would like to thank Bell Let's Talk and the Rossy Foundation for providing the funding that made this project possible.



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